



Meeting Summary: Communications Action Group Meeting February 1, 2013

Meeting Participants

CAG Members:

Deb Arindell, Vice President, Health Policy, American Sexual Health Association

Tom Beall, Managing Director, Global Social Marketing Practice, Ogilvy Public Relations

Heather Eastman-Mueller, PhD, Chair, Sexual Health Education and Clinical Coordinator,
American College Health Association

Debra Hauser, President, Advocates for Youth

Jennifer Johnsen, MPH, Director of Health Information, Planned Parenthood Federation of
America

David S. Lee, Direction of Prevention Services, California Coalition Against Sexual Assault

Maureen Michaels, President, Michaels Opinion Research

Daryl Presgrave, Director of Communications, GLSEN

Monica Rodriguez, President and CEO, SIECUS

Amy Schalet, PhD, Assistant Professor of Sociology, University of Massachusetts Amherst

Elizabeth Schroeder, EdD, MSW, Executive Director, Answer

Erin Kearns Snowden, MPH, Health Educator, Howard University Student Health Center

Dana Van Gorder, Executive Director, Project Inform

Partnership for Prevention:

Ashley Coffield, MPA, Project Director, NCSH

Jaclyn Fontanella, MPH, Program Associate, NCSH

Susan Gilbert, MPA, Communications Director, NCSH

Alana Ward, MPP, Deputy Project Director, NCSH

Nichole Sutton, invited guest

CDC:

Penny Loosier, PhD, MPH, Division of STD Prevention

Rachel Pryzby, MPH, ORISE Fellow, Division of STD Prevention

Kameron Sheats, Fellow

1. Meeting Objectives

The objectives were to:

- Provide an overview of the National Coalition for Sexual Health's (NCSH) goals, objectives, and current activities

- Brainstorm and define the goals and activities of the Communications Action Group (CAG)
- Present refined message concepts for the public definition, action steps and benefits of sexual health and obtain CAG feedback
- Brainstorm ideas for audience briefs

2. The CAG: Roles and Activities

In advance of the meeting, Partnership provided “Draft Ideas for Roles and Activities: Communications Action Group Planning” to all members of the CAG.

Members supported the goals and agreed that they were appropriate for the CAG. However, a few suggested that we change the order to reflect the likely sequence of activities, while others believed the actions would take place concurrently and be overlapping over time. In response, we plan to list the goals in the following order:

1. Promote awareness and acceptance of sexual health as a core element of overall health and well-being, along with the concrete steps the public can take to achieve it and the related benefits.
2. Provide a solid foundation and tools to help organizations create effective sexual health communications.
3. Encourage a wide variety of organizations, particularly the media and commercial outlets, to include sexual health on their agendas and to take action.
4. Promote and normalize conversations around sexual health among partners, parents and children, and patients and health care providers.

General Comments

1. Change “consumer” terminology to “general public” or “people.” For some, consumer implies consumption of a specific product or service. The intent is to describe the general public.
2. One participant asked Partnership to clarify the unique roles and value of this new Coalition. The response was that we hope to provide a comprehensive, positive sexual health framework; language that we can all use; promote national dialogue and normalize sexual health across the lifespan. Provide an important backdrop and supportive environment for the work already being done, and promote and amplify the resources and expertise of our members through a website, media relations, and other activities.
3. One participant pointed out that with CDC behind the Coalition, the credibility of our collective efforts will be enhanced. CDC has a real opportunity to lead on this issue, and to help normalize sexual health. Members did acknowledge that CDC can only go so far. However, messages and materials that are developed by the Coalition can be tailored by members to meet the needs of their specific target groups.
4. In terms of overall focus, it’s important that the Coalition normalizes sexual health across the lifespan and among the general public. If we are too quick to address groups that are

traditionally at risk, we are likely to further stigmatize them. And, people who do not feel they belong to these groups are likely to ignore our messages.

5. After discussion, the CAG agreed that the Coalition should provide a broad, general backdrop for the entire population. At the same time, we can focus efforts on specific target populations who are at higher risk for poor sexual health, or might be overlooked. We can target broadly and specifically at the same time.
6. When we describe our work it's important to use the phrase "inclusive, accessible, and action-oriented." All communities should then identify with the coalition and feel included.
7. We can't only talk about prevention – that's not positive enough. We are also talking about promoting good and healthy relationships, good sexual health, etc. If we start the conversation with STDs, many people will opt-out. However, if we lead with relationships, many more will listen.
8. How can we build the case for a broad, positive sexual health approach that promotes open and honest communication, building good relationships, and getting sexual health care services? We need to establish the relationship between this approach and improved sexual health and related outcomes. We should be able to draw from experiences in other countries, the destigmatizing of mental illness, as well as everyday logic to make a good case.
9. As we promote sexual health, we should give attention to sexual functioning in general and to the impact of a disease, illness or disability on sexual functioning.
10. We should give more attention to men and sexual health. It's where the field is moving since men have been overlooked. We need to explore the concept of masculinity – what does it mean today? And, look at the sexual violence work around healthy masculinity.
11. We should be sensitive to and aware of the resources available for the transgender community.
12. As a coalition, we should be versed in the "intersection of identities" and what it could mean to sexual health. GLSEN is currently funded by DASH to empower educators to better understand and identify the intersection of identities.

3. Message Concepts: Action Steps

Overall feedback on Seven Core Steps (note: the original action steps that were presented at the meeting are attached).

1. How do people interpret the term sexuality? Does it mean sexual orientation for most people? Need to carefully consider/explore before we use it.
2. Some like "choose wisely" while others think it's full of judgment, and maybe blame. Even if you do your best job choosing a partner, it could still go badly. Instead, emphasize that you're in charge.
3. Debate about word – "smart." Some like it, others don't. Some feel it will appeal to youth.

4. “Decide what’s right for you.” One expressed concern about parental reactions to freedom granted/IMPLIED for youth. Consider “do your homework and make informed decisions.”
5. Consider combining #3,4, and 7, which all relate to physical health. Could make for a nice, short list of steps, like “eat right and exercise.”
6. A few wondered if we could adapt the steps for various audiences to make them more attention-getting and relevant? The group agreed that we should keep them straightforward and that organizations should modify language as needed for their audiences.
7. What about the others/partners? This seems to be all about us as individuals. Consider adding support/connection to others, along with caring and respect for partners.
8. Have we captured the concept of empowerment – the right to be sexually healthy? The right to choose and to have access?

Step One: Embrace Your Sexuality

1. Instead, consider “sexuality is an important part of who you are.” Or, “we are all sexual beings (by nature).”
2. Before you can embrace it, you need to understand it (sexuality). Consider, “understand, accept, and embrace your sexuality.”
3. Be careful not to create controversy – we’re not suggesting that people “flaunt” their sexuality.
4. Embrace as a word gets mixed reviews. Some feel it’s loaded. Are there some alternatives?
5. Make the message approachable to those who already embrace their sexuality and to others who are scared of it.
6. Be sensitive to the fact that this concept could have different meanings across different cultures.
7. Could delete “your” since it’s very personal. Consider something like “understand and accept that sexuality is a natural part of being human.”
8. Add “when wanted” to “can bring you pleasure, joy and intimacy.”
9. Not sure what is meant by “feel free to think and talk about sexuality.”

Step Two: Decide What’s Right for You

1. Add concept of respecting self AND OTHERS. However, be careful of “self-respect” since it might be overused and tied up with old stereotypical concepts of “respectable” girls.

2. Also, consider adding, “decide *when* sex (or a sexual relationship) is right for you.”
3. Some felt that “values” might be a loaded term that could be misinterpreted, while others liked it, feeling it was sufficiently broad. “Personal values” or “own values” might be better wording, which recognizes the diversity in values. “Values” resonates with many Americans as a concept. Your values can be your compass.
4. Think about/figure out what you want – your wishes, wants, boundaries. Could replace values?
5. What’s right for you might change over time; continuous reflection. Check in with yourself at multiple levels and at multiple times. What you believe, what you feel, etc. Will ebb and flow.
6. Drop the word, “preferences,” might imply sexual orientation only. Consider wishes, wants, desires, values, and boundaries.
7. Need to add self-reflect/reflect as a separate point. Consider changing “define” which sounds static or set in stone. Reflect is a better choice, according to many around the table.
8. One questioned the term “sexual life.” What does it mean?

Step Three: Get Smart About Your Body and Sexual Health

1. How/where do you find reliable information about sexuality and sexual health? Can we direct the public to some specific sources?
2. Do we want to address body image? It is a complicated concept. What could we say? Is this the right place? Some believe it is essential to address – “no matter what the package/body looks like, you’re still a sexual being.” Bodies come in lots of different forms. The essence of who you are comes from within. Maybe this belongs in Step One, along with accepting identity, gender, and diversity of others. Others say it should stay here since it influences decisions. Acceptance of self is an essential step.
3. Need to learn about yourself (anatomy, etc.) and that of your partners.
4. Could possibly merge step #4 with this step.

Step Four: Take Steps to Protect Your Health

1. Is health too narrow? Include well-being? Protect your body?
2. Focus on being prepared, especially for men. One wondered if planning ahead is too directive, while others felt that planning ahead and being prepared are very important. The Dutch encourage and support it. It’s a key part of normalization.
3. Give options for planning ahead and encourage it without being punitive, if you don’t.
4. Which language works for men versus women? Plan ahead versus being prepared? Engage in advance planning? Be ready? Make sure you’re ready – this is boy code.

5. Add an “s” to partner. Could be more than one.

Step Five: Choose (your partners) wisely

1. Delete “choose your partners wisely” and create a different headline.
2. Delete “trust your instincts” – so many things beyond your control. How do you address/acknowledge survivors of sexual violence?
3. Emphasize mutuality of partnership. Give and receive respect.
4. Consider concept of enthusiastic consent – respectful and safe sexual encounters.
5. Whether it’s short term or long term, emphasize that the same rules apply.
6. Again, look at empowerment concept. Only have sex when you want it.
7. Consider merging numbers #5 and #6.

Step Six: Build Good Relationships

1. Is there another word for relationships? Interactions? Encounters? Do we need to qualify as romantic or sexual versus other types of relationships? How do we communicate short and long term?
2. Should we define relationships broadly? Partners, providers, parents, or limit to sexual partners only? Group seemed to agree that it was only essential to communicate openly with partners and health care providers. Conversations with others, such as parents and peers, are up to each individual.
3. One wondered why we separated steps five and sex, and suggested we merge them together. Another suggested that we keep them separate.

Step Seven: Get regular sexual health care

1. Start with list of benefits of getting health care and positive services, not disease oriented.
2. Add something about empowering people to find providers that are right for them, especially for marginalized populations.
3. Recognize that some don’t have access and won’t have the option to change providers in underserved communities.

Message Concepts: Benefits and One-Sentence Descriptions

As a group we didn't have time to discuss the proposed benefits of good sexual health in detail or the one-sentence descriptions of sexual health. However, after seeing the initial list of benefits, one CAG member suggested that we organize the benefits into smaller groups with broad headlines, like the actions steps, and then share with the group for review.

The benefits and one-sentence descriptions will be reviewed in an upcoming conference call with the CAG.

4. Technical Assistance Materials: Draft Audience Briefs

Since our time was extremely limited, we provided a very brief overview of the purpose and content of the briefs. Initially, there appeared to be some confusion about the overall goals of these documents.

In response, we explained that the briefs are designed to provide a factual foundation for addressing the sexual health of various audience segments. They will provide a broad overview of sexual health status, behaviors, relationships/communications, and use of sexual health care services in one document. The audiences for the briefs will include coalition members, potential coalition members, and the media.

CAG members stressed the importance of addressing the influence of disparities and social determinants on sexual health. Otherwise, we might reinforce negative stereotypes of certain populations.

CAG members suggested that we consider developing two companion pieces for each brief:

- an overview of the stages of sexual development across the lifespan, and
- practical implications and recommendations based on each audience brief.

5. Next Steps

- Summarize comments from meeting and revise action steps and categorize benefits. Distribute to CAG members.
- Schedule conference call with CAG to obtain further feedback on action steps, benefits of good sexual health, and definitions of sexual health. Reach agreement on messages that will be used in audience testing.
- Distribute first audience brief, along with a description of the goals, audience, and content, to the CAG for review and comments.
- Start designing pre-testing methodology to assess message concepts.