



NATIONAL COALITION FOR SEXUAL HEALTH

Communications Action Group Call: June 20, 2013 Summary of Discussion

Participants:

- Beverly Whipple
- David Lee
- Deb Arrindell
- Deb Levine
- Monica Rodriguez
- Larry Swiader
- Tom Beall
- Lisa Guiterman
- Susan Gilbert
- Alana Ward
- Jaclyn Fontanella

(Note: due to scheduling conflicts, a separate call was held with Allison Friedman on June 18, and individual calls will be held with Deb Hauser and Amy Schalet in July. If other CAG members would like to join us, please let me know).

Agenda:

The objectives of the two-hour call were to brainstorm and discuss goals of media outreach, content areas, target audiences, media channels, primary outreach strategies, story ideas, potential assets, and the role(s) of coalition members. The “Background Paper: CAG Conference Call: June 2013” provided draft ideas for each of these areas.

Summary of Discussion:

1. **Goals of Media Outreach**

Overall, the group agreed with the draft goals and believed that they were on target. However, the group suggested that we revise goal #3 to clarify and emphasize that the primary goal of media outreach is to secure positive coverage of sexual health messages and issues, rather than of the coalition itself. Yet, all agreed that to effectively position the coalition as a credible, “go to” source, it does need to have some visibility and a positive reputation. In the draft media plan, goal #3 will be revised or combined with goal #2. Another CAG member suggested that we re-examine the goals to assess if they are all truly goals, or a combination of goals and strategies.

2. Priority Content Areas/Communications Objectives

In terms of content areas, most agreed that these topics, which are the foundation of our positive sexual health approach, are appropriate for media outreach. However, David Lee cautioned that we be careful with objective #2 (“Choosing Partners Well”) to ensure that we don’t inadvertently blame the victim if he/she ends up with a partner who mistreats him/her. This is particularly important to the sexual violence community. Tom Beall reminded us that these are all positive and important issues but the media often doesn’t focus its coverage on good news or nice topics. Our challenge is to find opportunities to promote our core messages by tying into existing stories, trends, or hot topics. As Deb Arrindell suggested, “we need to enter the conversation when it’s already going on.”

3. Target Audiences

The coalition is charged with reaching the public across the lifespan. However, with limited resources we know this cannot be accomplished in one year. We need to take a long-term view, and identify some priorities. Tom Beall asked the group, “Are there priorities to be set, justified by their power to command interest from the media? Also, where is there not already an abundance of attention in which we could make a difference?” A few members of the CAG said it is important to target health care providers, which could include doctors, nurses, and office staff. Family practice physicians were identified as one priority audience. Lisa Guiterman said she would like to better understand “what you would like them to know, whom you are trying to reach, and which channels you have in mind, e.g. Ob.Gyn. News?” While the group agreed we should also reach the public, we did not identify priority audience segments for year one during this call.

4. Media Channels

Overall, the group agreed that we should put a greater emphasis on social and digital media, rather than relying too heavily on “old school” channels such as TV, radio, and print. While traditional media has an important role to play, social/digital media can provide valuable information and help shape social norms. Coverage in blogs and other social media channels can also spark earned media coverage in more traditional outlets. Deb Levine offered to work directly with Tom and Lisa to help further develop this part of the plan, based on the extensive analysis her organization has conducted relating to channels of communication and sources of sexual health information.

5. Core Strategies for Media Outreach

The background paper identified six possible media outreach strategies that the coalition could employ. Based on this discussion, three emerged as the most popular:

- a. Conduct reactive media outreach in response to other news stories, events or cultural trends.

- b. Be a content provider, in which NCSH coalition members will author content that can be pitched to and placed in media outlets, including traditional, social, and digital.
- c. Through personalized, one-on-one outreach, build partnerships and relationships with leading media sources that have presence and appeal to specific audience segments. The focus could be on high visibility targets and specific story ideas, with strong assets, would be pitched and explored.

Tom Beall reminded the group of our need to define or create plans that respond to media's general interest in covering stories that reflect timely or topical issues, edgy or unusual developments, controversy, novelty and/or popular culture, including celebrities. For example, it is unlikely that traditional media will be excited about covering the launch of a new patient guide, unless it is tied to a current hot topic such as ACA-covered services. We are likely to have more success by working collaboratively with targeted priority channels/outlets to identify stories/content that are likely to be relevant and appealing to their audiences, and then provide the assets that are needed.

Members of the group were very supportive about being content providers, which could take the form of a regular column, an editorial, op-ed, or other features. Virtually everyone said they would be happy to play that role. We could also provide content by serving as a convener and backgrounder on sexual health for the media. The practical tactics for doing so could be personal meetings conducted with lifestyle/consumer media in New York or Google Hangouts that allow for a presentation and questions from participants. These can be easily accessed through Gmail accounts, and can draw large attendance.

6. Story Ideas

The Backgrounder included some draft story ideas that could be pitched. In addition, members of the CAG suggested the following story ideas:

- Tie in to World Sexual Health Day on September 4th. (Given her role on the executive committee for ten years, Beverly has strong ties to the organization, and offered to link us up with them). Could collaborate with ASHA, as we did last year, to provide some content. Lisa reminded the group that it's getting more difficult to secure coverage around awareness days since there are so many of them.
- For idea "21st century parent/child discussions about sex" broaden to include intergenerational focus and a variety of family structures.
- Create an awards program for high quality depictions of sexual health in the media. It would be designed to recognize good representations of sex in the media, and maybe comment on poor ones, too.
- Or, consider a "report card" on sexual health/sexual images in various media. Studies have been done in the past, but are outdated at this time. A new content analysis could be useful, and generate media coverage.
- Build story related to Plan B availability.

- Create story related to ACA coverage of sexual health services, counseling, and contraceptives.
- Capitalize on other sexual health news generating coverage (e.g., new HPV data, sexual assault in the military, etc...)
- Create and conduct surveys relating to areas in which data is lacking, e.g. older adults. Consider partnering with media outlet to conduct survey while reducing costs. Lisa cautioned, however, that most media are looking for credible, statistically significant surveys and often will not cover surveys that are fielded online (not considered statistically valid like outlets such as the Associated Press).
- Explore real people stories, available background video/audio footage, and individuals willing to be interviewed.
- Leverage relevant developments in popular culture such as celebrities, books and movies.

7. Assets and the Role(s) of Coalition Members

To respond to existing stories or to pitch new stories, we will need strong assets, such as credible, experienced spokespeople and experts, new data, and personal stories. And, often quick response times, if the media calls.

CAG members appeared to be comfortable serving as subject area experts and adopting a dual identity – first and primary identification is with their own organization, and secondarily identifying as a member of the NCSH. One member said, however, that a single coalition member can't speak for the coalition as a whole. Tom said he will draft some sample language to share with the CAG for review and discussion. This language could also include a brief description of the NCSH.

8. Media Advocacy: Social and Digital

During the call, a few members of the group discussed restrictive policies and practices that limit the placement and promotion of positive, responsible sexual health messages on social and digital media outlets. One member said that Facebook and Twitter are not allowing them to advertise. With so much misinformation about sexuality and sexual health, it is important to balance it with accurate, useful information. While Google allows sexual health organizations to sponsor a Hangout, they won't promote it. Another concern is what Google chooses to advertise during your Hangout on air. Another said that YouTube recently removed sexual health videos from its site.

The Coalition or a subset of its members could play a role in this arena, given its broad membership base. A group of interested CAG members plans to schedule a call to further explore this issue, discuss possible advocacy strategies, and consider including it on the agenda for the NCSH meeting on September 20th.