



Communications Action Group Summary of May 8, 2015 Conference Call

Participants

Deborah Arrindell, American Sexual Health Association
Lynn Barclay, American Sexual Health Association
Tom Beall, Health Communications Consultant
Martin Downs, Variance, LLC
Susan Gilbert, Partnership for Prevention
Lisa Guiterman, Ogilvy Public Relations
Emily Bridges, Advocates for Youth
Alyson Kristensen, Partnership for Prevention
Lydia Poromon, Centers for Disease Control and Prevention
Amber Madison, Columnist, Freelance Writer, and Educator
Jenelle Marie, The STD Project
Amy Schalet, University of Massachusetts Amherst
Ksenia Shepelev, Partnership for Prevention
Chris Thrasher, Center of Excellence for Sexual Health, Morehouse School of Medicine
Dana Van Gorder, Project Inform
Beverly Whipple, Rutgers University

Goals of the Call

- To provide an overview of the African American media campaign and seek feedback
- To provide an update on CAG activities, including content development/media placements, media standards and practices, and action steps
- To provide an update on Health Care Action Group

1. Overview of African American Media Campaign

Goals, audiences, and media targets: Lisa Guiterman provided an overview of the campaign. Similar to the launch of the “Take Charge” guide/website last May, this campaign will encourage African Americans to take advantage of recommended preventive sexual health services that are available at no cost through the Affordable Care Act or at low cost through local clinics.

The campaign will target a variety of audiences, including teens, young adults, and adults; males and females; men who have sex with men; and parents. We will focus on African American media outlets, with emphasis on 65 leading national outlets, primarily print, online, radio, and sexual health bloggers. Thanks to Jenelle Marie, Larry Swiader, Rachel Powell (CDC), and Alencia Johnson (PPFA) for sharing media contacts with us.

There are limited African American-specific television channels, while many media channels do specifically target African American women. We will conduct personalized outreach to

leading national outlets, pitch the story, and schedule interviews with spokespeople. A press release will also be distributed nationwide to black media outlets.

Expert Consultations: Susan Gilbert provided an overview of the consultations she held with nine experts who have expertise in sexual health and the African American community. We sought their feedback on challenges facing the community, our draft campaign messages, and tone/positioning of the campaign. We also explored their interest in serving as spokespeople. These calls were extremely helpful, and feedback was very consistent. Some highlights of the do's and don'ts related to messaging included:

Do's in Messaging

- Take a very positive approach (e.g. focus on benefits of services to overall health and well-being, along with practical steps people can take to improve their health).
- Emphasize that “black health matters” and that every individual matters.
- Acknowledge that people have a lot on their plates and may face barriers to taking care of their health, but encourage them to make it a priority.
- Encourage individuals to take charge of their sexual health, and empower them to do so.
- Promote availability of no or low cost services, and how to access them, both for those with or without health insurance. Promote increased access under the ACA.

Don'ts in Messaging

- Don't take a negative, disease-oriented approach. Don't promote high rates of disease within African American community, except in the case of HIV.
- It's better to promote low uptake of preventive services. It's not stigmatizing, and it's important to promote their use among all Americans.
- When citing statistics, don't compare African Americans to white or other racial/ethnic groups. If you do a comparison at all, it should be to the entire population. Or, the data can just stand on its own without any comparison at all.

Campaign tone and approach: The campaign will be very positive with a strong service angle. We will promote the need for and value of preventive sexual health services, such as the HPV vaccine, contraception and counseling, and STI/HIV screening. And, we will help the public access these services at no or low cost by providing information about insurance coverage and links to health care organizations and providers.

Spokespeople: We are confirming our list of spokespeople. Potential spokespeople include Dr. David Malebranche, Dr. Hilda Hutcherson, Dr. Yolanda Wimberly, Rev. Edwin Sanders, Dr. Nerys Benfield, Chris Thrasher, and Deborah Arrindell.

Timeline: Once we confirm spokesperson availability, we will finalize our timeline. We hope to start pre-pitching the story on June 3rd, and then plan to issue the press release between June 10-17. We will keep the CAG posted about the final timeline.

CAG support of campaign: The CAG can help extend the reach of the campaign through social media and other channels. Like our campaign last May, Jacky will create and share sample tweets and Facebook posts with you. We will also share media coverage, as it is obtained. If you have any suggestions for media outlets or reporters/bloggers that we should

target, please contact Lisa Guiterman at Lisa.Guiterman@gmail.com.

2. Overview and Discussion of Message Strategy

Overview of message strategy: Susan explained that the message strategy is divided into three sections. **Part A** is the core media pitch and proof points, which is designed to encourage media to cover the story. **Part B** is the core messages for the public that we will ask spokespeople to communicate. **Part C** is additional messages relating to specific preventive services for spokespeople to share with the public.

The media pitch: Lisa Guiterman provided an overview. Our goal for the media pitch is to make it compelling and interesting – and to create a sense of urgency – while keeping it positive and empowering. Our media hook will be to use the weight and credibility of the Coalition to encourage uptake of these recommended preventive sexual health services, especially now that African Americans have unprecedented levels of insurance coverage that helps increase access to these services.

This hook will be supported by specific proof points/data that speak to specific audiences. To avoid stigma and negatives, we have tried to carefully frame the data, and underscore why these services are so important. We will round out the pitch with a strong service angle – focusing on how to access information and services that people need, in a manner that’s supportive and empowering.

CAG Discussion/feedback: Overall, CAG members appeared to be comfortable with and supportive of the media pitch and message strategy. Some of the CAG comments and questions included:

- **How will we address disparities in messaging?** As Deb Arrindell explained, disparities are actually the driving force behind the media campaign aimed at the African American community. However, our messaging is not designed to emphasize disparities. While it does acknowledge that individuals might face barriers in accessing services, our goal is to promote the value of these services and help the community access them.
- **How can we simplify the concept of social determinants? Can we describe the concept in a single sentence?** While we tried to sum it up in one short sentence during the call, it was not possible to do so. Deb said that she simplifies the concept by using the phrase, “fueled by poverty,” before describing disparities. We believe our spokespeople can address the topic, as appropriate, during interviews.
- **The time is right for this type of positive, empowering campaign, given current events affecting the AA community.** Deb agreed that this is a good time to reinforce that every individual matters, and to reinforce the concept that “Black Lives Matter.” However, we need to shape our messaging so that it doesn’t appear trite, and link it to taking care of your sexual health and overall health.
- **It is important to move beyond the individual. Can we strengthen our appeal to partners? To the community?** Dana Van Gorder suggested that our messaging also focus on partners and the well-being of the entire community. For example, when

talking about HIV, we should be sure to talk about preventing transmission and protecting your partners. When we talk about taking care of your sexual health, we should emphasize that you will help strengthen the entire community. The community angle might be particularly appealing given all of the recent news coverage about police violence inflicted upon the black community.

- **Suggestions about additional spokespeople.** Dana suggested that we consider inviting Phil Wilson of the Black AIDS Institute to serve as a spokesperson. Susan to follow-up with Dana.
- **How do we address longstanding suspicions about health care services and providers among African American community?** Amy Schalet raised this issue, and many others agreed it was very important. Given long history of negative experiences, including medical experimentation on African American patients, it's important to acknowledge their likely distrust of health care providers, services, products, and systems. And, we also need to keep in mind that many African Americans continue to have negative experiences with health care.

We should acknowledge and to try to counteract these perceptions by featuring relevant and credible spokespeople and leading medical groups. Chris Thrasher said that Dr. Wimberly was very active with the National Medical Association, and that she might be able to make an introduction. Deb Arrindell suggested the Black Nurses' Association. (Susan to follow-up with Chris and Deb).

- **Make sure all statistics are clear and include comparisons, if needed.** For example, add comparative population data to statement that "African American women are 34% more likely to develop cervical cancer, and twice as likely to die from it." To avoid stigma, we will try to find a comparison to all women rather than to white women. For stat on "contraception and counseling," verify 85% and specific wording in these two sentences.
- **It's good to promote positive statistics and trends.** Amy Schalet commented that she liked the stats about use of dual protection by African American females. She also suggested that we promote stats about higher rates of condom use among African American men and women compared to other racial/ethnic groups or population overall.
- **Should we use STD or STI in our communications?** Chris Thrasher asked how CAG members felt about using STI vs. STD. Two members said they preferred STDs, since everyone seems to be familiar with the term, while one member said she uses the terms interchangeably depending on the situation.

Susan explained that at the Coalition's inception, the Steering Committee decided to use STI in its communications. The primary reason was to help reduce stigma – diseases seem much more threatening, long-lasting, and potentially untreatable than infections. In addition, during our pre-testing of the sexual health definition and the "Take Charge" guide with the public, the term STI didn't create confusion, and was intriguing to some people. While we will encourage spokespeople to use STI, it's their

choice to use either STI or STD in media interviews.

- **Wherever possible, change passive voice to active voice.** Amy Schalet suggested editing the document for voice, and offered to do so.
- **Part B** – clarify message point #1; needs to be able to stand on its own. Last bullet – give example about ages and intervals, e.g. HPV vaccine.
- **Part C** – #2. Second bullet; sounds like it skews young. Consider phrasing, and clarify that this is intended primarily for youth and young adults. Fix typo for PPFA.
#4. Consider moving up annual testing recommendation for populations at risk to headline.

3. Update on Other CAG Activities

Recent and pending media placements: Lisa Guiterman provided an overview of recent media activity, which includes:

- **EmpowHer** story on women with genital herpes who are fighting stigma, which featured Coalition member Jenelle Marie.
- **For SiriusXM's Doctor Radio show**, we organized interview with Dr. Ned Hook who participated in a 30-minute live show on men and STIs.
- **For Details Magazine**, we organized an interview with one of our spokespeople for the African American campaign, Dr. David Malebranche, about the resurgence of “old-fashioned STIs,” spurred by hook-up apps and a lack of fear of HIV. Jenelle Marie was also interviewed for this story. NCSH provided detailed data on STIs to the reporter.
- **Blackdoctor.org.** In response to a media query, NCSH helped reporter Princess Gabbara pull together practical tips to help prevent HIV infection and to promote sexual health. Pending publication.
- **In-depth story on parents, kids and HPV vaccine.** We have been working with award-winning reporter Laura Sessions-Stepp on a lengthy online and print piece on parents, kids, and the HPV vaccine. The story is currently under development, and slated for publication in a leading newspaper.

Content development: Amber Madison and Jacky Fontanella are currently developing and pitching sexual health stories to leading websites. Amber is creating stories on (1) sexual violence prevention and (2) life, relationships and sex after an STI diagnosis. Amber has interviewed several NCSH members for these pieces. Jacky is writing a piece on contraception relating to dual protection. Depending on the topic and audience, these stories could be pitched to outlets such as YourTango, Jezebel, the Atlantic, and Refinery29.

Social media standards and practices: In follow-up to Amber Madison's story in the *Atlantic* about social media sites censoring sexual health content, a small working group (Tom Beall, Larry Swiader, and Amber), will create a plan to push for change in standards and practices. The group plans to create draft standards, share them with the CAG, and then request a

meeting with YouTube/Google. During this meeting, they hope to work collaboratively with Google to shape a policy that works for everyone. If this initial effort is successful, the working group plans to contact other leading sites, such as Facebook and Twitter. If you have any questions, please feel free to contact susan.gilbert@altarum.org.

Action Steps: Currently, we are working on fleshing out the action steps. We will keep you posted on progress and timeline.

4. Health Care Action Group (HCAG) Update

Alyson Kristensen, who leads the HCAG, provided an update on HCAG activities. The HCAG is developing a sexual health guide for health care providers, which is nearing completion. The guide includes four key sections:

- Taking a sexual history, which includes three essential sexual health questions providers should ask all adult and adolescent patients, scripts for initiating the conversation, and a table of follow up questions that providers can ask to get more information about a patient's sexual risk.
- Responding to patients' questions, which provides a sample response to the questions found in the "Take Charge" guide. Where a sample response cannot be given, key pieces of information are outlined to prepare the provider for answering the question.
- Screening tests to order, which includes information about recommended tests, the sensitivity/specificity of those tests, possible test results, and relevant CPT codes.
- Where to learn more, which includes a listing of clinical sexual health resources for providers.

Over the summer, NCSH will audience test via focus groups with practicing providers. The guide will be featured at the NCSH Annual Meeting in September.

Alyson also provided a brief overview of the Latino initiative that is newly underway to culturally adapt and then translate the "Take Charge" guide. Over the summer and fall, a series of consultations will be held with Latino/a sexual health organizations to review the "Take Charge" guide and its accompanying materials, identify areas to adapt for the Latino audience, review the translated text, assist with preparing for pre-testing, and determine how to incorporate the audience feedback into the guide. The translated guide will be made available in print and online, and promoted through media outreach.

5. Next Steps

We will keep the CAG informed about the final timeline for the African American media campaign, share media materials and social media copy with you, and keep you posted about media coverage.

The next full CAG call will probably be held in August or early September.