



## Communications Action Group Summary of May 20, 2014 Conference Call

### Participants

Tom Beall – individual member  
Heather Eastman-Mueller – University of Missouri  
Jaclyn Fontanella – Partnership for Prevention  
Susan Gilbert – Partnership for Prevention  
Lisa Guiterman – Ogilvy Public Relations  
Colleen Hoff – San Francisco State University  
Alyson Kristensen – Partnership for Prevention  
David Lee – CALCASA  
Deb Levine – YTH  
Penny Loosier – CDC  
Ashley Maier – CALCASA  
Maureen Michaels – Michaels Opinion Research  
Rachel Pryzby – CDC  
Amy Schalet--individual member  
Alana Ward – Partnership for Prevention  
Beverly Whipple--individual member  
Emily Zeigenfuse – Ogilvy Public Relations

### Update on National Media Outreach

The call began with a presentation about the national media launch on May 6, 2014 to promote the new NCSH guide and website, “Take Charge of Your Sexual Health: what you need to know about preventive services.” After an introduction by Susan, Lisa Guiterman, of Ogilvy Public Relations, described the overall strategy behind the launch and its initial results.

Since the release of a new guide and website was not likely to be considered “newsworthy,” in its own right, the team considered a variety of message hooks and other assets, such as the collective clout of the Coalition, existing data, and highly credible spokespeople, to attract media coverage. We also conducted an inventory of current sexual health coverage by leading media outlets. Our team made the following strategic choices from a storytelling perspective:

- We choose to lead with our strongest asset – the Coalition – by positioning this announcement as a call-to-action around the low uptake of sexual health services, despite their availability at no cost through the Affordable Care Act. This helped to

make the story timely and important.

- We pulled together statistics relating to the low uptake of several sexual health services (HPV vaccine, chlamydia screening, and HIV testing), which led us to develop an overall message that at least 50% of Americans are not getting recommended screenings. We also created analogies, e.g. there are more cases of STIs than many other leading health conditions combined.
- We leveraged audience-specific statistics to appeal to specific media outlets, e.g. those that reach young women, teens, young men, gay men, and others.
- NCSH identified and briefed highly credible spokespeople, including Edward W. Hook, III, M.D., Director, Division of Infectious Diseases, University of Alabama/Birmingham; Gale Burstein, M.D., Erie County Health Commissioner (New York); E.W. Emanuel, MD, Ob/Gyn; Dana Van Gorder, Executive Director, Project Inform; Michael Horberg, M.D., MAS, National Director for HIV/AIDS at Kaiser Permanente, and Debra Hauser, MPH, Executive Director, Advocates for Youth.
- Media outreach included one-on-one outreach to priority media targets (on an embargoed basis) two weeks in advance of the launch, distribution of tailored pitch letters and a national press release, and placement of spokespeople for interviews.
- Highlights of current coverage include: it is estimated that media coverage has reached 68 million unique users of various media outlets. This includes placement of stories in: Huffington Post Live (online video story), Cosmopolitan.com, WomensHealth.com, Self.com, Shape.com, POZ, HepMag, Real Health, HIVandHepatitis.com, Kinsey Confidential (blog posted by Jacky Fontanella), Windy City Times, and Huffington Post Gay Voices (blog posted by Dana Van Gorder).
- Media coverage generated a significant surge in traffic to the guide's website, based on Google Analytics reports. Specifically, during a two-week period in May the number of visits (2,525) was nearly four times higher than the total number of visits (518) during the entire month of April. WomensHealthMag.com was responsible for 53% of all visits to the site, followed by Cosmo.com. At least 15 coalition members also promoted the guide and media coverage through social media, newsletters, and websites.
- Key learnings include: the media environment is constantly changing, with outlets closing and key reporters/editors often switching jobs. Even though we cultivated relationships with some key media over the past year, a few did not produce the coverage we expected. For example, the relationships we built with key reporters at Ladies Home Journal proved unhelpful since the magazine closed down suddenly, after 113 years of operation. In addition, many outlets are more likely to cover sex, relationships, and pleasure rather than other aspects of sexual health, such as

preventive services. Many reporters who cover sexual health are freelancers, and might be difficult to identify and connect with. Media aimed at teens/parents of teens are often reluctant to cover sexual health. As a follow-up, Lisa prepared a summary of her outreach to these targets to date, shared it with the CAG, and is seeking the CAG's help in cracking these outlets.

- Media outreach and relationship-building with key media outlets will continue over the next few months to promote the guide, related messages, our spokespeople, and the Coalition.

### **Importance of Sexual Health Media Message Box**

The CAG discussed and provided feedback on the revised media message box and the new draft proof points. The proof points are designed to provide supporting data and messages for each section of the media message box (e.g. problem, solution, benefits, and call-to-action). First, Susan reviewed the changes made to the media message box, based on CAG input during the February 2014 call. Then, we discussed the proof points in detail.

#### **1. Media Message Box:**

- a. Suggested that we could explore other examples of stigma reduction including cancer, HIV, and gay/straight alliances.

#### **2. Proof Points: The Problem**

- a. **Many Americans are not comfortable talking about...** To improve clarity, change one phrase: "This same group" to "This same age group." Add data about the percentage of young adults who are sexually active; consider linking to second bullet or have it stand-alone.
- b. **The costs of poor sexual health are significant.**
  - Add a new section that addresses broader determinants of sexual health, such as: community and societal factors; inequities, including financial, gender, race/ethnicity; intimate partner violence; access to services (available and affordable). The rationale: even if individuals are committed to being sexually healthy, circumstances can make it challenging for them to achieve good sexual health (e.g. lack of money to pay for services, rape, inequities, IPV).
  - Group would like us to cast emotional aspects and costs more broadly, including personal agency, relationship satisfaction, and equity. Lack of respect in relationships and personal control/power is a negative emotional consequence. Colleen said that she has data about the link between poor sexual health, depression, and anxiety, along with the impact on relationships. Amy also offered up some studies that reveal that more equal relationships are more satisfying.

- Reconsider how to reframe IPV and rape – it has both physical and emotional consequences. Consider linking to current topic of rape on college campuses.
- Might change heading: “The costs of poor sexual health are significant” to include individual and societal costs.

### 3. Proof Points: The Solution

#### a. “America needs a positive approach...”

- Change heading to “Why America needs a positive approach.”
- Consider adding “skills” to second paragraph.
- Put bulleted points in an active voice and simplify, when possible, e.g. “we know this works.”
- Making the case involved two elements: it works better and it’s ethical. Be sure to address both in our rationale.

#### b. Add a new section that addresses individual rights/expectation that everyone is entitled to enjoy good sexual health.

- Purpose: to create awareness that everyone should have the right/opportunity to enjoy good sexual health.
- People should understand their rights and have positive expectations for their own sexual health.
- Need to define these rights briefly and clearly, without using jargon.

#### c. Add another section about addressing societal factors.

- As a society, we should address the factors that contribute to poor sexual health.
- This will address social/cultural factors included in “Problem” points above.

#### d. It’s time to get comfortable...”

- Add more detail about Netherlands – it’s not just talking and attitudes; it’s also less poverty and greater access to services that make a difference in sexual health outcomes.

### 4. Proof Points: What are the Benefits?

#### a. “The benefits of good sexual health go well beyond...”

- As stated, bullet number 2 could lead to coercion.
- Consider adding a statement such as “it’s up to you to decide if and when you want to have sex.”
- Beverly added: sex could be with or without partners.
- Add in concept that good sexual health can also lead to a healthier community (Ashley has resources to share with us on this point).

## 5. Proof Points: What is the Call to Action?

### a. “There are specific steps you can take....”

- Modify #3 to remove the word “choose.” For example, it could be revised to say, “be with partners who make you feel good or “partners should respect you, and you should respect your partners.”
- Consider adding another action step somewhere: start talking about it or break the silence around sexual health.

### b. Consider adding a new section: “As a society, what can we do?”

- Options could include increase access through ACA/affordable services; address inequities/disparities; address rape/IPV; address gender/power inequities; and many others.
- To consider: how will this differ from the solutions section?

## Update on Health Care Action Group (HCAG) Activities

Alyson provided a brief update on key HCAG activities, which include the development of a companion guide for health care providers. The guide will include a streamlined set of questions that providers can ask patients about their sexual health; scripts to help providers engage in conversations about sexual health; and suggested responses to the questions that are posed for consumers in the existing sexual health guide. The draft content will be pre-tested with a variety of provider groups to help ensure it’s appealing, useful, and relevant.

## Media Activities for May through September

Susan provided a brief overview of activities planned for the next four months, which include:

- Ongoing national media outreach to promote the guide and key messages, with targeted outreach to outlets that reach teens/parents of teens.
- Development of NCSH social media presence, including Facebook and Twitter. Will create a strategy and operationalize social media channels.
- Finalize audience profile on young adults and work with designer to produce.
- Start development of a guide to talking with the public about sexual health, which includes message framework and highlights of message research.

## Next CAG Call

- The next CAG conference call will be held over the summer. The primary goals of the call will to be review CAG goals and progress, and to brainstorm priorities and activities for the future. We will send out a doodle poll to check availability and schedule the next call.