Expanding HIV Prevention Options: Implications for Messaging for Gay and Bisexual Men

Report on the "And/Or Meeting"
January 30 and 31, 2018

Meeting Report Prepared by Dan Wohlfeiler
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All of us working in HIV and STD agree that prevention is important, but we don't all agree about the best way to go about it. Which interventions should we implement, and what should our health promotion messages be to support those interventions? One question facing our field has been how much we should emphasize PrEP and/or condoms to reduce sexual transmission of HIV and other STDs.

Building Healthy Online Communities (BHOC) convened a group of HIV and STD prevention leaders and communications experts from around the country on January 30 and 31, 2018, to discuss whether we should promote comprehensive prevention strategies – PrEP and condoms – or promote them separately. How should programs best communicate directly to gay and bisexual men? Should we give these different options equal emphasis, or should we emphasize one more than the other - and when, and for whom? Our goal was not to come out with a single message, but rather to come up with a set of principles and guideposts to inform future message development.

Even when condoms were the primary prevention strategy available to reduce HIV, messaging was a complicated process. Programs still had to decide which population to focus on, and strive to speak clearly about sexual behavior without triggering censorship. They had to make strategic decisions about when to focus on the risk of negative outcomes and when to celebrate sex, and positive outcomes.

Now that biomedical interventions are available, including PrEP and Treatment as Prevention – as well as consistent testing - messaging is even more complex. Programs around the country are taking very different approaches to addressing these issues, with little discussion taking place between programs about whether to separate or combine these different strategies or what level of consistency we should seek.

The original question of how and when to combine or separate PrEP and condom messaging was relatively narrow and focused. However, beneath this narrow focus lies a complex set of goals and issues which participants surfaced and struggled to address throughout the day.

The participants included:

- Adriana Andaluz (New York City Health Department)
- Natalie Cramer (NASTAD)
- Lori Dorfman (Berkeley Media Studies Group)
- Jessica Frasure-Williams (STD Control Branch, California Department of Public Health)
- Jen Hecht (San Francisco AIDS Foundation)
- Shawnika Hull (Milken Institute School of Public Health, George Washington University)
- Jason Johnson Peretz (Building Healthy Online Communities)
- Leandro Mena (University of Mississippi/Mississippi Department of Health)
- Matthew Millspaugh (Office of AIDS, California Department of Public Health)
- Les Pappas (Better World Advertising)

- Jim Pickett (AIDS Foundation of Chicago)
- David Purcell (Centers for Disease Control and Prevention)
- Harlan Rotblatt (Los Angeles County Department of Public Health)
- Krystle Sims-Cameron (510media)
- Lawrence Wallack (Oregon Health & Science University/Portland State University School of Public Health)
- Dan Wohlfeiler (Building Healthy Online Communities)

Participants represented a variety of geographic settings in the US, and brought a wide range of experience, professional training, and disease focus. Some work primarily in HIV prevention, others in STDs, and some in both. Some serve in non-governmental organizations or clinical settings, others in federal, state, or local government, and some in universities. Several have worked in both social and commercial marketing efforts on a wide variety of issues and products, while others had spent much of their careers promoting structural interventions. None of the comments made were the official position of participants' respective organizations.

Many participants sent campaign materials that were posted around the meeting room, which reflected a wide range of communication strategies. Some posters explicitly emphasized factual biomedical information about different strategies' health outcomes, while others emphasized the psychological benefits of prevention or treatment. Some featured diverse communities while others emphasized one.

Similarly, participants expressed a wide diversity of opinions, often reflecting their different goals. There were also areas of agreement. Many issues regarding goals, content, segmentation and evaluation were left unresolved, although we made progress in identifying questions.

It is notable that despite their collective experience and authority, participants struggled mightily to answer the original question. This may have been because:

1. Each of the main areas of discussion – goals, content, and audience segmentation – is highly complex.
2. Practitioners have very different perspectives and goals, based on their professional training, community affiliation, lived experience, and interests.
3. The decades of research and implementation of messaging has failed to provide clear answers.
4. The research has not reached many practitioners.
5. Something else.

Here, then, are the areas of agreement – or near-agreement - that participants identified, followed by the many questions that they raised and wrestled with during the meeting. The report concludes with next steps for BHOC to implement.

KEY AREAS OF AGREEMENT (OR NEAR-AGREEMENT):

a. ***Campaigns* should contain both biomedical interventions and condoms, even when any single *advertisement* or message could contain just one**.
b. Rather than promoting a specific intervention, most participants advocated for encouraging users **to choose a sexual health strategy**. Specifically, this would include providing information for users to make an informed choice from amongst a range of prevention measures (testing, condoms, PrEP, having an undetectable viral load), recognizing that their

needs may change over time. A sexual health strategy may also include access to health care and testing.

c. **Public health should leverage social media's ability to reach specific segments.** Different websites – including dating sites and apps – allow prevention messages to be targeted to specific populations, including men of different ages, ethnicities, HIV status, or sexual risk profiles; and those who may be more vulnerable to, or concerned with, HIV, and others who are more vulnerable to, or concerned with, STDs.

d. **Programs must pay particular attention to the challenges of changing the message in light of new data and interventions.** Being able to communicate in a timely way is key when information becomes available about new biomedical or epidemiologic results.

e. **Campaigns can and should help consumers assess their risk.** Participants recognized that some risk is acceptable to many people. However, some participants suggested that messaging could also serve to remind consumers that some risks may not be necessary and may be easily avoided at a low cost, just like there's no reason to walk across the street without looking.

f. **Campaigns can benefit from building stronger collaborations with each other in both developing and placing messages.**
Programs have spent considerable effort to develop messages which communicate complex information clearly, including compelling ways to translate statistics. Rather than having each health department or community organization develop its own campaigns, **we should identify those campaigns with the greatest promise and make them available to others.**
Local health departments will still need to pretest the message with the intended community to make sure the message continues to support the intended goals.
Better coordination of ad placement may result in savings, and reduce the risk of sending messages which promote the same prevention strategy, on the same site, at the same time.

g. **Programs need to leverage existing resources that may assist their targeting.**
Marketing experts from the public and private sector have both experience and resources that could benefit HIV/STD prevention messaging. Some of the resources mentioned were:
    1. Claritas Prizm (www.claritis.com), which segments their profile data by age, income, employment status, activities, and family composition – though not by race or sexual orientation.
    2. The American Men's Internet Survey (AMIS), run out of Emory University, provides a national cohort of 10,000 gay men and can field questions about acceptability of messages and interventions.
    3. Many private companies collect information about their customers that they may be willing to share with HIV/STD prevention programs.

h. **Programs need guidance on how to develop and use outcome metrics**, in addition to using process indicators such as click-throughs.

QUESTIONS RAISED:

WHAT ARE OUR GOALS?

--- To what extent is it feasible, or desirable, to align STD prevention (which mostly relies on condoms) and HIV prevention (which has a greater range of biomedical interventions) in messaging? Should we combine these under a comprehensive framework, and if so, how? This intersection was the most difficult for the participants to address.

--- While the focus of this meeting was on PrEP and/or condoms, we also know from modeling that treatment as prevention (TasP) will have the greatest impact on reducing incidence. In an ideal world, we should have campaigns that address all of these prevention components and support combination prevention; however, nearly all our programs have very limited advertising budgets. Since TaSP is the most effective strategy we have to reduce infections, what portion of our limited prevention resources should we dedicate to promoting condoms and/or PrEP? What are the best ways to target PrEP to those men who are not wearing condoms consistently, in order to achieve maximum epidemiological benefit?

--- Participants held different perspectives on the effectiveness of messaging, and raised a number of questions: What is the evidence that messages can change behavior or reduce transmission at the individual level or at the population level? Given the substantial social forces that drive transmission, what level of resources should we spend to develop messaging about individual-level interventions? Might they do more harm than good by distracting community's attention from those driving forces and give the impression that the problem is being effectively addressed?

WHAT SHOULD WE SAY…AND HOW?

--- If we include condoms in a message about PrEP, are we undercutting our ability to assure communities that PrEP is effective (or vice-versa)?

--- While the choice of PrEP vs. condoms may appear relatively simple, how can we best confront the challenge of presenting information about the pros and cons of both while reducing the tendency of many individuals' seeking out information that supports their desired choices? As one example, some advocates have often compared the effectiveness of PrEP at the individual level, based on high levels of adherence, with condom effectiveness at the population level, which is calculated based on relatively low levels of adherence.

--- Which gay men reject condoms because they perceive them to restrict freedom, or impede intimacy? And how do gay men value freedom and intimacy when considering casual vs. long-term partners? Participants also noted that while biomedical interventions provide freedom from using condoms to protect from HIV, they do not yet exist for protection from other STDs.

--- Should we promote umbrella campaigns that would address multiple components, given the evidence that a whole campaign may be more effective than just the sum of its individual components?

--- To what degree – and in which contexts – should our messaging be focused on giving information about the physical health benefits of reducing transmission, and to what degree should they be addressing values and psychological benefits? What's the right mix, and how can we best provide factual information with an emotional component?

--- CDC guidelines recommend combining PrEP with condom use. Some communicators may feel required to incorporate both strategies into one message to support those guidelines.

--- To what extent should we emphasize these prevention strategies and to what extent should we be promoting engagement with the healthcare system?

WHICH AUDIENCE DO WE WANT TO REACH?

Participants spent a considerable amount of time discussing which communities to target – mostly focusing on those segments that we have typically used (men of different ages or ethnicity). Some of the questions addressed included:

--- How can we target specific communities without stigmatizing them? For example, African-Americans make up the group with the highest rates of incidence. If ad campaigns do not feature them in images, they risk not resonating with the community; however, if they feature them too exclusively, we risk reinforcing already high levels of stigma.

--- Some participants believed that it was important to target messages to the minority of men who engage in a high level of risky behavior; others believed in reaching as many men as possible, and promoting a social-norm approach. How could we tailor messages to individuals with very different risk profiles? Should we? And how can we now define risk, which for HIV is no longer just defined as condomless anal sex, and when the risk for STDs is perceived by some gay men as just an inevitable and outcome of sexual activity? Similarly, how do we address high vs. low sensation seekers? Some participants believed we should not use language about risk, but about the current situation an individual might find himself in.

--- How are values around sexual freedom held among men of different ethnicities, and among men with different risk-seeking profiles?

--- How do we balance out the need to have messages that are tailored to specific geographic areas or communities with the need to leverage and adapt campaigns?

--- How should messages vary when access to PrEP or appropriate medical care is lacking?

--- While much of the meeting was focused on direct-to-consumer messaging, participants also recognized the potential of having secondary audiences who might in turn be able to support gay men's efforts to maintain sexual health. These could include family members or medical providers.

HOW CAN WE BEST EVALUATE OUR WORK?

Participants voiced a number of concerns about evaluating messages, including the over-reliance on process measures (numbers of click-throughs, for example), and the difficulty of accurately assessing how much time any individual spends on a specific ad or site. Additionally, participants described funders' eagerness to support evaluation, but rarely using it to support decisions. Specific questions included:

--- How does the fact that our budgets are much too small to have a significant impact at the population level affect how we make decisions about messaging?

--- Given that evaluation is so expensive – how much should we invest in it?

--- What are the process and outcome measures to help us evaluate campaigns? How do we move beyond click-throughs and time spent online to be able to better inform our campaigns? How do we improve our ability to measure uptake in services, reduction in risky behavior, or reduction in transmission?

WHAT BHOC CAN DO:

Several key activities to implement emerged from the meeting. The following are activities that BHOC will implement. Other organizations will hopefully also take the initiative to address the many issues that this meeting identified.

1. To assist in segmenting, BHOC will create a list of websites and apps that are used by specific populations.
2. Complete a survey of health departments and non-governmental organizations to identify shareable campaigns and place them on bhocpartners.org (and/or another site). This should include contact information, formative research, intent and logic model of each campaign, and evaluation data, when available.
3. Further develop simplifying model language to be used to convey sexual health information in easy-to-understand terms.
4. Many HIV/STD prevention programs lack the knowledge needed to purchase ads, particularly online. BHOC will continue to curate information on best practices on social marketing as well as clarifying existing metrics.

THANK YOU:

BHOC thanks all the participants for their generosity in taking the time and participating so actively in this meeting. A special thanks to Lori Dorfman for her help in planning of the meeting and facilitating, and to Jason Johnson Peretz for his logistical support and note-taking.