

WEBINAR FOR SRAE GRANTEES



FYSB Family & Youth
Services Bureau

Adolescent Pregnancy
Prevention Program



Gaining Community Support for Sexual Health Programming

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Webinar Logistics

- Mute when not talking.
- Turn off video if you experience any connection issues.
- Type questions in the chat.
- Time reserved for Question & Answer at the end.
- Take off “everyone” if you want to directly message with someone.
- Transcript and recording will be available.



Agenda

- Welcome and Overview
- Mental Models, Trust, and Community Engagement
- Overview and Application of the Community Support Resource
- Wrap Up Discussion and Adjourn



Meeting Norms

- **Participate and engage.** We want to hear from you, and we want you to hear your colleagues. Having a balance in participation will allow for all voices to be heard.
- **Be fully present.** Although sidebar conversations in the chat and cell phone use may be tempting, we want to ensure that our engagement is a focus, so that we can maximize our time together.
- **Begin and end on time.**

Webinar Objectives

At the conclusion of this webinar, participants will be able to:

- Understand why concepts such as mental models and trust are important to keep in mind.
- Use practical information and tools to expand community buy-in and disrupt misinformation.
- Implement key recommendations to facilitate community engagement and promote sexual health programming.

Mental Models, Trust, and Community Engagement



Mental Models Matter



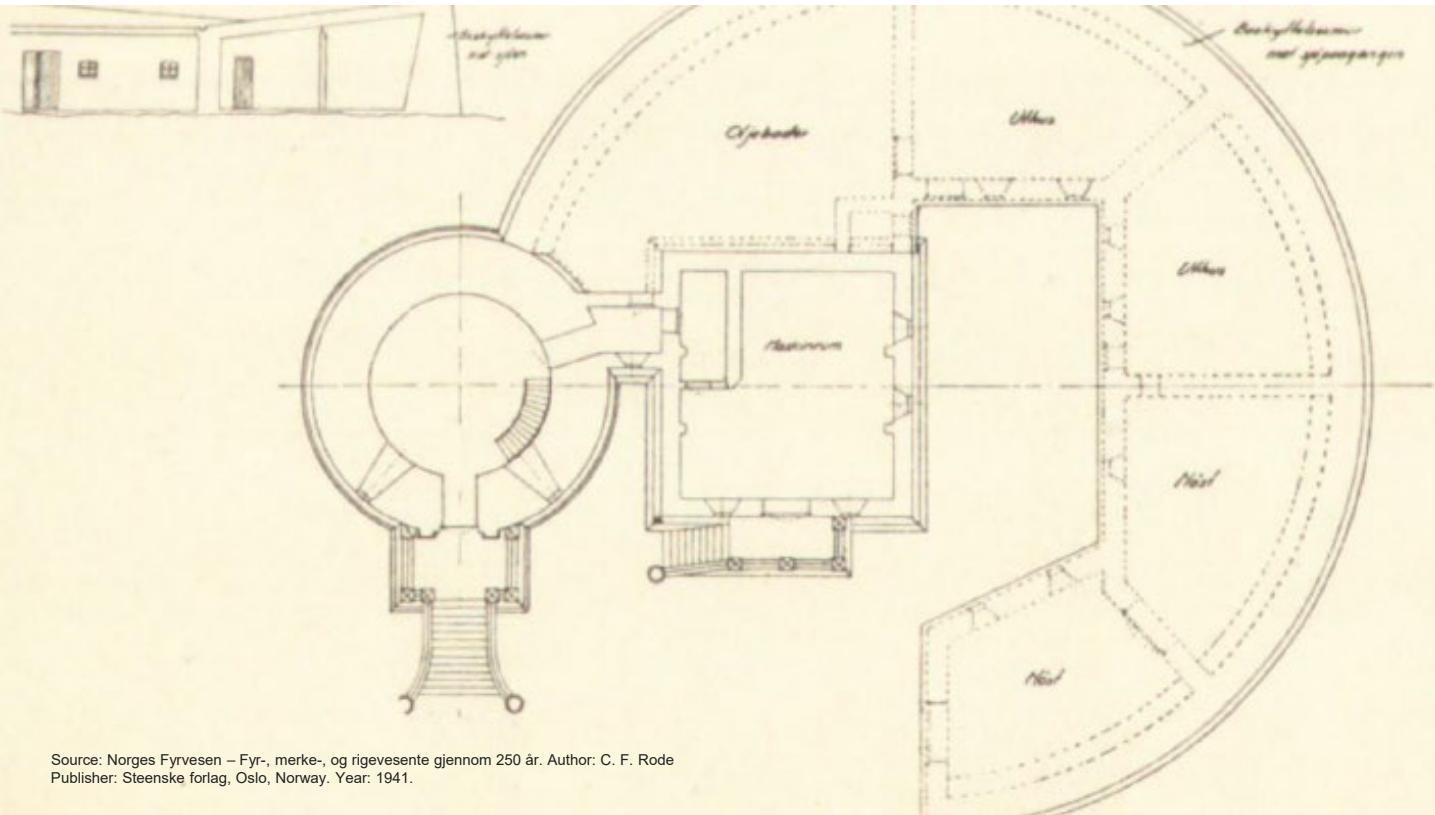
Communities are not blank slates

What is a house?

What is a house?



What is a house?



Source: Norges Fyrvesen – Fyr-, merke-, og rigevesente gjennom 250 år. Author: C. F. Rode
Publisher: Steenske forlag, Oslo, Norway. Year: 1941.

EMERGING INFECTIOUS DISEASES®

Mental Models Matter

Example:
Public understanding
of Zika virus in
Guatemala.

A Mental Models Approach to Assessing Public Understanding of Zika Virus, Guatemala

**Brian G. Southwell, Sarah E. Ray,
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DOI: <https://doi.org/10.3201/eid2405.171570>

Mental models are cognitive representations of phenomena that can constrain efforts to reduce infectious disease. In a study of Zika virus awareness in Guatemala, many participants referred to experiences with other mosquito-borne diseases during discussions of Zika virus. These results highlight the importance of past experiences for Zika virus understanding.

Defining Sexual Health

What do you believe community members think about this concept?

Why Is Misinformation a Problem?

- We are ***biased toward acceptance***.
- There are ***reasons why we share*** misinformation.
- Our ***regulatory approach (in democracies)*** emphasizes post hoc detection.
- ***Correction is hard***.

News & Analysis

Medical News & Perspectives

COVID-19 Conspiracies and Beyond: How Physicians Can Deal With Patients' Misinformation

Jennifer Abbasi

Early in 2020, communication science expert Brian Southwell, PhD, launched a training workshop at the Duke University School of Medicine to address a major clinical problem: What physicians should do when patients are misinformed about their health. It's one of only a few such programs in the nation. This year, Southwell, a scholar with the medical school's Social Science Research Institute, and his collaborator Jamie Wood, PhD, plan to make it available as a live virtual offering for clinician practices and health care systems.

"There's a lot that we can learn from the past in terms of how people have engaged with misinformation historically," Southwell said in a recent interview with JAMA. "That's going to be helpful, but we also need to think about some of the challenges of the moment." Misinformation is



Graphic: Abbasi (2020) in JAMA
<https://jamanetwork.com/journals/jama/fullarticle/2774709>

Trust as a Goal for Community Engagement



We need more focus on building trust and less on blaming those who do not trust us.



Trust in Science and Scientists Matters

Example:
CDC's CARE+ program
to screen in-bound
travelers to the
United States

Trust predicted
traveler intention to
cooperate

Original Research

Factors That Mattered in Helping Travelers From Countries With Ebola Outbreaks Participate in Post-Arrival Monitoring During the 2014-2016 Ebola Epidemic

Christine E. Prue, PhD¹ , Peyton N. Williams, MPH², Heather A. Joseph, MPH¹ ,
Mihaela Johnson, PhD², Abbey E. Wojno, PhD¹, Brittany A. Zulkiewicz, BS²,
John Macom, MPH¹, Jennifer P. Alexander, MSW, MPH², Sarah E. Ray, MA²,
and Brian G. Southwell, PhD²

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What is trust?

- Perception of credibility
- Perception of reliability
- Perception of shared interest

How Trust Affects Communication About Risk: An Example

North Carolina Wildfire Risks and Public Trust

2020-21 DUKE BASS CONNECTIONS

See 2021 European Meteorological Society abstract at <https://doi.org/10.5194/ems2021-25>



Local Sources Matter

- Participants preferred *local* information sources for disasters, hazards, and extreme weather.

Conceptualization of trust also varied

How to Approach Public Engagement

For engagement, we must do *more than present information.*

Example: HPV Vaccination Acceptance

- People have varying levels of trust in different sources.
- Members of minoritized populations sometimes more likely to trust sources such as **family members and religious organizations** for HPV vaccination information than white counterparts (Harrington et al., 2021)



Example: HIV Prevention - Reduction of Risky Behaviors



AJPH OPEN-THEMED RESEARCH

HIV Prevention for Black Heterosexual Men: The Barbershop Talk with Brothers Cluster Randomized Trial

Tracy E. Wilson, PhD, Yvonne Coates, DPMH, Michael A. Joseph, PhD, MPH, Ruth C. Brown, SD, MPH, Dignel Camlin, Darin McFarlane, Shawn Mitchell, MPH, Desmond James, MA, Nelson Umana, Desmond Romeo, Steven Johnson, Meno Salje, MD, MBA, MPH, FACP, Mark Stewart, MD, PhD, Peter Fergusson, MS, and Marilyn Fleury, MD

Objectives. To identify the impact of a strengths-focused HIV prevention program among high-risk heterosexual Black men.

Methods. Barbershops in Brooklyn, New York, neighborhoods with high rates of heterosexually transmitted HIV were randomized to intervention or an attention control program. Men were recruited from barbershops between 2012 and 2016 and participated in a single small group, peer-led session focused on HIV risk reduction skills and motivation, community health empowerment, and identification of personal strengths and communication skills. The outcome was defined as 1 or more acts of condomless and/or vaginal sex in the preceding 90 days at a 6-month interview.

Results. Fifty-three barbershops (24 intervention, 29 control) and 860 men (436 in intervention, 424 control) were recruited; follow-up was completed by 657 participants (352 intervention, 305 control). Intervention exposure was associated with a greater likelihood of no condomless sex (64.4%) than control group participation (54.1%; adjusted odds ratio = 1.61; 95% confidence interval = 1.05, 2.47).

Conclusions. Program exposure resulted in reduced sexual risk behaviors, and the program was acceptable for administration in partnership with barbershops.

Public Health Implications. Dissemination of similar programs could improve public health in communities with high rates of HIV attributable to heterosexual transmission. (*Am J Public Health.* 2019;109:1131–1137. doi:10.2195/ajph.12019.305121)

See also Linnan, p. 1073.

In the United States, men who identify as Black or African American are at greater risk than are men from other racial and ethnic groups of becoming infected with HIV, of being diagnosed late in the course of infection, and of HIV-related mortality.^{1,2} Although most infections among Black men are attributable to sex with other men, there exist an unappreciated burden of HIV transmission among Black heterosexual men, who are diagnosed at significantly higher rates than White heterosexual men and are more likely to be diagnosed with HIV concurrently with an AIDS-defining illness.^{3–5}

Factors associated with HIV risk among heterosexual Black men include living in areas characterized by poor socioeconomic status, greater income inequality, and neighborhood

lower motivation, skills, and self-efficacy for condom use.^{6,7} At the interpersonal and individual levels, heterosexual HIV risk among Black men is driven in part by the impact of these social determinants on depression and on alcohol and substance use, which in turn are linked to condomlessness^{8,9} and the impact of sex roles and conceptualizations of normative male and female behavior on partner concurrency, condom use,^{10,11} and HIV signs.¹² Such factors speak to the need to address these broad social determinants and, at a minimum, ensure that HIV prevention efforts are centered in geographically high-risk heterosexual areas.

Few interventions to our knowledge are designed specifically to support Black heterosexual men.¹³ Responding to this need, we developed the Barbershop Talk with Brothers (BTWB) program. BTWB is a single-session, small group, peer-led intervention introduced to men through barber-shop partnerships; the program is located within areas of high risk for heterosexual HIV infection. BTWB is the result of a community-academic collaboration involving shared development, implementation, and program evaluation, with a focus on leveraging the strong connections and frequent interactions that barbers have with members of their

neighborhood¹⁴ as an epidemic of incarceration that creates lower male-to-female ratios within these geographic areas and compounds risks of transmission¹⁵ and lower availability and use of prevention, screening, and treatment services targeting HIV and other sexually transmitted infections,¹⁶ which can result in

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Tracy E. Wilson, Yvonne Coates, Michael A. Joseph, Darin McFarlane, Meno Salje, and Mark Stewart are with the State University of New York Downstate Medical Center, Brooklyn, Ruth C. Brown, Dignel Camlin, Shawn Mitchell, Desmond James, and Marilyn Fleury are with the Center for Urban Health, Brooklyn, Nelson Umana is with Nelson's Barbering, Brooklyn, Desmond Romeo is with Cut Barbering, Brooklyn, Steven Johnson is with Fit & Barbering, Brooklyn, Peter Fergusson is with Future Technologies, New York, NY. The authors acknowledge the staff of the Barbershop Health Promotion Center, Brooklyn.

Correspondence should be sent to Tracy E. Wilson, PhD, SUNY Downstate Medical Center, School of Public Health, 450 Clarkson Ave, Brooklyn, NY 11203 (e-mail: tracy.wilson@downstate.cuny.edu). Reprints can be ordered at <http://www.ajph.org> by clicking on the "Reprints" link.

This article was accepted March 28, 2019. doi: 10.2195/ajph.12019.305121

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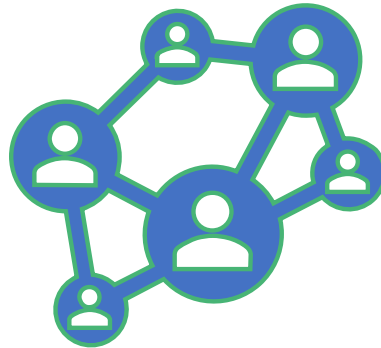
Wilson et al. • Peer-Reviewed Research | 1131

(Wilson et al., 2019)

Question to Consider

What can we do to ***identify and uplift shared interests*** between organizations and people outside those organizations?

Enter ideas in the chat.

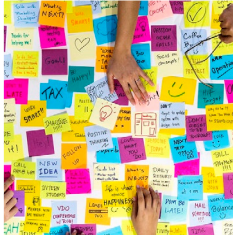


Community Support Resource



FYSB Family & Youth
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Community Support: Three Pillars



Messaging

Misinformation



Dissemination

Messaging: Branding or Rebranding Your APP Program

- Positive framing
- Message strategy



What's Your Message Strategy?

- Know your why
- Identify your who
- Develop your message and content



Misinformation: Navigating Challenges



Health misinformation is a serious threat to public health. It can cause confusion, sow mistrust, harm people's health, and undermine public health efforts. Limiting the spread of health misinformation is a moral and civic imperative that will require a whole-of-society effort.

Vivek H. Murthy, MD, MBA

US Surgeon General

Confronting Health Misinformation: The U.S. Surgeon General's
Advisory on Building a Healthy Information Environment

Combatting Misinformation: Tips to Stop the Spread of Misinformation



Encourage
compassion



Engage comms +
media specialists



Learn what people
are hearing



Empower
information
seeking



Collaborate



Build trust

Combatting Misinformation: Information-Based Strategies

Match and Prioritize



Fill in the Gaps



Correct Early + Often



Let Data Tell the Story



Neutralize Misinformation with Inoculation



Find Common Ground



Leverage Credibility



Combatting Misinformation: Partnerships



Mobilization Partner: These partners are able to provide ongoing funding and personnel to your effort to help ensure coordination.

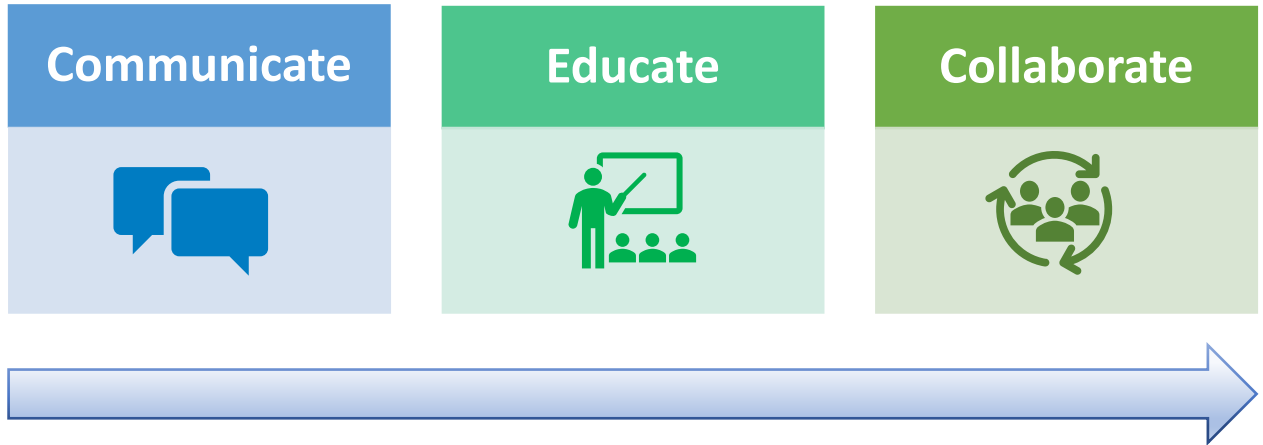


Engagement Partner: These partners are able to help you actively engage members of their constituency with your messaging. This may include co-creating messages and co-hosting digital or virtual events.



Message Partner: These partners are willing to share your messages with their audiences in their settings. This could be digitally or in person and could also include inviting their members/ stakeholders to your events.

Combatting Misinformation: Community Buy-In



Community Engagement

Dissemination: Presenting Your Program to the Community

Action planning is key!

Dissemination Goal	
Target Audience	
Key Message(s) to Share	
<p>What dissemination products will be most effective at targeting your audience and sharing your message?</p> <p>Choose which you will use: (e.g., podcast, newsletter, op-ed, infographic) See infographic 1 for a complete list.</p>	
Final Product	
<p>Who should share/deliver/promote the product?</p> <p>*Remember to identify messengers for each product.</p>	
How will your final product be shared? (Dissemination Channels)	
<p>When will you share the final product(s)?</p> <ul style="list-style-type: none"> • Are there specific dates or events that are relevant to the topic or audience? • Where will your final product(s) be shared (e.g., school board meetings, community health fairs, open house)? 	

Dissemination: Presenting Your Program to the Community



Monitor and measure your activities

Recommendations

Messaging

- Expand program messaging beyond sexual health education—develop messages that highlight your program’s broader values
- Use positive framing to present your program as a solution to many of the challenges that youth experience on the path to adulthood
- Develop a message strategy *before* you communicate about your program



Recommendations

Misinformation

- Approach misinformation with a coordinated strategy
- Have an internal and external plan to monitor and initiate communication about misinformation in your community
- Avoid restating dangerous myths and other misinformation or consider a truth sandwich



Recommendations

Misinformation – Community Engagement Focus

- Create communications that are transparent, useful, and easily accessible through multiple communication channels
- When sharing information with your community, always think about what is important to them
- Don't forget to listen to your community – it's the foundation to community engagement



Recommendations

Misinformation – Youth Allies and Ambassadors

- Encourage critical thinking among program youth; promote health and media literacy
- Train youth on how to respond to misinformation
- Encourage youth to use their voice in the community to address misinformation
 - Testimonials
 - Online/social media
 - Social settings with peers



Recommendations

Dissemination

- Don't underestimate the power of an action planning
- Regularly review and analyze dissemination activities
- Use insights from reach and engagement measures to inform and refine future activities



Community Support Resource



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Questions?



*Thank
you!*

Resources on *The Exchange*

- [Misinformation and Public Health: Implications for Personal Responsibility Education Program Grantees](#) (webinar)
- [Building Brand Identity to Mitigate Misinformation and Connect with Audiences](#) (webinar)
- [Community Engagement to Tackle Misinformation about Adolescent Pregnancy Prevention Programs](#) (webinar)
- [Addressing Controversy in Communities](#) (podcast)
- [Harnessing the Power of Branding: Communicating Your Program's Values and Identity](#) (Resource Guide and Branding Workbook)

References

- Harrington, N., Chen, Y., O'Reilly, A.M., Fang, C.Y. (2021). The role of trust in HPV vaccine uptake among racial and ethnic minorities in the United States: a narrative review. *AIMS Public Health*. 8(2), 352-368.
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<https://doi.org/10.2105/ajph.2019.305121>

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The survey will pop up on your screen when the webinar ends.

If you attended the webinar with other team members, please complete the evaluation separately.