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April 21, 2023

Developing a Dissemination Strategy for the EmPOWER Community-Based Participatory
Research Team

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Abstract

Developing a Dissemination Strategy for the EmPOWER Community-Based Participatory Research Team

By Eunice Mwikali Kamami

This article focuses on the EmPOWER Research team's lack of a research dissemination strategy and its significance to their marginalized community of young Black gay, bisexual, and other men who have sex with men in Atlanta, Georgia. Due to the historical mistreatment of this community by the health sciences, the research team has a responsibility to involve them in every aspect of the research process to rebuild trust. The team proposes a multi-faceted approach to disseminate their findings effectively, including weekly social media campaigns, monthly meetings with the EmPOWER Youth Advisory Board, and quarterly newsletters to keep community partners informed and engaged. By implementing this dissemination strategy, the team aims to increase engagement and trust within their community, as well as promote necessary changes and adaptations to improve health access and quality for young, Black gay/bisexual men who have sex with men.

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Chapter 1: Introduction

In 2017, I was in Kenya to assist a non-governmental organization (NGO) with a national water, sanitation and hygiene (WASH) program evaluation. As part of the evaluation, we planned to conduct household surveys. When we arrived to conduct one particular survey at a randomly selected house, the person we spoke to refused to participate. One of the household members explained that they were frustrated because people (i.e., researchers or public health officials) would come to their homes, ask them questions, leave, and then never return. Therefore, they did not see any benefit or result from their participation. This frustration, dubbed as "research fatigue," is not uncommon and points to a key under-addressed issue within the realm of research: poor dissemination of findings to impacted communities (Clark, 2008).

Unfortunately, what that potential WASH program evaluation participant experienced was not unique. Dissemination and implementation of research has been and continues to be a challenging area for many researchers. In 2001, the Institute of Medicine reported, "It now takes an average of 17 years for new knowledge generated by randomized controlled trials to be incorporated into practice, and even then, the application is highly uneven" (Committee on Quality of Health Care in America, Institute of Medicine). Even in 2023, researchers continue to struggle with the research-practice gap. However, in recent years, new literature has emerged on research dissemination and implementation, which has introduced theories, frameworks, and toolkits to guide researchers and their teams.

Despite the emerging literature on dissemination, research teams still struggle to implement them for various reasons, including cost, human resources, lack of stakeholder support, and more.

Problem Statement: The EmPOWER Research team currently does not have a research dissemination strategy.

Significance: The EmPOWER research team serves young Black gay, bisexual and other men who have sex with men in Atlanta, Georgia. Due to racism, homophobia, and stigma, this marginalized community has historically been mistreated by the health sciences (Eaton, et. al., 2015). One way researchers can work to rebuild trust with the community is by involving them in every aspect of the research process. As a team, we have a responsibility to our community partners and participants to ensure they have agency over the information they are providing through participation in our research. Additionally, we have not only have a duty to get our findings in front of practitioners, policymakers, and the public so they can make the necessary changes or adaptations to improve health access and quality for young, Black gay/bisexual men who have sex with men, but we have an ethical obligation to repair and address the mistrust of research from the participants themselves.

Definitions

Action Plan: a detailed and organized plot that outlines the specific steps and strategies that will be used to disseminate information or communicate messages to a target audience.

Community-Based Participatory Research: an approach to research that involves community members, organizational representatives, researchers, and other stakeholders in each step of

the research process (Schulz, Parker, & Becker, 1998). Community-based research is an approach with six key principles:

1. Recognize community as a unit of identity
2. Build strengths and resources within the community
3. Facilitate collaborative partnerships in all phases of research
4. Integrate knowledge and action for the mutual benefit of all partners
5. Promote a co-learning and empowering process that attends to social inequalities

Community Partner: an organization or group that collaborates with researchers or other stakeholders to conduct research, interpret findings, and/or disseminate information to the community.

Dissemination: a planned process that considers the people and places where research results will be shared and can also include communicating and collaborating with policy and healthcare groups to make it easier for the research to be used in decision-making and implementation (Wilson, Petticrew, et al., 2010).

Dissemination Team: group of individuals who work together to plan, implement, and evaluate the dissemination of information or research findings to a specific audience or community.

EmPOWER: An acronym for “Prioritizing our Wellness through Engagement and Research”, EmPower is a research team based at Emory University focused on working with young Black gay, bisexual and other men who have sex with men in Atlanta.

Primary Audience: the main target of the communication effort, and the message is designed to address their specific needs and interests.

Secondary Audience: a group of individuals or stakeholders who are indirectly impacted by a message or communication effort but are not the main focus of the message.

Stakeholder: A stakeholder is a person, group, or organization that has an interest or concern in a particular project, program, or organization. Stakeholders can be both internal and external to the project or organization and can have varying levels of influence and impact.

Tertiary Audience: The tertiary audience may be a wider audience that may be influenced by the message, but is not the main focus of the message. They are often larger and less specific than primary or secondary audiences, but they can still be important to consider in communication efforts.

Theories, methods, and frameworks (TMFs): Theories, methods, and frameworks (TMFs) are conceptual tools that researchers and practitioners use to guide their work in a particular field or domain. These tools help to provide a common language and shared understanding of the underlying principles and assumptions that inform the work.

Youth Advisory Board (YAB): a group of YB-GBMSM who meet regularly with the research team to advise them on all aspects of EmPOWER's research.

Chapter 2: Literature Review

Researchers have developed various theories, methods, and frameworks (TMF) to guide creation of dissemination strategies. In this chapter we will explore some of the leading TMFs that have been developed for dissemination.

The Value-Added Dissemination Framework

The value-added dissemination framework has been used in previous studies such as when the Centers for Disease Control and Prevention (CDC) was working to understand how to effectively disseminate adolescent reproductive health research to practitioners they employed this framework (Rolleri, 2008). In the planning phase, they acknowledged the differences in organizational capability and sophistication of program-implementing organizations, and intermediaries and considered these variations when identifying the needs of the target audience and designed a plan consisting of seven steps: relationship building, needs assessment, logic model development, T/TA creation, T/TA delivery, T/TA evaluation, and follow-up.

In the Translation and Packaging phase, the Stages of Change model was utilized to assess the practitioners' comprehension and acceptance of science-based practices, and the intermediaries tailored their information-sharing approaches based on the practitioners' varying stages, while also addressing language barriers by defining key terms and establishing a common language. Strategic distribution tactics included FAQs, weekly e-gram updates, customized technical assistance, coaching, and online and face-to-face training sessions, which

included instruction on acquiring and mastering skills, modeling of skills, and practice and reinforcement.

Finally, follow-up activities, such as face-to-face meetings, phone calls, and email communication were provided to reinforce training, while evaluation of both the process and outcomes was conducted to inform future translation efforts and distribution strategies, with key lessons learned including the need for practitioner assistance in understanding program effectiveness, evaluation and selection, skill acquisition, and support for program customization (Rolleri, 2008).

Although this case study exemplifies how the value-added framework can be utilized, it has limitations in its reach. First, the key audiences of the dissemination plan were practitioners and researchers. This is quite different from attempting to reach the community itself so it is possible this may not be the best framework for our community. Additionally, it could be argued that the value-added dissemination framework is better for implementation than dissemination. However, because the field of dissemination and implementation often overlap, it's possible to use an implementation framework in dissemination. One such framework is the RE-AIM framework.

RE-AIM Framework

The RE-AIM Framework was originally developed in 1999 and became a framework that is widely used for evaluating the implementation and dissemination of health promotion and disease prevention programs (Holtrop, et. Al., 2021). Similar to the value-added model, the RE-AIM framework is broken down into five areas.

1. Reach is used to evaluate the proportion of the target population that is exposed to the program (Holtrop, et. Al. 2021). However, in order to be able to evaluate if the target population is reached, researchers must build relationships with the community and the target population. Once you've built those relationships you can ask for the target population's expertise in recruiting others and tailoring the appropriate message (Glasgow, et. Al. 2019).
2. Effectiveness is used to evaluate to what extent the program can achieve its goals and outcomes (Holtrop, et. Al. 2021). To improve effectiveness within the RE-AIM model, researchers are encouraged to use evidence-based programs, include organizational partners, and ensure they have the necessary resources to carry out the program (Glasgow, et. Al. 2019).
3. Adoption is used to evaluate how many organizations or providers adopted the program (Holtrop, et. Al. 2021). To increase the adoption of new programs, researchers should work with organizations whose mission would allow them to adopt the program. This can be done by ensuring that organizational decision-makers are included in each part of the program development (Glasgow, et. Al. 2019).
4. Implementation is used to evaluate whether the program is implemented as it was intended (Holtrop, et. Al. 2021). Once the program has been adopted by organizations, researchers should ensure that the program is being implemented as it was meant to be by evaluating the consistency and resources of the program.
5. Maintenance is used to examine if and how the effects of the program are sustained over time (Holtrop, et. Al. 2021). In the RE-AIM Model, maintenance can occur on an

individual level in which the individual has long-term effects as a result of the program and on a systemic level in which organizations are able to maintain the program and possibly turn it into policy.

Overall, the framework provides a comprehensive way to evaluate the dissemination and implementation of health promotion programs which is why it is so widely used. However, one of the key issues surrounding the framework and its growth include misconceptions of its application including that it is a tool only for implementation or evaluation. Although the source Re-AIM publication by Glasgow et. al. introduced the framework as a tool for evaluation, “Subsequent RE-AIM publications clarified the value of the model for planning, designing for dissemination, and addressing research across the translational science spectrum (Holtrop, et. Al. 2021)”.

Case Study

One case study of RE-AIM usage in dissemination AND implementation occurred in a study on psychosocial distress screenings for cancer patients. Although these screenings are important and evidence-based screening tools exist, they are not widely used, and screening rates varied widely across settings. The study worked to address this gap by using the RE-AIM framework to guide the dissemination and implementation of a standardized distress screening program. Lazenby et al. used the RE-AIM framework to guide the dissemination and implementation of a distress screening program, specifically ensuring the program's intervention was widely disseminated to its intended population. By utilizing this framework, the authors were able to identify areas for improvement, assess the program's potential

impact, and develop strategies to increase program success and sustainability, all while engaging stakeholders in the various cancer centers as well as cancer patients (Lazenby, et. Al., 2019).

While this framework is workable in dissemination. It is still primarily used for disseminating and implementing research in a healthcare setting or to providers. While this is still important and necessary work, the EmPOWER research team works with providers but also with community members. Our goal is to ensure that all the key stakeholders—especially community members know what our research is, why we are doing it, and what the results are when we have them. This calls for a framework that can allow for more community engagement.

Community-Based Dissemination Frameworks

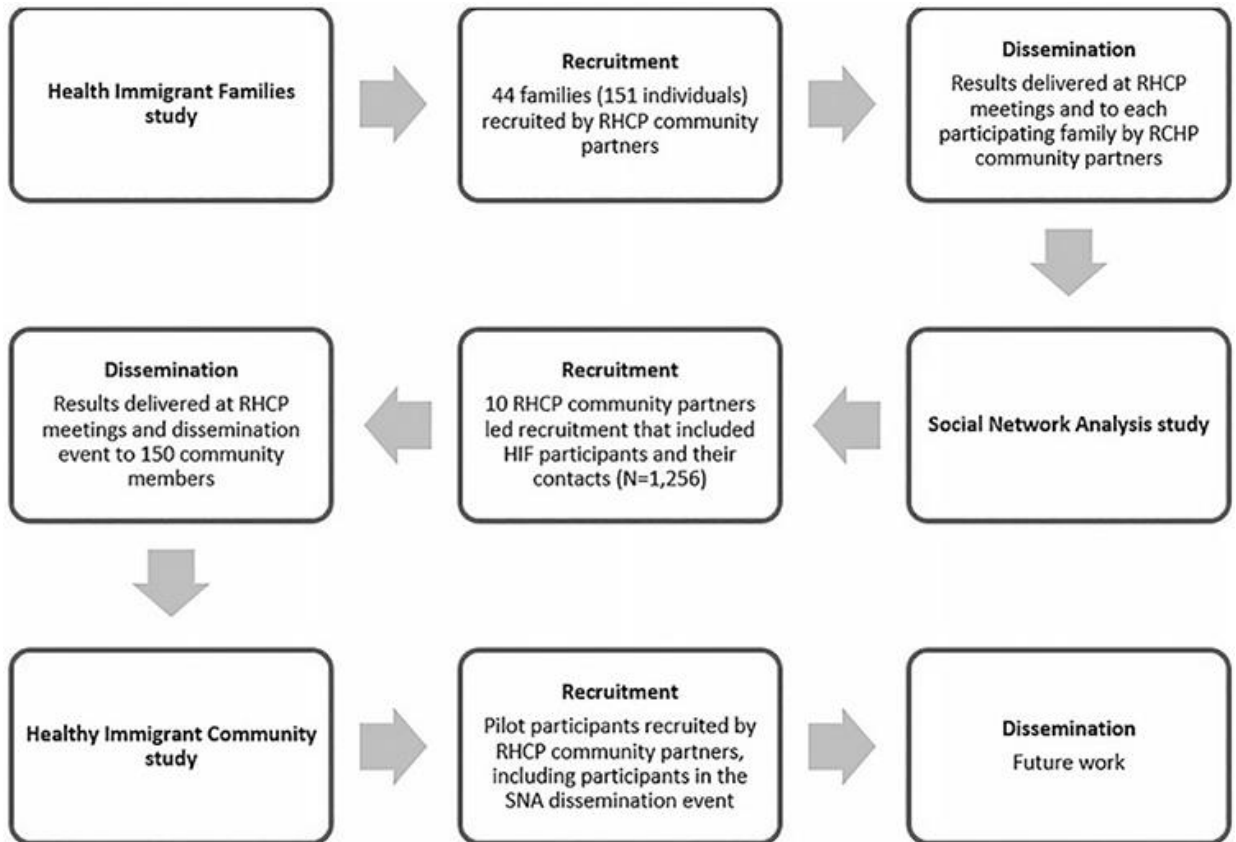
The frameworks above have been used by organizations across various fields. Both have similar themes including creating connections with community members, ensuring you have planned the dissemination plan prior to beginning research, and continuously evaluating if and how the dissemination plan works. While I think it would be possible to adapt these TMFs, I wanted to look at frameworks that were more specific to community-based participatory research because the EmPOWER team holds to many of the foundational values of CBPR.

Community-based research dissemination models highlight several key themes that build upon some of the previous models. Dissemination is a foundational principle of CBPR (Israel, et. Al., 1998), and as such one cannot conduct CBPR without a plan for dissemination. Engaging community members and partners in a two-way dialogue is vital for each step of the

process and “enables community interpretations of findings to be integrated as part of an iterative research process” (McDavitt, et al., 2016). McDavitt et al. (2016), emphasize the importance of dissemination as a continuous dialogue between community members and researchers.

Sharing research findings with community members is essential not only because, “community dissemination creates opportunities to explore the implications of research findings from a local perspective” (McDavitt, et. Al, 2022), but because it fosters trust between researchers and the community and can impact future studies. For example, in a study of The Recruitment to Dissemination Continuum in Community-based Participatory Research, researchers analyzed the recruitment to dissemination continuum of a CBPR study and how it impacted partnerships. Using focus groups with community members and academic partners, they were able to create a CBPR conceptual model for future partnerships. In the study, they found that community members were more likely to participate in future studies because they knew that researchers would share what they had learned (Mohamed, et al. 2022). This study was particularly relevant because it focused on marginalized populations which can be more difficult to reach. The model relies heavily on recurring communication with participants and community partners which could be beneficial for the Empower team to emulate.

Figure 1: CBPR Conceptual Model – developed by Mohamed, et al, 2022



To incorporate these themes, I drew upon a toolkit created by the University of Minnesota’s Program in Health Disparities Research and Clinical and Translational Science Institute Community Engagement to Advance Research and Community Health, that specifically focused on community-centered dissemination. Unlike some of the previous frameworks written mainly by researchers for researchers, this toolkit was created collaboratively with community members and includes key themes mentioned above. The toolkit outlines five "steps for success" for research teams, beginning with building a dissemination team comprising community partners. These steps include

1. Gathering a Dissemination Team
2. Defining Dissemination Goals

3. Developing a Dissemination Action Plan
4. Identifying Resources
5. Evaluating the Impact of the Dissemination Plan.

The team developed this toolkit amidst the pandemic when they realized that COVID-19 was disproportionately affecting the Hmong Communities in Minnesota due to messaging and communication issues that were negatively impacting the spread of information within the population. As a result they needed to create a dissemination strategy that was more culturally appropriate for the population. As they created the strategy alongside the Hmong community members and partners, they were able to develop the toolkit to assist other research groups in their dissemination planning process by providing a set of guidelines and activities that would lead to the formation of an overarching strategy (PHDR & CTSI/CEARCH, 2021).

The academic-community team defines dissemination goals and develops an action plan, identifying resources in the community to assist in executing the plan. After implementing the plan, the team works together to evaluate its impact (PHDR & CTSI/CEARCH, 2021). Given that the EmPOWER team has already fostered relationships with community partners, this model appears feasible to adapt to the research team while also including elements from the previous frameworks.

Chapter 3: Methods

The process of creating a dissemination strategy started with a meeting of the research team, consisting of research coordinators, a student research assistant from the School of Medicine, a student research assistant from the Youth Advisory Board, and a research assistant from the School of Public Health. There were five participants in total, including two Black women, two Black men, and one Asian-American woman, additionally both black men self-identified as gay making their racial and sexual orientation similar to those of our participants.

At the beginning of the meeting, the team reflected on previous attempts to create a dissemination plan, which were hindered by a lack of resources such as time and capacity. However, the team acknowledged the importance of having a dissemination plan and emphasized its significance. One participant mentioned that previous dissemination efforts often focused on recruiting participants for studies by tabling at partner events, with little attention given to reporting back results of finished studies. The team agreed on the importance of creating a plan and decided to participate in the meeting.

The first meeting aimed to convene the research dissemination team and define the objectives of the dissemination plan. To achieve this, participants discussed several questions adapted from the University of Minnesota Community Dissemination Toolkit, including:

- 1. Who is the audience for our research?*
- 2. What expertise or networks do we have or need?*
- 3. How can we involve and engage new community partners?*

4. What impact are we trying to achieve with our research?

Identifying the audience

The team defined the primary audience as Black men and gender non-conforming people who have sex with men because they are the key population recruited for studies. A secondary and tertiary audience also emerged including community partners, the support networks of participants, providers, educational institutions, health promotion educators, lawmakers, other researchers, and allied groups.

Using the information provided by the EmPOWER research team, I conducted a stakeholder analysis to better understand how to prioritize each of our audience segments. The analysis was then reviewed by the dissemination team to ensure it captured the priority of engagement for each audience segment.

Assessing our Assets and Gaps

After establishing the audience for the research and its results, the team began to consider the expertise and networks necessary for dissemination to those audiences. The team identified the main asset as the EmPOWER Youth Advisory Board (YAB), which over the years has been comprised of 4-9 people ranging from 18-35 years of age, who support the research team in ensuring their work is culturally relevant and accessible to the community. By having an already established YAB, the team can seek their participation in dissemination strategies.

However, the team also identified capacity gaps in dissemination, including team members with interest, capability and bandwidth to create briefs and easily digestible content.

Additionally, issues around whether other organizations have the capacity to use materials and distribute them to appropriate audiences were raised.

Engaging New Community Partners

The team was encouraged to think of new community organizations that would benefit from their dissemination efforts and fit their audience, which may have been neglected. This resulted in a robust list of potential partners such as the Mayor's LGBTQ Advisory Board, religious institutions mentioned by participants in previous studies, universities, vocational schools, and organizations that work with their population but are not explicitly focused on health, such as interest-based organizations.

Defining a Dissemination Goal

After identifying the key stakeholders, the team then defined the dissemination goal of the research team. The EmPOWER team aims to improve the overall well-being of Black gay and bisexual men and other gender non-conforming people who have sex with men by conducting research, presenting it to audiences, and ultimately making changes that benefit our primary population. To achieve this, team members noted that dissemination strategies should be specific to the different stakeholders they identified. This means that the team will need to create different messaging for different audiences using a range of mediums. Ultimately, the team decided that the goal of their dissemination strategy is to raise awareness, promote change, and advocate and support community action.

The team also noted that due to the way the research team operates by conducting multiple research projects at the same time, it can be challenging to create a dissemination

strategy that can capture the priorities of each study. As a result, each study would need to prioritize different goals. For example, one of the studies the team is currently working on aims to promote change in provider intake, resulting in an increase in mental health screenings. In that case, the key dissemination strategy might focus on engaging providers in behavioral changes, whereas another study focuses on understanding social capital in YB-GBMSM and promoting mental wellness. In the case of that study, the priority may be raising awareness, which would require a different strategy.

After receiving the team’s input on the stakeholders that need to be included for them to meet their goal, a stakeholder analysis (Figure 2) was created. The analysis would help the team prioritize the role and levels of engagement they could sustainably attain for each stakeholder. The levels of priority were decided based on the stakeholder's role.

Figure 2

Stakeholder	Interest or requirement in EmPOWER	What the EmPOWER team needs from this stakeholder	Role and Type of Engagement	Priority of Engagement
Study Participants	Participants are the core of the studies conducted. Their interest in the study is often incentivized by a financial benefit.	Participation in our research studies	Involve, inform, consult, co-create	HIGH
Black Gay Community				
Community Partners	Community partners may be interested in partnering with us because we share a common goal and	As gatekeepers, they have closer access to our primary populations and provide us with	Collaborate, inform, involve, consult	HIGH

	there can be a financial benefit	space and resources		
Providers	Information for decision making	The team needs providers to be aware of projects. In some projects they may be asked to participate (CHIMES)	Inform, Consult Involve	MEDIUM-HIGH
Lawmakers	Information for decision making	To be informed	Inform	MEDIUM
Health Educators	Learn the necessary information to provide to the people they are educating	Health promotion educators are crucial to dissemination because they share information with wider audiences which we need to do	Inform, Consult	LOW-MEDIUM
Educational Institutions	Interested in seeing what work we're doing so they can expand on their research.	Emory University provides employment for the EmPOWER team. Schools are a good place to reach our primary population.	Inform	MEDIUM
Allied Groups	Interested in understanding our research so they can be better allies	To be better allies	Inform	MEDIUM
Support Networks	Interested in supporting our primary population	Understand how to use our research to better support their friend, family, partner, etc.	Co-Create	HIGH
Religious Institutions	Interested in supporting their congregation	Educate others without stigma	Inform	LOW
YAB	Interested in advising us for research and to better the team?	Information about the community that we may be missing	Co-Create	HIGH

Creating an Action Plan

The dissemination team proceeded to create an action plan for each high-priority stakeholder. Each plan would include a goal, audience, message, product type, personnel, and timeline. To do this, members of the dissemination team provided key information about the kind of products they wanted to create, how each would be distributed, by whom, and when. As products can be consumed by various audiences, we identified primary, secondary, and tertiary audiences. Primary audiences would be the main focus for that product. Secondary audiences may find value in the product but may not directly interact with it. Tertiary audiences would be welcome to view or participate in the product, but may not encounter it or have interest in it. By doing so, the team was able to envision the kinds of dissemination tools that would work best for each audience, considering the team's schedules and timelines. The ideas behind the dissemination plan also opened an opportunity for the team to consider creating a position focused on community engagement that could come directly from the youth advisory board, further aligning with their values of community-based participation as a foundational element of their work.

Using the information provided by the dissemination team, I then created three separate creative briefs for dissemination deliverables. These briefs can serve as templates for future planning by the dissemination team.

Chapter 4: The Strategy

The goal of our dissemination strategy is to raise awareness, promote change, and advocate for community action. Our target audience includes participants, providers, community members, and civil society.

To reach these communities, our team has decided to use the following tactics:

Weekly Social Media Campaigns: We will launch weekly social media campaigns to raise awareness about our research and its findings. These campaigns will utilize various platforms such as Instagram and Facebook to reach a wider audience. By creating shareable content, we aim to increase engagement and reach.

Monthly YAB Meetings: We will hold monthly meetings with our EmPOWER Youth Advisory Board to build stronger relationships and ensure our work is culturally relevant and accessible to the community. This will also provide an opportunity to get feedback from the YAB members and incorporate their perspectives in our dissemination efforts.

Quarterly Newsletters: We will send out quarterly newsletters to our community partners to keep them informed and supported. These newsletters will include updates on our research findings, upcoming events, and opportunities for collaboration. By providing relevant and timely information, we aim to keep our partners engaged and involved in our work.

These tactics can be adapted in the future to meet the evolving needs of our community. We believe that by using a multi-faceted approach, we can effectively reach our target audience and achieve our dissemination goals.

Social Media Campaigns

Background

The EmPOWER team recruits participants for various studies throughout Atlanta, but often communication between the team and participants can be limited in between study visits or after completion. To bridge this gap, the team plans to use social media to increase awareness among previous and future participants about studies, results, and opportunities that could be beneficial to their well-being. Additionally, social media will be used to raise awareness and link to partner events.

Target Audience

The primary audience for these campaigns will be young Black gay, bisexual, and gender non-conforming men who have sex with men, who have participated in studies with the EmPOWER team. Secondary audiences will include friends, family, providers, health educators, and allied groups who may find this information useful. Tertiary audiences will be other education institutions, lawmakers, and religious institutions.

Key Messages

The campaigns' key messages will include updates from the research team on projects, raising awareness of health issues experienced by Black gay and bisexual men and other GNC

people who have sex with men, providing resources for health needs, and celebrating Black gay culture.

Dissemination Product Type

Using social media gives the team the opportunity to use various channels. However, the team will initially use Instagram, as most participants fall between 18-44 years old, which makes up 77.7% of all Instagram users. The team plans to post infographics, short videos, and re-post partner organization content. Additionally, posts made on Instagram can easily be turned into flyers or posters, which can be placed at partner organizations and clinics.

Dissemination Plan

The responsibility for creating and sharing posts will be that of the REAL student currently working on the team. This responsibility could also be shared with a YAB member as an internship to grow skills and leverage their expertise. EmPOWER will share 1-2 original posts a week and repost something 2-3 times a week.

Evaluation

To ensure that the social media campaigns are effective, the EmPOWER research team will continuously monitor and evaluate the impact of these campaigns.

The team will track the number of impressions, engagement rates, and the number of followers gained over time. In addition, the team will analyze the type of content that is being posted and its impact on engagement. The goal is to have at least 100 impressions per post in the first quarter. After the first quarter, the dissemination team will meet to review the metrics and see which posts performed better than others to improve our content.

The Newsletter

One of the EmPOWER research team's primary objectives is to improve communication channels between the team and our community partners. Although we involve some partners in our research by including them in grant applications and studies, it is critical to keep other partner institutions informed about our research and findings. To accomplish this, we will be launching an e-newsletter featuring our ongoing work and other announcements.

Target Audience

The primary audience for this project will be community partners and members of the Black gay community in Atlanta. The secondary audience will be participants, providers, health educators, allied groups, and other stakeholders. While the newsletter will still be accessible to these populations, our primary goal is to reach our community partners. The tertiary audience includes lawmakers, educational institutions, and religious organizations.

Key Messages

The key messages of the newsletter will focus on updating partners on ongoing research, providing opportunities for them to participate in the research, and announcing upcoming events.

Dissemination Product Type

The publication will consist of several sections as an e-newsletter. First will be the Staff Spotlight, which will tell the story of at least one of our staff members and how they got into HIV research. The second section will provide an in-depth look at one of our current studies, including how and why it started and what is next for the study. Another section will provide

quick summaries of all other studies and their status. Lastly, we will feature a YAB spotlight with a fun interview from one of our YAB members. The e-newsletter will also be published on our scholar blogs website.

Dissemination Plan

We will create a listserv of people who would be interested in our newsletter. To begin the listserv, we will leverage current relationships with partners and send it to them, then expand it as we go to conferences with community-based organizations or people working in the field of LGBTQ+ health.

Each quarter, the team leads of the project selected for the feature will write the article. The remaining portions will be collected by the REAL student or YAB member appointed to this role. Ultimately, they will also be responsible for sending out the final review.

Evaluation

For the newsletter campaign, the team will track the number of subscribers and the click-through rates of each newsletter sent out. The goal is to grow our listserv to at least 100 people or organizations and have a click-through rate of 50% or more. Metrics can be taken through media planning tools such as Hootsuite or Mailchimp.

Overall, the evaluation data will be used to improve the content and delivery of the campaigns, and to ensure that they are meeting the needs and expectations of our target audiences.

Chapter 5: Discussion

The objective of this project was to develop an adaptable dissemination strategy that is culturally sensitive and relevant. The strategy that was created will serve as a foundation for the EmPOWER research team as they continue to conduct community-based participatory research. I hope that the document will evolve as relationships with community organizations, participants, and fellow researchers develop.

In creating this dissemination strategy, I searched for academic publications that highlighted the methods that were being practiced by other community-based researchers. However, there is a gap in current literature on this topic that should be cause for alarm, not because it means that CBPAR teams are not engaging in community dissemination but because if they are, this is not a topic that has been considered scholarly enough to write about and write about with intention. There can be many reasons and obstacles to writing about dissemination as an important tool worth studying and practicing. Dissemination demands a lot of resources from researchers that they may want to put elsewhere. It means that even after the data is collected, people need to maintain relationships and partners and community members and that takes personnel, time, and energy that could be going into research analysis, publications, and/or reports that can possible lead to more funding for future studies that will eventually need participants and then the conversation about community engagement will be back on the table. It is a cycle in research circles that many are working to break but are working to break without guidance.

One of the most interesting aspects of the EmPOWER research team is that it is composed of previous youth advisory board members who can offer insights in the work they are doing that others from a different demographic may not be able to. In the conversations about dissemination, it was made clear that building lasting relationships with community organizations needs to be a priority especially because the team prides itself on being a community driven space. It is then important to invest in research that works to understand the best practices of building long term community relationships, engaging in partners at every level – even after the paper has been published, and working together with community members and partners to expand on their field. In the case of EmPOWER that means working with participants and partners to expand on literature and practices that will benefit YB-GBMSM and their wellness. However, without proper dissemination, research findings may remain unknown or underutilized, hindering progress in addressing health disparities and promoting community health.

In conducting this project, I also learned the importance of incorporating art in the field of public health. While research and data are crucial, the information needs to be communicated in a manner that is digestible to a wide range of audiences, using various mediums such as videos, art, and social media posts. This is important work that is often ignored and pushed aside by institutions in papers, presentations, and posters designed for other researchers. However, our first and foremost responsibility is to our communities, and we need to take health communications for them and by them more seriously.

Chapter 6: Recommendations

Challenges to dissemination are often focused on funding and resources, and it should be a priority for research teams to have a dissemination specialist who can work to grow relationships. Because it is a position that requires leveraging relationships, leaving it to a REAL student may not result in success as students often move on after a year or two. This also necessitates higher funding and pay for community members who participate in the research or work as dissemination experts.

Emory University Rollins School of Public Health should consider building sustainable community partnerships by creating permanent positions focused on dissemination practices through faculty or staff to encourage public health practices that will endure long into the future. These practices can teach students how to mirror this behavior in their future careers.

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APPENDIX: EmPOWER 2023 Dissemination Strategy Guide



DISSEMINATION GUIDE

2023

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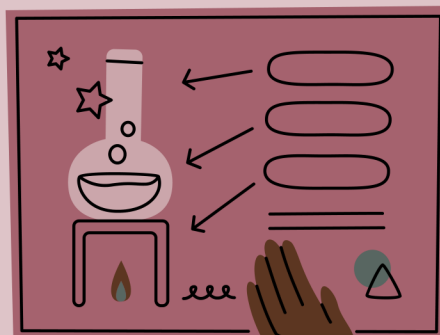
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01. Overview

EmPOWER is a research team at Emory University that focuses on improving the lives of young people living with or at risk of HIV in Atlanta, particularly Black Gay and Bisexual Men who have sex with Men. As part of our commitment to conducting research with the community and not just on it, we have developed a dissemination strategy to share our research findings with the community. Our strategy includes identifying our target audience, message, channels, and timeline to ensure that our dissemination efforts effectively reach the right people, deliver the right message, and do so in a timely and efficient way.



02. Introduction

Dissemination is the process of sharing research findings with a wider audience beyond the academic community. It involves communicating research results in a way that is accessible and meaningful to diverse audiences, including policymakers, healthcare providers, and community members. It is particularly important in community-based participatory research, as it ensures that the knowledge generated from research is shared with the community.

Effective dissemination is especially important in research that involves marginalized or vulnerable communities because it engages the communities in continuous dialogue that can build trust. Additionally, these communities may face a range of social, economic, and health disparities, and have limited access to information and resources. By disseminating research findings back to our communities, we can empower them with knowledge and tools to make informed decisions and take action to improve their health and well-being.

The EmPOWER research team has developed a dissemination strategy to ensure that our research findings are effectively communicated to the communities we work with. This strategy will enable us to share our research findings in a way that is accessible and meaningful to community members, and ultimately, contribute to improving the lives of young Black Gay and Bisexual Men and other gender non-conforming people who have sex with men living with or at risk of HIV in Atlanta.

Dissemination
makes research

- **Accessible**
- **Meaningful**
- **Relevant**

to a wider
audience.

03. Definitions



Action Plan

An action plan in the context of dissemination is a detailed and organized plot that outlines the specific steps and strategies that will be used to disseminate information or communicate a message to a target audience.



Community Partner

A community partner is an organization or group that collaborates with researchers or other stakeholders to disseminate information to the community.



Dissemination Team

A dissemination team is a group of individuals who work together to plan, implement, and evaluate the dissemination of information or research findings to a specific audience or community.



Primary Audience

The primary audience is the main target of the communication effort, and the message is designed to address their specific needs and interests.



Community Based Research

Community-Based Research: an approach to research that involves community members, organizational representatives, researchers, and other stakeholders in each step of the research process (Schulz, Parker, & Becker, 1998).

Community-based research is an approach with six key principles:

1. Recognize community as a unity of identity
2. Build strengths and resources within the community
3. Facilitate collaborative partnerships in all phases of research
4. Integrate knowledge and action for the mutual benefit of all partners
5. Promote a co-learning and empowering process that attends to social inequalities



EmPOWER

An acronym for “Prioritizing our Wellness through Engagement and Research”, EmPower is a research team based at Emory University focused on working with young Black gay, bisexual and other men who have sex with men in Atlanta.



Secondary Audience

A secondary audience is a group of individuals or stakeholders who are indirectly impacted by a message or communication effort, but are not the main focus of the message.



Stakeholder

A stakeholder is a person, group, or organization that has an interest or concern in a particular project, program, or organization. Stakeholders can be both internal and external to the project or organization and can have varying levels of influence and impact.



Tertiary Audience

The tertiary audience may be a wider audience that may be influenced by the message, but is not the main focus of the message. They are often larger and less specific than primary or secondary audiences, but they can still be important to consider in communication efforts.



Theories, Methods, and Framework

Theories, methods, and frameworks (TMFs) are conceptual tools that researchers and practitioners use to guide their work in a particular field or domain. These tools help to provide a common language and shared understanding of the underlying principles and assumptions that inform the work.



YAB

A group of self-reported Black race, gay/bisexual orientation and/or MSM behavior, age between 18 and 29 years, and self-reported HIV-positive status.

04. Stakeholder Analysis

A stakeholder analysis is a valuable tool that assists in identifying key stakeholders involved within our research. To understand who our key stakeholder are consider the following questions:

- Who is the audience for our research?
- What expertise or networks do we have or need?
- How can we include and engage new community partners?
- What are we trying to identify with our research?

It's important to understand why stakeholders may be interested or need the EmPOWER team. Within the analysis define what their interest or requirement from EmPOWER may be.

Next, define EmPOWER's interest or need from the stakeholder. By clearly defining both of the needs of team and the stakeholder, both parties can better determine the role they each need to play and assist in prioritizing the level of engagement for each stakeholder.

Stakeholder	Interest or requirement in EmPOWER	What the EmPOWER team needs from this stakeholder	Role and Type of Engagement	Role and Type of Engagement
Study Participants	Participants are the core of the studies conducted. Their interest in the study is often incentivized by a financial benefit.	Participation in our research studies	Involve, inform, consult, co-create	HIGH
Community Partners	Community partners may be interested in partnering with us because we share a common goal and there can be a financial benefit	As gatekeepers, they have closer access to our primary populations and provide us with space and resources	Collaborate, inform, involve, consult	HIGH

Stakeholder Analysis

Stakeholder	Interest or requirement in EmPOWER	What the EmPOWER team needs from this stakeholder	Role and Type of Engagement	Role and Type of Engagement
Providers	Information for decision making	The team needs providers to be aware of projects. In some projects they may be asked to participate (CHIMES)	Inform, Consult Involve	MEDIUM-HIGH
Lawmakers	Information for decision making	To be informed	Inform	MEDIUM
Health Educators	Learn the necessary information to provide to the people they are educating	Health promotion educators are crucial to dissemination because they share information with wider audiences which we need to do	Inform, Consult	LOW-MEDIUM
Educational Institutions	Interested in seeing what work we're doing so they can expand on their research.	Emory University provides employment for the EmPOWER team. Schools are a good place to reach our primary population.	Inform	MEDIUM
Allied Groups	Interested in understanding our research so they can be better allies	To be better allies	Inform	MEDIUM
ATL LGBTQ+ Community	Interested in supporting our primary population	Understand how to use our research to better support their friend, family, partner, etc.	Co-Create	HIGH
Religious Institutions	Interested in supporting their congregation	Educate others without stigma	Inform	LOW
YAB	Interested in advising us for research and to better the team?	Information about the community that we may be missing	Co-Create	HIGH

05. Creating an Action Plan

The goal of our dissemination strategy is to raise awareness to promote change and advocate and support community action. Using the stakeholder analysis, consider your highest priority engagement, based on the values of our research team, this should always be our participants and the communities they represent. To reach these communities our team has decided to use weekly social media campaigns to raise awareness, monthly YAB meeting to build relationships, and quarterly newsletters to inform and support community partners. These can be adapted in the future to meet the needs of the community.

Once the dissemination team has selected the key dissemination projects for the year, create an action plan. Consider using a creative brief (APPENDIX A) as a template to guide you. Key considerations include naming primary, secondary, and tertiary audiences. Select key messages for each dissemination method. Decide who is going to share, deliver, and/or promote the final product. Make note of any creative consideration that you may need to have for that particular audience. Once you have made those decisions create a timeline that is feasible for each stakeholder.



06. Creative Briefs



CREATIVE BRIEF

Project: Awareness Campaigns

Background

The EmPOWER team recruits participants at various location throughout Atlanta. The goal of this campaign is to increase awareness among previous and potential future participants about the EmPOWER team, our studies, our results, and any opportunities that could be beneficial for their well-being.

Target Audiences

PRIMARY

- Participants
- YAB
- Black Gay
- Community

SECONDARY

- Support networks
- Providers
- Health Educators
- Allied groups

TERTIARY

- Educational
- Lawmakers
- Educational
- Institutions
- Religious
- Institutions

Key Messages

- Awareness of health issues among Black
- Gay men
- Resources for health needs
- Celebration of Black Gay Culture

Dissemination Product Type

- Posters
- Handouts
- Social Media Posts

Dissemination Plan

Who should share/deliver/promote the final product?

- REAL Student to send out
- YAB internship

How will it be shared?

- Posters at Grady, Positive Impact, and
- other partner organization sites

Instagram, Facebook

How often?

Bi/Weekly

Creative Considerations

- Clear and concise language
- Make sure to include Alt Text
- Consider International and National
- Dates
- Factual and Sourced Information
- Recycle information
- Ask YAB to be Micro-Influencers



CREATIVE BRIEF

Project: EmPOWER Newsletter

Background

One of the EmPOWER research team's primary objectives is to improve communication channels between the team and our community partners. Although we involve some partners in our research by including them in grant applications and studies, it is critical to keep other partner institutions informed about our research and findings. To accomplish this, we will be launching an e-newsletter featuring our ongoing work and other announcements.

Target Audiences

PRIMARY

- Community Partners
- Black Gay Community
- Support Networks

SECONDARY

- Participants
- Providers
- Health Educators
- Allied groups
- YAB

TERTIARY

- Educational
- Lawmakers
- Educational Institutions
- Religious Institutions

Key Messages

- Updates on ongoing research
- Opportunities to participate in research
- Upcoming Events

Dissemination Product Type

- E-Newsletter
- Website articles

Dissemination Plan

Who should share/deliver/promote the final product?

- REAL Student to send out
- YAB internship

How will it be shared?

- Electronically via email listserv

How often?

- Quarterly

Creative Considerations

- Clear and concise language
- Make sure to include Alt Text for accessibility
- Encourage use of images and attractive layout

Awareness Campaign Examples

HIV has been around since 1981.

WHY DON'T WE HAVE A VACCINE YET?



May 18
HIV Vaccine Awareness Day

Researchers around the globe have been working toward a vaccine.

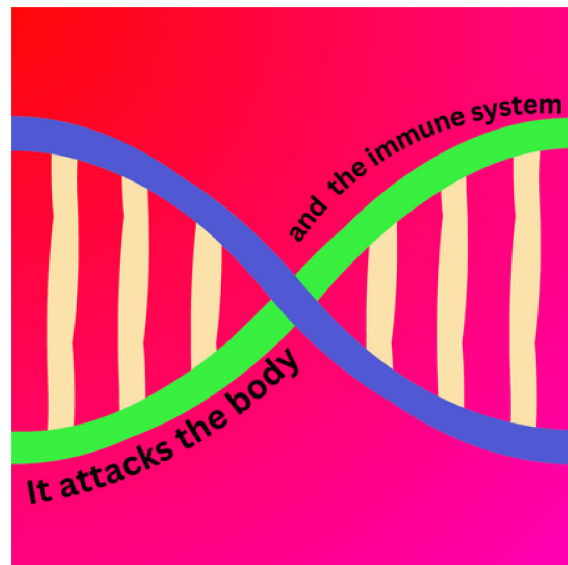
But creating an HIV vaccine has unique challenges.



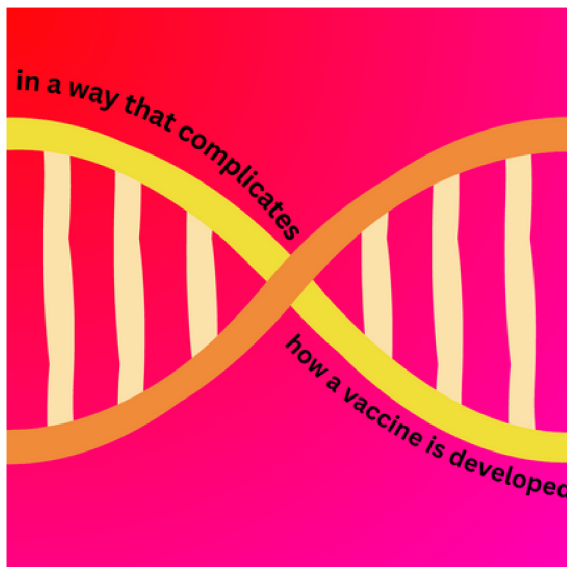
HIV is a virus that mutates often



and the immune system It attacks the body




in a way that complicates how a vaccine is developed



But despite these challenges, scientists, researchers, and community members just like you have been working to make an HIV vaccine a reality.

Now, they're closer than they've ever been!



Awareness Campaign Examples



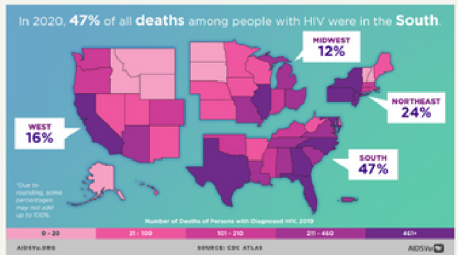
August 20

Southern
HIV/AIDS
Awareness
Day



HIV/AIDS in the SOUTH

The South has a **higher rate of uninsured individuals** than any other region in the country, which **makes it difficult for people to get the care and medications** they need to manage HIV.



In 2020, **47%** of all deaths among people with HIV were in the South.

Region	Percentage
West	16%
Midwest	12%
Northeast	24%
South	47%

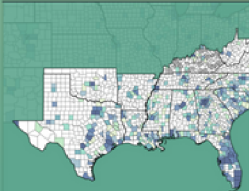
Number of Deaths of Persons with Diagnosed HIV, 2020

0 - 20 21 - 100 101 - 200 201 - 400 401+

AIDSinfo SOURCE: CDC ATLAS

HIV/AIDS in the SOUTH

Many **rural areas** in the South also **lack HIV testing and treatment resources**, which makes it difficult for people living with HIV to access care.



In 2020, the South **comprised 38%** of the U.S. population but represented **over half (52%)** of new HIV diagnoses.

Number of Persons Newly Diagnosed with HIV, 2019

Range	Count
5-5	6
6-6	6
7-8	6
9-10	6
11-18	6
14-18	6
19-27	6
28-46	6
47+	6

AIDSinfo SOURCE: CDC ATLAS

HIV/AIDS in the SOUTH

We need to break down the barriers that prevent people from getting the care and support they need, and fight to end the HIV epidemic in the South.

1. Vote for people who want to expand healthcare.
2. Support local organizations serving people affected by HIV
3. Learn more about HIV and impacts on southern communities.

Awareness Campaign Examples

**ZERO
HIV
STIGMA
DAY**

He has a dirty dick.

Are you clean?

Change your language, end stigma.

Ew, she gave her chlamydia.

July 21

Stigma is a negative attitude or belief towards a group of people.

For example, people with STIs are "dirty".

While it's important to have conversations about sexual health with anyone who you plan on engaging in sex with, remember that there are kind ways to ask.

Consider asking: "when's the last time you were tested"

"Do you want to get tested together?"

If someone shares their status, responds with kindness.

Referring to yourself or others as being "clean" suggests that those living with HIV are dirty.



1 IN 5 PEOPLE LIVING WITH HIV
DON'T KNOW THEY HAVE IT



Get Tested **Know Your Status** **Protect Yourself and Your Partners**

Free testing is available throughout Atlanta.


**NATIONAL ASIAN AND PACIFIC ISLANDER
HIV/AIDS AWARENESS DAY**

Members of the AAPI community face low HIV testing rates.

As a result nearly one in four (22.7%) Asians living with HIV, and more than one in four (26.7%) Native Hawaiian/other Pacific Islanders living with HIV, don't know they have acquired the virus.

Barriers to testing include HIV stigma within the AAPI community.

To break down stigma and raise awareness about HIV/AIDS, community members shared their stories of living with HIV. Find out more in the [Link in Bio](#).



Evaluation

Throughout the dissemination process, it will be important to track if this strategy is having the desired impact. Below is an evaluation strategy. This can and should be reviewed and adjusted as needed.

Target Audiences

Participants, Black YB-GBMSM in Atlanta, Partners, Community Members

Inputs

- Budget for dissemination employee/consultant/etc.
- Content strategy for social media awareness
- Audience segments for social media and newsletter distribution

Activities

- Design and launch social media awareness campaigns
- Create and distribute newsletter to target audience
- Monitor and adjust social media and newsletter distribution based on performance metrics

Outputs

- # of social media posts and newsletter distributions
- # of impressions per post
- Click through rate of newsletter links

Outcomes

- Increased website traffic to our site
- Increase in social media followers and newsletter subscribers
- Increase in engagement with social media posts and newsletter content

Objective

Increase in overall awareness of EmPOWER projects among Black, YB-GBMSM

Conclusion

The objective of this project was to develop an adaptable dissemination strategy that is culturally sensitive and relevant. The strategy that was created will serve as a foundation for the EmPOWER research team as they continue to conduct community-based participatory research. I hope that the document will evolve as relationships with community organizations, participants, and fellow researchers develop.

One of the most interesting aspects of the EmPOWER research team is that it is composed of previous youth advisory board members who can offer insights in the work they are doing that others from a different demographic may not be able to. In the conversations about dissemination, it was made clear that building lasting relationships with community organizations needs to be a priority especially because the team prides itself on being a community driven space.

It is then important to invest in research that works to understand the best practices of building long term community relationships, engaging in partners at every level – even after the paper has been published, and working together with community members and partners to expand on their field. In the case of EmPOWER that means working with participants and partners to expand on literature and practices that will benefit YB-GBMSM and their wellness.

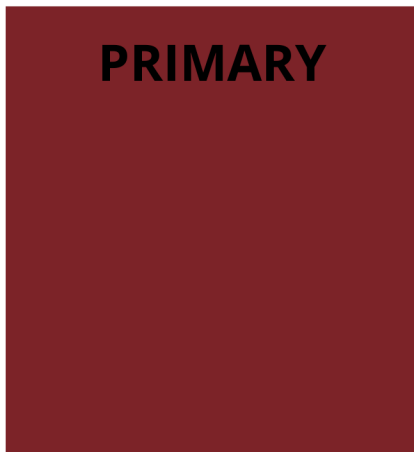
Appendix A: Creative Brief Template



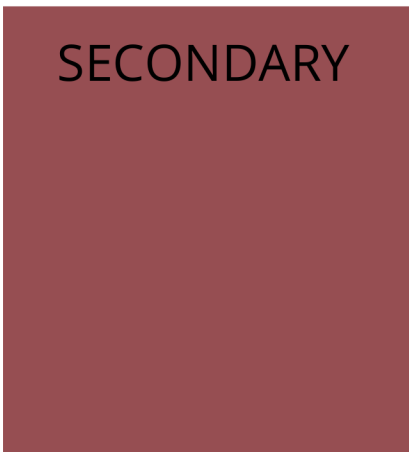
Project:

Background

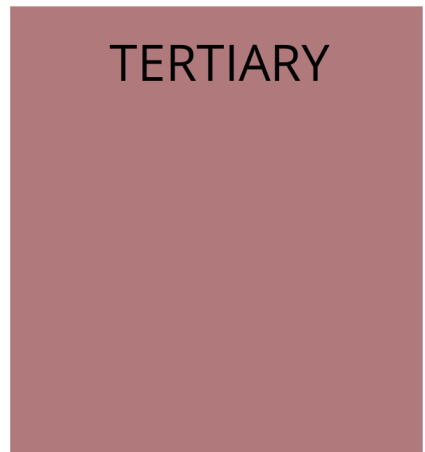
Target Audiences



PRIMARY



SECONDARY



TERTIARY

Key Messages

Dissemination Product Type

Dissemination Plan

Who should share/deliver/promote the final product?

How will it be shared?

How often?

Creative Considerations

Appendix B: Awareness Campaigns

WHAT IS THE HIV CLINICAL CASCADE

The HIV clinical cascade, sometimes referred to as the HIV Care Continuum is a model used by people in public health to show the steps that people with HIV go through from diagnosis to viral suppression.

Slide 1: HIV Testing - The first step in the clinical cascade is getting tested for HIV. Knowing your HIV status allows for early treatment and prevention of transmission to others.

Slide 2: Linkage to Care - After receiving a positive HIV test result, it's important to get linked to medical care. This includes starting antiretroviral therapy (ART) as soon as possible, which can help suppress the virus and prevent transmission.

Slide 3: Adherence to Medications - Once linked to care, taking ART medication daily is critical for effective treatment and prevention of HIV transmission. This can be much harder than it sounds so it's important to have a support system that can check in on you.

Slide 4: Viral Suppression - Achieving and maintaining viral suppression, means having a very low level of HIV in the body. Adhering to medication can help people reach Undetectable = Untransmittable (U=U) status. This means they cannot transmit HIV to others.

Slide 5: Retention in Care - Even if people reach U=U status, it's important to continue regular medical visits and follow-up care to monitor HIV viral load, adjust ART medication if needed, and address any other health issues.



Citation: HIV.gov. (2021). HIV/AIDS Care Continuum. <https://www.hiv.gov/federal-response/policies-issues/hiv-aids-care-continuum/>

PREVENTION

PrEP

Slide 1: What is PrEP? PrEP stands for pre-exposure prophylaxis, which is a daily pill used to prevent HIV infection. In some places, you can also get it

Slide 2: Who can take PrEP? Anyone who is sexually active or has shared syringes and doesn't have HIV can use PrEP. It's best to speak with a healthcare provider to see if it's the best option for you.

Slide 3: How does PrEP work? PrEP works by preventing HIV from establishing a permanent infection in the body. It is highly effective when taken consistently and correctly.

Slide 4: Is PrEP safe? PrEP is generally safe and well-tolerated, but like any other medication, it can have side effects like nausea and headaches.

Slide 5: How do I get PrEP? PrEP is available by prescription only. Most insurance plans and state Medicaid programs cover PrEP, and assistance programs are available for those who are uninsured. See our resource list in the link in bio to see where you can find PrEP in Atlanta.

Citations: CDC. (2021). Paying for PrEP. <https://www.cdc.gov/hiv/basics/prep/paying-for-prep/index.html>

Human Rights Campaign. (n.d.). Is PrEP right for me? <https://www.hrc.org/resources/is-prep-right-for-me>

Planned Parenthood. (n.d.). PrEP. <https://www.plannedparenthood.org/learn/stds-hiv-safer-sex/hiv-aids/prep>



WHAT IS PEP?

Slide 1: What is PEP? PEP stands for post-exposure prophylaxis. It's a medication used to prevent HIV infection after possible exposure.

Slide 2: When should I consider PEP? PEP should be started as soon as possible. Every hour counts so talk to a healthcare professional as soon as possible, ideally within 72 hours after a possible exposure to HIV. Possible exposure can happen when a condom breaks during sex with a partner who has HIV, or when sharing needles with someone who has HIV, or if you've been sexually assaulted.

Slide 3: How does PEP work? PEP works by preventing the virus from establishing a permanent infection in the body. It is important to take the medication exactly as prescribed for it to be effective. If you're prescribed PEP, you'll need to take it daily for 28 days.

Slide 4: Is PEP safe? PEP is generally safe and well-tolerated, but it can have side effects such as nausea and headache.

Slide 5: How do I get PEP? PEP is available by prescription only, so you will need to speak with a healthcare provider as soon as possible after a potential exposure to HIV. If you can't get insurance coverage for PEP, your health care provider can apply for free PEP medicines through the medication assistance programs run by the manufacturers.

Citations: HIV.gov. (2021). Post-Exposure Prophylaxis (PEP). <https://www.hiv.gov/hiv-basics/hiv-prevention/using-hiv-medication-to-reduce-risk/post-exposure-prophylaxis/>

Planned Parenthood. (n.d.). PEP. <https://www.plannedparenthood.org/learn/stds-hiv-safer-sex/hiv-aids/pep>

National Institute of Allergy and Infectious Diseases. (2021). Post-Exposure Prophylaxis (PEP). <https://hivinfo.nih.gov/understanding-hiv/fact-sheets/post-exposure-prophylaxis-pep>

OTHER PREVENTION METHODS

Slide 1: Condoms - One of the most effective ways to prevent HIV is to use condoms during sex. Condoms act as a barrier to prevent the exchange of bodily fluids, including blood, semen, and vaginal secretions, which can contain the virus.

Slide 2: Pre-Exposure Prophylaxis (PrEP) - PrEP is a daily medication that significantly reduces the risk of contracting HIV when taken consistently and correctly.

Slide 3: Needle Exchange Programs - For people who inject drugs, using clean needles and syringes is crucial to prevent the transmission of HIV. Needle exchange programs provide access to sterile needles and syringes to reduce the risk of HIV and other blood-borne infections.

Slide 4: HIV Testing - Knowing your HIV status can help prevent the spread of the virus. By getting tested regularly, people can receive treatment and take steps to prevent transmission to others.

Slide 5: Treatment as Prevention - Antiretroviral therapy (ART) is a medication used to treat HIV. If taken correctly, it can lead to an undetectable viral load which makes the virus untransmittable to sexual partners.

Slide 6: Education and Awareness - Spreading knowledge and awareness about HIV is important in preventing its transmission. By sharing what you know about the HIV, its transmission, and prevention methods to others, we can empower people to make informed decisions and take steps to protect themselves and their partners.

Citations: National Institute of Allergy and Infectious Diseases.

(2021). The Basics of HIV Prevention.

<https://hivinfo.nih.gov/understanding-hiv/fact-sheets/basics-hiv-prevention>

Centers for Disease Control and Prevention. (2021). HIV Prevention.

<https://www.cdc.gov/hiv/basics/prevention.html>

Office on Women's Health. (2019). HIV Prevention.

<https://www.womenshealth.gov/hiv-and-aids/hiv-prevention>

Joint United Nations Programme on HIV/AIDS. (2021). Prevention.

<https://www.unaids.org/en/topic/prevention>



TESTING

Slide 1: Types of HIV Tests - There are different types of HIV tests available, including rapid tests, home tests, and laboratory-based tests. Knowing your options can help you choose the best test for you.

Slide 2: Rapid Tests - Rapid HIV tests give results in about 20 minutes and can be done in a healthcare setting or at home. These tests use a small sample of blood or oral fluid.

Slide 3: Home Tests - HIV home tests are available for purchase at pharmacies and online. They look similar to at-home COVID tests and use a small sample of blood or oral fluid and can provide results in as little as 20 minutes.

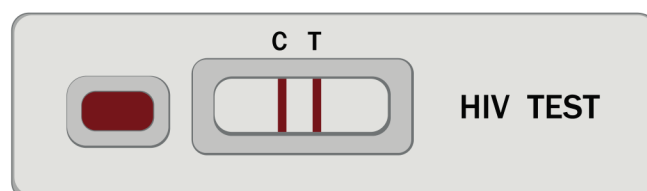
Slide 4: Lab Tests - Lab tests are conducted in clinics or hospitals and can require a blood draw. These tests are highly accurate and can give additional information about the virus, such as the viral load

Slide 5: How often should you test? - If you are sexually active, it's important to get tested for HIV at least once a year, and more frequently if you have multiple partners.

Slide 6: Testing Resources - There are many resources available for HIV testing, including healthcare providers, community clinics, and mobile testing units. Check our resource sheet in the link in our bio for more information about where you can get tested in Atlanta!

Citations: National Institute of Allergy and Infectious Diseases. (2021). HIV Testing. <https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-testing#:~:text=There%20are%20three%20types%20of,appropriate%20HIV%20test%20for%20you.>
Centers for Disease Control and Prevention. (2021). HIV Testing: Types of Tests. <https://www.cdc.gov/hiv/basics/hiv-testing/test-types.html>
HIV.gov. (2021). HIV Testing Overview. <https://www.hiv.gov/hiv-basics/hiv-testing/learn-about-hiv-testing/hiv-testing-overview/>

**KNOW
YOUR
HIV
STATUS**



WHERE CAN I GET TESTED?

AIDS Healthcare Foundation Atlanta - Provides free HIV and STI testing and treatment.

Feminist Women's Health Center - Offers low-cost HIV testing, as well as education and counseling services.

Emory University Student Health Services - Offers confidential HIV testing for students.

Grady Infectious Disease Program - Provides HIV testing and treatment, as well as education and prevention services.

Positive Impact Health Centers - Offers free HIV testing and counseling services, as well as medical care and support services for those living with HIV.

AID Atlanta - Provides free HIV testing and counseling services, as well as medical care and support services for those living with HIV.

Fulton County Board of Health - Offers confidential HIV testing and counseling services, as well as education and prevention services.



TREATMENT

WHY IT CAN BE HARD TO ADHERE TO TREATMENT

Slide 1 - Stigma: Stigma around HIV can make it difficult for people to access treatment and care. Fear of discrimination or judgment from healthcare providers, family, and friends can prevent individuals from seeking out the help they need.

Slide 2 -Access to healthcare: Not everyone has access to healthcare, which can make it difficult to get regular HIV testing, treatment, and care. This is particularly true for people who are uninsured or underinsured however resources like the Ryan White HIV/AIDS Program can help fill those gaps to ensure everyone can access treatment.

Slide 3 - Medication Fatigue HIV treatment requires taking medications every day, which can be challenging for some people. Forgetting to take medication or skipping doses can reduce the effectiveness of treatment.

Slide 4 -Side Effects Like any medication, HIV treatment can cause side effects. Some people experience mild side effects, while others may experience more severe ones. This can make it difficult to adhere to medication.

Slide 5- Other barriers

"Poor adherence is often a consequence of one or more behavioral, structural, and psychosocial barriers (e.g., depression and other mental illnesses, neurocognitive impairment, low health literacy, low levels of social support, stressful life events including trauma, busy or unstructured daily routines, active substance use, homelessness, poverty, nondisclosure of HIV serostatus, denial, stigma, inconsistent access to medications due to financial and insurance status).

Citations: ClinicalInfo. (n.d.). Adherence to the HIV Care Continuum. Retrieved from <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/adherence-continuum-care#:~:text=Poor%20adherence%20is%20often%20a,unstructured%20daily%20routines%2C%20active%20substance>

Desai, M., Iyer, G., Dikshit, R. K., & Desai, R. (2017). Consequences of poor adherence to antiretroviral therapy in HIV-infected patients: A prospective cohort study. *International Journal of STD & AIDS*, 28(3), 242-248. doi: 10.1177/0956462416655754

HIV.gov. (n.d.). HIV Testing Overview. Retrieved from <https://www.hiv.gov/hiv-basics/hiv-testing/learn-about-hiv-testing/hiv-testing-overview/>

WHY IT CAN BE HARDER FOR BLACK PEOPLE TO GET CARE

Slide 1 - HIV treatment is important, but not everyone has equal access to care. Black people, in particular, face unique challenges that can make it harder to receive the treatment they need.

Slide 2 - One major challenge is lack of access to healthcare. Black people are more likely to be uninsured or underinsured, which can make it difficult to afford HIV medications and doctor's visits. This can lead to delayed diagnosis and treatment, which can ultimately worsen health outcomes.

Slide 3- While not unique to Black folks, stigma can be a real barrier to getting care. This can include judgment from healthcare providers, family members, and the community at large. It can make it harder to feel comfortable seeking care and disclosing one's status.

Slide 4 - Systemic racism and discrimination also make it harder for Black people to get into treatment. This can include discriminatory healthcare practices, unequal access to education and job opportunities, and unequal treatment in the criminal justice system.

Slide 5 - Despite these challenges, it's important to remember that HIV treatment is available and effective. In Atlanta, you can find clinics that have culturally aware doctors. See our resource list in the link in bio to connect with healthcare providers who understand the unique challenges faced by Black people and who can provide compassionate care and support.

Citations:

1. Centers for Disease Control and Prevention. (2022, February 1). HIV and African Americans. Retrieved from <https://www.cdc.gov/hiv/group/raciaethnic/africanamericans/index.html>
2. Kaiser Family Foundation. (2021, August 6). Black Americans and HIV/AIDS: The Basics. Retrieved from <https://www.kff.org/hiv/aids/fact-sheet/black-americans-and-hiv-aids-the-basics/>
3. Lipira, L., & Williams, E. C. (2021). Engaging African American men in HIV treatment and care: A review of the literature. *AIDS Care*, 33(8), 991-1000. doi: 10.1080/09540121.2020.1867255
4. Rao, D., Kekwaletswe, T. C., Hosek, S., Martinez, J., & Rodriguez, F. (2015). Stigma and social barriers to medication adherence with urban youth living with HIV. *AIDS Care*, 27(7), 893-899. doi: 10.1080/09540121.2015.1028909



RETENTION IN CARE

STIGMA IN HEALTHCARE SETTINGS

Slide 1: Stigma in healthcare settings can prevent people living with HIV from seeking the care they need to stay healthy.

Slide 2: Stigma can manifest in different ways in healthcare settings including discriminatory behavior or language from healthcare providers, negative attitudes towards people living with HIV, and lack of confidentiality.

Slide 3: The consequences of stigma in healthcare settings can lead to delays in seeking medical care, poor adherence to treatment, and mistrust of healthcare providers.

Slide 4: To combat HIV stigma in healthcare settings, healthcare providers can educate themselves on HIV and the latest treatments, address their biases, and create safe spaces for patients living with HIV to discuss their concerns.

Slide 5: It's important to remember that everyone deserves compassionate and respectful healthcare, regardless of their HIV status. Together, we can work towards a world without HIV stigma.



Appendix C: The Newsletter

VOL
1

Welcome To

EMPOWER



Meet the team

We are a group of researchers working to improve the lives of young people living with or at risk for HIV in Atlanta. We operate out of the Emory University Rollins School of Public Health and come from all walks of life.

In the past we've done studies about mobility and how it affects people. Currently we're working on a study about racism and discrimination and how it impact health (HiStory). Our iTransition study is looking at the challenges that people experience moving from pediatric to adult care. And our B6 study is helping build social support among young Black men.

We believe in the importance of engaging community members. If you are interested in public health research, we'd love to hear from you. Join one of our studies through the links to the right or join our youth advisory board.

Research Round-Up

B6

[Recruiting](#)

PrEP US Now

[Recruiting](#)

iTransition

[Recruiting](#)

CHIMES

[Analysis](#)

Open Mind

[Analysis](#)

SPOTLIGHT



THE PROBLEM

Meth use among Black men and gender non-conforming people who have sex with men in Atlanta is on the rise. Meth use can have negative effects on health and well-being.

WHY IS THIS HAPPENING?

We think these trends are related in part to issues that include housing instability, inadequate access to drug treatment and health care, and poor mental health.

STRUCTURAL RACISM AND DISCRIMINATION

Contributors to housing, access and health barriers include **structural racism and discrimination** - which refers to ways in which history, laws, geography and policies negatively impact health and well-being of minority populations.

STUDY OBJECTIVE

We want to test our theory that structural racism and discrimination impact meth use among Black gay and bisexual men in Atlanta.

STUDY DESIGN

We will recruit 300 Black men and gender non-conforming people who have sex with men (ages 18-44) to participate in our longitudinal cohort study. Each person will continue to participate over two years; and we will take four years to finish all of the follow-ups.

STUDY COMPONENTS

- (1) Surveys (every 6 months for 2 years)
- (2) 5-min phone surveys (monthly for 2 years)
- (3) Qualitative interviews (optional)
- (4) Reviews of medical records

COMMUNITY WORKSHOP

At the end of the project, we will convene community members and leaders for an intensive, interactive workshop to develop policy recommendations. We welcome all participants to join the community workshop. We will be able to make recommendations to policy and program leaders about how to better support Black men and gender non-conforming people who have sex with men.



Are you:

- Black
- Ages 18-44
- Living in the Atlanta metro area
- A man or gender non-conforming person



Scan for more info!

We are exploring how structural racism and discrimination impact people's health and wellbeing.

Take surveys every 6 months

Tell Your Story

Take 5- Min phone surveys monthly

Participate for 2 years

Receive up to \$490-\$690 over two years depending on study activities

Optional interviews

404-807-8039



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