Virtual Workshop

Advancing HIV Health Communication Science: Challenges and Opportunities for Impact in Key Populations

AIDS 2022

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Participant Bioksketches and Slides

Worskhop Organizers

Collene Lawhorn, Ph.D., is a Program Officer in the Division of AIDS Research at the National Institute of Mental Health (NIMH). At NIMH she leads the HIV Communication, Dissemination, and Engagement Research Program and the National NeuroAIDS Tissue Consortium. In addition, she is the Co-lead for the NIMH Global Mental Health Team and a workgroup coordinator for the NIH Common Fund. Prior to joining the Division of AIDS research, Collene worked in the NIMH Office of Science Policy, Planning and Communications in the Science Policy and Evaluation branch, where she helped lead NIMH's strategic planning efforts and global mental health communications. Dr. Lawhorn received her undergraduate degree in Communication from the Rochester Institute of Technology, a Masters in Psychological Services from the University of Pennsylvania and a Ph.D. in Neuroscience from the Albert Einstein College of Medicine.

Gregory Greenwood, Ph.D., M.P.H, is Branch Chief of the Developmental and Clinical Neuroscience HIV Prevention and Treatment Branch in the Division of AIDS Research at the National Institute of Mental Health. He continues to serve as Program Officer of the HIV Testing and Social Determinants Program. He holds a PhD in Clinical Psychology from Loyola University of Chicago, and an MPH in Epidemiology from the University of California, Berkeley. As Branch Chief, he provides scientific and technical leadership on the strategic planning activities and scientific research initiatives of the branch. As a Program Officer, he oversees a program focused on HIV testing and social determinants of HIV prevention and treatment, in particular intersectional stigma and discrimination.

NIH Contributors

Maureen M. Goodenow, Ph.D., was appointed Associate Director for AIDS Research at the National Institutes of Health (NIH) and Director of the NIH Office of AIDS Research (OAR) in 2016. In this role, Dr. Goodenow leads the OAR in coordinating the NIH HIV/AIDS research agenda to end the HIV pandemic and improve the health of people with HIV. In addition, she is Chief of the Molecular HIV Host Interactions Laboratory at the NIH. Dr. Goodenow previously served as the Acting Director of the Office for Research and Science within the U.S. Department of State, Office of the U.S. Global AIDS Coordinator and Office of Global Health Diplomacy from 2015 to 2016. As a Senior Science Advisor in the Office of Economic Policy's Bureau of East Asian and Pacific Affairs she received the prestigious Jefferson Science Fellowship in 2012. Dr. Goodenow is also a recipient of the 2019 Esperanza (Hope) award from the Latino Commission on AIDS, for dedication to stemming the tide of HIV and AIDS. Prior to government service, Dr. Goodenow was a Professor of Pathology, Immunology, and Laboratory Medicine at the University of Florida, Gainesville, where she held the Stephany W. Holloway University Endowed Chair for AIDS Research. Furthermore, she was the Director of the Center for Research in Pediatric Immune Deficiency Diseases. Dr. Goodenow received her undergraduate degree in Biology from Fordham University and her Ph.D. in Molecular Genetics from the Albert Einstein College of Medicine.

Dianne Rausch, Ph.D., is the Director of the Division of AIDS Research at the National Institute of Mental Health, a component of the National Institutes of Health. In this role, she manages a research portfolio that encompasses a broad range of studies with the overarching goals of reducing the incidence of HIV/AIDS worldwide and decreasing the burden of living with HIV/AIDS. To this end, the Division supports research that includes basic and clinical neuroscience to better understand and alleviate the consequences of HIV infection of the central nervous system (CNS), and basic and applied behavioral science to prevent new HIV acquisitions and limit morbidity and mortality among those living with HIV. The Division places a high priority on interdisciplinary research across multiple populations, including racial and ethnic minorities, over the lifespan. Dr. Rausch received her BS in Biology from the University of Oregon and her PhD in Cell and Molecular Biology from Northwestern University. Prior to this she spent 10 years in the NIMH Intramural Program studying HIV toxicity in the CNS and its impact on neural function.

Paul Gaist, Ph.D., M.P.H., is Senior Advisor to the Director in the NIH Office of AIDS Research. He leads the behavioral, social, and population health sciences area of the NIH HIV Research Program and is co-lead for HIV prevention research for his Office and the Program. Prior to joining NIH OAR, he was an intramural researcher and program director at the National Institute of Mental Health (NIMH), served as deputy director for HIV at the former HHS agency, the Alcohol, Drug Abuse, and Mental Health Administration (now SAMHSA) and has served as a senior science advisor in the White House Office of National AIDS Policy. Dr. Gaist has degrees in psychology and physiology from the University of California, Berkeley, as well as a PhD in behavioral science research and health education and an MPH in health policy and management from the Johns Hopkins Bloomberg School of Public Health. In addition to his work at NIH, he is an adjunct professor at the Johns Hopkins Bloomberg School of Public Health.

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Panel 1

The Evolution of HIV Health Communication Research and its Impact on Key Populations

Panel 1

The Evolution of HIV Health Communication Research and its Impact on Key Populations

Moderator – Dr. Collene Lawhorn, NIMH

Dr. Shawnika Hull –Assistant Professor, Rutgers University
Dr. Tamara Taggart - Assistant Professor, George Washington University
Dr. Sarah Bass – Associate Professor, Temple University

This *panel will focus on important learnings throughout the history of the HIV pandemic as it relates to health communication research and key populations. The discussion will include insights into (a) successes and challenges in reaching key populations throughout different phases of the HIV pandemic (b) laws, policies and practices that contributed to the evolution of health communication research, and (c) the influence and impact of HIV health communication research at the local, national and international levels*.

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Dr. Shawnika Hull

Health Communication Research Bio: Dr. Shawnika Hull is an Assistant Professor in the School of Communication and Information at Rutgers University. Dr. Hull is a communication scientist whose work is focused on developing and delivering health communication interventions to address HIV inequities experienced by Black communities. In collaboration with community partners, Dr. Hull applies theories of persuasion, media effects, information processing and behavior change to design and test health communication messages, interventions and health communication campaigns that address individual and social-structural barriers to HIV prevention. These efforts include designing and testing HIV prevention messages to shape HIV testing behaviors, increase PrEP utilization and mitigate stigma in communities. As another example, Dr. Hull led a research team which partnered with Diverse & Resilient Inc. to develop, implement and evaluate the Acceptance Journeys communication campaign to reduce homophobia in Milwaukee, WI. More recently, her research focused on understanding and addressing factors that create barriers to Black women's use of pre-exposure prophylaxis. These efforts include close collaboration with The Women's Collective, to understand and address factors shaping Black women's PrEP use and collaboration with clinical providers to integrate PrEP services in family planning care.

Dr. Tamara Taggart

Health Communication Research Bio: Dr. Tamara Taggart is an Assistant Professor in the Department of Prevention and Community Health at George Washington University. She uses community-based approaches to investigate and intervene upon social-structural and cultural determinants of HIV-related disparities. Her current work focuses on three areas: 1) Applying a community engaged framework to examine systems level factors associated with PrEP uptake and messaging; 2) Utilizing activity space assessments to examine mechanisms connecting discriminatory neighborhood environments and HIV-related behaviors; and 3) Investigating the role of religion, spirituality, and religious institutions on HIV syndemics.

Don't just worry about HIV
Do something about it.

HIV is the virus that causes AIDS.

Taggart, T., Ritchwood, T. D., Nyhan, K., & Ransome, Y. (2021). Messaging matters: achieving equity in the HIV response through public health communication. The Lancet HIV, 8(6), e376-e386.

Framing Matters for Health Equity

- Center and clarify the contexts that put people at risk
  - Advocacy and community engagement
  - Support for policies that change clinical guidelines, reduce stigma, dismantle discriminatory power structures, influence resource distribution (e.g., funding to communities)
- Lead with stories over statistics
- Call to action: Remind communities of communication strategies that have been effective in improving health outcomes and tie that success to principles of health equity

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Dr. Sarah Bass

Health Communication Research Bio: Dr. Sarah Bauerle Bass is an Associate Professor in the Department of Social and Behavioral Sciences and Director of the Risk Communication Laboratory in Temple University's College of Public Health. Her research focuses on health and risk communication and how public health messages are crafted for diverse audiences to enhance decision-making. She has advanced the field of health communication by applying commercial marketing techniques to the development and testing of messages or interventions; perceptual mapping and vector modeling methods, to show how 3-D visualizations can enhance message development and tailor it for specific behavior or attitude barriers and apply findings to interventions using technology and community-based applications; psycho-marketing methods to assess emotional and physiological response to and processing of health messages through visual, graphic, Web or textual message elements using eye tracking, pupilometer, EKG and skin conductance measures. Her work has been funded by NIH (NCI, NIBIB, NIMH, NIDA, NINR, NIDDK), national agencies (CDC, NIDILRR), organizations (American Cancer Society, American Diabetes Association), state and city agencies (PADOH, PA Commission of Crime and Delinquency, Philadelphia Department of Public Health, AIDS Activities Coordinating Office), and industry (Merck, Gilead, Genentech).

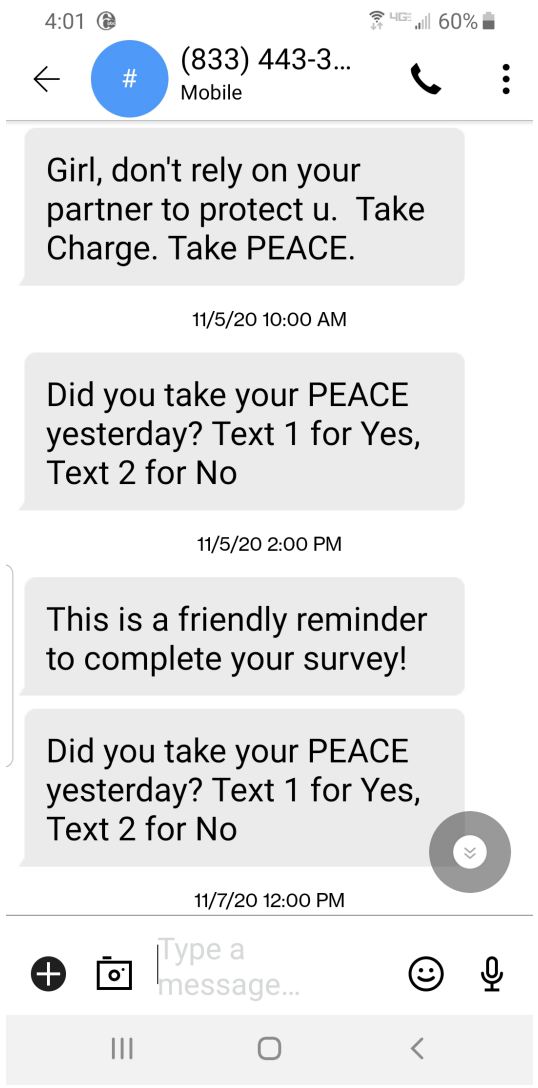
Sarah Bauerle Bass – Director, Risk Communication Laboratory
Temple University College of Public Health

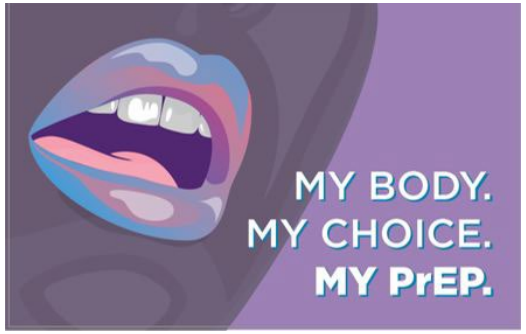
Risk Communication TEMPLE UNIVERSITY Lab

Our mission is to advance public health decision making through the design and testing of effective health communication messages, public health campaigns, and interventions, developed using commercial marketing methods

HIV Related Work:

1. PrEP in trans women
2. PrEP in women who inject drugs
3. HIV medication adherence in Southern US women with HIV





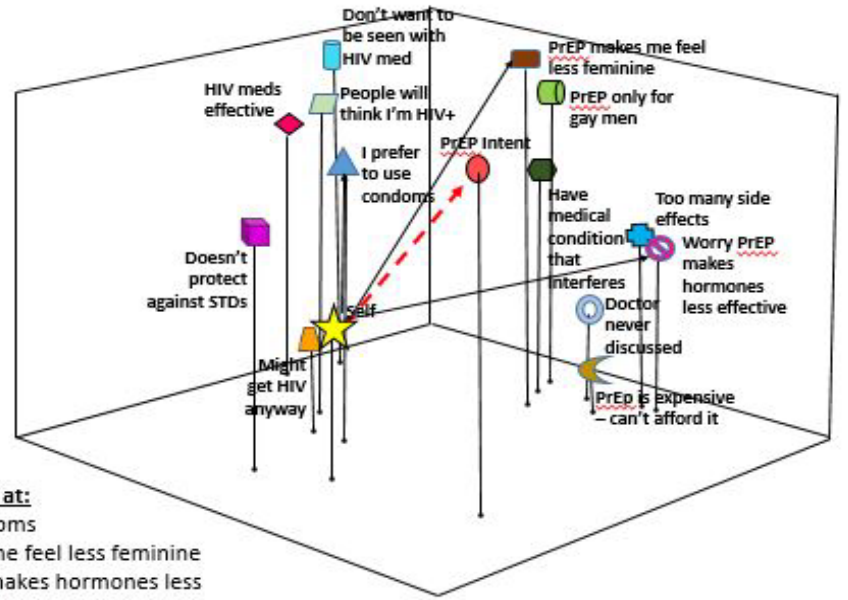
Segmentation is used to determine potential perceptual and psychographic differences among groups.

Perceptual Mapping, **which used multidimensional scaling analysis,** is used to model how each person/group perceives the situation.

Cluster 1: ENGAGERS PrEP Intention mean: 7.25

Cluster 2: AVOIDERS PrEP Intention mean: 6.32

	0 1 2 3 4 5 6 7 8 9 10
I actively seek out information on my health	
I don't get what I need from my doctor because I'm not assertive enough	
I am more assertive about my healthcare needs than most trans women	
If my doctor prescribes something I don't understand or agree with, I question it.	
If my doctor prescribes something I don't understand or agree with I'm likely not to take it	
I don't always do what my doctor or healthcare worker asks me to do	



Messages aimed at:

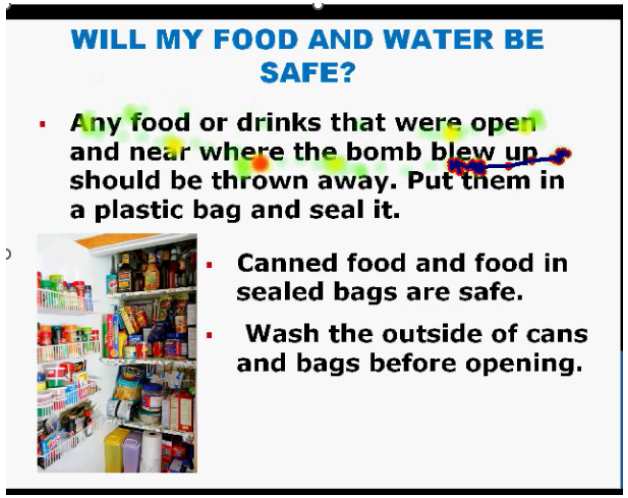
1. I prefer condoms
2. PrEP makes me feel less feminine
3. Worry PrEP makes hormones less effective

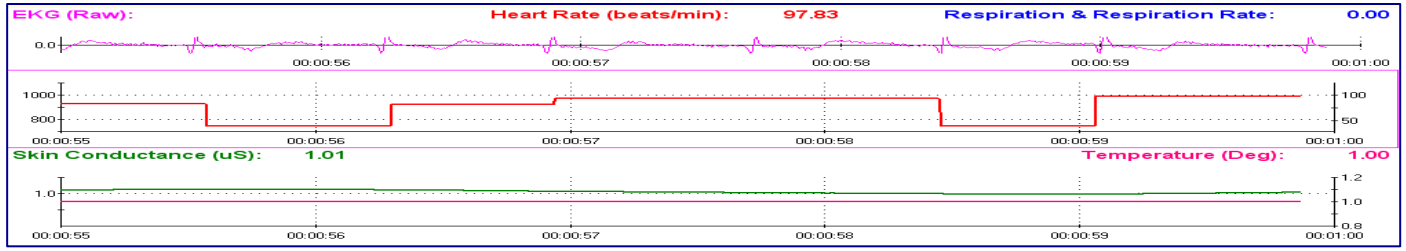
Barriers to PrEP Use – Engagers

Message Vector Modeling is used to design highly specific messages targeted to "pull" the group toward the desired behavior; Can be done for different segment groups to determine need for targeting and tailoring.

Biophysical Testing **of message designs is used to understand attention to desired content, information processing or emotional response to messaging/materials through use of eye tracking, gaze path analysis, heart rate, skin conductance etc.**

	Engagers	Avoiders
Barriers	1. I prefer condoms 2. Makes me feel less feminine 3. Worry PrEP makes hormones less effective	1. Makes me feel less feminine 2. Interfere with hormones 3. Might get HIV anyway (push against)
Benefits	1. Makes me feel in charge	1. Makes me feel in charge
Beliefs	1. More important worries in life 2. Partners will think I'll give them HIV (push against)	1. Self/intent close – could push way from 'won't take correctly to move self forward slightly
Trans Community "Belongingness"	1. Spending time in trans community is important 2. Sex is important way to feel good about self as trans	1. Spending time in trans community is important 2. Sex is important way to feel good about being trans 3. Often spend time with trans people
Trust of PrEP Information Sources	No clear strategy	1. Trust info from doc 2. Trust info from trans women 3. I understand how PrEP works (push against)





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Panel 2

Effective Partnerships and Collaborations in HIV Health Communication Research on Key Populations

Panel 2

Effective Partnerships and Collaborations in HIV Health Communication Research on Key Populations

Moderator – Dr. Gregory Greenwood, NIMH

Ms. Narquis Barak – Director of the Prevention Department, Crescent Care
Ms. Patricia Nalls – Founder and Executive Director of The Women's Collective
Dr. Shawnika Hull – Community Research Partner to The Women's Collective
Dr. Sophia Zamudio-Haas – Assistant Professor, UCSF

This panel will share perspectives on impactful HIV communication research partnerships and collaborations that support the needs of key populations. Topics will include, (a) the roles of civil society, industry, government agencies and other key organizations and/or individuals in driving evidence-based health communication interventions; (b) partnerships that support HIV health and science literacy aimed at meaningful access to health information uptake in key populations; and (c) frameworks, strategies and approaches to respectfully engage and equitably partner with individuals that represent key populations on HIV health communication research efforts.

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Ms. Narquis Barak

Health Communication Research Bio: Ms. Narquis Barak is the Director of the Prevention Department at Crescent Care in New Orleans, Louisiana and is an MPI on the NIH-funded grant Tcher, Take Charge: Increasing PrEP Awareness, Uptake, and Adherence Through Health Care Empowerment and Addressing Social Determinants of Health Among Racially Diverse Trans Women in the Deep South. She has an M.A. in Social Anthropology from Harvard University and a B.A. in Cultural Anthropology from UCLA. She has taught courses in medical anthropology at Stanford and Harvard. She has focused her public health work on the cross-section between culture and health, having conducted outreach and research for decades in the U.S., Vietnam, Nigeria, India, and China. She is passionate about providing people with the knowledge and tools to advocate for their own sexual health and has been devoted to the improvement of healthcare in New Orleans and surrounding parishes for the LGBTQ community.

Ms. Patricia Nalls

Health Communication Research Bio: Ms. Patricia Nalls is the Founder and Executive Director of The Women's Collective (TWC). TWC is a community-based organization that provides health and social services for women of color who are living with or at risk for HIV. TWC has extensive experience with outreach, care navigation, recruitment, and implementation of evidence-based interventions, including SISTA and WILLOW. TWC serves 2,500+ women annually for HIV Prevention, including testing, outreach, intervention and prevention case management. TWC also serves 200+ HIV positive women via their Care programs, which includes Medical and NON-Medical Case Management, Early Intervention, Peer services, food pantry and on-site meals, Psychosocial and Treatment Adherence support groups, Emergency Financial Assistance, PPE and Toiletries care packages and many other on-site services. TWC has extensive experience delivering evidence-based interventions and collaborating with researcher to improve HIV prevention and care for women with special emphasis on women of color.

RUTGERS
UNIVERSITY | NEW BRUNSWICK

The Women's Collective
sharing our stories, saving our lives

Principles for Community-Research Partnership

Participate

Always follow up

Receive feedback

Take responsibility

Note context

Engage early

Respect expertise

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Dr. Sophia Zamudio-Haas

Health Communication Research Bio: Dr. Sophia Zamudio-Haas is an Assistant Professor in the Division of Prevention Science (DPS), Department of Medicine at the University of California, San Francisco (UCSF), with expertise in qualitative methods and community-informed participatory research. She received her Doctorate in Public Health (DrPH) at University of California Berkeley in 2013 and a Master's in Science at Harvard Chan School of Public Health in 2008. Her applied research in health communications science focuses on how to culturally and linguistically tailor messaging and programmatic materials for HIV prevention and care programs to specific key populations. Her current work in this area in the US focuses on collaborating with trans women who are social media influencers to share information on PrEP benefits and refer followers to trans competent providers. She is also studying communication strategies to connect adolescent girls and young women with PrEP services in Southern Africa.

Effective Partnerships and Collaborations in HIV Health Communication Research with Key Populations

Sophia Zamudio-Haas, DrPh, MSc
Assistant Professor
Division of Prevention Science, Department of Medicine
University of California, San Francisco (UCSF)

center of excellence for TRANSGENDER health

July 30, 2022

UCSF University of California San Francisco

LA CLINICA DE LA RAZA

1531
FRUITVALE AVE.
OAKLAND, CA
94601

Adjunto a la estación Fruitvale Bart

Diversity Supplement to PRISM R01: '*Manas por Manas*'

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Panel 3

Innovations in HIV Health Communication Research Involving Key Populations

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Panel 3

Innovations in HIV Health Communication Research Involving Key Populations

Moderator – Dr. Paul Gaist, NIH Office of AIDS Research

Dr. Keosha Bond – Assistant Medical Professor, City University of New York
Dr. Chadwick Campbell – Assistant Professor, UCSD
Dr. Victoria Frye – Medical Professor, City University of New York
Dr. Kumi Smith – Assistant Professor, University of Minnesota

This panel will discuss innovations in HIV health communication research – with a focus on approaches that have the greatest potential for impact in key populations. Panelists will address (a) findings from evidence-based communication technologies including social media and other engagement approaches used to reach and influence key populations; (b) risks, challenges and concerns related to technological advances in HIV health communication research on key populations; (c) within group variations in uptake and use of health communication technologies (e.g. differences based on age, gender, ethnicity within a key population segment).

Dr. Keosha Bond

Health Communication Research Bio: Dr. Keosha T. Bond is an Assistant Medical Professor in the Department of Community Health and Social Medicine at the City University of New York (CUNY) School of Medicine at City College of New York. She is a trained a behavioral scientist and sexual health educator who has centered her work on the complex intersections of race, sexuality, social justice, and health equity among individuals of marginalized genders. Dr. Bond's primary research interests have focused on understanding how socio-structural and cultural factors influence the transmission of HIV and the use of digital technology to develop, assess, and scale transformative culturally appropriate that empower people, families, communities, and societies to change the status quo and achieve positive health outcomes. Dr. Bond `s work has concentrated on the development of innovative eHealth interventions that interrogates the complexities of identity formation, systems of value, and the shared vernacular in and around Black visual culture to address sexual health. Her most recent projects include an ehealth intervention focus on PrEP uptake for Black cisgender women and the visual ehealth components of a user- curated "sexual health self-care in-a-box" for Black gay, bisexual and same-gender loving men.

Learning Options through Video Education

Development of an edutainment video to increase awareness and knowledge of PrEP among cisgender Black women

27

Dr. Keosha Bond

CUNY School of Medicine at City College of New York

AIDS 2022 Conference, July 29, 2022

AIDS 2022

How can we reach women who are left out of the conversation?

Put Yourself First

01

3 PHASES:
- ✓ Exploratory Focus Groups
- ✓ Video Development
- ✓ Evaluation Focus Groups

02

BLACK WOMANHOOD

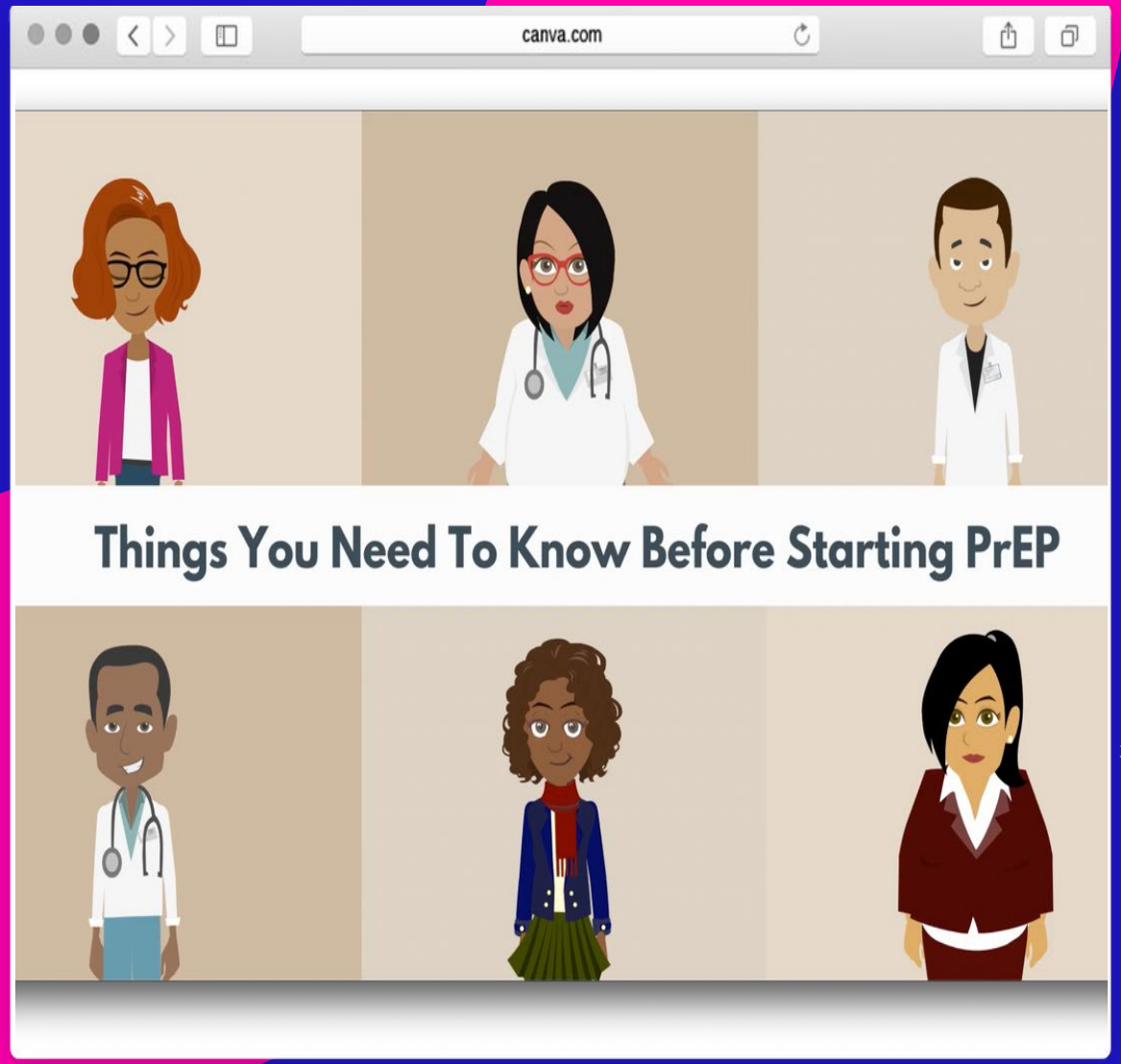
PrEP information centered around the needs of cisgender Black women.

03

THEMES:
- ✓ "Home Girl" Intervention
- ✓ Sex positivity
- ✓ HIV prevention as self-care
- ✓ Reproductive health

Learning Options through Video Education

Video Acceptability



Pe-posttests showed significant increase in knowledge of the PrEP.

Video Rating: Good
Recommend Video to other women: 100%
Consider taking PrEP: 77%
Recommend PrEP to other women: 100%
Increase Awareness (definitely yes): 77%
Aid Decision Making (definitely yes): 77%

Reasons for recommending the video:

- ✓ educational
- ✓ entertaining
- ✓ relatable characters
- ✓ women centered

@drkeoshabond
@theloveprojectlab

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Love
Learning Options through Video Education

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Dr. Chadwick Campbell

Health Communication Research Bio: Dr. Chadwick Campbell is an Assistant Professor in the UC San Diego School of Public Health. His work primarily explores structural and social contextual factors contributing to the HIV epidemic communities that have been marginalized, as well as HIV stigma and the experience of living with HIV. He has worked on social marketing campaigns communicating HIV and safer sex information to gay and bisexual men and will present an innovative strategy for communicating HIV cure research to young people living with HIV. In addition, he is currently working on a study exploring the barriers to COVID-19 vaccination among Black and Latinx communities in the San Francisco Bay Area; and developing recommendations for reaching those who may be hesitant due to medical mistrust, or who face socioeconomic barriers to health.

Youth4Cure & Youth Advisory Panel

Y4C: Explore knowledge, interest, motivators, concerns, & deterrents of participating in HIV cure research among 18–29-year-olds living with HIV

YAP: 10 San Francisco Bay Area YLWH

- provide input & feedback to UCSF scientists working with YLWH
- alert UCSF scientists about pressing youth community issues & topics in HIV treatment & prevention
- assist UCSF scientists in disseminating research findings

Convened YAP in May 2020 to discuss approaches to convey HIV cure research to YLWH given the complexity & nuances of different cure strategies

One member suggested: comic strips & animation

Chadwick K. Campbell, PhD, MPH
UCSD School of Public Health

Process

Identified 4 HIV cure modalities:

1. Latency reversing agents
2. Immune-based strategies
3. Gene editing
4. Block & lock

Iterative process for each modality

- UCSF team presented scientific strategies
- Together UCSF, The Animation Lab, & YAP graphic teams simplified scientific language & identified primary focus of the modality
- YAP graphic team brainstormed ideas for illustrations & created preliminary drawings
- YAP graphic team presented drawings to UCSF team & together narrowed down ideas & options for illustration, title, text, definitions, …

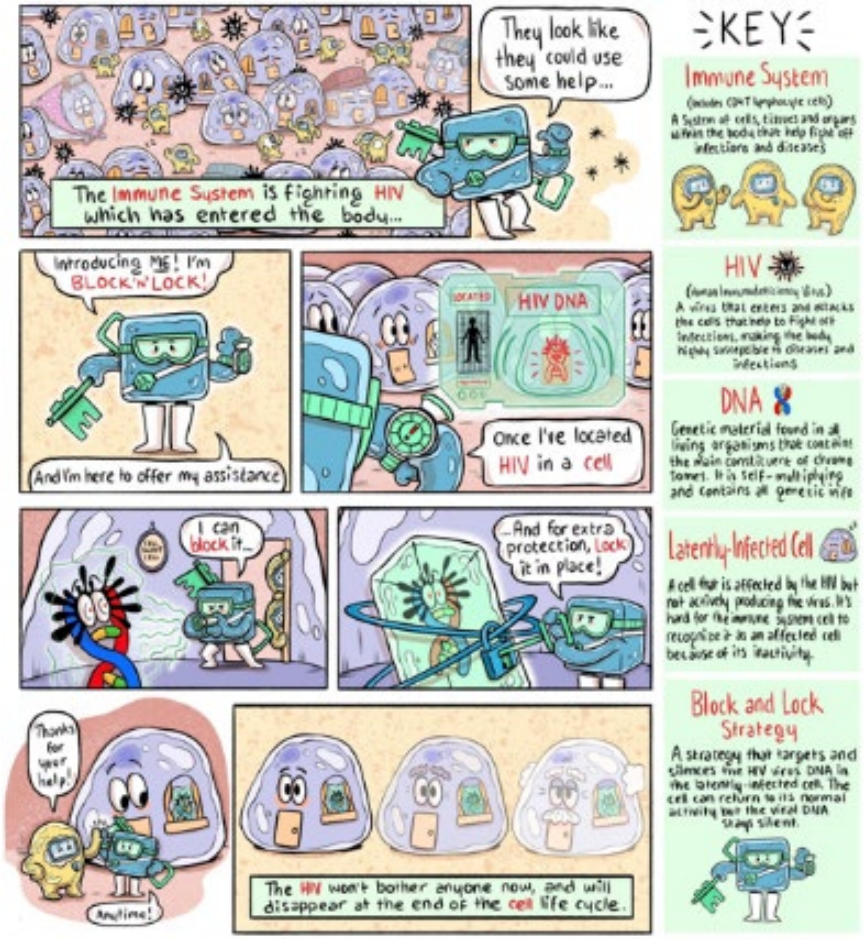
Chadwick K. Campbell, PhD, MPH
UCSD School of Public Health

CAPTAIN LRA SAVES THE DAY!

Story by Eric Lee, Matylda Mai & Jazmin Guzman
(Pencils) (Inks) (colors)

Y4C

AGENT BLOCK 'N' LOCK

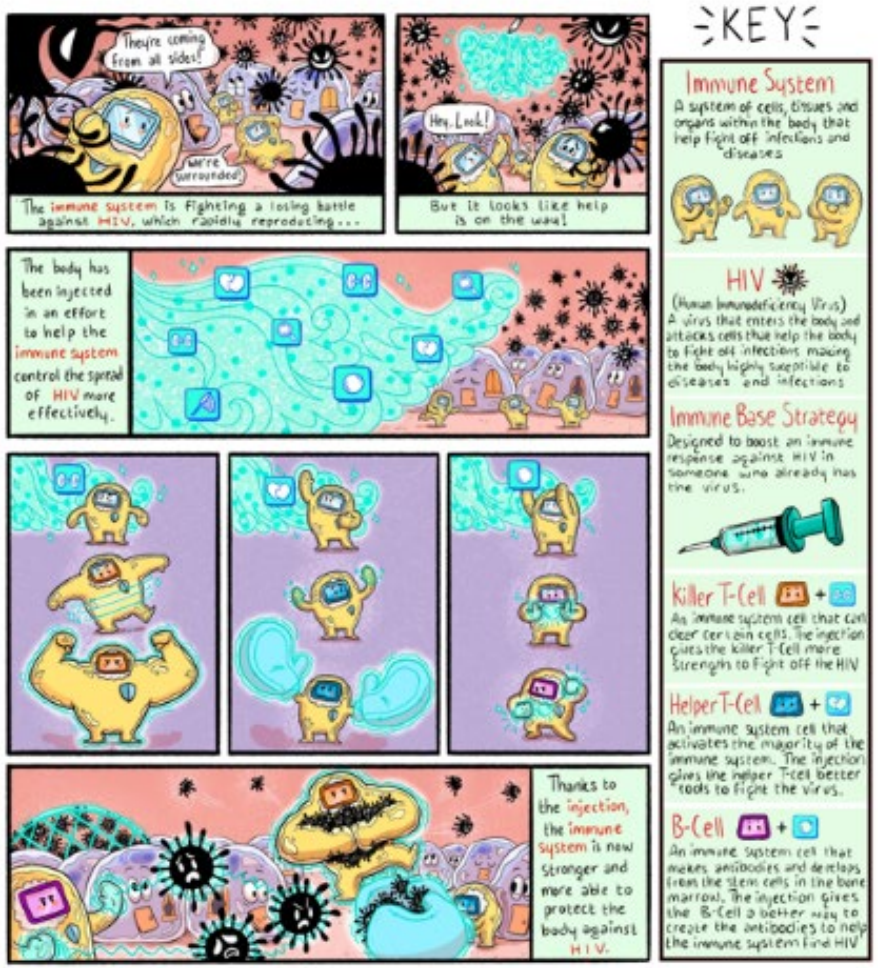


Story by: Eric Lee, Matylda Mai & Jazmin Guzman
(Pencils) (Inks&Lettering) (colors)

YOUTH4 CURE

UCSF Center for AIDS Prevention Studies
Division of Prevention Sciences

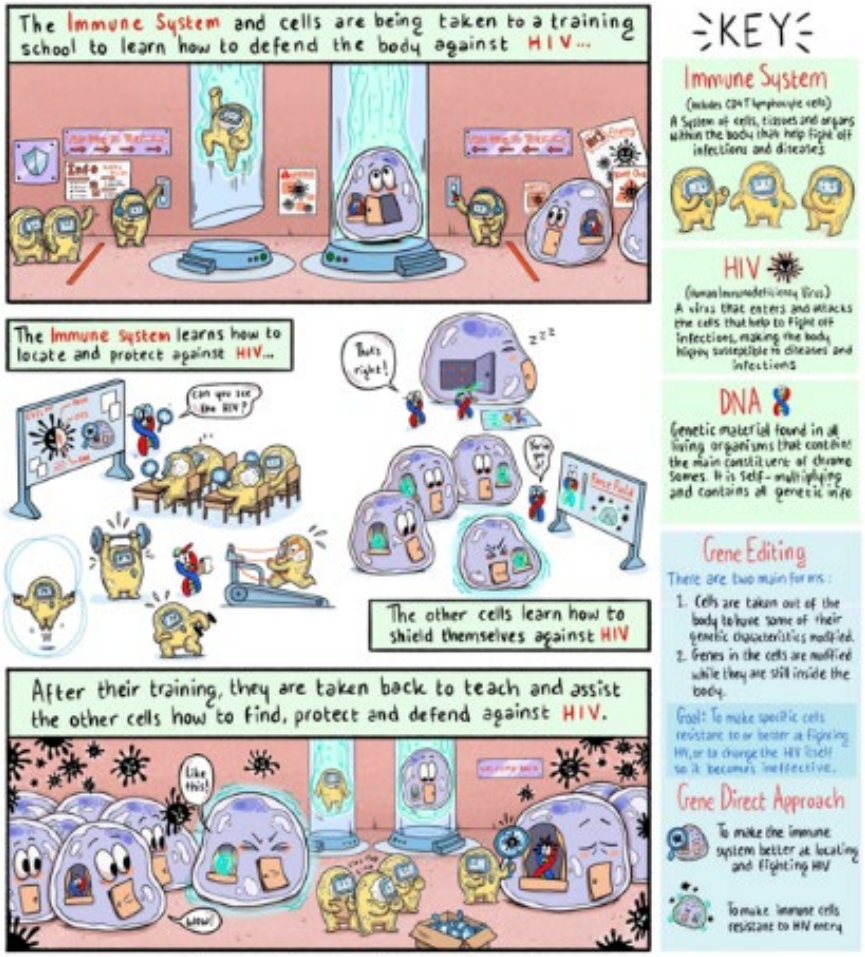
IMMUNOTEAM: POWER UP!



Story by Eric Lee, Matylda Mai & Jazmin Guzman
(Pencils) (Inks) (colors)

Y4C

IMMUNOTEAM: DEFEND 'N' ASSIST



Story by: Eric Lee, Matylda Mai & Jazmin Guzman
(Pencils) (Inks&Lettering) (colors)

YOUTH4 CURE

UCSF Center for AIDS Prevention Studies
Division of Prevention Sciences

youth4cure.ucsf.edu

Dr. Victoria Frye

Health Communication Research Bio: Dr. Victoria Frye is a Medical Professor at the City University of New York (CUNY) School of Medicine and is cross-trained in epidemiology and sociomedical sciences. She has been designing and testing HIV prevention interventions for over 15 years, many of which incorporate health communications using a range of media, to increase uptake of HIV testing options and biomedical HIV prevention. During the panel she will describe the development of memes or "memeification" of basic cognitive restructuring concepts to reduce internalization of stigma and support behavior change in a NIDA-funded HIV self-testing intervention study for women who exchange sex for needed resources and use drugs in Kazakhstan.

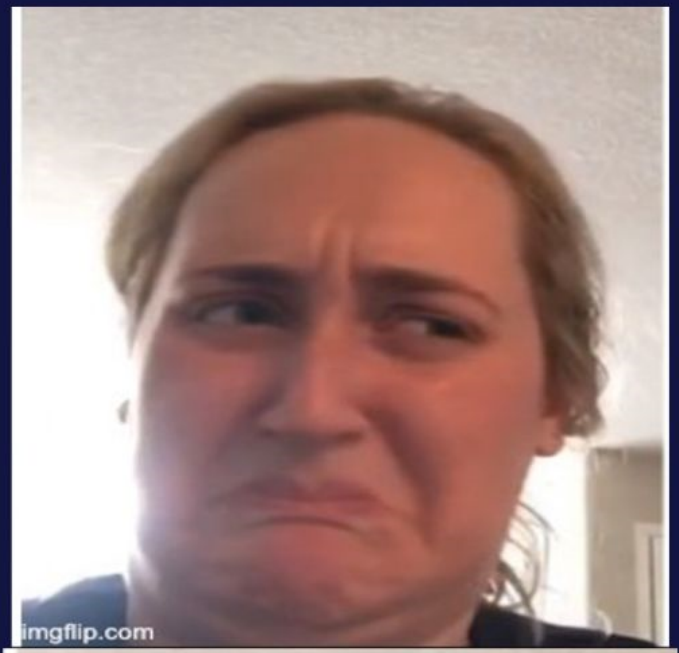
"MEMES" AS INTERVENTION?

Are you serious?

Williams, A. (2020). Black memes matter: #LivingWhile Black with Becky and Karen. Social Media+ Society, 6(4)

- Coined in 1976 by Richard Dawkins (2016)
- Infectious Cultural element passed individually across networks via imitation, sharing, etc. (Gal et al., 2016)
- "...dependent on interconnected systems of cultural units expressed through layered representation (Cannizzaro, 2016; Castaño Díaz, 2013)."
- Consumed rapidly, rely on "fast thinking"
- Can they be useful in interrupting automatic thoughts/cognitive distortions?
- Integrated into **AEGIDA**, a NIDA-funded 4-session HIV self-testing intervention trial planning study for women who exchange sex for needed resources and use drugs in Kazakhstan

R34 DA-049664;
mPI: Frye/El-Bassel



It's all my fault and I get what I deserve

I feel this way because I am human; others feel this way too

Motivational Interviewing (MI)
Cognitive Restructuring (CR)
Principles:

MI:
Naming/labeling/reflecting

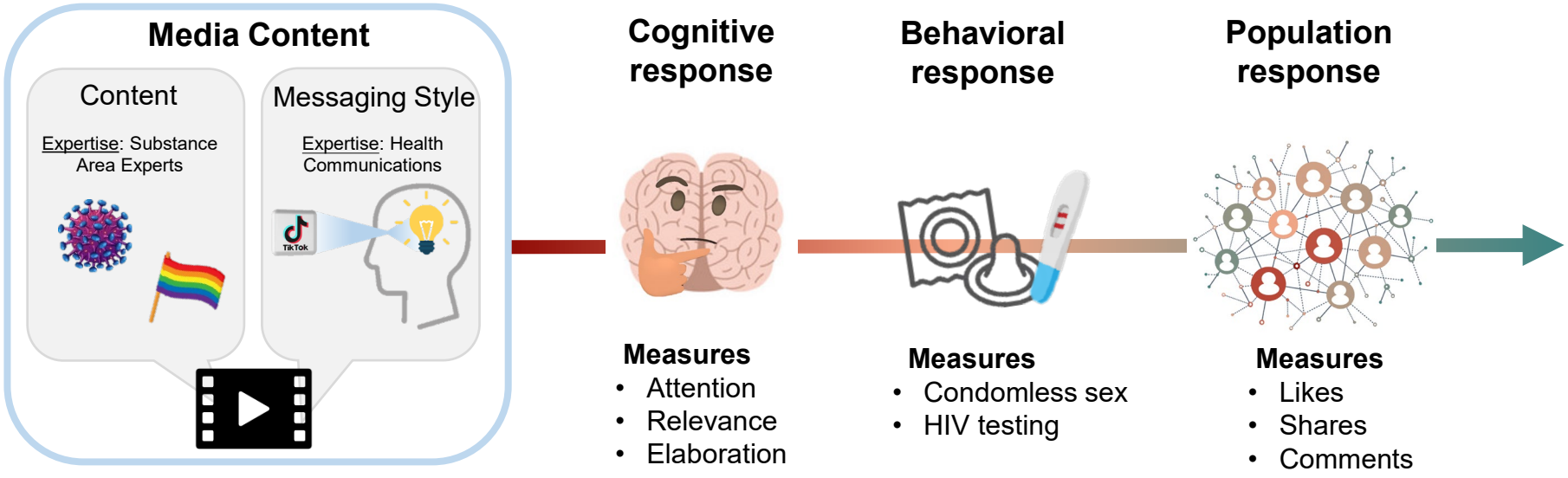
Cognitive distortion:
Personalization

Cognitive restructuring:
Self-compassion/shared humanity

Dr. Kumi Smith

Health Communication Research Bio: Dr. Kumi Smith is an Assistant Professor at the University of Minnesota with a focus on epidemiology, HIV and STIs, and health equity. She works closely with experts in health communication to develop sexual health information for young men who have sex with men in low- and middle-income countries, primarily in China. As part of this work she is exploring how such communications can be optimized for real world dissemination on social media platforms by exploring not only the behavioral but also cognitive impact of communications design elements such as visual appeal, credibility, and entertainment value.

Harnessing Social Media for HIV Prevention



- Social media and other digital communication tools can be highly persuasive and they scale easily
- Early studies show promising results, demonstrating the potential for population level behavior change
- But all trials to date test content in controlled settings with participants paid and instructed to consume study content
- Achieving population-level impact will require that our media attract and retain audiences "in the wild" by effectively competing with a daunting volume of other digital entertainment
- Future research must therefore:
  - **Forge partnerships between researchers and digital media marketers and platforms**
  - **Test interventions' effects on cognitive *and* behavioral responses as well as dissemination potential**

AIDS 2022

Workshop Agenda and Transcript

Workshop Agenda

Title: Advancing HIV health communication science: Challenges and opportunities for impact in key populations
Date/Time: Saturday July 30, 2022 – 11:00 AM EST to 12:30 PM EST
Format: Virtual-only

1. **Welcome** – Dr. Collene Lawhorn (slide 3)

2. **Opening Remarks**
   a. Dr. Maureen M. Goodenow – Director, NIH Office of AIDS Research (slide 4)
   b. Dr. Dianne Rausch – Director, NIMH Division of AIDS Research (slide 4)
   c. Dr. Gregory Greenwood – Branch Chief, NIMH Division of AIDS Research (slide 3)

3. **Panel 1. The Evolution of HIV Health Communication Research and its Impact on Key Populations**
   - Moderator – Dr. Collene Lawhorn, NIMH Division of AIDS Research
   a. Dr. Shawnika Hull –Assistant Professor Rutgers University (slide 7)
   b. Dr. Tamara Taggart - Assistant Professor, George Washington University (slides 8-10)
   c. Dr. Sarah Bass – Associate Professor, Temple University (slides 11-14)

4. **Panel 2. Effective Partnerships and Collaborations in HIV Health Communication Research on Key Populations**
   - Moderator – Dr. Gregory Greenwood, NIMH Division of AIDS Research
   a. Ms. Narquis Barak – Director of the Prevention Department, Crescent Care (slide 17)
   b. Ms. Patricia Nalls – Founder and Executive Director of The Women's Collective (slides 18 - 19)
   c. Dr. Shawnika Hull – Community Research Partner to The Women's Collective (slide 19)
   d. Dr. Sophia Zamudio-Haas – Assistant Professor, UCSF (slides 20-23)

5. **Panel 3. Innovations in HIV Health Communication Research Involving Key Populations**
   - Moderator – Dr. Paul Gaist, NIH Office of AIDS Research
   a. Dr. Keosha Bond – Assistant Medical Professor, City University of New York (slides 26-29)
   b. Dr. Chadwick Campbell – Assistant Professor, UCSD (slides 30-34)
   c. Dr. Victoria Frye – Medical Professor, City University of New York (slides 35-37)
   d. Dr. Kumi Smith – Assistant Professor, University of Minnesota (slides 38-30)

6. **Closing Remarks** – Dr. Collene Lawhorn

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Workshop Transcript

Welcome and Opening Remarks

- Dr. Collene Lawhorn – Program Officer, NIMH Division of AIDS Research
- Dr. Maureen M. Goodenow – Associate Director for AIDS Research, and Director of the NIH Office of AIDS Research
- Dr. Dianne Rausch – Director, NIMH Division of AIDS Research
- Dr. Gregory Greenwood – Branch Chief, NIMH Division of AIDS Research

Collene Lawhorn: Good morning, afternoon, and good evening to each of you joining us today. I'm Collene Lawhorn from the National Institute of Mental Health in the Division of AIDS Research where I lead the HIV Health Communication, Dissemination and Engagement Research Program, I'm delighted to welcome you to our virtual-only AIDS 2022 workshop on Advancing HIV health communication science: Challenges and opportunities for impact in key populations

HIV has a long history in health communication campaigns and continue to benefit from today's technologies that allow for rapid dissemination of HIV health information and social connectivity. However, this complex communication ecosystem presents challenges that require re-focusing our global public health efforts. The spread of amplified health misinformation, politicization of critical public health messages, promulgation of stigmatizing language and widening communication inequities may thwart future HIV advances. To move the needle on HIV prevention, treatment and cure, renewed attention to health communication research is necessary- enabling us to better understand and appreciate HIV community-centered message framing, audience awareness, health literacy and research engagement.

The next 90 minutes will be full of learning and reflecting on our history, communities and innovations in HIV health communication research - and I'm excited to hear from our outstanding group of panelists.

To start us off, I have the privilege of turning things over to the National Institutes of Health, Associate Director for AIDS Research, and Director of the NIH Office of AIDS Research Dr. Maureen M. Goodenow.

Maureen M. Goodenow: Thank you to the organizers for inviting me to make a few opening remarks with my colleagues here today on the very important issue of health communication research and HIV.

The past few years have again shown us how we see the world and relate to it are constantly evolving. So too, are the ways we learn about, perceive and act on health and public health issues. The age of increased information access poses new challenges such as coping with a plethora of new communication channels and technologies, including social media news sharing; there is the propagation of misinformation; increasingly sophisticated strategic disinformation campaigns; and increasing perceptions of polarization, even on key public health issues. We are experiencing a recent rise in public distrust in science and healthcare institutions, now often being coupled to the politicization of our bodies and our health. If there was ever a time to examine where we have been, where we are, and where we are going in terms of challenges and opportunities to have impact in HIV health communication science, it is now. This is why I am glad to be with you here today.

Now is a critical time to step back and reevaluate how we communicate public health issues to a public that can be overwhelmed and confused due to the contemporary communications landscape. We need to revisit the varied ways people receive and relate to health information, re-examine prevailing theories and models, explore how the environment and social networks impact health behavior, and ask how all of that informs health communication science and ultimately health communication approaches.

There is much to consider. What are the communication challenges and opportunities across populations impacted by HIV? What influences how people and individuals perceive health news and interventions? How can we motivate individuals to take up new HIV-related health behaviors? What are the best communications processes when new prevention and treatment technologies become available, such as long acting injectable PrEP and ART? What core principles apply to communicating effective HIV science?

Through research, we have developed effective HIV prevention and treatment tools, but too often they are not getting to the people and populations who need them. Health communication research is important in changing that. Workshops such as this one, and the ideas and research that result from them, will be key in leading the way forward for the most pressing HIV issues worldwide as well as for the broader challenges posed in public health and the increasingly interconnected world of the 21st century. I look forward to the presentations and outcomes of this workshop. Thank you for being here today and I now will hand this back to Dr. Lawhorn to introduce my colleague Dr. Dianne Rausch.

Dianne Rausch: The NIMH Division of AIDS Research behavioral science research portfolio supports a broad range of studies that underscore the importance of health communication research. Some of the field's earliest work in communication such as condom use, PMTCT, VMMC and other lifesaving HIV interventions helped build the evidence base on health messaging – and we knew then and know now, that a how a message is shaped and delivered can significantly impact HIV-related behaviors, attitudes and outcomes.

Our ongoing efforts demonstrate the power of health communication research at each stage of the HIV care continuum and the potential for meaningful impact in key populations. Just as we learned early on, we continue to embrace today that no matter how robust the science and how strong the data, health communication is a vital component of and research ecosystem – and it's especially critical for building pathways to improved HIV outcomes.

This new information ecosystem forces us to face greater challenges than ever before. But together. With the support of the NIH Office of AIDS Research, and the greater NIH Community – we are excited to partner with each of you on this journey – and look forward to today's discussion.

Panel 1. The Evolution of HIV Health Communication Research and its Impact on Key Populations

- Moderator – Dr. Collene Lawhorn, National Institute of Mental Health
  a. Dr. Shawnika Hull –Assistant Professor Rutgers University
  b. Dr. Tamara Taggart - Assistant Professor, George Washington University
  c. Dr. Sarah Bass – Associate Professor, Temple University

Collene Lawhorn: I would like to open things up by introducing Dr. Shawnika Hull from Rutgers University, Dr. Tamara Taggart from George Washington University, and **Dr. Sarah Bass** from Temple University, and I'll ask each of you to turn your cameras on if you haven't already. I'll ask our IAS colleague to help us with these slides but Dr. Hull if you could start us off by giving a couple of minutes of an overview of your interests and work in this space and then we'll move to Dr. Taggart and then to Dr. Bass.

Shawnika Hull: Good morning. Thank you Dr. Lawhorn and thank you for the invitation. I think this is a critically important conversation. Again, my name is **Shawnika Hull. I** am an assistant professor at Rutgers University, and my training is in communication straight through. I studied community health communication at the University of Pennsylvania as a graduate student and during my career I have been situated both in schools of communication schools of mass communication and schools of public health. I offer that background as a means to say that much of my commentary today thinking about the evolution of health communication is rooted in my understanding of the field proper health communication proper and how that is applied in the context of public health rather than sort of the other way around.

My research is focused heavily on communication processes and effects. My training was largely an individual behavior change and one of my mentors was Marty Fishbein, so I was very focused on individual level factors that shape intentions to enact behaviors. Early in my career through my community partnerships, I came to see that that perspective is important but limited because it really leaves out some very important factors that shape health for the communities that we serve, particularly in relation to HIV prevention. So, my work then shifted to focusing on trying to understand how we, through communication, can influence the community level factors that shape HIV risk. Early in my career, I was very focused on message design features how can we frame messages so that they are persuasive and so that they resonate and so that they result in changes in behavior. Early mid-career, I started focusing on community level factors, so I worked together with a community-based organization to develop a community-wide public health communication campaign that was a multimedia campaign called acceptance journeys, which was designed to shape stigma in the community and undermine the factors that the undermined stigma that that promotes HIV risk.

More recently, I've been thinking very closely with Ms. Pat Nalls, who's also in this conversation, about the ways that we can help women navigate the fact that the barriers that they face in relation to pre-exposure prophylaxis, in particular as they relate to partners and provider related barriers. Together, we are adapting the SISTA intervention, which used to be listed on the consortia of evidence-based interventions, and we're adapting it to update it to include PREP and to help women navigate these structural barriers that are presented by healthcare providers and social barriers that are introduced by partners. I really think about my work as communication centric, and I think about how we can use communication strategic communication as a tool to impact HIV risk and prevention outcomes at the

individual level but also within communities, and also to address structural factors that shape women's HIV risk and prevention.

Tamara Taggart: Thank you for the invitation. I'm Tamara Taggart, and I'm an assistant professor at George Washington University in Washington D.C. As we engage in this topic today, it's important that we learn from our past communication wins and missed opportunities. This slide shows images from a review my colleagues and I conducted last year where we used a by the decade approach to assess health communication about HIV over the last 40 years. The communication strategies depicted in the figure on the left is one from earlier decades and it's stigmatizing, it triggers fear, and it's very much risk focused – while the more current images and messaging on the right are depicting social support community and are less stigmatizing. Although this shift over the last 40 years is promising, we ultimately found that communication about HIV had not reached its full potential in part due to a lack of consideration of the complex social and structural drivers of HIV inequities for key populations.

To address this gap and have the type of impact we want and need to have on the HIV epidemic, health communication about HIV must incorporate health equity. When I say health equity, I'm talking about equitable distribution of resources and opportunities as well as equitable access to HIV testing and prevention and treatment technologies. So, this slide summarizes key strategies for including health equity. For example, when we are developing HIV health communications are we thinking about the context the neighborhood conditions and policies and laws that heighten vulnerability to HIV and are we prioritizing the voices of marginalized communities within these contexts? Are we advocating for and supporting their efforts to achieve equity? Are we using communication along with community engagement strategies to share stories and lived experiences? Or are we still prioritizing statistics that only highlight disparate rates? And finally, are we capitalizing on opportunities to remind communities of communication strategies that have been effective in improving health outcomes and tying those successes to the principles of health equity? So, as we continue today's discussion about advancing HIV communication and certainly reflect on our work in the space, let's do so with an intentionality around health equity and social change. Thank you again for allowing me to be here and participate in this workshop

Sarah Bass: Good morning everyone. I am Sarah Bass, and I am a faculty in the college of public health at Temple University in Philadelphia. I direct the Risk Communication Laboratory there, so like Dr. Hull, I came into public health communication with a communication bent, and our mission in my lab is really to try and advance public health decision making through the design and testing of effective communication messages by utilizing a lot of the same commercial marketing techniques that we use to get people to buy products. So, while this can be adapted to pretty much any public health decision, I have done a fair amount of work in HIV mostly in female populations related to either HIV prevention or medication adherence.

We've done pretty significant work with PREP in transgender women, and we're about to start a new project with Dr. Zamudio-Haas, who's also on this call, around using social media and trans women social media influencers as a credible tart credible person to provide PREP messaging. I've also done a lot of work with women who inject drugs and am working on a project right now on medication adherence in women who live in the south who have HIV. I will also be working on a project on women who are coming out of the jail system, who are also opioid users, to try and link them through electronic means to both medication assistant treatment and PREP.

Some of the things that I'm trying to do by using some of those commercial marketing techniques is trying to use segmentation and understanding of homogeneous groups or what we think of as homogeneous groups but making sure that we understand differences within those groups through psychographic differences and segmentation using a multi-dimensional scaling analysis called perceptual mapping and vector message modeling. This allows us to really look at potential differences in the way that audiences might be thinking about decision making.

This is a perceptual map that allows us to home in on specific message strategies that can be incorporated into interventions. The next thing then would be to do vector message modeling where you're looking at these potential differences and how those messages might be different to see if interventions need to integrate tailored messaging depending on the group that they're in or the segment. Then the last thing that I've been involved in is once we develop those things to use biophysiological measures, using things like eye tracking and pupil dilation and EKG skin conductance that kind of thing, to see how things might be responded to so that you know we can kind of understand from an audience perspective how things are resonating with people. I look forward to continuing to talk about this.

Collene Lawhorn: Thank you for those wonderful overviews. I have a few questions for our panelists. So, this panel is really about understanding where we've been in HIV health communication and how that's influenced where we are now, and where we might be going. Dr. Taggart you touched on this in your remarks related to some of the earlier campaigns and what might not have been some of our best choices - but given what we know now and where we're headed, we have a better idea of what we need to do. So maybe I could ask Dr. Hull to comment, and then Dr. Taggart to expand a little bit more, and then Dr. Bass. What do you think we've learned from some of the communication successes or failures in reaching and engaging key populations, especially as it relates to some of the earlier stages of the HIV pandemic? How does that influence your current research lens? Dr. Hull could you start us off?

Shawnika Hull: Sure, thank you. Actually, I was delighted to hear the other panelists thoughts because I'm probably going to touch on the same ideas in my answer to this question. I think one of the things that we've learned is that segmentation audience segmentation and community collaboration are critically important to responding to populations needs through communication, and when I say segmentation, I mean segmentation on the basis of variables other than race and gender and location because we know that psychographic variables, psychographic constructs really matter a lot and there's a lot of variation within key populations. So, identifying those subgroups within populations and working together with community partners to understand how to be responsive and how to develop messages that resonate, and how to develop programs that that meet the needs of those populations are critically important. I think we learned that through the early years of the research around ending the epidemic. When you send out these broad risk-based messages they're generally not very effective and that's because they're when you talk to everyone you essentially are talking to no one. I think another thing that I would like to put on the table, and I don't know whether it's the needs of the population that have changed so much as the acknowledgment by researchers and by institutions, that existing needs are not being addressed. Early in the epidemic, the focus was on raising awareness about HIV, and raising awareness about risk factors influencing individual behaviors. But even as many of those interventions were effective – inequities continue to grow. And as a result, I think over time we have seen an evolution in in the perspective that we, as researchers, take to addressing this problem insofar as we think more holistically. Now we take a more socioecological approach to understanding and impacting HIV risk. The last thing I want to put on the table is that I think one of the things that we've learned that we haven't articulated quite as well as we could be doing is that communication is a structure. It's a

structural factor as much as it is an individual level factor, so I can influence individual level attitudes perceptions through community strategic communication, but when we think about who gets what information and through what channels, that's a structural problem. That is in part why we have huge swaths of the population who could benefit from innovations like PrEP, who don't even know that it exists.

Tamara Taggart: Yes, and I agree with my colleague Dr. Hull fully and the points that she raised for us to consider. I would also add – remind ourselves of the power of communication. I think in these earlier campaigns and the earlier messaging around HIV, we just focused on "…we need to raise awareness…we need to make people afraid…we need to just give them the information…" We know that those types of strategies are ineffective and are discriminatory. So, I would argue that we also need to continue to understand and think about as we move forward how communication strategies can be used to change policies, how these communication strategies can be used to shift social norms, and shift them in a way that is more equitable, and shift them towards understanding communities and leveraging the voices of communities that are consistently kept away from our communications and from our discussions. I would lastly also like us to think of, as we consider how communication has shifted, to really also talk about how communication can facilitate social support and social connectedness – especially now more than ever. I think we are aware of what social isolation and lack of social connections can do. Now more than what we may have thought of previously is the urgent need to tie those types of communications to increasing social connectedness as well. I'll pause there, thanks.

Sarah Bass: I totally agree with everything that you just said. I think a really good real-world example of that is some of the work that I've been doing with women who inject drugs, who are often not a group that is targeted for HIV prevention because they have so many structural and economic issues that put them in a very tough box to communicate with around PrEP. I think you know the importance that we have seen over the years of the evolution of communication in HIV. We can't just raise awareness that we're going to have to deal with communities, we have to understand what those communities are going through what those potential structural issues are, and make sure that the communication fits within what they need at the time. We also need to understand that just having someone say "Yes, I'm interested in PrEP" is not going to be enough, because we have to deal with what they're dealing with on a daily basis. For a lot of these women, we found very high acceptability of PreP. They really were interested in it, and they wanted to protect themselves from HIV, but there were so many things on so many different levels, so interpersonally: if they had partners that they were worried were going to not like the fact that they were on PREP. and they were reliant on them financially or emotionally; it might also be that structurally they are housing insecure and so theft was a great problem on the street. You know here in Philadelphia, one of the things we would never have thought of is if you give them a container of PrEP – they can actually go to one of the small mom-and-pop pharmacies and sell it for a hundred dollars, because then the pharmacies are taking it, and getting kickbacks from insurance because they get more money. Those are the kinds of things we have to think through from a communication perspective but also an intervention perspective. What is going to work for this group in a way that that takes in all of those different things, and I think that's something that we've learned with health communication too – is they can't just exist in a vacuum.

Collene Lawhorn: Really thoughtful answers – thank you. I think we're going to be running close to time for our next panel, but I'd love to get in one more question, and leaving this open to any couple of panelists. We heard from our division director Dianne Rausch about some of the specific interventions where health communication research may have had a big impact. She mentioned VMMC, PMTCT and others. I'm wondering if our panelists can help us think about any of the findings, policies or practices

that may have occurred as a result of health communication research. And again, trying to reflect on what we've learned and where we can go.

Shawnika Hull: I have a few thoughts. And I don't want to misrepresent my work as shaping this particular policy, but I think some of my work speaks to a policy that I think might have potential for moving the needle. We did a replication of Sarah Calabrese's study where she randomly assigned medical students to receive vignettes about black gay men and white gay men. We replicated that using a vignette about a black woman or a white woman who was probably eligible for PrEP. In the vignette, we described her past experiences, and so on. We included practicing healthcare providers in our sample who were practicing in HIV hotspots, and one of the things that we showed was that healthcare providers who rated higher on a modern measure of racism were less inclined to write a script for the black patient relative to the white patient. As importantly, they were less inclined to even discuss PrEP with the black patient relative to the white patient. These kinds of findings are not surprising. There's a mountain of evidence that is underneath that line of thinking, and I think that studies like that, which document the ways in which inequities are created and perpetuated through the medical system structure and through medical providers, informed the new PrEP guidelines that recommend that providers speak with everyone who's sexually active about PrEP. It is widely known that providers are people, and people are biased, and people behave in biased ways that produce and reproduce inequities. It's that kind of evidence base I think that leads to policies, what I'm calling universal precautions though my clinical partner does not prefer that language. I think taking universal precautions around HIV prevention and talking to everyone is important, acknowledging that healthcare providers have biases and working to undermine them actively. Because at the end of the day, these biases may or may not be intentional, but the effects are real. So, I think that's one example of a policy that's informed by people like Lisa Cooper's work who document these inequities and how they're created in the clinical interaction through communication.

Tamara Taggart: I would just quickly add, and while this is not directly my work, colleagues and I conducted a review of policies and laws within LMICs related to age of consent and how that relates to PREP uptake specifically. What we did see is that as PREP demonstration projects were occurring in those spaces and communication about those demonstration projects, we start to see a shift in some of the policies or even some of the clinical guidelines around age of consent for HIV testing for age of consensual treatment. I think there's a space for us to continue to use communication as an advocacy tool and that could be one potential outcome from that work.

Collene Lawhorn: Thank you so much Dr. Taggart, Dr. Hull, and Dr. Bass. This was a fantastic discussion. Each of your perspectives was very enlightening and very much appreciated. I'm going to turn it over to my colleague Dr. Greg Greenwood to move us forward with Panel 2.

Panel 2. Effective Partnerships and Collaborations in HIV Health Communication Research on Key Populations

- Moderator – Dr. Gregory Greenwood, National Institute of Mental Health
  a. Ms. Narquis Barak – Director of the Prevention Department, Crescent Care
  b. Ms. Patricia Nalls – Founder and Executive Director of The Women's Collective
  c. Dr. Shawnika Hull – Community Research Partner to The Women's Collective
  d. Dr. Sophia Zamudio-Haas – Assistant Professor, UCSF

Gregory Greenwood: Great, thank you so much. That was really a terrific conversation, and we really appreciate hearing about the evolution of HIV communication science. Something we'll focus on now is understanding key populations in particular. We just heard the role of social structural factors like structural racism, and implicit biases are really critical to address. I'd like to invite, if you haven't already turned on your video, Ms. Narquis Barak, the Director of the Prevention Department at Crescent Care in New Orleans, Louisiana, and an MPI on their NIH-funded grant; Ms. Patricia Nalls is the Founder and Executive Director of The Women's Collective; and Ms. Nalls community partner who we just heard from; Shawnika Hull is an Assistant Professor in the School of Communication and Information at Rutgers University; and finally Dr. Sophia Zamudio-Haas, an Assistant Professor in the Division of Prevention Science, Department of Medicine at the University of California, San Francisco. Welcome to our panelists.

We'll start with a very brief presentation by each panelist, and I believe we have Ms. Barak going first.

Narquis Barak: Thank you so much for having me here and I'll put a URL in the chat (https://tcher.cc so if you would like to open that website, it will be a good reference for what I'm saying here. I'm the director of the Prevention Department at Crescent Care, which is a federally qualified health center in New Orleans. I oversee 12 large-scale prevention programs that involve health education outreach and communication. A big part of our work has been developing novel methods and forms of information dissemination to our priority populations, including transgender women, gay and bi men, and people that inject drugs. The campaign that I will be referring to today is Tcher, Take Charge, and that is the website (https://tcher.cc associated with the campaign. It aims to increase healthcare empowerment and PrEP uptake among trans women.

Community involvement has been central to its development. It's the result of 3 years of discussions with our community advisory board made up of transwomen, two years of qualitative ethnographic research in the trans community, and rigorous survey research, as well as a series of townhalls that we held with trans community members to help us interpret our research findings. Tcher, Take Charge, the name of the campaign itself, was born out of community input. Tcher is the colloquial shortening of the phrase (French *t'es cher* meaning dear or darling, a term of endearment.

It resonated with members because it connotes warmth, closeness, and tenderness, countering the sense of isolation from sanctuary and stigma that many in the community have felt in their lives. Take Charge refers to the goal of self-advocacy, in the context of a healthcare system that has historically been unkind and discriminatory towards trans women, especially black trans women. If you look at the website, it features trans residents of New Orleans. Their testimonials are woven into every section,

which is sort of the case study example of what Dr. Taggart was referring to of using testimonials and stories to communicate.

The website also addresses many aspects of trans experience that can form barriers to PrEP uptake and adherence. The website is the hub of a multi-faceted campaign, which includes a blog, meetup group, and video starring trans community members, which is based on a script that we developed with the community. Thank you for having me here, and I'm sure I'll be able to talk more after the questions or post thank you.

Gregory Greenwood: Great, thank you so much. Next, we'll hear from Ms. Nalls, representing a community academic partnership. Ms. Nalls.

Patricia Nalls: I'm not going to focus too much on this slide, but as you can see partners in and pretty much want to be with me too but I'm going to share a little bit of who I am. I am a woman living with HIV. I lost my husband and 3-year-old daughter and discovered that I was at death's door. I'm sharing that because with my own personal experience with research, folks picking our brains as we used to call it, is everyone wants information. Everyone wants to pick up the phone if they want to call you. But when you are in a place where you are food insecure, housing insecure, and domestic violence, mental health issues, run the gamut, but sometimes we feel like those folks don't even care about those issues.

They want what they want, and they want it now, and so that creates a lot of pain, mistrust , "stop asking me this question" It's not in a formalized way, it's not in a culturally appropriate way, it's just coming at you every which way, it's coming at you on the phone, phone calls, and this was before I became the executive director at the Women's Collective.

Hence, I started a support group and then formalized the HIV agency for women, especially women of color, and discovered folks calling and asking, "Hey can we get your group of people to do this... Can we come and talk to them about that… can we show up at your support group and get this information for research? Can we, can we, can we?" without even being compassionate, understanding the confidentiality around HIV… the shame, the stigma, the fear, the isolation that we're living in. We don't want anyone to know, and most of us didn't and still don't. But I think folks come to this HIV work as-- creating research, which we're told will benefit us, but without any compassion or understanding, or culturally appropriate way to do things within the community.

What that does is create a lot of mistrust. No one wants to participate in anything. When they come to me, and I say yes, researchers come in and ask questions and get the information. The community wants to know what happened. Did we get a response? What happened to all this information they took from us?

The other piece is they just want to come in and get the information. A lot of folks need food and a lot of things. There are no incentives to even help them with what they are living through or even to provide childcare, food… those types of things that are necessary for them to even come to the table and give you the information. So it's a lot of pressure on the organization to really be the one to have to try to come up with those things. So far for us, a lot of times partnerships with researchers have not always been successful.

I'll share one example of someone who was allowed to do individual interviews. We had one

lady who came back to listen and said she was so traumatized at eleven at night, she had to go out on the street and take a walk because this researcher who called and was doing the interview got some information that she did not want to really delve into that has nothing to do with the research she was gathering information for. So now she began to call this client at all hours of the night picking her brain asking her about things that she had disclosed about sexual behavior and about abortions. Now she's trying to get more information, clearly about something else. That person was so traumatized that we had to get them to a mental health proprietor immediately because we had no idea that this researcher was doing this and calling outside of the study and practically harassing her.

These are real things that happen in our community. They don't do culturally appropriate things. We don't do things culturally appropriate for our community, be sensitive and understand the issue around HIV and confidentiality and stigma and fear and all these things we are living with. We tend to just want what we want, and we just go around all about getting it, and not realizing maybe how traumatizing that is for the participant.

We've done several types of these things. Some are more successful, some aren't. So, we currently have Dr. Hull, who has done a couple of research projects together, and I will say – she didn't pay me to say this but they have been super successful because of a few things. One, Shawnika comes in and is very conscious of the community She understands the community. People like when someone who is getting the information, they like it when that person looks like them, and they get a lot more information - that does matter. They like that she hears them and asks questions. It's just how she does it. She will get back to them. She will call if they don't have the technology. We all think everyone has technology – a phone, a computer – that technology is just there for everyone. Well unfortunately, marginalized communities don't have those things. They have a phone, but they have to buy the data so they're not able to participate in a lot of things through computers, phones, and facetime, and all of these things because: one- they don't have the tools, two - they also do not understand it, so we have people who want to consistently do stuff like that.

Whereas with Shawnika, we have discovered she starts from the top. She meets with the executive director and the staff, and sends you the questionnaire even to say, "Hey what do you think about this? Do you want to add anything or take away anything?" We've never had a researcher and stuff do something like that. She asks, "Do you think these questions are appropriate? Do you think anybody will be offended by any of these or do you think for this one, we can maybe frame it another way, or no it's fine?" And she does not take it personally, which is another thing.

Lots of researchers do not do well with constructive criticism. It's their way, and it's just a tunnel vision, is what our experience has been at the Women's Collective. She starts with the top and staff, and we'll get the participants. She meets with them and engages and feels like a part of the community. It's been extremely helpful to have somebody who is able to come in and do that. And if they don't have the tools, she asks how we can make it work. "Can they come to your agency and do that now? Can we give them a private room? We would give them the laptop and have them just meet the researcher in a private room. So, they are able to participate with our tools from the agency. Again, these are the things that happen when you work together in partnership with a community-based organization.

Gregory Greenwood: This has been really terrific, and we've really appreciated everything you shared, and we're getting a little bit into some of the things we're going to discuss in our Q and A. So, if you don't mind we will move on to our next brief speaker. Thank you so much for sharing.

Sophia Zamudio-Haas: Hi all and thank you so much. Ms. Nalls, those were just excellent points to come in on. It really lays the foundation that whatever research we're doing, now currently in health communications, it's always going to be layered on top of what's come before. I just want to build on that sense of trust, and not only with products but also in processes. That's something that I also really value within my work. Today I'm just going to highlight two HIV-centered projects that are partnerships. The first one in particular is the result of a long-term community-academic partnership with Clinica de La Raza in Oakland, California.

A lot of the health communications work that I do is centered around really specific, culturally appropriate, linguistically tailored health communications with trans women. These slides highlight work with a clinic in Oakland, California. This is a project that serves transgender women and Spanish-speaking Latinas. This is our current promotional material. A couple of things I want to highlight here is that a lot of communication is not only verbal but really image-based, evoking a feeling, drawing on panel 1 around social cohesion, and sense of belonging, which are really critical comments from my colleague, Ms. Nalls.

So, in this image here we're drawing on qualitative research that shows the important aspects of the program to participants. This evolved from an HIV prevention project that co-located PrEP services and gender-affirming care, to the current iteration, which is focused on status-neutral approaches and is still melding HIV services with collocated gender-affirming care, particularly hormone therapy. In this photo, we have two people who work for the project and two people who attend together in front of a mural that is in the same neighborhood, a kind of known neighborhood mural, which highlights and evokes La Comunidad de La Raza with a Mexican eagle in the background as well. One thing I want to highlight is it the focus is really on fun, wellness, well-being, social cohesion, and it's only when you flip the card that we mention HIV.

The next project highlights a diversity supplement that I received to HIV-prevention PRISM R01 called Manas por Manas, or in Portuguese. It's actually adopted from Spanish which is interesting and what I want to highlight here is the importance of using the participant's own language to describe themselves and to describe themselves and the population of focus. Once more here we have an HIV prevention focused project that is named Sisters for Sisters. It really doesn't mention HIV at all but focuses on the interrelationships and support that comes from the Spanish description. That's what the description says: "Prevention and self-care between Transvesties and Trans women." This is highlighting the importance of using the participant's own language and framing, in this case, is to promote research studies which also offer clinical services. I do a lot of work in Spanish and Portuguese.

I'll go now and am happy to talk more about these projects. I also just want to say that I'm Mexican American, queer femme myself, and a lot of my work focuses on identities, cultural affiliations, and gender affiliations. I like to bring that up as well when I talk about my work, to highlight my orientation. Thank you.

Gregory Greenwood: Thank so much. So, we have just about 5 minutes and I really appreciate the personal experiences that the panelists brought to the discussion. I'm going to go to a "how" question, if you don't mind. I'm just going to ask each of the panelists to get your top three responses. The question is around *how.* "How have you engaged communities in a really meaningful way to inform your help communication research?" What are the tools or strategies? Let's go in order of the speakers.

Narquis Barak: I would say a community advisory board, and a regular Town Hall where we advertise to the whole community to come meet us at a church that allows a very large space where we can do PowerPoints and present videos. Then I would say for the third thing, which I think is really important, is making sure that our staff includes trans women. We make a real effort to reach out to trans organizations and to the community when we're hiring. My staff currently has a number of trans women on staff, and in order to do that, we have to recognize informal education. In New Orleans formal education is not something that should trump life experience and community experience. We really work with people in the community, helping them craft their resumes and making sure pay grades are not based on formal education.

Gregory Greenwood: Thank you, Ms. Barak. Ms. Nalls, what are the three things you would want community researchers to know when they are seeking community partners for their work?

Patricia Nalls: Using peers is the way that always wins, because they are best ones to spread the word and bring folks to the table. We also use a CAB to gather information to disseminate, or to even improve the quality of services. And again, it goes back to just understanding the community - and really doing the work there before the project starts.

Gregory Greenwood: The work starts in the relationship, getting to know them. Dr. Hull, would you like to add your top 3 since you've done a tremendous job in bringing your community partner?

Shawnika Hull: Thank you, I would be happy to. One of the things that is hard to describe is that I think that we as researchers need to activate and actively use our home training when we're trying to build relationships with Community Partners. Because that's what it is. It's a relationship and it requires cultivation and maintenance and to be cared for. So, my first would be that, home training. The second would be that we bring to the table our expertise and also some humility. We're partnering with our community partners because they have expertise, and we often find ourselves trampling on that expertise. But when we are humble about what we bring to the table and what they bring to the table, I think we can have a much more fruitful relationship. The third would be to engage very early. We, the work that Pat and I have done together, developed the research questions together. Everything else along the way was collaborative. And that's part of the reason that the relationship has been so fruitful because we're both brought in together as a team. How can I bring what I bring and you bring what you bring, and we move the needle together? What would that look like? I think that's been a very productive to find a way to support.

Sophia Zamudio- Haas: This is wonderful. So, I think I'll add three that they build on rather than duplicate what has already been raised by my colleagues here in and just speak specifically to message strategy that I found effective. For example, when you're talking about PrEP advertising as Dr. Bass mentioned that we've done together. Focus groups that literally use collage and have participants begin to design and make the kinds of images that they would want to see if they were in public transport, in BART, in a clinic's office. How would they know, what kind of image and what kinds of messages they would want to see? Really using art and creative ways of expressing and really fostering an environment where people can share the kinds of messages and images. In another study I worked on in Kenya, we used literally scripted with youth and made brief videos to share over social media. Generating, providing the resources, the tools, and a space for participants themselves to design the kind of messages and communications that they would want to see and then themselves during those with their peers and family.

Gregory Greenwood: I'd like to thank all 4 panelists. Ms. Nalls that was heartfelt to hear your story and I really appreciate that you shared that so openly. Dr. Hull, this amazing partnership that you have with Ms. Nalls. Ms. Barak, the tremendous work you're doing with transgender women in the South. Dr. Zamudio Haas, you know those excellent points about bringing the creative, emotional process into the work as a way to help engage on a personal level. And with that I'm going to thank our 4 panelists and turn it over to Panel 3, moderated by Dr. Paul Gaist. Senior Adviser to the Director of the NIH Office of AIDS research. So let me welcome Dr. Gaist and the three panelists. Thank you.

Panel 3. Innovations in HIV Health Communication Research Involving Key Populations

- Moderator – Dr. Paul Gaist, NIH Office of AIDS Research
  a. Dr. Keosha Bond – Assistant Medical Professor, City University of New York
  b. Dr. Chadwick Campbell – Assistant Professor, University of California San Diego
  c. Dr. Kumi Smith – Assistant Professor, University of Minnesota
  d. Dr. Victoria Frye – Medical Professor, City University of New York

Paul Gaist: Thank you so much, Greg, and thank you to the workshop organizers. This is the third and final panel for the workshop. Each of the panelists are going to give about three minutes or so of comments followed by discussion. And I'd like to begin by saying something that we all know by virtue of being part of this workshop, which is that there are a lot of immediate and long-term challenges and opportunities in today's HIV health communications landscape. Panel three's focus is on what approaches and innovations and health communications research are having the greatest impact in key HIV populations. To help frame this discussion I offer this thought. Today through research, we have PrEP and ART as key biomedical clinical approaches to HIV prevention and treatment. We even now have long-acting formulations. So, given our challenges and opportunities, what are the next steps in securing effective health communications PrEP and treatment formulations, to protect against and in response to HIV, and in general on public health, misinformation, and disinformation? Again, each of our four panelists will give about three minutes of remarks and then we will have further discussion. I would like to begin with Dr. Keosha T. Bond, and I turn the floor over to Dr. Bond for her comments.

Keosha T. Bond: Thank you, everyone. So today I'm going to speak to you about a study called the LOVE study, which stands for learning options to video education. The focus of this study was to develop an edutainment video to increase awareness and knowledge of PrEP among cisgender, Black women. There's a lot of information and a lot of research done on how to address barriers, but we're really not addressing how most of the education and communication about certain regiments are not available to key populations. And that was something that was noticed when PrEP came on the market and most of the education and the communication related to it was not geared towards the needs of cisgender women in general. And so, we developed this video to address some of these factors. We can continue to the next slide. The main question we should always ask is how can we reach women who are left out of the conversation? This is just an example of one of the slides from the animated video that was created. First, the study was three phases. We did exploratory focus groups, followed by the video development in evaluation focus groups. The exploratory focus groups are framed by Black feminist thought, as well as the barrier triadic influence. And for our video development, we use intervention mapping, to develop the content of the video. We really centered it around Black womanhood. We focus on how oppressed information was centered around the needs of cisgender Black women and their concerns. And by doing that, that meant that we had to acknowledge the lived experiences, as well as provide adequate information, medically adequate and accurate information related to PrEP. And so some of the themes that are just beyond the scope of PrEP that came out was the Homegirl Intervention, which is a term I got from Brittney Cooper, who is a renowned Black feminist and hip hop feminist. And it's really focused on the positive assets that communities have. So many times, when we talk about information regarding HIV strategy, prevention strategy, we always look at the deficits within communities instead of the assets that they have. One of the greatest assets that we have is our community within the Black community, especially the sisterhood among women. And so that's why we focus more on the friendship aspects in the video. We wanted to make sure that this video was sex

positive. Again, really turning the narrative from what we experienced early on in HIV prevention, which is usually scare tactics, and really focusing on how women can use HIV strategies as a way of self-care and for prevention. We also acknowledged reproductive health, which had not been addressed within most of the communication and materials related to PrEP. In our video we call it *Put Yourself First*, meaning and that's the significance of using HIV prevention as a form of self-care. Next slide.

We also tested the video acceptability. From the pre- to post- test, it showed that there was a significant increase in knowledge and in general, there was good reception among the participants who were part of the evaluation. A majority of the women recommended the video to other women, as well as considered taking PrEP for themselves, and also said that they will recommend prep to other women within their social network. It was definitely looked at as something that would increase awareness and aid in making decisions.

The reasons why many of the participants said that they would recommend a video was because they felt that it was educational, while also being entertaining. And they felt that they can relate to the characters, which is also very important. It was women-centered on needs that they were experiencing in their lives. These were young women who participated in a form of research. Some of them were parents, while others were not parents yet. They were also considering how would this affect them in the long term, when it comes to wanting to have children later on in their life, as well as the dynamics with their relationships. How should they manage that when usually, when we're talking about HIV prevention strategies, especially with cisgender women, we are characterizing their sexual vulnerability in the same way. So, I think it's very important for us to acknowledge the fact that vulnerability to HIV should really be defined in several ways. And that goes beyond the act of sex. We're really looking at needs should and take into consideration the context in which women are having sex. It is not the same story for everyone. Anyone who's sexually active should be spoken to about PrEP - but we know that doesn't happen. This is why it is important for us to increase communication, increase information about it so people can make sound decisions. And it's not to say that this is something that everyone would benefit from in their lives. But this is something that is essential for us to have awareness of. Thank you.

Paul Gaist: Thank you so much, Dr. Bond, and we'll have more time to also discuss this and the points that you made. We're going to move on to our next panelist, Dr. Chadwick Campbell.

Chadwick Campbell: Thank you for having me be a part of this. My name is Chadwick Campbell. I am quite literally in between appointments. My last day at UCSF was yesterday, and my first day as Assistant Professor in the School of Public Health at UC San Diego is Monday. My work is primarily focused on gay and bisexual men living with HIV, men of color primarily. And I want to follow the example set by Ms. Nalls and Dr. Zamudio-Haas. I am a black gay man who has been living with HIV for 22 years. I also think it's important, as Sofia said to acknowledge my positionality and how I approach my work and where I'm coming from in my work.

I didn't create a title slide, so I want to first acknowledge Drs. Parya Saberi, and Karine Dube, the PI and co-PI of the Youth4Cure study, which explores the knowledge, interest, facilitators and barriers of participation in HIV cure research among people 18 to 29 years old and living with HIV. We first conducted qualitative interviews, which were followed by a quantitative survey. And in that survey, we wanted to think about creative ways we can convey the complex information about HIV cure strategies in a way that people who were unfamiliar with them and not biologists could understand. And so, the Youth Advisory Panel, which we refer to as the YAP is made up of 10 young people living with HIV, who provide input and feedback to researchers who work with youth. In May 2020, we had a meeting, where

we had a discussion about how to convey that information about cure strategies. One of the members who is himself a graphic artist did comic strips and animations as a way to convey that information. Other members agreed, and we hired him and two of his colleagues to illustrate four HIV cure modalities. To the next slide, we identified four HIV cure modalities: latency reversing immune-based strategies, gene editing, and block and lock strategies. Through an iterative process, we worked with the animation lab at the University of Utah, and the three illustrators to simplify the scientific language and identify the most important pieces of each modality. We spend time making sure that we and the illustrators really understood each cure strategy and reviewed multiple versions of the illustrations paying really close attention to colors and characters and discussing the best metaphors to use to convey each piece of the process. Next slide, please. And I just want to quickly show the resulting illustrations. These are the illustrations that they developed. I'll put links in the chat as well (https://youth4cure.ucsf.edu/). The first two are for latency reversing agents and block and lock strategies. And then the second slide would have been in the MA strategies in gene editing. We did publish these in the January issue of AIDS Research and Human Retroviruses (https://pubmed.ncbi.nlm.nih.gov/35579937/). And they are also available on our website for you to see as well.

These are the two for latency reversing agents, and block and lock strategy. So obviously, you can't read those on this slide. Maybe some of you can. I don't know how big your screens are. But I just wanted you to see what they look like. And then if we can advance to the next slide. We tried to keep the characters that were supposed to be illustrating HIV and cells the same in each of the illustrations. But again, I just put the links in the chat for the publication and for our website, so you can all take a look at them there. Thank you.

Paul Gaist: Thank you very much. We are turning the floor over to Dr. Victoria Frye.

Victoria Frye: I'm going to be very, very fast because we're running out of time. This is about memes. And the idea is that we as a community of health communications researchers and HIV preventionists absolutely have to embrace Instagram, Tik Tok, the memes, the videos, the reels, all of it. And we have to use these in the level and the volume that our audiences are using them. We have to become fluent in this language, if we're not already. And so memes as interventions, is this something we should take seriously? Absolutely. It's the idea that it's a cultural element that is infectious that can be passed across networks, and it can quickly permeate large groups of people. Because it depends on these interconnected systems of cultural units. I highly recommend this excellent article by Dr. Williams, Black Memes Matter: #Living While Black with Becky and Karen in Social Media that was published recently. It gives you a really good overview of this work and what it relies on. It's consumed rapidly in high volume. And it relies on fast thinking, which is actually a good match for how we engage in a process of stigmatization and stereotyping, which is through automatic thoughts. And it actually can be a really effective way of potentially intervening there.

We have integrated if you could go on to the next slide memes into our intervention, which is a NIDA funded intervention, to increase uptake of HIV self-testing and testing among women who exchange sex for needed resources and use drugs in Kazakhstan. And so, this is a meme that resonated with this population. And we did some testing. And it's the idea of trying to increase uptake of cognitive restructuring. Through this juxtaposition that memes do, and where you have one thought, and then you correct it with another thought. So, we use principles of motivational interviewing and cognitive restructuring here. This is just one example. And we have many other memes that we've used, and that we tested with our audience. I'm going to actually end right there, because I was told like two to three

minutes, and I'm going to take that seriously. And I really want to leave time for everyone else in the discussion. But that's just a very small example of how we're using these new kinds of health communication strategies in a behavioral intervention to increase uptake of testing and prep among a vulnerable population. Thank you.

Paul Gaist: Thank you very much, Dr. Frye. Our last panelist comments are going to be from Dr. Kumi Smith.

Kumi Smith: Thank you for having me. I do just want to say my word of appreciation for the diversity of lived experiences that the panelists have brought. And had brought in a really meaningful way to the session, I think it really deepens the conversation, I will also just sort of focus in on I think, the one unique contribution I can make to this conversation, which is our team's focus on this framework that I'm showing you here. We employ a lot of the message that I think folks have highlighted before community engagement, ensuring that messages are tailored to what the community actually knows. And to really harnessing the tools of health communication, design science, and cognitive responses that can be studied through that. I myself am an epidemiologist. I'm also really focused on behavioral responses and seeing, who are we including in our studies, how are we measuring this?

How does this impact actually translate to meaningful, scalable models? That's the part that's new for our team, and maybe new for many folks on this call. I think this is the biggest final leap that we need to make if we're going to harness these innovative digital health communication tools for population level impact. And so that's the final corner of the era, which is, to me the pathway from the intervention to our ultimate big goal. It's the big, hard goal of population level response. I do think what I want to call our attention to the challenges I see there, which is that our tools have proven to be pretty effective. But we are often doing these studies in controlled settings. And we're showing our tools to people who we've basically recruited and asked and paid to watch our content. The real test is will these things make it into the wild. They are going to be competing with a huge number of highly entertaining, digital competition, essentially, the attention economy, if you will, it's a very competitive space. Dr. Bass mentioned earlier working together with commercial marketing experts. And that is something our team is really interested in doing., to see what we can do to not just create a crafted tool that's really effective in terms of being couched in theoretical frameworks and careful physiologic study. But that's also able to be disseminated and reach enough people for us to really try to make a difference with these tools. It's a struggle. I have more questions than answers, but it's something I wanted to lay out there for us to think about together. Thank you.

Paul Gaist: Thank you to all the panelists. I'm going to take a few minutes because that all was very great and ask, already in this workshop, there's been discussion about layering, and in listening to all the panelists about component and mosaic approaches and health communications. And so, because we're thinking about key populations, and whether that has to do with age, generational. What types of approaches that are innovative now, or next research steps to take to try to have maximum impact in our key populations? Does it need to be generational? Does it need to be socio-geologic? Does it need to be by zip code? How do we achieve impact? What do we have now, and what would your next research step be? I open the floor to the panelists - feel free to jump in.

Kumi Smith: I can just share the observation our team has made, which is that what is considered innovative today is old tomorrow. And how important it is for us to be able to keep maintain the perspective to distill out what is truly meaningful and lasting about what is innovative today. And for that, I think there needs to be a generational, and otherwise all kinds of diversity on the teams that work together so that we don't just throw out the old stuff, because it's old. And we sort of retain

what's actually new. If you look at health communication patterns, there's a lot of cyclical patterns to it. And I think we need to keep our eye on what things are actually pretty lasting and harness that together with what is sort of a flavor of the week, I think staying nimble will be really beneficial to us.

Paul Gaist: As we've learned in HIV behavioral interventions, there are some standing principles, but they have to be assessed. and tailored according to the context and the population, and the time that it's being presented. Other panelists>

Keosha T. Bond: Now, it's one second that. It's really important for us to understand how information is being looked at by population. I always say that as researchers, especially behavioral researchers, we tend to step away from understanding how marketing is done, and how this information is shared. It's important for us to have interdisciplinary, like groups and research teams to get a better hold of this. And also look at what what's attracting people, and that type of information. The different social media platforms that we have, they're not attracting the same group of people. And we need to acknowledge that. There are some mediums that are attracting younger people, and as researchers, if that's what our focus is, and that's what we need to learn to understand. We can't just be stuck in our own comfort zones constantly, just because this is something we did for five years. No, we need to expand and broaden our horizon. And that does include expanding our team, including younger people, including older people who can come together, and actually listening to the communities we're trying to reach. I think that's very important. Particularly a focus mostly on cisgender black women. That's who I'm going to talk to understand what kind of information and what kind of material that I need to develop. I don't generalize anything.

Paul Gaist: Thank you. And then the last minute that we have for the other two panelists, your final comments or thoughts?

Victoria Frye: To build on what Dr. Bond and Dr. Smith have said, I think we absolutely need to use the platforms people are using. And then we have to recognize that there's certain media there where people can be more agentic in the communication. So, memes are things that can be remixed like a mix, like, you know, when you remix a song, and that allows people to insert themselves into it. We need to potentially, you know, study that a little bit better and see what the impact is. I think Kumi, your point about what is the population impact is critical. We don't really have a good sense of that. But you know, who does is Meta and HBO Max and a Warner, you know, all the media companies, we need to work with them, we need to learn how they're doing it. And this psychographic segmentation is incredibly important. Segmentation is incredibly important, because it keeps us from targeting groups that then feel like they're being targeted and do not like that. Because folks want to be healthy to live, we don't live to be healthy. We need to center our work around why people live. Its culture, its pleasure. Not, we want to be healthy. I mean, we hate to hear that message. But that's actually true, health is instrumental. And so, reorienting ourselves around this is really critical.

Paul Gaist: Thank you so much. And Dr. Campbell, the last 20 seconds, you get the last word, and then I'm going to turn it over, back over to Dr. Lawhorn for closing remarks.

Chadwick Campbell: I just want to second everything my colleagues have said, I thought, I don't want to add too much there. But I just want to reemphasize the conversation that happened in the second panel. The most important and effective strategies are going to be the ones that community members

want. And so, we have to ask them, we have to involve them. And so, I think that's probably the most important thing that we all have to do – is to just ask people.

Collene Lawhorn: Thank you so much Dr. Gaist. What an outstanding 90 minutes. Packed with information, packed with learning.

Panel 1 conveyed where we came from – really capturing the earliest days of the epidemic with the phrase "…talking to everyone, but talking to no one…". While the problems have always been there, researchers are mow moving toward acknowledging the rampant social and structural communication inequities. As a research community we are beginning to acknowledge the true and full power of communication domestically and globally. Panel 2 really showed the power of community partnerships. Our community partners have acknowledged that everyone wants information, and this can be burdensome when done without humility and appreciation. There needs to be thoughtfulness about language, products, processes, culture, respect and trust when we partner with communities. Panel 3 – took us on an innovation journey – from comics, to memes and edutainment. Acknowledging that we should consider audience heterogeneity, and embrace intergenerationality, but also remember today's innovation may be old news to another generation. And ending on the reminder to listen to communities – as they are the critical threads which bind our work. It's been an honor and a pleasure to host today's panel. And this is just the beginning – we hope to continue to engage today's scholars and innovators in future discussions. On behalf of my colleagues at NIH – thank you for joining us and I hope you enjoy the rest of AIDS 2022!