

# COMMUNITY CO-CREATION:

## Engaging Traditional and Nontraditional Partners in a National Viral Suppression Campaign

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Office of the Assistant Secretary for Health

Ending the HIV Epidemic



### INTRODUCTION

Developing effective health communication interventions to address cultural and environmental barriers that perpetuate viral suppression outcome disparities in key communities warrants a whole-of-society approach. The U.S. Department of Health and Human Services (HHS), Office of Infectious Disease and HIV/AIDS Policy (OIDP) developed a community-informed national viral suppression campaign, “I am a Work of ART”, which features a diverse group of community members with HIV who share their experiences of getting into HIV care and on antiretroviral therapy (ART). Through their stories, the campaign encourages community members who are **not in regular care** to seek a provider through the HIV Testing and Care Services locator on [HIV.gov/ART](https://www.hiv.gov/ART) to seek care, remain in care, and achieve viral suppression.

“I am a Work of ART” was created as part of the federal *Ending the HIV Epidemic in the U.S.* (EHE) initiative and supports a key goal of the National HIV/AIDS Strategy—to reduce health inequities in priority populations disproportionately impacted by HIV to achieve viral suppression with ART. The campaign launched in June 2022 and supports approximately 14 EHE priority areas and federal agencies and national HIV-focused organizations across the country.



### METHODS & ACTIVITIES

OIDP applied a community co-creation process to develop and deliver the campaign. We worked with traditional and nontraditional community partners, including people with HIV and organizations that provide services to people with HIV, in eight priority EHE jurisdictions across the country, which serve as the campaign’s pilot cities – Atlanta, Baltimore, Cleveland, Dallas, Los Angeles, Miami, Tulsa, and Washington, DC.

#### COMMUNITY ENGAGEMENT:

- Through **scans and referrals** from federal and local HIV partners, we identified up to 9 traditional partners such as HIV service organizations, and nontraditional partners, such as food pantries and mental health/substance use disorder organizations, in each of the eight EHE priority areas/pilot cities. We held day-long implementation workshops with partners in the eight EHE priority jurisdictions/pilot cities.

#### TAILORED WORKSHOPS AND ESTABLISHING PARTNERSHIPS:

- Pre-workshop:** Community partners received key information about HIV and local data to frame the workshop.
- During the workshop:** This interactive learning environment provided partners with health communication fundamentals and facilitated community co-creation of campaign concepts and tailored local campaign plans.
- Post-workshop:** We conducted site visits with local agencies to deepen partner relationships and gather on-the-ground perspectives crucial to designing a community-informed campaign.

#### TECHNICAL ASSISTANCE (TA) AND EVALUATION:

- Monthly TA calls:** We facilitated monthly meetings with pilot cities to ensure meaningful long-term community engagement and create sustainable value by increasing partners’ organizational capacity for campaign planning and implementation, as well as learning from them as shared leaders in this work. During TA calls community partners refined their local campaign plans to include selecting priority audiences and champion partners and developing local strategies and tactics.
- Evaluation:** We collected information after the workshops and TA calls about progress and adaptations made to campaign plans, identified barriers, facilitators, TA needs, successes, and recommendations.

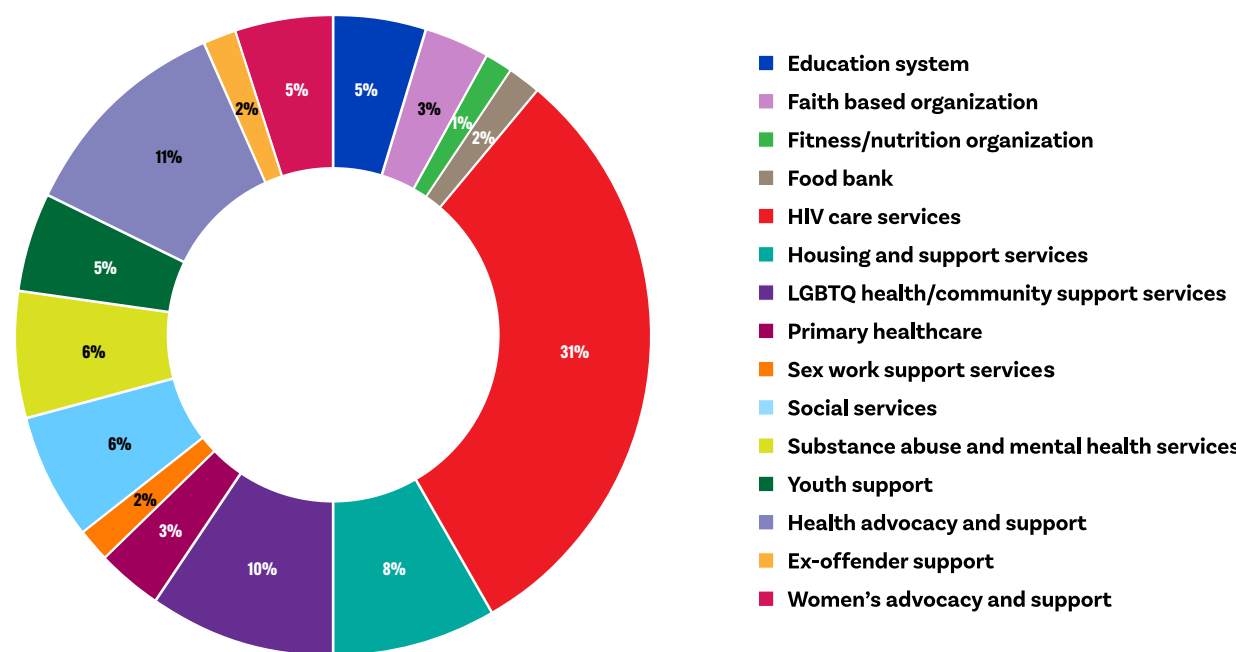
### RESULTS

The community co-creation process works to increase health equity in HIV treatment and care campaigns:

#### COLLABORATIVE PARTNERSHIPS:

- Worked with 62 traditional and nontraditional partners to foster local and national connections.
- Eight champion partners leading community-level efforts to use diverse local resources, foster community organizing, and guide social planning.

#### Types of Community Partners



#### HYBRID WORKSHOPS WITH BIDIRECTIONAL LEARNING:

- Tailored campaign plans identifying unique local needs, audiences, strategies, and tactics across key priority areas.
- Local campaigns featuring key audience community members to increase the relevance of materials.
- Expanded campaign dissemination tactics to reach key audiences, such as people experiencing homelessness or sex workers. This includes the creation of discreet print materials to enhance digital tactics and QR codes which reemerged as popular during the COVID-19 pandemic.

Figure 1: Direct quotes from community partners who attended the workshops.



#### PROMOTING HEALTH EQUITY AND SUSTAINABILITY THROUGH CO-CREATION:

- Local perspectives and insights ensured the inclusion of diverse key community members and audiences in the campaign, including local individuals who are Black, Latinx, LGBTQI, and live in indigenous and rural communities to increase representation and impact communities most affected by HIV.
- Developed and delivered a range of campaign assets, including customizable materials like flyers, business cards, and rack cards to fit local needs. (See Figure 2 for examples.)
- Supported capacity building around health communication among healthcare and service providers serving key audiences.

### I AM A WORK OF ART

### LESSONS LEARNED

Through co-creation, the “I am a Work of ART” campaign highlights the importance of meaningful community engagement in every initiative, regardless of size.

- Co-creation with diverse community partners** yields approaches that better reflect local audiences and form new partnerships that can serve as solid foundations for planned initiatives.
- Providing TA to enhance partners’ capacity** for planning, implementing, and evaluating campaigns can support program and organizational sustainability.
- Bringing traditional and non-traditional partners to the table** strengthens collaboration between existing organizations and allows the use of local resources.

### CHALLENGES/LIMITATIONS

Accommodating all federal and community partners’ voices and engaging under-resourced community partners with other priorities.

Figure 2: Thumbnail images of informational and discreet rack cards.



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