

Messaging Transmission

A Qualitative Analysis of Factors in the Uptake of U=U in Canadian Public Health Messaging

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Disclosure

- I have no conflicts of interest to disclose.

Background

- A scientific consensus has emerged that an HIV-positive person with an undetectable viral load does not transmit the virus sexually, commonly known as “undetectable equals untransmittable” (U=U).
- However, the uptake of this science in Canadian public health messaging has been inconsistent.
- This study identified factors that may facilitate or delay knowledge transfer and exchange for public health messaging.

Methods

- Public endorsements and communications of the U=U message by 61 Canadian HIV and public health organizations from 2016 to July 2019 were compiled and analyzed. Organizations were grouped into discrete categories: national HIV organizations, local and regional HIV organizations by region, and public health authorities. U=U adoption within each category was charted over time.
- Following the innovation diffusion nomenclature formalized by Rogers (2003), organizations were classified by the relative time of adoption within their respective categories: innovators (the first 2.5% to adopt an innovation), early adopters (the following 13.5%), early majority (the next 34%), late majority (the next 34%) and laggard organizations (the final 16%).
- Qualitative one-on-one interviews were held with nine participants from organizations purposively sampled across multiple time periods of adoption. Interview transcripts were analyzed using framework analysis.

Results: Documentary analysis

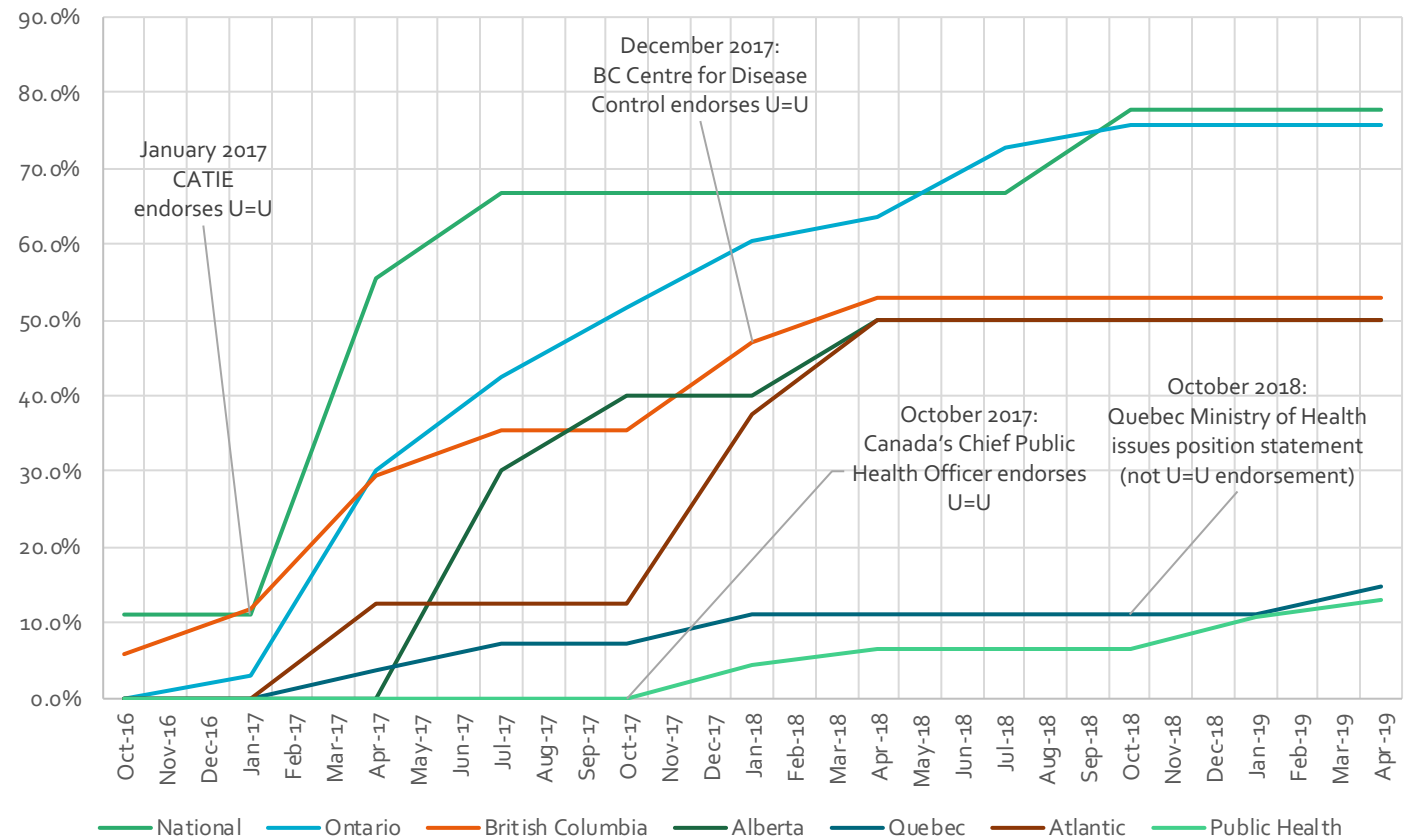
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Patterns of U=U adoption varied with region and type of organization, with national HIV organizations being the first category of organizations to reach 50% adoption, followed by local and regional HIV organizations in Ontario.

Public health authorities were later to adopt than HIV organizations.



Results: Qualitative interviews

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A number of key themes relevant to institutional uptake of U=U emerged in qualitative interviews:

Perceived relevance: Organizations that adopted U=U earlier perceived the message as relevant to their target audiences; organizations that adopted later perceived the message as less relevant to their audiences or requiring more adaptation

- *"It's what it means for HIV-positive gay guys. And I was like, oh I get that, I can connect to that."* (Executive Director, early majority organization)
- *"We [...] decided to hold off until we can determine how we need to develop messages for people in our community, given their kind of local cultural context."* (Executive Director, laggard organization)

Congruence with values: Organizations that adopted U=U earlier perceived the message as congruent with their pre-existing values and beliefs; organizations that adopted later perceived the message as conflicting with pre-existing values and beliefs

- *"It was a good match with [our] mandate. It was good news for [people living with HIV]."* (Member, innovator organization)
- *"It was a little bit confusing because the message was very different than what we've had historically."* (Executive Director, late majority organization)

Institutional agility: Organizations that adopted earlier reported challenges navigating bureaucratic decision-making processes and consultations; organizations that adopted later reported challenges with time and resources

- *"Just general large organization bureaucratic slowness, frankly."* (Manager, early adopter organization)
- *"It wasn't a philosophical thing. It was a staffing thing. We didn't have a position on it because we were working on PrEP and other things on the prevention side."* (Executive Director, late majority organization)

Results: Qualitative interviews

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Risk tolerance: Respondents with organizations that adopted U=U earlier reported greater institutional comfort with risk-taking and innovation than respondents with organizations that adopted U=U later

- *"There was just that leap of faith I think that people had to make."* (Member, innovator organization)
- *"I think there were some risks, but I think we're satisfied that they're not significant."* (Manager, early adopter organization)
- *"If we haven't been communicating it, we've definitely known that knowledge, and there was maybe hesitancy to communicate it."* (Executive Director, late majority organization)
- *"We're highly conservative in our messaging and in our approaches. I'm not sure why we're so conservative, but I think the reality is that we are."* (Executive Director, laggard organization)

Influencers: Funders, policy-makers and thought leaders were variously perceived as barriers, inspirations or influencers, depending on the time of the organization's adoption

- *"Everybody took their cue from [government funder]. They still do. So that was hugely important. Otherwise, you know, we'd have had far less trouble than we did."* (Member, innovator organization)
- *"What they did to New York State. It was a big factor for us as well. Because they were, you know, a bigger jurisdiction. And, you know, they had formally said U=U."* (Manager, early adopter organization)
- *"If CATIE had not had that statement, I don't know that my board would have endorsed it."* (Executive Director, early majority organization)
- *"A lot of the public messaging is created by somebody else and we buy into it."* (Executive Director, late majority organization)

Conclusions

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Recommendations for researchers and knowledge brokers

- Tailor research evidence to various local and cultural contexts, and clarify its relevance to specific communities
- Make the practical implications of new research findings clear to public health practitioners, particularly the benefits to their clients and the communities they serve
- Host interactive educational meetings to communicate the findings of research and answer questions about its applicability
- Communicate new research findings through the existing value frames of HIV and public health organizations
- Translate research into messages that are ready to be used in public health messaging without re-interpretation
- Focus knowledge transfer efforts on public health practitioners known to embrace research before their peers (innovators and early adopters); others will follow organically through influence and pressure from thought leaders and funders

Recommendations for public health practitioners

- Dedicate a portion of staff time and financial resources to unplanned projects in order to ensure “organizational slack” for innovation
- Decentralize decision-making processes for adopting new research; consult widely within and outside the organization and share findings internally to build consensus
- Nurture “champions” within the organization who facilitate innovation and are permitted to stray from organizational norms
- Encourage and support staff to participate in interactive learning exercises, including webinars and workshops
- Facilitate networking and regular contact between staff, researchers and peers in the field, to encourage the exchange of new ideas and to reduce mistrust and skepticism of scientific research and researchers

Acknowledgements: Prof. Mustafa Al-Haboubi (LSHTM); Bruce Richman, Cameron Kinker and Bob Leahy (Prevention Access Campaign) for access to documents.

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