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messaging architecture

FRAMING AFC'S RESPONSE TO COVID-19

What is messaging?

Messaging is a simple set of key points that describe a topic in the context of an organization's goals. Messaging helps an organization create a unified perspective on a topic aimed at a particular audience.

What is messaging architecture?

Messaging alone isn't the solution to creating authentic delivery of information to a target audience. The person delivering the key points to their audience builds off of the messaging architecture to make it authentic, specific and relatable to their audience.

Think of it this way: Messaging architecture is merely the foundation and beams of a house you're building to convey ideas; the person delivering the message adds doors, walls, shingles and nails to make a message a home.

Connecting with communities about COVID-19

Below you will find a few key points that are meant to establish a tone about AFC's work in responding to the new coronavirus (COVID-19), followed by some topic-specific details that you are encouraged to use when speaking to your audiences.

Those audiences include clients, staff, special events participants, community partners, media, funders and donors, advocates, and friends and family.

The recommended formula:

PART A - Heart ♥

Key points: (choose 1-3 key points)

- AIDS Foundation Chicago's top priority is helping to ensure the health and safety of our staff, everyone we serve, and all our partners.

- We're committed to staying in close communication with all members of our community, so that we can provide help and assistance where needed and learn from your experiences.

- Any decision that AFC makes will take into account the latest science related to COVID-19, and pay close attention to the recommendations of public health experts.

- We will do our best to be transparent, and will tell you when we don't have the answers to things. We are all learning together, so our answers may change over time based on new understandings of COVID-19.

- We are here with you to help us fight through this tough time together!

PART B- Topic

Choose 1 or more topics from the following "buckets"
Case management:

- We have transformed our services to make sure connections between case managers and clients are stable and strong, even as we socially

distance. Case managers are frequently reaching out to clients to make sure they are safe and have what they need to remain healthy.

- We are making access points as widely available as possible for things like food, housing, etc.

Housing:

- It is critical that everyone has access to a home in these difficult times, where we must isolate to keep ourselves and one another healthy.
- Our team is attending to clients' needs on many levels—from emotional and psychological to other basic necessities of living. We are a lifeline for many who are highly vulnerable.

Community partnerships:

- Share what resources we know of/offer including preparedness and return-to-work guidelines, client and staff safety guidelines.
- Share with community partnerships resources and guidance on preparedness, return to work and safety procedures
- Updates on funding opportunities and resources related to COVID-19, HIV and client resources for needed supplies
- Share resources and advocacy responses regarding small businesses and how we can assist agencies in sustainability, returning to work and supporting their staff and clients.
- Share scientific and medical updates on COVID-19 in a timely way, including progress on vaccine and treatment research and development plus increased understanding of how COVID-19 presents, who is most impacted, etc.

Special events:

- We are closely monitoring social distancing updates from city and state officials regarding events. We are developing several meaningful and

engaging contingency plans should we need to reimagine event day activities.

- Fundraising events are fundraising first. We are working on messaging specifically related to event fundraising impact; not only for AFC but also for our 30+ partner agencies.
- Our event priorities are to raise critical funds to support individuals living with and vulnerable to HIV or chronic conditions.

Getting to Zero Illinois

- In the shadow of COVID-19, work to end new HIV cases and provide effective support to those living with HIV and AIDS must continue – perhaps with even more urgency – so we can improve the systems of care that support those affected by COVID-19, HIV and other chronic conditions.
- It's more important than ever before that we fulfill the commitment made to the HIV community to build an equitable housing and health care infrastructure that will strengthen our state and country while ending the HIV epidemic once and for all.

Policy and Advocacy

- AFC has been at the leading edge of fighting for the health and wellbeing of those most impacted by COVID-19: Black and Latino/Latinx Illinoisans.
- We have rallied our base of advocates to virtually connect with their legislators to demand increases in HIV funding and COVID-19 support for Black and Latino/Latinx Illinoisans. We have also advocated for increasing coverage for Lifeline members (a free phone service for people in the U.S. who qualify for public services like SNAP and Medicaid).

- AFC has amplified voices of its staff and community by speaking out about racial disparities in COVID-19 cases on social media and in earned media opportunities.

PART C - Story or Stat

Choose 1 story or statement OR 1-2 stats
Use stories that illustrate the kind of help AFC and CHH provide. Convey that we are in this together, future is uncertain, but there is hope. Acknowledge there are gaps and limits in meeting needs.

Client story:

- *Story example 1*: A client who has been in Ryan White program for several years called the HIV Resource Hub in April inquiring about assistance. A family member passed away due to COVID. Our client did not have enough money for both funeral expenses and her monthly rent. We were able to support her rent payment so she could pay for the funeral. (Note if using this story, point out folks are making difficult choices in these times and we are being creative to help them find solutions. Note resources have limits—we cannot help pay for funeral expenses)
- *Story example 2:* A person newly diagnosed with HIV lived with family members who have COVID-19. He had to abruptly leave his home and the only place he could go was a nearby motel. AFC made sure he was connected to a case manager to address his health needs, made sure his motel room was covered while his family recovered, and ensured he could get food and necessary supplies.
- *Story example 3:* We have made sure healthy and nutritious meals are delivered to clients' homes. This provides clients and their families wider variety than what they may find at their neighborhood store and allows

GTZ-IL MESSAGING ARCHITECTURE

Our Audiences

Who is most important to connect with about GTZ-IL?

Primary:
- Illinoisans living with HIV and AIDS (both virally suppressed and not)
- Illinoisans on PrEP or who could benefit from PrEP
- Illinoisans in the health care workforce (public health, academia, HIV/AIDS)

Secondary:
- People representing organizations that intersect with GTZ-IL
- Illinoisans outside the HIV/AIDS realm

What will excite them about GTZ-IL?

- A "new era" for HIV and AIDS care and prevention
  - New HIV regimens that are more tolerable (including STRs)
  - An end to the "inevitability of HIV"
  - PrEP, PEP and U=U
  - HIV and AIDS used to represent death. Today, HIV/AIDS is about life; about living. Our plan supports those who are living with HIV and AIDS so they can thrive.
- A holistic approach to embracing Illinoisans living with or affected by HIV/AIDS: "How else can we help you live your best life?"
- Being able to see yourself in this plan -- you made GTZ-IL!
- Health care/HIV/AIDS workforce: This plan will help you be better and more efficient at your job. Recommended changes came from your peers.

GTZ-IL MESSAGING ARCHITECTURE

Messaging architecture: overview

What's messaging architecture?
It's a structured hierarchy of **communications goals** that reflects a common set of **ideas and terms** and an overall **tone**. It's the **subtext**, not the words themselves.

What is the hierarchy?
WHY: Our Clarity. The reason GTZ-IL exists. An emotionally resonant explanation for the vision of GTZ-IL
HOW: Our Discipline. The reason GTZ-IL will succeed What will make GTZ-IL work? What distinguishes it from any other plan?
WHAT: Our Consistency. The way GTZ-IL operates The pieces of GTZ-IL that contribute to its mission (domains, goals, strategies)

How do I use this messaging architecture?
1. **Start with WHY.** **WHY** is an emotionally compelling explanations for GTZ-IL's existence. What makes you *feel* that GTZ-IL must exist and succeed? What will start a conversation and connection with your audience about GTZ-IL? **Your WHY should be the same for all audiences, because it's a reflection of you and why GTZ-IL is important to you.**
2. **Continue with HOW.** **HOW** is the unique way that GTZ-IL is going to end new HIV transmissions. It is compelling, unique, innovative. it helps your audience believe that *this* is the plan for ending new HIV transmissions. **Your HOW can be customized for your audience, depending on your/their interests.**
3. **End with WHAT (or WHATs)** **WHAT** is one or more details about the plan that are going to contribute to its success. What pieces are most interesting to you about GTZ-IL's domains and key strategies? What might be most relevant to your audience? **Your WHAT can be singular or plural, depending on time, your audience's interest, and your own favorite details.**

GTZ-IL MESSAGING ARCHITECTURE

Can you provide an example?
Audience: 30 people living with HIV and AIDS at a town hall meeting in Springfield "Thanks for inviting me here today to talk about Getting to Zero Illinois. This plan will build hope and end new HIV transmissions by 2030, so that all Illinoisans can thrive. Getting to Zero Illinois will succeed because it was built by people like you: people across the state who came together to provide ideas and feedback based on their own experiences. There are a lot of great and innovative parts of the plan, but i want to highlight two that I think will really resonate with you: First, we're going to grow the number of locations where people can receive HIV care across Illinois. Second, we're going to put practices into place that hold providers accountable to the communities they serve. What questions do you have about Getting to Zero Illinois?"
Audience: a Ryan White case manager you bumped into on the Green Line "Have you heard about Getting to Zero Illinois? It's a plan that will build hope and end new HIV transmissions by 2030, so that all Illinoisans can thrive. This plan is a different way of building access to all kinds of care -- not just HIV care -- for people across the state. It's focusing on shared goals, shared best practices, and an understanding of what it takes to help everyone thrive. I think you'll like this: it's going to build HIV/AIDS and health care systems for the long term, with sustainable planning and funding. What do you think?"

> They key is practicing. The more comfortable you are with some **WHAT**s, a **HOW** or two and a resonating **WHY**, the better you will be able to engage with folks about GTZ-IL -- and, perhaps most importantly, hear what they have to say about it.

Credit for messaging architecture tenets: Simon Sinek

[Notes from Nov. 27, 2018 messaging brainstorm call](#)

GTZ-IL MESSAGING ARCHITECTURE

GTZ-IL messaging architecture

WHY
Getting to Zero Illinois will build hope and end new HIV transmissions by 2030, so that all Illinoisans can thrive.

HOW
This plan will succeed because it was built by people like you: Illinoisans across the state who came together to provide ideas and feedback based on their own experiences.
This plan is a different way of building access to care for people across the state through shared goals, shared best practices, and an understanding of what it takes to help everyone thrive.
GTZ-IL builds a parallel pathway for prevention and care — extending strengths from the HIV workforce to benefit people not living with HIV.
GTZ-IL makes better use of data to ensure collaborations between medical professionals happen around data that inform (and improve) care.

WHAT: GENERAL
- Increase rapid start for HIV treatment and PrEP so people can access medications immediately, if they choose   - Grow the number of locations where people can receive HIV care across Illinois   - Ensure access to and ease of use of health insurance for people living with and vulnerable to HIV/AIDS   - Build HIV/AIDS and health care systems for the long term, with sustainable planning and funding

WHAT: HEALTH EQUITY
- Addressing barriers to health care access in communities across Illinois. Strengthen access to information about health care in English and Spanish   - Hold providers accountable to the communities they serve   - Shift resources to address communities' historic lack of access to resources

GTZ-IL MESSAGING ARCHITECTURE

WHAT: UNDOING RACIST SYSTEMS

- **Eliminate policies and practices that compromise the wellbeing of communities of color**
- **Reframe and dismantle systems that perpetuate white privilege**

WHAT: HEALTH CARE

- **Build a statewide, paid community advisory board to cast the vision for statewide and community-specific marketing campaigns**
  - **ensure that the advisory is a representative sample of the priority populations according the impact of rates of transmission**

WHAT: EFFICIENCY ACROSS SYSTEMS

- **Ensure that cross-system strategies, between public health service organizations and workforce opportunity investment act funded programs/localized sector centers, are developed to meet the need of job readiness and placement for service recipients**

WHAT: WORKFORCE SUPPORT

- **Ensure that equitable, community health worker development programs are designed to provide and maintain a trained/skilled workforce**
- **Supporting a workforce of people living with HIV and AIDS**
- **Giving health care providers the information they need in order to start conversations about about HIV prevention, including PrEP and U=U, in ways that are non-stigmatizing and supportive.**

WHAT: DATA INNOVATION

- **Providers will have better access to surveillance data maintained by CDPH and IDPH so they know if their clients are in care or out of care.**