

POSITIVE WOMEN'S NETWORK
USA

2016 COMMUNICATIONS TRAINING #1

OUR STORY, OUR MESSAGE

Defining Your Personal Narrative &
Framing Your Message





CHRISTINA CARTA

- 20-year HIV survivor
- Mother of 3
- Dreamed of being a nurse or teacher; HIV changed her life, but she has used that experience to educate and give hope and strength to others.
- Frequent guest speaker on HIV; blogger for The Well Project
- Has published 2 books



NANCY ASHA MOLOCK

- Retired schoolteacher from Philadelphia
- Positive Women's Network-USA Philly's SCAT rep
- Board member of City of Philadelphia District #9 Health Center
- Member of the Consumers Advisory Board and Quality Improvement Committee at Bebashi Transition to Hope in Philadelphia
- Published her book *Gaining Strength from Weakness*; will release her second book, *The Underground Woman: From Prisoner To Freedom* in the fall of 2016



JENNIE SMITH-CAMEJO

- Communications Director for Positive Women's Network – USA.
- Worked in communications, especially around organizing and politics, in labor
- Former educator and member spokesperson for teachers' union on education policy issues



Presenters

Objectives:

- Learn best practices for **using your personal story** to convey a message
- Learn how to consider audiences when preparing to share your story publicly: **target audiences + any incidental audiences**
- Learn best practices for using your narrative when **reaching out to policy-makers** around your issues
- Learn best practices for using **facts & statistics** strategically to add **value & reliability** to your story
- Consider **anonymity vs. disclosure**: validity of both, reasons to consider one or the other
- Learn various ways to **disseminate your story**: blogs, social media, op-eds, video, etc.



Overview:

PART 1: CHRISTINA CARTA

1. The story I share: How I acquired HIV and how it changed my life
 2. Why I share my story
 3. What to expect when sharing your story
 4. Where and how I share my story



Overview:

PART 2: NANCY ASHA MOLOCK



1. The story I share: How I acquired HIV and challenges I have faced
2. Why I started sharing my story
3. The personal is political
4. Anonymity vs. disclosure



Overview:

PART 3: JENNIE SMITH-CAMEJO

1. Preparing for your interview/speaking engagement/project
2. What's the message? Targeting and tailoring your message for various audiences
3. Weaving your talking points and your narrative together
4. Closing

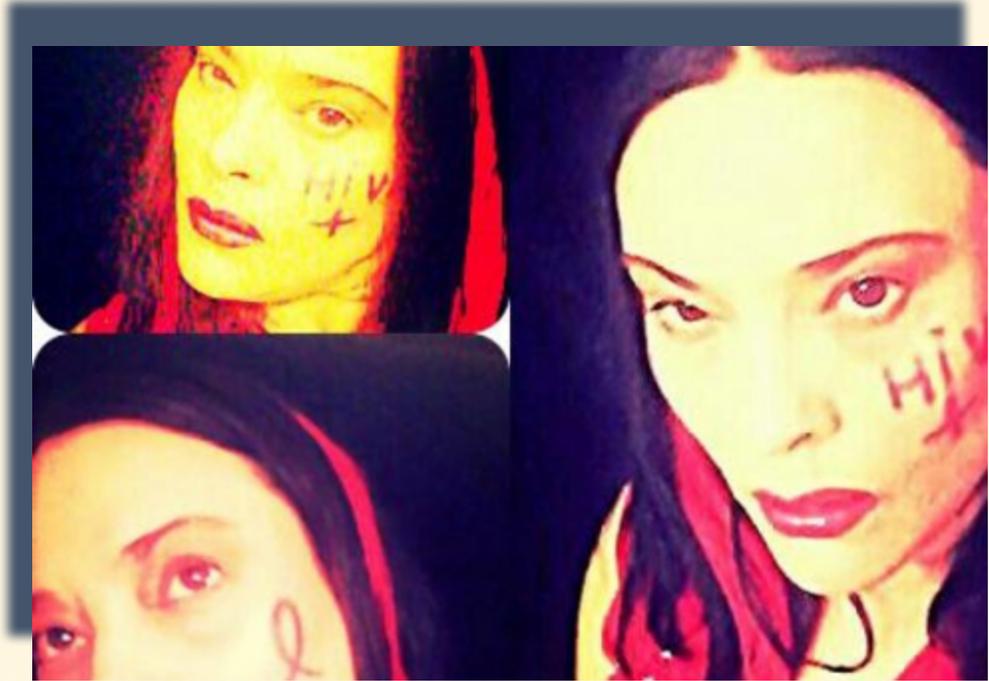


Polling Question #1:

Have you ever publicly shared your story to educate, fight stigma and/or advocate for a policy?



PART 1 - Christina



The Story I Share:

How I Acquired HIV and How It Changed My Life



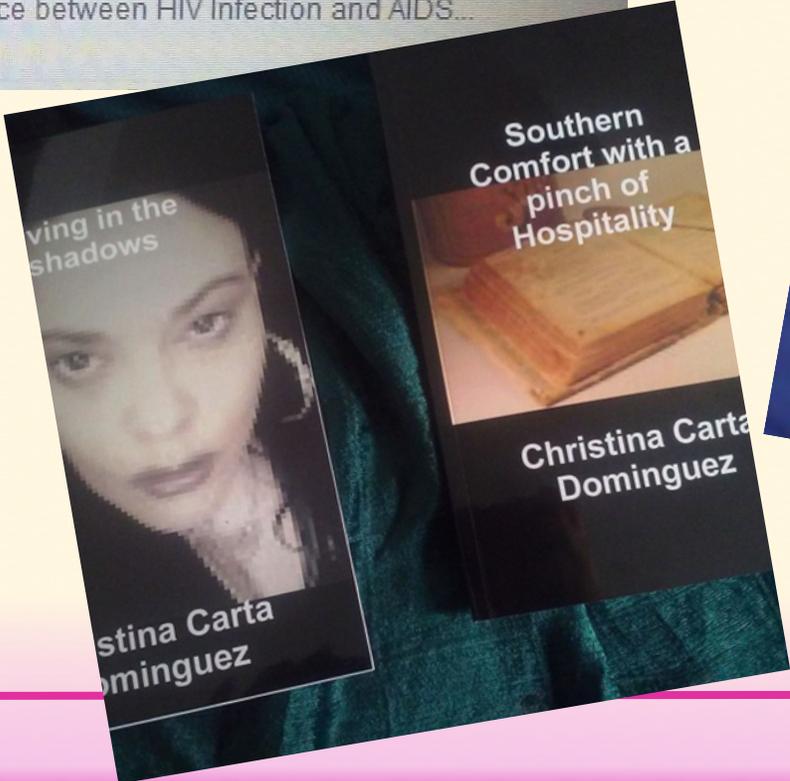
Why I Share My Story



christina Carta
Blogger, Writer, Model at The Well Project, Fastpencil, Model Management
United States · Writing and Editing

Current: Motivational Speaker, Blogger, Health Educator, Model, Author at The Well Project, Fastpencil, and Model Management, Blogger, Writer, Model at...

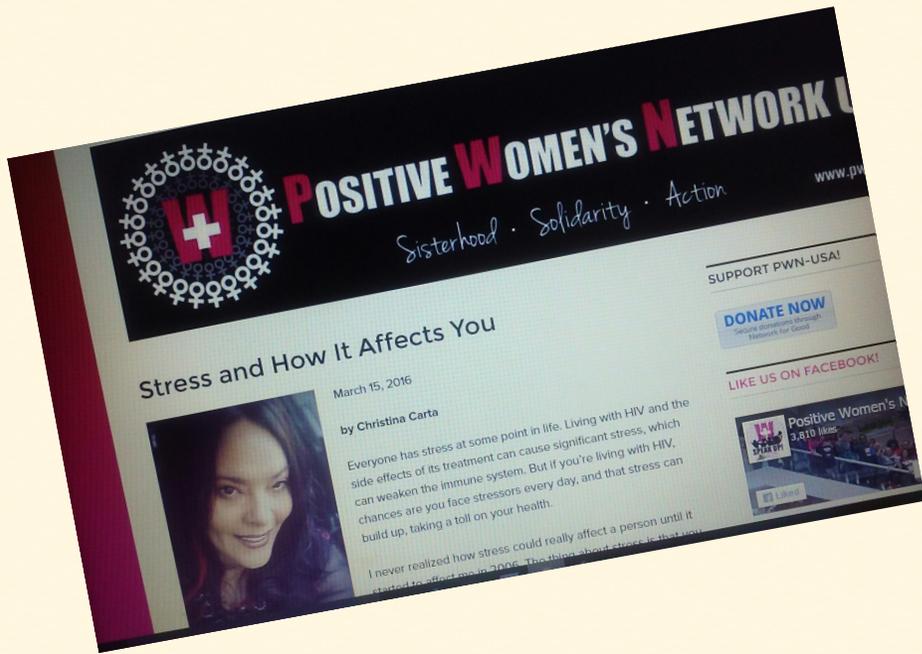
Summary: My Goals- are to inspire, inform and educate my audience. Objectives- Do and understand the difference between HIV Infection and AIDS...



What to Expect When You Share Your Story



Where and How I Share My Story



Q & A for Christina



Polling Question #2:

What would be your #1 reason for sharing your story publicly?



PART 2 - Asha

The Story I Share:

How I Acquired HIV and the Challenges I've Faced



The Personal Is Political

There are lots of different ways to share your story and get your message out to those who need to hear it.



Saving Ourselves

By Nancy Asha Molock

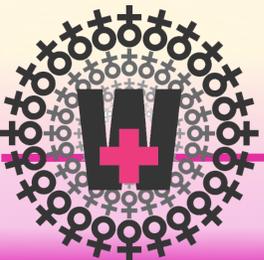
October 23, 2015, marks the second National Day of Action To End Violence Against Women Living with HIV. This event was spearheaded by the Positive Women's Network-USA during Domestic Violence Month to bring awareness to the violence and trauma experienced by women living with HIV. This campaign is imperative because we are in a fight to save our lives. If we don't advocate for ourselves, who will?

Violence and trauma against women and girls is a violation of basic human rights at its core, and it

SUPPORT PWN-USA!

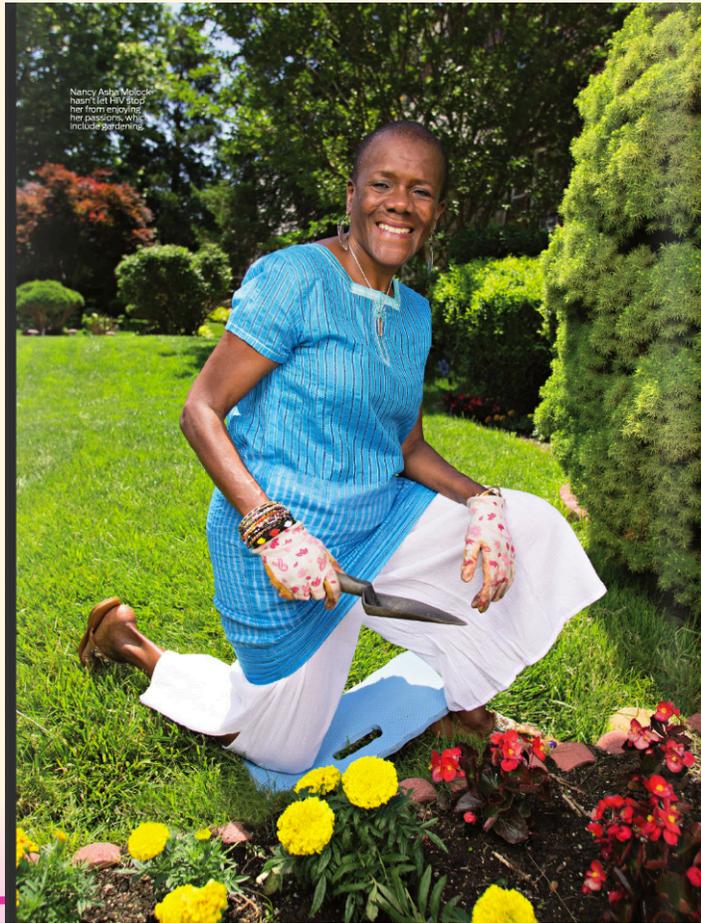
DONATE NOW
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Network for Good

LIKE US ON FACEBOOK!



The Personal Is Political

There is power in sharing your story and writing your own herstory.



Nancy Asha Molock hasn't let HIV stop her from enjoying her passions, which include gardening.

Midlife Virus

OLDER PEOPLE NEWLY DIAGNOSED WITH HIV CAN STAY RESILIENT.

BY TIM MURPHY

NANCY ASHA MOLOCK DID THE RIGHT THING. WHEN MOLOCK—A STRIKING, bright-smiled 63-year-old retired Philadelphia schoolteacher—started dating again in 2000 after divorce ended a 17-year marriage that produced two kids, she'd heard the reports that sexually active midlife folks were susceptible to HIV and should wear condoms with partners of unknown status. So when she started dating a fellow her age—whom she became engaged to and who, she often noticed, had a chronic cough—she insisted at first on condoms.

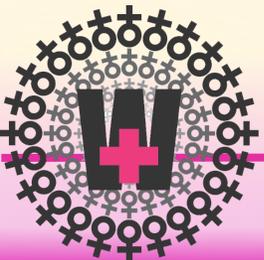
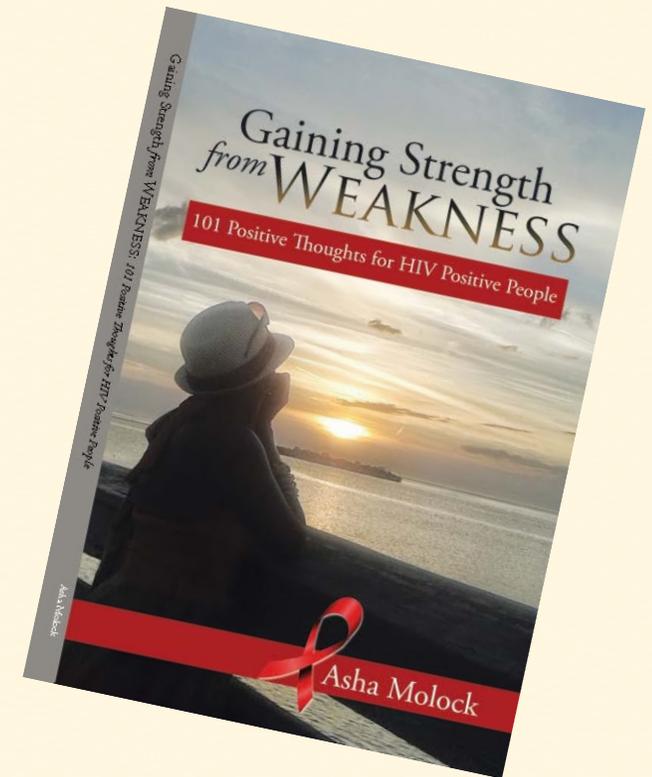
"I said to him, It's going to be condoms until you have an HIV test," she recalls. "But he kept putting it off. He said he'd never injected drugs or been with men, and I believed him. He also said he didn't like how condoms felt. One night," she sighs, "I caved to affection. And once you allow them not to wear a condom the first time, that's it."

Her fiancé's health further declined. "I found him shivering in front of the computer one morning and took him to the ER." Sure enough, her fiancé had AIDS. Later, he finally admitted to having been with sex workers, "and I think there's more he's never told me," Molock says. When she tested herself shortly thereafter and found out she was HIV positive, she says she wasn't surprised. "My doctor said to

me, 'I have some bad news—you have HIV,'" she recalls, "and I said, 'Okay, what's the next step?' My doctor said, 'Did you hear what I just said?' And I said, 'Yes I did, so what's the next step?'"

Molock still married that man, only to divorce him a few years later, even as she faced coping and living with HIV at 50, an age at which many people (often mistakenly) consider themselves in the clear for sexually transmitted infections. Her story is not an isolated one. According to estimates from the Centers for Disease Control and Prevention, in 2011, the last year for which data is available, nearly 20,000 Americans older than 40 were diagnosed with HIV. That's 40 percent of the total (around 49,000) for that year. And 16 percent of

COLLEEN LINTON



The Personal Is Political

Your story puts a face to the facts.

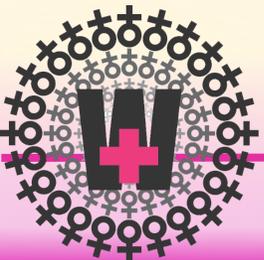
Make sure there is an ask!



Anonymity vs. Disclosure

It's a personal decision.

Make sure you have a good support system in place before you publicly disclose.



THE BODY
The Complete HIV/AIDS Resource

Home | What's New | Ask the Experts | Blogs | Connect | Just Diagnosed | Treatment

Tweet | Recommend | Email | Comments | Print-Friendly | Glossary

Enjoying Disclosure's Freedom

By Nancy Asha Molock
From [Black AIDS Institute](#)

March 6, 2012

I had always been a carefree, happy, spiritual and truthful person. But after I got HIV from my boyfriend 11 years ago, I stopped feeling like myself. I was doing well physically: My CD-4 count was above 1,100 (and rising), and my [viral load](#) was undetectable.

But my emotional load was at 0, and I felt spiritually sick. I had spent 10 years watching what I said and hiding my medications, doctor's appointments, HIV magazines and anything else that might raise suspicion from family and friends.



My life had come to a standstill; my secrecy was holding me back from being myself. I was a prisoner of my own fear and shame, and after 10 years I decided that enough was enough. I had done nothing to be ashamed of, and the contribution I could make to ending this epidemic was more important than the guilt I felt. I had to tell my story to my community.

On [National Women and Girls HIV/AIDS Awareness Day](#) in 2011, I publicly disclosed my HIV status in the

Advertisement

Spotlight Series:
Making HIV Meds Work For You

Anonymity vs. Disclosure

In Treatment: Nancy Asha Molock



The first in a series of stories about Black people living with HIV/AIDS who are considering treatment, successfully adhering to their regimen and/or getting to undetectable.

Nancy Asha Molock may be HIV positive, but she's never felt better in her life.

That's largely because these days, the 62-year-old grandmother-to-be treats herself better than she did the first five decades of her life--the years before she learned she was positive.

One reason the retired teacher feels so darn good is that she's very focused on maintaining good

Advocacy & Disclosure



Q & A for Asha



Polling Question #3:

What is, or do you think would be, the most intimidating part of being interviewed by media?



PART 3 – Jennie

Preparing for Your Interview

1. Who is covering your issue?

- What media outlet is the reporter with?
- Who is the reporter?
- What do they usually cover?
- Is there usually some kind of angle to their coverage?



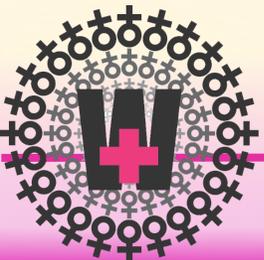
2. Who is the audience?

- Who reads this publication/website or watches/listens to this show?
- What might they be interested in?
- What level of knowledge might they have of your issue?



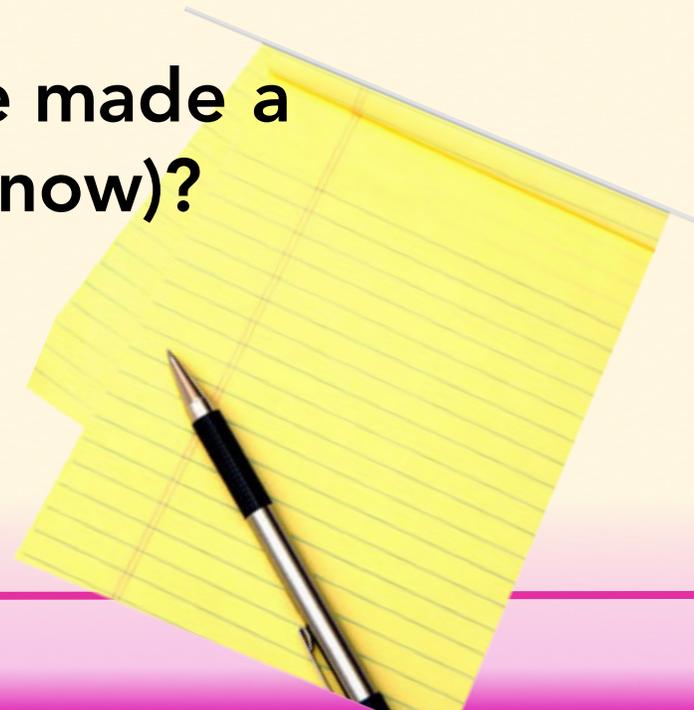
3. What is your message?

- What issue is the reporter contacting you about?
- Are there any other connected (intersectional) issues it's important for your audience to know about?
- How can you connect the issues?
- If your audience remembers just one thing, what should it be?



4. How can you connect your story to your message?

- What personal experience do you have with the issue?
- How does your story relate to or affect other people/the larger community?
- What change (related to your issue) could have made a difference for you (or could make a difference now)?



5. What do you want your audience to do?

- What change do you want to see?
- Who has the power to make that happen?
- What can your audience do to influence that decision?
- *Be as clear as possible!*



Facts & Statistics Help—but Don't Replace Your Story.

- Look up and memorize **relevant statistics** before your interview. **Be prepared to share the source** with the reporter.
- Facts and statistics should **reinforce the point** you are making with your story, but should not replace your story.
- It's OK to **send links** to facts and statistics **after** your interview.



Be Yourself!

- You have the most credibility when you appear **natural** and **authentic**.
- **You don't need to be an expert on everything**—just on your own experience and what changes you want to see.
- *It's OK to say, "I don't know!"*



Preparing for Other Projects

- **Public speaking engagements:** Who will your audience be? What level of knowledge will they probably have of your issue?
- **Blogs/op-eds:** Audience? Length? (Op-eds for newspapers/magazines should be around 600-700 words.)
- **Videos:** Can be disseminated via social media. "Viral" videos are usually 30-90 seconds.



In ALL forms of dissemination, your story should:

- **Frame the issue** and set up your ask
- **Make sense for the audience.**
- Give people a reason to **care about your issue**



General Q & A



Learn More! Get Involved!

- Visit www.pwn-usa.org to learn more about PWN-USA
- Join the PWN-USA Strategic Communications Action Team!
Email jsmithcamejo@pwn-usa.org to be added to the group.
- "Like" us on Facebook: www.facebook.com/pwnusa; follow us on Twitter: @uspwn
- Attend HIV Is Not a Crime! www.hivisnotacrime.com
- Attend the PWN-USA SPEAK UP! Summit!
- www.pwn-usa.org/2016-summit

