



#### —PROPOSED BUDGET ITEM REQUEST—

#### **CULTURALLY & LINGUISTICALLY APPROPRIATE HIV TESTING PROMOTION:**

Cost-Effective Statewide Public Awareness Campaigns to Address Late Testing and Increasing Rates of Infection in Communities of Color

#### PROPOSAL OVERVIEW

The Latino Coalition Against AIDS (LCAA), and the Palms Urban Health Institute (PUHI) propose a statewide HIV testing promotion demonstration project. The demonstration project would require a \$10 million budget augmentation to the California State Office of AIDS to fund culturally and linguistically appropriate public education campaigns to achieve the following goals:

- To significantly increase early HIV testing;
- To address social disincentives to HIV testing in communities of color and;
- To connect HIV positive individuals to care and treatment.

The proposed initiative would call on private media outlets to contribute a pre-determined percentage of purchased media as a charitable contribution towards the goals of this campaign. In addition, private, corporate and other non-governmental sources would be approached to supplement state funding. Existing media partnerships (e.g., with Spanish-language media entities such as Univision and African-American media outlets such as the "Los Angeles Sentinel" newspaper) would further ensure cost-effective investments to reduce stigma and barriers to HIV testing and reach populations that otherwise have little or no exposure to culturally and linguistically appropriate HIV information. The proposed initiative would work collaboratively with existing HIV prevention programs funded at local community-based organizations.

# WHY A PUBLIC AWARENESS CAMPAIGN?

Twenty-five years into the HIV/AIDS epidemic, HIV disease has become increasingly concentrated in communities of color. The unique cultural context of racial/ethnic groups highly impacted by HIV/AIDS pose significant challenges to the effective promotion of HIV testing, prevention services and access to care and treatment. Research has documented prevalent and deeply held beliefs and attitudes among various racial/ethnic groups associated with AIDS-related social stigma, homophobia, fear of being ostracized by family members and concerns over immigration status, in the case of Latinos.

As a result, while rates of HIV infection have been moderated in White non-ethnic communities, communities of color continue to experience increasing rates of infection, poorer health outcomes, and—in the case of African-Americans—a disproportionate share of HIV/AIDS cases, while Latinos, at numbers greater than any other racial/ethnic group, are diagnosed very late; approximately 8 to 10 years after first acquiring HIV.

Public health experts agree that individuals who test HIV positive (and access treatment as early as possible) benefit from decreased morbidity and mortality. Increases in early testing rates also come with positive public health impacts: 70% of persons who learn they are HIV positive stop having unsafe sex with their partners. This occurs without any special

interventions.

Consequently, to effectively reduce the number of new infections among these communities—and to connect HIV-positive individuals still undiagnosed to care and treatment—targeted mass media campaigns that are linguistically and culturally appropriate are the best way to combat HIV/AIDS in communities of color.

## **HIV/AIDS IN COMMUNITIES OF COLOR**

As of July 31, 2005, over 25,000 Latinos/as are living with HIV/AIDS in California. Among Latinos/as, men constitute the majority of AIDS cases and new HIV infections. Latinas, however, account for a growing share of reported HIV infections. In California, through July 31, 2005, Latinas represented 29% of reported HIV infections among women, second only to African-American women (37%). The vast majority of both men and women with HIV contracted the virus from sexual intercourse with an infected man.

African Americans make up only 13 percent of the United States population, but according to the US Centers for Disease Control (CDC), represent an estimated 50 percent of people living with HIV/AIDS. AIDS has become a leading cause of death for African Americans. In 2002 (the most recent year for which data are available), HIV/AIDS was the second leading cause of death for all African Americans aged 35–44. In the same year, HIV/AIDS was the number one cause of death for African American women aged 25–34. African Americans have accounted for 40% of AIDS diagnoses since the beginning of the epidemic. In California, African Americans account for 18% of all cumulative AIDS cases through November 30, 2006. In Los Angles County, African Americans account for approximately 20% of cumulative (living) adult/adolescent AIDS cases through June 30, 2006. African Americans do not live as long as people in other racial or ethnic groups who have AIDS and suffer from lack of health care once diagnosed.

For Asian Pacific Islanders (A&PIs), one of the fastest-growing ethnic/racial populations in the U.S., HIV/AIDS is also on the rise. According to a recent CDC Morbidity and Mortality Weekly Report (MMWR) the annual HIV/AIDS diagnosis rates are increasing among A&PIs in the U.S. faster than in any other racial group. The CDC's analyses, based on a review of HIV/AIDS data covering 2001 through 2004, showed that, of all racial groups, A&PIs had the highest estimated annual percentage change (EAPC) in annual HIV/AIDS diagnosis rates. Per population, American Indians/Alaska Natives have the third highest rates of HIV/AIDS behind African Americans and Latinos. American Indians, while comprising a small percent of the population in Los Angeles County, have the second highest rate of persons living with AIDS at 3.2 per 1,000 population.

## STATEWIDE COORDINATION WITH LOCAL IMPLEMENTATION

This proposal calls for the creation of 5 regions encompassing the State of California. These 5 regions would be created based on aggregated Designated Market Areas<sup>1</sup> (DMAs). Local non-profits would be eligible to apply (with consortia of organizations especially encouraged to apply) for funding in each of the 5 regions and would be required to partner with media buyers experienced with diverse racial and ethnic communities. The State Office of AIDS (SOA) would communicate overarching goals to successful bidders in each of the 5 regions, and ensure general coordination and sharing of best practices while allowing flexibility in local implementation. The SOA would also ensure that media buys correspond with highly impacted areas of target populations as determined by formative research.

## FORMATIVE RESEARCH

The proposed program would require further research and analysis to determine the geographic focus of social marketing efforts and to ensure that messages are effective, linguistically and

<sup>&</sup>lt;sup>1</sup> A media market, broadcast market, media region, designated market area, DMA or simply market is a region where the population can receive the same television and radio station programming, and other types of media including billboards, newspapers and Internet coverage.

culturally appropriate. Research may entail zip code level STD and HIV incidence data as well as U.S. Census data on racial and ethnic group concentrations to identify regional clusters in the state. Focus groups with members of the target audience would ensure that messages are tested for their efficacy.

# MARKETING MIX SUMMARY

Target Populations	Product(s)	Price	Promotion	Place
Members of racial/ethnic groups highly impacted by HIV/AIDS including but not limited to African-Americans and Spanish-dominant Latinos/as and their social affiliates.  Specific age range to be determined based on HIV incidence data.	Messages HIV—get tested.  Selected messages targeting social disincentives including:  HIV Stigma Homophobia Concerns over Immigration Status  Learn more; spread the word. Contact: 1-800-	Perceived Barriers Fear of positive result; social stigma. No perceived risk; Competing demands; lack of time/interest.  Perceived Benefit Health benefits; treatment availability; longevity. Quick and painless test; availability of confidential and anonymous testing.	Ad placement Media catering to members of targeted racial/ethnic groups; billboards; bus interiors and sides, lunch trucks, etc.  Radio Multiple stations catering to targeted racial/ethnic groups- multiple genres. Interviews; radio spots  TV Public service announcements, news spots, public interest shows.	Zip codes within designated regions in the State of California with substantial highrisk segments of targeted racial/ethnic groups and higher reported incidences of STD infections.  Neighborhood venues and public spaces frequented by members of targeted racial/ethnic groups.

## **TARGET AUDIENCE**

The target audience for this initiative is sexually active men and women of racial/ethnic groups highly impacted by HIV/AIDS. A secondary target includes social affiliates such as other family members, friends and sexual partners, among others. The targeted audience would likely have little or no knowledge about HIV/AIDS, limited information about HIV testing resources, and would likely associate significant levels of social stigma with HIV disease. Among Latinos, Spanish-dominant Latinos would be the primary target. However, the actual reach will extend to more acculturated English-dominant and bilingual Latinos/as that may receive at least a portion of their information, media and entertainment in Spanish.

## **TARGET BEHAVIORS**

The primary target behavior is HIV testing. Messages should prompt the target audience to consider whether and to what degree they are at risk, the perceived costs and benefits of knowing their status, seeking of further information, and taking an HIV test.

# PRODUCT(S)

This social marketing campaign would address:

- HIV Testing Services—The message would focus on the importance of knowing one's status and availability of free testing.
- Social Disincentives to HIV Testing—Disincentives such as HIV stigma, homophobia
  and concerns over immigration status must be addressed if calls for HIV testing are to
  be acted upon. Associations can be made with caring and supportive families and social
  organizations (such as churches) that model positive behaviors to help normalize and
  de-stigmatize HIV disease.
- Treatment Availability—Information on the availability of treatment and access to medications regardless of ability to pay—and the efficacy of these treatments if taken early—should also be communicated.

## **PRICE**

The campaign should emphasize the benefits of testing while addressing the psychological

"costs" of testing including but not limited to communicating the availability of free confidential and anonymous testing, availability of additional information via a toll free number, the efficacy of HIV treatment, and consequences of late-testing. The goal is to de-stigmatize testing and create a sense of normalcy around getting tested.

# **PROMOTION**

- Billboards—Promotion would include use of full size and 30-sheet billboards for high visibility and fast frequency in key high-density areas.
- Bus Exteriors and Interiors—As a secondary format, bus interiors and exteriors would be used for broad reach in high-density areas.
- One-Sheet Posters—Supplemental one-sheet posters for effective reach at grass roots level to lower income individuals. Targeted placement of posters at eye level is an effective means of reaching lower-income individuals in liquor stores, laundromats, carnicerias (meat markets), fast food venues, on lunch trucks, in drug stores and in other venues commonly frequented by members of targeted racial/ethnic groups.
- Radio—Radio is a powerful medium in reaching diverse racial/ethnic communities.
   Increasingly diverse in format and genre, the use of radio allows for a multi-sensory message by providing an audio component to the visual images seen on billboards and posters. In addition to radio spots, interviews and HIV themed programming that asks listeners to call-in with questions can be very effective.
- Ethnic Newspapers—Articles, ads and feature stories project a supporting message by providing an explanatory text to the images. This allows for more in depth and elaborate explanation of key issues than can be communicated through other media
- Television—Interviews and airing of public service announcements on television stations would provide for broader coverage of key messages.

#### **PLACE**

The proposed place for this demonstration project would be pre-determined regions of the state that have significant numbers of racial/ethnic populations that are highly impacted by HIV/AIDS. Formative research would include analyses to determine targeted regions such as STD incidence rates and other possible data sets on HIV related co-morbidities such as drug use. Once regions are determined, placement of campaign visuals (such as print ads, billboards and posters) would focus on public venues within the pre-determined regions that the target audiences are known to frequent. Examples may include swap meets, liquor stores, high traffic shopping corridors, markets, festival sites and parks, among others.

# **EVALUATION**

Evaluation of the campaign would entail various measures including but not limited to: the number of toll free calls, the number of "hits" on website, increases in testing rates at public HIV testing sites, the number of reported sightings of campaign images and reported attitudinal changes. A post-campaign survey will be developed and disseminated to evaluate the reach and efficacy of the social marketing campaign. Additionally, a year-end report evaluating the initiative's effectiveness would be submitted to the California legislature by the SOA.

**ABOUT THE LATINO COALITION AGAINST AIDS (LCAA)**—The mission of the Latino Coalition Against AIDS is to shape and mobilize a unified community response to the AIDS epidemic in the Latino community. The coalition develops public and private partnerships to address key public policy issues associated with Latinos/as and AIDS and provides leadership in the development of local, state and federal legislative responses.

**ABOUT THE PALMS URBAN HEALTH INSTITUTE (PUHI)**—The mission of the Palms Urban Health Institute is to address health disparities in African American and other minority communities. Key among the issues for PUHI is to address the HIV/AIDS epidemic in the African American community through prevention, treatment, political advocacy and community empowerment to shape and mobilize a unified community response to the AIDS epidemic. Palms partners with many local CBO's to achieve this goal.