

PrEP & Condoms  
PrEPare for the Possibilities  
DO IT RIGHT DC

ASK FOR THE TEST

PrEP

3759 metrobus local

#PrEPForHer  
**DOMINATE**  
*your sex life*  
PrEP is a safe, daily pill that helps prevent HIV.  
PrEP Find yours at PrEPForHer.com

HIV is manageable.

I am one of the millions living with HIV. You can manage it like high cholesterol or other chronic illnesses. I see my doctor, I've got a personal plan and I take my meds.

See Your Doctor • Get A Plan • Stay In Treatment  
Visit: [DCTakesOnHIV.com/TREATMENT](http://DCTakesOnHIV.com/TREATMENT) for information.

EXPLORE YOUR OPTIONS

PrEP prevents HIV with one pill a day.

# DC Takes on HIV

Public Awareness, Resident Engagement, and a Call to Action

March 2017

A research report prepared for the DC Department of Health; HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)

by Octane Public Relations and Advertising

EXPLORE YOUR OPTIONS

PrEP prevents HIV with one pill a day.

PrEP

"I asked for the test. Sex is more fun when you know."

"Friends support each other no matter what. Get it done. Get Tested." #RiskForTheTest

DCTakesOnHIV.com

PrEP is a safe, daily pill that helps prevent HIV.

#PrEPForHer

PrEP & Condoms  
PrEPare for the Possibilities

HIV is not my whole life.

I'm living with HIV and I still have a good job, great friends, and play basketball every weekend. Treatment allows me to continue to do what I love in life. I see my doctor, follow my plan and I take my medications.

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## ACKNOWLEDGMENTS

The survey and report are the results of a collaborative effort dedicated to helping the District of Columbia prevent HIV and improve the lives of those living with HIV/AIDS. The DC Department of Health, HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration (HAHSTA) spearheaded this effort, providing guidance and direction throughout the development of the survey. The survey and report are a testament to HAHSTA’s daily commitment and work to educate, prevent, and protect DC residents from HIV/AIDS, Hepatitis, STD, and TB.

Octane Public Relations and Advertising worked in partnership with HAHSTA over the last eight years to develop and implement targeted social marketing campaigns. Octane also developed the survey, led the data analysis, authored, and designed the report.

Braun Research was instrumental in planning and developing the survey methodology, as well as, conducting the survey. Braun shared its extensive expertise and collaborated with HAHSTA and Octane on survey development, implementation, and reporting.

Countless community-based organizations tirelessly offer HIV/AIDS counseling, services, and support to the city’s residents.

District of Columbia residents and survey respondents showed interest and took the time to participate in the survey. Their feedback is the basis for the survey results that may help shape future social marketing initiatives.

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# EXECUTIVE SUMMARY

Following the release of the DC Department of Health, HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration (HAHSTA) 2008 annual report on HIV/AIDS in the District of Columbia, the administration saw a clear need to focus on and prioritize wards of the city experiencing the highest HIV/AIDS prevalence data. To address the epidemic, the city began a multipronged prevention approach. HAHSTA focused some of its prevention efforts on a social marketing strategy targeting the city's wards and residents that were hardest hit by HIV/AIDS. The initial social marketing areas were met with great success in increasing knowledge and awareness regarding HIV/AIDS, condom use, and testing.

In 2016, HAHSTA released the 2016 annual report on HIV/AIDS in the District of Columbia, which showed significant progress in the reduction of HIV/AIDS rates, but the numbers in the District of Columbia remain at epidemic levels, which is equal to 2 percent of the population. As a result, the city expanded its social marketing efforts to focus on some of the most at-risk populations—particularly men who have sex with men (MSM) and African American females. These targeted campaign efforts focused on increasing knowledge and awareness about new HIV-prevention efforts like pre-exposure prophylaxis, or PrEP. This report presents findings from a study focused on understanding DC residents' awareness, knowledge, and behavior associated with the *DC Takes on HIV, Ask for the Test, and PrEP* social marketing campaigns—*Dominate Your Sex Life/#PrEPForHer and Explore Your Options*. The report also describes the effectiveness of the social marketing campaign efforts and the success it had in achieving campaign objectives.

Some of the key findings from the survey include:

### **DC RESIDENTS REPORT THEY ARE ACTIVELY ENGAGED AND IN THE KNOW ABOUT HIV/AIDS.**

A majority of survey respondents (99 percent) reported that they know how to protect themselves against HIV or other sexually transmitted diseases (STDs). Many receive important information about HIV from the internet (48 percent), their doctor/provider (27 percent) or traditional media campaigns (33 percent).

Regarding, PrEP only 36 percent of respondents had ever heard of the daily pill that lowers the risk of HIV infection. Of those respondents that had heard of PrEP, 26 percent had considered using it, and 38 percent personally knew someone who uses it.

## **SOCIAL MARKETING EFFORTS REACHED DC RESIDENTS.**

*DC Takes on HIV*, *Ask for the Test*, and *Explore Your Options* had high visibility throughout the city, with a wide reach and high recall among survey respondents. The newest campaign, *Dominate Your Sex Life/#PrEPForHer* had less visibility. Residents saw and recalled the social marketing campaigns as follows:

- 44 percent *DC Takes on HIV*
- 43 percent *Ask for the Test*
- 31 percent *Explore Your Options*
- 11 percent *Dominate Your Sex Life/#PrEPForHer*

## **TRANSIT ADS, SOCIAL MEDIA, AND NEWSPAPER ADS WERE THE MOST RECALLED CHANNELS.**

Campaign and related materials recall by survey respondents varied by campaign. The most frequently recalled channels were transit ads for *DC Takes on HIV* and *Ask for the Test*, social media and online ads for *Explore Your Options*, and newspaper ads for *Dominate Your Sex Life/#PrEPForHer*. Recall by different channels was as follows:

- Social media/online ad recall *Explore Your Options* (61 percent) and *Dominate Your Sex Life/#PrEPForHer* (29 percent)
- Transits ads recall: *DC Takes on HIV* (43 percent), *Ask for the Test* (38 percent)
- Newspaper ad recall *Explore Your Options* (36 percent) and *Dominate Your Sex Life/#PrEPForHer* (45 percent)

## **CAMPAIGN MESSAGES RESONATED CONSISTENTLY WITH DC RESIDENTS.**

The main message across all campaigns was to empower residents and encourage thoughtful and positive health action. DC residents received primary campaign messages of “get tested,” “protect yourself,” and “practice safe sex.”

## **SOCIAL MARKETING INCREASED DC RESIDENTS’ AWARENESS OF AND KNOWLEDGE ABOUT THE CITY’S FREE CONDOMS AND HIV TESTING SERVICES.**

The campaigns were highly effective in spreading the word about the city’s free condom services as well as information about HIV and testing

- More than half (54 percent) of survey respondents said they know about the city’s free condom services because of the campaigns
- And less than half (41 percent) of respondents also said the campaigns provided them with new knowledge about HIV and testing

## **DC RESIDENTS WERE INFLUENCED BY SOCIAL MARKETING CAMPAIGNS TO CONSIDER HIV RISK AND TESTING.**

Survey results showed that District residents are thinking about the risks of HIV and how they might act to reduce those risks.

- Two-thirds (66 percent) of all survey respondents said the campaigns made them think about the risks of HIV
- Almost half (47 percent) said the campaigns made them think about getting tested for HIV

## **DC RESIDENTS WERE PROMPTED TO ASK FOR THE TEST DUE TO SOCIAL MARKETING CAMPAIGNS.**

*DC Takes on HIV* prompted a significant number of residents to be proactive about testing, especially if they had seen campaign materials on transit ads or on television.

- For those who saw the TV ads, 49 percent were prompted to get HIV testing
- Of those who reported seeing the transit ads, 25 percent said it prompted them to get HIV testing
- For those who heard the radio ads, 33 percent said it prompted them to get HIV testing

*Ask for the Test* prompted a significant number of residents to be proactive about testing, especially if they had seen campaign materials on transit ads (20 percent) or on television (45 percent).

## **DC RESIDENTS DEMONSTRATED POSITIVE BEHAVIOR CHANGE URGED BY THE SOCIAL MARKETING CAMPAIGN.**

As a result of the social marketing campaigns, survey respondents reported displaying protective behaviors such as:

- Getting more information about HIV
- Getting tested for HIV
- Using condoms more frequently
- Finding out their STD status
- Getting more information about PrEP

African American females (27 percent) and gay or homosexual males (37 percent) reported getting more information about PrEP as a result of the campaigns.

## **PROVIDER COMMUNICATION, SOCIAL MEDIA AND WEBSITE ENGAGEMENT WERE AREAS FOR IMPROVEMENT.**

Fifty-nine percent of survey respondents indicated that providers did not ask them if they wanted an HIV test nor did the providers recommend getting tested. However, 94 percent of the respondents said that they feel comfortable asking their provider for an HIV test.

Although social media ad awareness was high for the *Explore Your Options* and *Dominate Your Sex Life/#PrEPForHer* campaigns, engagement with social media and websites across all campaigns was relatively low. Respondents who did engage with social media and websites were more likely to be aged 20-44.



# THE DISTRICT TAKES CHARGE



## UNDERSTANDING THE NEED: HIV/AIDS IN THE DISTRICT OF COLUMBIA

The District of Columbia is an established epicenter for public health and health-related expertise and resources. Yet historically, the city's HIV/AIDS rates have been among the highest in the United States<sup>1</sup>, matching rates among developing countries<sup>2</sup>. Fortunately, the District of Columbia has seen a drastic decrease in the rates of HIV/AIDS in recent years. In 2015, the Annual Epidemiology and Surveillance Report stated that 13,391 or two percent of the population in the District were living with HIV/AIDS<sup>3</sup>. The data noted:

- The rate of two percent of the population living with HIV/AIDS exceeds the World Health Organization's one percent definition of a generalized epidemic<sup>4</sup>.
- More than 1 percent of black and Hispanic populations are infected with HIV, with African Americans disproportionately affected at more than 3.2 percent.<sup>5</sup>
- Heterosexual contact and men who have sex with men (MSM) contact are the two leading transmission modes of new HIV cases<sup>6</sup>.
- Hispanic and African American men had the highest HIV prevalence in the District by the end of 2015 with the prevalence of HIV among African American men being more than twice that of Hispanic men.<sup>7</sup>
- African American women in the District had the highest rate of HIV among women with a prevalence that was nearly nine times greater than that for Hispanic females and nearly 50 times greater than white women.<sup>7</sup>
- The highest concentration of individuals living with HIV, according to census tract data, was found in Wards 5, 7, and 8.<sup>8</sup>
- The percentage of HIV-positive individuals living in the District that are aware of their status has increased from 79 percent in 2009 to 86 percent in 2015.<sup>9</sup>

<sup>1</sup> Centers for Disease Control and Prevention. Diagnosed HIV infection among adults and adolescents in metropolitan statistical areas—United States and Puerto Rico, 2011. HIV Surveillance Supplemental Report 2013;18(No. 8). Revised edition. [http://www.cdc.gov/hiv/pdf/HSSR\\_MSA\\_2013\\_REVISIED-PDF04.pdf](http://www.cdc.gov/hiv/pdf/HSSR_MSA_2013_REVISIED-PDF04.pdf) Published March 2014. Accessed [date].

<sup>2</sup> UNAIDS. Global Report: UNAIDS Report on the Global Epidemic 2013. Geneva, Switzerland. Available through [http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS\\_Global\\_Report\\_2013\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf)

<sup>3</sup> District of Columbia Department of Health (DC DOH). HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA). Annual Epidemiology Report 2016.

<sup>4</sup> Ibid

<sup>5</sup> Ibid

<sup>6</sup> Ibid

<sup>7</sup> Ibid

<sup>8</sup> Mayor Muriel Bowser 90/90/90/50 Plan Ending the HIV Epidemic in the District of Columbia by 2020. Available from [https://doh.dc.gov/sites/default/files/dc/sites/doh/page\\_content/attachments/DC%2090-90-90-50%20Plan%20-%20FINAL.pdf](https://doh.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/DC%2090-90-90-50%20Plan%20-%20FINAL.pdf)

<sup>9</sup> Mayor Muriel Bowser 90/90/90/50 Plan Ending the HIV Epidemic in the District of Columbia by 2020. Available from [https://doh.dc.gov/sites/default/files/dc/sites/doh/page\\_content/attachments/DC%2090-90-90-50%20Plan%20-%20FINAL.pdf](https://doh.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/DC%2090-90-90-50%20Plan%20-%20FINAL.pdf)

Multiple social factors, such as poverty and economic disparity leading to inadequate access to care and treatment, pervasive stigma, lack of education, homophobia, inadequate health care access, intravenous drug use, and lack of familial support, contributed to the city’s epidemic.<sup>10</sup> Further, at that time, watchdog organizations reported the District’s need to strengthen public health programs that included HIV/AIDS surveillance, HIV prevention education, HIV testing and broad condom distribution, needle exchange and substance use disorders treatment.<sup>11</sup>

## **RESPONDING TO THE NEED:**

### DEVELOPING TARGETED MESSAGING FOR TESTING, PREVENTION, RISK REDUCTION, CONDOM USE, AND OTHER TREATMENT INITIATIVES.

In 2007, the city’s mayor declared HIV/AIDS to be his No. 1 public health priority, going on record and acknowledging the disease as a “modern day epidemic.”<sup>12</sup> With the support of the City Council and community, federal, and academic partners, Washington, DC conceived a series of prevention efforts aimed to achieve community-level impact, a shift from individual and group prevention.<sup>13</sup> Spearheading this effort, HAHSTA committed to building upon existing (prior to 2007) initiatives or establishing new initiatives.<sup>14</sup> These initiatives spanned testing, prevention, risk reduction, condom distribution and use, and linkage to care and treatment.

**Testing.** Having launched an HIV testing campaign in 2006, HAHSTA increased its efforts by promoting expanded and routine HIV voluntary opt-out testing, including scale-up of testing in medical settings and community-based organizations. HAHSTA also developed a free school-based screening program.

<sup>9</sup> Mayor Muriel Bowser 90/90/90/50 Plan Ending the HIV Epidemic in the District of Columbia by 2020. Available from [https://doh.dc.gov/sites/default/files/dc/sites/doh/page\\_content/attachments/DC%2090-90-90-50%20Plan%20-%20FINAL.pdf](https://doh.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/DC%2090-90-90-50%20Plan%20-%20FINAL.pdf)

<sup>10</sup> Ibid

<sup>11</sup> DC Appleseed. HIV in the nation’s capital: improving the District of Columbia’s response to a public health crisis. Washington (DC): DC Appleseed; 2006 Aug [cited 2009 Sep 24]. Available from: <http://www.dcappleseed.com/wp-content/uploads/2013/08/ReportCard2.0.pdf>

<sup>12</sup> Lynsen J. Fenty deems HIV/AIDS his “No. 1 priority”: DC Mayor promises improved accountability and results. Washington Blade. 2007 Apr 13.

<sup>13</sup> District of Columbia Enhanced Comprehensive HIV Prevention Plan Executive Summary. Available from: [https://www.cdc.gov/hiv/pdf/research/demonstration/echpp/sites/prevention\\_demonstrations\\_echpp\\_dc.pdf](https://www.cdc.gov/hiv/pdf/research/demonstration/echpp/sites/prevention_demonstrations_echpp_dc.pdf)

<sup>14</sup> Lynsen J. Fenty deems HIV/AIDS his “No. 1 priority”: DC Mayor promises improved accountability and results. Washington Blade. 2007 Apr 13.

**Prevention.** Scientific studies have shown that well-designed prevention programs can significantly reduce HIV rates of infection.<sup>15</sup> Increasing the number of people tested was and remains a critical component of HAHSTA’s HIV prevention efforts, especially given that a significant percentage of those HIV positive are unaware of their status. HAHSTA continues to build upon prevention progress to date, including maximizing access to and distribution of proven tools and resources.

**Risk Reduction.** The DC Needle Exchange emerged in March 2008, less than six months after Congress lifted a 10-year ban that kept DC from using public funds for harm reduction programs. The city’s needle exchange program continues to provide harm reduction information, needle exchange, condoms, and referrals for HIV testing and drug treatment. Without needle exchange programs an estimated 190 new HIV diagnoses would occur between 2016 to 2020.<sup>16</sup>

**Condom Distribution and Use.** In 2006, DC became the second city in the United States to offer a large-scale public-sector condom distribution program.<sup>17</sup> HAHSTA’s condom program promoted access and use. Today, in that same vein, HAHSTA distributes condoms to DC residents and businesses and focuses on consistent and correct condom use.

**Linkage to Care and Treatment.** HAHSTA’s Red Carpet Entry protocol ensures that a person diagnosed with HIV or who may be in danger of developing HIV/AIDS or spreading the disease receives an HIV medical appointment within 72 hours of initial diagnosis. Also, HAHSTA has adopted the strategy of “treatment as prevention.” Studies show that HIV viral suppression achieved through treatment reduces the chances that a person can transmit HIV.<sup>18</sup>

<sup>15</sup> Centers for Disease Control and Prevention (CDC). HIV Prevention: Progress to Date. Available through <https://stacks.cdc.gov/view/cdc/27368>

<sup>16</sup> Mayor Muriel Bowser 90/90/90/50 Plan Ending the HIV Epidemic in the District of Columbia by 2020. Available from [https://doh.dc.gov/sites/default/files/dc/sites/doh/page\\_content/attachments/DC%2090-90-90-50%20Plan%20-%20FINAL.pdf](https://doh.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/DC%2090-90-90-50%20Plan%20-%20FINAL.pdf)

<sup>17</sup> DC Department of Health. FY 09 performance plan [Internet]. Washington (DC): [cited 2009 Sep 30].

<sup>18</sup> Myron S. Cohen, Marybeth McCauley & Theresa R. Gamble, Nat'l. Inst. of Health, HIV treatment as prevention and HPTN 052, 7 Curr Opin HIV AIDS. 99, 99-105 (2012).

## ADDING SOCIAL MARKETING AS PART OF THE STRATEGY

In 2008, HAHSTA implemented a five-year, citywide social marketing, public education and communications program with the goal of inspiring behavior change that would reduce HIV infection rates among DC residents.

Social marketing, which uses principles of commercial marketing, aims to influence, change or maintain people’s behavior for the benefit of individuals and society as a whole.<sup>19</sup> In short, HAHSTA set out to “sell” positive sexual behavior to District residents.

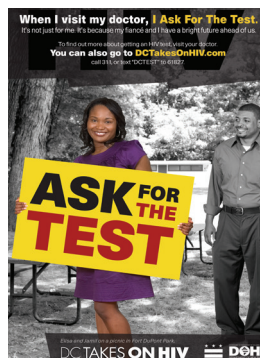
HAHSTA’s primary social marketing program objectives were to:

- Make information available to the public regarding various HIV treatment and prevention options including risk reduction of HIV/AIDS, STDs, TB, and Hepatitis through testing, prevention, condom usage, and public education about PrEP.
- Support every city resident in receiving appropriate HIV/AIDS care and treatment services.

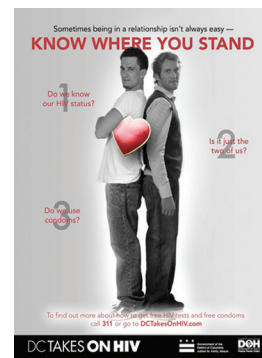
Through a competitive process, HAHSTA selected Octane Public Relations and Advertising, a locally based communications firm, to develop social marketing campaigns that would target specific audiences and include research-based messaging and materials, testing, measurable objectives, and opportunities to partner with other government agencies, community, and faith-based organizations, and other businesses.

### HAHSTA and Octane

developed and launched numerous HIV prevention social marketing campaigns including *DC Takes on HIV*, which serves as the umbrella effort for the following campaigns:



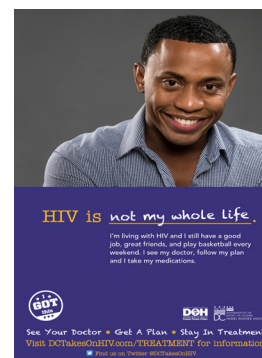
**Ask for the Test**  
(HIV testing campaign)



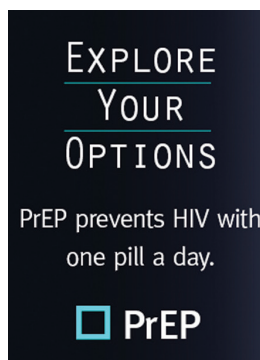
**Know Where You Stand**  
(intimate partner communication campaign)



**Rubber Revolution DC**  
(Condom use and education campaign)



**I Got This**  
(HIV treatment campaign)



**Explore Your Options**  
(MSM awareness and education campaign about PrEP)



**Dominate Your Sex Life/#PrEPForHer**  
(African American female awareness and education campaign about PrEP)

<sup>19</sup> Centers for Disease Control and Prevention (CDC). CDC What is Social Marketing web course. Available through [https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/social\\_marketing.pdf](https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/social_marketing.pdf)

## MAKING PROGRESS

HAHSTA and the District of Columbia are surging ahead in reducing new cases and improving health outcomes for those infected with HIV, including earlier HIV diagnoses and linkage to care through DC's treatment-on-demand. The city's progress is evident.

In 2012, HAHSTA released their *Annual Epidemiology and Surveillance Report: Surveillance Data through December 2011* highlighting programmatic achievements since 2007. Recently, the *2016 Annual Epidemiology and Surveillance Report: Surveillance Data through December 2015* has been released showing much progress over the years. Epidemiological outcomes over the years are highlighted in the following section.

## PROGRAMMATIC ACHIEVEMENTS

- HAHSTA gave or provided funding for 138,000 HIV tests in 2012, up from 122,000 in 2011 and more than triple the 43,000 tests in 2007. In 2015, the District publicly supported 162,225 HIV tests.<sup>20</sup>
- HAHSTA distributed more than 5.7 million male and female condoms in 2012, a tenfold increase from 2007. By 2015, more than 7.5 million male and female condoms were distributed.<sup>21</sup>
- Through the District's needle exchange programs, 550,000 previously used needles were removed from the street in 2012, an increase from 340,000 in 2011. In 2015, 738,544 needles were removed from the streets.<sup>22</sup>
- In 2012, HAHSTA provided health information to nearly 5,000 District high school students and screening to more than 3,000. In 2013/2014, HAHSTA began offering HIV testing in select schools. HAHSTA launched a new hepatitis information campaign and is now offering hepatitis C screening at its STD clinic. HAHSTA provided free STD testing for 5,162 youth ages 15 to 19 years in 2015 using the school-based STD and community screening programs.<sup>23</sup>
- HAHSTA expanded and strengthened linkage to care efforts via its new initiative to deliver additional services to HIV-infected pregnant women. This initiative will prevent further births of babies with HIV. Due to the success of the initiative, there have been no babies born with HIV in DC since 2012.<sup>24</sup>

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<sup>20</sup> District of Columbia Department of Health HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA). Annual Epidemiology and Surveillance Report Surveillance Data through 2015. Available from [www.doh.dc.gov/hahsta](http://www.doh.dc.gov/hahsta).

<sup>21</sup> Ibid

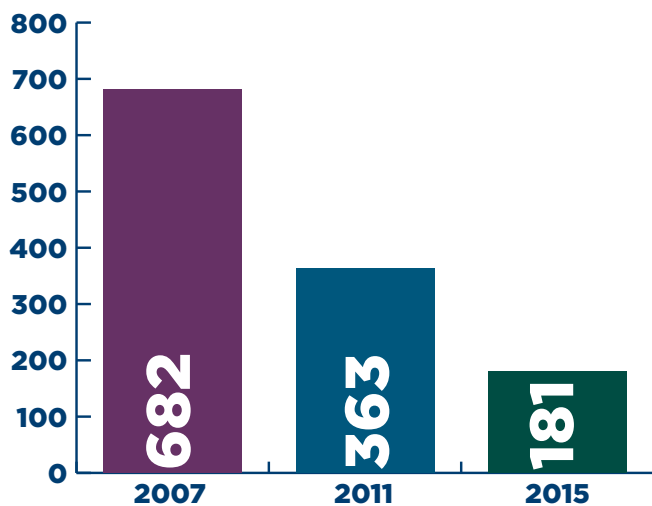
<sup>22</sup> Ibid

<sup>23</sup> Ibid

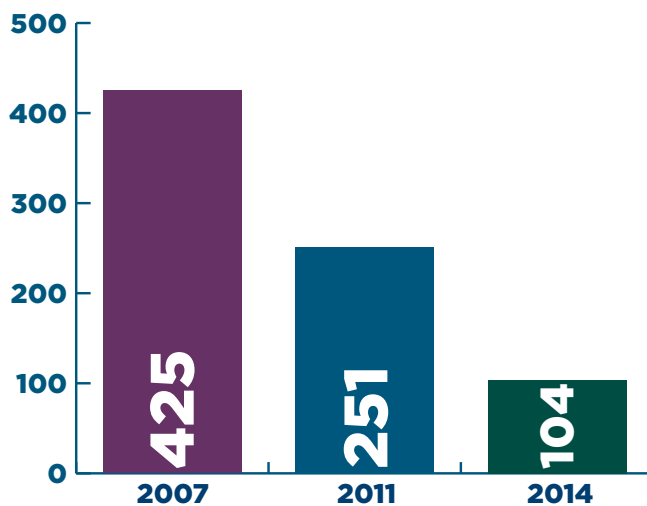
<sup>24</sup> District of Columbia Department of Health HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA). Annual Epidemiology and Surveillance Report Surveillance Data through 2015. Available from [www.doh.dc.gov/hahsta](http://www.doh.dc.gov/hahsta).

## EPIDEMIOLOGICAL OUTCOMES

- The number of newly diagnosed HIV cases in the District decreased to 718 cases in 2011, a decline of 46 percent from 1,333 new cases in 2007. By 2015, the number of new cases decreased to 371 which represent a decline of 48 percent.<sup>25</sup>
- There was an 80 percent decrease in the number of newly diagnosed HIV cases where the reported mode of transmission was injection drug use, from 149 cases in 2007 (before the scale-up of the District’s needle exchange program) to 30 in 2011. The number of HIV new cases, as a result of injection drug use, decreased to 8 in 2015.<sup>26</sup>
- The number of reports of newly diagnosed AIDS cases decreased 47 percent, from 682 in 2007 to 363 in 2011 to 181 cases in 2015.<sup>27</sup>
- The number of deaths among persons with HIV decreased by 41 percent, from 425 in 2007 to 251 in 2011 to 104 in 2014.<sup>28</sup> Of those newly diagnosed with HIV in 2010-2014, 80 percent were linked to care within three months compared to 50 percent who were linked to care within three months of diagnosis in 2005.
- There have been no reports of a child born with HIV infection in 2015.<sup>29</sup> This status has been consistently maintained since 2012.



The number of reports of newly diagnosed AIDS cases decreased 47 percent, from 682 in 2007 to 363 in 2011 to 181 cases in 2015.



The number of deaths among persons with HIV decreased by 41 percent, from 425 in 2007 to 251 in 2011 to 104 in 2014.

<sup>25</sup> Ibid

<sup>26</sup> Ibid

<sup>27</sup> Ibid

<sup>28</sup> Ibid

<sup>29</sup> Ibid



# **NEW SOCIAL MARKETING EFFORTS MAKE A DIFFERENCE**

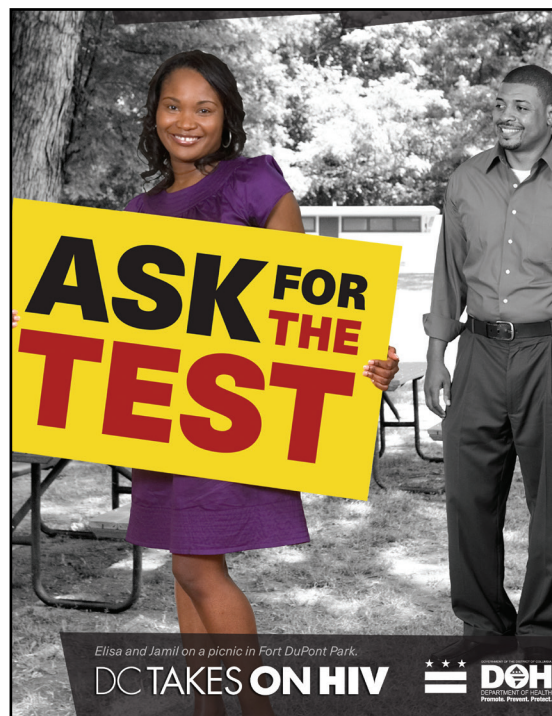
Behavior change communication is difficult and its effectiveness even more difficult to prove.<sup>30,31</sup> However, the District of Columbia's current data shows that the city's programmatic response efforts since 2008 have had a significant impact on HIV/AIDS prevalence and new cases. HAHSTA's efforts have resulted in progress for those most affected by the HIV/AIDS epidemic, suggesting that its behavior change communication/social marketing is making a difference.

HAHSTA knows the importance of assessing and reporting the impact of the agency's recent behavior change communication efforts. To this end, an independent evaluation of HAHSTA's social marketing campaigns was conducted and the results are presented in this report. HAHSTA will use these findings to inform future social marketing strategies that influence behavior and improve HIV/AIDS-related outcomes for District residents.

## STUDY PURPOSE AND DEMOGRAPHICS

The purpose of the campaign evaluation was to gauge the effectiveness of the social marketing campaign efforts and document success in achieving campaign objectives. Evaluation data were also used to identify key areas for improvement for future HAHSTA public outreach, education, awareness, and behavior change communication.

The total number of study participants (citywide sample) consisted of 800 respondents with a fairly even representation of males (48 percent) and females (52 percent). Participants were also split between a younger (20-44 years) and older (45-64) group. HAHSTA launched social marketing efforts targeting identified populations, including African Americans and gay/homosexual males. To ensure that these subpopulations were adequately represented in the survey, the study purposely recruited more (oversampled) African Americans and gay and homosexual males. Oversampling allows more reliable estimates to be reported for these groups. The African American oversample consisted of 802 respondents, and the gay or homosexual male oversample consisted of 247 respondents.



<sup>30</sup> Fishbein, M., & Yzer, M. C. (2003). Using theory to design effective health behavior interventions. *Communication theory*, 13(2), 164-183.

<sup>31</sup> Joule, R. V., Girandola, F., & Bernard, F. (2007). How can people be induced to willingly change their behavior? The path from persuasive communication to binding communication. *Social and Personality Psychology Compass*, 1(1), 493-505.



Figures 1, 2, and 3 present a demographic overview of the full citywide sample, the African American oversample, and gay or homosexual male oversample, respectively.

**TABLE 1: CHARACTERISTICS OF WASHINGTON DC WIDE SAMPLE (N = 1328)**

| CHARACTERISTIC               | WEIGHTED |              | UNWEIGHTED |              |
|------------------------------|----------|--------------|------------|--------------|
|                              | Number   | (Percentage) | Number     | (Percentage) |
| <b>TOTAL</b>                 | 800      |              | 1328       |              |
| <b>GENDER</b>                |          |              |            |              |
| Male                         | 380      | (48%)        | 704        | (53%)        |
| Female                       | 420      | (53%)        | 624        | (47%)        |
| <b>AGE GROUP</b>             |          |              |            |              |
| 20-24                        | 93       | (12%)        |            |              |
| 25-34                        | 224      | (28%)        |            |              |
| 35-44                        | 141      | (18%)        |            |              |
| 45-54                        | 122      | (15%)        |            |              |
| 55-64                        | 106      | (13%)        |            |              |
| <b>RACE</b>                  |          |              |            |              |
| Black/African American       | 376      | (47%)        | 802        | (60%)        |
| White                        | 353      | (44%)        | 447        | (34%)        |
| <b>ETHNICITY</b>             |          |              |            |              |
| Hispanic                     | 73       | (9%)         | 125        | (9%)         |
| <b>SEXUAL ORIENTATION</b>    |          |              |            |              |
| Male Gay or Homosexual       | 65       | (8%)         | 247        | (19%)        |
| Female Lesbian or Homosexual | 5        | (1%)         | 23         | (2%)         |
| Straight or Heterosexual     | 688      | (86%)        | 988        | (74%)        |
| Bisexual                     | 14       | (2%)         | 25         | (2%)         |
| <b>WARD OF RESIDENCE</b>     |          |              |            |              |
| 1                            | 108      | (14%)        | 158        | (12%)        |
| 2                            | 104      | (13%)        | 113        | (9%)         |
| 3                            | 107      | (13%)        | 130        | (10%)        |
| 4                            | 102      | (13%)        | 187        | (14%)        |
| 5                            | 105      | (13%)        | 203        | (15%)        |
| 6                            | 103      | (13%)        | 176        | (13%)        |
| 7                            | 87       | (11%)        | 185        | (14%)        |
| 8                            | 84       | (11%)        | 176        | (13%)        |
| <b>EVER TESTED FOR HIV</b>   |          |              |            |              |
| Yes                          | 368      | (46%)        | 678        | (51%)        |
| No                           | 417      | (52%)        | 628        | (47%)        |
| Unknown                      | 9        | (1%)         |            |              |
| Declined                     | 6        | (1%)         |            |              |

**TABLE 2: CHARACTERISTICS OF AFRICAN AMERICAN OVERSAMPLE (N = 802)**

| <b>CHARACTERISTIC</b>        | <b>Number</b> | <b>(Percentage)</b> |
|------------------------------|---------------|---------------------|
| <b>TOTAL</b>                 | 802           |                     |
| <b>GENDER</b>                |               |                     |
| Male                         | 349           | (44%)               |
| Female                       | 453           | (57%)               |
| <b>AGE GROUP</b>             |               |                     |
| 20-44                        | 386           | (48%)               |
| 45-64                        | 274           | (34%)               |
| <b>SEXUAL ORIENTATION</b>    |               |                     |
| Male Gay or Homosexual       | 32            | (4%)                |
| Female Lesbian or Homosexual | 6             | (1%)                |
| Straight or Heterosexual     | 718           | (90%)               |
| Bisexual                     | 14            | (2%)                |
| <b>WARD OF RESIDENCE</b>     |               |                     |
| 1                            | 70            | (9%)                |
| 2                            | 23            | (3%)                |
| 3                            | 17            | (2%)                |
| 4                            | 128           | (16%)               |
| 5                            | 151           | (19%)               |
| 6                            | 80            | (10%)               |
| 7                            | 170           | (21%)               |
| 8                            | 163           | (20%)               |
| <b>EVER TESTED FOR HIV</b>   |               |                     |
| Yes                          | 455           | (57%)               |
| No                           | 338           | (42%)               |
| Unknown                      | 6             | (1%)                |
| Declined                     | 4             | (1%)                |

**TABLE 3: CHARACTERISTICS OF MALE GAY/HOMOSEXUAL OVERSAMPLE (N = 247)**

| <b>CHARACTERISTIC</b>       | <b>Number</b> | <b>(Percentage)</b> |
|-----------------------------|---------------|---------------------|
|                             |               |                     |
| <b>TOTAL</b>                | 247           |                     |
|                             |               |                     |
| <b>GENDER</b>               |               |                     |
| Male                        | 247           | (100%)              |
| <b>AGE GROUP (IN YEARS)</b> |               |                     |
| 20-44                       | 97            | (40%)               |
| 45-64                       | 144           | (58%)               |
| <b>RACE</b>                 |               |                     |
| Black/African American      | 66            | (27%)               |
| White                       | 173           | (70%)               |
| <b>ETHNICITY</b>            |               |                     |
| Hispanic                    | 10            | (4%)                |
| <b>WARD OF RESIDENCE</b>    |               |                     |
| 1                           | 56            | (23%)               |
| 2                           | 54            | (22%)               |
| 3                           | 20            | (8%)                |
| 4                           | 16            | (7%)                |
| 5                           | 25            | (10%)               |
| 6                           | 33            | (14%)               |
| 7                           | 15            | (6%)                |
| 8                           | 27            | (11%)               |
| <b>EVER TESTED FOR HIV</b>  |               |                     |
| Yes                         | 157           | (64%)               |
| No                          | 85            | (35%)               |
| Unknown                     | 0             | (0%)                |
| Declined                    | 4             | (2%)                |

## STUDY KEY FINDINGS

Study participants were surveyed about their knowledge, attitudes, and behavior (KAB) associated with HIV/AIDS education, prevention, treatment, and care. Four specific social marketing campaigns were featured in the survey: *DC Takes on HIV*, *Ask for the Test*, *Explore Your Options*, and *Dominate Your Sex Life/#PrEPForHer*. Profiles of these campaigns are included in Appendix A of this report.

The main message across all the campaigns was to empower residents and encourage thoughtful and positive health action. Successful social marketing campaign messaging serves as a cue to target audiences to know the issue and understand the personal benefits of described actions. Survey responses suggest that participants understood the messages and acted accordingly.

In general, study findings determined that these campaigns have been effective at reaching DC residents, especially those most impacted by HIV/AIDS. The campaigns have played a part in people receiving and acting on information to get tested for HIV, get access to free condoms, and to protect themselves and their partners.

Key findings are presented in three main sections:

- (1) Social Marketing's Impact on Awareness and Education; and
- (2) Social Marketing's Impact on Target Audience's Knowledge, Attitudes, and Behaviors; and
- (3) Identified Gaps in Social Marketing.

### KEY FINDINGS: SOCIAL MARKETING'S IMPACT ON AWARENESS AND EDUCATION

## DC RESIDENTS REPORT HIGH LEVELS OF KNOWLEDGE AND AWARENESS ABOUT HIV/AIDS.

Ninety-nine percent of respondents said they feel confident that they know how to protect themselves against HIV or other sexually transmitted diseases (STDs). Almost half of the survey sample (48 percent) said they typically get health-related news and information from the Internet, their physician (27 percent), print media (18 percent), and the television (17 percent). When asked where they get most of their awareness about HIV/AIDS, only 17 percent said their doctor/provider. A greater portion of respondents (33 percent) indicated that their awareness came from traditional media campaigns such as ads in newspapers, radio/TV, outdoor or transit. Moreover, 21 percent of respondents get their awareness from online/social media campaigns such as Facebook, Twitter, news sites, etc.

Regarding, PrEP, only 36 percent of respondents had ever heard of the daily pill that prevents HIV-infection. Of those respondents that had heard of PrEP, 26 percent had considered using it, and 38 percent personally knew someone who uses it. Thus, social marketing efforts to inform and educate the public about HIV/AIDS are important sources of information.

***Where Respondents Get Most of Their Awareness about HIV/AIDS***

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*From their doctor/provider*



*Traditional media campaigns such as ads in newspapers*

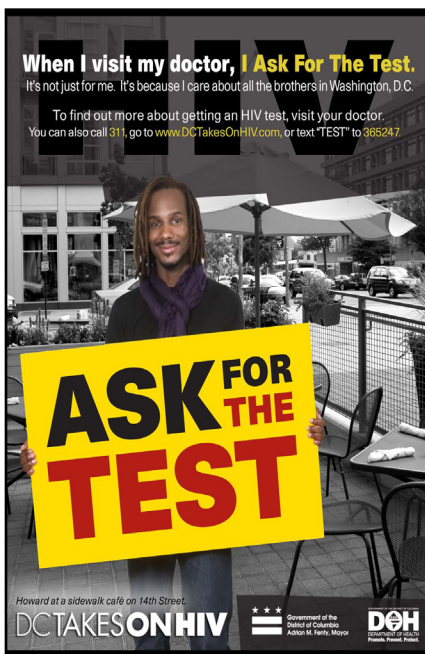


*Online/social media campaigns such as Facebook, Twitter, news sites, etc.*

## SOCIAL MARKETING EFFORTS REACHED DC RESIDENTS, INCLUDING TARGETED AFRICAN AMERICANS AND GAY/HOMOSEXUAL MALES.

*DC Takes on HIV* had high visibility throughout the city, with a wide reach and high recall among survey respondents, particularly the target subgroups. When asked if within the past three years, survey respondents had recalled seeing *DC Takes on HIV* campaign-specific materials, the following said yes:

- 44 percent of the citywide sample
- 50 percent African American, 38 percent White, and 50 percent Hispanic of the target subgroups by race
- 47 percent gay/homosexual males, 61 percent lesbian or homosexual females, 63 percent bisexual, and 43 percent straight/heterosexual
- 39 percent in Ward 1, 49 percent in Ward 5, 40 percent in Ward 6, 50 percent in Ward 7, and 52 percent in Ward 8



*Ask for the Test* also had high visibility among survey respondents (43 percent recalled seeing the campaign-related materials).

Survey data suggests that campaign targeting was effective with their target audience of African Americans (44 percent) and gay/homosexual males (47 percent) seeing campaign media.

All wards had high recall (more than 40 percent) except Wards 3 (29 percent) and 4 (39 percent).



**Explore Your Options** had visibility among survey respondents (31 percent recalled seeing the campaign-related materials).

Survey data suggests that campaign targeting was effective with their target audience of African Americans (47 percent) and with gay/homosexual men (27 percent).



Visibility among subgroups of respondents was as follows:

- 27 percent white and 28 percent Hispanic
- 63 percent bisexual
- 48 percent in Ward 8 and 46 percent in Ward 2 with lowest visibility in Ward 1 (17 percent)



Overall, **Dominate Your Sex Life/#PrEPForHer**, due to its shorter life span (nine months in the field), reported the lowest visibility among survey respondents with 11 percent of the citywide sample recalling seeing campaign-related media in the last three months.

Visibility among subgroups of respondents was as follows:

- 11 percent African American, 43 percent white, and 33 percent Hispanic
- 17 percent female lesbian/homosexual female, 11 percent straight or heterosexual, and 36 percent bisexual
- Ward 3 had the highest visibility at 20 percent while visibility in Ward 7 was 11 percent and 17 percent in Ward 8.

Collectively, the campaigns showed a high impact as reported by the survey respondents. Multiple “touches” or exposure increased recall, consistent with social marketing principles and behavior change theory. More than half (53 percent) of citywide sample respondents who had seen *Ask for the Test* also recalled specific elements related to *DC Takes on HIV*, as compared to the 36 percent who did not recall *DC Takes on HIV*.

Ward-specific targeting worked. The greatest campaign impact was seen in the wards where campaign efforts were focused. Wards 2 (48 percent) and 3 (37 percent) were not priority target wards for campaign outreach and did not report high recall of campaign materials, compared with the wards targeted with these outreach efforts.

- Residents of Ward 7 (50 percent), and Ward 8 (52 percent) reported seeing the most campaign materials.
- Those in Ward 3 (37 percent) reported the least although this was an increase from previous years.

### TRANSIT, OUTDOOR, AND TV ADS WERE THE MOST RECALLED CHANNELS FOR MESSAGE DELIVERY

Survey respondents across gender, race, and sexual orientation most frequently recalled seeing the *DC Takes on HIV* and *Ask for the Test* campaigns and related materials on transit, outdoor, and television ads. Campaign messaging was delivered via a variety of channels, including outdoor ads (such as bus shelter ads), newspaper ads, retail or store posters, or bathroom and bar ads, social media, and radio.

**TABLE 4: CAMPAIGN RECALL BY CHANNEL**

|             | <i>DC Takes on HIV</i> | <i>Ask for the Test</i> |
|-------------|------------------------|-------------------------|
| Transit Ads | 43%                    | 38%                     |
| Outdoor Ads | 35%                    | 35%                     |
| TV Ads      | 33%                    | 37%                     |

### SOCIAL MEDIA AND NEWSPAPER ADS WERE THE MOST RECALLED CHANNELS FOR MESSAGE DELIVERY AMONG GAY/HOMOSEXUAL MALES AND AFRICAN AMERICAN FEMALES

African American female and gay/homosexual male respondents most frequently recalled seeing the campaigns and related materials on social media/online and newspaper ads. Campaign messaging was also delivered via postcards and brochures and outdoor ads (such as bus shelter ads), transit ads, retail or store posters, or bathroom and bar ads, social media, and radio. Transit ads were the least visible materials for the *Dominate Your Sex Life/#PrEPForHer* campaign.



**TABLE 5: CAMPAIGN RECALL BY CHANNEL FOR PrEP SOCIAL MARKETING CAMPAIGNS**

|                        | <i>Explore Your Options</i> | <i>Dominate Your Sex Life</i> |
|------------------------|-----------------------------|-------------------------------|
| Social media/online ad | 61%                         | 29%                           |
| Newspaper ad           | 36%                         | 45%                           |
| Postcards or brochures | 29%                         | 27%                           |

### **“GET TESTED/TREATED” MESSAGING RESONATED WITH DC RESIDENTS ACROSS ALL CAMPAIGNS.**

Survey responses reflected that the primary message across each of the campaigns was “get tested.” “Protect yourself” and “practice safe sex” were messages that also resonated with DC residents but not as clearly or consistently across campaigns.

There were also subtle differences between how some subgroups of the population interpreted or contextualized the messages. Of note, older participants (45 and older) interpreted the *Explore Your Options* message as one of awareness.

KEY FINDINGS: SOCIAL MARKETING'S IMPACT ON TARGET AUDIENCE'S KNOWLEDGE, ATTITUDES, AND BEHAVIORS

## **SOCIAL MARKETING INCREASED DC RESIDENTS' AWARENESS OF AND KNOWLEDGE ABOUT THE CITY'S FREE CONDOMS AND HIV TESTING SERVICES.**

Fifty-four percent of respondents conveyed they are now aware of the city's free condom services because of the campaigns and campaign-related materials. While there were slight differences across age and race groups, more than 50 percent of the respondents for each group (except for those over age 45) reported knowing about free condoms in the District as a result.

The following subgroups reported knowing about free condoms:

- Ages 20-44 (59 percent) and ages 45-64 (44 percent)
- African Americans (59 percent), Hispanics (53 percent), and whites (59 percent)

Forty-five percent of all respondents indicated that the campaigns made them think about getting tested. The responses were highest for the following demographics: males (57 percent), ages 20-44 (56 percent), African Americans (54 percent), Hispanics (60 percent), and those living in Ward 7 (74 percent).

Forty-one percent of respondents also said the campaigns provided them with new knowledge about HIV and testing. Similarly among respondents who reported knowing about the city's free condom services, further data shows that these respondents were more likely to:

- Have been offered an HIV test by their doctor (45 percent)
- Have ever been tested for HIV (52 percent)

Indicative of targeted campaign messaging, 82 percent of the gay/homosexual males and 74 percent of African Americans oversample reported they were aware of free or confidential HIV testing services available in Washington, DC.

Survey respondents found the campaigns helpful in informing DC residents about HIV/testing, condom use, and where to get condoms.

More than a quarter of all participants (29 percent) said they had visited locations in DC for free condoms. For example, respondents visited health clinics (75 percent), bars/restaurants (25 percent), barber shops/beauty salons (10 percent) and other locations across the city (15 percent). Gay/homosexual men had a similar distribution for where they get condoms.

## DC RESIDENTS INFLUENCED BY SOCIAL MARKETING CAMPAIGNS CONSIDER HIV RISK AND TESTING.

Sixty-six percent of survey respondents said that the campaigns made them think about the risks of HIV. There were differences among gender, race, and location. More females (69 percent) than males (63 percent), more African Americans (69 percent) than whites (66 percent), and more than 50 percent of respondents from all Wards reported this finding.

Forty-seven percent of all survey respondents said the campaigns made them think about getting tested to know their HIV status. Again, there were differences across race, with more African Americans (54 percent) and Hispanics (60 percent) than whites (44 percent) reported this finding.

Also, further data show that these respondents were more likely to:

- Have been offered an HIV test by their doctor
- Have requested an HIV test
- Have seen *DC takes on HIV*
- Say they were prompted by a campaign to get an HIV test
- Say they had been tested for HIV

## DC RESIDENTS PROMPTED TO ASK FOR THE TEST DUE TO SOCIAL MARKETING CAMPAIGNS.

***DC Takes on HIV*** prompted a significant number of residents to be proactive about testing, especially if they had seen campaign materials on transit ads or television.

- Of those who reported seeing the transit ads, 25 percent said it prompted them to get HIV testing
- For those who saw the TV ads, 49 percent were prompted to get HIV testing
- For those who saw the newspaper ad, 29 percent were prompted to get HIV testing
- For those who heard the radio ads, 33 percent said it prompted them to get HIV testing
- 21 percent of those who were aware of free testing services had seen the newspaper ads; similarly, 24 percent of them had seen oversized posters, and 17 percent had seen postcards

**Ask for the Test** prompted a significant number of residents to be proactive about testing, especially if they had seen campaign materials on transit ads or television.

- Of those who reported seeing the transit ads, 20 percent said it prompted them to get HIV testing
- For those who saw the TV ads, 45 percent were prompted to get HIV testing.
- For those who saw the newspaper ad, 26 percent were prompted to get HIV testing
- For those who heard the radio ads, 26 percent said it prompted them to get HIV testing
- For those who saw social media/online ads, 26 percent said it prompted them to get HIV testing
- For those who saw postcard or brochures, 21 percent said it prompted them to get HIV testing
- 20 percent of those who were aware of free testing services had seen the newspaper ads; similarly, 21 percent of them had seen oversized posters, and 15 percent had seen postcards

Individual behaviors and awareness of specific campaign elements varied among those who had seen the *Ask for the Test* campaign. However nearly half of the respondents successfully acted according to each of the campaign prompts.

- 51 percent of respondents said their doctor offered an HIV test
- 55 percent of respondents said they asked for the test
- 44 percent said they felt comfortable asking for the test
- 50 percent said they had been tested for HIV
- 50 percent said they were aware of free testing services

**DC RESIDENTS DEMONSTRATED POSITIVE BEHAVIOR CHANGE RESULTING FROM SOCIAL MARKETING CAMPAIGN.**

Positive behavior was directly associated with the social marketing campaign efforts. As a direct result of the campaigns, residents took the following actions:

**TABLE 7: ACTIONS TAKEN BY RESPONDENTS AS A RESULT OF THE CAMPAIGNS**

|                                 | <i>DC Takes on HIV and Ask for the Test</i> | <i>Explore Your Options and Dominate Your Sex Life</i> |
|---------------------------------|---------------------------------------------|--------------------------------------------------------|
| Got more information about HIV  | 19%                                         | 37%                                                    |
| Got tested for HIV              | 19%                                         | 33%                                                    |
| Use condoms more frequently     | 10%                                         | 26%                                                    |
| Found out my STD status         | 10%                                         | 31%                                                    |
| Got more information about PrEP | NA                                          | 30%                                                    |

Specifically regarding PrEP, 37 percent of gay/homosexual males and 27 percent of African American females got more information.

#### KEY FINDINGS: IDENTIFIED GAPS IN SOCIAL MARKETING

The survey also revealed some gaps in HIV testing and engagement via social media and websites.

### **SOME PROVIDERS ARE FAILING TO ASK PATIENTS ABOUT HIV TESTING DURING OFFICE VISITS.**

The majority (80 percent) of the sample reported going to their doctor, nurse or other health care provider for regular check-ups. Providers are still not asking patients if they want an HIV test. Over half (59 percent) of the citywide sample were not asked if they wanted an HIV test at their last appointment, nor did their provider recommend they get tested.

Of those who were asked if they wanted an HIV test, or recommended one:

- Younger residents were significantly more likely to be asked than older residents (51 percent compared with 30 percent)
- African American residents were significantly more likely to be asked than their white counterparts (50 percent compared with 31 percent)
- Gay male or homosexual residents were significantly more likely to be asked than their straight or heterosexual counterparts (66 percent compared with 37 percent)
- Residents of Wards 7 and 8 were more likely to be asked than residents of any other wards

***The problem does not appear to be related to discomfort with asking or inability to have the discussion with a provider.*** Ninety-four percent of the sample said they feel comfortable asking a provider for an HIV test. This was consistent with all age groups, race/ethnicities, and sexual orientation.

## **ENGAGEMENT VIA SOCIAL MEDIA AND WEBSITES WAS LOW.**

Survey responses did not reflect much activity or traction from residents using these channels or outlets. However, social media engagement was higher among targeted audiences.

- Only 9 percent of Hispanic and Caucasian respondents indicated that they visited [DCTakesonHIV.com](http://DCTakesonHIV.com) whereas 14 percent of gay/homosexual males and African American females said they visited [Exploreyouroptionsdc.com](http://Exploreyouroptionsdc.com).
- Seven percent of Hispanic and Caucasian respondents said they followed *DCTakesonHIV* on social media while 9 percent of the targeted population followed *ExplorePrEP* or *DCTakesonHIV* on social media.
- Only four percent of Hispanic and Caucasian respondents said they called 311 for information whereas 9 percent of gay/homosexual males and African American females said they called 311.

Data shows that the respondents who reported the use of the websites, social media, and information lines were more likely to be ages 20-44.

# **IV.**

# **CONCLUSION AND INSIGHTS**

The campaign evaluation results show that the social marketing campaigns were effective in achieving their objectives: reaching and educating the intended target audiences, delivering campaign messages that resonated with DC residents, and encouraging residents to heed to campaign calls to action and practice positive health behaviors. An overwhelming 99 percent of respondents indicated the campaigns were helpful to them.

The campaigns increased residents' awareness and knowledge about the city's free condom program, HIV testing services, and PrEP which are all critical to prevention efforts. Residents were prompted to ask for the test and took other direct action based on the campaign messaging. Respondents indicated positive behavior change as a result of the campaigns. Targeting of the campaigns by ward and/or population was effective in ensuring those most impacted by HIV/AIDS received messages that resonated with them.

***Number of Respondents Who Indicated the Campaigns Were Helpful***

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In planning for future efforts, it will be important to review evaluation data to identify key areas for improvement for future *HAHSTA* public outreach, education, awareness, and behavior change communication. For example, results show that focused attention is needed to support providers in their role in promoting HIV testing. Also, results suggest that there are benefits from the strategic use of social media and web-based activities. Though there was little traction with these channels, a large majority of the target populations reported relying on social media and the Internet for health information. It will be important to determine the best ways to engage them through these channels.

HAHSTA’s social marketing efforts are essential to combating the HIV epidemic in the city. As social marketing efforts increased, positive behaviors of district residents improved. The survey indicates that there is a clear need for public health education and social marketing campaigns that educate, engage, and motivate individuals to take action related to HIV prevention. Moreover, this study highlights the fact that District residents will respond to thoughtful and targeted social marketing efforts. Continued investment in these campaigns is an important part of the District’s prevention effort.

EXPLORE  
YOUR  
OPTIONS

PrEP prevents HIV with one pill a day.

PrEP

"I asked for the test. Sex is more fun when you know."

"Friends support each other no matter what. Get it done. Get Tested." #AskForTheTest

DC Takes On HIV.com

DOH ASK FOR THE TEST DC

PrEP is a safe, daily pill that helps prevent HIV.

DOMINATE

PrEP & Condoms

PrEPare for the Possibilities

HIV is not my whole life.

I'm living with HIV and I still have a good job, great friends, and play basketball every weekend. Treatment allows me to continue to do what I love in life. I see my doctor, follow my plan and I take my medications.

DOH

See Your Doctor • Get A Plan • Stay In Treatment  
Visit [DCTakesOnHIV.com/TREATMENT](http://DCTakesOnHIV.com/TREATMENT) for information.

PrEP & Condoms

PrEPare for the Possibilities

#PrEPForHer

DOMINATE your sex life

PrEP is a safe, daily pill that helps prevent HIV.

Find yours at [PrEPForHer.com](http://PrEPForHer.com) PrEP



# APPENDIX

**APPENDIX A:**  
CAMPAIGN PROFILES

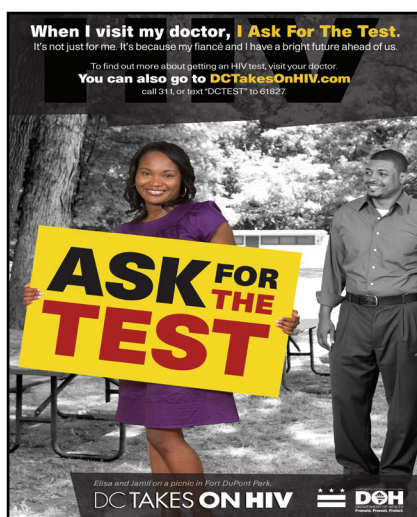
**APPENDIX B:**  
STUDY METHODOLOGY AND LIMITATIONS

**APPENDIX C:**  
SURVEY QUESTIONS

## APPENDIX A: CURRENT CAMPAIGN PROFILES

### DC TAKES ON HIV: ENGAGING RESIDENTS IN HIV/AIDS PREVENTION

In 2008, Octane Public Relations and Advertising and HAHSTA partnered to develop and launch the HIV prevention social marketing campaign, *DC Takes on HIV*, which focuses on promoting HIV testing, HIV medical care and treatment, condom use, and healthy relationships among all residents of the District. The campaign is an umbrella effort which includes *Ask for the Test* (HIV testing campaign); *Know Where You Stand* (intimate partner communication campaign); *Rubber Revolution DC* (condom use and education campaign); and *I Got This* (HIV treatment campaign). In 2014, *Explore Your Options* (PrEP awareness campaign for men who have sex with men) and in 2016 *Dominate Your Sex Life/#PrEPForHer* (PrEP awareness campaign for African American women) were added to the effort.



#### Empowering DC Residents to Ask for the Test.

**In 2008, HAHSTA reported that many residents were not routinely tested for HIV by their providers.**

**Ask for the Test was launched to target DC residents who self-identified as heterosexual African American men and women and gay men residing in Wards 1, 5, 6, 7, and 8.**

**The campaign objectives were to:**

- Inform residents of the importance of requesting an HIV test during their regularly scheduled doctor visits
- Motivate residents to learn their status for their own health benefit
- Motivate residents to learn their status for the people in their lives and communities

The key campaign theme was to **“Ask for the Test,”** encouraging and empowering residents to ask their provider for an HIV test.

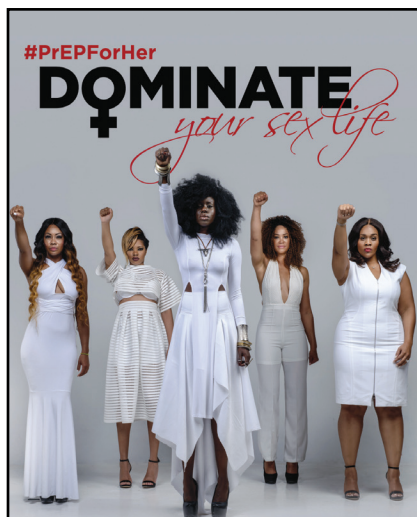
**The campaign tagline was: “When I visit my doctor, I Ask For The Test” and the campaign included the following key messages:**

- It’s not just for me. It’s because I care about my customers.
- It’s not just for me. It’s because my fiancé and I have a bright future ahead of us.
- It’s not just for me. It’s because I take pride in a healthy Washington, DC.
- It’s not just for me. It’s for my family, too.
- It’s not just for me. It’s because I care about all the brothers in Washington, DC
- It’s not just for me. It’s because I care about my congregation.

**The campaign implemented various approaches including:**

- [DCTakesonHIV.com](http://DCTakesonHIV.com) Website
- Ask for the Test ads which included:
  - Print, online, radio and television paid advertising
  - Collateral materials
  - Events and outreach
  - Earned media
  - Additional materials for segmented populations

In 2014, HAHSTA reported that the largest proportion of HIV infection was among heterosexual African American women and men who have sex with men. As a result, campaign efforts were expanded to focus on these two groups. *The Explore Your Options* and *Dominate Your Sex Life/#PrEPForHer* campaigns were created to increase knowledge and awareness of PrEP.



**Inspiring African American women to *Dominate Your Sex Life*. African American women in the District have the highest rates of new HIV diagnoses. *Dominate Your Sex Life/#PrEPForHer* was created to target African American women between the ages of 25-44 in Wards 7 and 8 with education and awareness about PrEP.**

**The campaign objectives were to:**

- Inform African American women about PrEP
- Motivate African American women to ask questions and seek more information about PrEP

The key campaign theme **“*Dominate Your Sex Life,*”** encouraged and empowered African American women to ask their provider about PrEP. The goal was to reduce the stigma associated with PrEP. With the hashtag #PrEPForHer, the campaign included the following key messages:

- PrEP is a safe, daily pill that helps prevent HIV
- Routine HIV testing is required, and condom use is encouraged along with PrEP
- PrEP is a way for women to take control of their sex life
- PrEP is available for women, pregnant and not pregnant

**Campaign materials and the #PrEPForHer website answered questions about the following:**

- How do I take PrEP?
- Is it safe?
- Am I at risk for HIV?
- Where can I get PrEP?

**The campaign implemented various approaches including:**

- [Prepforher.com](http://Prepforher.com) website
- Social media presence (e.g. Facebook, Twitter, Instagram)
- *Dominate Your Sex Life/#PrEPForHer* ads which included
  - Print, online, radio and television paid advertising
  - Collateral materials (postcards, photo props, etc)
  - Events and outreach

**Encouraging men who have sex with men to *Explore Your Options*. In 2014, HAHSTA identified men who have sex with men as one of the two leading transmission modes among newly diagnosed and identified HIV cases.**



***The Explore Your Options* campaign was created to:**

- Inform men who have sex with men about PrEP
- Motivate men who have sex with men to ask questions about PrEP

With the key campaign theme ***“Explore Your Options,”*** men who have sex with men were encouraged to ask questions about whether condoms, PrEP, or both would be the best preventative measures.

**Key messages focused on:**

- Is PrEP safe?
- Are there side effects?
- What is PrEP? How does it work?

**The campaign implemented various approaches including:**

- [Exploreprep.com](http://Exploreprep.com) website
- Social media presence (e.g. Facebook, Twitter, Instagram)
- Explore your options ads which included
  - Print, online, radio and television paid advertising
  - Collateral materials
  - Events and outreach
  - Earned media
  - Additional materials for segmented populations (e.g. homosexual men, Latino men)

## APPENDIX B: STUDY METHODOLOGY AND LIMITATIONS

Braun Research, a data collection company with expertise in geography and sampling, designed and analyzed the study survey in collaboration with Octane. Surveys were conducted using a telephone Computer-Assisted Telephone Interview (CATI) methodology. Both cell phone and landline phone numbers were used to recruit the full sample.

The target audiences for the evaluation were aligned with the primary target audiences of the campaigns:

- Adults, 18 years or older representative of Washington, DC residents and reached by both landline and cell phone using a 15-minute survey
- African Americans, representing 47 percent of the DC population
- Men who have sex with men, gay male or homosexual.

Also, a deliberate effort was made to include participants representing populations of special interest—African Americans and gay male or homosexual, both oversampled for this evaluation:

- **African Americans:** A representative citywide sample was surveyed and included 470 African Americans.
- **Gay male or homosexual:** The known challenges of recruiting this population were addressed by making use of mailing lists and matching them with phone lists and intercept samples (where participants were recruited from target locations while engaging in otherwise routine activities). Participants were also recruited from donation lists to gay and lesbian causes. This recruitment method was used to a limited extent because of the tendency to exclude less affluent members of the community. This group included 200 participants.

As with the evaluation of any public communication campaign, there are limitations that should be noted and factored into any interpretation of the data and recommendations presented in this report.

- **Non-disclosure of HIV status.** Participants were not asked to self-disclose HIV positive status. It is possible that numbers related to screening or levels may be underreported because people are unlikely to continue to get tested once they have received a positive test result.
- **Horizontal and vertical complexity.** This is a major challenge in the evaluation of most public communication campaigns. That is, communication campaigns often aim to simultaneously assess outcomes across some sectors—physical, economic, and political (referred to as horizontal complexity) At the same time, they often aim to assess outcomes at the cognitive, individual behavior, community, or systems levels (known as vertical complexity).

THIS EVALUATION WAS CERTAINLY IN THAT REALM, AIMING SIMULTANEOUSLY FOR CHANGE AT MULTIPLE LEVELS:

- (1) environmental (through public policy and agenda setting);
- (2) community (by affecting norms, expectations, and public support); and
- (3) individual behavior change (through skill teaching, positive reinforcement, and rewards).

**Context and potentially confounding influences.** Any public communication campaign is designed to impact outcomes that could ultimately be affected by a complex and large set of alternative factors. It is important to note that there were likely other variables, the effects of which are difficult to isolate and may have accounted for some of the outcomes seen in this evaluation.

The information and findings presented in this report, however, should be interpreted in general terms and in the general context in which they are presented.

## APPENDIX C: SURVEY QUESTIONS

**PHONE INTRO:\*\*** Hello, I'm \_\_\_\_\_ calling on behalf of Braun Research, a national survey research firm. We are conducting a short survey and would like to include your opinions. We are not trying to sell you anything and all responses will remain completely confidential. My questions will only take about 10 minutes. Do you have time to participate now? This survey will be used for the public good, and nothing you say will have your name associated with it. May I please speak with the youngest male or female, aged 20 years of age or older and who is at home?

*Also, when dialing a cell phone, we will ask him/her whether he/she is driving or in a safe place to talk. If driving, we need to call back.*

*This protocol is standard in research.*

1. Record Gender
  - a. \_\_\_\_\_ Male
  - b. \_\_\_\_\_ Female

### Demographic Questions

2. Are you a Washington, DC, resident?
  - a. Yes **[CONTINUE]**
  - b. No **[TERMINATE]**
  
3. What ward do you live in? *(This question will not need for landline, but for cell, Braun will either ask the question or draw sample based on street corners and back-code ward.)*
  - a. \_\_\_\_\_ 1
  - b. \_\_\_\_\_ 2
  - c. \_\_\_\_\_ 3
  - d. \_\_\_\_\_ 4
  - e. \_\_\_\_\_ 5
  - f. \_\_\_\_\_ 6
  - g. \_\_\_\_\_ 7
  - h. \_\_\_\_\_ 8
  
4. What is your age?
  - a. \_\_\_\_\_ 19 and under **[TERMINATE]**
  - b. \_\_\_\_\_ 20 - 24
  - c. \_\_\_\_\_ 25 - 34
  - d. \_\_\_\_\_ 35 - 44
  - e. \_\_\_\_\_ 45 - 54
  - f. \_\_\_\_\_ 55 - 64
  - g. \_\_\_\_\_ 65 and over



**INTERVIEWER READ:** Thank you! Today we are conducting an opinion survey. The results will be completely confidential.

### **Channel Questions**

5. Where do you typically get health-related news and information?
6. How do you prefer to receive health information?

### **Medical Care & Treatment Questions**

7. Where do you go for health checkups?
  - a. Doctor, nurse or other health care provider
  - b. Urgent care center
  - c. Health clinic
  - d. Emergency room
  - e. Other (Specify)
8. Thinking back to your last health checkup, did your doctor/provider offer or recommend an HIV test?
  - a. Yes
  - b. No
9. If yes to [Q8], Did your doctor/provider make you feel comfortable discussing the topic?
  - a. Yes
  - b. No
10. If no to Q8, did you ask for an HIV test during your visit?
  - a. Yes
  - b. No
11. Do you feel comfortable asking your doctor/provider for an HIV test?
  - a. Yes
  - b. No

**Baseline awareness/knowledge/skills:**

12. Where would you say most of your awareness about HIV/AIDS comes from:
- Friends
  - School
  - Family
  - Online/social media campaigns such as Facebook, Twitter, news sites, etc.
  - Traditional media campaigns such as ads in newspapers, radio/TV, outdoor or transit
  - Doctor or other health care provider
  - Other (specify)\_\_\_\_\_
13. How confident are you that you know how to protect yourself from HIV or sexually transmitted diseases or STDs?
- Very confident
  - Somewhat confident
  - Not very confident
  - Not at all confident
14. How often is it recommended that you be tested for HIV? Read list.
- Once a month
  - Every three to six months
  - Once a year
  - Once every two years
15. Have you been tested for HIV in the past 12 months?  
Do not count tests you may have had as part of a blood donation.
- Yes
  - No
  - Don't know/Not sure
  - Declined
16. REMOVED
17. If yes to Q15, where were you tested for HIV?
- Doctor's office
  - Local clinic
  - Free testing center
  - Hospital
  - Mobile testing van
  - Other (specify)

18. Are you aware of any free or confidential HIV testing services available in Washington, DC?
- a. Yes
  - b. No
  - c. Not sure
19. Have you heard of PrEP or Pre-exposure prophylaxis?
- a. Yes
  - b. No
  - c. Not sure

If no or not sure to Q19, please explain: PrEP also known as Truvada, is daily pill that those at very high risk for HIV including men who sleep with men (MSM) and African American women, can take to lower their chances of getting infected. PrEP is approved by the U.S. Food and Drug Administration (FDA) and is available by prescription from your doctor.

20. **[IF YES IN Q19; OTHERWISE, SKIP TO Q21]**  
What do you know about PrEP? [Open ended for phone survey]

20a. Have you ever used PrEP?

- a. Yes
- b. No
- c. Refused

20aa. Have you ever considered using PrEP?

- a. Yes
- b. No
- c. Refused

20b. Have you ever met anyone who uses PrEP?

- a. Yes
- b. No
- c. Not sure
- d. Refused

20c. You know anyone personally who uses PrEP?

- a. Yes
- b. No
- c. Not sure
- d. Refused

**Additional Demographic questions**

21. Are you Hispanic or Latino?
- Yes
  - No
  - Don't know/Not sure
  - Refused
22. Do you consider yourself to be...? (Because some people are multiracial, Braun typically asks this as a multiple response question.)
- White
  - Black or African American
  - Native American or American Indian
  - Asian/Pacific Islander
  - Other
23. Do you think of yourself as:
- Lesbian, gay, or homosexual
  - Straight or heterosexual
  - Bisexual
  - Something else
  - Don't know

**Campaign specific recall**

*These questions will be rotated to be asked in a different order for each survey respondent.*

24. Have you seen any campaign materials or media related to *DC Takes on HIV* in the past 3 years?
- Yes
  - No
  - Not sure
25. [If Yes in Q24], what *DC Takes on HIV* materials or media have you seen? (Select all that apply)
- Outdoor ads such as bus shelter ad
  - Radio ad
  - TV ad
  - Postcards or brochures
  - Newspaper ad
  - Outdoor or oversize posters, retail or store posters, bathroom or bar posters
  - Social media/online ad
  - Transit ads such as Metro station or bus ads
  - None
  - Other (specify)\_\_\_\_\_

26. [If Yes in Q24] Thinking about the campaign as a whole and all the images you have seen, what would you say is the main message of the campaign?  
[Open ended for phone survey]
27. Have you seen any media about *Ask for the Test* in the past 2 - 3 years?
- Yes
  - No
  - Not sure
28. If yes to Q27, what *Ask for the Test* materials or media have you seen?  
(Select all that apply)
- Outdoor ads such as bus shelter ad
  - Radio ad
  - TV ad
  - Postcards or brochures
  - Newspaper ad
  - Outdoor or oversize posters, retail or store posters, bathroom or bar posters
  - Social media/online ad
  - Transit ads such as Metro station or bus ads
  - None
  - Other (specify)\_\_\_\_\_
29. [If Yes in Q27] Thinking about the campaign as a whole and all the images you have seen, what would you say is the main message of the campaign?  
[Open ended for phone survey]
30. [If Yes in Q27] Did the campaign prompt you to get tested for HIV?
- Yes
  - No

**Questions for MSMs and African American women are noted in Appendix A.**

- REMOVED
- REMOVED
- REMOVED
- REMOVED
- REMOVED
- REMOVED

### Impact on attitudes and behavior intention

For questions 37 - 44, ask the following questions only for Hispanic and Caucasian heterosexual general audiences. Questions for MSMs and African American women are noted in Appendix B.

37. Do you agree or disagree with the following statements about the campaigns? (1 = Strongly agree; 2 = Somewhat agree; 3= Neither agree or disagree; 4 = Somewhat disagree; 5= Strongly disagree)
- The campaign has provided me with new knowledge about HIV and testing
  - The campaign has made me think about getting tested
  - The campaign has made me think about the risks of HIV
  - I know where to get free condoms
38. Please let me know if you have taken any of these actions as a result of the campaigns. (Select all)
- I got tested for HIV
  - I got more information about HIV
  - I use condoms more frequently
  - I found out my STD status
  - Other \_\_specify
  - None of the above actions
39. I'm going to read to you a short list. Please let me know if you have done anything on this list to find out about free HIV testing in DC.
- Visited DCtakesonHIV.com
  - Called 311 for information about HIV testing
  - REMOVED
  - Followed DCTakesonHIV on social media
  - None of the above
40. Have you visited any locations in DC for free condoms?
- Yes
  - No [Skip to Q44]
41. [If yes to Q40] Which of the following places have you visited to get free condoms in DC? (specify all that apply)
- Health clinic
  - Restaurant or bar
  - Salon or barber shop
  - Other (specify)

42. REMOVED
43. REMOVED
44. When you think about past media campaigns that you have seen on HIV/STDs, what has made these campaigns memorable for you? (What grabbed your attention or made you change your behavior including getting tested for HIV/STDs?)

**We are almost done. You are doing great! Just a few more questions...**

45. Did you use a condom the last time you had sex?
- Yes
  - No
46. Do you use condoms when engaging in sex?
- Yes
  - No
47. If yes to Q46, how often do you wear condoms when engaging in sex?
- Always
  - Sometimes
  - Rarely
  - Other \_\_\_\_\_
48. If no to Q46, why do you not wear condoms when engaging in sex?
49. How enjoyable is sex with a condom?
- Extremely enjoyable
  - Very enjoyable
  - Enjoyable
  - Somewhat enjoyable
  - Not enjoyable

**Final demographic questions**

51. What is your marital status?
- Single, never married
  - Married or domestic partnership
  - Widowed
  - Divorced
  - Separated
52. What is your employment status?
- Employed for wages
  - Self-employed
  - Out of work and looking for work
  - Out of work but not currently looking for work
  - A homemaker
  - A student
  - Military
  - Retired
  - Unable to work
53. What was your total household income in 2015?  
Was it greater than or less than \$50 thousand?
- 1) LESS THAN \$50 thousand
  - 2) MORE THAN \$50 thousand
  - 8) [VOL.] EXACTLY \$50 thousand
  - 9) [VOL.] Prefer not to answer
- 53a. Was it...?
- 1) Less than \$10,000
  - 2) \$10,000 to less than \$30,000
  - 3) \$30,000 OR MORE?
  - 9) [VOL.] Prefer not to answer
- 53b. Was it...?
- 4) Less than \$70,000
  - 5) \$70,000 to less than \$90,000
  - 6) \$90,000 to less than \$100,000
  - 7) \$100,000 to less than \$150,000
  - 8) \$150,000 or more
  - 9) [VOL.] Prefer not to answer



Thank you for participating in the survey! We have additional resources if you'd like I can give you a website or email the information to you.

**Read for general audience heterosexual Caucasian and Latino:**

- Visit [Dctakesonhiv.com](http://Dctakesonhiv.com) to learn more about HIV prevention, testing and treatment including PrEP. Visit [Rubberrevolutiondc.com](http://Rubberrevolutiondc.com) to get information about free condoms or condom use. For free HIV testing sites, call 311 or text 'DCTEST' to '61827.' To order free condoms, text 'DCWRAP' to '61827' or call 311 and tell a customer service representative you'd like to order condoms.

**Read for MSMs:**

- Visit [Dctakesonhiv.com](http://Dctakesonhiv.com) or [Exploreyouroptionsdc.com](http://Exploreyouroptionsdc.com) to learn more about HIV prevention, testing and treatment including PrEP. Visit [Rubberrevolutiondc.com](http://Rubberrevolutiondc.com) to get information about free condoms or condom use. For free HIV testing sites, call 311 or text 'DCTEST' to '61827.' To order free condoms, text 'DCWRAP' to '61827' or call 311 and tell a customer service representative you'd like to order condoms.

**Read for African American women**

- Visit [Dctakesonhiv.com](http://Dctakesonhiv.com) or [PrEPforher.com](http://PrEPforher.com) to learn more about HIV prevention, testing and treatment including PrEP. Visit [Rubberrevolutiondc.com](http://Rubberrevolutiondc.com) to get information about free condoms or condom use. For free HIV testing sites, call 311 or text 'DCTEST' to '61827.' To order free condoms, text 'DCWRAP' to '61827' or call 311 and tell a customer service representative you'd like to order condoms.

**That completes our survey and, again, thank you very much for your time!  
Have a great day/evening.**

**APPENDIX A**

## QUESTIONS FOR MSM (REPLACE QUESTIONS 31 - 36)

31a. Have you seen any media about the HIV prevention campaign

*Explore Your Options* in the past 18 months?

- a. Yes
- b. No
- c. Not sure

32a. If yes to Q31a, what *Explore Your Options* materials or media have you seen? (Select all that apply)

- a) Postcards or brochures
- b) Newspaper ad
- c) Social media/online ad
- d) None
- e) Other (specify)\_\_\_\_\_

33a. [If Yes in Q31a] Thinking about the campaign as a whole and all the images you have seen, what would you say is the main message of the campaign? [Open ended for phone survey]

34b. [If Yes in Q31b] As a result of the campaign, have you learned more about PrEP?

- a. Yes
- b. No

35b. [If Yes in Q31b] As a result of the campaign, have you discussed PrEP with friends, family and intimate partners?

- a. Yes
- b. No

36b. [If Yes in Q31b] As a result of the campaign, have you considered using PrEP?

- a. Yes
- b. No

**APPENDIX B**

QUESTIONS FOR MSM AND HETEROSEXUAL BLACK WOMEN  
 (REPLACE QUESTIONS 37-44) IMPACT ON ATTITUDES AND BEHAVIOR INTENTION

- 37a. Do you agree or disagree with the following statements about the campaigns? (1 = Strongly agree; 2 = Somewhat agree; 3= Neither agree or disagree; 4 = Somewhat disagree; 5= Strongly disagree)
- The campaign has provided me with new knowledge about HIV and testing
  - The campaign has made me think about getting tested
  - The campaign has made me think about the risks of HIV
  - The campaign has provided me with new knowledge PrEP
- 38a. Please let me know if you have taken any of these actions as a result of the campaigns. (Select all)
- I got tested for HIV
  - I got more information about HIV
  - I got more information about PrEP
  - I use condoms more frequently
  - I found out my STD status
  - Other \_\_specify
  - None of the above actions
- 39a. I'm going to read to you a short list. Please let me know if you have done anything on this list to find out about free HIV testing in DC.
- Visited [Exploreyouroptionsdc.com](http://Exploreyouroptionsdc.com), [PrEPforher.com](http://PrEPforher.com), or [DCTakesonHIV.com](http://DCTakesonHIV.com)
  - Called 311 for information PrEP or HIV testing
  - REMOVED
  - Followed *ExplorePrEP* or *DCTakesonHIV* on social media
  - None of the above
- 40a. Have you visited any locations in DC for free condoms?
- Yes
  - No [Skip to Q43a]

41a. [If yes to Q40a] Which of the following places have you visited to get free condoms in DC? (specify all that apply)

- a. Health clinic
- b. Restaurant or bar
- c. Salon or barber shop
- d. Other (specify)

42a. [If yes to Q40a] If you think about the condoms available through DC's free condom distribution program, overall, how satisfied are you with each of the following: (1 = Very dissatisfied; 2 = dissatisfied; 3 = neither satisfied nor dissatisfied; 4 = satisfied; 5 = Very satisfied)

- a. The variety of condom brands available
- b. The sizes of condoms available
- c. The availability of personal lubricants (lubes)
- d. The variety of personal lubricants (lubes) available

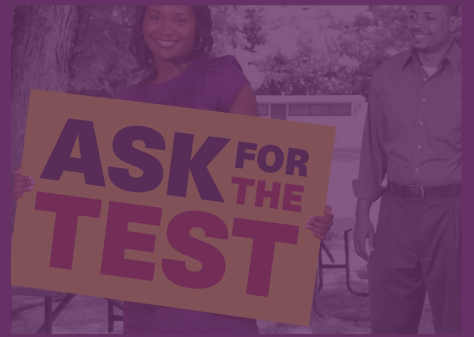
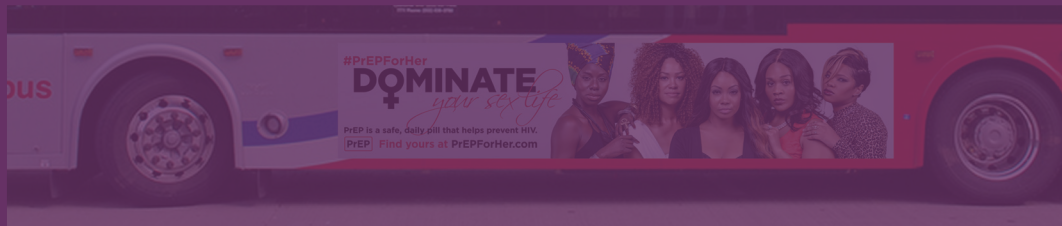
43a. How helpful do you think the campaigns have been in informing DC residents about HIV prevention, testing, PrEP, condom use, etc.?

- a. Very helpful
- b. Somewhat helpful
- c. Not very helpful
- d. Not at all helpful

**NOTES:**

**NOTES:**

**NOTES:**



PrEP & Condoms  
PrEPare for the Possibilities  
DO IT RIGHT DC



HIV is not my whole life.

I'm living with HIV and I still have a good job, great friends, and play basketball every weekend. Treatment allows me to continue to do what I love in life. I see my doctor, follow my plan and I take my medications.

EXPLORE YOUR OPTIONS  
PrEP prevents HIV with one pill a day.  
PrEP

HIV is manageable.

I am one of the millions living with HIV. You can manage it like high cholesterol or other chronic illnesses. I see my doctor, I've got a personal plan and I take my meds.

March 2017 • Octane Public Relations and Advertising



See Your Doctor • Get A Plan • Stay In Treatment  
Visit [DCTakesOnHIV.com/TREATMENT](http://DCTakesOnHIV.com/TREATMENT) for information.



See Your Doctor • Get A Plan • Stay In Treatment  
Visit [DCTakesOnHIV.com/TREATMENT](http://DCTakesOnHIV.com/TREATMENT) for information.

"I asked for the test. Sex is more fun when you know."

"Friends support each other no matter what. Get it done. Get Tested." #RiskForTheTest

DCTakesOnHIV.com



PrEP & Condoms  
PrEPare for the Possibilities



PrEP & Condoms  
PrEPare for the Possibilities

#PrEPForHer  
**DOMINATE** your sex life  
PrEP is a safe, daily pill that helps prevent HIV.  
Find yours at [PrEPForHer.com](http://PrEPForHer.com) PrEP