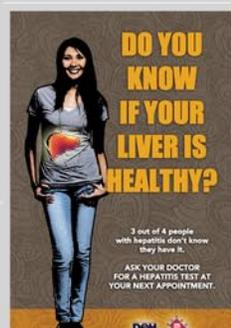
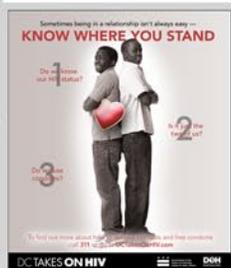
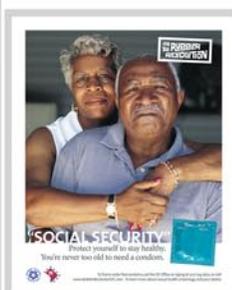
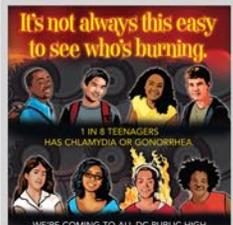
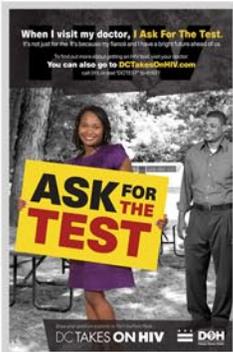
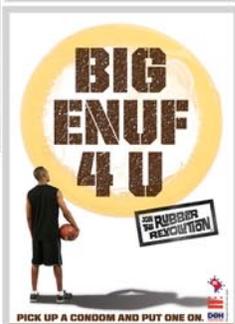
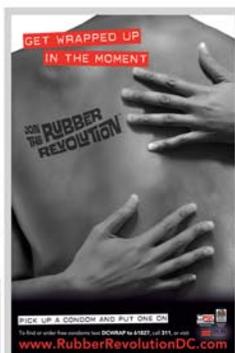


# DC Takes on HIV

Public Awareness, Resident Engagement and a Call to Action

November 2014

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



## TABLE OF CONTENTS

Acknowledgements .....	<b>3</b>
I. Executive Summary .....	<b>4</b>
II. The District Takes Charge.....	<b>10</b>
Understanding the Need.....	<b>11</b>
Responding to the Need .....	<b>12</b>
Adding Social Marketing as Part of the Strategy.....	<b>14</b>
Making Progress .....	<b>16</b>
III. New Social Marketing Efforts Make a Difference .....	<b>18</b>
Study Purpose and Demographics .....	<b>19</b>
Study Methodology and Limitations.....	<b>20</b>
Study Key Findings .....	<b>22</b>
IV. Conclusion and Insights.....	<b>35</b>
V. Appendices and Notes .....	<b>38</b>

## ACKNOWLEDGMENTS

The survey and the 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 TB Administration (HAHSTA) spearheaded this effort, providing guidance and direction throughout the development of the survey. The survey and report are testament to HAHSTA's daily commitment and work to educate, prevent and protect DC residents from HIV/AIDS, Hepatitis, STDs and TB.

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

Braun Research, Incorporated (BRI) was instrumental in planning and developing the survey methodology as well as conducting the survey. BRI 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 time to participate in the survey. Their feedback is the basis for the survey results that may help shape future social marketing initiatives.



# Executive Summary

Following the release of the DC Department of Health, HIV/AIDS, Hepatitis, STD, and TB 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 multi-pronged 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. This study focused on gaining an understanding about DC residents' awareness, knowledge, and behavior associated with the *DC Takes on HIV*, *Ask for the Test* and *Rubber Revolution* social marketing campaigns to gauge the effectiveness of the social marketing campaign efforts and document success 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 (95%) report that they know how to protect themselves against HIV or other sexually transmitted diseases (STDs). Many receive important information about HIV from their doctor/provider (24%) or traditional media campaigns (30%).

## **Social marketing efforts reached DC residents.**

*DC Takes on HIV*, *Ask for the Test*, and *Rubber Revolution* had high visibility throughout the city, with a wide reach and high recall among survey respondents. Residents saw and recalled the social marketing campaigns as follows:

- ◆ Forty-four percent recalled *DC Takes on HIV*
- ◆ Thirty-nine percent recalled *Ask for the Test*
- ◆ Fourteen percent recalled *Rubber Revolution*

## Transit and TV ads were the most recalled channels for all campaigns.

Survey respondents most frequently recalled seeing the campaigns and related materials on transit and television ads.

- ◆ Television ad recall: Rubber Revolution (33%) and Ask for the Test (31%)
- ◆ Transit ads recall: DC Takes on HIV (40%), Ask for the Test (44%) and Rubber Revolution (30%)

## Campaign messages resonated consistently with DC residents.

Primary campaign messages of get tested (54%), protect yourself (44%), and practice safe sex (52%) were clearly and consistently received by DC residents.

## Social marketing increases 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 two-thirds (71%) of survey respondents said they know about the city's free condom services because of the campaigns.
- ◆ And half (50%) 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 show that District residents are thinking about the risks of HIV and how they might act to reduce those risks.

- ◆ Three quarters (74%) of all survey respondents said the campaigns made them think about the risks of HIV.
- ◆ More than half (55%) 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.**

---

*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 on television.

- ◆ For those who saw the TV ads, 44 percent were prompted to get HIV testing.
- ◆ Of those who reported seeing the transit ads, 29 percent said it prompted them to get HIV testing.
- ◆ For those who heard the radio ads, 14 percent said it prompted them to get HIV testing.

## **DC residents demonstrated positive behavior change urged by social marketing campaign.**

---

Survey respondents reported displaying protective behaviors ranging from getting HIV information to getting tested as a result of seeing the social marketing campaigns.

- ◆ 36 percent of all respondents said they got more information about HIV
- ◆ 35 percent of all respondents said they found out their STD status
- ◆ 28 percent of all respondents said they use condoms more frequently
- ◆ 27 percent said they got tested for HIV

# DC TAKES ON HIV



In 2008, the DC Department of Health, HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) 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 multi-pronged 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 following outlines key findings from a survey of DC residents related to their awareness, knowledge, and behavior associated with **DC Takes on HIV**, **Ask for the Test** and **Rubber Revolution** social marketing campaigns to gauge the effectiveness of the campaign efforts and document success in achieving campaign objectives.

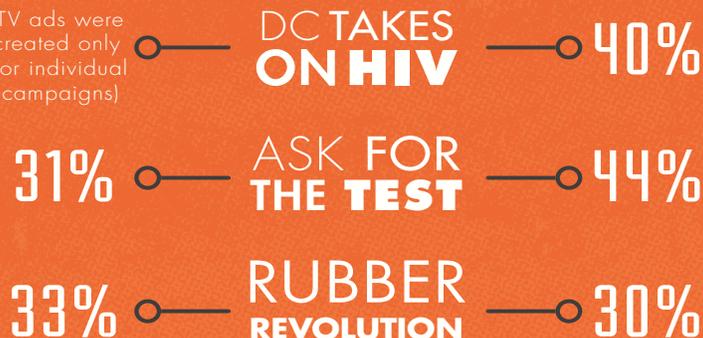
## SOCIAL MARKETING EFFORTS REACHED DC RESIDENTS

*DC Takes on HIV*, *Ask for the Test*, and *Rubber Revolution* had high visibility throughout the city, with a wide reach and high recall among survey respondents. Residents saw and recalled the social marketing campaigns as follows:



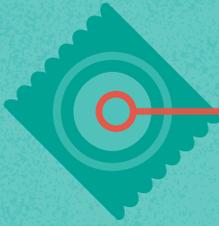
## TRANSIT AND TV ADS WERE THE MOST RECALLED CHANNELS FOR ALL CAMPAIGNS

(TV ads were created only for individual campaigns)

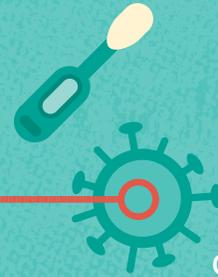
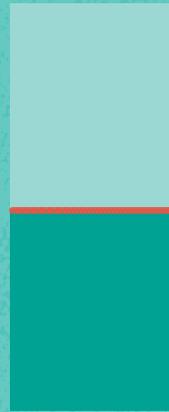


# SOCIAL MARKETING INCREASES DC RESIDENTS' AWARENESS OF AND KNOWLEDGE ABOUT THE CITY'S FREE CONDOMS AND HIV TESTING SERVICES

71%



of survey respondents know about the city's free condom services because of the campaigns



50%

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

74%

of survey respondents said the campaigns made them **think about the risks of HIV**

55%

said the campaigns made them **think about getting tested for HIV**

## DC RESIDENTS DEMONSTRATED POSITIVE BEHAVIOR CHANGE URGED BY SOCIAL MARKETING CAMPAIGNS



36% got more information about HIV



35% said they found out their STD status



28% said they use condoms more frequently



For more information about the campaigns visit [www.DCTakesonHIV.com](http://www.DCTakesonHIV.com) | [RubberRevolutionDC.com](http://RubberRevolutionDC.com)

For more information about HAHSTA visit <http://doh.dc.gov/page/hiv-aids-hepatitis-std-and-tb-administration-hahsta>

FOLLOW US:



@DCTakesonHIV  
@FreeCondomsDC



RubberRevolutionDC

# The District Takes Charge

## UNDERSTANDING THE NEED

### HIV/AIDS in the District of Columbia in 2007

The District of Columbia is a long-established epicenter for public health and health related expertise and resources. Yet, the city's HIV/AIDS rates have been among the highest in the United States,<sup>1</sup> comparable with rates among developing countries.<sup>2</sup> In 2008, the city's annual HIV/AIDS epidemiology update reported that by the end of 2007, more than 15,000 or three percent of adults in the District were living with HIV/AIDS.<sup>3</sup> The data noted:

- ◆ The rate of three percent of the population living with HIV/AIDS exceeds the World Health Organization's one percent definition of a generalized epidemic.<sup>4</sup>
- ◆ All race/ethnicities identified as living with HIV had greater than one percent of their respective populations living with HIV, with African Americans disproportionately affected at more than four percent.<sup>5</sup>
- ◆ Heterosexual contact (more than one-third of new HIV transmissions) and men who have sex with men (MSM) contact (just under one-third of new HIV infections) were the two leading sexual transmission modes of new HIV cases.<sup>6</sup>
- ◆ Similarly to national data, HIV prevalence was highest among African-American men.<sup>7</sup>
- ◆ New HIV infections among District women grew at a faster rate than any other demographic (doubling over a two-year period), and among this demographic, 90 percent were African-American women.<sup>8</sup>
- ◆ Infection rates of heterosexuals living with HIV were high in low-income areas of the city, predominantly Wards 7 and 8.<sup>9</sup>
- ◆ Between one-third and one-half of those HIV positive were unaware of their status.<sup>10</sup>

Multiple social factors—poverty and economic disparity leading to inadequate access to care and treatment, pervasive stigma, lack of education, homophobia, intravenous drug use, lack of familial support—have contributed to the city's epidemic.<sup>11</sup> Further, at that time, a watchdog organization 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>12</sup>



## RESPONDING TO THE NEED

### Developing Testing, Prevention, Risk Reduction, Condom Use, and Linkage and Retention into Care and Treatment Initiatives

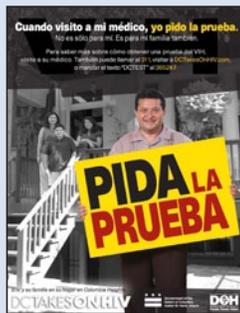
In 2007, the city's mayor declared HIV/AIDS to be his number-one public health priority, going on record and acknowledging the disease a "modern day epidemic."<sup>13</sup> With the support of the City Council and community, federal, and academic partners, Washington, DC conceived a series of prevention efforts aimed to achieve community-level impact, a shift from individual and group prevention.<sup>14</sup> Spearheading this effort, HAHSTA committed to build upon existing (prior to 2007) or establish new initiatives.<sup>15</sup> These initiatives spanned testing, prevention, risk reduction, condom distribution and use, and linkage to care and treatment.

### DC Takes on HIV: Engaging Residents in HIV/AIDS Prevention

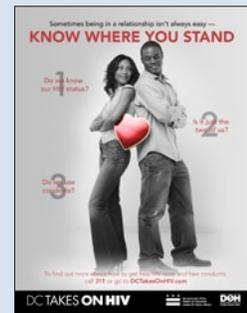
In 2008, Octane Public Relations and Advertising and HAHSTA partnered to develop and launch the HIV prevention social marketing campaign, *DC Takes on HIV*. The campaign is an umbrella effort which includes *Ask for the Test* (HIV testing campaign), *Know Where You Stand* (intimate partner communication campaign), *Rubber Revolution* (condom use and education campaign), and *I Got This* (HIV treatment campaign).



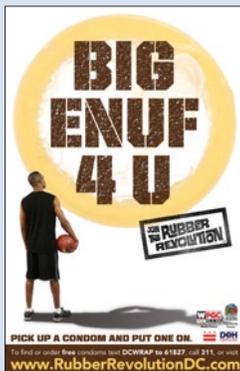
**Ask for The Test**  
HIV Testing Campaign



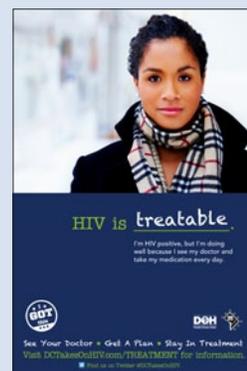
**Know Where You Stand**  
Intimate Partner Communications Campaign



**Rubber Revolution**  
Condom Use and Education Campaign



**I Got This**  
HIV Treatment Campaign



**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.

**Prevention.** Scientific studies have shown that well-designed prevention programs can significantly reduce HIV rates of infection.<sup>16</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, and the lead cause of new infections are attributable to people not knowing they are living with HIV. 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 ten-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.

**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 that 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.

## 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 goal was to encourage and empower residents to ask their provider for an HIV test.



## ADDING SOCIAL MARKETING AS PART OF THE STRATEGY

In 2008, HAHSTA implemented a five-year, city-wide 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>18</sup> In short, HAHSTA set out to "sell" positive sexual behavior to District residents. HAHSTA's main social marketing program objectives were to:

- ◆ Create behavior change in the public regarding risk reduction of HIV/AIDS, STDs, TB and hepatitis through testing, prevention and condom use
- ◆ Promote direct action by every city resident to receive appropriate HIV/AIDS care and treatment.

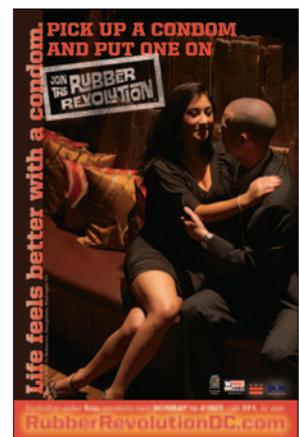
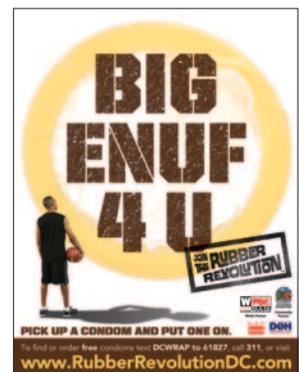
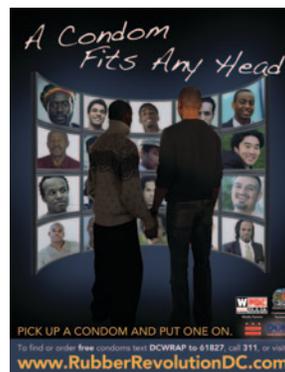
Through a competitive process, HAHSTA selected Octane Public Relations and Advertising (Octane), a locally-based communications firm, to develop social marketing campaigns that would target specified audiences and include research-based messaging and materials, testing, measurable objectives, and opportunities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

HAHSTA and Octane developed and launched the HIV social marketing campaign, *DC Takes on HIV*. The campaign was designed as an umbrella effort and included:

- ◆ *Ask for the Test* (HIV testing campaign)
- ◆ *Know Where You Stand* (intimate partner communication campaign)
- ◆ *Rubber Revolution* (condom use and education campaign)
- ◆ *I Got This* (HIV treatment campaign).

## Rubber Revolution: A Movement to Normalize the Condom Conversation

In 2009, Octane conducted focus groups with DC residents including heterosexual African-American men and women and gay men residing in Wards 1,5,6,7 and 8. These focus groups revealed that size, comfort and use in the moment as reasons both heterosexual and gay residents said they don't always use condoms. There was also a gap in knowledge about how to put on a condom, especially within the Latino community. In response, Octane developed the *Rubber Revolution* campaign to raise awareness about and promote the city's free condom distribution program, encourage the use of condoms as well as remove barriers regarding condom use.

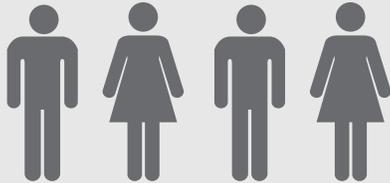


# SOCIAL MARKETING STRATEGY

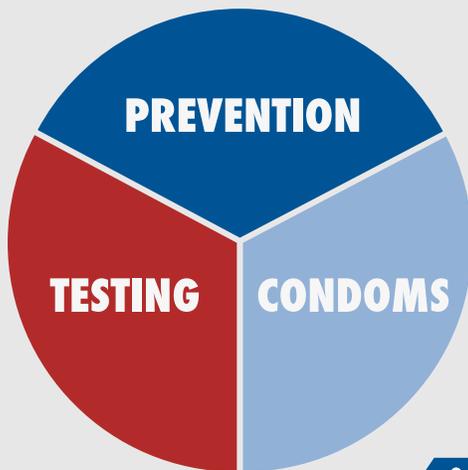
**GOAL** ► **INSPIRE** behavior change  
**TO REDUCE HIV** infection rates.

## HOW

MAKE  
**INFORMATION**  
AVAILABLE TO



**ABOUT**



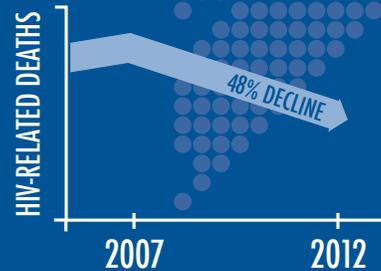
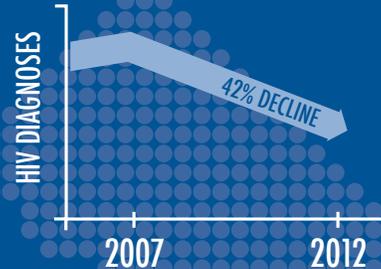
**TO PROVIDE**



**TO**



## CAMPAIGN OUTCOMES



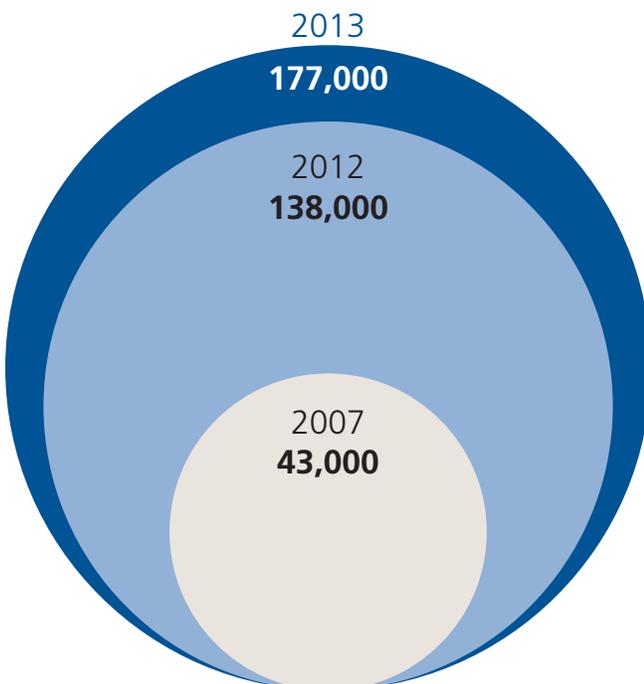
## MAKING PROGRESS

HAHSTA and the District of Columbia are surging ahead in reducing new cases and improving health outcomes for those living with HIV, including earlier HIV diagnoses and linkage to care through DC's treatment-on-demand. The city's progress is evident. Recent programmatic achievements and epidemiological outcomes were highlighted in HAHSTA's 2012 Annual Epidemiology and Surveillance Report: Surveillance Data through December 2011.

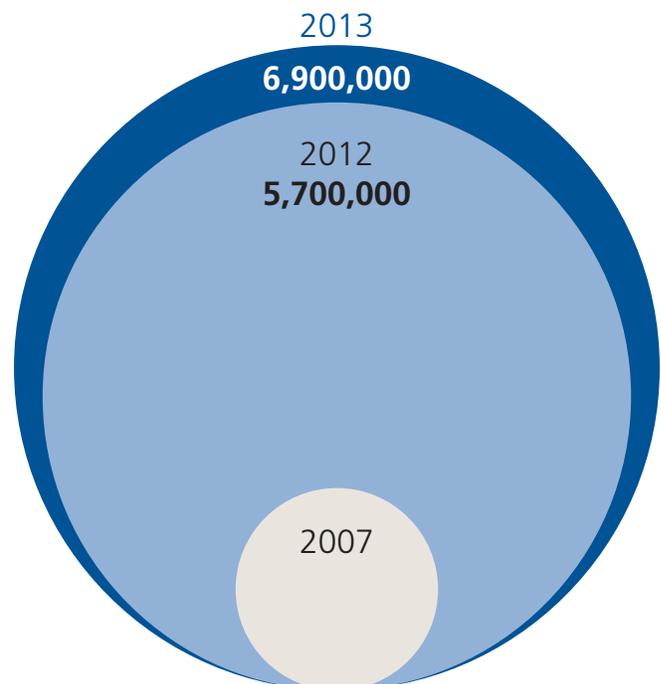
### Programmatic Achievements Since 2007

- ◆ HAHSTA gave or provided funding for 177,000 HIV tests in 2013, up from 138,000 in 2012 and more than quadruple the 43,000 tests in 2007.
- ◆ HAHSTA distributed more than 6.9 million male and female condoms in 2013, a tenfold increase from 2007.
- ◆ Through the District's needle exchange programs, 647,000 previously used needles were removed from the street in 2013, an increase from 550,000 in 2012.
- ◆ In 2013, HAHSTA provided health information to nearly 5,000 District high school students and screening to more than 5,870. In 2013/2014, HAHSTA began offering HIV testing in select schools.
- ◆ HAHSTA launched a new hepatitis information campaign and is now offering hepatitis C screenings.
- ◆ HAHSTA expanded and strengthened linkage to care efforts via its new initiative to deliver additional services to pregnant women living with HIV. This initiative will prevent further births of babies with HIV.

Number of HIV Tests Administered or Funded by HAHSTA

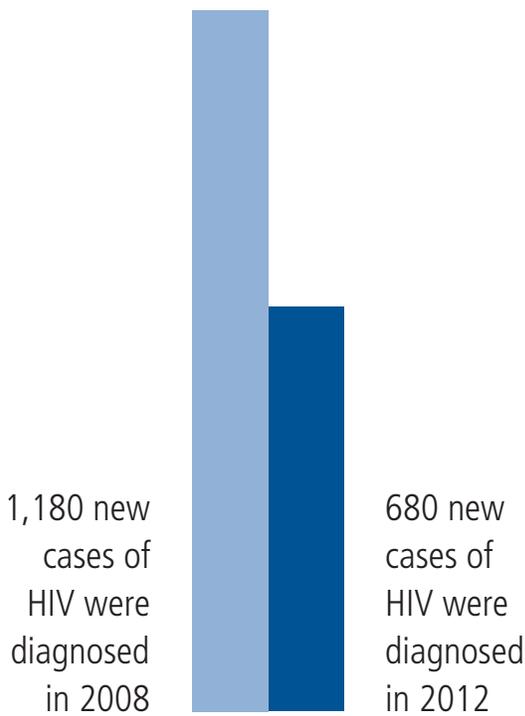


Number of Condoms Distributed by HAHSTA



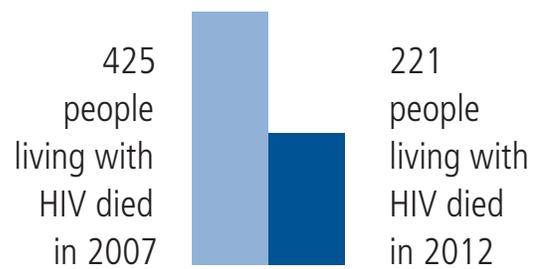
## Epidemiological Outcomes Since 2007

- ◆ The number of newly diagnosed HIV cases in the District decreased to 680 cases in 2012, a decline of 42 percent from 1,180 cases in 2008.
- ◆ There was more than an 85 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 (prior to the scale-up of the District’s needle exchange program) to 21 in 2012.
- ◆ The number of reports of newly diagnosed AIDS cases decreased to 370 cases in 2012, a decline of more than 45 percent from 682 new cases in 2007.
- ◆ The number of deaths among persons with HIV decreased by 48 percent, from 425 in 2007 to 221 in 2012.
- ◆ Of those newly diagnosed with HIV in 2012, 86 percent were linked to care within three months compared to 50 percent who were linked to care within three months of diagnosis in 2005.
- ◆ Two children were born with HIV between 2009 and 2010, and since 2011, there have been no reports of a child born with HIV.



**42%**

Percentage decline in HIV diagnoses (2008–2012)



**48%**

Percentage decline in deaths among people living with HIV (2007–2012)

**New Social  
Marketing  
Efforts Make  
a Difference**

Behavior change through communications alone is difficult to enact, as a full shift in attitudes and actions must progress through gradual stages while withstanding outside influences.<sup>19</sup> These and other variables make measurement of behavior change as the direct result of communications complex, but possible through measuring individual factors such as knowledge, awareness, and actions. 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 aggressive effort has 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 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 strategy to more efficiently and effectively influence health and lifestyle behavior and improve HIV/AIDS-related outcomes for District residents.

## STUDY PURPOSE AND DEMOGRAPHICS

The purpose of the campaign evaluation is 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 810 respondents with a fairly even representation of men (48%) and women (52%). Participants tended to be younger, with 66 percent of respondents identifying as 20-44 years old versus 34 percent ages 45-64 years old. HAHSTA launched social marketing efforts targeting identified populations, including African Americans and gay/homosexual men. To ensure that these subpopulations were adequately represented in the survey, the study purposely recruited more (oversampled) African Americans and gay and homosexual men. Oversampling allows more reliable estimates to be reported for these groups. The African American oversample consisted of 820 respondents, and the gay or homosexual men oversample consisted of 201 respondents.

The table on the following page presents a demographic overview of the full citywide sample, the African American oversample, and gay or homosexual men oversample, respectively.



## STUDY METHODOLOGY AND LIMITATIONS

The “DC Takes on HIV: Public Awareness, Resident Engagement and a Call to Action” poll is based on telephone interviews conducted January 3 through February 9, 2014, with adults, 20-64 years of age, in the city of Washington, DC.

A total of 810 respondents representing the citywide population of Washington, DC, were interviewed January 3 through February 4. A total of 820 African Americans (included as part of the citywide population and as an oversample of African Americans) were interviewed January 3 through February 4. We also interviewed a total of 201 gay males (included as part of the citywide interviews and an oversample of gay males) from January 3 through February 9, 2014. Interviews were in English only.

Braun Research, Incorporated (BRI), headquartered in Princeton, New Jersey, conducted the sampling, screening, interviewing, and tabulation for the survey.

The telephone numbers called, both landlines and cellphones, for both citywide and African-American respondents, were from random digit dialing samples provided by Survey Sampling International of Shelton, Connecticut. Each ward of the city was represented in proportion to its share of all telephone numbers. Random digits assured access to listed and unlisted numbers alike. The completed samples were adjusted to assure the proper ratio of cellphone-only vs. landline-only and dual-phone users. Within each landline household, one adult was designated by a random procedure to be the respondent for the survey.

Interviewers made multiple attempts to reach every phone number in the sample, calling back unanswered numbers on different days at different times, day and evening.

The primary sample sources for the gay males in this study were: 1) intercept sampling and 2) a list of people in gay support groups. Some additional respondents were found by using a list of those who have made donations to HIV- or AIDS-related organizations.

The combined results have been weighted to adjust for variations in the sample relating to age, race, gender, ethnicity, ward, LGBT population, and phone usage (landline and cell), for adults 20-64 years old in Washington, DC.

African Americans were weighted on age, ward, and gender based on statistics for African Americans living in Washington, DC, and who are 20-64 years old. While the African Americans were reported as a separate sub-group for purposes of analysis, within the citywide results, the African American oversample was finally folded into the citywide results and weighted down to reflect the statistical proportion of Washington, DC, metro residents that African Americans represent. Gay male respondents were weighted on race only.

In theory, for the citywide and African-American interviewing, in 19 cases out of 20, results based on such samples will differ by no more than 3.4 percentage points in either direction from what would have been obtained by seeking to interview all residents or all African Americans, respectively, in metro Washington, DC. The sampling error for gay males is relatively larger at 6.9 percentage points. Shifts in results between polls over time also have a larger sampling error.

In addition to sampling error, the practical difficulties of conducting any survey of public opinion may introduce other sources of error into the poll. Variations in the wording or order of questions, for example, may lead to somewhat different results.

Disposition reports can be found in Appendix B and complete questions are shown in Appendix C.

Table 1: Characteristics of Primary Sample and Oversampled Populations

Characteristic	Washington DC Wide Sample				African American Oversample		Male Gay Oversample	
	Weighted		Unweighted		Number	Percent	Number	Percent
	Number	Percent	Number	Percent				
Total (n=)	810		1233		820		201	
<b>Gender</b>								
Male	388	48%	388	31%	373	45%	201	100%
Female	422	52%	422	34%	447	55%	–	–
<b>Age group (in years)</b>								
20-24	127	16%	78	6%	446	54%	78	38%
25-34	159	20%	182	15%				
35-44	247	30%	218	18%				
45-54	150	19%	302	24%	374	46%	123	61%
55-64	127	16%	453	37%				
<b>Race</b>								
Black/African American	362	44%	362	29%	820	100%	60	30%
White	355	43%	355	28%	–	–	141	70%
<b>Ethnicity</b>								
Hispanic	75	9%	42	3%	–	–	8	4%
<b>Sexual Orientation</b>								
Male gay or homosexual	43	5%	63	5%	28	3%	201	100%
Female lesbian or homosexual	16	2%	16	1%	11	1%	–	–
Straight or heterosexual	686	85%	1063	86%	726	89%	–	–
Bisexual	22	3%	25	2%	23	3%	–	–
<b>Ward of Residence</b>								
1	116	14%	123	10%	68	8%	49	25%
2	122	15%	100	8%	31	4%	43	21%
3	104	13%	103	8%	11	1%	18	9%
4	93	11%	176	14%	121	15%	14	7%
5	95	12%	181	15%	155	19%	21	10%
6	115	14%	140	11%	91	11%	29	14%
7	83	10%	208	17%	174	21%	15	7%
8	82	10%	202	16%	168	21%	11	5%
<b>Ever tested for HIV</b>								
Yes	630	78%	987	80%	704	86%	197	98%
No	169	21%	228	18%	107	13%	3	2%
Unknown	6	1%	12	1%	5	1%	1	0%
Declined	5	1%	6	1%	4	1%	–	–

## STUDY KEY FINDINGS

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

The main message across all the campaigns was intended 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 protect themselves and their partners.

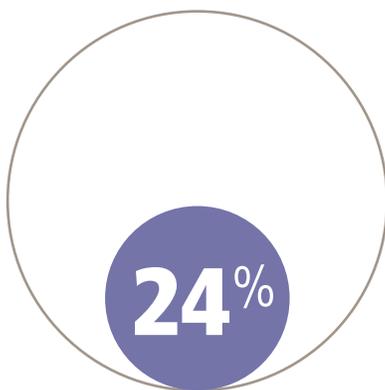
Key findings are presented in three main sections: (1) Social Marketing's Impact on Awareness and Education, (2) Social Marketing's Impact on Target Audiences' Knowledge, Attitudes, and Behaviors and (3) Identified Gaps in Social Marketing.

## Key Finding: Social Marketing's Impact on Awareness and Education

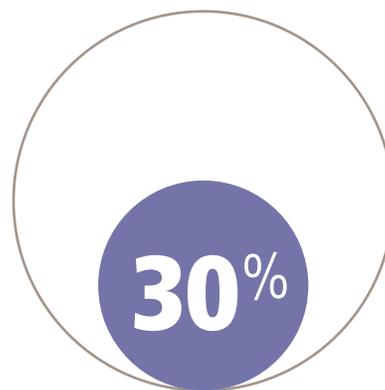
### DC RESIDENTS REPORT THEY ARE ACTIVELY ENGAGED AND IN THE KNOW ABOUT HIV/AIDS.

Ninety-five percent of respondents said they feel very confident that they know how to protect themselves against HIV or other sexually transmitted diseases (STDs). Almost half of the survey sample (44%) said they typically get health related news and information from the Internet, their physician (22%) or print media (19%) and the television (19%). When asked where they get most of their awareness about HIV/AIDS, 24 percent said their doctor/provider. However, a greater proportion (30%) said that the majority of their awareness came from traditional media campaigns, showcasing the importance of social marketing for informing and educating the public about HIV/AIDS.

### Where Respondents Get Most of their Awareness about HIV/AIDS



From their doctor/provider



From traditional media campaigns

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

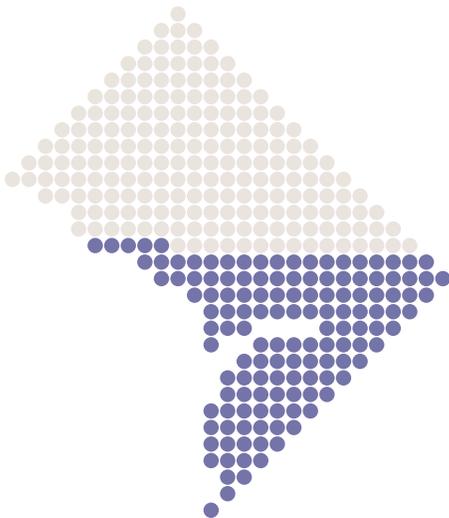
*DC Takes on HIV* had high visibility throughout the city, with a wide reach and high recall among survey respondents, particularly the target subgroups. Within the past three years, survey respondents recalled seeing *DC Takes on HIV* campaign-specific materials:

- ◆ Forty-four percent of the citywide sample
- ◆ Thirty-six percent gay/homosexual men, 58 percent lesbian or homosexual women, and 44 percent straight/heterosexual of the target subgroups by sexual orientation
- ◆ Fifty percent African-American, 40 percent White, and 32 percent Hispanic of the target subgroups by race
- ◆ Greater than 25 percent recall in all District wards, with 57 percent in Ward 6, 54 percent in Ward 8, and 27 percent in Ward 3 (of note, Ward 3 was not a target demographic of the campaign)

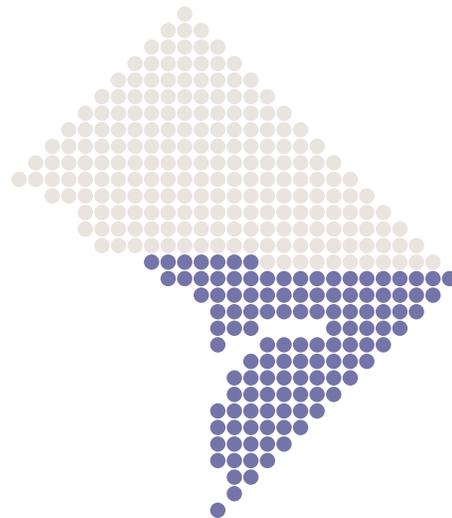
*Ask for the Test* also had high visibility among survey respondents (39 percent recalled seeing the campaign-related materials). The campaign’s target audience was African Americans and gay/homosexual men. Survey data suggests that campaign targeting was effective for *Ask for the Test*.

- ◆ African Americans (46%) had higher recall than Whites (37%).
- ◆ Wards 4, 6, 7 and 8 all had higher recall (more than 40 percent for each ward), while Ward 2 had the lowest recall (27%).

Overall, *Rubber Revolution* survey data reported the least visibility among survey respondents, with 14 percent of the citywide sample recalled seeing campaign-related materials within the last two years. These anomalies can be attributed to the campaign’s shorter run. Consistent with the data for the other campaigns, recall was higher among the targeted subpopulations of African Americans (19%), gay/homosexual men (21%), and residents of Wards 4 (17%), 5 (17%), 7 (19%), and 8 (21%).



*DC Takes on HIV* had a 44% recall rate among the citywide sample respondents



*Ask for the Test* had a 39% recall rate among the citywide sample respondents

# ASK FOR THE TEST



## CAMPAIGN KEY FINDINGS

In 2009 the DC Department of Health, HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) launched its **Ask for the Test** social marketing campaign. The campaign goal was to encourage and empower DC residents to ask their health provider for an HIV test. The following outlines key findings from the survey.

### CAMPAIGN RECALL

**39%** of the citywide sample recalled seeing campaign-related materials within the last two years

Survey respondents most frequently recalled seeing the **Rubber Revolution** campaign and related materials on transit and television ads.

**10%** saw posters outdoors, in retail or stores, or in bathrooms or bars

**26%** saw outdoor ads (i.e., bus shelters)

**33%** saw the campaign on television

**11%** saw newspaper ads

**44%** saw the campaign on transit ads (Metrobus or Metro platforms)

OF THOSE WHO RECALLED THE CAMPAIGN,

**24%**

INDICATED THAT THE CAMPAIGN PROMPTED THEM **✓** TO GET TESTED FOR HIV

## INTERACTION WITH DOCTORS ON HIV TESTING



**42%** of respondents indicated that at their last health check-up, the doctor or provider **offered or recommended an HIV test**

**96%** of those said the doctor or provider made them feel comfortable discussing the topic

## HIV TESTING HISTORY AND KNOWLEDGE

**78%**

of survey respondents **have been tested** for HIV (not counting tests had as part of a blood donation)

## MOST COMMON LOCATIONS FOR HIV TESTING:



**60%** **DOCTOR'S OFFICE**



**12%**  
**HOSPITAL**



**12%**  
**LOCAL CLINIC**



**7%**  
**FREE TESTING CENTER**



**3%**  
**MOBILE TESTING VAN**



nearly 2/3 of survey respondents were **aware of free or confidential HIV testing** services available in Washington, DC



For more information about the campaigns visit [www.DCTakesonHIV.com](http://www.DCTakesonHIV.com) | [RubberRevolutionDC.com](http://RubberRevolutionDC.com)

For more information about HAHSTA visit <http://doh.dc.gov/page/hiv-aids-hepatitis-std-and-tb-administration-hahsta>

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RubberRevolutionDC

Collectively, the campaigns showed great impact as reported by the survey respondents. Multiple points of exposure increased recall, consistent with social marketing principles and behavior change theory.

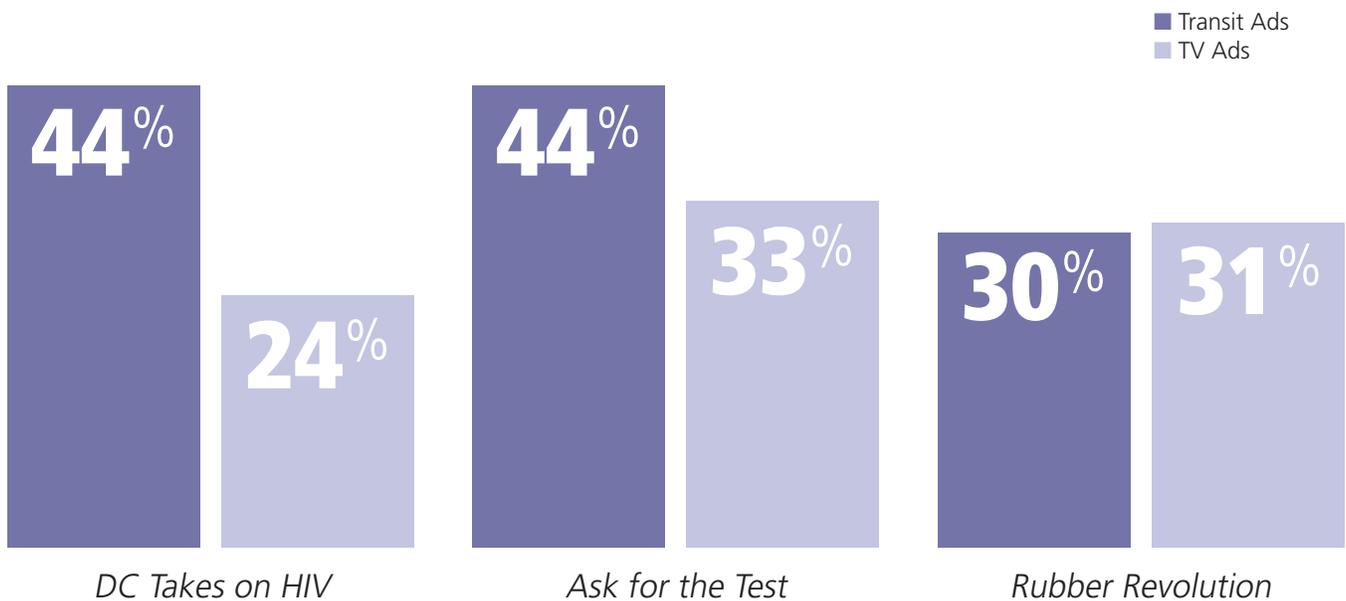
- ◆ More than half (58%) of citywide sample respondents who had seen *Ask for the Test* also recalled specific elements related to *DC Takes on HIV*, as compared to one-third (33%) who did not recall *DC Takes on HIV*.
- ◆ Fifty-nine percent of citywide respondents who had seen *Ask for the Test* had also seen *Rubber Revolution*, as compared with 36 percent who had not seen *Rubber Revolution*.
- ◆ Those who had not seen *Ask for the Test* were less likely to have seen either *Rubber Revolution* or *DC Takes on HIV*.

Ward-specific targeting worked. The greatest campaign impact was seen in the wards where campaign efforts were focused. Wards 2 and 3 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 6 (57%), and Ward 8 (58%) reported seeing the most campaign materials.
- ◆ Those in Ward 3 (27%) reported the least.

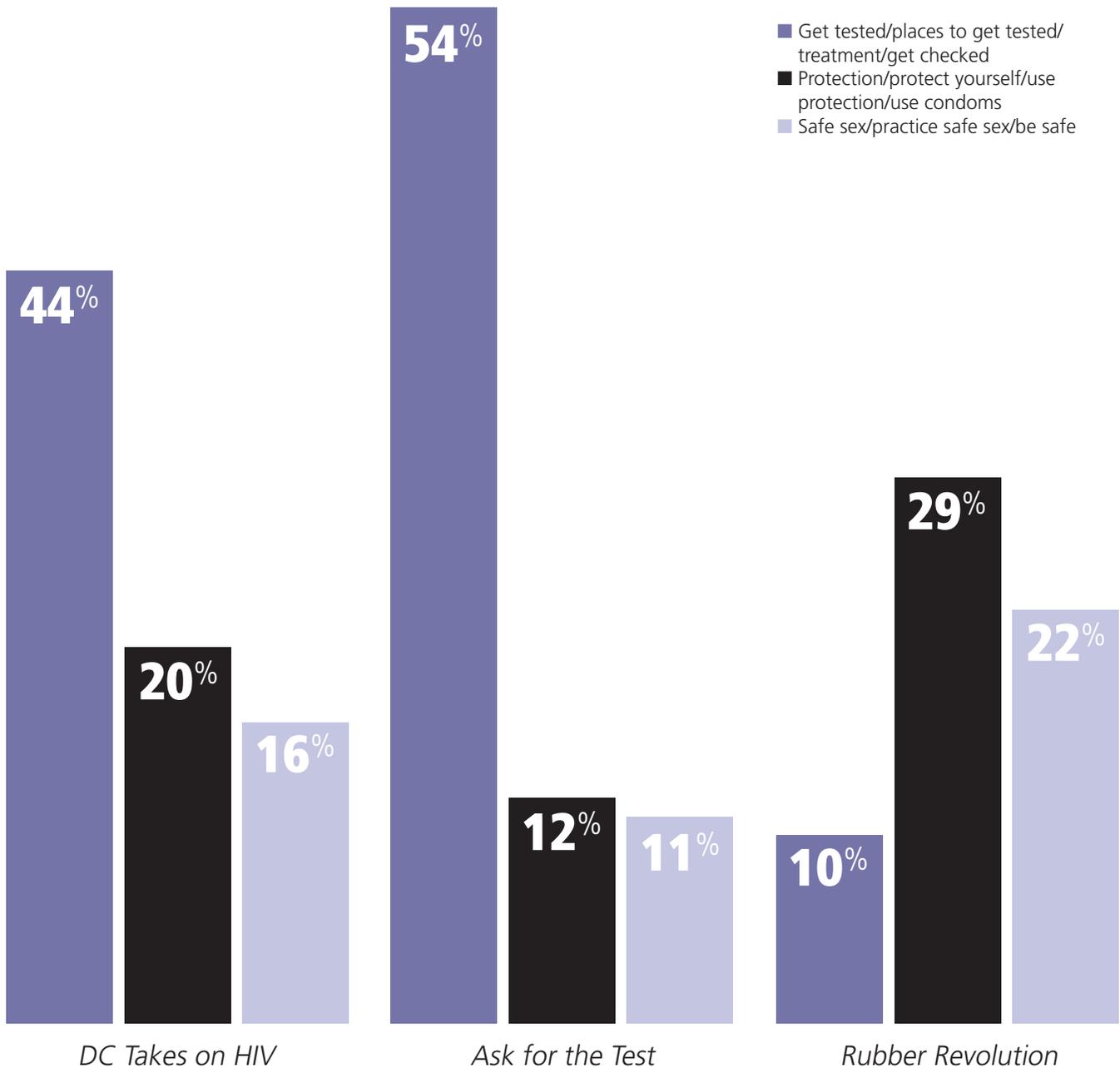
**TRANSIT AND TV ADS WERE THE MOST RECALLED CHANNELS FOR MESSAGE DELIVERY ACROSS ALL THREE CAMPAIGNS.**

Survey respondents across gender, race, and sexual orientation most frequently recalled seeing the campaigns and related materials on transit 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.



**“GET TESTED/TREATED,” “PROTECT YOURSELF,” AND “PRACTICE SAFE SEX” MESSAGES RESONATED CONSISTENTLY WITH DC RESIDENTS ACROSS ALL CAMPAIGNS.**

Survey responses suggest that primary messages across each of the campaigns were clearly and consistently received by DC residents. In addition, there were subtle, yet important differences between how some subgroups of the population interpreted or contextualized the messages. Of note: African Americans and younger participants tended to personalize the main message more than other races/ethnicities. That is, they perceived the message as applying directly to them as individuals, rather than to them as part of a population group.





# RUBBER REVOLUTION

## AND CONDOM USE KEY FINDINGS

In 2010 the DC Department of Health, HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) launched its **Rubber Revolution** social marketing campaign. The goals were to raise awareness about and promote the city's free condom distribution program and to encourage the use of condoms as well as remove barriers regarding condom use.

The following outlines key findings from the survey.



# 14%

of the citywide sample recalled seeing campaign-related materials within the last two years

RESPONDENTS MOST FREQUENTLY RECALLED SEEING THE CAMPAIGN AND RELATED MATERIALS ON TRANSIT AND TELEVISION ADS

# 31%

reported seeing the campaign on television

# 30%

on transit ads

# 18%

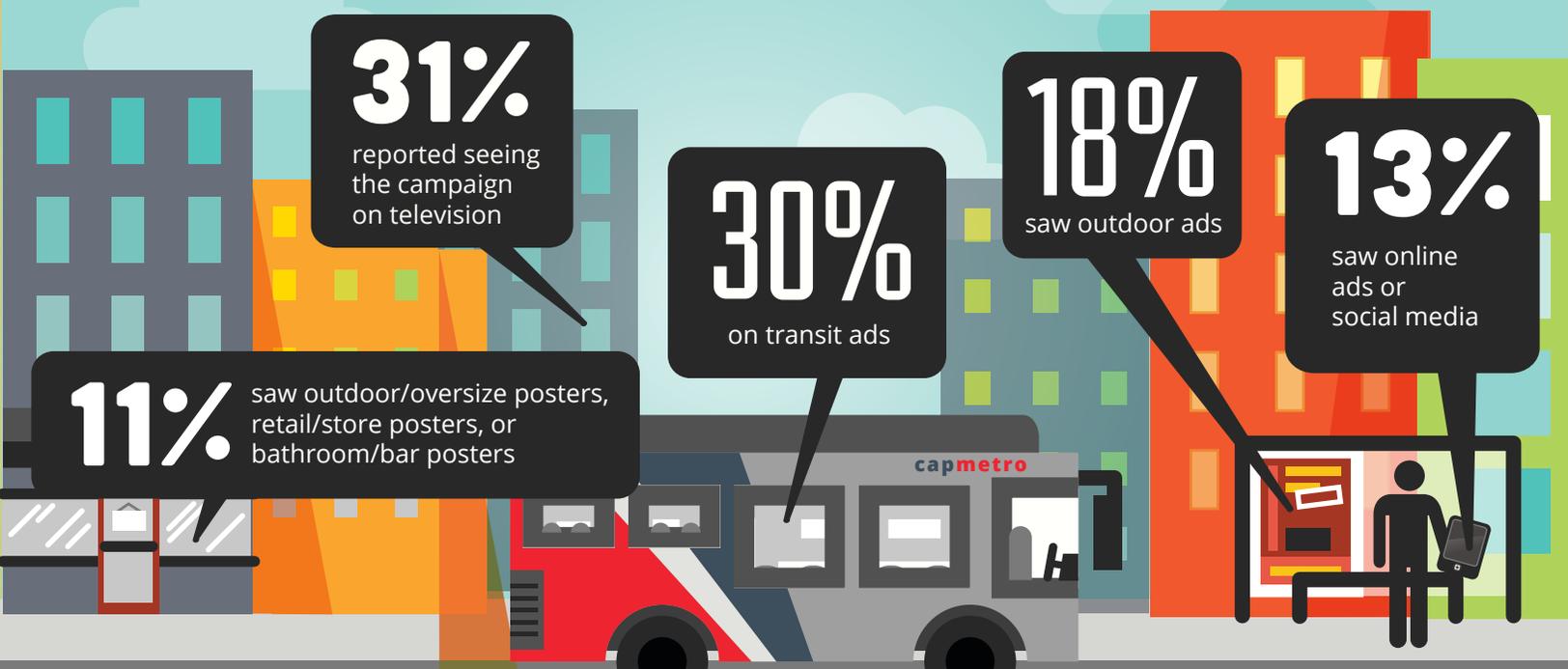
saw outdoor ads

# 13%

saw online ads or social media

# 11%

saw outdoor/oversize posters, retail/store posters, or bathroom/bar posters



THE CAMPAIGN  
RESULTED IN RESIDENTS  
FEELING MORE  
COMFORTABLE  
OBTAINING  
AND TALKING  
ABOUT CONDOMS

71%

More than 2/3 of those surveyed indicated that they are **more comfortable obtaining or purchasing condoms**

80%

said that they are more comfortable **talking about condoms or safe sex** with friends, family and intimate partners

74%

are **more likely to use a condom** with an intimate partner

INCREASED AWARENESS AND ACTION



71%

indicated that they know where to get **free condoms**

28%

said they **use condoms more frequently**

27% OF RESPONDENTS SAID THEY HAD VISITED LOCATIONS IN DC FOR FREE CONDOMS:



70%

health clinics



18%

salons & barber shops



15%

restaurants & bars



24%

other locations, like community-based organizations

CONDOM USE FINDINGS

58%

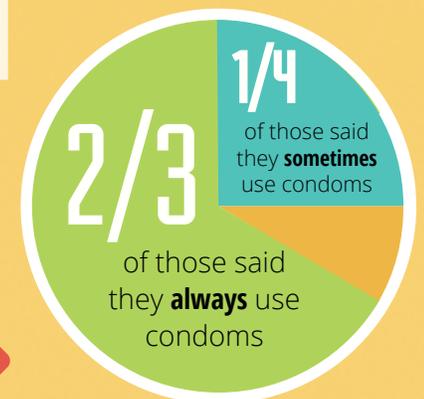
of respondents report using condoms during sex

For those that reported using condoms...



76%

of those surveyed indicated sex is **enjoyable** with a condom



For more information about the campaigns visit [www.DCTakesonHIV.com](http://www.DCTakesonHIV.com) | [RubberRevolutionDC.com](http://RubberRevolutionDC.com)

For more information about HAHSTA visit <http://doh.dc.gov/page/hiv-aids-hepatitis-std-and-tb-administration-hahsta>

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## Key Finding: Social Marketing’s Impact on Target Audiences’ Knowledge, Attitudes, and Behaviors

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

Respondents who had seen the *Rubber Revolution* campaign were more aware of the free condoms and testing services than those who hadn’t. Specifically:

- ◆ More than a third (38%) of respondents who had visited a condom distribution site to get free condoms reported having seen the campaign in the past two years.
- ◆ Seventeen percent of respondents who were aware of free testing services reported having seen the campaign in the past two years.
- ◆ A large majority (88%) of respondents who were not aware of free testing services said they had not seen the campaign.
- ◆ Eighty-one percent of respondents who said they had not visited a condom distribution site for free condoms also said they had not seen the campaign.

Seventy-one percent of survey respondents said that they now know about the city’s free condom services because of the campaigns and campaign-related materials. While there was significant comparative difference across age and race groups, more than 50 percent of the respondents for each group reported knowing about free condoms in the District because of the campaigns.

- ◆ Ages 20-44 (74%) and Ages 45-64 (66%)
- ◆ African Americans (85%), Hispanics (58%), and Whites (56%)

Further data shows that these respondents were more likely to:

- ◆ Have seen *DC Takes on HIV*
- ◆ Say they were prompted by a campaign to get an HIV test
- ◆ Have seen *Rubber Revolution*
- ◆ Say they were comfortable obtaining or purchasing condoms
- ◆ Say they were more comfortable talking about condoms/safe sex
- ◆ Use condoms with a partner.

Related, 50 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
- ◆ Have visited the website for free condoms.

Indicative of targeted campaign messaging, 94 percent of the gay/homosexual male oversample reported they were aware of free or confidential HIV testing services available in Washington, DC.

The vast majority (94%) of survey respondents found the campaigns very or somewhat helpful in informing DC residents about HIV/testing, condom use, and where to get condoms.

There was a direct association between participants who were aware of free condoms and those who reported asking for an HIV test.

- ◆ These participants were more likely to be African American (37%) than White (16%) or Hispanic (13%).
- ◆ These participants were more likely to live in Wards 1, 5, 7 or 8.
- ◆ These participants were more likely to report they have had at least one HIV test (30%).
- ◆ These participants were more likely to have requested an HIV test (39%).

More than a quarter of all participants (27%) said they had visited locations in DC for free condoms, such as health clinics, bars/restaurants, barber shops/beauty salons and other locations across the city.

- ◆ Of those that had visited locations for free condoms, most (70%) reported visiting a health clinic to get free condoms.
- ◆ Of note, the majority (94%) of gay/homosexual men said they were more likely to get free condoms from a restaurant or bar (compared to 39 percent saying they would get them from a clinic).

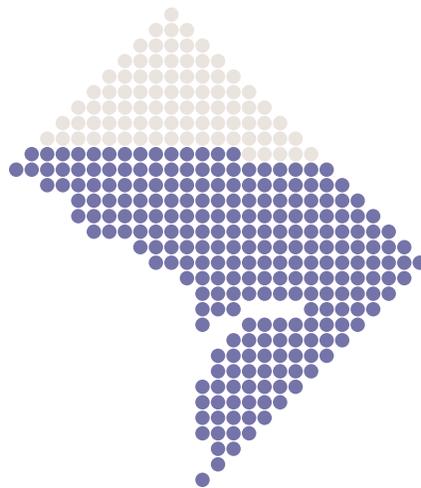
**DC RESIDENTS INFLUENCED BY SOCIAL MARKETING CAMPAIGNS TO CONSIDER HIV RISK AND TESTING.**

Seventy-four percent of all survey respondents said the campaigns made them think about the risks of HIV. There were comparative differences among gender, race, and location. More women (78%) than men (69%), more African Americans (81%) than Whites (67%), and more residents of Wards 3, 4, 7, and 8 than other wards reported this finding.

Participants' level of comfort in discussing, obtaining or using condoms was higher among those who recalled seeing the campaign



*80% said they were more comfortable talking about condoms or safe sex*



*74% said they were more likely to use a condom with an intimate partner*



*71% said they were more comfortable obtaining or purchasing condoms*

Fifty-five percent of all survey respondents said the campaigns made them think about getting tested to know their HIV status. Again, there were comparative differences across race, with more African Americans (66%) than Whites (44%) reporting this finding. Also, further data show that these respondents were more likely to:

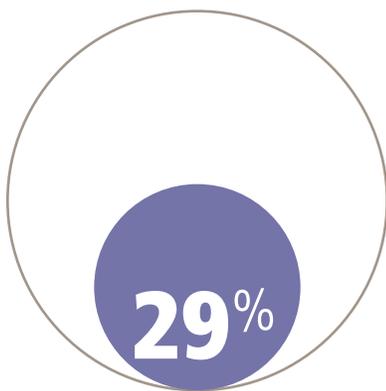
- ◆ Have been offered an HIV test by their doctor
- ◆ Have seen *DC Takes on HIV*
- ◆ Say they were prompted by a campaign to get an HIV test
- ◆ Have seen *Rubber Revolution*
- ◆ Say they were comfortable obtaining or purchasing condoms
- ◆ Say they were more comfortable talking about condoms/safe sex
- ◆ Be aware of free testing services
- ◆ Say they had been tested for HIV
- ◆ Use condoms with a partner

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

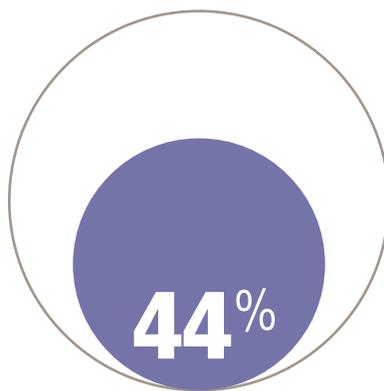
*Ask for the Test* prompted a significant number of residents to be proactive about testing, especially if they had seen campaign materials on transit ads or on television. For those residents who:

- ◆ Reported seeing the transit ads, 29 percent said it prompted them to get HIV testing.
- ◆ Saw the TV ads, 44 percent were prompted to get HIV testing.
- ◆ Heard the radio ads, 14 percent said it prompted them to get HIV testing.
- ◆ Visited the website for free condoms, 46 percent reported seeing the TV ads.
- ◆ Were aware of free testing services, 12 percent had seen the newspaper ads; similarly 11 percent of them had seen oversized posters, and nine percent had seen postcards.

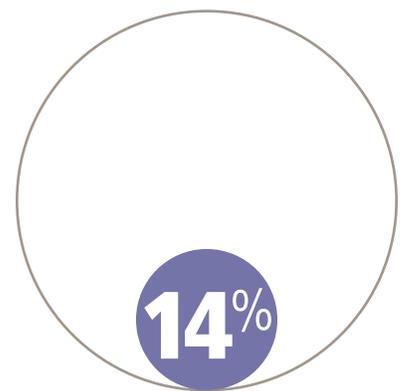
*Ask for the Test Prompted Residents to be Proactive about Testing*



Of those who reported seeing the **transit ads**, 29 percent said it prompted them to get HIV testing.



For those who saw the **TV ads**, 44 percent were prompted to get HIV testing.



For those who heard the **radio ads**, 14 percent said it prompted them to get HIV testing.

Individual behaviors and awareness of specific campaign elements varied among those who had seen the campaign, however over one-third of respondents successfully acted according to each of the campaign prompts. When asked if they:

- ◆ Asked their doctor for an HIV test, 39 percent said yes.
- ◆ Felt comfortable asking for the test, 46 percent of respondents said yes.
- ◆ Had never been tested for HIV, only 35 percent of respondents said yes.
- ◆ Were aware of free testing services, 51 percent said yes.
- ◆ **Note:** Of those who said they had not seen the campaign, 65 percent said they were not aware of free testing services.

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

Protective behavior by the survey respondents was directly associated with the social marketing campaign efforts. As a direct result of the campaign, when asked if they:

- ◆ Got more information about HIV, 36 percent of all respondents said yes.
- ◆ Found out their STD status, 35 percent of all respondents said yes.
- ◆ Use condoms more frequently, 28 percent of all respondents said yes.
- ◆ Got tested for HIV, 27 percent said yes.
- ◆ Got more information about HIV, 50 percent of African Americans said yes.
- ◆ Found out their STD status, 47 percent of African Americans said yes.
- ◆ Use condoms more frequently, 42 percent of African Americans said yes.
- ◆ Got tested for HIV, 41 percent of African Americans said yes.
- ◆ Got more information about HIV, 30 percent of gay/homosexual men said yes.
- ◆ Found out their STD status, 19 percent of gay/homosexual men said yes.
- ◆ Used condoms more frequently, 14 percent of gay/homosexual men said yes.
- ◆ Got tested for HIV, 16 percent of gay/homosexual men said yes.

## Key Findings: Identified Gaps in Social Marketing

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

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

The majority of the sample reported going to their doctor, nurse or other health care provider for regular check-ups. Yet, survey results revealed that providers are still not asking patients if they want an HIV test. Over half 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 (47% compared with 34%;  $p < 0.05$ ).
- ◆ African-American residents were significantly more likely to be asked than their White counterparts (56% compared with 35%;  $p < 0.05$ ).
- ◆ Gay or homosexual men were significantly more likely to be asked than their straight or heterosexual counterparts (59% compared with 41%;  $p < 0.05$ ).
- ◆ 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-three percent of the sample said they feel comfortable asking a provider for an HIV test. This was consistent for all age groups, race/ethnicities and sexual orientations.

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

Survey responses did not reflect much activity or traction from residents using these channels or outlets.

Overall, survey data showed that fewer total respondents (5%) engaged with any of the campaigns via social media, and websites.

- ◆ Only six percent of all respondents said they used the 311 information line to get free condoms or HIV testing.
- ◆ Only three percent said they texted (61827 information line) to get free condoms or HIV testing.
- ◆ Data shows that the respondents who reported use of the dial and text information lines were more likely to be ages 20-44 than ages 45-64.

# 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 behavior. An overwhelming 94 percent of respondents indicated the campaigns were helpful to them.

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

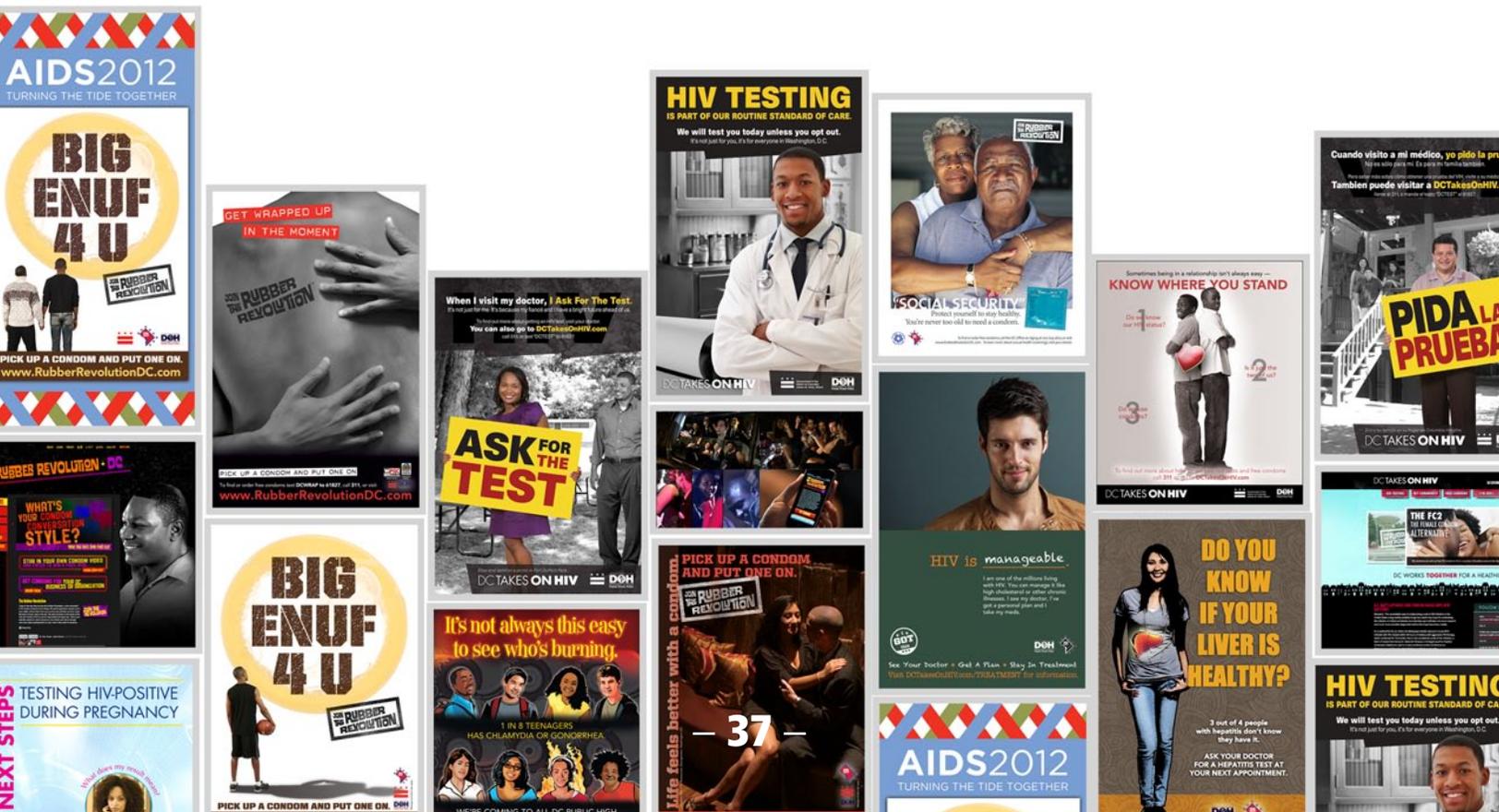
Number of Respondents who Indicated the Campaigns were Helpful

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HAHSTA’s social marketing efforts are essential to combating the HIV epidemic in the city. The survey indicates that there is both a clear need for public health education and for social marketing campaigns that educate, engage and motivate individuals to take action related to HIV prevention and 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 efforts.

In planning for future HAHSTA public outreach, education, awareness, and behavior change communication, it will be important to review evaluation data to identify campaign tactics that worked and key areas for improvement, as well as to develop and incorporate new tactics to improve campaign areas with less traction. Results show that focused attention is needed to support providers in their role in promoting HIV testing and that while respondents reported relying on social media and the Internet for health information, the campaigns did not effectively engage them through these channels. Future campaigns must endeavor to address these and other challenges.



# Appendices and Notes

## APPENDIX A: 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*. 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* (condom use and education campaign); and *I Got This* (HIV treatment campaign).

**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:

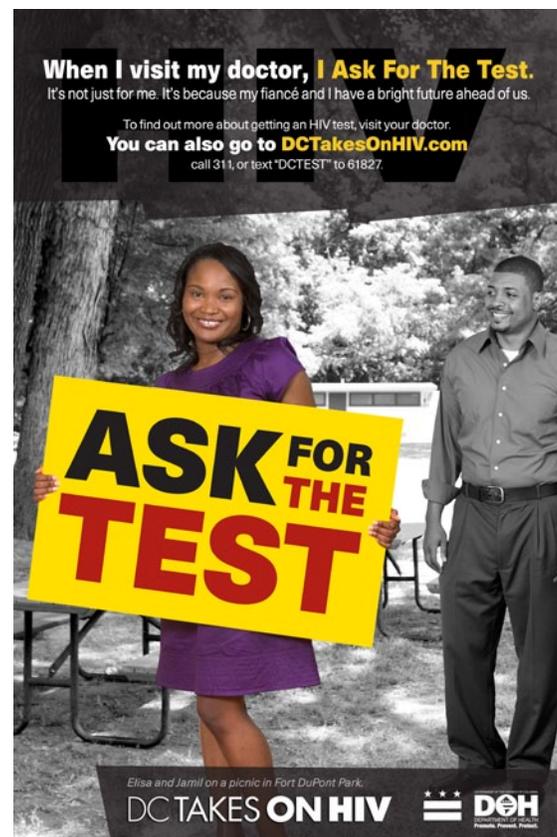
- ◆ Inform residents of the importance of requesting an HIV test during their regularly scheduled doctor visits
- ◆ Motivate residents to learn the status for their own health benefit
- ◆ Motivate residents to learn their status for the people in their lives and communities.

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 website
- ◆ Ask for the Test TV ad
- ◆ Print, online, radio and television paid advertising
- ◆ Collateral materials
- ◆ Events and outreach
- ◆ Earned media
- ◆ Additional materials for segmented populations



## Rubber Revolution: A Movement to Normalize the Condom Conversation

In 2008/2009, Octane conducted focus groups with DC residents identified as heterosexual African-American men and women and gay men residing in Wards 1,5,6,7 and 8.

These target audiences revealed that size, comfort and use in the moment as the reasons both heterosexual and gay residents said they don't always use condoms. There was also a gap in knowledge about how to put on a condom, especially among the Latino community. In response to this, Octane developed a social marketing campaign to promote the city's free condom distribution program and to encourage the use of condoms.

Specific goals of this campaign were to:

- ◆ Raise awareness about DC's free condom distribution program
- ◆ Encourage residents to pick up free condoms
- ◆ Promote the normalization of condom use
- ◆ Remove barriers regarding condoms use
- ◆ Motivate individuals to use condoms on a regular basis
- ◆ Engage community partners in the free condom program.

The key campaign theme was: *Rubber Revolution*, and included the campaign taglines: "Pick Up a Condom and Put One On," and "Join the Rubber Revolution."

Campaign Messages

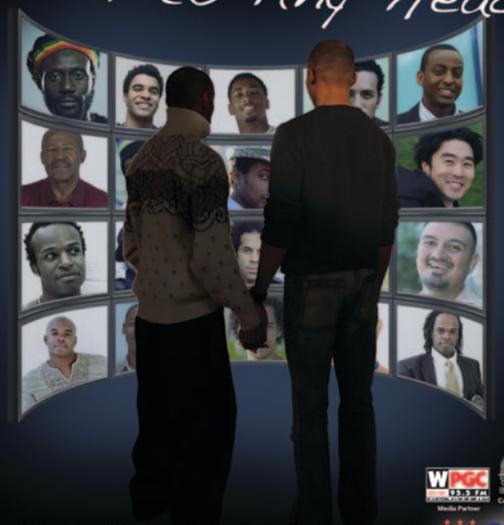
- ◆ "Big Enuf 4 U" addressed size
- ◆ "A Condom Fits Any Head" addressed size
- ◆ "Life Feels Better with a Condom" addressed feel
- ◆ "Get Wrapped Up in the Moment" addressed use in the moment.

Campaign outreach was achieved through:

- ◆ RubberRevolutionDC.com website
- ◆ Collateral materials
- ◆ Distribution of promotional items
- ◆ Events and outreach
- ◆ "Take on the Night" TV ad
- ◆ Print, online, radio and television paid advertising.



*A Condom Fits Any Head*



**WPGC** WUSA 9  
Media Partner Community Partner

**DEH**

PICK UP A CONDOM AND PUT ONE ON.

To find or order free condoms text DCWRAP to 61827, call 311, or visit [www.RubberRevolutionDC.com](http://www.RubberRevolutionDC.com)

**BIG ENOUGH 4 U**



**JOIN THE RUBBER REVOLUTION**

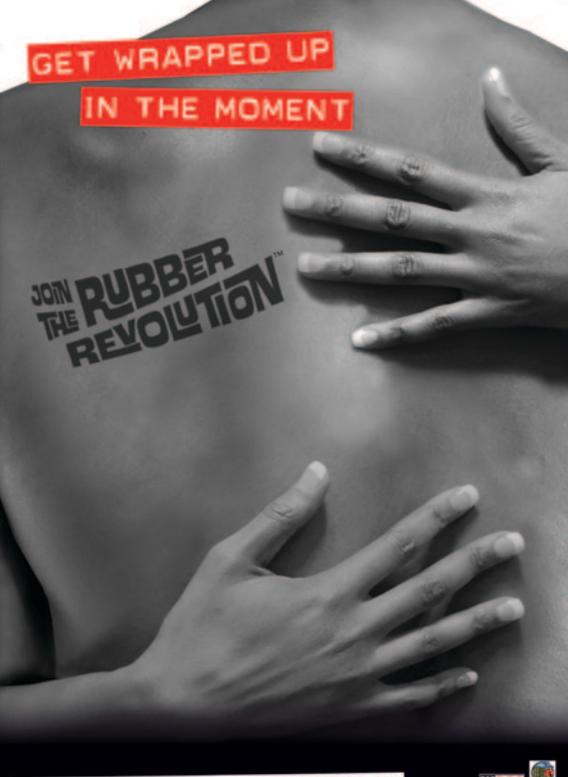
**WPGC** WUSA 9  
Media Partner Community Partner

**DEH**

PICK UP A CONDOM AND PUT ONE ON.

To find or order free condoms text DCWRAP to 61827, call 311, or visit [www.RubberRevolutionDC.com](http://www.RubberRevolutionDC.com)

**GET WRAPPED UP IN THE MOMENT**



**JOIN THE RUBBER REVOLUTION**

**WPGC** WUSA 9  
Media Partner Community Partner

**DEH**

PICK UP A CONDOM AND PUT ONE ON.

To find or order free condoms text DCWRAP to 61827, call 311, or visit [www.RubberRevolutionDC.com](http://www.RubberRevolutionDC.com)

**Life feels better with a condom.**



**PICK UP A CONDOM AND PUT ONE ON**

**JOIN THE RUBBER REVOLUTION**

**WPGC** WUSA 9  
Media Partner Community Partner

**DEH**

To find or order free condoms text DCWRAP to 61827, call 311, or visit [www.RubberRevolutionDC.com](http://www.RubberRevolutionDC.com)

## APPENDIX B: DISPOSITION REPORTS

### Citywide Landline Disposition Report (1)

#### CALL DISPOSITIONS

Job Number 9080  
 Job Name LL City Wide  
 Avg. Length Minutes

<b>Sample</b>			
Total	7,700	Usable	5,880
Released	7,700	Unusable	1,820
Unreleased	0	Qualified	3,332
		Est. Usability	76.37%
		Est. Eligibility	46.40%
		Est. Response	17.11%

	% of -->	Qualified	Usable	Released	Total	TOTAL
<b>Unusable</b>				<b>19.10%</b>	<b>19.10%</b>	<b>1,471</b>
Disconnected				17.23%	17.23%	1,327
Fax				0.16%	0.16%	12
Gov't/Business				1.71%	1.71%	132
Cell Phone						0
<b>Usability Unknown</b>	<b>33.80%</b>		<b>19.16%</b>	<b>19.16%</b>	<b>19.16%</b>	<b>1,475</b>
No Answer	30.96%		17.55%	17.55%	17.55%	1,351
Busy	2.84%		1.61%	1.61%	1.61%	124
<b>Usable/Eligible</b>	<b>17.80%</b>		<b>10.08%</b>	<b>7.70%</b>	<b>7.70%</b>	<b>593</b>
Complete	17.11%		9.69%	7.40%	7.40%	570
Break-Off	0.69%		0.39%	0.30%	0.30%	23
<b>Usable/Elig Unkn</b>	<b>48.40%</b>		<b>59.11%</b>	<b>45.14%</b>	<b>45.14%</b>	<b>3,476</b>
Refused	18.48%		22.57%	17.23%	17.23%	1,327
Language Barrier	0.95%		1.16%	0.88%	0.88%	68
Answering Machine	15.76%		19.25%	14.70%	14.70%	1,132
Call Back-Retired	11.11%		13.57%	10.36%	10.36%	798
Call manager/block	0.13%		0.15%	0.12%	0.12%	9
Strong Refusal	1.98%		2.41%	1.84%	1.84%	142
<b>Usable/Ineligible</b>			<b>11.65%</b>	<b>8.90%</b>	<b>8.90%</b>	<b>685</b>
Terminate			11.65%	8.90%	8.90%	685

## Citywide Landline Disposition Report (2)

### CALL DISPOSITIONS

Job Number 9080  
 Job Name HIV Citywide Landline  
 Avg. Length 16 Minutes

#### Sample

Total	7,300	Usable	5,110	Est. Usability	70.00%
Released	7,300	Unusable	2,190	Est. Eligibility	46.32%
Unreleased	0	Qualified	3,237	Est. Response	17.61%

%	of -->	Qualified	Usable	Released	Total	TOTAL
<b>Unusable</b>				<b>20.48%</b>	<b>20.48%</b>	<b>1,495</b>
	Disconnected			17.30%	17.30%	1,263
	Fax			0.23%	0.23%	17
	Gov't/Business			2.95%	2.95%	215
	Cell Phone					0
<b>Usability Unknown</b>		<b>50.08%</b>	<b>31.73%</b>	<b>31.73%</b>	<b>31.73%</b>	<b>2,316</b>
	No Answer	46.90%	29.71%	29.71%	29.71%	2,169
	Busy	3.18%	2.01%	2.01%	2.01%	147
<b>Usable/Eligible</b>		<b>18.26%</b>	<b>11.56%</b>	<b>8.10%</b>	<b>8.10%</b>	<b>591</b>
	Complete	17.61%	11.15%	7.81%	7.81%	570
	Break-Off	0.65%	0.41%	0.29%	0.29%	21
<b>Usable/Elig Unkn</b>		<b>31.66%</b>	<b>43.30%</b>	<b>30.32%</b>	<b>30.32%</b>	<b>2,213</b>
	Refused	9.43%	12.90%	9.03%	9.03%	659
	Language Barrier	1.24%	1.70%	1.19%	1.19%	87
	Answering Machine	12.58%	17.20%	12.04%	12.04%	879
	Call Back-Retired	6.25%	8.55%	5.99%	5.99%	437
	Strong Refusal	1.95%	2.66%	1.86%	1.86%	136
	Privacy Mgr	0.21%	0.29%	0.21%	0.21%	15
<b>Usable/Ineligible</b>			<b>13.40%</b>	<b>9.38%</b>	<b>9.38%</b>	<b>685</b>
	Terminate		13.40%	9.38%	9.38%	685

## Citywide Landline Disposition Report (3)

### CALL DISPOSITIONS

Job Number 9080  
 Job Name HIV study  
 Avg. Length Minutes

<b>Sample</b>				
Total	23,200	Usable	17,022	Est. Usability 73.37%
Released	23,200	Unusable	6,178	Est. Eligibility 36.74%
Unreleased	0	Qualified	8,273	Est. Response 16.57%

%	of -->	Qualified	Usable	Released	Total	TOTAL
<b>Unusable</b>				<b>21.64%</b>	<b>21.64%</b>	<b>5,020</b>
	Disconnected			19.38%	19.38%	4,497
	Fax			0.09%	0.09%	22
	Gov't/Business			2.16%	2.16%	501
	Cell Phone					0
<b>Usability Unknown</b>		<b>38.58%</b>	<b>18.75%</b>	<b>18.75%</b>	<b>18.75%</b>	<b>4,350</b>
	No Answer	35.79%	17.39%	17.39%	17.39%	4,035
	Busy	2.79%	1.36%	1.36%	1.36%	315
<b>Usable/Eligible</b>		<b>17.38%</b>	<b>8.45%</b>	<b>6.20%</b>	<b>6.20%</b>	<b>1,438</b>
	Complete	16.57%	8.05%	5.91%	5.91%	1,371
	Break-Off	0.81%	0.39%	0.29%	0.29%	67
<b>Usable/Elig Unkn</b>		<b>44.04%</b>	<b>58.26%</b>	<b>42.74%</b>	<b>42.74%</b>	<b>9,916</b>
	Refused	12.53%	16.58%	12.16%	12.16%	2,822
	Language Barrier	0.99%	1.32%	0.97%	0.97%	224
	Answering Machine	18.49%	24.46%	17.94%	17.94%	4,163
	Call Back-Retired	8.81%	11.66%	8.55%	8.55%	1,984
	Strong Refusal	3.06%	4.04%	2.97%	2.97%	688
	Privacy Mgr	0.16%	0.21%	0.15%	0.15%	35
<b>Usable/Ineligible</b>			<b>14.55%</b>	<b>10.67%</b>	<b>10.67%</b>	<b>2,476</b>
	Terminate		14.55%	10.67%	10.67%	2,476

## Citywide Cell Disposition Report

### CALL DISPOSITIONS

Job Number 9080  
 Job Name HIV Citywide Cell  
 Avg. Length Minutes

<b>Sample</b>			
Total	5,600	Usable	4,019
Released	5,600	Unusable	1,581
Unreleased	0	Qualified	1,423
		Est. Usability	71.77%
		Est. Eligibility	30.96%
		Est. Response	16.86%

%	of -->	Qualified	Usable	Released	Total	TOTAL
<b>Unusable</b>				<b>26.41%</b>	<b>26.41%</b>	<b>1,479</b>
Disconnected				23.43%	23.43%	1,312
Fax				0.04%	0.04%	2
Gov't/Business				2.95%	2.95%	165
Cell Phone						0
<b>Usability Unknown</b>		<b>18.21%</b>	<b>6.45%</b>	<b>6.45%</b>	<b>6.45%</b>	<b>361</b>
No Answer		16.49%	5.84%	5.84%	5.84%	327
Busy		1.71%	0.61%	0.61%	0.61%	34
<b>Usable/Eligible</b>		<b>18.62%</b>	<b>6.59%</b>	<b>4.73%</b>	<b>4.73%</b>	<b>265</b>
Complete		16.86%	5.97%	4.29%	4.29%	240
Break-Off		1.76%	0.62%	0.45%	0.45%	25
<b>Usable/Elig Unkn</b>		<b>63.17%</b>	<b>72.26%</b>	<b>51.86%</b>	<b>51.86%</b>	<b>2,904</b>
Refused		16.92%	19.36%	13.89%	13.89%	778
Language Barrier		1.59%	1.82%	1.30%	1.30%	73
Answering Machine		28.85%	32.99%	23.68%	23.68%	1,326
Call Back-Retired		12.23%	13.98%	10.04%	10.04%	562
Strong Refusal		3.52%	4.03%	2.89%	2.89%	162
Privacy Mgr		0.07%	0.07%	0.05%	0.05%	3
<b>Usable/Ineligible</b>			<b>14.70%</b>	<b>10.55%</b>	<b>10.55%</b>	<b>591</b>
Terminate			14.70%	10.55%	10.55%	591

## African-American Landline Disposition Report (1)

### CALL DISPOSITIONS

Job Number 9080  
 Job Name AA LL OS  
 Avg. Length Minutes

Sample					
Total	6,100	Usable	4,483	Est. Usability	73.49%
Released	6,100	Unusable	1,617	Est. Eligibility	38.69%
Unreleased	0	Qualified	2,173	Est. Response	17.53%

%	of -->	Qualified	Usable	Released	Total	TOTAL
<b>Unusable</b>				<b>22.28%</b>	<b>22.28%</b>	<b>1,359</b>
Disconnected				21.79%	21.79%	1,329
Fax				0.05%	0.05%	3
Gov't/Business				0.44%	0.44%	27
Cell Phone						0
<b>Usability Unknown</b>		<b>32.94%</b>	<b>15.97%</b>	<b>15.97%</b>	<b>15.97%</b>	<b>974</b>
No Answer		31.14%	15.10%	15.10%	15.10%	921
Busy		1.79%	0.87%	0.87%	0.87%	53
<b>Usable/Eligible</b>		<b>17.95%</b>	<b>8.70%</b>	<b>6.39%</b>	<b>6.39%</b>	<b>390</b>
Complete		17.53%	8.50%	6.25%	6.25%	381
Break-Off		0.41%	0.20%	0.15%	0.15%	9
<b>Usable/Elig Unkn</b>		<b>49.12%</b>	<b>61.55%</b>	<b>45.23%</b>	<b>45.23%</b>	<b>2,759</b>
Refused		19.05%	23.87%	17.54%	17.54%	1,070
Language Barrier		0.37%	0.47%	0.34%	0.34%	21
Answering Machine		16.06%	20.12%	14.79%	14.79%	902
Call Back-Retired		12.20%	15.28%	11.23%	11.23%	685
Call manager/block		0.04%	0.04%	0.03%	0.03%	2
Strong Refusal		1.41%	1.76%	1.30%	1.30%	79
<b>Usable/Ineligible</b>			<b>13.79%</b>	<b>10.13%</b>	<b>10.13%</b>	<b>618</b>
Terminate			13.79%	10.13%	10.13%	618

## African-American Landline Disposition Report (2)

### CALL DISPOSITIONS

Job Number 9080  
 Job Name HIV AA Landline  
 Avg. Length Minutes

<b>Sample</b>					
Total	5,300	Usable	4,307	Est. Usability	81.27%
Released	5,300	Unusable	993	Est. Eligibility	38.51%
Unreleased	0	Qualified	2,184	Est. Response	17.45%

%	of -->	Qualified	Usable	Released	Total	TOTAL
<b>Unusable</b>				<b>15.02%</b>	<b>15.02%</b>	<b>796</b>
Disconnected				14.32%	14.32%	759
Fax				0.02%	0.02%	1
Gov't/Business				0.68%	0.68%	36
Cell Phone						0
<b>Usability Unknown</b>		<b>39.11%</b>	<b>19.83%</b>	<b>19.83%</b>	<b>19.83%</b>	<b>1,051</b>
No Answer		35.46%	17.98%	17.98%	17.98%	953
Busy		3.65%	1.85%	1.85%	1.85%	98
<b>Usable/Eligible</b>		<b>17.72%</b>	<b>8.99%</b>	<b>7.30%</b>	<b>7.30%</b>	<b>387</b>
Complete		17.45%	8.85%	7.19%	7.19%	381
Break-Off		0.27%	0.14%	0.11%	0.11%	6
<b>Usable/Elig Unkn</b>		<b>43.17%</b>	<b>56.84%</b>	<b>46.19%</b>	<b>46.19%</b>	<b>2,448</b>
Refused		13.65%	17.97%	14.60%	14.60%	774
Language Barrier		0.55%	0.72%	0.58%	0.58%	31
Answering Machine		16.24%	21.38%	17.38%	17.38%	921
Call Back-Retired		9.86%	12.98%	10.55%	10.55%	559
Strong Refusal		2.68%	3.53%	2.87%	2.87%	152
Privacy Mgr		0.19%	0.26%	0.21%	0.21%	11
<b>Usable/Ineligible</b>			<b>14.35%</b>	<b>11.66%</b>	<b>11.66%</b>	<b>618</b>
Terminate			14.35%	11.66%	11.66%	618

## African-American Cell Disposition Report

### CALL DISPOSITIONS

Job Number 9080  
 Job Name HIV AA Cell  
 Avg. Length Minutes

<b>Sample</b>					
Total	2,200	Usable	1,562	Est. Usability	71.00%
Released	2,200	Unusable	638	Est. Eligibility	14.66%
Unreleased	0	Qualified	337	Est. Response	12.45%

% of -->	Qualified	Usable	Released	Total	TOTAL
<b>Unusable</b>			<b>26.64%</b>	<b>26.64%</b>	<b>586</b>
Disconnected			23.00%	23.00%	506
Fax			0.09%	0.09%	2
Gov't/Business			3.55%	3.55%	78
Cell Phone					0
<b>Usability Unknown</b>	<b>37.67%</b>	<b>8.14%</b>	<b>8.14%</b>	<b>8.14%</b>	<b>179</b>
No Answer	35.14%	7.59%	7.59%	7.59%	167
Busy	2.53%	0.55%	0.55%	0.55%	12
<b>Usable/Eligible</b>	<b>15.12%</b>	<b>3.26%</b>	<b>2.32%</b>	<b>2.32%</b>	<b>51</b>
Complete	12.45%	2.69%	1.91%	1.91%	42
Break-Off	2.67%	0.58%	0.41%	0.41%	9
<b>Usable/Elig Unkn</b>	<b>47.21%</b>	<b>69.59%</b>	<b>49.41%</b>	<b>49.41%</b>	<b>1,087</b>
Refused	17.29%	25.48%	18.09%	18.09%	398
Language Barrier	0.91%	1.34%	0.95%	0.95%	21
Answering Machine	20.33%	29.96%	21.27%	21.27%	468
Call Back-Retired	4.73%	6.98%	4.95%	4.95%	109
Strong Refusal	3.91%	5.76%	4.09%	4.09%	90
Privacy Mgr	0.04%	0.06%	0.05%	0.05%	1
<b>Usable/Ineligible</b>		<b>19.01%</b>	<b>13.50%</b>	<b>13.50%</b>	<b>297</b>
Terminate		19.01%	13.50%	13.50%	297

## Gay Male Disposition Report

### CALL DISPOSITIONS

Job Number 9080  
 Job Name Homosexual Male OS  
 Avg. Length Minutes

<b>Sample</b>					
Total	2,800	Usable	2,011	Est. Usability	71.83%
Released	2,800	Unusable	789	Est. Eligibility	33.57%
Unreleased	0	Qualified	886	Est. Response	15.57%

%	of -->	Qualified	Usable	Released	Total	TOTAL
<b>Unusable</b>				<b>23.71%</b>	<b>23.71%</b>	<b>664</b>
Disconnected				23.46%	23.46%	657
Fax						0
Gov't/Business				0.25%	0.25%	7
Cell Phone						0
<b>Usability Unknown</b>		<b>35.89%</b>	<b>15.82%</b>	<b>15.82%</b>	<b>15.82%</b>	<b>443</b>
No Answer		33.95%	14.96%	14.96%	14.96%	419
Busy		1.94%	0.86%	0.86%	0.86%	24
<b>Usable/Eligible</b>		<b>16.24%</b>	<b>7.16%</b>	<b>5.14%</b>	<b>5.14%</b>	<b>144</b>
Complete		15.57%	6.86%	4.93%	4.93%	138
Break-Off		0.68%	0.30%	0.21%	0.21%	6
<b>Usable/Elig Unkn</b>		<b>47.86%</b>	<b>62.85%</b>	<b>45.14%</b>	<b>45.14%</b>	<b>1,264</b>
Refused		8.07%	10.59%	7.61%	7.61%	213
Language Barrier		0.45%	0.60%	0.43%	0.43%	12
Answering Machine		21.55%	28.29%	20.32%	20.32%	569
Call Back-Retired		12.00%	15.76%	11.32%	11.32%	317
Strong Refusal		5.60%	7.36%	5.29%	5.29%	148
Privacy Mgr		0.19%	0.25%	0.18%	0.18%	5
<b>Usable/Ineligible</b>			<b>14.17%</b>	<b>10.18%</b>	<b>10.18%</b>	<b>285</b>
Not Registered			14.17%	10.18%	10.18%	285

## APPENDIX C: SURVEY QUESTIONS

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

### DEMOGRAPHIC QUESTIONS

2. Are you a Washington, DC, resident?
  - a. Yes
  - b. No
3. What Ward do you live in?
  - 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
  - b. \_\_\_\_ 20 – 24
  - c. \_\_\_\_ 25 – 34
  - d. \_\_\_\_ 35 – 44
  - e. \_\_\_\_ 45 – 54
  - f. \_\_\_\_ 55 – 64
  - h. \_\_\_\_ 65 and over

### CHANNEL QUESTIONS

5. Where do you typically get most of your health related news and information?
6. What is your preferred way to receive health information?

### MEDICAL CARE & TREATMENT QUESTIONS

7. Where do you go for regular medical care?
  - 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 regular medical visit, 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)
  - 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. Do you know how often you need to be tested for HIV?
- Once a month
  - Every three to six months
  - Once a year
  - Once every two years
15. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.
- Yes
  - No
  - Don't know/Not sure
  - Declined
16. If "yes" to Q15, not including blood donations, in what month and year was your last HIV test?

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?
- Yes
  - No
  - Not sure

**CAMPAIGN SPECIFIC RECALL**

*These questions were rotated and asked in a different order for each survey respondent.*

19. Have you seen any campaign materials or media related to *DC Takes on HIV* in the past three years?
- Yes
  - No
  - Not sure
20. If "yes" to Q19, 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
  - Posters, post cards 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)\_\_\_\_\_

21. If “yes” to Q20, 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?
22. Have you seen any media about *Ask for the Test* in the past two to three years?
- Yes
  - No
  - Not sure
23. If “yes” to Q22, 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
  - Posters, post cards 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)\_\_\_\_\_
24. If “yes” to Q22, 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]
25. If “yes” to Q22, did the campaign prompt you to get tested for HIV?
- Yes
  - No
26. Have you seen any media about *Rubber Revolution* in the past two years?
- Yes
  - No
  - Not sure
27. If “yes” to Q26, what *Rubber Revolution* materials or media have you seen? (Select all that apply.)
- Outdoor ads (such as bus shelter ad)
  - Radio ad
  - TV ad
  - Posters, post cards 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)\_\_\_\_\_
28. If “yes” to Q26, 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?
29. If “yes” to Q26, as a result of the campaign, are you more comfortable obtaining or purchasing condoms?
- Yes
  - No
30. If “yes” to Q26, as a result of the campaign, are you more comfortable talking about condoms or safe sex with friends, family and intimate partners?
- Yes
  - No
31. If “yes” to Q26, as a result of the campaign, are you more likely to use a condom with an intimate partner?
- Yes
  - No

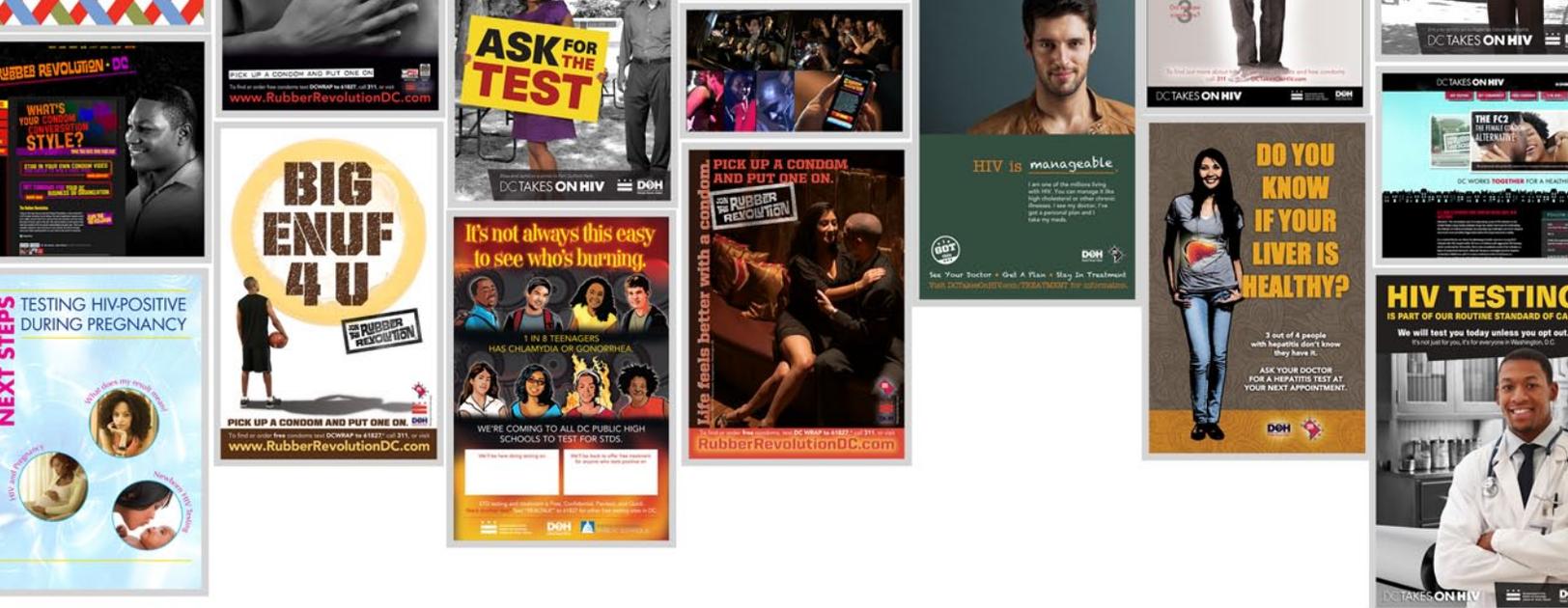
**IMPACT ON ATTITUDES AND BEHAVIOR INTENTION**

32. 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.
  - I'm more likely to recommend testing to friends.
33. Please let me know if you have taken any of these actions as a result of the campaigns. (Select all that apply.)
- I got tested for HIV.
  - I got more information about HIV.
  - I use condoms more frequently.
  - I found out my STD status.
  - I talked to my partner about HIV.
  - I asked my partner to get tested.
  - Other \_\_\_\_specify
  - None of the above actions
34. 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 or free condoms in DC.
- Visited Rubberrevolutiondc.com
  - Visited DCTakesonHIV.com
  - Called 311 for information about free condoms or HIV testing
  - Texted 61827
  - Followed RubberrevolutionDC on social media
  - Followed DCTakesonHIV on social media
  - None of the above
35. Have you visited any of the following to get free condoms in DC? (Select all that apply.)
- Health clinic
  - Restaurant or bar
  - Salon or barber shop
  - Other (specify)
  - I have not visited any place to get free condoms.
36. 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 )
- The variety of condom brands available
  - The sizes of condoms available
  - The availability of personal lubricants (lubes)
  - The variety of personal lubricants (lubes) available
37. How helpful do you think the campaigns have been in informing DC residents about HIV/testing, condom use, where to get condoms]?
- Very helpful
  - Somewhat helpful
  - Not very helpful
  - Not at all helpful
38. 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?)
39. Did you use a condom the last time you had sex?
- Yes
  - No

40. Do you use condoms when engaging in sex?
- Yes
  - No
41. If “yes” to Q40, how often do you wear condoms when engaging in sex?
- Always
  - Sometimes
  - Rarely
  - Other \_\_\_\_specify
42. If “no” to Q40, why do you not wear condoms when engaging in sex?
43. How enjoyable is sex with a condom?
- Extremely enjoyable
  - Very enjoyable
  - Enjoyable
  - Somewhat enjoyable
  - Not enjoyable
44. I’m going to read you a list. When I’m done, please tell me if any of the situations apply to you. You do not need to tell me which one.
- You have used IV drugs in the past year
  - You have been treated for a sexually transmitted disease in the past year
  - You have given or received money or drugs in exchange for sex in the past year
- Do any of these situations apply to you?
- Yes
  - No
- FINAL DEMOGRAPHIC QUESTIONS**
45. Are you Hispanic or Latino?
- Yes
  - No
  - Don’t know/Not sure
  - Refused
46. Do you consider yourself to be...? (*Because some people are multi-racial, Braun typically asks this as a multiple response question.*)
- White
  - Black or African American
  - Native American or American Indian
  - Asian / Pacific Islander
  - Other
47. Are you...?
- Single, never married
  - Married or domestic partnership
  - Widowed
  - Divorced
  - Separated
48. Are you currently...?
- 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
49. What was your total household income in 2012?
- Less than \$10,000
  - \$10,000 to less than \$30,000
  - \$30,000 to less than \$50,000
  - \$50,000 to less than \$70,000
  - \$70,000 to less than \$90,000
  - \$90,000 to less than \$100,000
  - \$100,000 to less than \$150,000
  - \$150,000 or more
  - Prefer not to answer
50. Do you think of yourself as:
- Lesbian, gay, or homosexual
  - Straight or heterosexual
  - Bisexual
  - Something else
  - Don’t know

## NOTES

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