



HIV STOPS WITH ME

Year Four Evaluation Results 2003

Prepared for San Francisco Department of Public Health





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EXECUTIVE SUMMARY

The results of this program evaluation suggest that the 123 HIV -positive gay and bisexual men who were interviewed are taking meaningful steps to reduce the risk of creating new HIV infections in San Francisco.

Reach

77% of HIV-positive gay and bisexual men living in San Francisco were exposed to the campaign messages 3 or more times. Of these, 51% saw the campaign messages 6 or more times.

Recall

87% of respondents correctly identified the main messages of the campaign, internalizing personal responsibility and condom usage as the core belief and behavior for stopping the spread of HIV.

Impact

82% of respondents agreed with the campaign messages, while 92% either liked the campaign or had no opinions about its execution. The more frequently respondents saw the campaign the more they liked it.

61% of respondents felt positively impacted by the campaign.

Persuasion

Overwhelmingly, respondents felt that the campaign was memorable (87%), convincing (85%) and personally meaningful (77%). The vast majority of the target audience (83%) wanted the campaign to be repeated.

Many respondents switched their intention to change behavior from 'more likely' in 2002, to 'same as before' in 2003.

Intent to Change Behavior

The Phase II campaign messages talk directly and frankly about what the spokesmodels do in their personal lives to prevent new HIV infections, and how they feel about their behaviors. Although these messages were deemed slightly less likeable than the previous year, respondents categorically increased their intention to change their behaviors.

47% of respondents were more likely to believe that they have a responsibility for keeping their partners HIV-negative.

39% of HIV-positives were more likely to use condoms with HIV-negative or unknown status partners after viewing the television commercial.

40% of respondents were more likely to believe, after viewing the commercial, that positives have a responsibility to end HIV.

HIV STOPS WITH ME was successful in creating discussion, with 80% having already discussed it with someone else or intending to do so.

49% of respondents reported they were more likely to feel a strong, supportive HIV-positive community.

45% of respondents were more likely to disclose their HIV status to their partners before sex.

25% of HIV-positive gay and bisexual men were more likely to be optimistic about their future health, while 38% intended to concentrate more on their health with regards to living with HIV.

Year Four Implications

- The 2002 campaign prevention messages were continued through 2003. Those messages describe how each spokesperson performs a specific risk reducing behavior and their feelings and attitudes about it. (See appendix A & B.)
- The respondent sample in 2003 contained a significantly higher number of young men aged 29 and under when compared to previous years (42% 2003 vs. 26% 2002). In order to ascertain whether respondent age had an effect on the survey results, the data was weighted for age. Each age group was randomly equalized, in order to statistically equalize the data. Cross tabs and frequencies were rerun with the new age weighted data for all variables in: Risk Categories, Feelings About the Commercial, and Measure of Behavior Change.
- Age-weighted results showed no significant effect for age in 2003. Therefore, the decreases seen in Measure of Behavior Change are statistically more reliable. These decreases, however, are the result of respondents switching answers from 'more likely' in 2002 to 'same as before' in 2003. While the data does not provide conclusive evidence, it may be reasonable to suggest that the effect of the campaign from previous years have led many of our target audience to previously adopt safer sexual attitudes and behaviors.
- 2003 results suggest that many of the highest risk people for transmitting HIV are still 'converting' their intentions to adopt safer sexual habits. The 40% of respondents who indicated that they were 'more likely' to believe the campaign's HIV prevention messages after exposure to the commercial suggest that more prevention efforts are needed.
- 2003 was our most successful year to date for sampling respondents. We received 123 completed surveys from representative numbers of transgenders, Latinos, Asians and mixed ethnicity respondents. Despite the higher sample size, respondent age skewed younger and MSM of color were over-represented compared to the estimated cases of HIV demographic data for San Francisco (2000 HIV Prevention Plan).

Recommendations

- The HIV STOPS WITH ME social marketing strategy should continue in San Francisco. In order to maintain a sense of freshness and innovation, new spokesmodels should be recruited and new advertising messages developed that reflect the changing issues impacting prevention with positives. Campaign spokesmodels should continue to represent appropriate age and ethnic diversity in addition to ensuring a representation of newly diagnosed and long-term survivors. Additionally, more efforts can be made to increase spokesmodel exposure to the community by facilitating public appearances and seeking out volunteer leadership opportunities.
- The peer-counseling style of HIV STOPS WITH ME is effective and should be continued.
- Utilizing real, HIV-positive gay, bisexual and transgender people is appropriate and successful in creating a stronger sense of community and reducing shame and stigma that may prevent healthy sexual decision-making.
- Due to the fact that the more often people saw the campaign messages the more likely they were to make positive attitudinal / behavioral changes, future iterations should include a media mix that reaches broadly (TV, outdoor) as well as more narrowly targeted media (print, venues).
- HIV STOPS WITH ME should continue to address sexual behavior by reinforcing positive self-images that model personal responsibility to end HIV, condom usage, disclosure of HIV status, and connection with the Positive community.
- The “Gay and Bisexual Men’s Television Viewing Patterns: Results Report,” proved useful in maximizing campaign reach and budget efficiency, and should be conducted again to update the accuracy of the television media plan.
- Evaluation respondent sample size could always be increased, but care should be taken to ensure that the sample is also representative of age and ethnicity as reported by the Department of Public Health epidemiological data (2000 HIV Prevention Plan).
- In 2001, the first Confab Meeting was held in San Francisco and proved to be hugely beneficial for the participants of the campaign. Now, two years later, it is time to refresh the ideas that the first Confab generated by reflecting on our recent past so that we can focus on the next generation of impactful and relevant campaign messages and interventions.

INTRODUCTION

Better World Advertising (BWA) was contracted by the San Francisco Department of Public Health – Office of AIDS, to create an HIV prevention social marketing campaign for HIV positive gay/bisexual men and MTF transgendered women in San Francisco, CA. The funding was from January 1, 2003 to December 31, 2003 and represents year four of a four-year demonstration project funded by the CDC.

Prevention for Positives Background

In 1999, the Centers for Disease Control (CDC) released funds nationwide for cities and states to address Primary HIV Prevention for HIV-Positive Persons (PHIPP). San Francisco Department of Public Health – Office of AIDS, Los Angeles County Office of AIDS Programs and Policy, the California State Office of AIDS, Wisconsin AIDS/HIV Program, Maryland AIDS Administration and Academy for Educational Development (AED) received funding to develop demonstration projects.

In San Francisco, the program was designed by a community advisory board of HIV-positive individuals as a collaborative effort to stem the spread of HIV. The need for this effort in San Francisco is undeniable with over 17,000 people living with HIV (HIV Prevention Plan for 2001, San Francisco). As we learn to treat the disease, people are living longer with HIV. This creates a larger group of people who can potentially spread the disease to others. In San Francisco, 84% of all people living with HIV are men who have sex with men. It is estimated that 70% of all new HIV infections will come from this group (HIV Prevention Plan for 2001, San Francisco).

See Figure 1 for a list of other PHIPP agencies in San Francisco.

Figure 1: San Francisco Prevention for Positives Interventions

| Intervention Type | Program Name | Agency | Description |
|-------------------|-------------------|--|---|
| Social Marketing | HIV STOPS WITH ME | Better World Advertising | TV, internet, print, and media campaign |
| Community Level | Positive Force | STOP AIDS Project w/ B.A.Y. Positives & Center for AIDS Prevention Studies | Social events and community forums for HIV-positive gay men |
| Linkages | | LYRIC | Enroll young people into existing services |
| Training | | AIDS Health Project | Training for people who work with PLWHA |
| Testing and Care | NHOW | SFDPH-AIDS Office | Mobile unit providing outreach, testing, care and referrals |

Changes in HIV STOPS WITH ME for 2003

Campaign Development

San Diego County and the State of Oregon joined the campaign in 2003. New funding partners in the City of Boston allowed us to recruit five new spokesmodels and relaunch the campaign in October.

HIV STOPS WITH ME was presented at the National HIV Prevention Conference in Atlanta, GA in August. The session was attended by approximately 200 people, and was one of only four interventions selected to address HIV prevention for positives.

In June, the California State Office of AIDS, presented HIV STOPS WITH ME at the 13th Annual Social Marketing in Public Health Conference in Tampa, FL.

The April 2003 issue of the national HIV Plus magazine, ran a feature article titled, "Taking Charge: HIVers across the country are standing up to tell their peers to keep the virus to themselves. Will these efforts finally help to reduce seroconversion?" The article highlights HIV STOPS WITH ME and interviews Long Beach and Orange County spokesmodels Agapi, Rocio and Terry. The spokesmodels are featured on the cover and are also photographed for the article.

Website

On June 5, 2003, the International Academy of Digital Arts and Sciences awarded www.hivstopswithme.org the People's Voice Webby Award for Best Health Website. Considered the Grammy Awards of the Internet by Newsweek magazine, international attention was significantly increased for HIV prevention for positives, and the campaign specifically.

In October, we videotaped three spokesmodels discussing how they personally handle disclosure of status, condom usage, and their opinions about responsibility for stopping HIV. These sessions were edited down to 30 second segments that will be posted to the website as part of a new homepage redesign project targeted for January 2004.

Spokesmodels

Jay, Tracy, Felicia, Scot, Rashid and Rene were the San Francisco spokesmodels during 2003. No new spokesmodels were recruited during this period. However, in September, Rene resigned from his involvement as a campaign spokesmodel. Subsequently, his web pages were removed from the campaign website and his print

advertisements were removed from distribution. Spokesmodel Jay left San Francisco in October.

All new spokesmodels will be recruited during the first quarter of 2004.

Brochure

A brochure was developed this year to promote the campaign website and to educate readers about the unique prevention issues impacting people living with HIV. The creative development of the brochure included focus group testing and multiple design iterations based on community feedback. The final brochure content and design was approved by the Materials Review Board for the San Francisco Department of Public Health.

Focus Groups

Better World Advertising met informally with various campaign spokesmodels to review and seek guidance on the design of the brochure throughout the Fall. On October 27, two focus groups were held to discuss creative concepts for the brochure. 18 HIV positive members of the community participated. Based upon spokesmodel feedback, and input from the focus group participants, the decision was taken to develop one brochure that focuses on relevant questions about sexuality and HIV prevention.

Campaign Goals and Media Strategy

HIV STOPS WITH ME was designed to encourage beneficial behaviors among HIV-positive people to reduce the risk of creating new infections, while encouraging self-esteem leading to care and concern for one's own health.

The goals of the campaign are to:

- 1) Decrease HIV transmissions, and
- 2) Increase the sense of community for HIV-positive gay and bisexual male transgressors.

Prevention efforts targeting Positives is still a new approach for this group who are often neglected by the prevention community and the "general public." Television was chosen as the primary message delivery vehicle to promote the campaign website because television images often define our community and even ourselves. We wanted to present our target group as a unique and visible community so that all of San Francisco would see images of HIV positive gay and bisexual men and transgressors who are actively committed to HIV prevention. Showing our target audience in this role improves society's understanding while reinforcing the importance of HIV prevention within the targeted group.

The television commercial was augmented with additional media elements that generated increased message frequency as well as the means to provide more in-depth information and discussion. The full media plan included:

- Integrated campaign website (www.hivstopswithme.org)
- Television commercial
- Print advertising
- Internet web banner advertising
- Postcards in popular venues
- Other public relations work

The Television Commercial

Unlike many public health commercials, HIV STOPS WITH ME received funding to purchase advertising space. This funding was crucial to the plan because Public Service Announcements (PSAs) have traditionally not served sensitive issues well. While each television station is required to run a number of PSAs to maintain their license, the stations do not want to risk alienating viewers with controversial subjects that often result in 'safe' public service announcements getting the allocated airtime.

In order to best select the day parts and programming which our target audience most views, BWA conducted primary research on the television viewing patterns of gay/bisexual men in San Francisco. The results of this research, published in a report titled, "Gay and Bisexual Men's Television Viewing Patterns: Results Report, 2000", were used to select the shows, stations and time blocks for the flight schedule. To corroborate this data, we asked the campaign spokesmodels and all focus group participants to list their favorite TV programs. The commercial aired over 1,000 times from approximately June 23 through July 20, 2003 and reached an estimated 2,426,010 households (2002 Nielsen Media Research). See Appendix A for the Television Commercial Script.

Figure 2: 2003 Partial Media Schedule

| Channel | Program | Date/Time |
|--|--|---|
| NBC-KNTV 11 | Will & Grace (new season finale) | May 15 at 9pm |
| FOX-KTVU 2 | The Simpsons (new season) Friends / Seinfeld Mornings On 2 Mad TV | Weeks of June 23 thru July 20 at 8pm Weeks of June 23 thru July 20 at 6:30p, Weeks of June 23 thru July 20 at 7am Weeks of June 23 thru July 20 at 11pm |
| UPN-KBHK 44 | 3rd Rock from the Sun Will & Grace syndication The Simpsons Daytime Rotation | Weeks of June 23 thru July 20 at 11:30pm Weeks of June 23 thru July 20 at 7pm Weeks of June 23 thru July 20 at 11pm Weeks of June 23 thru July 20 11-4pm |
| WB-KBWB 20 | Jerry Springer King of the Hill Buffy the Vampire Slayer Smallville Everwood | Weeks of June 23 thru July 14 11-3pm Weeks of June 23 thru July 14 at 6:30pm Weeks of June 23 thru July 14 at 4pm Sunday, July 14 at 5pm Sunday, June 23 at 6pm |
| CABLE | MTV, VH1, Bravo, TNT, E!, Cartoon Network, TNN, Fox Sports, A&E, Lifetime, FX, SciFi, Comedy Central, Queer Eye, Trading Spaces, X-Files | Various Networks June 23 thru July 20 |
| Online Schedule | Dates | Numbers |
| planetout.com gay.com | July 1 thru August 15 July 1 thru August 15 | 240,000 Impressions in SF Personals 45,000 Impressions in Health 2,025,000 Impressions in SF Chatrooms |
| Postcard Venu Schedule | | |
| M@x Racks | November 1 until depleted | 76,000 postcards in 160 venues |
| Print Publications | | |
| Bay Area Reporter Odyssey Gloss Magazine | June 19 thru September 30 June 27 thru September 30 June 20 thru September 30 | 9 insertions at 35,000 copies per issue 5 insertions at 24,000 copies per issue 6 insertions at 25,000 copies per issue |

Campaign Website

New website content continued to be developed and introduced throughout 2003. We continued to utilize the Question of the Month whereby each month we pose a question to all the spokesmodels on an issue related to living with HIV. Each spokesmodel responds in their own way, and we collect the responses for all to read. Since many issues elicit discussion and debate, this approach allows for a range of opinions. All responses are archived on the website according to topic. Questions asked in 2003 were as follows:

| | |
|-----|--|
| Jan | What are your New Year's resolutions? |
| Feb | At what age should HIV/AIDS education begin? Whose responsibility is it? |
| Mar | What role should organized religion play in HIV prevention? |
| Apr | Would you date or have sex with someone who is HIV negative? |
| May | Does the recent increase in syphilis concern you? What about the fact that having syphilis makes it 2 to 5 times easier to transmit HIV? |
| Jun | How have your sexual practices changed since your diagnosis? How do you think differently about sex? |
| Jul | Do you think HIV positive people should adopt children? |
| Aug | Does the porn industry have a responsibility to their customers to help prevent HIV? |
| Sep | Do HIV negative individuals have a responsibility to disclose their status? |
| Oct | Would you have unprotected sex with someone else who is HIV positive? |
| Nov | Why do you feel so strongly about prevention? |
| Dec | What do you want for the holidays? |

We continued to engage non-spokesmodel members of the HIV-positive community to share their stories and experiences on the website. Guest Contributors in 2003 were:

January: Beverly, a bisexual HIV positive African-American woman spoke about empowerment.

February: Paul discussed how he got infected and did not know it.

March: Joe wrote about life as an HIV positive Christian minister.

April: Conscious, contributed an article about women and HIV.

May: (no guest contributor)

June: Buddy, shared about falling in love.

July: David, responded to the monthly question of adoption.

August: (no guest contributor)

September: David talked about disclosure.

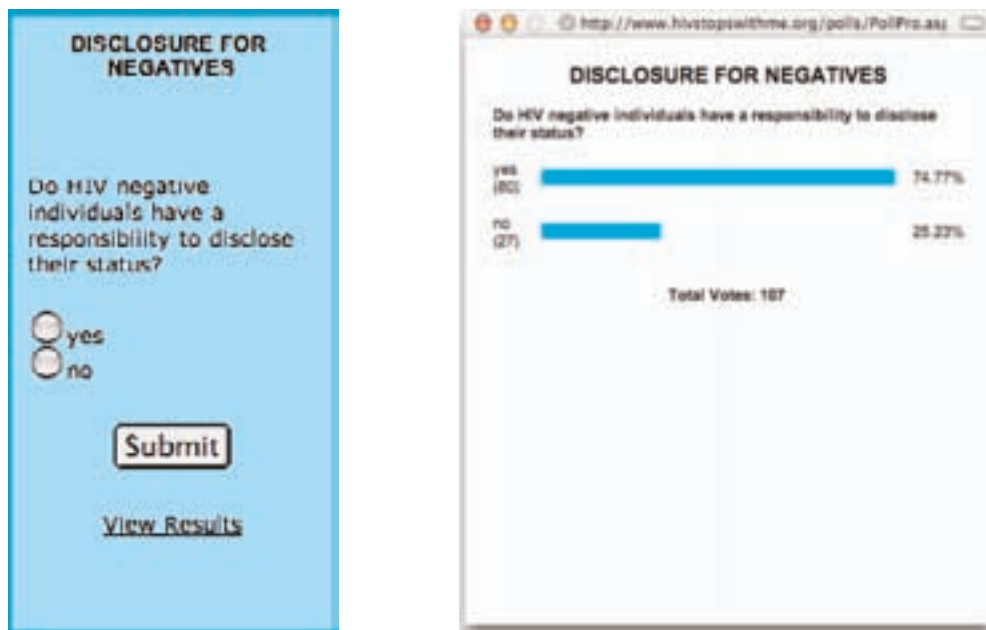
October: Beau wrote about fatigue in a piece entitled, *No Rest for the Weary*.

November: Brian wrote an essay entitled, *Waiting for my Epiphany*.

December: Glen submitted an article entitled, *Where There's a Will There's a Way*.

Throughout 2003, we integrated the Question of the Month with an instant poll corresponding to the issue raised by the question or the Guest Contributor. Designed as Yes/No questions, instant polling allows us to quickly gather community opinions on timely issues. Results of each poll are tallied automatically and can be viewed online. The program embeds a code on each computer that responds to the poll, ensuring that each computer can only vote once. See Figure: 3 for an example of the instant poll.

Figure 3: Instant Poll & Results Screen



Ongoing Website Features:

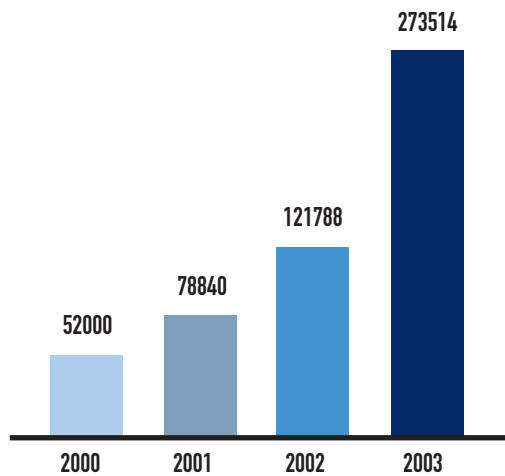
- Individual spokesmodel pages containing biography, favorites, pictures from their life, a copy of their print ad and an email chat response section
- Calendar of events listing for Positives in San Francisco
- Linkage information to other agencies providing services for Positives
- Downloadable banners for people to post on their personal sites

- Digital postcards that users can send
- General campaign information including PDFs of the Evaluation Reports
- A QuickTime version of the television commercial
- Video tracks with spokesmodels discussing prevention techniques

Website Performance

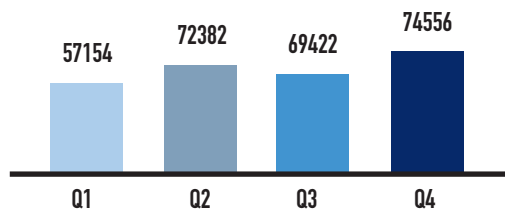
Website usage doubled last year. The website received approximately 121,788 user sessions from January 1, 2002 through December 31, 2002, an increase of 55% over year two results (78,840 sessions in 2001).

Figure 4: Website Usage 2000-2003 (User Sessions)



We report user sessions instead of the more commonly used 'hits' because it gets closer to the actual number of people visiting the site. The site received over 1,211,083 hits during the same time period. 'Hits' refers to the number of times a web page is loaded while a user 'session' is each time a computer enters the site and exits the site, regardless of how many times they view pages within the web site. Both the number of user sessions and hits rose during the period of advertising activity.

Figure 5: 2003 User Sessions by Quarter



Examples of Online Feedback and Discussions

We attribute a great deal of the success and popularity of the campaign to the fact that nearly 30 HIV -positive spokesmodels regularly contribute insights and ideas that impact the community. While all content is monitored by Better World Advertising, the spokesmodels write and respond in their own unique voices. Below is a selection of online responses and comments between the spokesmodels and members of the community.

1.

Rashid,

As I read your bio and journey through life so far, it seemed as if you were writing my exact bio. All of the feelings, the same. It feels so wonderful to know that someone else like me is out there and experiencing what I am. All of my friends are negative, and don't have a clue what I live through every day. I wear a mask that has a smile and laughter, only to come home at night and take off the mask and see myself, my true self. I fight many demons within myself daily - pushing me to the point a couple of years ago in trying to commit suicide. I failed, and I was really pissed off. I still am to this day, but I realized how much my mom, sisters, and friends care about me. My problem is that I love all of my friends so much, they take good care of me, but I don't love myself and don't know how to go about learning to love myself. My lover of four years died three years ago this September and it's still hard. Of course there was a lot of physical abuse involved from him, but we had great times together. To make matters worse I live in Montgomery, AL - need I say more?

Thank you for taking the time to put into words what I have always wanted to say. I would love to do my own bio on here - to maybe help myself by helping others as you have done for me.

Thanks again,

Johnny

Johnny,

Wow - thank you for making it all worth it. I really enjoyed reading your email. It made me feel a bit better. I would love to read your Bio and would like to work with Better World to find you an outlet. Please sit down and write about your life. Just that exercise in itself was very, very healing for me. Even if you never show another person, it is AMAZING how much YOU will understand yourself afterwards. I'm about to rewrite my own Bio; it's been a year and I'm in a new place. You must do something good with what has happened to you - there are ways I promise. I know it's hard to love yourself - I still don't love myself enough, but I'm not giving up. I have really hard weeks, I just had one in fact. Sometimes I don't know where this all is going, but I have to believe that there is a reason and that I have a purpose.

*You've got my love too because I know it hurts, I know you want to cry, but I also know that you can do it. If you can keep your head up after all of this - anyone can and by making one person realize that things could be worse - you'll realize that things could be worse too. Listen to me - It will be okay. Please write back when you get a chance and think about writing that Bio. I'd love to read about who you are. **Rashid***

2.

Hello. I recently learned about this wonderful website and have finally taken the first step by visiting the website! It definitely will be one of the paramount resources that I will be referencing and falling back on with regards to my continued education and times when I need guidance with anything regarding HIV; I feel this is the perfect starting point for me to start looking. I have not fully explored all the different resources and links that are within your website; it is indeed a place where a plethora of referrals and other sources can be found! I am most impressed.

What I gather from reading some of the links found within the site is that I need to be an active member in combating against this cruel and menacingly merciless disease. I acknowledge the fact and feel privileged to own an aura that is not to be overlooked; it's like one of those celebrity things. It is indeed a mixed blessing! I am becoming acclimated to this gift with everyday that passes. Some days are easier than others... For the past year, it seems like a nightmare that I can never seem to snap out of. So, my desire to be alone and crawl into my cave varies daily, but depending on whether I feel like a huge pimple on someone's forehead or feel like a shining star radiating outward to the world around me; that energy never passes by another soul without soliciting a reaction of varied degrees acknowledging my presence.

I am writing first to thank whomever created and nurtured this website to the place that it is now. I know that I won't be going through this alone! 2ndly, to praise you on the plethora of wisdom and stories that the website offers.

Thank you for taking the time in reading this e-mail! I hope this only encourages you to continue fighting onward and diligently working to find more creative solutions to making people aware of and hopefully proactively modify or maintain their behavior so that they are kept safe from becoming infected with HIV or for those who have HIV to safely connect with others so as not to contribute to yet another member cursed with this disease. I look forward to your correspondence.

*Again, please accept my deepest thanks for hearing me out and having a great site like this on the net! - **Quoc Lam***

3.

- Troix

*Just wanted to let you know I really appreciate you introducing this site. It was very informative. I knew about some of the ins and outs of spreading HIV to other infected guys. I didn't know a few things that you pointed out. THANK YOU AGAIN! - **Beau***

Beau,

Thank you very much! It's good to hear you were able to learn from our experiences. I am compelled to remind you (and everyone else) however; we are people living with HIV and AIDS. I am not an expert. We have come together as a fellowship of individuals living with this disease in hopes to help quell the isolation and stigma associated with HIV/AIDS. We are a diverse group of folks having contracted HIV through various modes of transmission; living with the disease for various lengths of time; some of us symptomatic, others asymptomatic and others like me with an AIDS diagnosis. I wish I had all the answers - I don't. What I do have and can offer is hope. I continue to live, work, date, have sex and fall in love. I've learned to ask questions however silly they may seem in order to acquire the best medical care that works for me. Initially I was clueless of what that might look like. I learned through sharing and talking to others living with HIV/AIDS. I've had several doctors over the years and have settled for one who meets my needs to my satisfaction. That's been important.

To learn more about HIV and the options you may have, contact your local AIDS services organization in Houston. Look in local community papers for listings of support groups. Those are usually the best places to meet others and hear what works for some and not the others. The hard part? Ultimately, they are all your decisions to make. Be well, **Troix**

4.

Hello Terry,

Will there ever be a day that I don't dwell upon the fact that I'm HIV+? Since diagnosing in 1996 nothing is the same, nada. Becoming positive has woken up a silent illness that I have and between the two of them (Bi-polar and manic depression) I'm on a never-ending seesaw ride.

I'm fine (not very happy) when I'm by myself and then I meet people or should I say people are wanting to meet me and I do want to date but they just seem to run out of steam and I know it's me.

I live in NJ and work in Manhattan part-time and am disabled (thank God) but then I'm not so sure about that anymore.

I'm sorry for cutting loose on you. There's one good thing going on, my cd4 count of last was 1024 and all I can say is why me? I guess it's because I take my meds, exercise daily and say my prayers.

I wish all my prayers are answered someday soon as I'm very unhappy as I choose to shy away from any gay social situations. - **BLAH**

Dear Blah,

I don't know if you'll ever have a day that you won't think about being HIV+. I have been positive for longer than you and have yet to experience a day without it being in my thoughts. I've learned that it doesn't have to be a negative issue though. Instead of always dwelling on my health, I have instead thrown myself into HIV related issues by volunteering my time, such as to this campaign. You may look into this in your own area, but also look into caring for yourself and find a good therapist to talk to. (Believe me it helps!!). Secondly, it gives you a chance to get people on a more intimate level by disclosing your status to them. If they reject you, they don't deserve you and it is their loss. On a more positive note your T-cell count is awesome, be thankful!! My count is barely over 200 and I have to fight to keep it there as I have had horrible reactions to most of my meds. Please feel free to cut loose on me anytime. All my best, **Terry**

5.

Dear Ignacio,

I am shocked, angry and terribly sad. My nanny, a 30-year-old woman from Chile, has just informed me that she is HIV Positive. Exam results say that she is. I don't know what to do to help her. I am feeling rather scared for her. I wonder how can I give her back a sense of life. She looks sad, thin and quite shocked herself. I need help to be able to help her. Please advise my husband and me. We love this young woman as part of our family and we are very sad that this is happening to her.

Do you know where in Chile can we get some psychological help to deal with this issue?

Thanks. Sincerely, **Norma**

Norma

Here is what I found from Chile, it is really hard to give an advice due that we do not know the City, but this person might find a lot info here; (list of HIV services in Chile)

*I hope this helps you!!! **Ignacio***

REPLY:

*Dear Ignacio, Thanks a lot. You certainly did wonderful research. We contacted Viropositivo and had a meeting with them in San Isidro 367. It helped my nanny understand what is happening to her and they will help her psychologically. Thanks again, you were wonderful. Sincerely, **Norma**.*

6.

Hey, I was thinking about how important this site can be to people who are looking for personalized stories, advice, identification, and particularly for newly diagnosed folks who are trying to understand how/where/why they fit in to this “community.” Now, as a chick I was thinking that men have a different experience than women, but it was still nice to see faces of other humans who are infected.

*Personally I would like to see some other women, maybe even some that look kind of like I do...young, spunky, white...So, this is selfish, but what do you think the possibilities are of creating a similar site, like “hivstopswithmetoo”, because infected women can also play a role in thwarting the spread of HIV. These are just thoughts, and kind of scary ones too. These men have courage to stick their faces and their personal information up for the entire world to see and judge, and to set a public example that they then have to do their best to live by. I only hope that I would have the courage to do the same and that other women would as well. I would be excited to speak to you in person, whoever you are, maybe we already know one another? I am curious about your opinion regarding this idea. I apologize for a relatively unorganized sequence of thoughts in this email, but thanks for bearing with me. Best of everything, **Jessica***

To Jessica,

First of all let me just say thank you for your interest and further promotion of the expansion of the campaign. Although I do not have the authority to give you or anyone permission to use or add to any part of this campaign, I can certainly share with you my thoughts on the inclusion of “young white woman”, as you put it, into the campaign, I was under the impression that there were other women in the campaign, however I am sorry if they do not look like you do. I can honestly say that even though I do not look like you it does not mean that my story, mode of transmission, or experiences are, or were that different from most anyone else’s.

*I would like to think that my participation in hivstopswithme as well as everyone else's is important because I represent a part of the community that is rarely heard of or represented and my ethnic background reaches across many. If you can get the sponsorship and support to add the faces that you feel are lacking from this campaign then I think you will not only empower yourself but many, many more as well. Good luck, **Marlon**.*

7.

Hello,

I've been newly diagnosed HIV+. It's been 2 whole weeks and I've been very ill. My regular doctor diagnosed me therefore he's made me an appointment to see a specialist (whatever that means). In the meantime I still have health issues and I am very scared. Should I wait until my appointment in May or should I seek medical help elsewhere or should I just go to my regular doctor for some kind of treatment until I see the specialist. I have insurance, I work regular 9 to 5 hours but if I don't get better soon I don't know what I will do or what will happen to me. Please advise me on what I should do. I'm a 33yr old male. Thank you!

Dear Friend,

*I understand the fear and anxiety you must face just being recently diagnosed. The good side of this is that it sounds like you have good medical coverage even though there may be a delay in seeing a specialist. A specialist is someone who usually specializing in HIV/AIDS treatment and will hopefully get you stabilized on the right medication. The bad thing of course is that it sounds like you have some symptoms now that need immediate attention. I would suggest you see your regular doctor until you can see the specialist. There is no reason to have to deal with any discomfort until then. Just be sure you are direct and straightforward with your doctor and describe in as much detail as possible what's going on with you. Good luck, and God Bless – **Louis***

8.

Hey Rick, how are you doing? My name is Bart. I was diagnosed HIV+ 6 years ago while I was living with my partner of 10 years. I definitely think that he infected me. Anyway him and I are no longer a couple, and I'm so happy about it. Rick, since you are positive like me, I have a question to ask you. How do you manage your sexual life without the fear of infecting the other person, (if not HIV +), or how far can you go when you are intimate with this person? and when is the best time to tell this person that you are HIV positive? During, before, or once you already had sex with him? I am going to appreciate it if you answer some of my questions, because something similar to this just happened to me last night. I met this guy in a bar and we had a spectacular night. He was so caring, loving, and tender with me, however in the morning I had to tell him my HIV status. Apparently he did not care as he said he didn't; but I think he did. When he left he was so cold. I wanted to kiss him, but he just gave me a hug. That is my story Rick. Can you help?

Oh, Bart, Bart, Bart..... A MYRIAD of emotions hit me when I read your "mail." Years of rejection, of wonderment, of worry and of concern. Even with 6 years of HIV under your belt [and me over 20], does it ever get any easier? Personally, I'd say yes, but with a "but" [no pun intended].

When I first meet a guy, since I DO love sex so much, I feel it is important to tell them that "there's something I feel I need to tell you...."

The funky, oxymoronic part is that some guys know enough about HIV to get past the worry about infection to protect themselves and get to know the man behind the virus, rather than the virus being ALL that person represents. If a person cannot see beyond my HIV, to see that there's a loving, person of depth, then I realize that they've got their own journey to travel down. MY "journey" is to find that core group of people that accept me for who and what I am.

I've had to learn through the "life of hard knocks" that there's a TON of fear out there due to ignorance and lack of information. I've learned that "if" [and I say "if" only

because a lot of people honestly don't know their HIV status] a person that's HIV- just might be insecure about their own sex or sexuality, kind of bringing the reality of HIV really uncomfortable [remember, the media can or cannot be our friend HIV-wise]. I've learned that there's no need to "beat a dead horse" and to try and create a relationship with them by worrying if they'll like me or call me or.... I move on. I came across this same scenario last week by this GORGEOUS man who found out I was positive. He told me how uncomfortable it made him feel and I respected that. Nevertheless, I still felt rejected and rather "damaged," but I dusted off my ego [not forgetting the emotions of hurt, but understanding them] and moved on.

As for sex? It's about total, unbridled communication between people, Bart. Telling them what it is you want, what they want, knowing how the virus is transmitted and making adult decisions from there. I know [for some] that talking about sex and about what YOU want sexually can be awkward and/or uncomfortable, especially if one of the partners is HIV+, but I feel it's all about stopping this disease dead in its tracks, and maybe educating someone who doesn't want to play safe or on the safer side, or giving someone who IS negative pause to think that they just might be missing out on something or someone who is pretty incredible.

I guess I could have said this in fewer words, Bart, but your story struck a chord with me. Be honest about who you are! Possibly being infected by your partner kind of shows me where the "honesty factor" broke down.

Until there's a day where you and I can say we've eradicated HIV from our bods, it's just something you and I will have to live with and adjust to on a daily basis. Sex is a big part of that, and with that comes respect. RESPECT YOURSELF FIRST! YOUR WANTS are important here, but incorporate those 'wants' to fit into your life and lifestyle and those that will accept and appreciate you for who and what you are.

I would really like it if you'd keep in touch with me to see how you're doing, if not only to let me know if any of the above diatribe made any fucking sense to you. Until our next communiqué, be honest and up front with your partner and fuck safe, eh? **Rick**

9.

Terry, First I hope your health is excellent. I read about your experiences with HIV. I wanted to know if you could help me in a situation that I find myself in. I recently fell in love with a man who is HIV+. He is 26 and I am 34 and I assume HIV-. I have been very careful, perhaps too much because I have been very sick before with STD's. I rarely fall in love, but am deeply in love and am not sure what to do about it. The man I am in love with is very scared of rejection, very scared to hurt me and make me "sick" He feels dirty and very bad about himself. When I told him I was in love with him, he said he could not return the feelings. I understand this mostly cause I know he doesn't want to be rejected or hurt me. I do not want to reject him, but I am not sure if I can have a "real" relationship with him and until I do I am going to be careful and just hold. So, my question is really about being with John sexually. What can I do? How do I be with him and not become HIV+. and what do I do if I decide to go forward to help him not feel so bad about himself? Thank you, **Lewis**

Dear Lewis,

Thank you for your recent email and your concern about my health. In response to your current relationship, I must first ask the obvious question!! Why do you assume that you are HIV-? If you are not absolutely sure, please get yourself tested. It is extremely important not only for your health, but also for the health of others especially since you stated you have already experienced problems with other STD's. As for your relationship, at this point in time, John may not be able to be in a relationship.

*I don't know how long he has known his status, but it can take quite a while for some people to accept. As far as being with John sexually, I can only tell you that since being HIV+ I have had only relationships with HIV- men (not by choice!!). I am happy to report that no one has turned up HIV+. As long as you are "safe", sexually that is, your chances are very small that you would end up HIV+. However, please remember that accidents can and do happen. At this point in time you are probably smart not to engage in a sexual relationship with John until you are sure of what you want with him long term. It could only make the situation worse for John if you were to be with him now, only to decide later that you can't deal with the situation. It sounds like you both could benefit from some counseling and/or group participation. There are support groups for John and also for HIV+/HIV-couples. I don't know where you live but check with your nearest Gay and Lesbian Center for a list of counselors and groups available in your area. If you want you can let me know your area and I can also look up possible sources. Good Luck!!! **Terry***

10.

To Grissel:

*I'm a nurse who read your story and your mom's as well! I think you two are the strongest and bravest women I've ever read about! I just wanted to applaud you both and your younger sister as well :)! I hope life keeps getting better for the both of you...and that you both remain healthy for a long time to come!! GOD will keep providing a way! Take care! **Teresa***

Hello Teresa

*Hello Teresa, thank you for your good wishes and for your admiration. I really appreciated your e-mail cause I can see that what I am doing does make a difference and that encourages me to keep on doing what I am doing. Take care. **Grissel***

RESPONDENT DEMOGRAPHICS

The target audience for this evaluation is defined as HIV-positive, gay and bisexual men and transgendered individuals living in the City of San Francisco.

Residence

Figure 6: Overall Residence (n=123)

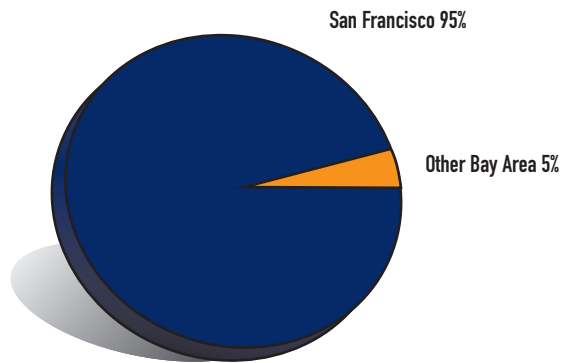


Figure 7: San Francisco Residence ZIP Codes (n=123)

| | | | |
|-------------------------|-------|-------|-------|
| 94010 | 0.6% | 94102 | 24.8% |
| 94103 | 14.0% | 94105 | 1.1% |
| 94108 | 0.8% | 94109 | 3.3% |
| 94110 | 9.9 % | 94112 | 2.5% |
| 94114 | 22.3% | 94115 | 0.8% |
| 94117 | 5.8% | 94118 | 1.7% |
| 94122 | 0.8% | 94131 | 0.8% |
| 94133 | 5% | 94134 | 0.8% |
| Other Surrounding Areas | | 5% | |

Sexual Orientation

Figure 8: Sexual Orientation (n=123)

| | |
|---------------------|-------------|
| Gay | 88.6% |
| Bisexual | 10.6% |
| Heterosexual/unsure | 0.8% |
| TOTAL | 100% |

Gender

Figure 9: Gender (n=123)

| | |
|----------------|-------------|
| Male | 96.6% |
| Male-To-Female | 2.4% |
| Female-To-Male | 1% |
| TOTAL | 100% |

Age

Respondents in year four were significantly younger than in any previous year. Respondent age is a significant factor in how the campaign is perceived. Physical age relates directly to length of diagnosis which impacts respondents’ level of openness and self-acceptance around sexuality, HIV and community. Importantly, the age range of respondents is not representative of the age range of people living with HIV/AIDS in San Francisco. As stated in the 2001 San Francisco HIV Prevention Plan, 75% of recent AIDS cases are between the ages of 30-49.

Figure 10: Age (n=105)

| Age | 2000 | 2001 | 2002 | 2003 |
|--------------|------------|------------|------------|-------------|
| 20-29 | 18 | 18.4 | 26.2 | 41.9% |
| 30-39 | 38 | 41.4 | 40 | 26.7% |
| 40-49 | 40.5 | 34.5 | 25.3 | 23.8% |
| 50-59 | 3.5 | 4.6 | 7.4 | 5.7% |
| 60+ | 0 | 1.1 | 1.1 | 1.9% |
| Total | 100 | 100 | 100 | 100% |

Ethnicity

Figure 11: Ethnicity (n=118)

| | |
|-------------------------|-------------|
| Caucasian | 55.9% |
| African-American | 5.9% |
| Latino | 11% |
| Mixed | 15.3% |
| Asian/ Pacific Islander | 8.5% |
| Filipino | 3.4% |
| TOTAL | 100% |

Education

Figure 12: Highest Level of Education Completed (n=122)

| | |
|---------------------------|-------------|
| Some High School | 4.1% |
| High School Graduate | 18% |
| Some College | 39.3% |
| Bachelor's Degree | 27.9% |
| Master's Degree or higher | 10.7% |
| TOTAL | 100% |

Income

Respondents' level of education level is significantly positively correlated with income.

Figure 13: Annual Household Income (n=123)

| | |
|----------------------|-------------|
| Less than \$20,000 | 27.6% |
| \$20,000 - \$29,000 | 23.6% |
| \$30,000 - \$39,000 | 17.9% |
| \$40,000 - \$49,000 | 13.1% |
| \$50,000 - \$59,000 | 8.9% |
| \$60,000 – or higher | 8.9% |
| TOTAL | 100% |

HIV Status

Figure 14: HIV Status (n=120)

| | |
|--------------------|-------------|
| HIV - positive | 89.4% |
| Unknown HIV status | 10.6% |
| TOTAL | 100% |

Risk Categories

- 70 respondents reported having unprotected anal sex in the past year. They constituted approximately 59% of the 119 respondents who gave valid responses to the question, “Have you had unprotected anal sex in the past year?”
- 46 respondents reported having unprotected anal sex in the past year with more than one partner. They constituted about 39% of the 117 respondents who gave valid responses to the question, “Have you had unprotected anal sex in the past year with more than one partner?”
- 37 of the 46 respondents who reported having unprotected sex with multiple partners also reported their age on the survey. Of these 37 who reported both their age and their unsafe sex practices, 42% were between 20 and 29 years old. The ratio of 20-29 year olds in this sub-population was virtually identical to the ratio in the larger sample of 123, which suggests that the practice of unprotected sex with multiple partners is not affected by age.
- Age does, however, appear to affect respondents’ attitude about preventing the spread of HIV. 21 respondents of the 37 who reported their age and their practice of unprotected sex with multiple partners also reported that at least one of their partners was HIV-negative. The mean age of these men was 30.7. This group poses a great public health risk because their behavior puts others at risk of infection.
- 16 respondents who reported (1) their age and (2) their practice of unprotected sex with multiple partners also reported that (3) their partners were HIV-positive. Their mean age, at 34.9, set them apart from the younger men who tended to put others at risk of infection. By choosing partners who were, like them, HIV positive, they were preventing the spread of the disease to new populations.

The campaign’s goal is to encourage HIV positive MSM and TSM to practice safe sex with partners of zero-discordant and unknown status. Those already practicing safe sex are at low risk for infecting others. The high number of people reporting risky behavior may indicate that; 1) promoting social norms around safe sex requires a long term commitment and must continue to be promoted as each generation of high risk youth enters adulthood, and 2) the younger age of survey respondents this year suggests that high risk behaviors may be more common among younger adults.

Respondents were not asked to clarify whether the unprotected anal sex was receptive or insertive.

95.8% of the 120 respondents who answered the survey question about needle-sharing indicated that they had not shared intravenous needles within the past year.

The following figure reports HIV risk behavior by respondent age group. These results are suggestive, but not statistically significant because response rates for some questions were low, and sample sizes too small.

Figure 15: HIV Risk Behavior (n = 123)

| | |
|--|-------|
| Unprotected anal sex in the past year | 58.8% |
| Unprotected anal sex in the past year with more than one partner | 39.3% |
| <i>Of those reporting unprotected anal sex:</i> | |
| • Did not know partners' HIV status before sex (i.e. "Unknown") | 44% |
| • Unprotected sex with HIV negatives | 56.8% |
| • Unprotected sex with HIV positives | 75.7% |
| • Those risking the creation of new infections* | 30% |
| <i>52.9% of those reporting unprotected sex n=70</i> | |
| Shared Needles in the Past Year | 4.1% |

* Note: We arrived at this figure through a three-step process:

(1) We added 22, the number of respondents who reported having unprotected sex with partners whose HIV status was unknown, to 21, the number of respondents who reported unprotected sex with HIV negative partners, for a raw figure of indicating "risk of new infections."

(2) In order to avoid double counting of 6 individuals who reported unprotected sex with both HIV-negative partners and with partners whose status was unknown, we subtracted 6 from 43, the total in (1) to get 37.

(3) In order to calculate the percentage of our sample who reported risking new infections we divided 37, the total number of responses indicating infection-spreading behavior, by the total sample size, 123. By this method, about 30% of the sample were risking new infections.

(4) We also calculated the proportion of respondents reporting unprotected sex that also risked new infections. Those risking new infections constituted 52.9% of the respondents who had practiced unprotected sex.

TARGET AUDIENCE RESULTS

Exposure to Campaign

The 30-second television commercial was broadcast in San Francisco from June to July 2003, and was supported with print advertising in local gay publications as well as postcards distributed to popular venues throughout the city. Respondents were asked to recall how they received the campaign messages by choosing from a list of media types. Many respondents saw the campaign in more than one medium; however, the most common form of exposure was via television, reinforcing the primacy of this medium for message distribution. Places denoted as “Other” include bus shelters and bus stops. Total exceeds 100% due to multiple responses.

Figure 16: Exposure to Campaign (n=123)

| | |
|--------------|-------------|
| Television | 87% |
| Print | 41.5% |
| Postcards | 36.6% |
| On-line | 6.5% |
| Other | 5.7% |
| TOTAL | 100% |

Frequency of Overall Exposure

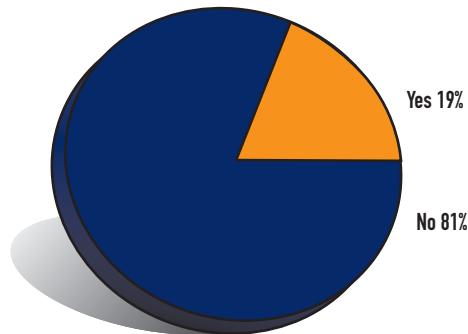
Respondents were asked how many times they had been exposed to the campaign via any of the above mediums. Three people did not respond to this statement. A significantly larger number of respondents than in previous years had seen the campaign 6 or more times. This may suggest a cumulative effect whereby the respondents are reporting exposure from previous years as well as the reported year. If so, this may impact campaign effectiveness results for newly reported behavior change during this reporting period.

Figure 17: Frequency of Overall Exposure (n=120)

| Frequency | 2000 | 2001 | 2002 | 2003 |
|--------------|-------------|-------------|-------------|--------------|
| 0 times | 17.2 | 0 | 0 | 0 |
| 1-2 times | 34.5 | 39.1 | 21.1 | 20.3% |
| 3-4 times | 23.0 | 30.7 | 33.3 | 25.2% |
| 5-6 times | 11.5 | 14.8 | 19.3 | 12.3% |
| 6 or more | 13.8 | 14.7 | 26.3 | 39.8% |
| Total | 100 | 100 | 100 | 100% |

19% of the respondents had visited the website (hivstopswithme.org). Website usage increased 36% from last year.

Figure 18: Campaign Website Usage (n=123)

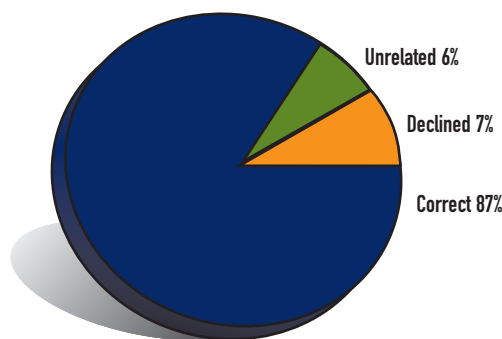


Campaign Messages

Unaided message recall is an important measure to gauge whether the target audience interpreted and internalized the campaign messages correctly. Respondents were asked to put into their own words what they believed the primary message of the campaign to be.

Almost everyone recognized the intent of the campaign. Approximately 87% of respondents understood the campaign message correctly. 6% did not understand the message, and 3% declined to state whether they had understood or not.

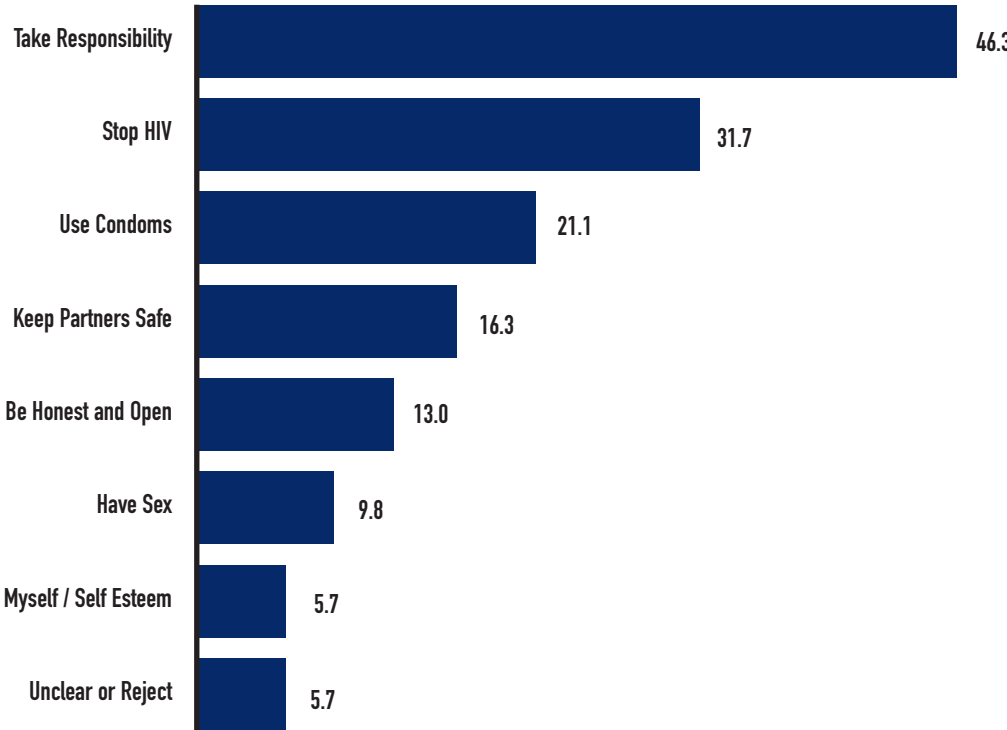
Figure 19: Overall Message Interpretation (n=123)



Primary Messages

The core HIV prevention themes that the campaign promotes continued to be correctly interpreted in 2003. These results may imply that the specific social normative behaviors and attitudes around prevention for positives are becoming internalized in people's minds. Message categories that increased in correct interpretation from the previous year were: Taking Responsibility, Stopping HIV, Keeping Partners Safe, Being Honest and Open, and Myself /Self Esteem. Totals exceed 100% due to multiple responses.

Figure 20: Primary Message Interpretation (%)



Taking Responsibility

- When asked to describe the campaign’s message in their own words, 46.3% of respondents stated the primary message of the campaign to be taking responsibility to stop the spread of HIV. Respondent interpretations included, “I can be part of a push to prevent AIDS,” “I am responsible for my own behavior,” and “Poz people have responsibility to stop the spread of HIV too.”

Stopping HIV

- The second highest message interpretation was about HIV positives’ role in stopping HIV. Many respondents stated the primary message of the campaign was “HIV stops with me,” as well as, “HIV stops with me, don’t infect any one else,” and “People who are positive need to help stop AIDS.”

Using Condoms

- Responses to this message include those who indicated “Safe sex” or “Condom use” as the primary message. Examples included, “Keep using condoms,” “Don’t infect others, be safe,” and “Once you have HIV you should really start using protection.”

Keeping Our Partners Safe

- Respondents this year, more than any other year, felt the campaign was about “Keeping our partners safe.” Respondent comments included protecting the health and safety of sexual partners, such as “Take care of yourself and your partner,” and “It is my responsibility to protect my partners.”

Being Honest and Open

- Fourteen people correctly interpreted the message to include disclosure of status and communication with others. Responses included, “Be responsible and honest about having HIV,” “Negotiate condom use and disclose status,” and “Protect HIV negative people by disclosing.”

Sex

- Ten people responded that the primary message of the campaign was affirming that sex was still possible in the light of HIV. Some interpretations included, “I don’t have to shrivel up and die without having sex just because I’m positive,” “Have sex, have fun, but be responsible,” and “Feel good about sex choices. Take responsibility for actions re: telling partners about status.”

Myself / Self Esteem

- Seven respondents understood the primary message to be related to self-esteem and self care. Typical of these responses were, “You can be Poz and lead a normal life.”

Unrelated or Not Sure

- Seven respondents described the message vaguely or said they weren’t sure what the message was. Among such comments were “Not sure,” and “They have HIV and they know it.”

Agreement with Message

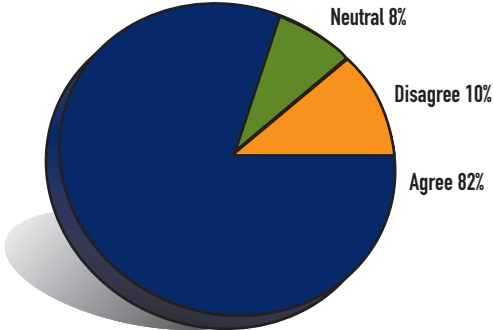
81.5 % of the target audience Agreed with the message (57.1% Strongly Agreed and 24.4% Somewhat Agreed). 8.4% expressed Neutrality about the message, in some cases because they had not seen the ad enough times to be sure what it was about. Four responses were missing for this question in 2003.

Among the highest risk group of men, those who had unprotected sex with partners whose HIV status was negative or unknown, 33.3% Strongly Agreed with the campaign messages, and 25% Somewhat Agreed.

79.7% of respondents who reported having unprotected sex last year expressed agreement with the message. Of these men, 59.4% Strongly Agreed and 20.3% Somewhat Agreed.

The rates of agreement were higher for respondents who saw the campaign six or more times (87.7%). Of these, 61.2% Strongly Agreed and 26.5% Somewhat Agreed.

Figure 21: Agreement with Commercial Message (n=119)



Overall Feelings About Campaign

63.3% of respondents Liked the commercial overall, 38.3% Liked it Very Much and 25% Somewhat Liked it. 5.8% Somewhat Disliked it and 2.5% Disliked it Very Much. The average response for this question was 3.9 on a scale of 1 to 5.

63.8% of respondents who stated that they had unprotected sex within the past 12 months reported Liking the message of the campaign. 37.7% Liked the message Very Much, and 26.7% Somewhat Liked the message.

Among those who reported unprotected anal sex with partners whose HIV status was negative or unknown, 54.3% Liked the commercial Very Much, and 22.9% Somewhat Liked it.

Figure 22: Likes/Dislikes of the Campaign (n=120)

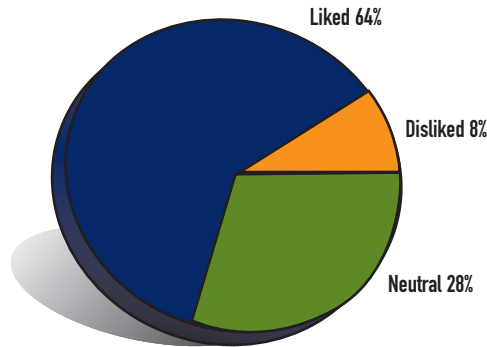


Figure 23: Feelings about Campaign by Age

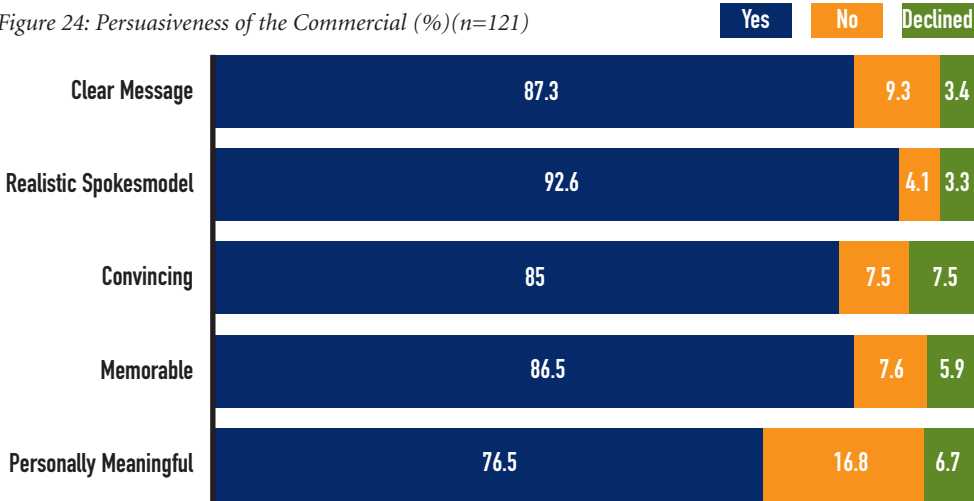
| Age | Like or Strongly Like | Neutral | Dislike or Strongly Dislike |
|-------|-----------------------|---------|-----------------------------|
| 20-29 | 64.3% | 31% | 4.7% |
| 30-39 | 51.9% | 25.9% | 22.2% |
| 40-49 | 60% | 36% | 4% |
| 50-59 | 66.7% | 16.7% | 16.6% |
| 60+ | 100% | none | none |

There is no easily discernible trend in this data, which suggests that differences between groups may not be significant, however it is interesting to note the high number of 30 to 39 year olds who dislike or strongly dislike the message.

Persuasion

Persuasion measures the ability of the advertising to convince members of the target audience to change their behavior. It is the campaign’s ability to sell an idea, creating motivation for change. Several factors affecting persuasion are analyzed in Figure 24.

Figure 24: Persuasiveness of the Commercial (%) (n=121)



Convincing

Respondents were asked to rate whether the commercial was convincing. This measure suggests the degree of believability respondents associated with the message, and is critical in selling the notion of behavior change.

- 85% of respondents found the campaign message convincing.
- Respondents who were having the highest risk sex, unprotected anal sex with one or more partners whose status was negative or unknown, were as likely to find the commercial convincing as those reporting no risky behavior (83.3% vs. 85.1% reporting No Unprotected sex).

Memorable

86.5% of respondents found the campaign to be memorable.

Personally Meaningful

Respondents who were having the highest risk sex, unprotected anal sex with one or more partners whose status was negative or unknown, were as likely to find the commercial personally meaningful as those reporting no risky behavior (77.9% vs. 74.5% reporting No Unprotected sex).

- Four of the five respondents who reported sharing needles found the commercial personally meaningful.
- There was no relationship between the number of times a respondent saw the campaign and his chance of finding the message personally meaningful. Seeing it once or twice left a powerful impression on some of our respondents.

Impact

Impact is a difficult result to measure in a survey. Many of the desired results will not show up immediately. Additionally, other PHIPP HIV prevention interventions implemented during the same time period impact our target audience in ways not measured by this survey instrument. This evaluation does not measure new infection rates in San Francisco, nor does it measure the number of prevented infections. The evaluation asks respondents to self-report the impact the commercial had on their attitudes, behaviors and feelings about HIV prevention.

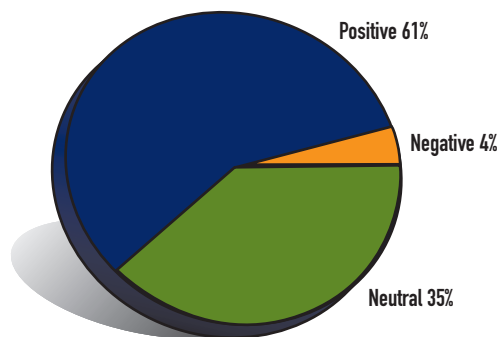
Overall Impact

27.5% of respondents with valid responses reported feeling highly positive towards the message of the campaign with another 37.5% feeling somewhat positively impacted by the campaign message.

Positive impact was slightly lower (-15%) than in 2002. Since message impact diminishes with message familiarity, and the television commercial was seen with high frequency, it is not surprising that the impact would have diminished slowly over time. This interpretation is supported by the increase in respondents feeling neutral towards the campaign (35% vs. 20%) from last year.

The number of negative responses dropped by 55% versus last year. Low levels of negative impact and increases to reported neutral feelings also suggest that the campaign may have converted some respondents who were previously feeling negative about the prevention messages. The overall impact of the commercial did not differ greatly by age.

Figure 25: Impact of Commercial (n=120)



Among those having the highest risk sex, unprotected anal sex with multiple partners, 52.2% reported feeling positively impacted by the campaign.

The campaign positively impacted respondents most at risk for creating new infections. 51% reported the commercial made a positive impact on them.

Intent to Change Behavior (Behavior Adaptation Scale)

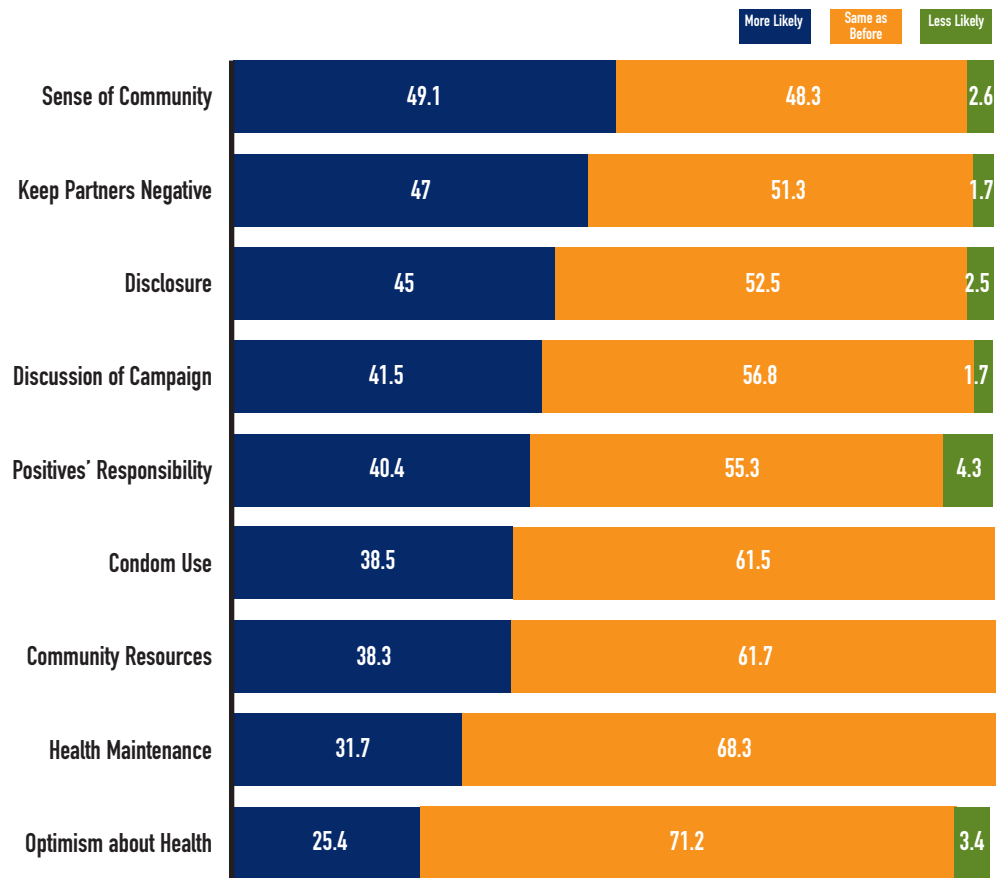
To directly assess the behaviors and attitudes that the campaign aimed to influence, respondents were asked to rate their intention to adopt 10 behaviors or attitudes based on the commercial. Answers were coded based on 'More Likely', 'Less Likely', or 'Same as Before'.

2003 results continued to show large numbers of respondents claiming to be newly convinced to change their behavior as a result of exposure to the campaign messages. Additionally, this year witnessed an increase in respondents claiming 'same as before' which suggests that many respondents have already begun to think and act differently with regards to the risks of creating new infections. Conversely, 'same as before' results may indicate a lack of willingness to adopt prevention behaviors. However, this interpretation is not consistent with recent data from the Stop AIDS Project and San Francisco Department of Public Health suggesting that gay men are engaging in less risky sex and that HIV transmission rates among MSM have stabilized since 2001 (BAR vol.33 no.49).

After three years of consistent increases on intention to change behavior, 2003 results witnessed a slight drop in respondents claiming to be newly impacted and motivated to change versus a year ago. There is insufficient data to explain this result, however, three factors may be considered.

- 1) The respondent sample this year was over 40% young men (aged 20-29), vastly higher than in previous years. The age of respondents, their experience with HIV since diagnosis, and their comfort level with living with HIV may factor greatly into their willingness to consider behavioral change.
- 2) The respondent sample this year does not reflect the epidemiological ethnic profile for those living with HIV in San Francisco. White respondents are under represented.
- 3) Respondents may have already committed themselves to prevention oriented behavioral norms during the previous three years of the campaign. This may explain why the numbers of those claiming 'same as before' has increased dramatically.

Figure 26: Measure of Intent to Change Behavior (%) (n=123)



Sense of Community

Respondents were asked to rate their propensity to believe that “there is a strong, supportive HIV-positive community.” Nearly half (49%) shared this belief, which made it the most popular of the six perceived messages of the campaign.

This overall tendency masked considerable ethnic-racial differences.

- Minority and mixed-race respondents were almost twice as likely as White respondents to have increased their belief that “there is a strong, supportive HIV positive community” because of their exposure to the campaign. While 35.5% of White respondents were more likely to believe in the existence of a supportive HIV positive community, 67.3% of minority and mixed race respondents were more likely to believe this. This may suggest that television and other media outlets are uniquely effective ways to deliver health messages to minorities in San Francisco.
- 100% of Filipino respondents, 70% of Asian / Pacific Islander respondents, 71.5% of African Americans, 61.5% of Latinos, and 58.8% of mixed race respondents agreed with the statement, compared to 35.5% of White respondents.

Keeping Partners Negative

This campaign models HIV-positive people taking responsibility to not transmit the virus to others.

- After “Sense of Community,” this category received the highest percentage of people who indicated that they were ‘More likely’ to believe this statement after viewing the campaign. This result is encouraging because it promotes not only responsibility for oneself but also for taking action to prevent the spread of the virus to others.
- Among those having the highest risk sex, 42.9% were More Likely to believe that it is their responsibility to not pass on their HIV virus.

Disclosure to Partner

Respondents were asked if they were, “More Likely to disclose your HIV status before sex.”

- 44.9% of respondents said they were More Likely to disclose their HIV status before sex as a result of the campaign.
- 50% of respondents who reported having unprotected sex with unknown or negative partners stated that they were More Likely to disclose their HIV status before sex as a result of the campaign.

Positive's Responsibility

The statement that positives should take responsibility had the third highest level of agreement. Cross-tabulations revealed that 38.2% of the highest risk men, those having unprotected sex with partners whose status was negative or unknown, were More Likely to think that HIV positives have a responsibility to end HIV.

Condom Use

38.5% of respondents stated that the TV commercial had persuaded them to use condoms more often in their future sexual encounters.

Community Resources

The campaign referred viewers to the www.hivstopswithme.org URL, which provides information on testing sites, community organizations and events for positives. We asked respondents if the campaign had helped them become more “knowledgeable about resources for the HIV-positive gay/bi/transgender community.”

- 38.3% of respondents are More Likely to know about community resources as a result of the commercial.
- Among respondents who both, (a) reported themselves More Likely to know about community resources after viewing the campaign, and, (b) indicated whether or not they had seen the ad on television, 95.6%* reported having seen the ad on TV. This is far higher than the reported rates of exposure to the ad through postcards, print ads, or the Internet, and suggests that TV was the most powerful delivery tool in the media mix.

**Interpreting 10 missing values to the television viewership question as “no,” i.e. the respondent did not see the TV commercial, then the percentage of respondents who saw the ad on television is closer to 78%.*

Health Maintenance

Respondents were asked to rate their intention of focusing on their health with regards to their HIV.

- 31.7% of respondents indicated that they were More Likely to concentrate on their health after exposure to the campaign.

Optimism about Health

Respondents were asked to rate their propensity to be, “optimistic about your future health.”

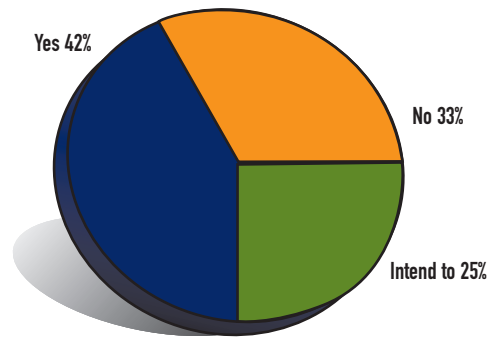
- 25.4% of respondents said they were More Likely to be optimistic as a result of the commercial.
- 3.4% said they were Less Likely to feel optimistic about their future health.
- 71.2% of respondents indicated that they were Just as Likely as before to be optimistic about their future health. This high figure may be due to the absence of any major medical breakthroughs during the campaign period, which would raise people’s hopes for finding a cure for HIV.

Discussion of Commercial

Discussion about the campaign messages and the issues that they raise are important because such dialog helps to internalize and reinforce the prevention messages. Discussion is also critical to further disseminate the messages throughout the community via word-of-mouth, arguably one of the most effective ways to communicate.

- 41.5% of respondents overall had already talked about the campaign with someone else.
- 24.5% planned to discuss the campaign in the future.
- 16.3%, had neither discussed the campaign nor planned to discuss it.
- 13.8% reported NOT discussing the campaign and declined to answer the question about their plans to do so.
- Our most interesting finding is that 63% of those reporting unprotected sex with partners of unknown or negative status had in fact discussed the campaign or planned to in the future. While this rate is not significantly different than that for our less high-risk respondents, it does indicate that the campaign message has reached its core audience, who are responding to it in significant numbers.

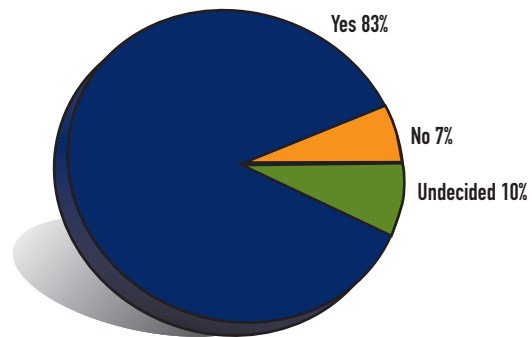
Figure 27: Discussion of Commercial (n=101)



Repeating the Campaign in Other Cities

83% of respondents believed that the campaign should be repeated in other cities.

Figure 28: Should Campaign be Repeated? (n=123)



Improvements

Of the 123 men and transgendered individuals who participated in this survey, 39.8% did not answer our open-ended question about how the campaign could be improved, 28.5% said that no change was needed, and 3.3% reported not being sure how to improve the commercial. The total percentage of responses, including all suggestions, is greater than 100% because many respondents gave multiple answers.

Figure 29: Suggestions for Improving Commercial (n=123)

| | |
|-------------------------------|-------|
| No answer | 39.8% |
| No change needed | 28.5% |
| Include more types of people | 17.9% |
| Different message or format | 8.1% |
| Make it clearer or longer | 6.5% |
| More distribution of material | 4.9% |
| Bad campaign, don't air | 3.8% |
| Not sure | 3.3% |
| Make more versions | 1.6% |
| Change music | 1.6% |

Many people were content with the commercial as it is; however, it is our desire to look further into the issue of adding more types of spokesmodels, the most stated improvement by respondents.

As in last year's report, many of the suggestions for types of people were very similar to one another. These suggested types are listed below:

Figure 30: Suggested Types of People to Include in Commercial (n=22)

| | |
|-------------------------------|-------|
| Not Specific | 50% |
| Different Age (Young or Old) | 22.7% |
| Females | 9.1% |
| Put me in it | 9.1% |
| More Ethnicities | 4.5% |
| Different Sexual Orientations | 4.5% |

General Comments

Twenty people added additional comments when prompted by the interviewer. This open-ended question allowed for any explanation of previous answers, or to see if a critical evaluation point was overlooked. Overall, the comments were positive and encouraging.

“This is a great commercial.”

“Good Work!”

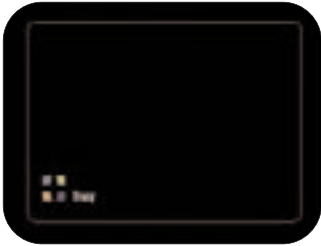
“Like these ads; could easily relate to them.”

“Thanks!”

“Thank you for doing this!”

APPENDIX A: TELEVISION COMMERCIAL SCRIPT

Television Spot - 30 seconds



[Tracy]



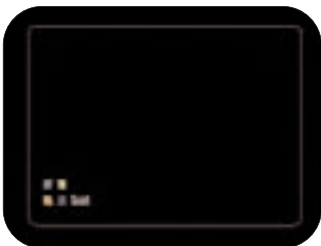
I have HIV and I have sex.



[Felicia]



Before I got HIV, I didn't use condoms. Now, I want to.



[Scot]



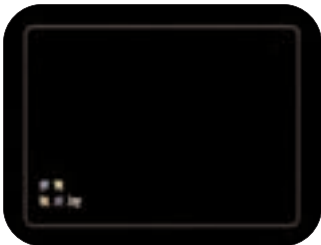
Life's important to me. Even the lives of guys I don't know.



[Rene]



Being rejected isn't as bad as infecting someone.



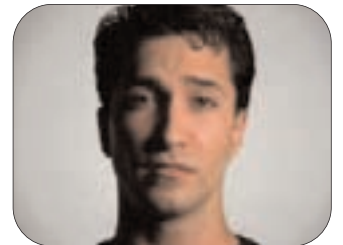
[Jay]



Telling my partners I'm positive is liberating.



[Rashid]



The best sex is when I still feel good about it the day after.




HIV STOPS WITH ME, me, me, me, me..



[HIV STOPS WITH ME.ORG]

APPENDIX B: PRINT ADVERTISEMENTS



Rejection isn't as bad as
infection

Not telling my partners I have HIV would be easy.
To avoid being rejected I could just let them assume I'm negative.
But, by being silent or by lying about my status, I would also end up infecting other guys.
Being rejected hurts, but infecting somebody would make me feel much worse.

Rene - Positive since 2001

Go online and let me know how you feel.

HIV STOPS WITH ME.ORG



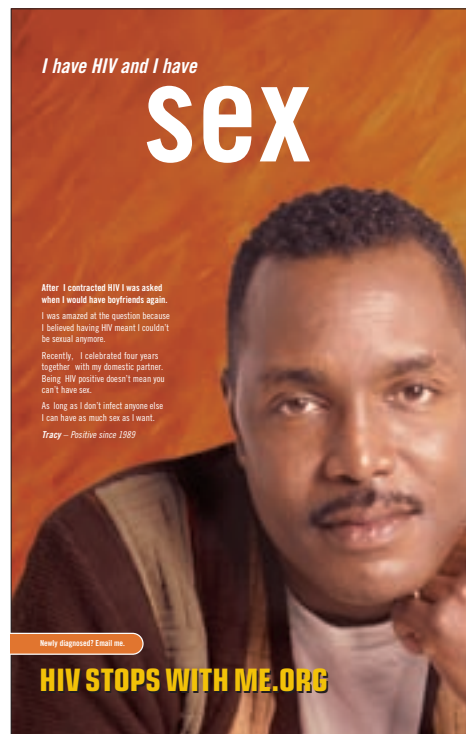
Disclosure is
liberating

I don't believe in hiding my HIV status from someone I am going to have sex with.
I'm not afraid of the truth. I want it out in the open where it can be dealt with.
By revealing my status, I take responsibility for the sex I have and that liberates me.

Jay - Positive since 1995

Dealing with disclosure? Email me.

HIV STOPS WITH ME.ORG



I have HIV and I have
sex

After I contracted HIV I was asked when I would have boyfriends again. I was amazed at the question because I believed having HIV meant I couldn't be sexual anymore.
Recently, I celebrated four years together with my domestic partner. Being HIV positive doesn't mean you can't have sex.
As long as I don't infect anyone else I can have as much sex as I want.

Tracy - Positive since 1989

Worried diagnosed? Email me.

HIV STOPS WITH ME.ORG

I still
feel good
the day after

The idea that I might have infected somebody else is hard to live with. The last thing I want to share is my HIV.

Now, I won't have sex that puts my partners at risk, which means I can enjoy sex when I'm having it and still feel good about it afterwards.

Rashid – Positive since 2002

Visit my website for all the details.

HIV STOPS WITH ME.ORG

I care about
guys
I don't know

Gay men often create fantasies about our sex partners. Sometimes we don't even think of them as real people. Maybe it's hotter that way.

But maybe that's why it's easier for us to forget that we could be infecting or re-infecting somebody.

Scot – Positive since 1986

Need some support? Email me.

HIV STOPS WITH ME.ORG

Now, I want to use
condoms

I use condoms to protect myself from other HIV strains or from getting STIs.

But mostly, I want to make sure that I don't give HIV to anyone else.

I know what this disease is like, and it would break my heart to give it to somebody else.

Felicia – Positive since 1987

Visit me on the web, maybe I can inspire you.

HIV STOPS WITH ME.ORG

APPENDIX C: 2003 STREET-INTERCEPT SURVEY INSTRUMENT

HIV STOPS WITH ME SURVEY

Introduction:
 "Hi, I'm [your name], and I'm doing an evaluation for the Health Department. Would you be willing to take about 5-10 minutes to answer some questions about a recent ad campaign? If you qualify you'll receive a gift!" (If no, tell them it's for HIV prevention)

"Great, first I'd like to ask you some questions to make sure you are part of the group we are trying to survey"

1. Where do you live?
 San Francisco (go to #2) Other Bay Area (go to #2) Other (thank them for their time, END SURVEY)

2. Have you seen any HIV prevention advertising on TV or Print in the past few months?
 Yes No

2a. What do you remember about it (what did it say, images?) (If none/other go to → 2b.)

2b. (prompt them with HIV STOPS WITH ME, description, samples etc.) How do you remember?
 Yes (go to Question 3) No (END SURVEY)

3. What is your sexual orientation?
 Gay (go to #4) Bisexual (go to #4) Heterosexual / Other? Decline to State (END SURVEY)

4. What is your HIV status?
 Unknown (continue) Positive (continue) Negative/ Decline to State (END SURVEY)

Please fill in the remaining questions as best as you can. Please print clearly:

5. What is your ZIP code? _____ **6. What is your age?** _____

7. What's your gender? Male Transgender (MTF) Transgender (FTM)

8. What is the highest level of education you completed?
 some high school high school diploma some college college degree post-grad degree

9. Where does your household income fall?
 less than 20k 20-29k 30-39k 40-49k 50-59k 60+

10. What's your ethnicity?
 Black Latino API Native America/Alaskan White Filipino Mixed
 Other please specify _____

11. Have you had unprotected anal sex within the past 12 months?
 Yes No Decline

12. Have you had unprotected anal sex within the past 12 months with more than one partner?
 Yes No Decline

a. Did you know the HIV status of your partner's before sex? Yes No

b. Were any of them HIV Negative? Yes No

c. Were any of them HIV Positive? Yes No

13. Have you shared needles in the past year?
 Yes No Decline

14. Have you seen or visited the website www.hivstopswithme.org?
 Yes No Decline

15. Where have you seen advertising for the HIV STOPS WITH ME campaign?

| | YES | NO | if yes, where? |
|---------------|--------------------------|--------------------------|----------------|
| A) Television | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| B) Print Ads | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| C) Postcards | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| D) Ads online | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| E) Other | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

16. How many separate times have you seen the campaign messages?
 1-2 3-4 5-6 6 or more

Please Turn Over >>

17. In your own words, what is the primary message of the campaign?

18. On a scale from 1 to 5 how much do you agree with the message you just identified?

[1 = Strongly Disagree 5 = Strongly Agree]

1 2 3 4 5

19. On a scale from 1 to 5, to what degree do you like or dislike the campaign?

[1 = Dislike Very Much and 5 = Like Very Much]

1 2 3 4 5

20. On a scale from 1 to 5, what effect did the campaign have on you?

[1 = Highly Negative and 5 = Highly Positive]

1 2 3 4 5

21. As a result of this campaign are you more or less likely to:

| | More likely | Same as before | Less likely |
|---|--------------------------|--------------------------|--------------------------|
| A) Think that HIV positives have a responsibility to end HIV? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B) Think that there is a strong supportive HIV-positive community? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C) Focus on maintaining your health, in regards to HIV? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D) Believe that it is your responsibility to not infect your partner? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E) Disclose your HIV status before sex? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F) Be optimistic about your future health? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G) Be knowledgeable about resources for the HIV-positive gay/bi/transgender community? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H) Use condoms with someone whose status is negative or unknown? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I) Talk to other people about your community's responsibility in ending the HIV epidemic? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22. Please answer Yes or No to the following statements about the commercial.

| | Yes | No | Decline |
|--|--------------------------|--------------------------|--------------------------|
| A) The spokesmodels were realistic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B) The spokesmodels were unrealistic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C) The commercial was convincing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D) The commercial was not convincing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E) The commercial was memorable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F) The commercial was not memorable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G) The commercial had personal meaning for me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H) The commercial did not have personal meaning for me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I) The message was clear | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J) The message was not clear | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

23. Have you discussed the campaign with anyone?

Yes No
→ Do you plan to? Yes No

23. Do you think HIV STOPS WITH ME should be repeated in other cities?

Yes No Undecided

24. How would you improve the commercial?

25. Any other comments?

THANK YOU! Please return form to the interviewer.

Interviewer: _____ Date: _____

Location: _____

APPENDIX D: PERCENTAGE CHANGE RESULTS

Because there were more than two groups to compare, a two-way between groups analysis of variance was conducted to explore the impact of year on levels of Risk Categories, Feeling about the Commercial, and Measures of Behavior Change. Respondents were divided into groups according to Year of Report. There was statistically significant main effects for many of the variables. The significant results of these ANOVA's are indicated by an asterisk.

Chi-square test for independence (χ^2) was done on various comparisons to determine if a relationship existed between variables. The chi-square test for independence is used to determine if two variables are related. It compares the frequency of cases found in the various categories of one variable across the different categories of another variable. (i.e., Is the proportion of respondents who liked the ad to those who did not like the ad the same for year 1 and year 2?)

| VARIABLE | YR 1 (%) | YR 2 (%) | YR 3 (%) | YR 4 (%) | Diff. (%) | + / - / 0 |
|--|-------------|-------------|-------------|-------------|--------------|-----------|
| Risk Categories | | | | | | |
| Unprotected sex in the Past Year | 56.3 | 63.3 | 37.9 | 56.9 | 19* | + |
| Unprotected sex with Positives | 83.3 | 90.0 | - | 75.7 | - | N/A |
| Unprotected sex with Negatives | 42.9 | 50.0 | - | 56.8 | - | N/A |
| Unprotected sex without knowing Partner's Status | 40.9 | 15.6 | - | 44 | - | N/A |
| Those Risking the Creation for New Infections ^a | 22.2 | 13.3 | - | 29.3 | - | N/A |
| Shared Needles in the Past Year | 0.0 | 22.4 | 4.2 | 4.1 | 0.1 | - |
| Feelings about Commercial ^b | | | | | | |
| Realistic Spokesmodels | 71.1 | 95.9 | 90.2 | 92.6 | 2.4 | + |
| Clear Message | 76.1 | 91.8 | 91.1 | 87.3 | 3.8 | - |
| Convincing | 78.3 | 95.9 | 82.4 | 85 | 2.6 | + |
| Memorable | 67.4 | 98.0 | 77.2 | 86.4 | 9.2 | + |
| Personally Meaningful | 50.0 | 89.8 | 71.4 | 76.5 | 5.1 | + |
| Measure of Behavior Change ^c | | | | | | |
| Positives Responsibility | 32.6 | 49.0 | 54.3 | 40.4 | 13.9 | - |
| Sense of Community | 29.8 | 42.9 | 52.7 | 49.1 | 3.6 | - |
| Discussion of Commercial | 39.1 | 36.7 | 49.5 | 41.5 | 8 | - |
| Keep Partners Negative | 25.5 | 46.9 | 65.2 | 47* | 18.2 | - |
| Optimism about Health | 21.7 | 30.4 | 40.4 | 25.4* | 15 | - |
| Intent to Use Condoms | 19.1 | 40.8 | 53.8 | 38.5* | 15.3 | - |
| Disclosure to Partner | 20.0 | 35.4 | 43.0 | 44.9 | 1.9 | + |
| Community Resources | 10.9 | 28.6 | 47.9 | 38.3 | 9.6 | - |
| Health Maintenance | 8.5 | 24.5 | 53.7 | 31.7* | 22 | - |
| Impact of Commercial ^d | 47.8 | 79.6 | 71.0 | 65 | 6 | - |
| Agreement with the Message ^e | 78.7 | 87.5 | 84.0 | 81.5 | 2.5 | - |
| Liked Message ^f | 48.9 | 83.6 | 76.6 | 64 | 12.6 | - |

* $p < .05$

a. defined as having unprotected sex with someone whose HIV status is Negative or Unknown.

b. only the "yes" response statements were used in figuring percentages for these variables.

c. only the "more likely" response statements were used in figuring percentages for these variables.

d. a combination of "highly positive" and "positive" response statements were used in figuring percentages for this variables.

e. a combination of "strongly agree" and "agree" response statements were used in figuring percentages for this variables.

f. a combination of "liked very much" and "like" response statements were used in figuring percentages for this variables.

An independent-samples t-tests were conducted to compare the differences of various variable scores for Year 1 and Year 2. The significant results of these t-tests are indicated by an asterisk.