



Convenience Advertising



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EVALUATION REPORT

**Gay Men's Health Crisis, Inc.'s
Narrowcasting
HIV Prevention Campaign
Targeting Gay and Bisexual Men**

1995-1996

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*GMHC HIV Prevention Campaign***Executive Summary**

A synopsis of the key findings from the evaluation of GMHC's HIV prevention campaign targeting gay and bisexual men in New York City is presented below.

Highlights:

- Intercept interviews were collected in 28 different venues in Manhattan and Queens including bars, dance clubs, sex clubs, and office settings resulting in a sample reflective of New York City's diverse gay and bisexual community.
- More than half of the sample (58%) could recall and describe one or more posters from the campaign without assistance.
- More than three-fourths of the sample (79%) could recall, with visual prompting, having seen one or more posters from the campaign.

Among Those Who Saw The Campaign:

- More than half (54%) reported seeing the campaign one or more times each week.
- On average, respondents could identify three (out of a series of ten) posters from the campaign.
- Over half (55%) agreed that the campaign had increased their awareness of the link between alcohol and/or drug use and unsafe sex.
- Over two-thirds (69%) agreed that the campaign had positively influenced their attitudes towards using protection and sexual activity.

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- Nearly three-fourths (72%) agreed that the campaign had influenced them to practice safer sex more often.
- The majority of respondents demonstrated a keen interest in the campaign; 89 percent offered specific comments on the campaign.
- The key informants uniformly supported conducting an HIV prevention campaign in the community and considered the campaign's focus, *Think About It. Talk About It. Staying Negative, It's Not Automatic*, an important, worthwhile message, particularly for the HIV negative community.
- In general, key informants believed the concept of delivering HIV prevention messages in bathrooms and other enclosed spaces serves as a timely reminder and captures the viewers' attention.
- All key informants concluded that the campaign should evolve and continue in the community.

Implications:

- The evaluation documents the level of effectiveness of the campaign at various junctions in the communication process. Examination of these results illuminates the strengths and weaknesses of the campaign and the delivery system.
- The evaluation collected feedback from key informants and survey respondents which provides insight on how the campaign was perceived and understood and on the impact the messages had on attitudes and behaviors.
- This report presents suggestions on future campaign direction and offers a plethora of concrete ideas on ways to extend and expand the campaign.

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Introduction

2.1 Background

According to the New York City Department of Health's AIDS Surveillance Office, 80,218 AIDS cases have been reported in the city to date.¹ As of June, 1995, the cumulative number of AIDS cases in New York City accounted for 17% of the all cases in the United States and exceeds that of San Francisco, Los Angeles, Miami, and Boston combined.² Moreover, a disproportionate number of HIV seroconversions are occurring in young populations and among African American and Hispanic men.³

Without a known cure or vaccine, preventive campaigns remain one of the most important strategies for reducing HIV infection and motivating individuals to adopt safe behaviors. To a large extent, public awareness of how to minimize HIV infection has been achieved,⁴ yet a waning vigilance threatens to thwart endeavors in HIV/AIDS prevention. A sense of burn out, hopelessness, and frustration seem to characterize the prevailing attitudes towards the HIV/AIDS epidemic. In addition, members of the gay and bisexual community have observed that AIDS and HIV positive status have acquired some heroic and desirable qualities.⁵

The second decade of the AIDS epidemic has observed shifts in attitudes and concerns. Accordingly, preventive campaigns must evolve and adapt to meet these needs. For HIV/AIDS preventive efforts to serve as an effective bridge between epidemiological data, campaigns must act as the catalyst of change. Refining existing campaigns requires careful analysis of which messages and mediums are most effective. Evaluation, thus, represents a critical element of the research process by gauging effectiveness and providing data-based evidence for future campaign direction.

¹New York City Department of Health. *New York AIDS Surveillance Report*, (October 1995).

²Centers for Disease Control. *HIV Surveillance Report*, (Vol 7:1, 1995).

³See Hays and Peterson (1994).

⁴See Office of Technology Assessment (1988).

⁵See Simonson (1995) and Johnston (1995).

*GMHC HIV Prevention Campaign***2.2 HIV Prevention Campaign**

The Gay Men's Health Crisis, Inc. (GMHC), in collaboration with Educational Message Services (EMS), developed an HIV prevention campaign targeting gay and bisexual men using a narrowcast print media strategy. In July 1995, the campaign was installed and launched in designated venues in three borough of New York City, namely, Manhattan, Brooklyn, and Queens.

The campaign consists of ten posters displayed 223 times in 53 different venues in greater New York City. The messages are disseminated in bathrooms and other private, enclosed areas (i.e. changing rooms) in bars, night clubs, restaurants, sex clubs, bathhouses, health clubs, adult theaters, clothing stores, and bookstores frequented by the target population. In particular, venues which facilitate alcohol consumption, drug use, and/or sexual activity given the "locus of risk" nature of these locations, were heavily targeted.

The campaign was designed to stimulate introspection and discussion among gay and bisexual men at risk for HIV transmission in New York City. Broadly speaking, the principal theme of the campaign is the concept of maintaining HIV negative status through personal reflection and dialogue. The intent was that this would facilitate individuals to initiate safe sex behavior which would, in turn, reduce rates of HIV transmission.

The tag line, *Think about It. Talk about It. Staying negative - It's not automatic*, is placed on all posters and summarizes the campaign's main focus. The campaign also touches on themes relating to relationships, intimacy, insecurity, and familial support. Additional message themes in the campaign include: *You can be HIV positive and have safe sex; HIV is not inevitable; Communicate with your partner, and; Recognize the hazardous link between alcohol/drug use and unsafe sex.*

Based on information collected during the formative research stage, the messages reflect many prevailing attitudes and perceptions among the gay and bisexual community. Six of the messages are presented in English and four are in Spanish. All posters display the GMHC hotline number. [See Appendix A for replications of the campaign posters.]

*GMHC HIV Prevention Campaign***2.3 Formative Research**

Formative research for this campaign was conducted by EMS in June, 1995. A series of four focus groups was organized and administered in midtown Manhattan and Queens. The focus groups consisted of three homogeneous groups (i.e. HIV positives, 19-25 year olds, and Spanish-speaking Latinos) and the fourth, of mixed composition.

The purpose of these focus groups was to pretest draft message concepts to determine which ten messages should be included in the campaign. In addition, individual and group reactions were used to improve and refine the concepts, images, and text.

Process evaluation of the campaign entails a bimonthly monitoring and tracking system which is conducted by "maintenance" supervisors. This process facilitates replacement of missing and/or damaged posters and serves to collect and record feedback, in the form of graffiti and verbal comments, from venue owners, managers, and patrons. Documenting reactions of the campaign ensures that messages are appropriately placed in venues and provides an indication of how the messages are perceived.

2.4 Summative Evaluation

The main purpose of the evaluation was to investigate the efficacy of the delivery system and the impact of the campaign on the target audience. Since the campaign has been in operation for 7 months, the evaluation concentrated primarily on impact measures. In particular, the discrete stages of information processing are examined in order to accurately assess, at each level, how the campaign operates. Using the perspective of the target audience, the evaluation provides information on the following:

- campaign exposure, recall and recognition rates;
- comprehension levels and affective responses;
- awareness; attitudinal and/or behavioral change(s);
- strengths and weaknesses of the campaign messages.

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To complement information gathered from the intercept interviews, guided interviews with key informants investigated opinions on the campaign's effectiveness, delivery system, and messages. Specifically, the key interviews focused on:

- perceptions of the campaign among professional colleagues and clients;
- improvements regarding message themes, images, and text;
- views on the appropriateness of the message medium;
- beliefs on whether the campaign should continue; and,
- ideas for future direction.

In sum, the evaluation of the HIV prevention campaign used two data collection methods to collect information on a variety of campaign components.

Methodology

This section outlines the research methodology which guided the evaluation. The following topics are reviewed: the study design, data collection methods, and data processing procedures.

3.1 Study Design

The campaign evaluation involved both quantitative and qualitative components. To obtain quantitative measures from a "man on the street" perspective, surveys were administered to a sample of the target population using an intercept interview technique. To obtain qualitative data, depth interviews were conducted with key informants from the community.

These two data collection methods use dissimilar sources, methods, and data collectors which, in turn, enhance the reliability and integrity of evaluation findings. Specifically, the intercept interviews capture diversity and breadth while the structured interviews provide depth and detail.

3.2 Data Collection - Intercept Interview Protocol

A total of 150 surveys were administered by seven different interviewers at 28 venues in New York City during two weeks in January, 1996. [See **Appendix B** for a list of venues.] Due to weather constraints, all interviews were conducted indoors in bars, dance clubs, sex clubs/bathhouses, and office sites. The venue selection process was designed to obtain interviews from a variety of venues to ensure a diverse, representative sample. Although the majority of interviews took place in venues where the campaign was in place, one quarter of the interviews were conducted at non-participating venue sites.

3.2.1 Field Procedures

The intercept surveys were conducted by individuals hired and trained by EMS. The majority of interviewers had prior experience conducting interviews, were familiar with local venues, and were bilingual (English/Spanish speakers).

Interviewers were briefed on specific survey administration procedures and instructed to follow an

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established interview protocol to ensure accurate, unbiased reporting. Particular attention was devoted to the needs of venue owners and managers and to respondents' privacy and dignity. Due to the sensitive nature of some survey questions, interviewer training emphasized the importance of gauging respondents' personal comfort level. Interviewers were instructed to verbally stress the confidential and anonymous nature of all contents within the survey.

3.2.2 Sampling Strategy

The recruitment process of the intercept interviews entailed approaching (i.e. intercepting) respondents at locations frequented by the target audience. A purposive sampling strategy was utilized to obtain a diverse sample reflective of the target population. Surveys were conducted in English and Spanish according to respondent preference.

3.2.3 Survey Instrument

The intercept interview survey instrument is eight pages, has 31 questions, and took between ten and twenty minutes to complete. The survey was pilot-tested in December 1995 and revised, accordingly. The survey includes both closed and open-ended questions. The closed-ended questions facilitate accurate, efficient data collection while the open-ended questions effectively record the original sentiments expressed by the target audience.

Survey questions include items on demographics, HIV status, alcohol consumption, drug use, sexual activity, and personal reactions to the campaign messages. Attitudes, awareness, behavior change, and affect towards the campaign were also documented in the survey instrument.

[Refer to **Appendix C** for the complete *Survey Instrument*.] The survey was translated into Spanish although all survey responses were recorded in English.

All questionnaires were completely anonymous and confidential -- no information was collected which could link responses to a specific individual. Accordingly, interviews were conducted under tacit consent. Participation was strictly voluntary. No coercive language was used with individuals who declined to participate. All participants were verbally informed that they could terminate the survey process at any time without any negative consequences. In addition, all participants had the option of declining to answer any question in the survey.

*GMHC HIV Prevention Campaign***3.3 Data Collection - Depth Interview Protocol**

The purpose of the depth interviews was to gather opinions and impressions on the impact and effectiveness of the campaign from select individuals in the gay and bisexual community.

3.3.1 Key Informant Selection

The selection of key informant interviewees was arranged in consultation with GMHC. A list of more than 40 individuals was compiled. Potential interviewees included community leaders, HIV/AIDS activists, HIV/AIDS prevention specialists, outreach and health workers, local venue owners, and sex club managers. Key informant selection was not limited to professionals working in HIV/AIDS research.

From the original list, 21 individuals were contacted. The following individuals were contacted but were not familiar with the campaign: Jose Cruz, Frances Kunreuther, Dr. Birgit Pols, Dr. Alex Carballo, Tokes Osubu, and Jeff Haskins.

Final selection of key informants was based on involvement with HIV prevention and community issues, familiarity with the campaign, and willingness and/or availability to be interviewed. Twelve interviews were subsequently arranged and conducted in New York City February 12-14, 1996. [Please refer to **Appendix D** for a summary list of the key informants.]

3.3.2 Informed Consent

All interviewees received a consent form which outlined the purpose and nature of the interview. In particular, the consent form stated that: 1) the interview would be audiotaped for purposes of data analysis and, 2) comments from the interview could become public information through internal reporting and/or published work. [See **Appendix E** for the informed consent.]

The consent provided interviewees with the option of remaining completely anonymous, if desired. Accordingly, an informant's identity would not be linked with any comments expressed during the interview. Two of the interviewees chose to remain anonymous.

3.3.3 Interview Guide

The depth interviews followed a structured interview guide. Each informant was asked a similar set of questions although question order sometimes varied. This type of structured format facilitates comparison and presentation. [See **Appendix F** for the complete interview guide.]

3.4 Data Processing

3.4.1 Data Entry and Coding

Based on a ten percent sample of the data, a coding scheme was devised. Data from the questionnaires were coded and entered in spreadsheet format using EXCEL, Version 4 by an independent data entry person. Interview notes and tapes from the depth interviews were reviewed and analyzed. These findings are summarized in the **Results - Depth Interviews** section.

3.4.2 Data Analysis

Data analysis was conducted using PC SAS, Version 6.0⁶, a statistical software package. The analysis includes descriptive statistics including univariate analyses reporting measures of distribution and dispersion. Bivariate analyses examine subgroup comparisons and measures of association. Correlations between exposure, recall, comprehension, and affect with awareness, attitudes, and behaviors provide information suggestive of campaign impact and effectiveness.

All statistics are rounded to the nearest tenth, (i.e. one decimal point.) Most findings are presented as percentages of the total sample to facilitate interpretation. Descriptive statistics and other study findings are presented in the following section, **Results - Intercept Interviews**.

⁶SAS Procedures Guide for Personal Computers, Version 6.0, Third Edition. (1990).

Results - Intercept Interviews

4.1 Demographic Profile of the Sample

The sample of 150 intercept interviews includes a diverse group, representative of many different contingents residing in the New York City boroughs.

The majority of respondents identified their sexual orientation as gay while 14% identified themselves as bisexual. Only three individuals identified themselves as "Queer." Two percent of the sample did not answer this question or did not identify with any of the three labels.

Table 4.1: Sexual Orientation

Gay	82%
Bisexual	14%
Queer	2%

*missing or no answer = 2

The majority of respondents were residents of New York City. The sample included individuals residing in New Jersey, San Francisco, Washington D.C., Bermuda, Hong Kong, and Colombia.

Table 4.2: Residence

New York City Burroughs (including Midtown East Village, West Village, Wallstreet, Uptown)	75.2%
Queens/Brooklyn	13.4%
Outside New York City (within New York state)	4.7%
Outside New York state	6.7%

* missing or no answer = 2

The average age of the respondent was 34 years old (std. deviation: 9.12); the median, 32 years old, and the mode,⁷ 29 years old. As shown in Table 4.3, nearly three quarters of the sample were between the ages of 20 and 39.

Table 4.3: Age Distribution

Under 19 years	2.1%
20 - 29 years	33.6%
30-39 years	40.0%
40-49 years	17.9%
50, and older	6.4%

Most respondents were well educated -- more than 85 % of the sample has some college education. This finding is consistent with high educational levels seen in the general gay/bisexual population. Table 4.4 provides a detailed breakdown of educational attainment in the sample.

Table 4.4: Educational Background

No High School	0.7%
Some High School	2.7%
High School Degree	12.0%
Some College	25.3%
College Degree	42.0%
Some Postgraduate	5.3%
Postgraduate Degree	12.3%

⁷The mode refers to the most frequently reported response.

The racial/ethnic distribution of the sample approximates the racial/ethnic diversity of the gay/bisexual community in greater New York City. The "other" category includes individuals self-identified as Cuban, Indian, European, Arab, Caribbean, and Native American descent.

Table 4.5: Race/Ethnicity

Caucasian	48.7%
African American	11.3%
Latino/Hispanic	23.3%
Asian	9.3%
Other	7.3%

4.2 Risk Behaviors

4.2.1 Alcohol Consumption

The average number of alcoholic beverages consumed on a typical week night out, where a drink is defined as one beer, one glass of wine, one shot, or one mixed drink, was 2.5 (std. deviation: 3.5). On a typical weekend night out, the average number of alcoholic beverages consumed was 4.2 (std. deviation: 3.9).⁸ The range of alcohol consumption on week nights was 0 to 30 drinks and on weekend nights, 0 to 20 drinks.

For purposes of analysis, the sample was classified into light versus heavy drinkers, where light drinkers are defined as those consuming less than 4 drinks and heavy drinkers are defined as those consuming 4 or more drinks. On week nights out, 24 percent of the sample were heavy drinkers while on weekend nights out, 49 percent were heavy drinkers.

⁸It should be noted that self-reported measures of alcohol consumption have an implicit margin of error. It is not clear, however, whether these figures underreport or overreport actual consumption.

4.2.2 Drug Use

Overall, 22 percent of the respondents in the sample reported that they use drugs on a typical week night out. The drug of choice was marijuana for 12 percent and cocaine for 6.7 percent. Only a handful of individuals reported using speed, ecstasy, special k and other drugs.

On a typical weekend night out, one third of the sample reported using one or more drugs. Among this subset, 15.3 percent reported using marijuana, 13 percent cocaine, 7.3 percent poppers, and, between 1 and 4 percent speed, ecstasy, special k or other drugs.

4.2.3 Sexually Transmitted Diseases

Sixty percent of the sample reported no history of sexually transmitted diseases. The remaining forty percent reporting having had one or more sexually transmitted disease including syphilis, gonorrhea, or "other std," such as herpes. Given the social stigma of sexually transmitted diseases, it is possible that this figure underreports the actual prevalence of sexually transmitted diseases in this population.

4.2.4 Alcohol/Drug Use and Sexual Behavior

Respondents were asked to estimate how often they have had sex during the past year while under the influence of alcohol and/or drugs. Research has shown that drugs, including alcohol, negatively affect judgment with regard to sexual behavior, potentially increasing the risk of engaging in unprotected sex and consequently, HIV infection. As shown in Table 4.6, the majority of the sample indicated that during the past year, they had "very rarely" or "never" had sex while under the influence of alcohol or drugs. Less than one quarter of the sample indicated having sex while under the influence of alcohol or drugs half, or more than half, of the time.

Table 4.6:

During the past year, how often have you had unprotected anal intercourse?

Always	Very Often	Half the Time	Very Rarely	Never
2.1%	4.8%	18.7%	35.6%	37.7%

*not applicable = 1

4.2.5 Condom Use

Approximately 60 percent of the sample reported that they use condoms and insist their partners use condoms. Between four and five percent of the sample reported never using condoms or never insisting that their partner use a condom. In addition, 60 percent of the sample reported experiencing *condom breakage* during the past year.

Table 4.7: Condom Use

Frequency	Personal Condom Use*	Partner Condom Use**
Always	61.6%	64.4%
Usually	17.8%	11.0%
Sometimes	6.8%	4.8%
Never	4.1%	4.8%

*not applicable = 14

**not applicable = 22

4.2.6 Unsafe Sexual Behavior

Respondents were asked whether they had unprotected anal sex during the past year. As per Table 4.8, 13.3 percent of the sample reported having unprotected anal sex as a receptive partner during the past year.

Table 4.8:

During the past year, have you had
unprotected anal sex as a receptive partner?

No	84%
Yes	13.3%
No Answer	2.6%

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As a follow-up to this question, the subgroup answering "yes" was asked how often they engaged in unprotected anal intercourse. Table 4.9 summarizes these results.

Table 4.9:
During the past year, how often have you
had unprotected anal intercourse?

Very Often	Half the Time	Rarely	1 Time Only
19%	10%	52%	19%

*sample size = 21

4.2.7 Subgroup Differences

Comparisons on the demographics and habits of this subset (i.e. those with an unsafe sexual history during the past year) with the rest of the sample revealed little difference in terms of age, race, sexual orientation, and educational attainment. This subgroup had similar alcohol and drug use habits and similar sexually transmitted disease histories compared to the total sample, differing by not more than 5 percentage points.

Condom use among this subgroup, as compared to the total sample, was substantially lower. Only 20 percent indicated they "always" use condoms as compared to 62 percent in the total sample. In contrast, 75 percent of this subgroup "usually or "sometimes" use condoms as opposed to 25 percent of the total sample. When referring to partner's condom use, similar responses were noted: 25% of the subgroup versus 64% of the total sample "always" insist their partner use a condom while 55% of the subgroup versus 15% of the total sample "sometimes" or "usually" insist their partner use a condom.

*GMHC HIV Prevention Campaign***4.3 HIV-Related Issues****4.3.1 HIV Testing**

Seventy-eight percent of the sample reported that they had been tested for HIV. Among the 20 percent who had not been tested, 80 percent indicated that they planned to get tested in the future.

The most common reason cited by respondents for not having been tested was that they did not feel they were at risk of getting HIV (34.5%). Approximately one third of the sample stated that there was "No reason" they had not been tested. Other reasons cited included fear, personal preference, and the lack of a known cure for AIDS.

Table 4.10:

HIV Serostatus Testing

Tested	78%
Not tested	20.7%
No answer	1.3%

4.3.2 HIV Serostatus

Of those who had been tested for HIV, 78 percent were HIV negative, 20 percent HIV positive, and 2 percent did not know their HIV serostatus. There was a noticeable trend between HIV status and age — older age groups had higher proportions of individuals with HIV positive status.

Table 4.11:

HIV Serostatus

Positive	20%
Negative	78%
No answer	2%

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Among those who tested HIV negative, 88 percent indicated they intended to get tested again in the future. The remaining 12 percent cited no need, fear, and the lack of a known cure as reasons for not getting tested in the future.

4.3.3 Perceived Risk

All HIV negative respondents were asked to rate their level of personal risk of getting HIV in the future, based on their present lifestyle. Interestingly, none of the respondents believed that they were "greatly at risk" of getting HIV in the future. As noted in Table 4.12, the bulk of respondents fell into the "not very much at risk" category.

Table 4.12:

With your present lifestyle, how at risk do you
believe you are of getting HIV in the future?

Greatly at Risk	0.0%
Quite a lot at Risk	4.9%
Not very much at Risk	77.2%
Not at Risk at All	17.9%

n = 123, inclusive of HIV negative respondents

*GMHC HIV Prevention Campaign***4.4 Campaign Reach**

In ascertaining a campaign's success, it is critical to determine whether or not the target audience was exposed to the campaign. Without sufficient exposure, a campaign will not have the opportunity to achieve its intended communication objectives.

In greater New York City, the campaign had very good reach. Among the sample, 71.3 percent indicated they recalled seeing messages posted in bathrooms. Excluding all respondents not residing in New York state, the reach of the campaign increased to 76.5 percent.

Table 4.13:

Have you seen any posters in bathrooms?

Yes	71.3%
No	27.3%

*missing data = 2

4.5 Campaign Recall**4.5.1 Recall - Unprompted**

Unprompted recall refers to the percentage of the sample able to freely recall and describe a minimum of one poster from the campaign. The proportion of a sample able to describe a poster, in some respects, is a proxy measure of the campaign's overall impact. Given the tremendous amount of information directed at the public, remembering and recounting a message is a notable achievement of a campaign.

Accordingly, respondents were asked to describe any poster(s) they could recall seeing in a black frame in bathrooms. Of those who responded "yes" (71.3%), approximately 8 out of 10 could successfully recall at least one poster without assistance. Thus, unprompted recall rate of the campaign was 58 percent. On average, respondents could recall one poster. Nine percent could actually describe three or more posters from the campaign. [Refer to Table 4.14 for this breakdown.]

Table 4.14:
Number of Posters Recalled - Unprompted

1 Poster	2 Posters	3 Posters	4 Posters	5 Posters
55.2%	35.6%	5.7%	1.1%	2.2%

*sample size = 87

4.5.2 Unprompted Recall by Poster

Table 4.15 provides a breakdown of which posters were recalled. The first column refers to those recalled without assistance. The posters that were recalled most often were M6 (Tape/English) and M3 (Young Man/English).

Table 4.15:
Recall, By Individual Message

Poster # (Description)	Percent Recalling Poster - Unprompted (n=87)	Percent Recalling Poster - Prompted (n=119)	Display Point Breakdown (@ venues)
M1 (I'm Positive)	19.5%	36.9%	13.9%
M2 (Mother)	6.9%	31.1%	9.8%
M3 (Young Man/English)	32.1%	44.5%	17.0%
M4 (Get Fucked)	13.8%	26.9%	13.0%
M5 (Three Guys)	27.6%	32.8%	15.2%
M6 (Tape/English)	34.4%	31.9%	9.4%
M7 (Tape/Spanish)	8.0%	7.6%	1.8%
M8 (Negative Couple)	3.5%	16.8%	7.2%
M9 (Young Man/Spanish)	2.3%	5.0%	7.2%
M10 (Lollipop)	11.5%	24.4%	8.5%

*rounding error resulted in total under 100. %

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The third column of Table 4.15 indicates how often each poster was displayed at venue sites relative to the other posters in the series. If poster distribution had been uniform, all cells would equal 10.0%. Thus, while M3 was the most widely distributed poster in the campaign, M6 was the most memorable. Conversely, while M2 and M10 had fair distribution, unprompted recall of these posters was below what one might have expected.

4.5.3 Recognition

After requesting respondents to freely recall posters from the campaign, the interviewer displayed each poster to the respondent and inquired whether they recognized it (i.e., had seen it before). Using this technique of assisted (prompted) recall, 79 percent of the sample recognized at least one poster from the campaign. On average, respondents recognized two posters (std. deviation, 1.9) with a range of 0 to 9 posters.

The most recognized posters of the campaign were M3 (Young Man/English), M1 (I'm Positive), and M5 (Three Guys). Thus, recognition was strongly linked with distribution -- these three posters were the most widely distributed in the campaign. The Spanish posters had the lowest recall rates which may be a function of the sample, the interview site selection, poster distribution, or popularity of the posters themselves.

4.5.4 Total Recall

The total number of posters identified, unassisted and visually prompted combined, on average was three posters (std. deviation, 2.0). The breakdown of the "total number of posters positively identified" is presented in Table 4.16.

Table 4.16:
Total Number of Posters Identified

1 Poster	2 Posters	3 Posters	4 Posters	5 - 9 Posters
32.8%	27.7%	13.4%	6.8%	19.3%

*sample size = 119

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In sum, the posters positively identified by the largest segment of the sample were **M3 (Young Man/English)**, **M6 (Tape/English)** and **M5 (Three Guys)**. The exact proportion of the sample recalling each poster is presented in Table 4.17.

Table 4.17: Total Recall, By Individual Message

Poster #/(Description)	Recall*
M1(I'm Positive)	45.2%
M2 (Mother)	31.9%
M3 (Young Man/English)	60.0%
M4 (Get Fucked)	32.6%
M5 (Three Guys)	46.7%
M6 (Tape/English)	50.3%
M7(Tape/Spanish)	11.9%
M8 (Negative Couple)	17.0%
M9 (Young Man/Spanish)	5.9%
M10 (Lollipop)	21.5%

*This percentage is based only on the only those who saw the campaign.

An analysis of who recognized the posters along racial/ethnic lines revealed interesting findings. **M1 (I'm positive)** was recognized by a higher proportion of African Americans; **M2 (Mother)** and **M5 (Three Guys)** were recognized by a higher proportion of Asians; and, **M3 (Young Man/English)** was recognized by a higher proportion of Whites, as compared to other racial/ethnic groups.

These differences may be attributable either to distribution or to the perception process. For example, it is often argued that individuals process visual information when it is perceived to be specifically addressed to them. As in the case of M1 and M3, the models may be perceived to be directed at African American and White audiences, respectively.

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4.5.6 Frequency of Exposure

Overall, the campaign demonstrated impressive frequency of exposure. As shown in Table 4.18, over half of the respondents saw the posters once or more each week. Frequency of exposure, however, is undoubtedly associated with how often a person goes out to a bar, dance club, etc.

Table 4.18: How often do you see these posters?

More than once a week	31.3%
About once a week	22.4%
Once every two weeks	17.9%
Once a month	16.4%
Once every 2 to 3 months	9.0%
Other	3.0%

*missing data = 16

Creating a scale using the categories in Table 4.18,⁹ Asians reported seeing the posters most frequently, followed by African Americans, Whites, and lastly, Latino respondents.

Frequency of exposure to the campaign was positively correlated with the total number of posters recalled ($r = .47$, $p < .0001$). As one might expect, the more often the campaign was seen, the more total posters an individual was able to recognize from the campaign.

Lastly, heavy "week night drinkers" were more likely to see the posters at least once a week compared to light drinkers.¹⁰ This relationship may be attributable to the notion that individuals drinking more on week nights go out more to the bars and night clubs more frequently than light drinkers and, therefore, see the posters more often.

⁹Using a six point scale based on the categories shown in Table 4.18 where 1= "more than once a week," the mean for each ethnic category was calculated: Asians = 4.92, African Americans = 4.8, White 4.36, and Latinos = 3.93)

¹⁰Among heavy drinkers, 58% saw the posters at least once a week compared with 49% of the light drinkers.

*GMHC HIV Prevention Campaign**4.5.7 Who Did Not See the Posters*

Equally important as assessing who noticed the campaign is to ascertain who did not notice the campaign. In this sample, there were 15 individuals who did not recall seeing posters in the bathroom *and* did not recognize any of the messages when they were displayed before them.

These individuals tended to be Caucasian with some college education, and an average age of 40.3 years, somewhat older than the average age of the total sample. This subgroup tended to drink less alcohol on the weekend than the sample counterparts, but more, on average, on week nights. These individuals were primarily from Manhattan although one was from Queens and two were from out of state. In general, this subsample seemed to share many of the same characteristics as the total sample.

Unfortunately, this subgroup is too small to try to draw reasonable conclusions from the data about why this group did not see the campaign. There does not appear to be any striking differences between this group and the total sample, except for age. Unfortunately, there are many unmeasured factors which may explain why this group did not see the campaign. One theory is that the individual perception process plays a strong role in determining what visual information receives attention. Images, symbols, and language, for example, used in messages may "connect" with certain segments of the population while leaving others unaffected.

4.6 Comprehension

Assuming exposure has been achieved, comprehension is the next step of the communication process. Clearly, understanding the messages is an implicit objective of the campaign. Thus, measuring how well the target audience understands the messages is necessary.

An accurate assessment of comprehension, however, was complicated by the open-ended format used in the survey. While this approach captures the true essence of what respondents perceive is the message of a poster, respondents' verbatim responses are often difficult to categorize. Coding individual responses into meaningful categories is rarely clear cut.

This problem was compounded by the fact that respondents often did not answer the question directly. When asked what the message of a poster is, often respondents described the poster contents (i.e. "cute model."), offered an opinion (i.e. "I think its good.") or simply alluded to the message (i.e. "The message is very clear.")

4.6.1 Comprehension by Poster

To ease interpretation, responses were lumped together into three categories as presented in Table 4.18. The first column includes a tally of responses pertaining to the tag line or the main copy of the poster. The second column includes a tally of responses pertaining to the generic messages: 1) use condoms, 2) Practice safe sex. The third column is a catchall column which includes the following miscellaneous responses: Don't know, Can't remember, or Don't understand Spanish or English.

The most well understood poster was clearly M6/M7(Tape). Two thirds of the sample understood this poster to mean that you should communicate with your partner about safe sex and your HIV status. M1 (I'm Positive) and M4 (Get Fucked) also had notable comprehension levels. Conversely, M3/9 (Young Man/English, Spanish) and M10 (Lollipop) did not achieve high comprehension levels among the sample.

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Table 4.18:

Message Comprehension, By Poster

Poster # (Description) [sample size]	-Think about it. ¹¹ -Main Copy ¹²	Use Condoms/ Practice Safe Sex	Other ¹³
M1 (I'm Positive) [n=53]	54.7%	18.9%	24.5%
M2 (Mother) [n=39]	41.0%	23.0%	35.9%
M3 (Young Man/Eng.) [n=74]	32.5%	16.2%	51.4%
M4 (Get Fucked) [n=39]	53.1%	12.8%	35.9%
M5 (Three Guys) [n=54]	44.5%	18.5%	37.1%
M6 (Tape/English) [n=56]	66.1%	7.2%	26.7%
M7 (Tape/Spanish) [n=13]	69.2%	23.1%	7.7%
M8 (Negative Couple) [n=22]	45.5%	13.6%	40.9%
M9 (Young Man/Span.) [n=8]	12.5%	25%	72.5%
M10 (Lollipop) [n=29]	20.7%	10.3%	58.6%

Row totals which do not sum to 100% are due to rounding error.

¹¹Think about it. Talk about it. Staying Negative. It's Not Automatic.

¹²Main Copy from Poster, i.e. M1- I'm positive He Won't Get it From me (Take responsibility for safe sex); M2 - Proud Mother (Familial love/support); M3 - HIV is not inevitable; M4 - Don't mix sex and drugs; M5 - Take care of friends; Can be gay and HIV negative; M6 - Communicate with your partner re: HIV status; safe sex, Don't assume HIV status; M7 - See M6; M8 - HIV negative couples need to have safe sex, too; M9 - See M3; M10 Stay negative, have fun, and be safe.

¹³Includes the following responses: Don't know; Can't remember; Don't understand English/Spanish, and; Other.

4.7 Affective Response

4.7.1 Preference

Respondents were asked to rank each poster in order of preference from most to least preferred. Only posters positively identified by the interviewee (in the unprompted and prompted sections) were ranked.

The poster nominated most often for first place was **M3 (Young Man/English)**, followed by **M6 (Tape/English)** and a tie for third between **M2 (Mother)** and **M5 (Three Guys)**. The poster ranking based on a cumulative tally of the first three votes resulted in a similar order:

1. **M3 (Young Guy/English)**
2. **M6, (Tape/English)**
3. **M5 (Three Guys).**

This order demonstrates a strong association between distribution and liking (personal preference

4.7.2 Relevance

Each poster was given a ranking in terms of its personal relevance. This measure attempted to gauge how well the message resonated with the respondent. In other words, was the message perceived as important and applicable to their personal concerns and issues.

As shown in Table 4.19, **M8 (Negative Couple)** was rated very or somewhat relevant by the highest percentage of respondents who had seen this poster. The contentment and commitment expressed by the couple in M8 clearly resonates with the gay community. Of all the individuals the sample reporting that they saw this poster, only two individuals rated it irrelevant or neutral.

Second and third most relevant were **M5 (Three Guys)** and **M6 (Tape/English)**, respectively. In the case of M5, the image of camaraderie and friendship, clearly, struck a chord with this audience. Similarly, the scenario presented in M6 appears to represent a meaningful and important

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message considered relevant by the target audience.

Table 4.19:
Personal Relevance, By Individual Message

Poster # (Description) [n=# of respondents]	Very/Somewhat Relevant	Neutral	Very/Somewhat Irrelevant
M1 (I'm Positive) [n=61]	54.1%	21.4%	24.6%
M2 (Mother) [n=42]	66.7%	21.4%	11.9%
M3 (Young Man/English) [n=50]	61.0%	15.9%	23.2%
M4 (Get Fucked)[n=26]	53.1%	10.2%	36.7%
M5 (Three Guys) [n=48]	77.4%	9.7%	12.9%
M6 (Tape/English)[n=49]	75.6%	7.7%	20%
M7 (Tape/Span.)[n=14]	71.4%	14.3%	14.3%
M8 (Negative Couple) [n=22]	90.9%	4.5%	4.5%
M9 (Young Man/Span.) [n=8]	37.5%	37.5%	25.0%
M10 (Lollipop) [n=35]	60.0%	17.1%	22.9%

*Rows which do not sum to 100% are due to rounding error

Again, it is also important to note which posters which did not receive high relevancy ratings by the sample. The lowest relevance ranking was accorded to M4 (Get Fucked) followed by M3 (Young Man/Spanish) and M1 (I'm Positive).

The fact that M4 received many "irrelevant" ratings may indicate that this sample considers this message unnecessary. It is possible that this message implies heavy drug use which was not characteristic of this sample based their responses to drug use questions. Respondents in this sample also reported relatively low levels of drinking and drug use while having sex. These items, however, are difficult to interpret due to a tendency for respondents to give the "socially desirable" answers. Conversely, this low relevance rating may signify denial of a problem.

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In addition, a detailed analysis of this data uncovered the following trends:

- **M1 (I'm Positive)** received positive ratings by African Americans more often than other racial subgroups. The fact that the model is an African American male may spur more recognition and engender more positive reactions from African Americans. M1 was rated relevant by all HIV positive respondents who saw this message.
- **M2 (Mother)** received positive ratings by Latinos more often than other racial subgroups. This finding may be indicative of a strong orientation towards family values and respect of female figures within Latin culture.
- **M4 (Get Fucked)** received the highest negative ratings (of any poster) by the 20 to 29 age group relative to other age groups. However, individuals who reported using one or more drugs on week nights or weekend nights were more likely to rate M4 "relevant" than non-drug users.¹⁴
- **M8 (Negative Couple)** received the most positive rating (90.9%) and did not differ by race or age groups.

4.7.3 Offensiveness

Although the majority of the sample did not find any of the posters "offensive," eight of the posters were considered offensive by a small number of respondents. **M6 (Tape/English)**, the most sexually explicit poster, was offensive to five individuals.¹⁵ **M1 (I'm Positive)**, **M5 (Three Guys)**, **M2 (Mother)**, **M7 (Tape/English)** and **M9 (Negative Couple)** were considered offensive by only one person; **M4 (Get Fucked)** was rated offensive by two people; and **M10 (Lollipop)** was rated offensive by three individuals. **M3/M8 (Young Man/English and Spanish)** were not considered offensive to anyone in the sample.

¹⁴Based on typical week night drug use, 64% of drug users (i.e. reporting use of one or more drugs) rated this message "relevant" compared to 48% percent of the non-drug users. Weekend drug use revealed similar results.

¹⁵Four of the five individuals identifying this poster as offensive were Caucasian gay men.

4.8 Attitude Change

Respondents were asked to indicate whether the information in the campaign had positively affected their attitudes towards using protection and sexual activity. This question was recorded using a Lacerate scale, (i.e. a five point scale from Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree). Positive and negative responses were combined to facilitate analysis and interpretation.

As shown in Table 4.20, more than two-thirds of the sample indicated the campaign had positively affected their attitudes. Similarly, 64.2 percent believed that the campaign had positively influenced other peoples' attitudes. Personal attitude change and perceived attitude change by others were significantly correlated ($r = .55$, $p = 0.0001$).¹⁶

Table 4.20:
The information in the campaign has positively affected
"....." towards using protection and sexual activity.

	YOUR attitudes (n=133)	OTHER people's attitudes (n=134)
Strongly Agree/Agree	68.4%	64.2%
Neutral	24.8%	34.3%
Strongly Disagree/Disagree	6.8%	1.4%

*Rows which do not sum to 100% are due to rounding error

The frequency of seeing the campaign [refer to 4.5.6 *Frequency of Exposure*] was positively associated with personal and perceived attitude change among others ($r = .25$, $p = 0.0041$, and $r = .23$, $p = 0.0067$). In other words, the more often an individual reported seeing the messages, the more likely they were to report personal attitude change or attitude change by others.

¹⁶Here, the measure of association is defined as r , the sample correlation coefficient, also referred to as Pearson's product-moment correlation, which estimates true correlation.

*GMHC HIV Prevention Campaign***4.9 Awareness**

Awareness of the link between alcohol and drug use with unsafe sexual activity was explored using the same type of scale. As shown in Table 4.21, 54 percent of the sample agreed with the statement that their awareness of the link between alcohol and/or drug use and unsafe sexual behaviors had increased.

While this statistic is slightly lower than those reported for attitude change, it is possible that this differential reflects an existing high awareness level among this population. Consequently, there is less room for improvement. In addition, the slightly higher rating with regard to other people's awareness suggests that respondents may feel that awareness levels of other people are not as high as their own.

Table 4.21:

The information in the campaign increased "....." awareness
of the link between alcohol/drug use and sexual activity.

	YOUR awareness (n=133)	OTHER people's awareness (n=134)
Strongly Agree/Agree	55.2%	58.2%
Neutral	32.8%	34.3%
Strongly Disagree/Disagree	11.9%	7.5%

4.10 Behavior

As shown in Table 4.22, 72 percent of the sample agreed that the campaign had influenced them to practice safer sex behaviors more often. A similar percentage (73.1%) believed the campaign had influenced other people's behaviors. It is interesting to note that the self-reported behavior measure was higher than the attitudinal and awareness measures.

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Table 4.22:
The information in the campaign influenced "....."
to practice safer sex behaviors more often.

	YOU (n=130)	OTHER people (n=130)
Strongly Agree/Agree	72.3%	73.1%
Neutral	20.0%	25.4%
Strongly Disagree/Disagree	7.7%	1.6%

Personal behavior change was highly correlated with personal attitude and awareness changes ($r = .58$, $p = 0.0001$, $r = .47$, $p = 0.0001$, respectively.) Thus, those who believed that the campaign had influenced their attitudes and awareness, were more likely to report behavior change as well.

4.11 Discussion

Aside from self-reported attitudinal and behavioral change, another measure of campaign impact relates to whether the messages stimulated interpersonal discussion. Accordingly, respondents were asked if they had discussed the campaign or the messages with anyone (or if anybody had initiated a conversation with them.)

Approximately one in six respondents who saw the campaign reported that they discussed it with someone else. Whites were the most likely group to report having had a discussion. Less than 10 percent of the Asian and Latino respondents answered this question in the affirmative. Moreover, none of the Spanish-speaking respondents reported that they had discussed the campaign.

Education was positively associated with discussion -- less than 5 percent of the respondents with a high school degree or less had discussed the campaign. Typically, the topic of conversation concerned the message or images in the campaign. M6 (Tape/English) was the most frequently discussed poster.

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4.12 Improvements

The last question of the survey provided respondents with the opportunity to offer suggestions on ways to improve individual messages. General comments and/or suggestions regarding the campaign were solicited and recorded at this time as well. Interviewers were instructed to probe and encourage respondents to reply. All comments were recorded using the respondent's language in order to maintain the integrity of the original sentiment. [See Appendix G for the transcription of comments.] This section summarizes the respondents' comments.

4.12.1 Reflections

Towards the end of a survey, respondents are more likely to suffer from "respondent fatigue,"¹⁷ thus, it is noteworthy that 88.6 percent of the sample provided some verbal feedback. The comments included a wide range of feedback on the campaign. Many individuals simply stated, "No improvements." Praise and appreciation of the campaign theme was voiced by a number of individuals.

Do the right thing by someone else, be honest and talk about staying safe. Seems to be the message of it all and that's great.

[37 year old, Native American, gay man from Staten Island]

Other comments offered concrete suggestions on ways to improve the messages and/or delivery system. In sum, three percent stated that the posters should be bigger and six percent felt they should be more direct and/or more explicit.

Make them bigger - we're drunk when we see them. This is NYC - you've got to be more severe, more shocking, to wake them up. [29 year old, Latino, gay man from Manhattan]

¹⁷Typically, towards the end of a survey, respondents are anxious to finish and, consequently, may be less likely to be forthcoming with opinions and feedback.

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Five percent of the sample stated that they felt the campaign was too negative or unattractive. (i.e. the photography was unappealing).

... needs to be more positively direct and less negative. Don't like the orangey red with the black and white photographs.

[47 year old, Caucasian gay man from Manhattan]

Similarly, five percent believed the images are too dark and that color should be used.

It's hard to see all the words in the bathroom cause they're so dark. They're nice posters though. [34 year old, Caucasian gay man from the East Village]

Color photography would be nicer. Seems to be an effective campaign if those who see the posters take the message back to the bedroom.

[42 year old, Spanish-speaking, Caucasian gay man from the West Village]

Three percent believed that more normal body types and faces should be used in the messages.

Do ugly men or men with bad bodies have sex? Not a bad body in the bunch.

[30 year old, Caucasian, gay man from the West Village]

The use of models from various racial and ethnic backgrounds in the messages drew particular notice, both positive and negative. In particular, three percent of the sample mentioned the lack of Asian models in the messages.

Why is everyone a man of color in this picture?

[19 year old, Spanish-speaking, African American, bisexual man from the Bronx]

Nobody does anything for the Asian community.

[31 year old, Spanish speaking Asian gay man from Midtown.]

Why do most of these posters seem to be of Blacks and Hispanics? White guys still get AIDS and White guys are still dying. What's going on?

[34 year old, Caucasian, gay man from Manhattan]

The appropriateness of the message delivery system was commended by many individuals.

Just to be in a bar situation and see these posters it made me take a couple of steps back and calm myself down. ...to see it [in] your face it keeps it in your mind. It reminds you.

[34 year old, African American bisexual man from Brooklyn]

Four percent of the sample explicitly stated that the campaign should continue.

Keep going with the campaign and getting "in your face." This is the first campaign I've seen from GMHC that affected me.

[30 year old, Caucasian gay/queer man from the West Village]

Overall, its in the right direction. This should continue. There are a lot of people ignoring these things. The campaign is well worth it. I wouldn't want to infect anybody myself. It means a lot to me to see this.

[42 year old, African American bisexual man from Brooklyn]

4.12.2 Concluding Remarks

While the above comments were expressed by a relatively small percentage of the sample, it is noteworthy that they are repeated by more than one individual in a sample of 150.

Results - Depth Interviews

5.1 Key Informants

Eleven interviews were conducted with key informants during February, 1996. Although twelve interviews were scheduled, two individuals did not show up for the interview and one individual served as a replacement.

In selecting the ten informants, individuals representing different races/ethnicities, professional orientations, and viewpoints were sought. The key informants represented the following ethnicities: Latino (4), African American (3), Caucasian (3), and Native American (1). Three of the informants identified themselves as HIV positive. Professionally, the informants were involved in private AIDS organizations, the government, the medical field, and other private enterprises.

5.2 Interview Guide

The interview guide included the following topics:

- general reactions,
- the message delivery system,
- message themes, images, and copy (text),
- ideas for future themes,
- praise and criticism,
- future of the campaign.

The impressions and ideas expressed during the eleven hours of interviews have been analyzed and distilled in this section. Overall, the scope and depth of the informants' opinions reflect that the campaign captured much attention and generated much thought in the gay and bisexual community. Direct quotes from the interviews are used to enhance the credibility of the findings and facilitate an understanding of the views expressed during the interviews. To ensure fair representation of all informants, a minimum of two quotes from each interview is reproduced. To protect those individuals who requested anonymity, all quotes are reported anonymously.

5.3. Findings

5.3.1 General Reactions

General impressions of the campaign emanated from personal reflection and dialogue with professional colleagues, friends, and clients. Overall, the campaign was positively received.

I thought it was wonderful that it was so widespread in such a short period of time.

Many individuals believed community outreach in the form of a mass-mediated campaign was vital, particularly due to the paucity of information presently directed at the gay and bisexual community.

A number of informants commented that AIDS fear has subsided and has been replaced by apathy and disinterest evident by declining numbers attending support groups and/or workshops. Consequently, appreciation for this campaign was, in a sense, heightened.

I think the number one thing people said was, "Thank God, somebody is starting to do something" so I'm not sure people have been doing the most sophisticated critiques. I think there's just been happiness that somebody is making an effort to reach people.

From a more skeptical standpoint, some feelings of suspicion were aroused when the campaign was first released.

What does this mean? Are we being watched? Is someone monitoring our activities? Is GMHC coming in to check up on us? [i.e. from sex clubs patrons]

In addition, one HIV prevention specialist commented that, in professional circles, there was some confusion and surprise that GMHC had launched a prevention program. The assumption, he stated, was that GMHC focuses primarily on AIDS patients and treatment issues rather than prevention.

5.3.2 Message Delivery System

The strategy of the message delivery system received high marks from the majority of the key informants. Posting the messages in bathrooms, sex clubs, dressing rooms, and other enclosed spaces was thought to be clever and creative. Many of the key informants noted the efficacy of this medium from the standpoint that, in this environment, the target audience is captive for a few minutes. Moreover, since the attention span of the viewer is relatively uncontested due to the lack of visual competition, the greater the likelihood that the messages are viewed and read.

While some individuals supported posting these messages in locations where sex was likely to take place, others believed that the messages may actually be more effective in non-sex environments, such as the Gay and Lesbian Center, clothing stores, bookstores, and the like. As one informant noted, people in sexually-oriented environments tend to be overstimulated and tunnel-visioned. Another respondent commented that, people may be more "psychologically prepared to process the information."

Informants who frequented bars and night clubs were more likely to feel that campaign "reach" was widespread as opposed to informants who commented that they did not go out very often. Wider distribution, in terms of both more venues, more display points, and more mediums, was also mentioned. One informant believed that coverage was more important than maintaining the posters in a high quality format. Additionally, many informants believed the campaign should be expanded to the subway, billboards, palm cards, etc.

A number of informants reported having seen the campaign posters in private homes and interpreted this to be a positive sign.

I kept thinking, why do they keep taking these posters??? You can find hotter pictures in magazines... No... they want these message repeated in their homes, in their own private environments...and that made me feel good.

They ask for them. I know one guy who collects them. He has a bunch in his house.

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The issue of rotating different posters at the venues was raised by two informants. Both individuals felt it was important to introduce new posters in the same locations in order to keep the campaign fresh and maintain the attention of the community. Viewing the same poster(s) month after month, they argued, loses people's interest and makes the campaign stale.

5.3.3 Message Themes

Overall, the campaign theme *Think about it Talk About it: Staying Negative. It's not Automatic* received endorsement by the informants.

I was thrilled to see this campaign for several reasons. As an HIV negative man, I realized there were huge gaps in acknowledging the mental and psychological needs of HIV negative men... My HIV status has been in the closet a long time... I still don't feel very comfortable talking about it openly.

The theme of encouraging introspection and dialogue was also well-received. Two informants stated that while gay men think a lot about these issues, they don't necessarily verbalize them. As one informant noted,

Gay men don't talk about sex... And when they do, they go to their girlfriends.

Emphasizing the importance of communication within the community and relationships was regarded as an important issue and an appropriate goal of the campaign. The complexity of discussing safe sex, condoms, and HIV status, however, did not go unobserved. As an example, one informant related a personal experience on raising the issue of condom use:

The first time I was outside of New York and asked this guy to use a condom, he looked at me and said, "What d'you mean, use a condom! Do you think I have AIDS? Do I look like I've got AIDS!?" I looked at him like he was from another planet and then I realized I was in Houston... Do I look like I have AIDS... Who DOES? ... Do I?... Well, I Do!"

Rejection was also cited as a common reason preventing individuals from inquiring about HIV status or initiating condom use. A story told by one informant aptly demonstrated this fear of rejection,

...a friend of mine met this guy and right up front, this guy told him he was HIV positive. That was three years ago and they're still together...so that's a fairy tale that actually happened.

From a more skeptical standpoint, the message theme was considered too simplistic. One informant stated that every gay man knows, on an intellectual level, that if you are HIV negative, you can stay that way. Thus, it is not a knowledge or awareness issue, but rather, the emotional barriers, psychological strategies, and concrete skills one needs to stay negative.

5.3.4 Presentation

Presentation, in terms of the color scheme, design, and photographic style were noticed by all informants. The black and white color scheme had mixed reviews. Some informants loved it while others did not.

It bothers me a lot. Its too monochromatic, on the depressing side because of the black and white... the only nice thing about it is the consistency.

The color red received mixed reviews. Red was recognized as an eye catching color underscoring the idea of "Urgent, Stop, Look, Read." However, one informant noted that many sex clubs use red lights which voids the red color. He suggested using colors such as deep yellow, gold, or purple which could stand out in red-lit environments. Conversely, a different individual remarked that the red and white colors stood out well in darkly lit sex clubs!

There was a wide range of opinion on the photographic style of the posters as well. On the one hand, some considered it artistic while others interpreted the style (i.e. misty, dark, blurry) as very poor quality which detracted from the messages. In sum, the gritty, grainy texture of the photographic was loved and hated.

5.3.5 Images

The images, most notably the models, were generally viewed as sexually attractive, gay men aptly representing different races and ethnicities. Criticism of the models related to the fact that they were all attractive and not necessarily representative of the gay community at large. On this same topic, others had the following comments:

They all look like Chelsea queens.

They [campaigns] tend to follow trends of the sex industry. If you go to a bathhouse or a sex club, the patrons there don't all look like porno stars. They're from all walks of life: heavy set, pimply, not tan, They're not these gorgeous Adonises and often people identify more with people that are like them.

5.3.6 Text

For the most part, the text (i.e. copy) on the posters was believed to resonate well with the audience and capture thoughts felt by many in the community. While some thought the messages were "text heavy," the virtue of this was noted,

They take a look at it and say well what is this all about? I know I did the first time. At first I thought there was too much writing, that it would take away. But... you had look at them again...so, I guess there really wasn't too much writing. I think it makes them think about issues, which is good.

The complexity, in some respects, adds some intrigue and may require viewers to spend more time processing them. On the negative side, some informants felt the copy was "too generic" or "too scripted."

I think they should use more street language, more language in a cultural context on staying negative... these phrases sound so white.

Among the Spanish speaking informants, there was much praise of the translation. As one

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informant observed, "it was obviously done by someone with Spanish as their first language" and also used cultural expressions understandable by a range of Spanish speakers.

5.3.7 Individual Posters

I'm Positive: Overall, the image and text of this message was considered direct and powerful. The theme of taking responsibility of one's partner was well received. One informant knew the model and commented that using people from the community adds credibility to the campaign. There was some negative feedback and confusion regarding the five photo vignettes illustrating condom use. These inlays were not considered consistent with the rest of the campaign.

Mother: This poster received feedback on both ends of the spectrum. The majority of the informants felt that the parental image was deeply moving and appropriate. A few identified it as their favorite message. The image was perceived as novel, nonsexual, family-oriented, and hopeful. Moreover, some liked the idea of bringing a mother figure into the club scene. Conversely, some individuals expressed great dislike. They did not like the idea of seeing a female figure in a sex club or a bar bathroom.

Young Man (English and Spanish): Although this poster was, reportedly, very popular among sex club patrons, the misty image and "misty" message drew criticism from a number of informants. Moreover, the image does not instantly project the message and purpose of the poster. One informant noted that he thought it would be more accurate and compelling to add: "And I think they're lying" to the text.

Get Fucked: While the message of this poster was applauded and considered very relevant to the community, the photograph was considered weak. Some informants did not understand the subliminal message of the blurry image and those who did thought it was ill-conceived.

*To the person who actually likes it [drugs/alcohol] or needs it to feel relaxed...
things do not look out of focus, incoherent. Maybe what you do is out of focus or
incoherent, but that's not what you see. People are more beautiful, nicer...*

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everything is nicer... So, I think the photograph doesn't work here.

Similarly, the text, in particular, the words "Fuck" and "Fucked Up" received high and low marks. Using strong language was considered powerful and compelling by some and unnecessary and potentially offensive to some.

Three Guys: Overall, the camaraderie of this multiracial image was well liked and well-received. The only criticism of this poster was that it was boring.

Negative Couple: The message of the effort required to staying negative while in a relationship was appreciated and received little criticism. The image of a happy couple committed to safe sex was uplifting and compelling. One informant liked the fact that the message did "show skin" but also commented that it was a very sexy image.

Tape (English/Spanish): The image used in the poster was, by far, the most controversial. Again, opinions were diverse. While some stated that this was the strongest image of the campaign and liked the tape, others considered the tape offensive.

I found the tape disturbing. It harkens back to times when men were taped, gagged, and prevented from speaking... when [horses] bits were placed in their in their mouths, ...their tongues cut out. The tape very clearly signifies that it wasn't them who put the tape on their mouths. Just having their mouths closed [would have conveyed the same meaning].

Some individuals stated that they recognized the potentially offensive nature of the tape, as a metaphor of silencing African Americans, but felt that the message of the lack of communication between sexual partners prevailed.

Those disapproving stated that the tape: 1) detracted from the message; 2) was unnecessary; and 3) could have been handled using different visual techniques. One informant, for example, noted that the rest of the campaign messages were presented as thought processes, so it would have been

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consistent to simply have had their mouths closed. Another informant noted that tape drew attention and criticism in the development stage and should never have been included due to such negative feedback.

If you don't get it right then, then it becomes a picture for the Met.... We don't need to stand here and look at the artistic merit.... The tape draws you to the mouth and people wonder about this and not the message -- its unnatural.

The explicitness of the image evoked positive and negative reactions -- some informants had heard that it was considered too graphic by bar patrons which others applauded the directness and the sexually arousing nature of the photograph.

On the positive sign, one informant solicited responses from people of color and found that many men of color perceived the image of two obviously African American men together more compelling. To them, this was a very positive, affirming, and much appreciated image which was rarely depicted. Thus, among them the issue of the tape secondary. The opinions expressed by African American key informants were across the board.

Lollipop: This poster received mixed comments. For some, this image was powerful and realistic while for others, the image was negative, unclear and projected isolation.

5.3.8 Criticism

A considerable amount of time and energy during the interviews was devoted to constructive criticism of the campaign since this was recognized as a potential driving force for improvement. In general, the criticism tended to revolve around diversity, delivery, and presentation issues.

First, while the ethnic diversity of the campaign was noticed and acknowledged, many informants suggested taking this a step further by including Asians, Native Americans, and other ethnicities, transgender populations, older gay men, a wider variety of looks/body types, and interracial couples. A few informants stated that this campaign would probably not connect with non-identified gay men due to its homoeroticism and "pretty boy" images.

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The HIV positive community's perception of the campaign was also a point of discussion. An HIV negative informant felt that the "stay negative" theme was lukewarmly received by the HIV positive community. From an HIV positive perspective, the following opinion was expressed,

.... the feeling is, they get a campaign and we get summarily dismissed. Why must we be it divided into positive and negative? We still face the same issues of trying to be safe. For HIV positive its reinfection not infection.

In terms of delivery, the system could be improved by continually rotating the posters to maintain people's interest and keep the campaign "fresh." Seeing the same posters in the same location was believed to reduce the effectiveness of message processing. Secondly, greater attention should be accorded to lighting and traffic patterns to maximize exposure, attention, and processing.

Lastly, a number of informants felt that the campaign images and copy were too safe. They recommended using more direct, shocking images and text.

...it seems a little too safe. I like it when they use the word Fuck, Fucked Up. I think they could take a few more risks. [Be] more direct.

5.3.9 Praise

The cohesiveness of the campaign, the widespread distribution, and effectiveness of the message delivery system were praised. The appropriateness of message themes dealing with relationships, intimacy, and issues of HIV negative men was also commended.

Perhaps the most lauded aspect of the campaign was the representation of African American and Latino gay men. The multiethnic look of the campaign was noticed and appreciated by the informants and the community. As one informant noted, there was "a lot of kudos for having so many black men represented."

GMHC's reputation with communities of color surfaced during many interviews. Whether grounded in fact or fiction, the reputation of predominately serving the needs of the white gay

community has had some bearing on how the campaign has been interpreted and perceived. In this respect, the fact that many of the images are multiethnic has been viewed very favorably as an effort to address this issue.

In addition, while many informants offered criticism, the energy, thought, and effort behind the campaign was recognized. By developing and launching this campaign, GMHC was viewed as thinking and caring about the community.

I was so thrilled with the images and messages I didn't think about criticism. I think its because I'm so aware of the work and effort and its usually not acknowledged.

The fact that they are in frames is different. Its not simply a poster; Its evident that there was a lot of work...purposeful, a plan.

5.3.10 Ideas

Lastly, informants were asked if they had ideas for additional message themes which deserve attention in the community at this time. Ideas for future campaign message themes are presented below:

Top Safe: Address the issue of using water-based lube rather than petroleum jelly. Debunk the Top Safe myth, i.e. that the top person is not at risk of getting the HIV virus.

Live for Love, Don't Die for Love: Address the Latino notion that it is noble to die for love, while making love by promoting the honor and virtue of living for love.

Skills: Analyze the dynamics and interpersonal processes that lead to unsafe sex. Present the dialogue/scenario of someone asking a partner to use a condom. Disclose all potential outcomes. Demonstrate faulty and/or illogical thinking which goes through people's minds. Demystify the situation. Present a reality test when fear or rejection are considered consequences. Potential tag line: "9 out of 10 times, they go along with it."

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Testing: An underlying assumption of the "Stay Negative" campaign is that everyone knows their HIV status. Emphasize that in order to commit to staying negative, one must be tested and make a commitment to ongoing testing in the future.

Discussion: Show people the benefits of discussing safer sex. Acknowledge the difficulties but demonstrate the positive consequences of making the effort to open up dialogue between partners.

5.3.11 Continuation and Future Direction

The consensus among informants was that the campaign should continue in the community. As one informant stated, "it should not be a one shot deal." While the campaign has made inroads in communicating a number of messages to the gay community, the general sentiment was that there is an ongoing need since it continually changes. In addition, many other message themes were suggested, as noted in the preceding section.

In particular, some informants emphasized the need to take the campaign a step forward by assuming a more proactive stance. Others recommended using bolder and more action-oriented (i.e. behavior) messages. For example, the theme of staying negative could be elaborating on by designing messages outlining concrete skills and behaviors. While this campaign effectively prompted the community to think about issues, the focus should now turn to actions.

Conclusions

6.1 Limitations

There are numerous methodological issues which complicate the interpretation of evaluative data pertaining to mass media campaigns. This section briefly describes issues which impose limitations on the evaluation, namely the study design, sampling frame and size, and measurement accuracy.

6.1.1 Study Design

The evaluation study design presents some limitations in drawing conclusions from the data. Since data was not collected when the campaign was launched, there is no baseline data to use as a reference. Similarly, there are no control groups (i.e. data collected on communities not exposed to a campaign) that could serve as a comparison group. Consequently, attitude and behavior change are more difficult to assess since there are no measures of comparison.

6.1.2 Sample Frame and Size

Since it was not possible to enumerate the target audience for random sampling, many factors may bias study findings. One cannot predict, for example, how the sample would differ if "refusers" - those who declined to complete the survey -- had agreed to participate. Since demographic data were not collected on this group (i.e. those who declined to participate), there is no way of knowing how the sample would be different if they had participated.

In addition, since the intercept interviews were conducted in public, social environments, individuals who infrequently patronize bars, night clubs, etc are self-selected out of the sample range. Thus, it is possible that the sample favors outgoing, extroverted individuals. Similarly, non-English and non-Spanish speakers comprise another group which is not included in this sample. Therefore, the generalizability of the sample is limited.

In addition, the sample size is somewhat problematic for investigating subpopulations within the sample. Analysis of subgroups with sample sizes less than 10 (e.g. over 50 years old category)

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are unstable and vulnerable to small shifts which can dramatically alter results and interpretation.

6.1.3 Measurement

The fact that the evaluation relies entirely on self reported information is somewhat problematic. However, measures of behavior such as alcohol consumption, drug use, sexual practices, etc. are difficult, if not impossible, to gather any other way.

In addition, underreporting of personal risk behaviors is a common issue encountered in AIDS research and has been documented at length in the literature.¹⁸ It is possible that the interview environment may have biased survey responses. Anecdotal evidence supplied by interviewers, for example, noted that lighting, timing, and atmosphere had a noticeable impact on survey respondents' attention and comfort levels.

As an example, interviews conducted in the late evening tended to suffer from respondents' shorter attention spans and disinterest. Since social activity tends to increase in the bars after midnight, respondents were less willing to spend 15 minutes completing a survey with a stranger. Alcohol and drugs also clearly affected respondents' concentration and interest levels.

6.2 Strengths

An explicit purpose of collecting data "on the street" and with "professionals in the field" is to cross-validate findings on the impressions and perceptions of various aspects of the campaign. In addition, the reliability and validity of the data is enhanced by the fact that both qualitative and quantitative components were incorporated.

The fact that intercept interviews were conducted primarily in bars and "locus of risk" sites, the sample may be more representative of higher risk individuals as opposed to a population-based random sample. Thus, since the campaign was intended to target high risk individuals in the gay and bisexual community, the sample may be appropriate. Moreover, while the intercept interviews used a purposive sampling strategy rather than random sampling, the resulting sample included a

¹⁸See Dowser and Sieber (1993).

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diverse cross-section of men from the gay and bisexual community.

6.3 Concluding Remarks

It is evident from the data that the campaign successfully reached a significant proportion of the targeted audience. The "reach" of the campaign reflects, to a large extent, distribution and message delivery system. Thus, it appears that reaching this audience through bathroom advertising is an effective strategy. The campaign also attained impressive recall and recognition rates. These rates are typically reflective of the strength of the messages themes, images, and text. In particular, the unprompted recall rate indicates that the images (and/or copy) were processed by viewers and were memorable given that respondents were able to describe them.

To the campaign's credit, a very small percentage of the sample considered the posters offensive. Interestingly, the sexually explicit images and language received both high and low marks. The relevancy of the messages received high ratings across the board. Comprehension varied from poster to poster. Some posters proved to be more effective in delivering a clear, direct message than others.

While the data indicates that the campaign generated personal reflection and introspection, it was less successful in promoting interpersonal dialogue and discussion. This is likely due to the fact that many of the campaign's images and text are contemplative rather than striking or provocative. Typically, images which incite discussion are controversial.

A notable percentage of the sample reported changes in awareness, attitudes, and behaviors related to sexual activity. Although these self-reported items can only serve as proxy measures for actual change, the statistics are encouraging and indicate that the campaign has had a profound impact on the targeted community.

Finally, the comments from the intercept and depth interviews provide many avenues for refining existing messages and developing new ones. Clearly, there is great potential in extending interest and awareness of many HIV prevention issues. The difficulty of sustaining behavioral change prompts the need to continue prevention efforts for urban gay men to avoid relapses of unsafe

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sexual behaviors. Thus, in the second decade of the HIV/AIDS epidemic, prevention campaigns, clearly, serve an important function.

Appendix A:
Poster Set

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Appendix B:
Venues**Manhattan - Bars**

The Bar
Wonder Bar
Two Potato
Julius
Keller's
Break
Uncle Charlie's
Rawhide
Hangar
Boots and Saddles
Tunnel Bar

Manhattan - Dance Clubs

Monster
Champs
Club 58

Manhattan - Sex Clubs/Bathhouses

Manhole
East Side Club

Manhattan - Office

The Community Center
GMHC

Queens/Brooklyn- Bars

Magic Touch
Friends

Queens/Brooklyn- Bathhouse

Northern Sauna, Flushing

Nonparticipating Venues

Krash
The Works
Tool Box
Cleos
Barracuda
Dominque
Mission Cafe

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Appendix C:
Survey Instrument

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Appendix E:
Informed Consent

Date of Publication: January, 1996

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**CONSENT TO PARTICIPATE IN AN EVALUATION OF AN
HIV ADVERTISING CAMPAIGN IN NEW YORK CITY**

I have been asked to participate in an evaluation of an HIV prevention campaign in New York City and the immediate environs conducted under the direction of Educational Message Services (EMS) in conjunction with the Gay Men's Health Crisis (GMHC). The purpose of this evaluation is to better understand the impact of this advertising campaign on the gay and bisexual community. As part of the project, I have been asked to participate in a 45 to 60 minute interview which will involve discussing my attitudes and opinions regarding this campaign.

I understand that this interview will be completed at my convenience and will not take longer than 60 minutes. I understand that no question is meant to cause any discomfort and that I have the right to refuse to answer any question that I may not wish to answer. The potential benefit of this evaluation is to further our understanding of HIV prevention message strategies. There are no known risks associated with participation in this interview. I also understand that I may refuse to participate or may withdraw from the interview at any time without any consequences.

I understand that I will be audiotaped during this interview process. It has been explained to me that these tapes will be used for research purposes and data analysis only. In reporting this research, I understand that my comments may become part of the public domain through reports and/or published work. I have the option to retain complete anonymity, if I so desire, in which case my comments only, will be reported. In this case, no information which identifies me or links me to the interview will be disclosed. I also have the option of permitting my identity to be disclosed in which case my name could be used to used in connection with my comments from this interview. In signing below, I indicate my personal preference on this matter.

I understand that any questions I may have concerning the details of the evaluation procedures will be answered by the evaluation investigator/interviewer, Sonja Myhre, Ph.D. She can be reached by telephone (216) 221-2031 or email at tapsource@aol.com. In signing this consent form, I acknowledge receipt of a copy of this informed consent form.

In signing below, I acknowledge that my comments expressed during this interview may become public information. I acknowledge that my identity can be used in connection with this interview.

Signature_____
Date

In signing below, I acknowledge that my comments expressed during this interview may become public information. By signing here, I indicating that my identity will remain strictly anonymous. I understand that my identity will not be used, in any way, in connection with my comments made during this interview.

Signature_____
Date

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Appendix D:
Key Informants

AIDS Organizations:

Carlos Cordero
Community AIDS Prevention Activits

Stephen Gendin
APAL, Founder

Reginald Miller
Minority Taskforce on AIDS

Michael Schimmel
ACQC, Queens County

Medical Field

Dr. Boaz Dalit
Clinical psychologist
St. Vincent's Hospital

Dr. Gabriel Torres
Physician
St. Vincent's Hospital

Venue Managers/Owners

Michael Mitchell
Hands On manager

Lidell Jackson
Jacks manager

Martin Ramos
Magic Touch

Government

Miguel Arenas, Director
Professional Education Services
Office of Gay and Leshian Health
New York City Department of Health

Nic Billey
Office of Gay and Leshian Health
New York City Department of Health

*GMHC HIV Prevention Campaign***Appendix F:**
Key Informant Interview Guide**I. Introduction****II. Informed Consent****III. Interviewee's Background****IV. General Campaign Questions:**

1. What have You seen or heard about the campaign?
2. What have you Heard about the campaign from your colleagues and/or on the street?

V. Message Delivery System:

1. What do you think of the medium of the campaign, i.e. the delivery system utilizing small enclosed spaces, to communicate HIV prevention and education messages?
2. Do you think this is an effective strategy?

VI. Message Themes:

1. What do you think of the message themes?
2. Do you think the message themes address the needs of the gay/bisexual community in New York City at this time?
3. Do you think there are important message themes that are missing from the campaign?

VII. Images/Copy/Presentation of Campaign Posters:

1. What do you think of the images used in the campaign's poster series?
2. Do you think the images complement or detract from the messages?
3. What do you think of the copy (or tone, style, presentation, etc.) used in the campaign?
4. Do you think the messages (in the copy) are understood clearly by the targeted audience?

VIII. Suggestions for Improvement:

1. What specific praise and criticism do you have to offer?
2. In your opinion, should this campaign continue?
3. And if so, with what changes?

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**Appendix G:
Comments/Improvements**

Legend: ID # followed by general comments on the campaign.
- Comments on individual posters.

1. Emphasize that infection can happen the first time.
2. I would need more time to think about improvements. Need to talk more about testing, i.e. helping out with peace of mind. Have one focus on lesbians.
- 3.
4. They should be larger, more visible.
5. Might be good to have information on testing. Some people don't have the information.
6. I wonder about the safety of oral sex, a gray area in terms of HIV. I like the ones that deal with drugs and alcohol.
7. They should all have less words.
M4 - I like it
M6 - I like it
8. They are fine/very good.
9.
M4 - I think picture should be clear.
10. Posters are not very attractive.
M3 - Maybe use color
11. I like them.
12.
2 - I like it.
6 - Less sexually explicit pictures.
13.
M1 - They're ok
M2 - They're ok
14. Very offensive, but it's good, most people are stupid, they just come to bars thinking about getting off. Hopefully these posters will make them think.
15. I like the campaign. Its more direct.
16. RE: M3 and M6, I genuinely believe both of these posters proffer a rather negative, fatalistic message to the public regarding sex and AIDS. My personal feeling is that the best poster is the one that advocates for the use of condoms as a safe, healthy, optimistic and desirable way to have sex and avoid disease.
M3 - Rather see someone smiling, holding a condom. This poster is too negative.

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M5 - I like this one. No improvements.

M6 - Negative and fatalistic poster.

17. Posters are more about lifestyles and AIDS affect everyone.

18. Allow Rudi Crew to give condoms and to talk about sex in schools.

M3 - no improvements

19. Give direct messages.

20. The quality of the posters are poor. The posters are not attractive. There are some mistakes in the translation.

M7 - The Spanish are clearly translations.

21.

M10 - no

22. No improvements. Very effective campaign.

23. No improvements. Good campaign.

24.

25. Good campaign, its about time.

M2 - I don't think she's going to attract much attention as a cute guy will. Rather see young people.

M4 - Too blurry, need to see models. I can't see anything.

M6 - Too raunchy, don't need to be too explicit.

M10 - I don't identify with this poster, too explicit. Leave some things for people's imagination.

26. Community is going a good job about safer sex. I hope other people get the information by these posters.

M2 - Good message, being accepted by your parents.

M3 - Message confusing, message more clear

M4 - None

M5 - None

M6 - None

M8 - None

M10 - None

27. I like the campaign, good idea to have them in the bathrooms. Have Asian people in these posters.

M1 - None

M2 - None

M4 - None

M5 - None

M6 - None

M8 - None

M10 - None

28. Sexual exploitation in the bars and club scene is shown excellently in this campaign.

M1-M10 No improvements

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29. No comments. Campaign has a great message.

M1-M10 None

30. The posters could be bigger.

31.

M1 - The guy and the background are similar color.

32. No improvements

33. None

34.

35. More should be done. Post them in other places than bars.

M2 - Another picture. Add: mother hugging son

M3 - Model should look at the camera.

M4 - More sexually explicit (intimacy)

M5 - Include a white man.

36.

M7 - I like it, but for some people it can be shocking.

M10 - The people have no message whatsoever.

37. They're long and too complex. If you don't have an education, you might not understand them.

38. To learn from this guy's mistake. I guess he wasn't protective enough.

39. These posters are giving you a "Life Saver." This is what is right and everybody needs to know what is wrong! I don't want to see anybody get hurt.

40.

M3 - He's already given up. What's the sense of putting up this kind of poster?

41. In general, they could be more positive. On the other hand, they could even be more scary.

M10 - In English

42. Stop and think. Is this what you want in your future? Is this your life dream? Is this what you've worked hard for? To come to this HIV... Congratulations You've succeeded.

43. Just to be in a bar situation and see these posters it made me take a couple of steps back and calm myself down. I felt I was not going to get into a situation(bad). A few years ago, things were more radical. These new posters are scary to me. They show that certain things are necessary when having [a] sexual relationship. To see it [in] your face it keeps it in your mind It reminds you.

44. These posters should be placed in other places than bars. Don't have it strictly in bars. Put them in restaurants where other people can see them.

M5 - This is positive to younger kids.

M6 - This may be offensive to some younger people. I don't like the tape.

45. Overall, its in the right direction (program). This should continue there are a lot of people ignoring these things. The campaign is well worth it. I wouldn't want to infect anybody myself it means a lot to me to see this.

46. Keep the posters going and everybody has to be directed towards everybody. TV stations every time let

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people know it can happen to you. Nobody's exempt not even maybe. My strong beliefs are this was started by the US government and it backfired in their face.

47. I think they're okay.

48.

3 - Get rid of the text. I like the face.

10 - Get ride of picture but text is good.

49. No, they all send a very strong message. If you take the time to read them you should have no problem.

50.

M3 - Negative right away. Maybe some more phrases that are personal. Guy seems like a hustler. I did relate as well.

51. Very effective. Drive home the message.

52. I think these are good advertisement[s]. I think they are good for younger people. I very seldom go to bars.

53. Education is power. Very into the campaign. But I don't have great faith. Based on my circle of friends, I don't think they take it as seriously as they should.

54.

55. I like them. They're straight to the point. Very blunt, I like it.

56.

M2 - More parents w/children holding hands. She needs somebody. If she was w/son, it would be more convincing.

M5 - More people, group - more black mixture.

M6 - Two people looking at each other would be hot

57. Keep going with the campaign and getting "in your face." This is the first campaign I've seen from GMHC that affected me.

58. They are well-designed and thought provoking. As an advertising man, I looked at them - I think you can further with it.

59. There seems to be something missing. I think they would say something more pertinent that "Think about it. Talk about it." It puts the messages in your head at a good time - in the bathroom, I question my own "fucked-upness" whenever I see them so I know if I should be careful.

60. Less busy photography. Do ugly men or men with bad bodies have sex? No a bad body in the bunch.

M6 - He doesn't know enough to talk about condoms but he does read books on Marc Chagal. [Interesting the detail noticed.]

61. Put them out more and in more bars. People need to get the message more. Gay men are very drug-oriented.

62.

M3 - 1. Show something positive then turn to statistics. positive message

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2. Show the harsh reality. Not a gorgeous guy. Statistics on people with AIDS. Rather see a list of people who have died. This shows the sex.
3. Too much said about nothing.
63. Its beautiful. The message is so deep. Three guys who are happy to be gay. Other posters are depressing. This one makes you think.
64. I have many ideas from literature from other countries. They might be more effective if you could take small copies of the posters and not just see them in a bathroom. They should be more direct and have more information on transmission.
65. More in English. They pretty effective.
66.
 - M5 - It's good to show friend talking about HIV.
67. To continue. but to change the material. Keep it fresh, new, strong sexual visuals. Make sure to have bilingual messages. I once called GMHC's hotline and the woman was angry about what I said and gave me misinformation.
68. Good campaign. It's good that its out there.
 - M1 - It should mention HIV/AIDS. Should begin with "I'm positive."
 - M10 - I don't understand Spanish.
- 69.
70.
 - M3 - Too wordy. Didn't understand the gist.
71. No improvements.
 - M5 - None
72. Have a before and after picture of a person that has AIDS.
 - M2 - None
 - M3 - None
 - M5 - None
73. No comments
74. No comments
 - M6 - A more positive message.
75. Great campaign. I think survey should've been through the mail instead of having it there where people can hear you.
- 76.
77. GMHC is doing a good job.
78. Effective campaign
 - M1-M10 - No improvements
79. No improvements
80. No improvements
81. No improvements
82. No improvements. No comments.

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83. Good campaign

10 - Too dark

84. I would not like to see the poster (M7) all over the place because it can make other people have a negative view of gay people.

M1 - Its fine

M2 - I think its good

M3 - Its to the point.

M4 - Its to the point.

85.

M5 - I like it.

86.

M5 - I don't like the "red" in the poster. Too many words. Use different colors. Everything is too gray.

87. In general, the posters are depressing.

10 - I don't like the language in Spanish.

88. They are OK.

89. Use some girl in the posters. They should be more shocking.

M7 - Why is everyone a man of color in this picture? [noted by African American, Spanish-speaking, 19 year old bisexual]

90.

M1 - I like it

M4 - I don't like the photo.

M6 - I like it.

91.

92.

93. Some are vulgar and can be offensive to other[s]. Less direct messages.

94.

M6 - Make the poster more explicit. All of them.

95. Why were only Black and Hispanic models used? I do not like the slogan in Spanish "Staying negative - Its not Automatic."

M1 - Posters are too dark; It shows sex as dirty or dark.

M7 - Change the slogan in Spanish.

96.

97.

98. I can't stand the use of colloquial language. Its a little annoying. I would prefer something straightforward on safer sex. I have a reaction against the juvenile language.

M2 - I don't want my mother thinking about my sex life.

99 - Keep it going.

M1 - None

M3 - It should be more direct.

M6 - None

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100.
101.
102. Color photography would be nicer. Seems to be an effective campaign if those who see the posters take the message back to the bedroom.
103.
104.
 M6 - too tasteless
105. No improvements.
106. Good campaign. No improvements.
107. No improvements. A good campaign.
108.
109. Seen better stuff - TV ads. More aware of need to be simple. One word and image; ad needs to be more positively direct and less negative. Don't like the orangey red with the black and white photographs.
 M1 - Pictures up top too small. Type should not be laid over man's chest.
 M4 - Too much type - colors not good. Picture terrible.
110. Even more erotic pictures would be great. Fabulous campaign. Thank you GMHC.
111. Give a good message, a quality message, educational - what more can you do.
112. I appreciate them, I like the fact that they're there - but they should be more sexually explicit. Type is difficult to read in a bar.
 M3 - Make it more interactive, more sexually visual
 M5 - Make it more hot.
113. Make them bigger - we're drunk when we see them. This is NYC - you've got to be more severe, more shocking, to wake them up.
114. Do the right thing by someone else, be honest and talk about staying safe. Seems to be the message of it all and that's great.
115. More black men or more mixed photos. New York is where you have everybody and their Dot.[sp?]
Skin sells. The message[s] are good, they don't talk down to you.
 M3 - This message is wimpy. We are beyond this.
116. The text would be direct and much more to the point. Unfortunately, I think a scare tactic is the best direction.
 M1 - Good
 M2 - Great poster
 M6 - Totally in poor taste
 M8 - Great poster
117. I would suggest a more prominent message regarding poster availability so that people won't take them down. Maybe have some here at the bar. Make them available.
118. Translate all posters to English. But a picture says a thousand words. I make up my own stories behind them. When I see GMHC, I know its about AIDS/HIV.

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119. Nobody does anything for the Asian community. Posters like M2 should be displayed everywhere, not only in gay establishments. Overall, they are too dark. Maybe, make a couple of scary posters.

M1 - The little circles are difficult to see. I don't like the letter at the bottom.

M2- I love this one.

120. Why are only Black and Hispanics used?

M3 - It has too much writing (I don't like the print.)

M5 - Its all black and Hispanic, Why?

M6 - Use white men/Asian men. [Spoken by Spanish speaking, Asian 26 year old gay man]

121. Posters should show the responsibility of the positive man to take cum of the negative man. It is overall targeting only very young people. It emphasizes beauty models, should look more real.

122. Make them more colorful. Explain levels of risk in sexual activities.

123.

124. AIDS is transmitted in other ways besides sex and the posters could reflect that.

125.

6 - Could be multiracial

126. They send the statement without being too bold. Especially M3, M5.

127. I like M6. The other posters should be more explicit and direct like M6.

128. Shouldn't have beautiful models. They should have regular people. The average person will see them as sexual objects. More pain. I don't relate because they're not Asian. They might want to use regular people, use people with AIDS. You have to scare people. They're too cutesy.

129. It good. Its good to want to stay negative.

130. Should have more information re: GMHC for volunteers and the like since I didn't know who to call.

M3 - Make one poster with both languages on it.

M4 - This will promote drugs and unsafe sex

M9 - Make the poster bilingual.

131. Its great that its being done and the wording is down to earth.

M4 - The "message" is confused and the background doesn't help - too many messages.

132. M6 - Very personal, real situation. They should all be as blunt as M6 to get the point across.

M3 - Way to internal.

133. Very good campaign.

134. Include Asians in the campaign.

135. I think its a good message. its not easy to stay healthy.

136. Good campaign.

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137. Make them graphically more simple. Your eye goes all over the place.

M6 - There's too much to read, for the eye to do.

138. I think its working even though no one has spoken to me about [it]. I think your organization (GMHC) is extending what they want to extend.

M1 - should be less explicit (the actual photos) or a caricature instead of actual photos.

139. If you're already depressed, this poster is going to make you more depressed. Its odd that the lines at the bottom (Think about it...) are smaller than the rest. The bottom message should be as bold as the boldest line in the message.

140.

M5 - Its okay, cute guys.

141. Why do most of these posters seem to be of Blacks and Hispanics? White guys still get AIDS and white guys are still dying. What's going on?

142. Make them bigger so they're easier to read and more aggressive - in your face.

M3- What's his deal - he's too much of a twinkie.

M10- In English, please.

143. What's going to happen is going to happen and it doesn't matter how poster [many] posters you print even if they're sexy and pretty.

144. Better if they were hotter and the working is tough to see but they're pretty cool.

145. They're just great. Its a hot campaign.

146. I think they're great. I've seen them in a bunch of places - at the center, my gym. Keep up the good work.

147. I really liked the three friends one - I have friends like that and its made a difference.

M3 - Its a little unclear to me.

148. Its hard to see all the words in the bathroom cause they're so dark. They're nice posters though.

149. I'm pretty much celibate because I've lost so many friends -- I hope I've not skewed the survey.

150. Maybe older guys should also be in them; they're all pretty much younger guys.

M2- Get rid of it.

M10- I'd like to see this one in English.

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