

AMERICAN FOUNDATION FOR AIDS RESEARCH

14TH NATIONAL HIV/AIDS UPDATE CONFERENCE

SOCIAL MARKETING: THE ART OF AIDS PREVENTION

MARCH 21, 2002

MR. MERVYN SILVERMAN: Well, I hope we will not interrupt your eating. I am glad to see so many people here today for what I think is a very, very important plenary.

We've talked about prevention in terms of vaccines and microbicides and, of course, I think there's no question that the ultimate answer will be the vaccine and maybe one along the way will be microbicides. But until that day, or days, the most important way we're going to slow and hopefully stop this epidemic is through education and information and doing it in a way that reaches people in a sense so that they get the information, they internalize it, and they act upon it.

And it could take many, many forms and we're going to hear about some of those today and, of course, it's difficult enough to talk about coronary artery disease and talking about many of these other health problems and the cancers. AIDS, as we all know, poses a much more complex problem because of the sensitivity of many of the issues that are discussed.

Our first speaker today is Drew Altman, who is President and CEO of the Henry J. Kaiser Family Foundation, one of the nation's largest private foundations devoted to health.

The Foundation is a leading independent voice and source of research and information on healthcare in the United States. Since 1987, the Foundation has also operated a major program supporting efforts to develop a more equitable health system in South Africa.

In 1991, Dr. Altman directed a complete overhaul of the Foundation's mission and operating style leading to what I think is inarguably the Foundation's standing today as a premier health policy, research and information organization.

Drew is the former Commissioner of the Department of Health Services for the State of New Jersey. Prior to joining the Foundation in 1990, Dr. Altman was Director of the Health and Human Services program at the Pugh Charitable Trust. He was the Vice President of the Robert Wood Johnson Foundation from 1981 to 1986, and served as a senior--served in a senior position in the Healthcare Financing Administration prior to joining the Johnson Foundation.

He received his PhD in Political Science from the Massachusetts Institute of Technology where he taught graduate courses in public policy. He did his post-doctoral work at the Harvard School of Public Health before moving on to public service. He's a leading expert on national health policy and publishes and speaks widely on health issues.

I had the pleasure of meeting Drew in 1985, when he asked me to become the Director of the Robert Wood Johnson AIDS Health Services program, the first program by any foundation to deal with the issues surrounding AIDS. Drew and I both felt at that time that this would be stimulus, this would be the one thing that would start and all the foundations, hopefully, would fall in line and sadly and tragically that didn't happen, and the Johnson Foundation stood out as just about the only foundation that did anything.

The Ford Foundation came in and recently the Rockefeller and Gates Foundations, but it's really sad that this noble charge that was done by the Robert Wood Johnson Foundation didn't bring more of the foundations into the fray.

But it shows, I think, the foresight and the kind of commitment and dedication, creativity and the willingness to take on something that was not the most popular. I think all of those--all of those attributes should be lauded and rightly so on Drew, who has been a real major force in the whole area of policy and research. And without further adieu, let's hear from him.

DR. DREW ALTMAN: Thank you, Merv.

Those remarks were so incredibly nice and so different from the comment my 13-year-old daughter made about me last night when she got really angry at me and she said, "Dad, you're just an old white man with a fake, poofy afro." Somewhere between those remarks and my daughter's remarks is the--is the truth.

That was an elaborate introduction. The truth is that I am a failed academic who was moved in and out of government and foundation jobs for lack of any actual--but still is like most of the people in this audience has. I like to think of it as public service.

I did first get involved in HIV, and I guess it was 1984, 1985 when I was at the Robert Wood Johnson Foundation and I did propose that that Foundation develop a major program in HIV. But I wasn't getting anywhere, not for the reasons you suspect, but because Johnson had had in a sort prohibitions against doing any disease specific work.

But, and you all know how the world works, after I got a former Dean of Harvard Medical School, who's name is Bob Eberts [sp], to argue the case before the Johnson Board and after I showed up with a pro from San Francisco, who I assured the Board knew how to do everything right, who was Merv Silverman, the waters parted and Johnson's AIDS Health Services program was born.

And I am immensely grateful, and was very grateful to Merv for taking on that challenge and I have nothing but admiration for the leadership that Merv and amfAR and amfAR's other leaders have shown. It's been spectacular on HIV over all of these years. It has been a lot of years for all of us involved in this field; nevertheless, I still do feel that we are at a critical time in the fight against HIV.

It was an uphill struggle to raise awareness about HIV and marshal more resources before 9/11. It is certainly an uphill struggle now, and based on the work that we do, the polling that we do and the focus groups that we do, I believe there are three things that we might think about doing a little bit differently as a field to be more effective.

First of all, I believe we need to focus much more on success stories and on solutions and little bit less on the magnitude of the problem. Indeed, I think that can be counterproductive because the message too many people get is it's so big it might actually be hopeless. We need to convince the public that more resources will save millions of lives, as indeed they will.

Secondly, I think we need to focus more on the economic security and political dimensions of HIV, because defining HIV largely in more than public health terms, has gotten us part of the way there, but as you all know why are we here still struggling with this. It has not gotten us all of the way there.

But, what do I mean by political dimensions? I mean that HIV advocates need to think more like politicians, who focus entirely on swing voting groups, who might be up for grabs in a particular election: suburban women who are thought to be critical in this upcoming election; African-Americans who are [unintelligible]. These are all groups for whom a candidate's position on HIV ought to matter.

Most important of all, I have come to the view based on the work we've done, that we need to begin to redefine this epidemic in the public's mind, especially the global epidemic, as one that though not exclusively, is first and foremost about young people. Not just as a matter of skin, not just because young people evoke sympathy, but because it's profoundly true.

One-half of all new infections in the world are among younger people. In South Africa where we have worked for 15 years, there are 12 million kids under the age of 15 and 6 million of them--an eerie number for some of us in this room, that six million--six million of them, if you toured the country, will die unless the rates of infection change.

This is not the place to work through the numbers, but is profoundly true that even a small change in the rate of infection for young people will profoundly influence the future trajectory of the epidemic. And so, you know, the future of HIV is a 14-year-old, probably wearing a Michael Jordan tee-shirt in South Africa or in India or in the Ukraine.

And it is precisely for this same reason that we also need to do a better job of connecting with young people with our social marketing and prevention messages. And it is in this context that the Love Life program, which is now the largest HIV prevention program for use in the world, is I think globally significant, and so I was asked to come tell you a little bit about it today. And I will do that, but first would be the caveat that no single TV ad no matter how good can by itself make much of a difference. Just to make the point that we haven't forgotten that Kaiser, about HIV in the US, and I worry about that in our policy work and in our social marketing work, and to make the point that we need to do what it takes to connect with young people even if it makes us "old folks with those poofy afros" squeamish. In fact, we produce a lot of our PSAs in-house at Kaiser and my decision rule is and that the staff knows, is if I like the ad, you don't run it.

Just to make those points and also just to lighten the mood in the room while you're eating lunch, I thought I would show you our latest ad from our now long-standing Safe Sex partnership with MTV, which we hope to take global sometime in the next year or so. But let's be sure--that's one ad.

[VIDEO OF AD RUN.]

Of course, you're going to see the same kind of stuff from cable positive or from--and from the brightest people in New York if that's what it takes. In bare bones, Love Life brings together a high-powered youth oriented media campaign of unprecedented scope for South Africa with new community and clinic-based services all across the--all across the country, especially in the most under-resourced parts of the country, in urban areas and in rural areas, the places to which the Apartheid government banished ships--ships forcibly sent the African population.

So, there are media programs that reach millions of young people every day; TV, radio, print and outdoors advertising. There are literally thousands of kids with counselors, who are trained by some older younger people called the "Love Life Groundbreakers."

There is a toll free telephone hotline staffed by trained counselors that is now mind blowing to me, receiving 60,000 calls a month--a month, and astonishingly, most of them from rural areas in South Africa. There are the institutional hubs of Love Life and the most exciting parts of Love Life. There are Y-Centers, youth centers called Y-Centers in urban areas in the most remote parts of the country that offer services, HIV services in a non-critical setting. It features music and basketball and computers and other recreational activities and a community radio station.

There is a national program, probably the most important part of Love Life for the long term, to make South Africa's 5,000 public health clinics adolescent-friendly, so the kids will actually go to the clinics,

which they have not done in the past. There is even a Love Life Youth Olympics that reaches about four million kids in South Africa a year and there are two Love Trains that travel country as a kind of rolling HIV prevention program.

So, think of it as kind of a giant combination of MTV, a nationwide youth services program and Amtrak. And picture all of this branded in a special Love Life purple--we talked about the power of purple, because what Love Life really is, is a social marketing campaign with an upbeat message about positive lifestyles. It's not really a traditional HIV prevention campaign, or certainly a condom distribution program, though there are condoms everywhere in Love Life.

While Love Life is South Africa's national HIV prevention program for kids, another thing that I think is kind of unusual about it is that it is not a government program. It is a unique partnership between U.S. foundations, leading South African NGOs who do most of the work, the largest South African media organizations who have made huge commitments and the South African government, which under the radar scope of all the things you're familiar with, just in the past couple of weeks committed their own long-term funding to Love Life. The first time a non-government initiative has ever been written into the National Budget.

And so with the--with an apology from me, this is a little bit promotional because it was developed for a different purpose, I want to show you a short video that will just give you a sense of the touch and feel of Love Life and also some of its component parts.

[VIDEO IS SHOWN.]

UNIDENTIFIED FEMALE: I think Love Life is one of the best things that's happen to us because it's kind of like brought us all together in a new kind of way of thinking.

UNIDENTIFIED MALE: Love Life actually pays attention.

UNIDENTIFIED FEMALE: Love Life gives you options. It tells you what is available.

UNIDENTIFIED FEMALE: Love Life is hip and it's happening.

UNIDENTIFIED MALE: [unintelligible] Love Life because of [unintelligible].

UNIDENTIFIED FEMALE: When you say Love Life, it just means love life [unintelligible].

UNIDENTIFIED MALE: I mean through Love Life I met a lot of people and I've learned to be open with more people, tell them how I feel and what I think and what I don't.

UNIDENTIFIED MALE: HIV/AIDS is a living reality for young South Africans today.

UNIDENTIFIED FEMALE: Most HIV infections occur before the age of 20.

UNIDENTIFIED MALE: Forty percent of South Africans are under the age of 15.

UNIDENTIFIED FEMALE: Fifteen percent of these are becoming infected with HIV, approximately six million people.

UNIDENTIFIED MALE: But there is hope.

UNIDENTIFIED MALE: By positively influencing the sexual behavior of young people, the projected reach of HIV can still be curtailed.

UNIDENTIFIED MALE: Love Life is the largest youth HIV prevention program in the world promoting a new lifestyle for young South Africans. It harnesses popular culture to reach teens promoting sexual responsibility and healthy living.

UNIDENTIFIED FEMALE: Combining high-powered media with clinic services and outreach, Love Life has got South Africa talking.

UNIDENTIFIED MALE: Love Life's extensive media strategy works by creating a popular brand to engage young people and keep them engaged.

UNIDENTIFIED FEMALE: Love Life is the SABC's exclusive HIV partner in sharing television and radio airtime and shared television production costs. Partnerships with an independent newspaper group and the Friendly Times extend the scope and reach of Love Life's print media.

UNIDENTIFIED FEMALE: As far as the radio was concerned, it gives us the use of platforms to (inaudible) and tell all the people about the problems that we are facing on a daily basis and, therefore, get your permission.

UNIDENTIFIED FEMALE: The Love Life (inaudible) are very educational that ask you questions almost like we talk with Christians and the Jews.

UNIDENTIFIED MALE: The editorials (inaudible). It's not 15 pages. It's 6 or 8 pages you can read and you can relate to what they're saying. It's polite. It's colorful. It's a beautiful and true reflection of what am I supposed to talk about. They put in a cultural communication among the communities.

UNIDENTIFIED FEMALE: It's about (inaudible).

UNIDENTIFIED FEMALE: They can test and another relationship, again, it's not the end of the world. I think that's the kind of message they're trying to get through to the youth.

UNIDENTIFIED FEMALE: They're airing their opinion. No one can miss it.

UNIDENTIFIED MALE: Love Life's media campaign is a bridge throwing young people into accessing sexual health services, counseling and support programs.

UNIDENTIFIED FEMALE: Love Life's Petajunction's [sp] help line is staffed by trained counselors who receive more than 60,000 calls each month.

UNIDENTIFIED FEMALE: One of my (inaudible) who was HIV positive because of any one (inaudible) using a gun. So, it was very difficult for me, but I tried to calm him down. I managed to persuade him to give the gun to his mom, and also I made him show that it wasn't the end of his world. Life goes on.

UNIDENTIFIED MALE: Y-Centers are multipurpose recreational venues for young people providing a non-clinical environment for sexual health education, counseling and care.

UNIDENTIFIED FEMALE: There are more than 15 Y-Centers nationwide. The facilities include a radio studio, computer training resources and equipment for sports such as basketball and volleyball.

UNIDENTIFIED FEMALE: It's so fun to come to the Y-Center because you forget about the problems that you leave at the street.

UNIDENTIFIED MALE: We find that a day we have about 400 young people who come into the center.

UNIDENTIFIED FEMALE: One-tenth of our young people have been already tested for the AIDS.

UNIDENTIFIED MALE: We talk to the center. They are so friendly and we are and easy to talk to.

UNIDENTIFIED FEMALE: Love Life has helped me to achieve my goals just showing me the best possible care, you know, so I won't pick up (inaudible).

UNIDENTIFIED MALE: A major obstacle to HIV prevention is the reluctance of young people to use public health services.

UNIDENTIFIED FEMALE: Together with the Department of Health, Love Life is establishing adolescent-friendly health services, including counseling and testing in South Africa's 5,000 public clinics.

UNIDENTIFIED FEMALE: And I walk from home to come here just to get information, to be around youngsters, to hear what they say, to get more information also.

UNIDENTIFIED FEMALE: You can come to the clinic and talk to the doctors and nurses around here and you don't have to be scared anymore.

UNIDENTIFIED MALE: Going to another (inaudible), so coming to this Love Life clinic, I love it because I learn a lot of things here. I even learn about myself.

UNIDENTIFIED FEMALE: The nurses are they giving you a smile every day even though you have a problem.

UNIDENTIFIED MALE: Love Life's support programs work in conjunction with clinics and media projects to foster national youth mobilization and targeted involvement with teenagers.

UNIDENTIFIED FEMALE: The Love Trains are sexual health centers on wheels visiting rural towns.

UNIDENTIFIED MALE: The Love tours utilize outdoor radio broadcast units to train you and broadcast sexual health information to the public.

UNIDENTIFIED MALE: When the Love Train comes here, somehow the trust is a very great number.

UNIDENTIFIED MALE: Well, I know people like it because it's something different. People can have an opportunity to know and get onto the train, but have a whole day of fun.

UNIDENTIFIED FEMALE: The Love Life train has a yearlong calendar of (inaudible) competitions involving approximately four million students annually.

UNIDENTIFIED MALE: They took a whole lot of kids from all over the country and put them in one place and they had the confidence to make it all work. I mean you spread the camaraderie piece forward and the Love Life message just simplifies it.

UNIDENTIFIED FEMALE: It's given me a way forward in this world. It's made me see that there are great heights.

UNIDENTIFIED MALE: More than 60 percent of young people who knew about Love Life reported that they had positively modified their sexual behavior as a result of exposure to Love Life.

UNIDENTIFIED FEMALE: However, much of the impact of the Behavior Change campaign is in their intensity and longevity.

UNIDENTIFIED MALE: Love Life's major challenges are to sustain the effort, keeping young people engaged, and establishing growing access to sexual health education, counseling and care.

UNIDENTIFIED FEMALE: You need to look positively and you need to love yourself and love others; therefore, love the life.

UNIDENTIFIED MALE: And it's a simple case where you love life. You know, if you don't love your life, who's gonna love your life?

UNIDENTIFIED FEMALE: Love Life has affected me in so many ways.

UNIDENTIFIED FEMALE: The things I knew about Love Life, it wasn't something that I didn't want to be.

UNIDENTIFIED FEMALE: Love Life helps you love yourself above all things, and when you love yourself everything just falls into place.

UNIDENTIFIED MALE: I was a--I was a gangster and Love Life has changed my future.

UNIDENTIFIED MALE: If it wasn't for Love Life, I think I would have had five babies.

UNIDENTIFIED FEMALE: I thank Love Life because now I'm going to live a healthy life and loving myself.

UNIDENTIFIED MALE: I'm going to be a good man. I'm going to teach my children about their sexuality so that they won't fall in this HIV/AIDS epidemic.

UNIDENTIFIED FEMALE: The Africans needed something as positive and encouraging as Love Life.

UNIDENTIFIED FEMALE: I really think it's what we kids are looking for. There is no other way we can turn to except for Love Life.

MR. ALTMAN: It's way too early to be [applause] -- it's way too early to be sure about the success of Love Life, but it's noted in the video the early evaluation is that it's really very encouraging. I close with a one and a half minute from somebody you will recognize delivered at an event he did in Capetown just a couple of weeks ago.

MR. NELSON MANDELLA: "It's the presence about some fundamental issues around HIV/AIDS unfortunately continues to rage. In minors such detracts attention from what needs to be our core concern in conducting a major threat to our future.

"What we must understand and what I think the government understands about this, and that is this is a real war because this epidemic is killing more people than have been killed in all the past wars and natural disasters. There are provinces where young people who are active in (inaudible) have been wiped out at a rate, which is difficult to compare. This is a war."

MR. ALTMAN: It's great to be with you. Thank you very much.

MR. SILVERMAN: Drew's operation is near the Silicon Valley, so I think it's probably appropriate to use the term that here is one person and an organization that is thinking "outside the box." So, thank you very much.

Our next speaker is Thomas Dima, who is Vice President of Marketing Communications and New Media for Cable Positive, the cable industry's HIV/AIDS action organization. In his role, he oversees the creation and production of PSAs for the organization's national awareness campaign in support of National HIV Testing Day and World AIDS Day, as well as event marketing and Web development. Thomas Dima.

MR. THOMAS DIMA: Good afternoon. [Before you guys go into the food, I'd like to ask you to take a sip of water or something as we get through this presentation.]

Cable Positive--Cable Positive is the cable industry's HIV/AIDS action organization, and I want to make sure you guys know what we do, because what we do is really interesting. We work with cable television and its resources in order to get information out about HIV and AIDS.

Formed in 1992 by three concerned cable executives, we use our resources to create and distribute public service announcements for the National HIV Testing Day and World AIDS Day. We fund the local HIV/AIDS programming through our 20 Pox [sp] Fund. That fund connects AIDS service organizations with cable systems to create locally focused programming.

We provide social services and financial aid to members of the cable industry, their families and active partners, who are on the AIDS Assistance programs, and we educate the industry to our HIV/AIDS In /The Workplace Seminars. We also provide grants for research, care and outreach efforts.

So what I'm here to talk to you today about is social marketing and the best way we do that is through our public service announcements, and I wanted to take you guys through the process that we do that

and how we do that. We start with research and development, which is who do we need to reach with HIV/AIDS prevention messages and how do we reach them and effectively reach them?

And then we go to the production, which again, is creating an effective marketing. Beyond that, is something that's very unique to the cable industry, is our way of distributing, and we distribute to total networks and systems to reach over 80 million cable television households. And then there's results. So, we start with research and development. We work with the Centers for Disease Control and Prevention to obtain the most up to date info on HIV/AIDS, and based on recent trends and HIV transmission rates we have recently produced PSAs targeting use in gay men, women, African-Americans and Latinos.

Yesterday, I know you guys got to see Ms. Universe 2001, Denise Cononez [sp]. I think you guys got to see the PSA we created with her. That's one way that we're working to try and reach young Latino women.

So, we work with seasoned, independent and cable network producers to create our aware-winning PSAs. One organization commonly we work with is this organization out of New York called "Frame By Frame Tears." They're animators. We ask them to go to young gay youth--young gay youth, yeah--gay youth and ask them, "How can we speak to you to get messages out that you would understand and react to?" And we created two animated PSAs that address the fears and mystery around the HIV/AIDS.

We worked with the ET, one of our cable industry partners to produce spots with Magic Johnson to reach young men of color. We, again, with Ms. Denise Cononez, we worked with her to create a PSA for young women that was aired on Telemundo and Univision. So, we're hitting our target markets by take--by choosing celebrity spokespeople that speak to those people.

I know that you guys have been seeing the PSAs as you've been walking into the different sessions and have heard that the Isaac (inaudible) has been something of a little bit of--people have been talking about it.

When we approached Isaac, we asked him if he would frankly speak to gay men about his--about sex, and he did that. He told us what you need to sleep with him and what it was, was "it wasn't a suit, it wasn't a great pair of shoes, but it was knowing your status and always using protection." And I think that is a very frank statement from someone that that community knows and will talk to and should listen to.

And one of the last things that we did this year was, we worked with super model--super model actress Veronica Webb, and we asked her to work with us to speak directly to young women of color.

So, once we have all those spots done, we've got to get them out to the cable networks and systems. We create a reel that goes out to public affairs, program managers at every major network and system across this country. We provide them with a variety of spots because they need to program those spots into their--into their programming. They need to reach their audiences with spots that their audience--that will not alienate their audience and that will--that their audience will react to.

So, we--we create celebrity folks in some spots. We create situational vignettes. We've created animated spots this year, and we provide them in Spanish language. We provide them in a national version, which will always include the national HIV/AIDS hotline, as well as the Web site (www.HIVtest.org) so people can get information. That's our goal. We want to get people to the information.

We also provide local casual spots, which are--it's a blank slate at the end of the PSA, so that a cable system can work with a local organization in their communities to get that AIDS service organization's services and programs to the people in that community.

So, to reach the more than 80 million cable television households across America, Cable Positive partners with more than 70 networks. That includes BET, includes Lifetime, MTV, USA Network, Telemundo, CNN, Bravo, the Food Network, A&E, Comedy Central and mostly every other cable network you can think of. Over 200 cable systems, including Time Warner, Adulcia, Comcast, AT&T Broadband, Cox Communications, Charter Communications, Insight Communications, and those service systems allow us to reach metropolitan areas.

Now, the networks reach national audiences, but what the systems do, is they provide us with local airtime, so that we're not only reaching someone nationally (the 80 million), but we're reaching 1.8 million cable subscribers in New York City through our relationship with Time Warner. And we make sure they make sure that those cable systems' relationships are--that we're working with them effectively to get them to get that information to their constituency.

So, it's like a one-two punch, and I have a spot that's airing during national time and then I have a spot airing during local time, and possibly that local time will have a local AIDS work organization. And some of the communities that we're working really effectively are New York, Los Angeles, Miami, Chicago, Atlanta, Detroit, Houston and New Orleans.

Okay. So, on National HIV Testing Day, one of our social marketing objectives is to, "How do we get the whole cable television industry together to do something?" So, we create this roadblock, which is at 8:00 or thereabouts, we ask every cable network and system to air an HIV/AIDS PSA. So that, if you're flipping through the channels on your cable television, you'll see Denise Cononez on A&E, on Lifetime, on Telemundo, or wherever it's appropriate that they want to use that PSA. And we've found that that effort is really effective and that the cable networks and systems really enjoy doing that ad and industry together.

Right now, I want to go the videotape where we have gone and spoken with some people about just how they feel about our PSAs. It's really like a focus group video. Here we go.

[VIDEO IS RUN.]

UNIDENTIFIED FEMALE: Ever since I was a little girl, I was like--oh my god, Ms. Universe, Ms. Universe, you know, but then --.

DENISE CONONEZ: AIDS, HIV.

UNIDENTIFIED FEMALE: I just didn't expect to see her condoning condom usage.

DENISE CONONEZ: We must all get tested. We must all use protection.

UNIDENTIFIED FEMALE: And it caught my attention right away.

DENISE CONONEZ: Together we are powerful.

UNIDENTIFIED FEMALE: Wow! I should really pay attention to this.

DENISE CONONEZ: It's not too late, but the time is now.

UNIDENTIFIED FEMALE: I should really think about condoms more in the future.

UNIDENTIFIED MALE: (inaudible)

UNIDENTIFIED FEMALE: (inaudible)

UNIDENTIFIED MALE: Take an HIV test? No, I don't need to take one of those. It doesn't affect me right now. This--this is what I'm worrying about.

UNIDENTIFIED MALE: These must be really good. They speak to all communities and they might make a difference to young people.

UNIDENTIFIED FEMALE: I can relate to them easily.

UNIDENTIFIED MALE: You don't need a good suit. You could be wearing the wrong tie. You don't need--you don't need the right shoes.

UNIDENTIFIED MALE: He's talking about, you know, it doesn't even matter that, you know, if you're good looking or rich or nothing, you know, he's out there. You just--he said that you--you're just supposed to get laid, but you just--you have to use a condom. You know, he said he didn't care.

UNIDENTIFIED MALE: You have to learn how.

UNIDENTIFIED MALE: You have to learn about AIDS.

UNIDENTIFIED MALE: You don't have to have an erection. You don't need to even like me, okay, to sleep with me. You just need to protect yourself and wear a condom.

UNIDENTIFIED FEMALE: We all need to be able to trust each other that we're doing the right thing here and you really need to think about it. It made me want to go get tested again and make my partner get tested, too.

UNIDENTIFIED FEMALE: Will my family still love me? What about my future? How long am I going to live?

UNIDENTIFIED FEMALE: Even though we know about AIDS, we know about safe sex, but we don't talk about it. It's still not cool to talk about it, and it's kind of just something that speaks the language that I understand.

UNIDENTIFIED FEMALE: The lady who respects herself, respects advice, gets the facts, gets tested.

UNIDENTIFIED FEMALE: I mean, there are--these are real. They're reminders. I need reminders like that. I don't need those corporate reminders.

UNIDENTIFIED FEMALE: It certainly doesn't hurt to remind people to get tested. I know it worked for me.

UNIDENTIFIED FEMALE: They're more creative. It's important. The message really sinks in that way.

UNIDENTIFIED FEMALE: It just expressed something that, you know, I hear, I think about, but it was great to see that put into words.

UNIDENTIFIED FEMALE: You know, we've been talking about it and he's added (inaudible) subject that hasn't gone away I don't think.

UNIDENTIFIED MALE: Hopefully, this will make a difference. Now maybe it will save some young people's lives.

[END OF VIDEO.]

MR. DIMA: Thanks. [Applause.] Thank you. That was a really important project for us to work on because we really wanted to see if people were reacting to the messages that we were putting out there. And what we did find was that people were reacting to the messages that we were putting out there and they were the--they were clearly understanding what we were trying to say.

If we can go back to the PowerPoint presentation now -- how do we track our results? How do we know who's airing what? How do we know if it's being aired? We set up a system where cable networks and the systems report back to us. They let us know when they're airing and how they're--when--what shows they're airing them in, what time they're airing them. And through that we're able to

estimate that more than 200 hours of time was donated for our National HIV Testing efforts and more than 250 were donated for World AIDS Day.

What does that mean? It means that the spots are getting aired and they're getting aired at different times during the day. What we are working towards now is to get them to air them more during prime time, to talk to our partners and say, "Thank you for airing maybe spots in a week's time, 30,000 times on network instances, but let's try and get them in better viewing spots and that's what we're working towards right now.

Some other results -- people are going to get information after seeing these. Our site, because we've had them with our logo at the end, people are coming to our site. And during that time, they're coming to see the HIV and AIDS info, and once we get them there, we send them back to the HIVtest.org so they can get more information in their area where they can get tested, or get some more detailed information about HIV and AIDS. We also know that through our partnership that the National AIDS Hotline received an increase of calls nationwide during the time that we are working consistently with our cable partners.

So, we feel it's working effectively. And just some kudos for Cable Positive, in 2001, the Academy of Television Arts and Sciences provided us with a TV Cares Ribbon of Hope Award for our PSAs with special recognition for our Spanish Language PSAs. And one of our cable industry organizations, the Cable Television Public Affairs Association, provided us with the Joel Berger Award, which is specifically for AIDS awareness in multiple communities, for our PSA campaign with Academy award winner, Billy Bob Thornton.

I want to thank you guys for listening. I want to thank Ann Parker inviting Cable Positive to be here. I think it's really important that we are here. This is our first time at the conference. I mean our PSAs have been here, but this is different--you know, I've been here and I feel like it's a really great venue for people to exchange ideas in fighting HIV. So, thank you very much.

MR. SILVERMAN: Thank you. Our final speaker is Sandra Mullin, who's the Associate Commissioner for Public Affairs at the New York City Health and Mental Health Department. Along with responsibility for media relations, Ms. Mullin oversees the health media and marketing units, intergovernmental affairs, and community relations. She managed a considerable media crush associated with the recent anthrax events in New York City and the West Nile virus outbreaks in '99 and 2000.

She is also overseeing the development of numerous multi-media campaigns of infectious and chronic disease control and prevention, environmental health promotions, and campaigns on mental illness.

Ms. Mullin has worked for the City of New York since 1995, and prior to coming to the city government she worked as an educator and community organizer. She teaches Community Organizing at City College and she received her MSW from Hunter College and is a resident of Brooklyn, New York. Welcome to the Bay area.

MS. SANDRA MULLIN: Good afternoon. I knew the Brooklyn thing would be the most--the best thing on that little CV. Brooklyn in the house? Yeah, okay.

Okay, before I start, I thought I'd sort of jolt us a little bit out of our perhaps our lunch languor and put you guys--give you guys a little quiz. Whoever wins this quiz, actually gets a t-shirt, and this is the question. What was the name--and it's actually a question from the Decision comic book series, which I'm going to talk about today--the first person to identify the name of Luisito's lover? Who--who said that? Who said Esteban? You won! Sorry. It was Esteban. Correct.

Okay, you either saw it in the hallway, because actually there's a few handouts on your chairs that were sent around earlier. So, I hope you have a chance to look at those. The first gay character in the Decision new series as you probably all know.

Okay, so my piece of this is to talk about a little bit of history I guess, because Decision has been running in New York City's subways since 1989, and I don't have a glossy video to show you today, but I hope you will bear with my remarks as I go along and I'll sort of take you through the comic strip very quickly and then talk about where we plan to go from here. But--do we have a lot of New Yorkers in this--in this room--people familiar with Decision? Okay, great. So, some of you I won't have to familiarize with it.

But let me just--just a few comments about where the epidemic was around the time when the Decision comic strip started. As many of us in this room know, the death from newly diagnosed cases of AIDS rose every year in the 1980s and, of course, the demographics shifted quite remarkably during that period alluding to a very high proportion of AIDS among Blacks and Hispanics by the end of that decade.

Here are some of the numbers that you all know very well. Of course, from a public education standpoint, we all knew that we had to do more than we were currently doing and we had to figure out better ways and we could have--and here we are in the year 2002 in very much the same place. But we have to do more to tailor HIV prevention messages and campaign specific groups and to involve communities in the message of out--on the creative process, part of which of course, is the hallmark of social marketing.

The Decision series was actually developed, and I was not there at the campaign's inception, but it was developed in collaboration with an advertising company and a number of people within the Health Department and a number of community organizations.

I think there were eight or nine community organizations who sat at the table very early on to help us think about what we wanted to say, how we wanted to say it, and what our--even what our creative goal should be with the campaign. Of course, some of the issues that were identified, and as you know, this campaign was mainly directed at the Hispanic community and that was really the impetus of developing this campaign.

But, as the campaign went on over the years, I think many people felt it was also embraced by other groups even though the intention really was to try to reach the Latino community. Of course, the campaign had to be bilingual. We had quality control in place in that whenever we developed a strip we wanted it to be seen by the same individuals so that the accuracy and cultural appropriateness of the quality of the campaign was maintained at a high level.

Without further adieu, I actually put some of these strips up, but you don't have to squint and read what's on the screen, but this is the first strip, which introduces us all to the characters of William Marisol [((((((((([sp])]])))]), and during which there is a discussion where Marisol asks Julio to wear a condom and he's opposed to it for cultural reasons for the stigma that was associated with wearing a condom when you're in an intimate partner relationship. And her famous last words are, "I love you, but not enough to die for you."

Very simply, this strip was intended to recognize the resistance out there to condom use and the message was to empower women to require safer sex from their partners if their partners didn't do so on their own initiative.

The next episode has, of course, Julio wondering about what just happened and going out and, of course, he talks to his guy friends, which is what the cool guys have to do when they are dissed by their partners and essentially learns that--that Anita, a cousin of one of his friends is actually dead from AIDS and her boyfriend is infected, and so Julio enters the world of AIDS.

Again, we take from this strip those key ideas and the message that in a sense condom use requires some promotion of the social acceptability, and remember, we're in 1991 or so--in 1992, ten years ago, but in some ways light years away from where we are now.

This is when Julio, actually--excuse me, Marisol visits Raul in the hospital and he is at death's door and talks to him about Julio's resistance to condoms and Julio is not in the scene, but you'll see later also gets the benefits of Raul's guidance. In this episode, the message that we wanted--that we intended is that even if someone is unaware of their HIV status that condom usage is mandatory, that precaution should always be taken.

This is a scene where Julio meets his brother, Luisito, a younger brother, who's just hanging out with his friends and who reveals to--Julio, of course, is now concerned about AIDS and advises his brother to be careful. And then, of course, the wisdom of the young, his brother says, "Oh, don't worry about it. We're--I--we wear condoms all the time. We think they're important. We want to go party and have fun."

So, there is a--some promotion of the social acceptability of condom use coming from a younger peer group, but obviously a way of getting that message out to subway riders and at the same time informs them about Raul's illness.

Again, these are just to pull out what the messages are in that strip. We very much wanted to complement some of the AIDS education efforts in schools that were quite vibrant at the time, and obviously the condom use message gets reiterated throughout the Bush [?]]]]]] campaign. Julio and Marisol actually come together in--at Raul's deathbed and Julio, of course had this epiphany, which his brother helped him to learn about the importance of condom use.

And so they're in the hotel, excuse me, they're in the (I've been traveling too much)--they're in the hospital room and they--they have a meeting of the minds. And then in walks a past lover from Julio's life whose name is Rosa and Rosa says (inaudible) to Raul, she mentions to him that she's HIV positive. And then the issue emerges of Valise [sp] who let Julio know, and this is how we introduced the part on notification issue difficulty into the comic strip.

And then, Larisa's still in the hospital and at this point there's a--there's clear intrigue as Julio and Rosa see each other again and clearly Marisol is a little concerned about who this individual and she has not yet mentioned her HIV status, but spends some more time with Raul and getting strength from him and being told by him that he--that she might get help--might get counseling to be able to do the part on notification with this--you know, be able to tell Julio about her status.

This scene actually has almost no social message and then I kept looking at it and looking at it and I just decided that this is one of those "let's just move the plot along" kinds of scenes. Either that or there was a new administration on board and they didn't know what to make of it and it just didn't--a good message didn't get approved. I have no idea, but anyway, it's kind of fun and people who like soap operas can appreciate the like "he lied to me" kind of scene. So, that's that.

And so just to give you a snapshot of the epidemic in the mid-1990's, 1993 is the peak year of the epidemic in New York City where 12,000 in 25 of newly reported cases, over 14,000 New Yorkers

died of AIDS in those two years. And at that point it is the third leading cause of death for all ages in New York City after heart disease and cancer.

We return to the comic strip in 1995--I should, by the way, mention for historical sticklers that some of the years in between 1994 are estimates of when the strip came out. It could--it may be that one of them came--two of them came out in the same year, but we actually don't have the historical memory at the Health Department nor the records to show exactly when some of the strips came out, so these are pretty close estimates.

So, here we see Julio and Rosa coming back together--and by the way, a 23-year-old working on my staff and who helped me to sort of put this--the comic strip onto my PowerPoint presentation, remarked to me just before I was leaving for my train said, "You know, Julio and Marisol are no closer to getting laid at the end of this strip than they were in the very beginning of the strip. What's up with that?" As only a 23-year-old could observe, but a--but you know, he has a point there and we're actually--and I'm sort of getting to the end of--getting to my wrap up prematurely. But we're going to be doing some very serious thinking about the new directions of the campaign and I'm committed to seeing Julio and Marisol get it on just before this is over.

Anyway, so Julio and Marisol come back together and--and they, you know, obviously realize that their love is greater than anything else going on. And Marisol, the very strong woman that she is, actually wants to talk to Rosa and simultaneously Rosa is getting counseling so that she can be strengthened in her decision to talk to Julio about her status.

In any event, they come together. Rosa tells all. Marisol is a wonderfully sympathetic listener. You know how women are when they are--when they come together because their boyfriend, you know, slept with the other woman beforehand and they're very understanding. Anyway, don't you love soap operas, the way that you can just do this kind of stuff? And notice by the way that Rosa has curly hair, kind of that wild curly hair and Marisol's hair is straight. It's interesting.

Okay. So, they do this encounter and then, of course, everyone now has to wonder about what Julio's status is and he most of all, and this is how we introduce the concept of the need, of course, for testing. In 199--oops--right. In 1996, there were--oops, sorry--9,015 newly diagnosed cases. We begin to see a bit of a downturn in terms AIDS case reports, of course, we know that doesn't necessarily tell us where we're going with this epidemic, and 7,352 newly diagnosed cases among Blacks and Hispanics with 57,836 deaths to date. But at different moments, and those of you who have worked in municipal health departments or any other under-funded, overworked work environment know that sometimes you're so busy doing and getting things done and doing so much with so little that you don't always stop and pause and say, "Where are we? Where are things at this point? Let's bring people back together and make decisions," very data driven at the genealogically driven decisions about where this--where this whole thing needs to go.

So, we really tried to do that throughout this comic series because we really felt that we had something very important going midway through it, but it's always a struggle to actually take that moment to make sure that we're doing what we're supposed to be doing and using all the right social marketing principles and making sure that we do do the outreach along with the advertising. But clearly, the treatment availability was a message that we wanted to introduce into the comic strip at this point.

There's a--there's a break in the production of this strip. It's in 1995 and 1997, and you know, it's become sort of folklore as to why that actually happened. One reason (just check my watch here)--one reason said is that because the subway system in New York started selling only--advertising only to

corporations and others that could afford to place 80--something like brand cars and could spend a lot more money than we were able to spend in subway advertising, there was a time there where we literally couldn't afford it--literally couldn't compete with some of the companies that were buying up all the advertising space, and then that sort of got sorted out as time went on. But there may have been some other decisions, political decisions, that I can say I wasn't around for at the time.

So just to--we do a recap in 1997, because we figure that people will have forgotten what actually happened and we want to sort of bring them up to speed. And then in our first inflation [sp] in the series once it's revised, we actually have this, I think, very memorable scene which is the scene of Raul's funeral where everybody is sort of sitting around reflecting in their own lives and their own risks for AIDS.

And Julio still hasn't been tested, but it's been three or four years since he knows--he was concerned. But, so here Julio leaves the funeral home and then really goes over his risk factors of unprotected sex, IV drug use, and notice we also give ourselves a little sort of a picture within a picture. We actually show him looking up at our "Talk To Us" campaign that Chief Haring [sp] did for us many years ago encouraging kids to get tested.

And then once he decides and does get tested, he goes to see his gregarious brother, Luisito, and tells Luisito that he's very worried because he got tested and he's waiting for the results and how is he going to tell Marisol about what happened.

And during this conversation Luisito confesses that he, too, has had unprotected sex at times and this is when the revelation occurs after Julio asks him and says, "I didn't know you had a girlfriend." He says, "Well, actually, his name is Esteban." Of course, the message that we were trying to get across in this strip was that--that the importance of testing is for everybody who's at risk, not just people who are raver drug users, homosexuals, etc.

This is the counseling, the very--you know, despite what might actually happen in counseling sometimes, we have the most warm and wonderful fuzzy counselors throughout our comic strip and they usually tell--if they tell good news, it's terrific and if they tell bad news, it's with you know, with as much support as you can ever hope to have with any counselor, like everybody here who does counseling I'm sure.

So, the counselor tells him he's, fortunately for him, HIV negative and he reiterates the message that we began in our previous--in the previous strip about because one is gay doesn't mean that one is necessarily going to become HIV positive, or is more at risk if practicing safer sex and so forth. And he reiterates that message and then Julio and Marisol have a little love fest, but it's over the phone as you can tell. They profess their love to each other. And at the end of that strip, Marisol mentions to Julio that while she's very happy about his news, she's now concerned about her sister Delores, who's back on drugs.

And through that storyline we're actually sort of entering the--the sort of total avidity [sp] of the issue of substance abuse among people with HIV. And just a little historical footnote, at this point in the Health Department's history, we actually have--we're merging with the Department of Mental Health, Mental Retardation and Alcoholism and Substance Abuse Services, and to some extent that coming together of municipal agencies has started to influence some of the--some of the thinking in this campaign.

And we see here that Marisol again is giving great advice to her sister and telling her that--that treatment--that she can get drug treatment and that there's also treatment for HIV. So, I think there's also the--the beginning--excuse me--Delores mentions at the end that she's also pregnant. So, there are all kinds of problems going on in her life at this point.

It is quite a saga, yes, someone said. People in New York look forward to the next episode so much, I mean we get so much fan mail just saying, "When is the next episode coming out?" And we, of course, always have to just hope that people are really wanting this because they understand that there's a social benefit to it and that it's not just--not just because of the saga.

So the issue of perinatal transmission is raised. Julio and Marisol, they kiss. There's a--there's a--they talk to each other about how much they've learned and now Marisol's disposition is supporting her sister Delores through some testing and through her own part of notification issues. So she's pregnant. She's HIV positive. She has a substance abuse issue and her biggest concern at the end of this strip is, "How do I tell my boyfriend?"

Okay, I'll move quickly here. And in Decision 15, which is the pen ultimate strip, so we're almost at the end, Delores is given a prescription to protect the health of herself and her child. We probably missed the opportunity earlier on to make this message more strongly in this strip as our pediatrician at the Health Department tells me all the time, "You should have made this statement in 1998." Which is right, we--we're somewhat late in making this the thrust of our strip and we certainly learn by our mistakes. But again, the importance of getting help to be part of notification is raised and the issue of drug treatment remains another scene in that strip.

But we're at episode 16 and this is the most recent episode. [I'm sorry.] Delores is apparently going to be--she's being--she's being persuaded by Marisol that she should take drugs for her baby and agrees to finally do it. And they are at the end getting their prescription from the doctor, but then of course, Rosa [Marisol] gets a phone call and the phone call is from a friend who tells her that Julio is seeing Rosa again and they're more than just friends.

And that's the cliffhanger we've left New Yorkers with, so it's kind of lowdown of us I know, but so we'll see what happens. And as you know, Rosa is HIV positive, so that's going to actually bring out the issue of a heterosexual, if you will, a couple with HIV positive/HIV negative status. So, stay tuned for that.

So, of course today, the epidemic continues to disproportionately affect communities of color, some resurgence in MSM of color. There's a dramatic increase in syphilis among MSM and, of course, women are increasingly at risk. These are some of the statistics from 2000--more of those statistics. Sixteen percent of the nation's AIDS testing is actually HIV.

This is a quote that I heard my new Commissioner use recently, which I appreciated very much. I'll just read it. "As preventive measures in the health area are more successful, the public is left inclined to support the programs, which ensure the success that they--the dilemma that we always find ourselves in, in public health as we go from victory to recognizing, if little victories sometimes erode all the funding that we need to continue to maintain victories and I know that that's a constant battle that we all wage in our work."

Ours is also a well-awarded campaign. It's in the permanent collection of the Smithsonian and we intend to keep going with this campaign as long as we--as long as we need to. Thank you.

END

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