"America Responds To AIDS": Its Content, Development Process, and Outcome

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Synopsis

The "America Responds to AIDS" (ARTA) public information-prevention campaign from July 1987 through February 1991 is described.

During the 1987–90 period, five phases of new AIDS information materials were released to the general public in the ARTA campaign, including a national mailer. The five were "General Awareness: Humanizing AIDS" in October 1987, "Understanding AIDS," the national mailout, April 1988, "Women at Risk/Multiple Partner, Sexually Active Adults," October 1988, "Parents and Youth," May 1989, and "Preventing HIV Infection and AIDS: Taking The Next Steps," July 1990.

From planning to implementation to evaluation, ARTA is based on well-established theory and practice. Initially, the campaign was a response to an immediate crisis. It has evolved into the deliberate and systematic development of objectives to combat a chronic problem.

ARTA represents one of the most comprehensive formative research processes in the history of public service campaigns. The dynamic process of carefully developing each new phase to include such important entities as State and local health agencies and community-based organizations is at least as important as the quality of the end materials. The objectives of each new phase are based on the needs of the public and of specific audiences. Maximum input from all relevant constituencies is obtained to ensure that they support the campaign's objectives and implementation strategy.

PUBLIC INFORMATION CAMPAIGNS using the nationwide reach of the mass media have proven to be indispensable in addressing widespread public health problems. The broadcast and print media can influence people and their behaviors indirectly, as opposed to more direct interventions such as one-on-one counseling. The effect of the media is cumulative—that is, repeated exposures to messages can bring about results (*1*).

A number of national campaigns using mass media have been launched over the years. In 1987, for example, the Henry J. Kaiser Family Foundation launched Project LEAN to reduce dietary fat consumption by the U.S. population. This national program was designed so that it could be tailored for local use. Target audiences were identified through quantitative and qualitative studies, and the campaign message was presented in multiple, complementary ways, through the media and at points of product purchase such as supermarkets. Public service advertising, publicity, and a coalition of "partners" who were well-known food industry representatives were used to create, at the local level, a social norm or a social environment receptive to the desired dietary change. Evaluation mechanisms were built into the program to monitor trends and media activities as well as the impact of project efforts (*2*).

Successful comprehensive public information campaigns using mass media have certain common components. In many ways, the Kaiser program's methodology could be adapted to a growing number of public health campaigns, including "America Responds to AIDS" (ARTA).

Three common components are (*a*) research and evaluation, (*b*) stimulus, and (*c*) response measurement. Each component is characterized by certain activities.

Research and evaluation includes

- identifying the issues to be addressed by the campaign;

• defining and segmenting the audience by its psychological, demographic, and other relevant characteristics;
• understanding the audience and pretesting the communication materials;
• evaluating the campaign's progress (*3*).

Stimulus includes

• creation, production, and release of communication materials,
• development and implementation of a media plan to guarantee that the target audience receives the messages, and
• creation and use of a partnership to ensure widespread distribution and use of the materials and messages.

Response measurement includes

• followup mechanisms such as hotlines and clearinghouses to provide the general audience and specific target audiences with information and referral, as appropriate.

What distinguishes the ARTA campaign from other health-related campaigns is the sensitive and controversial nature of the issue it addresses and how this impacts development and implementation of the campaign.

Theory

ARTA is both a public information and a social marketing campaign. According to Devine and Hirt, information campaigns are "organized attempts to influence another's beliefs about attitudes toward and/or behaviors with respect to some object (for example, product, issue, person, etc.) through the use of mass media or other communications channels" (*4*). Because ARTA applies marketing theory to a public health or social cause, such as the prevention of HIV infection, it meets the definition of a "social marketing" campaign as well.

The ultimate goal of most health information campaigns is to influence behavior. Aspects of various theories of behavior have been incorporated in the development of the ARTA campaign. One of the most extensively used theories is Fishbein's Theory of Reasoned Action, which assumes that behavioral change follows alterations in a person's attitudes toward that behavior and alteration of the person's perception of the social norms regarding the behavior (*5*).

For example, using Fishbein's theory to encourage counseling and testing for HIV, one would try to promote the positive outcomes of counseling and testing (that is, peace of mind and opportunity for early medical intervention) and change the perception of the social norm by suggesting that many members of the target audience are being counseled and tested.

Extensive research on the target audience is conducted before messages or interventions are developed to determine the existing attitudes and social norms concerning the behavior to be changed. This research should (*a*) identify the beliefs that differentiate members of the target audience who do and do not perform the desired behavior and (*b*) determine if the target population has the capacity to perform the desired behavior. Both qualitative and quantitative data can be collected through focus groups and questionnaires. The desired behavior change is specified in terms of observable actions that are within the control of the individual members of the target audience. Once the attitudes and beliefs that determine the performance or nonperformance of the desired behavior are determined, then messages to impact those specific attitudes and social norms can be created and disseminated. The data collection instrument (questionnaire) can later be used to evaluate the effectiveness of the message or intervention (*5*).

The Five Phases of ARTA

ARTA has had five phases, or releases of a specific body of material, up to the most recent one in July 1990. The first phase was in October 1987. All phases are designed to build on previous phases and are to be used at the national, State, and local levels. This is a description of the five phases, their individual objectives, messages, target audiences, materials, and achievements.

The public service announcements (PSAs) for television, radio, magazines, newspapers, and displays include the campaign logotype and the telephone number of the Centers for Disease Control's National AIDS Hotline, but the announcements may be localized by States, communities, or organizations. Free print materials, such as brochures, are also produced for distribution to the public through CDC's National AIDS Hotline, National AIDS Clearinghouse, and intermediaries.

The campaign has produced a library of materials to educate the public about HIV and AIDS, with each new phase adding materials or "books"

to the library. Products include television, radio, and print public service advertisements; newspaper articles; television news interviews via satellite; press releases and advisories; video and audio news releases; displays for retail points of purchase; posters; educational brochures; and ads for mass transit vehicles.

The ARTA campaign makes a wide array of materials from its library available to the media, ARTA users and partners, and the public. After initial distribution of a phase is accomplished, ARTA makes audiovisual materials available in both broadcast quality for the media and presentation quality for other uses. Print materials are made available upon request. Additionally, copy that is camera-ready for printing is available to accommodate bulk orders if the requester has reproduction capabilities. Although some materials have been removed from the active library when they became outdated because of scientific or medical advances, the following materials continue to be available:

- 83 TV PSAs (including 22 in Spanish)
- 68 radio PSAs (including 22 in Spanish)
- 53 print PSAs (including 10 in Spanish)
- 62 posters (including 14 in Spanish)
- 19 brochures (including 6 in Spanish, and the national household mailer "Understanding AIDS" in Portuguese, Haitian-Creole, Chinese, Vietnamese, Cambodian, and Braille)
- three point-of-purchase displays (including one in Spanish) for checkout counters in high traffic areas of drug stores and supermarkets
- phase-specific and general catalogs

Additionally, two brochures have been recorded on audio cassettes for the visually impaired.

The five phases are addressed to a variety of audiences

1. "General Awareness: Humanizing AIDS," 1987. This original general audience phase employed information designed to heighten public awareness of and sensitivity to AIDS and to reduce fear of transmission through casual contact.

2. "Understanding AIDS," the national mailout, 1988. This brochure about AIDS was mailed to every U.S. household. Building on the awareness generated by phase one, this phase focused on creating a deeper understanding of transmission issues.

3. "Women at Risk/Multiple Partner Sexually Active Adults," 1988. Postponed because of the national mailer, the Women at Risk Campaign was combined with the Multiple Partner, Sexually Active Adults Campaign and launched later in the same year. These at-risk audiences were targeted with specific messages about risk behaviors.

4. "Parents and Youth," 1989. The centerpiece of this phase was the "AIDS Prevention Guide," designed to help parents and concerned adults initiate effective discussions about HIV infection and AIDS with their children. Age-specific handout information for teenagers and children was included in the guide to reinforce adult-to-child discussions.

5. "Preventing HIV Infection and AIDS: Taking the Next Steps," 1990. This phase built on the previous phases. Recognizing that by 1990 most Americans understood the basic facts about AIDS, including both true and false modes of transmission (*6*), CDC moved to deepen that understanding and to tie the pieces of information together in order to create functional literacy about HIV infection and AIDS. Phase 5 contained specific messages to encourage those who might have engaged in risky behaviors to seek counseling, testing and, if necessary, treatment and new general messages to create an environment of understanding and support for people with HIV.

The Process

The process by which every release of new materials is developed has proven to be at least as significant to its ultimate success as the materials that are produced. The process is, of necessity, interactive and flexible throughout to accommodate maximum input from all relevant sources of information and interest, and it is crucial to facilitating the long-term commitment of the participants to the campaign goals.

ARTA is predicated on the idea of producing and disseminating every year material developed around a specific, timely theme. Coordinated with other national and community-based activities, the campaign encourages and reinforces social norms supportive of healthful behaviors among specifically targeted audiences.

Before launching a new phase, the following steps are taken to assure that the direction of the campaign is on target, that appropriate messages are developed, and that effective communication materials are produced and distributed (*3*):

1. Comprehensive formative research is conducted, including the collection and review of

quantitative and qualitative data to pinpoint current problems or issues and to define and understand the characteristics and knowledge level of the target audience(s).

2. The advertising concept is developed and tested to determine appropriate and effective messages.

3. Rough storyboards, scripts, and print prototypes are developed and tested.

4. Materials are produced.

5. Initial distribution and media launch are carried out.

Throughout this process there are checks and balances to preserve its integrity. A wide spectrum of program leaders and members of the HIV prevention and AIDS service communities participate to ensure their optimum input into and support for the particular phase under development. Approval of the concept of each proposed piece of communication must be obtained from the offices of public affairs at three levels—Centers for Disease Control (CDC), the Public Health Service (PHS), and the Department of Health and Human Services (HHS). Before the materials are disseminated through intermediaries (the media, CDC's National AIDS Hotline, CDC's National AIDS Clearinghouse, and relevant partners) to the public, the rough preliminary version of the materials and the final version are reviewed at the same three levels.

Formative research. With the exception of the first and second phases of ARTA, formative research has been conducted for each phase. The objectives, target audiences, themes, and message elements are determined by an intense data gathering and review process. A combination of qualitative and quantitative research and evaluation about HIV knowledge, attitudes, beliefs, and intended behaviors, together with current surveillance and epidemiologic and medical science data, are translated into initial creative messages. These messages are then tested and retested at various stages on the intended target group(s), modified based on the testing results, and then reviewed by various governmental and nongovernmental, national, regional, and local opinion leaders. This dynamic process shapes the final messages and thus evolves a majority consensus on the final products so that they can be interpreted as reflecting policy.

Formative research usually begins with a session that is attended by both government and nongovernment, national, regional, and local opinion leaders in the HIV and AIDS prevention and service fields. This session is a forum for determining how the current ARTA phase is being received by organizations and individuals throughout the country, for "brainstorming" on future information needs of the general public and special audiences, for discussing relevant and timely issues and concerns, and for developing and nurturing vital partnerships between the program and organizations directly involved in combatting the epidemic.

At the same time, CDC staff members conduct a review of relevant literature and data on HIV infection, AIDS, and public knowledge about the issues. The review includes CDC's seroprevalence and surveillance data; results from the National Center for Health Statistics' National Health Interview Survey, AIDS supplements; State-collected data on current knowledge, attitudes, beliefs, and behaviors; and the results of national interview surveys such as those conducted by Roper or Gallup. The results of this step lead to recommendations for the initial program objectives for each new phase.

This process helps the program focus on a general direction and broad preliminary program objectives. The process is then expanded to meetings with experts inside and outside the Federal Government to narrow and fine-tune the objectives. In both development and implementation stages of each phase, the CDC creative team includes representatives or "partners" from the following groups:

- State and local health departments
- national and regional organizations, especially those with minority constituencies
- religious institutions and organizations
- racial and ethnic minorities
- business and labor
- community-based organizations, both federally funded for HIV prevention activities and others
- media
- persons living with HIV and AIDS
- intended audience(s)

Over the life of the campaign thus far, 742 organizations have been active participants in the planning, development, and implementation of ARTA. This collaboration is very important for several reasons. By involving these partners early, materials and communication strategies are developed that consider and address common needs. Also, valuable information collected from the partners is shared with CDC and PHS officials who set

Table 1. Estimated number and dollar value of aired ARTA PSAs, October 1987–January 1991

Medium	Number	Dollar value
Network TV:		
ABC	824	$24,925,448
CBS	2,379	13,791,391
NBC	214	8,865,362
Totals	3,417	47,582,201
Major markets	15,787	6,150,613
Local markets	37,032	5,431,794
Totals	52,819	11,582,407
Cable network	404	215,843
Total TV	56,640	59,380,451
Network radio	2,473	8,479,120
Grand totals	59,113	67,859,571

Table 2. Willingness to be in contact with a person who has AIDS, by percentages, July 1990 and July 1987[1]

Type of contact	July 1990		July 1987	
	Yes	No	Yes	No
Shake hands	72	18	50	36
Work alongside	62	24	38	44
Send child to school with child who has AIDS	59	24	38	44
Help take care of AIDS patient	41	38	24	52
Kiss on the cheek	36	49	17	71
Eat in restaurant with worker who has AIDS	32	55	14	74

[1] Reference 7.

policy or make decisions about difficult public health issues.

Throughout the process, it is made clear to the participants that not every agenda can be represented equally in a particular phase. Because of their early involvement, however, partners can appreciate the complexities of the development process and better understand the outcome. The participants have an opportunity to (*a*) express their concerns in an open forum of their peers and CDC officials, (*b*) influence decisions about campaign directions that will affect their programs, (*c*) learn from each other, and (*d*) develop a sense of ownership of the issue and "buy in" to the need to communicate the messages through their own outreach efforts.

Concept development. The results of the formative review process are used by the ARTA program and advertising agency staffs (the creative team) to develop initial concepts. In the concept development step, specific ideas that need to be communicated through relevant messages are encapsulated into broad statements. For example, a "concept" for the parents and youth phase of the campaign was "It is important for parents to talk to their children about HIV and AIDS." Through deliberation with CDC staff members, the concepts and objectives are narrowed and refined. Once this is accomplished, comments are solicited from many of the same contacts used in the information review step, especially cross-cultural consultants, persons living with HIV and AIDS, and representatives of the target audience(s).

With relevant comments incorporated, final concepts are presented to HIV prevention program leaders at CDC, who reach a consensus on the planned direction for the new phase. These concepts are then sent through the different public affairs channels to the Office of the HHS Assistant Secretary for Public Affairs for clearance.

Draft materials development. With the concepts in hand, CDC staff members work closely with the advertising contractor to develop materials such as print prototypes, radio scripts, and TV storyboards. Throughout this process, those who were involved in concept development, as well as media representatives, are given an opportunity to review and comment on the draft materials. Wherever practical, quantitative methodologies, such as attitudinal and cognitive response testing, are used to test the messages for their effects on the target audience(s), often producing important and unexpected findings. As an example, one proposed PSA showed an HIV-positive father holding a baby and explaining that he was hopeful that, with early treatment, he would live to see her go to school. Instead of getting the intended "hope with treatment" message, the audience raised questions of transmission through casual contact and even displayed hostility toward the "irresponsible" father.

In this step, communication techniques and language are refined. For example, the term "risk groups" was shown to reinforce discriminatory attitudes against certain groups, while promoting a false sense of security in people who do not think of themselves as belonging to one of the "groups." Consequently, the term "risk behaviors" is now used. By the same token, such terms as "bodily fluids," created out of concern for the controversial nature of the topics being discussed, neither communicated clearly nor satisfied the public's desire for unequivocal, factual language. Such terminology may have promoted unwarranted concern about transmission through sweat, tears, or

saliva. "Blood, semen, and vaginal secretions" proved to be both acceptable and more understandable.

On the other hand, attention must be paid to the level of explicitness that governmental and media decision makers will allow for public broadcast. These people are rightfully concerned about offending public sensitivities. Conversely, many AIDS activists call for more direct messages. A mass media campaign dealing with a controversial topic must continually deal with this tension between what is approvable (for release) and what is effective. Over time, levels of public acceptability do change. Campaign developers must constantly seek creative ways to meet both public and government standards in order to communicate effectively.

Production. With approval and previews of the final draft materials completed, production begins. Although CDC staff members work closely with the contractor, the contractor must use creative advertising skills to produce the high quality materials expected by the national media.

A Federal media campaign benefits greatly if its materials can be "localized," that is, national references on PSAs can be changed to local references. Although this requires additional work and expense, it has several benefits. First, the States are more likely to use materials they can personalize in that way. Second, localization saves the States money. Since the States can use the localized materials as their own, they can divert the funds that would have been used for producing expensive media materials toward other intervention programs. Third, localized materials get more local air time. Public service directors of local television and radio stations prefer to broadcast PSAs that have a local tie-in. Lastly, localization ensures widest circulation of a consistent message.

Initial distribution. Initial distribution is an important element of this education effort since, to be successful, the public and ARTA partners must be aware of and have access to materials and information. Two key components of the distribution strategy are vital to the success of the effort: (*a*) the initial distribution of materials prior to the official release date and (*b*) media events on the chosen release date.

Before they are released to the public, campaign materials are sent directly to the media (primarily public service directors), partners who have participated in the development process, and organizations or groups associated with the target audiences for that phase. In addition to direct distribution of campaign materials, a series of activities are orchestrated for a news "launch" to highlight the campaign themes, encourage use of PSA materials by the media, and to communicate the messages of the campaign through national press coverage (*6*).

Marketing. The first step in marketing any mass media campaign is selling campaign goals and methods to management officials. The ARTA campaign needs the support of CDC, PHS, and HHS officials, and they are kept apprised of the program and communication objectives of each new campaign phase.

The next step is marketing campaign materials to media decision makers and the targeted audiences. While other organizations may assist in the marketing of the media campaign, the campaign staff members must take the initiative in marketing the materials. Some State health departments lack the staff, money, or expertise to market a media campaign successfully. For ARTA, this was revealed by phase 3, "Women at Risk/Multiple Partner Sexually Active Adults," which was marketed to the media and community organizations *through* the States with limited success. Consequently, phase 4, "Parents and Youth," was marketed *to* the States and directly to the media and national organizations. The result was the most comprehensive implementation up to that date.

Outcome. A total of $7.36 million was expended for development, production, distribution, and marketing of the communication materials for the first five phases of ARTA.

Activity	*Cost (millions)*	*Percent of total*
Production	$3.46	47
Marketing/distribution	2.06	28
Development	1.84	25
Total	$7.36	100

From October 1987 through January 1991, the media aired ARTA PSAs a minimum of 59,113 times at a commercial value of $67.8 million (table 1). Gross audience impressions have been calculated for the period October 1987 through July 1990, when phase 5 was launched, using a Neilsen rating formula based on the numbers of adults between the ages of 18 and 54 viewing at the times the PSAs aired. Based on this industry formula, approximately 7.4 billion gross audience impres-

Table 3. Percentages of self-reported behavior change by sample population and country, ages 16–50, 1983–88[1]

Behavior change	France (N = 2,288)	United Kingdom (N = 1,833)	U.S.A (N = 1,947)
Abstinence	2.7	6.0	6.8
Fewer partners	36.4	45.7	47.9
Used condoms	19.6	25.2	23.0
Abandoned needles	16.0	11.6	24.0
Avoided prostitutes	27.2	36.1	50.8

[1] Reference 8.

Table 4. Percentages of persons, ages 16–50, reporting exposure to AIDS messages in the mass media by sample population and country, 1983–88[1]

Medium	France (N = 2,288)	United Kingdom (N = 1,833)	U.S.A. (N = 1,957)
TV programs	52.5	44.2	64.2
TV ads	62.2	59.0	73.1
Radio programs	28.4	19.3	31.2
Radio ads	23.2	19.2	41.0
Newspaper, magazine stories	61.0	57.6	69.1
Newspaper, magazine ads	40.6	52.5	53.4
Billboards, posters	43.7	52.3	36.4

[1] Reference 8.

sions were made. In other words, every adult in the United States between the ages of 18 and 54 had the opportunity to view an ARTA PSA a *minimum* of 56 times over these 33 months at a cost of 0.9 cents per impression. Forty-seven percent of these airings occurred during daytime hours and 9 percent during prime time.

Conclusion

In addition to the fact that a greater percentage of Americans could identify true and false modes of HIV infection in 1989 than in 1987, according to an unpublished paper by Gentry and colleagues, more Americans were willing to be in contact with HIV-infected persons in 1990 than they were in 1987 (*7* and table 2). Americans compare favorably to persons in France and the United Kingdom (U.K.) regarding self-reported behavior change related to HIV (*8* and table 3). Americans also report greater exposure to AIDS messages in the mass media than persons in France or the U.K. (*8* and table 4). These data suggest that the United States is steadily progressing toward the goal of ensuring that every American is appropriately informed about HIV infection and AIDS. ARTA has played an important part in that progress by (*a*) working in tandem with national, State, and local agencies, (*b*) setting a forceful public health agenda through the media, (*c*) disseminating accurate and timely information via multiple communication channels and vehicles, and (*d*) leading in HIV prevention and AIDS education efforts.

By serving as a flexible, process-oriented laboratory, the program will refine its skills for developing materials, work with its many partners and the media, and communicate to the public. Improved methodologies and techniques can be shared with other public health programs that are working through mass media to reach and motivate their audiences.

ARTA will continue to perfect its model of mass communication for public health by adapting to the changing needs created by the epidemic and applying lessons learned from each new phase of the campaign.

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