

Review of Canadian HIV/AIDS Campaigns Carried Out Between 2000 and 2002

Final Report

For Distribution to

Governmental and Non-Governmental Organizations

Prepared for:

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Executive Summary

The HIV/AIDS Policy, Coordination and Programs Division (HIV/AIDS Division of Health Canada) and the National Steering Committee on HIV/AIDS Awareness commissioned François Lagarde, a social marketing and communications consultant, to review existing and recently completed HIV/AIDS awareness campaigns. This review was deemed necessary as the vigilance about the virus appears to be waning both at the individual and societal levels. In order to help all organizations “put HIV/AIDS back on the map”, the objective was to provide and share a summary of 11 HIV/AIDS campaigns undertaken in Canada during the past three years (2000-2002), including the success factors and lessons learned from the campaigns.

The review addresses a wide range of issues covered in the campaigns of national, provincial and local governmental and non-governmental agencies. Documentation was supplied by the campaign coordinators in response to an interview guide centered on some key behavioural and social change principles. These principles and approaches include health communications, social marketing, advocacy and risk communication.

The following eleven campaigns were reviewed:

- 1) Aboriginal AIDS Awareness Day (Canadian Aboriginal AIDS Network);
- 2) AIDS Walk Canada (Canadian AIDS Society);
- 3) Arouse (AIDS Vancouver);
- 4) Canadian HIV/AIDS Awareness Week 2002 (Canadian Public Health Association);
- 5) Condom Country (AIDS Committee of Toronto);
- 6) Have a Heart (Canadian National Foundation for AIDS Research);
- 7) Hepatitis C – Get the Facts (Health Canada);
- 8) It's Complicated (British Columbia Persons With AIDS Society);
- 9) *Le sida circule toujours* (*Santé et Services sociaux Québec*);
- 10) Pauktuutit HIV/AIDS Project (Pauktuutit Inuit Women's Association);
- 11) Sexualityandu.ca (Society of Obstetricians and Gynaecologists of Canada).

To facilitate analyses and comparisons, campaign summaries were divided into the following sub-headings: overall description, objectives, audiences, context, financial resources, ethical considerations, strategy (including messages, channels, partnerships), management and implementation, evaluation, success factors and lessons learned. Campaign coordinators reviewed their respective synopses for accuracy.

The synopses should prove useful to any governmental and non-governmental organization involved in planning, testing, carrying out and evaluating HIV/AIDS campaigns. Success factors and lessons learned are summarized in the following recommendations:

- That one of the first steps in developing a campaign be to clearly determine how it fits within an overall HIV/AIDS or organizational strategy, its synergy with other components, as well as the opportunities, implications and limitations associated with the potential impact on demand for information and services.
- That financial and organizational support at the highest levels be sought to ensure campaign continuity and a critical mass of resources to make a significant, consistent and lasting difference.
- That HIV/AIDS-specific campaigns be developed to address HIV/AIDS-specific priority audiences and issues, while ensuring that sufficient attention is placed on the issue to actually put HIV/AIDS back on the map.
- That media relations be an integral part of any awareness campaign and that campaign spokespersons be trained in this area.
- That all organizations involved in delivering information about progress in treatment be encouraged to include a statement about the fact that the virus is still fatal and that there are ways to prevent it. If these organizations do not include a cautionary message, governmental and non-governmental agencies should automatically react to news coverage by reinforcing the prevention message.
- That messages be designed and pre-tested with a range of audiences (including those who may be offended and/or a victim of potential stigmatization) to anticipate potential concerns, prevent a backlash against individuals and communities as well as develop appropriate responses.
- That campaigns be designed and implemented by building on best practices in health communications and social marketing, as well as the success factors in recent campaigns, such as pre-testing and evaluation, multiple channels (including Web-based communications), quality materials, use of testimonials, merchandising, partnerships, as well as local and networking outreach strategies to influence high-risk segments.
- That the campaign implementation process and schedule allow enough lead time to mobilize resources and partners, as well as enough time to test and deliver materials properly.
- That clear terms of reference be established for input in decision-making by advisory committees and partners on various campaign components. Terms of reference should be shared when potential members and partners are initially contacted.

1. Introduction

1.1 Background and Purpose

Since the beginning of the Canadian HIV/AIDS epidemic, non-governmental organizations and governments have implemented various types of HIV/AIDS awareness campaigns. These efforts have been somewhat successful in raising the profile of HIV/AIDS among the general public and specific populations, however, they have often been limited by time and financial constraints, as well as audience reach.

The HIV/AIDS Policy, Coordination and Programs Division (HIV/AIDS Division of Health Canada) and the National Steering Committee on HIV/AIDS Awareness commissioned François Lagarde, a social marketing and communications consultant, to review existing and recently completed HIV/AIDS awareness campaigns. This review was deemed necessary as the vigilance about the virus appears to be waning both at the individual and societal levels. In order to help all organizations “put HIV/AIDS back on the map”, the objective was to provide and share a summary of 11 HIV/AIDS campaigns undertaken in Canada during the past three years (2000-2002).

1.2 Methodology

The campaigns to be reviewed were identified with the involvement of Health Canada representatives, based on the following:

- Input from members of the National Steering Committee on HIV/AIDS
- Internet search
- Need to cover campaigns of national, provincial and local governmental and nongovernmental agencies, addressing a range of issues including safe sex/use of condoms, stigma and discrimination, harm reduction, injection drug use, policy and fund-raising.

Based on definitions and best practices in health communications, social marketing, advocacy and risk communication (see Section 2), an interview guide was developed (see Appendices A and B).

The process for preparing each campaign review was as follows:

1. Senior officials/campaign coordinators were contacted by phone or e-mail to elicit their cooperation in providing documentation and information on the Internet that could address the range of questions in the interview guide.

2. F. Lagarde drafted a synopsis based on the documentation received and information accessed, and sent the synopsis to interviewees for review. The synopsis included questions from the interview guide to be answered during a telephone interview.
3. A telephone interview was set up to review and complete the synopsis.
4. The synopsis was then revised accordingly and submitted to campaign coordinators for final review.

Representatives from all eleven campaigns who were identified agreed to participate in this review.

2. Putting HIV/AIDS on the Map

2.1 Possible Approaches

Most communication strategies to renew and increase social and individual awareness of HIV/AIDS refer in some way to the following approaches, which are not mutually exclusive: health communications, social marketing, advocacy and risk communication. Definitions and the key principles behind these approaches are briefly presented in this section, because they were the basis for developing the interview guide and reviewing the campaigns.

2.2 Health Communications

Health communications have been defined as “the study and use of strategies to inform and influence individual and community decisions that improve health” (Freimuth et al., 2001). Health communication specialists focus on areas ranging from patient-provider interactions to mass communication campaigns. Audiences for public health information include public health professionals, health care providers, patients, the general public, news media, policy-makers and members of health organizations (Nelson, 2002).

Although persuasive health communication campaigns often focus on individual changes, they can also bring about change at the institutional level:

“There are three complementary models of behavior change implicit in many public health communication campaigns. The individual effects model focuses on individuals as they improve their knowledge and attitudes and assumes that individual exposure to messages affects individual behavior. The social diffusion model focuses on the process of change in public norms, which leads to behavior change among social groups. The institutional diffusion model focuses on the change in elite opinion, which is translated into institutional behavior, including policy changes, which in turn affect individual behavior.” (Hornik, 2002)

The Health Communications Unit of the University of Toronto (THCU, 2002) developed a Health Communication Message Review Tool, along with various criteria based on an extensive review of best practices in the field:

- The message will get and maintain the attention of the audience.
- The strongest points are given at the beginning of the message.
- The message is clear.
- The action you are asking the audience to take is reasonably easy.
- The message uses incentives effectively.
- Good evidence for threats and benefits is provided.
- The messenger is seen as a credible source of information.

- Messages are believable.
- The message uses an appropriate tone for the audience.
- The message uses an appeal that is appropriate for the audience (i.e., rational or emotional).
- The message will not harm or be offensive to people who see it (e.g. 'victim blaming' should be avoided).
- Identity is displayed throughout.

Exposure gained through frequency and multiple channels over time is another important success factor in most health communications campaign (Hornik, 2002).

2.3 Social Marketing

Social marketing is “the use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify, or abandon a behavior for the benefit of individuals, groups, or society as a whole” (Kotler et al., 2002). Many professionals wrongly equate social marketing with mass media campaigns. While the most visible elements of social marketing campaigns are promotional elements, these are part of an integrated effort involving all elements of the marketing mix (Maibach, 2002). The marketing mix also includes: the “product” defined as the desired behaviour, associated benefits or tangible objects/services; the perceived “price” (monetary or non-monetary costs); and ease of access (“place”). Social marketing campaigns are therefore more all-encompassing than communications campaigns, because they involve creating physical, social and economic environments that are conducive to the adoption of the behaviour.

In addition to the importance of addressing all components of the marketing mix, social marketing strategies are based on formative research to understand the audience’s perspective on various issues, such as needs, benefits, barriers competing behaviours, social and interpersonal influences, media habits and settings.

Given that people do not all relate to an issue or respond in the same way to a specific strategy, segmentation is another key principle of social marketing. Through formative research, audiences are segmented based on how they differ in terms of significant demographic, behavioral and social variables.

The 12 key elements of successful behaviour change initiatives listed in Kotler et al. (2002) are as follows:

- Take advantage of what is known and has been done before
- Start with target markets that are (most) ready for action
- Promote a single, doable behaviour, explained in simple, clear terms
- Consider incorporating and promoting a tangible object or service to support the target behaviour

- Understand and address perceived benefits and costs
- Make access easy
- Develop attention-getting and motivational messages
- Use appropriate media and watch for and exploit opportunities for audience participation
- Provide response mechanisms that make it easy and convenient for inspired audiences to act on recommended behaviours
- Allocate appropriate resources for media and outreach
- Allocate adequate resources for (formative) research
- Track results and make adjustments.

2.4 Advocacy

Given their mission, many HIV/AIDS organizations (and particularly NGOs) pursue advocacy-related objectives through communications initiatives. Advocacy is “speaking up, drawing a community’s attention to an important issue, and directing decision-makers toward a solution. Advocacy strategies can include lobbying, social marketing, information, education and communication (IEC), community organizing, or many other tactics” (Sharma, 1997). Advocacy can help address specific behavioural barriers, influence policies or contribute to various mobilization processes.

Media advocacy involves bringing about policy changes by using the media to put pressure on policy-makers. Issues are placed on the media agenda through media relations efforts and/or paid advertising, or by ensuring that issues already on the media are framed from a policy perspective. The belief is that once issues are on the media agenda (which can also be through public awareness and behaviour change campaigns), they become part of the public agenda and force policy-makers to act (adapted from Siegel and Doner, 1998).

2.5 Risk Communication

Given the nature of HIV/AIDS prevention efforts, many HIV/AIDS campaigns focus on communicating the risk of unsafe sex practices, often by using fear appeals. In fact, many campaigns were initiated because progress with HIV/AIDS treatment over the past few years has created a false sense of security and led to a decline in safe behaviours. “Risk communication is the interactive process of exchange of information and opinion among individuals, groups, and institutions” about a given health risk and an understanding of the complexities and uncertainties related to the behavioural response to that information (Tinker and Vaughan, 2002; McCallum, 1995).

Factors increasing the public's perception of risks include the following (adapted from McCallum, 1995):

- Catastrophic potential (fatalities and injuries grouped in time and space)
- Unfamiliarity of risks
- Misunderstanding of exposure processes
- Uncertainty about the scientific basis
- Lack of personal control
- Involuntary exposure to risks
- Impact on children
- Effects on future generations
- Identifiable victims
- Dread
- Lack of trust and credibility in institutional risk management
- Media attention
- Accident history
- Perceived inequitable distribution of risks
- Unclear benefits associated with the risks (e.g., nuclear power generation)
- Irreversible effects
- Personal stake
- Risks attributable to human actions.

Witte (2001) suggests that appropriate fear messages include:

- A high threat message that is personalistic and vivid (language and pictures)
- A high-efficacy message which explains how to implement the recommended response, addresses barriers to the recommended response, gives evidence of the recommended response's effectiveness, and that may role play (i.e., simulate) the recommended response.

3. Campaign Synopses

3.1 Aboriginal AIDS Awareness Day

- **Organization:** Canadian Aboriginal AIDS Network (CAAN)
- **Implementation Period:** December 1, 2002



- **Overall Description:**

CAAN developed a poster campaign to promote Aboriginal AIDS Awareness Day activities and events. The theme was consistent with the World AIDS campaign theme, which was Stigma and Discrimination. English and French versions of five posters and corresponding fact sheets were produced. They featured testimonials by Aboriginal people who have had experience with HIV, stigma and discrimination. A total of 1,800 posters and 9,000 fact sheets were sent to CAAN's 55 member organizations, national and regional Health Canada offices, as well as to other Aboriginal and non-governmental organizations. Posters and fact sheets were also presented and distributed at various conferences and meetings.

- **Objectives:**

- Raise awareness of HIV/AIDS, fear and discrimination
- Provide customized resources for the Aboriginal AIDS Awareness Day, building on the United Nations theme of HIV, Stigma and Discrimination
- Put a face to HIV/AIDS issues by using testimonials and stories from Aboriginal people within the community

- **Audiences:**

- Aboriginal communities
- Non-Aboriginal community

- **Context:**

- The theme of the 2002-2003 World AIDS Campaign (coordinated by the Joint United Nations Programme on HIV/AIDS) was Stigma and Discrimination.
- Involvement of CAAN in Aboriginal AIDS Awareness Day since 1997.
- Need of Aboriginal communities for materials that are relevant to them.

- **Financial Resources:**

- Health Canada: \$85,000 (\$25,000 under the Canadian Strategy on HIV/AIDS and \$60,000 from the First Nation and Inuit Health Branch)

- **Ethical Considerations:**

- CAAN felt responsible for protecting people featured in the testimonials from any backlash, and promised to stand behind them if it were to occur.
- Testimonials included signing an information release authorization form.

- The ethical challenge of highlighting HIV/AIDS without stigmatizing communities and individuals featured in the testimonials.
- **Strategy:**
 - Key messages:
 - HIV/AIDS. Fear. Discrimination. It can end with us.
 - Testimonials of Aboriginal people who have had experience with HIV, stigma and discrimination
 - Toll-free number or Web page.
 - No specific year mentioned on materials to increase longevity.
 - Organization identified as the source of the messages: CAAN
 - Preliminary concepts were pre-tested by a steering committee (See *Management and Implementation*)
 - Message review based on survey and focus groups:
 - Messages are clear.
 - Messages are believable (testimonials).
 - The messenger is seen as a credible source.
 - Messages use an appropriate tone for the audience (positive and solution-focused).
 - Messages included instructions on how to access more information (PSAs only refer to the Web site).
 - Identity was displayed throughout.
 - Materials
 - Posters (5)
 - Fact sheets (5)
 - Public service announcements
 - Partnerships
 - Health Canada: Canadian Strategy on HIV/AIDS and First Nation and Inuit Health Branch (funding)
 - Community Advisory Committee (see *Campaign Management and Implementation*)
 - Canadian Inuit HIV/AIDS Network (CIHAN)
- **Campaign Management and Implementation:**
 - A Community Advisory Committee was formed, which included representatives from the CAAN and its membership, along with national partners to oversee the process. Based on their input, a consultant developed and submitted an approach to the steering committee for approval.
 - A supplier provided the design.
 - Posters and fact sheets, along with instructions were sent to:
 - All 21 associate and 34 full-member CAAN organizations the week before Aboriginal AIDS Awareness Day. They were also made available at the Pauktuutit Annual General Meeting for distribution in Northern communities.
 - Health Canada national and regional offices

- National HIV/AIDS organizations: Canadian AIDS Society, The HIV/AIDS Legal Network, Canadian Treatment Action Council
 - Métis National Council
 - Inuit Tapirisat
 - Assembly of First Nations
 - UNAIDS
- **Evaluation:**
 - 1,800 posters and 9,000 fact sheets were distributed, along with instructions.
 - **Success Factors:**
 - Ongoing contact with member organizations.
 - Use of testimonials.
 - Large mailing to communities.
 - **Lessons Learned:**
 - More lead time required, especially when shipping to Northern communities where mail can take between 3 and 4 weeks to be delivered.
 - **Sources:**
 - CAAN. *Aboriginal AIDS Awareness HIV, Stigma and Discrimination Poster Campaign – Narrative Report*.
 - Comments via e-mail from Randy Jackson, Canadian Aboriginal AIDS Network, June 2 and 3, 2003.
 - Phone Interview with Darren Greer, Blue Moon Consulting – Campaign Consultant, May 30, 2003.
 - www.caan.ca

3.2 AIDS Walk Canada / *Marchethon national du sida*

- **Organization:** Canadian AIDS Society (CAS)
- **Implementation Period:** September 21 and 22, 2002

- **Overall description:**

AIDS Walk Canada (AWC) is the largest fund-raising event for HIV/AIDS in the country. The walk takes place in all Canadian provinces and territories to raise both awareness and funds for AIDS service organizations. Every dollar raised in a given community goes directly to organizations in that community. AWC channels and materials include: TV PSA, radio scripts, posters, registration brochure, pledge form, incentive prizes, Web site, merchandising, as well as national and local media activities. In 2002, the eighth year for AWC, 125 events were organized across the nation. Approximately 50,300 walkers participated and raised \$2.18 million.



- **Objectives:**

- Raise awareness about AIDS
- Raise funds for AIDS service organizations

- **Audiences:**

- General public

- **Financial Resources:**

- \$100,000 to cover national materials, Web site and part of the coordinator's time.

- **Strategy:**

- Key messages (in 2002):
 - *Why Walk? Because AIDS affects us all.*
 - *Join the walk and raise funds to help fight AIDS in your community.*
- In media relations:
 - AIDS is not over
 - Participate in the Walk
 - Increased funding for the Canadian Strategy on HIV/AIDS
- Organization identified as the source of the messages: CAS and local organizations.
- Pre-testing with a National Advisory Committee (see *Management and Implementation*) and based on 2001 evaluation surveys from local coordinators
- Message review:
 - The message is attention-getting.
 - Materials leave space for local information.

- The recipients (organizations) or beneficiaries (individuals) of the funds raised are mentioned in the registration brochure in general terms, and in detail on the Web sites of specific Walks.
- Identity is displayed throughout.
- Channels
 - TV PSA sent to stations
 - Radio script provided to local coordinators
 - Print: 8,300 posters, 1,000 point-of-purchase stands, 25,600 registration brochures and 29,000 pledge forms
 - Incentive prizes for walkers who raise more than \$300 and \$500, as well as for top regional walkers
 - Web site
 - Merchandising: T-shirts, cap, bottle holder, key chain, knapsack, ID holder/wallet and CD case
 - Press materials/media relations tools
 - National press conference and press release
- Partnerships
 - Molson (national founding sponsor)
 - ALDO (financial contribution and in-kind)
 - Abbott Laboratories Limited (financial contribution)
 - GlaxoSmithKline (financial contribution)
 - Shire BioChem (financial contribution)
 - Merck Frosst (financial contribution)
 - Bristol-Myers Squibb Pharmaceutical Group (financial contribution)
 - Hoffmann-La Roche Limited (financial contribution)
 - CANPAR Transport Limited (in-kind)
 - Air Canada (in-kind - in-flight PSA)
 - Local businesses (in-kind prizes)
 - Local media (sponsorships)
- **Campaign Management and Implementation:**
 - AWC is a national project of CAS.
 - An AWC project coordinator works with local Walk coordinators to maximize resources by providing a central source for services and materials that are nationally applicable, while allowing local coordinators to develop specific initiatives best suited to their community. Regular updates are sent to local organizers.
 - Local coordinators are represented by the National Advisory Committee (NAC), which is comprised of one representative for each province and territory. The NAC's mandate is to provide advice and recommendations to CAS and represent regional coordinators' views to CAS.
 - Decisions are made by CAS.
 - Merchandising orders were handled by AKRAN Marketing in 2002.

- **Evaluation:**
 - Methods: Evaluation surveys from local coordinators (34 received from a possible total of 42 coordinators in charge of organizing approximately 125 Walks) and a NAC evaluation meeting.
 - Results: Approximately 50,300 walkers participated and raised \$2.18 million (slightly less participation and funds raised compared to 2001).

- **Success Factors:**
 - Flexibility that facilitates local adaptation.
 - Providing print materials as early as possible.
 - Local competitions between teams of participants and building a sense of community.
 - Year-round planning, implementation and evaluation cycle.

- **Lessons Learned:**
 - Lower participation levels may be a symptom of recent complacency resulting from improvements in treatment options and a sense that HIV/AIDS is now a chronic manageable disease.
 - Competing walks on the same day and other fund-raising initiatives during the same period may explain lower participation rates as well.
 - In-kind (clothing) prizes and gift certificates are most appreciated by participants and are a good opportunity for national and local sponsorships.
 - Local media should be approached by local organizers.
 - Better coordination between the national distribution of PSAs and local media relations would lead to more exposure.
 - An increasing number of people register online.
 - Web site should include more graphics and photos, as well as regular updates.
 - The most popular merchandising items are T-shirts, caps and key chains. Other items to consider would be pins, stickers, temporary tattoos and coffee mugs. Potential buyers of merchandising items appreciate having access to as much information as possible (materials, colours, prices and sizes) as early as possible.
 - Adopting processes and materials that would prevent fraud is an ongoing consideration.

- **Sources:**
 - Canadian AIDS Society. *AIDS Walk Canada 2002 – Final Report*.
 - Phone Interview with Charbel Choueiri, Events Coordinator, Canadian AIDS Society, May 21, 2003.
 - www.aidswalkcanada.ca

3.3 Arouse

- **Organization:** AIDS Vancouver

- **Implementation Period:** Since 2002

- **Overall Description:**

Arouse is a province-wide campaign run by AIDS Vancouver in British Columbia, one of the first AIDS Service Organizations in Canada. The campaign was an opportunistic response to a Vancouver-based TV commercial production agency, Global Mechanic, which offered to work on a pro bono basis to develop an HIV prevention campaign. The audiences for the campaign include gay men, as well as the general population. The main objectives and messages focus on the realities of living with HIV, taking HIV medication and promoting safer sex. Campaigns components include TV and radio PSAs as well as outdoor, print, bar and Web communications.



- **Objectives:**

- Raise awareness of increasing HIV rates in Vancouver's gay male population
- Highlight the realities of living with HIV and taking HIV medication commonly known as the "cocktail" in order to dispel common myths and beliefs surrounding "cocktail" therapies

- **Audiences:**

- Gay men in British Columbia at different stages of awareness and comfort with HIV
- Entire British Columbia population

- **Context:**
 - Vancouver saw a 32% increase in positive HIV tests in gay men between 1999 and 2000.
 - Many gay men do not view HIV as a real or immediate health risk. Some of the reasons that gay men are choosing not to use condoms are: a younger generation of gay men who have grown up without seeing the ravages of HIV/AIDS, a shift in public focus from gay men to other populations affected by HIV, media talk of a cure and a vaccine, and the misconception that the HIV cocktail is a “cure”.
 - As an AIDS service organization (founded in 1983), AIDS Vancouver adopted a strategic plan 2000-2003 which included the following strategic objectives linked to the aim of the *Arouse* campaign: 1) To promote the principles and practices of harm reduction for people infected, affected by and vulnerable to HIV/AIDS; 2) To create and maintain a positive and dynamic image (of AIDS Vancouver); 3) To keep HIV/AIDS in the public eye. The strategic plan included the creation of a communications position and identifying key issues to be addressed.
 - In the summer of 2001, AIDS Vancouver was approached by a local TV-commercial production agency, Global Mechanic Media, to develop an HIV prevention campaign on a pro bono basis.

- **Financial resources:**
 - \$60,000

- **Ethical Considerations**
 - AIDS Vancouver was concerned about generating more stigma for people living with HIV/AIDS – Animation and illustrations were therefore chosen for their creative approach.

- **Strategy:**
 - Key messages:
 - Main message: HIV medications are not a “cure” for HIV, nor are they easy for many people to take (side effects)
 - AIDS Vancouver’s URL, phone number and Helpline
 - Television and radio commercials are hard-hitting (side effects and impact of the drugs)
 - Print and outdoor images include a pill with diarrhea, one about depression, and another about body fat distortion. They all feature the same tag line, “Condom or Cocktail?”
 - Organization identified as the source of the messages: AIDS Vancouver
 - Pre-testing was carried out with a group of HIV positive persons, as well as groups of mixed gay men and women, gay men only, and the general population
 - Message review-based focus groups:
 - The messages were considered attention-getting and clear.
 - The consequences of behaviour were stated.

- Animation used to provide a more universal and approachable appeal, free of age, race or body type.
- The source of the message was displayed throughout, but in very small print.
- Channels and materials
 - 30-second animated television public service announcement (PSA)
 - Radio PSA
 - Print
 - Outdoor advertising (billboard and bus shelters ads, especially in downtown Vancouver, commercial drives and gay community)
 - Window displays and launch at Virgin's Mega Store
 - Workplaces
 - Health centres
 - Web site (about the campaign, gay health and HIV medication resources)
 - Poster
 - Bar cards (with additional information about HIV and HIV medication)
- Partnerships
 - Global Mechanic Media (pro bono TV PSA production)
 - Rethink Advertising (Multimedia components)
 - Health Canada (financial contribution)
 - Vancouver AIDS Memorial Society (financial contribution)
 - British Columbia Centre for Disease Control (financial contribution)
 - Health units (distribution of posters and bar card packages)
 - AIDS service organizations (distribution of posters and bar card packages)
 - Gay physicians (distribution of posters and bar card packages)
- **Campaign Management and Implementation:**
 - Global Mechanic, Rethink Advertising and AIDS Vancouver worked closely together to develop the concept, campaign components, and produce the final product.
 - AIDS Vancouver staff met every two weeks.
 - Decision-making was essentially internal. It was also based on feedback from focus groups.
- **Evaluation:**
 - Comments were gathered through regular surveys of people who use AIDS Vancouver services and from health care providers. Most were positive.
- **Success Factors:**
 - Partnership between Global Mechanic, Rethink and AIDS Vancouver.
 - Strategic plan was in place beforehand, which enabled the organization to know exactly how to make the most of the opportunity.
 - Access to key decision-makers in funding agencies.

- AIDS Vancouver's network of volunteers and partners to access the media for public service announcements and coverage.
- **Lessons Learned:**
 - A well-planned campaign allows for faster recovery and better continuity in case of staff turnover.
 - If television PSAs are part of the strategy, it is advisable to submit the concept to CBC to ensure that PSAs meet all their standards.
 - Accessing national media outlets for PSAs requires a more systematic approach.
- **Sources:**
 - AIDS Vancouver. *Annual Report 2002*.
 - AIDS Vancouver. *Strategic Plan 2000-2003*.
 - Phone Interview with Rick Barnes, Communications Coordinator, AIDS Vancouver, May 13, 2003.
 - www.aidsvancouver.bc.ca/arouse/index.html

3.4 Canadian HIV/AIDS Awareness Week 2002 / Semaine canadienne de sensibilisation au VIH/sida 2002

- **Organization:** Canadian Public Health Association (CPHA)
- **Implementation Period:** November 24 – December 1, 2002

- **Overall Description:**

A national, bilingual HIV/AIDS awareness campaign targeted at the general public was developed and implemented for Canadian HIV/AIDS Awareness Week 2002, which culminated on World AIDS Day, December 1, 2002. The campaign theme was consistent with the World AIDS campaign theme, which was Stigma and Discrimination. The primary purpose was to ensure the availability of HIV/AIDS awareness resources that would support local activities during Canadian HIV/AIDS Awareness Week and World AIDS Day. Most campaign materials were available free of charge while others were sold. Some 14,767 organizations were sent a promotional package in September 2002. As a result, 926 organizations placed orders for a total of 611,245 items. The Web site was visited 98,936 times and 56,850 documents were downloaded during a 5-month period. In addition, Canadian HIV/AIDS Week and World AIDS Day were officially declared in 164 municipalities.



- **Objectives:**

- Raise awareness of HIV/AIDS
- Challenge stigma and discrimination based on gender, sexual orientation, culture, ethnicity and race as they relate to HIV/AIDS
- Promote HIV prevention efforts
- Ensure availability of HIV/AIDS awareness resources that would support local activities during Canadian HIV/AIDS Awareness Week and World AIDS Day

- **Audiences:**

- General public, while ensuring that the materials were appropriate for specific segments currently at higher risk of contracting HIV

- **Context:**

- The mandate of CPHA's HIV/AIDS Clearinghouse is to provide information on HIV prevention, care, and treatment to community-based organizations, health and education professionals, resource centers and others with HIV and AIDS information needs in Canada.

- The Joint United Nations Programme on HIV/AIDS' 2002-2003 World AIDS Campaign theme was *Stigma and Discrimination*.
 - The UNAIDS campaign production schedule was delayed which meant that CPHA had to produce its own materials.
- **Financial resources:**
 - Health Canada: \$116,699
 - Abbott Laboratories: \$1,500
- **Strategy:**
 - Key messages:
 - *Anytime. Anywhere. Anyone. HIV/AIDS does not discriminate.*
 - Organization identified as the source of the messages: Space was provided on all print materials for community-based organizations to imprint their local contact information. Many included a reference to the Canadian HIV/AIDS Awareness Week 2002. Some materials made reference to CPHA's Clearinghouse.
 - The theme, slogan, graphic elements and products were pre-tested with two "virtual" advisory groups (community-based organizations and national stakeholders) via the Internet and conference calls.
 - Message review based on a survey (see *Evaluation*):
 - The materials are attractive.
 - The materials are easy to understand.
 - The diversity (ages and ethnicities) represented on materials is appreciated.
 - Rave cards are considered easy to use and good for relaying simple, quick information – Most people were satisfied with the size, yet some thought the cards should fit in a pocket.
 - Condom holders are perceived as colorful, attractive, fun, creative, easy to use and effective, as well as being good conversation starters.
 - Bookmarks rated highly (attractive, practical, colorful) especially with libraries.
 - Temporary tattoos are very popular with youth.
 - Some feel that the materials may not be appropriate for younger people (teens) – these comments led to some adjustments in the further development of materials.
 - Imagery and messaging are consistent throughout.
 - Materials (were available on the Internet to be viewed and downloaded - if appropriate – and/or ordered)
 - Promotional mail-out: brochure and order form
 - Free-of-charge materials: bilingual posters (6), rave cards (6 English and 6 French – based on posters, with additional information), condom holders (shipped without condoms), bookmarks, community action toolkit, fact sheets (5)

- For-sale materials: pins, temporary tattoos, condom-holder key chains, baseball caps and T-shirts.
- Media: Public Service Announcements in print, series of articles
- Events: Municipal declaration campaign (about the Week and World AIDS Day) – Fax to 3,786 municipalities resulted in 164 positive responses and 26 negative (because of policies regarding declarations of any kind).
- Partnerships
 - 8 community-based and 9 national organizations in the virtual groups
 - Health Canada (financial support)
- **Campaign Management and Implementation:**
 - In September 2002, a promotional package was mailed to 14,767 organizations (AIDS service organizations, high schools and post-secondary institutions, libraries, public health units and CLSCs, community health centres, hospitals, a number of youth, community and recreation organizations, night clubs, and various governmental agencies (Health, Correctional Services, etc.). They were asked to order materials before September 30, 2002.
 - CPHA distribution staff and 2 additional contract workers processed all orders.
 - CPHA worked with consultants and suppliers to develop and produce the materials.
 - Project coordination was provided by CPHA staff.
 - The decision-making process included obtaining input from a wide variety of stakeholders, most major community-based organizations with ultimate decision-making authority held by CPHA. Health Canada was often consulted when conflicting or potentially controversial decisions had to be made to ensure its agreement and ongoing participation.
- **Evaluation:**
 - Methods for monitoring campaign implementation:
 - A survey were included in every order (150 were returned) and was available on the campaign Web site.
 - Virtual groups.
 - Campaign results:
 - 926 organizations ordered materials:
 - 26% were schools, 24% were public health community organizations (including CLSCs), 12% were AIDS service organizations and 10% were universities and colleges, 5% were youth agencies, 4% were libraries and resources centers, 3% were Aboriginal groups, 16% others.
 - 26% from Quebec, 24% from Ontario, 11% from British Columbia, 8% from Saskatchewan, 7% from Alberta, 7% from Manitoba, 5% from Newfoundland and Labrador, 5% from Nova Scotia, 4% from New Brunswick, 1% from Northwest Territories, 1% from Yukon.

- Among the survey respondents, 57% stated that they found out about the materials from the promotional mail-out, while 23% found out from the Internet.
 - 611,245 items were shipped:
 - Free of charge materials: 43,256 posters, 177,030 rave cards, 6,799 packages (of 25) condom holders, 8,595 packages (of 25) bookmarks, 1,347 community action toolkits.
 - For-sale items: 802 pins, 138 packages (of 25) temporary tattoos, 173 T-shirts, 80 caps and 257 condom holder key chains.
 - In addition, the Community action toolkit was downloaded 766 times.
 - Web site visited 98,936 times between August and December 2002; 56,850 documents were downloaded from the campaign Web site.
 - No media inquiries received.
 - Canadian HIV/AIDS Week and World AIDS Day were officially declared in 164 municipalities.
 - Do not know:
 - Number of activities planned and carried out
 - PSAs used (estimate: 20)
 - Articles published (estimate: 10)
- **Success Factors:**
- Virtual advisory groups (community-based organizations and national stakeholders who provided feedback via the Internet and conference calls on the theme, slogan, graphic elements and products) for focus testing and obtaining advice from community-based experts.
 - The promotional mail-out going out at the right time.
 - Web site for viewing and downloading materials.
 - Quality of the materials – “People really liked what we produced.”
 - Putting a human face (wide range of people) to stigma and discrimination.
 - Strict deadline for orders.
 - Various ways of ordering (mail, phone, fax, online).
 - Providing materials free of charge and in a timely fashion.
 - Free shipping and handling was a significant success factor.
 - Helpful and supportive staff.
- **Lessons Learned:**
- More lead time (e.g., some organizations would appreciate receiving the Community Action Toolkit earlier in order to plan and implement activities in time for the Week).
 - Items for sale are purchased by a significant number of organizations. Some commented that "now that they know there will be items to buy, they will budget for it accordingly."
 - Some organizations did not feel that “rave” cards are appropriate for them – targeted distribution or building community capacity to use the materials will be considered in the future.
 - Some materials should not be dated to increase their longevity.

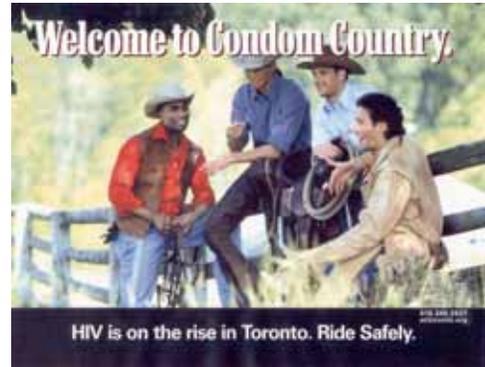
- Consider a square design for the condom holder key chain in a more attractive colour (not white).
 - Other materials to consider: Red ribbons, condoms, videos, multimedia items (e.g., screen savers, e-mail messages), other promotional items (pens, pencils, stickers, patches, buttons), basic HIV/AIDS information pamphlets and brochures.
 - A media relations strategy would be needed to generate more media inquiries.
 - Youth-friendly resources work well for youth, but should also be attractive to a wider spectrum of the general population.
 - A campaign based on a strong concept (e.g., harm reduction, stigma & discrimination, etc.) is more effective than a risk population-based campaign, because it can be made more inclusive for a wide range of audiences, instead of just one.
- **Sources:**
- Canadian HIV/AIDS Clearinghouse. *2002 HIV/AIDS Awareness Project – Stigma and Discrimination – Proposal Application*. CPHA, June 2002.
 - Canadian HIV/AIDS Clearinghouse. *2002 HIV/AIDS Awareness Project – Stigma and Discrimination – Final Report*. CPHA, April 2003.
 - Canadian HIV/AIDS Clearinghouse. *Canadian HIV/AIDS Awareness Week 2002 – Virtual Advisory Groups – Terms of Reference*.
 - Canadian HIV/AIDS Clearinghouse. *Evaluating the Impact and Effectiveness of Campaign Materials and Messages – Campaign Evaluation Report*. CPHA, April 2003.
 - Phone Interview with Ian Culbert, Director, Canadian HIV/AIDS Clearinghouse, CPHA, May 14, 2003.
 - www.aidssida.cpha.ca/english/new_e/index.htm

3.5 Condom Country

- **Organization:** AIDS Committee of Toronto (ACT)
- **Implementation Period:** June to December 2001

- **Overall Description:**

In June 2001, ACT launched a six-month campaign (the first wave) of its “Welcome to Condom Country” HIV/AIDS awareness and prevention campaign targeting gay and bisexual men, and other men who have sex with men (MSM). The campaign was developed in response to a dramatic rise in new HIV infections among Toronto MSM. The campaign was promoted across Toronto through public relations and ads on garbage/recycling boxes, transit shelters, subway platforms and cars, buses, streetcars and on television. A wide range of other activities were also used to distribute promotional materials. Results from the Ontario Men’s Survey indicated that 80% of Toronto gay and bisexual men surveyed remembered seeing the campaign. The two main messages received by those who recalled the campaign were “It’s important to remember to practice safer sex” (62%) and “The rate of HIV infection is on the rise” (43%).



- **Objectives:**

- Raise awareness of the increase in HIV infections among Toronto men who have sex with men
- Encourage the adoption and/or re-adoption of risk-reduction/safer sex practices
- Provide support for MSM who would like to practise safer sex
- Make safer sex practices a priority health consideration
- Reach beyond gay venues and media to MSM who may not identify with being gay

- **Audiences:**

- Men who have sex with men (Gay community as well as MSM who don't identify with being gay)
- Take a variety of social and cultural contexts into account

- **Context:**

- Dramatic rise in the percentage and absolute number of new HIV infections among MSM observed in the late 1990s and in the year 2000.
- While many AIDS service organizations provided direct outreach in bars, bathhouses, public parks and gay commercial venues, they did not seem to compete with ads from commercial advertisers who saturate the gay press and commercial venues.

- Conscious desire to use this campaign to help put HIV/AIDS on the map, evidenced by the message: “HIV is on the rise.”
- **Financial resources:**
 - Funding: \$400,077 (\$300,000 from the Ontario Ministry of Health and Long-Term Care; \$100,077 from Health Canada)
 - Out-of-pocket expenses (with taxes): Advertising placement: \$180,129; Public relations: \$48,128; Production of promotional items: \$90,890; Miscellaneous: \$1,673
- **Ethical considerations:**
 - Balancing the need to inform gay men and the possible backlash from the overall community.
- **Strategy:**
 - Key messages:
 - Welcome to condom country.
 - HIV is on the rise in Toronto. Ride Safely.
 - Organization identified as the source of the messages: ACT
 - Pre-testing of preliminary concepts was informal in a number of gay bars.
 - Message review based on survey and focus groups:
 - Messages got the attention of the audience.
 - Messages were clear.
 - Messages were believable.
 - Some people thought the ads glamorized HIV or re-enforced negative stereotypes.
 - Messages used an appropriate tone for the audience.
 - Messages used an audience-appropriate appeal.
 - Messages were perceived as not offensive to most people.
 - Identity was displayed throughout.
 - Channels
 - Media: Ads on garbage/recycling boxes, transit shelters, subway platforms and cars, buses, streetcars, and on television. Newspaper coverage generated some controversy about the visual used and its relationship to a well-known image used by a cigarette company.
 - Materials: T-shirts, condom packs, banner signs, stickers, posters, brochures, coasters, postcards, business cards, condom inserts placed in packs.
 - Events: Pride Parade, party, bar and bath outreach nights.
 - Partnerships
 - Ontario Ministry of Health and Long-Term Care’s AIDS Bureau (funding)
 - Health Canada (funding)
 - HIV Social, Behavioural and Epidemiological Studies Unit of the University of Toronto Faculty of Medicine (Ontario Men’s Study) – (campaign tracking)

- **Campaign Management and Implementation:**
 - The campaign was developed and implemented by a group of volunteers from the marketing, advertising and communications industries.
 - A Community Advisory Panel, consisting of representatives from partner agencies with a particular focus on ethno-specific communities, advised the group of volunteers and ACT.
 - *Naked Creative*, the advertising agency that developed the campaign, donated its services (Note: their work has been recognized for creative excellence within the industry).
 - *Cohn & Wolfe* was the media relations agency.

- **Evaluation:**
 - Methods for monitoring campaign implementation: Shea & Company Process Review Report, January 2002.
 - Methods for evaluating campaign objectives: Ontario Men's Survey, focus groups (Shea & Company) and media coverage report (Cohn & Wolfe).
 - Media coverage:
 - 82% of coverage was in Ontario; 82% in print; 51% was positive, 34% neutral and 15% unfavourable
 - Value: \$114,000
 - 43 million media impressions
 - ACT was referenced in 82% of articles
 - Items with campaign messages: 99,000
 - Results from the Ontario Men's Survey (gay and bisexual men surveyed between January and June 2002) indicated that:
 - 80% of Toronto gay and bisexual men surveyed remembered seeing the campaign.
 - Highest recall was of outdoor advertising (84%), followed by indoor advertising (65%), newspaper ads (57%) and TV ads (46%). For those surveyed in the rest of the province, TV ads generated the highest recall (59%).
 - The main messages received were "It's important to remember to practice safer sex" (62%) and "The rate of HIV infection is on the rise" (43%).
 - 43% of who had seen the campaign indicated that they would be "more likely to practise safer sex" as a result of having been exposed to the campaign.
 - 32% of Toronto respondents felt that the campaign "started people talking again" and 38% indicated "it made safer sex a public issue."

- **Success Factors:**
 - Strong creative concept
 - Multiple channels
 - Credibility of ACT
 - Community relations component
 - Successful launch encouraging media attendance
 - Detailed paper positioning the campaign as a solution
 - Involvement of ethno-specific communities
 - Ontario Men's Survey – Built-in evaluation right from the start

- **Lessons Learned:**
 - Set realistic time frame to plan and build cooperation (3 months from the time funding was awarded and launch date).
 - Allocate human resources to effective project management, including clear (not necessarily equal) roles and responsibilities – Appoint an overall project manager with authority and ensure transparency in decision-making.
 - Formalized media training in advance of launch would benefit spokespersons.
 - Quoting infection rates from peer-reviewed journals would be useful.
 - Develop contingency plans for certain groups' potential anti-campaign position or backlash.
 - Make the terms of reference of the various committees very clear.

- **Sources:**
 - ACT Newsletter. *HIV Prevention and Community Development within Toronto's Gay Community*, Spring/Summer 2002, p. 6.
 - Cohn & Wolfe. *Welcome to Condom Country – Media Results Report*. February 11, 2002.
 - Phone Interview with John Maxwell, Director of Community Development, AIDS Committee of Toronto, May 7, 2003.
 - Shea & Company. *Welcome to Condom Country Campaign – Final Evaluation Report*. November 2002.
 - Shea & Company. *Welcome to Condom Country Campaign – Campaign Process Review Report*. January 2002.
 - Wong, Janet. Message received – ride safely, says condom country survey. News@UofT (University of Toronto). November 25, 2002. <http://www.newsandevents.utoronto.ca/bin3/021125a.asp>

3.6 Have a Heart ! / Ayez du coeur



- **Organization:** Canadian National Foundation for AIDS Research (CANFAR)
- **Implementation Period:** One-week event held since 1993 around Valentine's Day

- **Overall Description:**

Have a Heart is CANFAR's national youth HIV/AIDS awareness and fund-raising program. For a minimum donation of \$1, students send Heart o'Grams to one another on Valentine's Day. A Heart o'Gram consists of a *Have a Heart* bag filled with a chocolate bar, a red ribbon or temporary tattoo, an HIV/AIDS information pamphlet and a sticker that has space to write a Valentine's message. Schools and colleges across the country are invited to "make a difference in the fight against HIV/AIDS by helping to spread awareness and not the disease." CANFAR supplies promotional materials (bags, posters) in both English and French. A Web site provides campaign tips and a list of speakers, as well as additional Web resources. Eight private sector partners support *Have a Heart* through goods, media coverage, in-store visibility and resources. In 2003, 675,000 students were reached in 770 participating schools in all provinces and territories in Canada, as well as 1 school in Switzerland. As a result, the program is expected to raise \$150,000 to support a minimum of two research projects.

- **Objectives:**

- Increase youth awareness of HIV/AIDS and the need for research to find a cure.
- Raise funds for research

- **Audiences:**

- Middle school, high-school and college youth aged 11-24

- **Context:**

- Following a pilot project in 1993-94 at Northern Secondary School in Toronto where the concept originated, the campaign expanded across Ontario in 1995 and went national in 1996.
- Due to the campaign's success, CANFAR hired a full-time program coordinator in 1997 and campaign materials became bilingual. Participation and fund-raising levels jumped by around 80% (from 200 schools and \$25,000 raised in 1996 to 356 schools and \$45,000 raised in 1997).
- Since 1998, a number of private sector partners support the campaign.

- **Financial resources:**

- Approximately 8 corporations support/sponsor the program financially to cover all administrative expenses, which ensures that the entire amount raised by students is allocated to HIV/AIDS research.

- **Strategy:**
 - Key messages:
 - (See *Overall Description*).
 - Join the fight against HIV/AIDS!
 - Key messages in information pamphlet:
 - Statistics
 - Facts
 - Transmission
 - Prevention
 - Symptoms
 - No cure
 - Hotlines
 - Web sites
 - Organization identified as the source of the messages: CANFAR
 - Messages have been pre-tested through youth focus groups, the Have a Heart Advisory Committee (comprised of educators, students, public health officials, HIV/AIDS experts, communication/PR/marketing experts) and CANFAR's Marketing & Communication Committee (composed of numerous experts in the communications, marketing and PR fields).
 - Message review:
 - Messages are clear.
 - Messages use an appropriate tone for the audience.
 - Threats and benefits are provided.
 - Messages will not harm or be offensive to people who see it.
 - Identity is displayed throughout.
 - Materials and channels
 - Posters (6) – were distributed to the schools approximately one month prior to the campaign to use as information/media tools
 - The following materials were distributed to the schools approximately one month prior to the campaign to be packaged into the Heart o'Grams (HOG's) for each HOG sold (approximately 250,000 of each item in 2003):
 - Pamphlet
 - Sticker
 - Chocolate bars
 - Ribbons
 - In addition, a number of schools that elected not to run the traditional Have a Heart program were sent red ribbons so that awareness could still be raised among students.
 - Nestlé has included the Have a Heart logo on its products.
 - In-store promotion – through all 167 ALDO shoes stores nationally.
 - Event launch – has happened consistently at Northern Secondary School in Toronto and garners media attention every year.
 - Informal networks – Public Health offices, teachers, student leadership groups etc...

- Speeches (list of speakers provided), a national database of most AIDS Service Organizations across the country with phone, web, and e-mail access.
- Web site (including facts, templates, campaign and project coordination tips).
- Partnerships
 - Nestlé Canada Inc. / Title sponsor (donation of candies, visibility on products, graphic design expertise, employee volunteer)
 - CIBC / Presenting sponsor (financial contribution)
 - NewAd / Viacom - Media sponsor (media/ad visibility)
 - MuchMusic / Media sponsor (editorial mentions and hosting the kick-off event)
 - SunLife Financial (financial contribution)
 - Esso Imperial Oil Charitable Foundation (financial contribution)
 - Directors Guild of Canada, Ontario Chapter (financial contribution)
 - ALDO / Retail fundraising partner (in-store promotion and financial contribution)
 - Freedom (Hotline Express Delivery Services Inc) (financial contribution)
 - SandyLion Stickers Designs (product)
 - GlaxoSmithKline (translation)
- **Campaign Management and Implementation:**
 - Full-time national director, and program assistant
 - Advisory committee - comprised of educators, students, public health officials, HIV/AIDS experts, communication/PR/marketing experts
 - Student council or committees are formed in each participating school (a teacher and students volunteer to package and sell bags, act as treasurer, take care of in-school promotion and local newspaper relations)

▪ **Evaluation:**

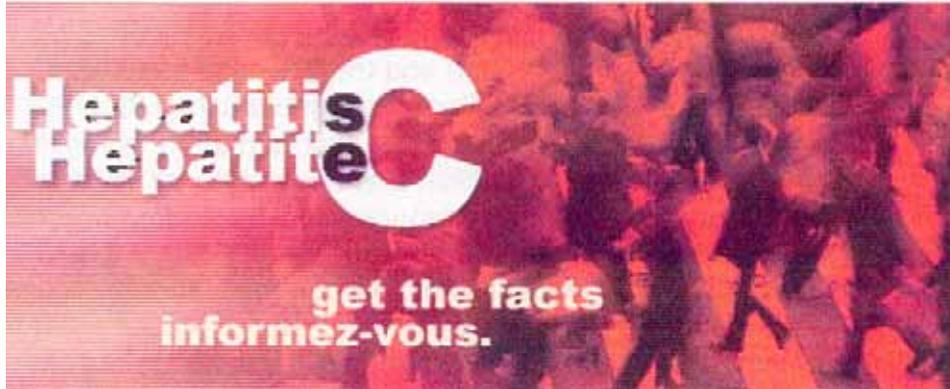
Year	Youth Involved	School Participation	Funds Raised
1996	120,000	200	\$25,000
1997	194,000	356	\$45,000
1998	243,000	417	\$74,000
1999	264,500	450	\$80,000
2000	301,000	512	\$95,000
2001	363,000	565	\$110,000
2002	250,000	403	\$75,000
2003	675,000	770	\$150,000

- The program uses focus groups, surveys for teachers and students, as well as media exposure to measure qualitative and quantitative elements, in addition to the branding/success of the program.

- In 2003 – the largest jump occurred with 770 schools participating and 675,000 students having some level of awareness of HIV/AIDS through the program.
 - Media coverage/mentions – in 2003, the organization measured \$155,000 in add-on media coverage.
- **Success Factors:**
 - Identifying and researching prospective partners early on, selecting ‘good fits’, then establishing relationships with contacts.
 - Developing a thorough marketing plan at least 1 year prior to each program year in order to secure all desired pro bono media partners and space.
 - Working effectively with public health workers and student groups to ensure support for introducing the program into schools.
 - Having youth provide direct input on all materials developed.
- **Lessons Learned:**
 - Need to work with provincial governments on HIV/AIDS message delivery in the school system.
 - Developed a teacher resource booklet, so teachers understand that HIV/AIDS is not just something to be taught in ‘health class’ and that it can be integrated into the general curriculum.
 - Need to work more effectively with partners to identify better co-branding and visibility opportunities.
 - Many diverse communities want/need to be represented in this program – make visible use of minority/marginalized groups.
 - Additional funding would make it possible to offer this program to the most marginalized youth – street youth/homeless youth.
- **Sources:**
 - Phone Interview with Tania Little, Director, National Programs, *Have a Heart*, May 13, 2003 and content she supplied by e-mail.
 - www.canfar.com/events/hah

3.7 Hepatitis C – Get the facts / Hépatite C – Informez-vous

- **Organization:** Health Canada
- **Implementation Period:** 2002



- **Overall description:**

As part of various federal initiatives to improve hepatitis C disease prevention and treatment, a national public awareness campaign was developed using a phased approach. The campaign was targeted initially at the general public and health professionals, and then at injection drug users and youth populations. Key messages included information about the virus, its transmission and implications, as well as how to prevent or live with the disease. Audiences were also encouraged to obtain more information by visiting a Web site. In 2001-2002, campaign activities and materials included a 30-minute docudrama on the TVA and Global/CanWest networks, a poster, flyer and bookmark, a fact sheet for health professionals and a Web site. Partnerships were established with leading professional health organizations. The docudrama was viewed by approximately 750,000 Canadians. Some 645,000 brochures were distributed to the general public and 200,000 fact sheets to health professionals.

- **Objectives:**

- To increase general knowledge about hepatitis C among Canadians.
- To enhance skills among Canada's health care practitioners in order to recognize and educate those 'at risk' of being or getting infected with HCV.
- To reduce by 50% the number of Canadians infected with the HCV who are unaware of their status.

- **Audiences:**
 - HCV+ people and those who live with them
 - Individuals who may be at risk of contracting the HCV
 - Health professionals
 - The general public

- **Context:**
 - Some 240,000 Canadians carry the HCV; 70% don't know they have the HCV.
 - In 1998, the federal government announced initiatives to provide better hepatitis C disease prevention and treatment, to significantly strengthen blood safety, and to help all Canadians infected with the HCV.
 - In October 2001, 72% of Canadians reported that they are “not very” (47%) or “not at all” knowledgeable (25%) about hepatitis C (Source: Environics).
 - It was anticipated that any communications regarding hepatitis C would be met with questions about the compensation package to individuals who were infected with the hepatitis C virus through the Canadian blood system between January 1, 1986 and July 1, 1990.
 - Effectively reaching injection drugs users with awareness messages is complex and challenging.
 - Stigma attached to HCV+, because the disease is generally associated with injection drug users and prison populations.
 - Co-incidence of HCV and HIV within at-risk populations, but HCV is a far more prevalent disease and is spreading at higher rates.
 - Given that increased awareness would cause financial pressure on the provinces and territories due to subsequent testing, the campaign had to focus on facts rather than on a strong call to action that would lead to widespread testing.

- **Financial Resources:**
 - \$1,000,000 over three years

- **Ethical Considerations:**
 - Inform and educate without alarming the public.

- **Strategy:**
 - Key message components:
 - Hepatitis C - Get the facts.
 - HCV: What, why, how (transmission / if you have any questions, consult your health professional) and what if?
 - Prevention behaviours
 - Visit the Web site: www.healthcanada.ca/hepc
 - Organization identified as the source of the messages: Health Canada

- Message review:
 - The message is clear.
 - The action to take is reasonably easy (get information) – Key challenges associated with finding out about a positive status are addressed.
 - Good evidence for threats and benefits is provided.
 - Health Canada (as the messenger) is seen as a credible source.
 - Messages address the controversial issue associated with the compensation package to individuals who have been infected with the hepatitis C virus through the Canadian blood system.
 - Messages are believable.
 - Messages use an appropriate tone and appeal to a mainstream audience.
 - Consistent look and identity is displayed throughout.
- Channels:
 - Materials: poster, flyer, fact sheet for health professionals, bookmark
 - Web site
 - 30-minute docudrama (TVA and Global/CanWest networks) along with public and media relations
 - Ads in the *National Post* to promote the docudrama
 - Consultative meeting with leading health professional organizations
- Partnerships:
 - Provinces and territories (planning and distribution)
 - Advisory committee: Canadian Liver Foundation, Canadian Hemophilia Society, Hepatitis C Society of Canada, Canadian Association for the Study of the Liver
 - College of Family Physicians of Canada (promotion of materials)
 - Canadian Nurses Association as well as provincial/territorial nursing associations (promotion of materials)
 - Canadian Public Health Association (promotion of materials)
- **Campaign Management and Implementation:**
 - During initial consultations, the provinces and territories identified public awareness and education as a key Health Canada role.
 - The advisory group agreed.
 - The provinces and territories, as well as Health Canada regional offices and associations, were consulted on the campaign's design.
 - An official mandate and funding for the campaign were then sought, in addition to the involvement of the Marketing and Creative Services Division.
 - The provinces and territories had to approve every aspect of the campaign (support in the form of a letter from each provincial/territorial deputy minister) and provide distribution channels for materials.

- **Evaluation:**
 - Baseline data and formative research (see *Sources* – Environics).
 - Viewership:
 - Docudrama: TVA (450,000); Global/CanWest (304,000).
 - Print distribution:
 - Brochure for general public: 645,090 were distributed.
 - Fact sheet for health professionals: English: 140,965 English sheets and 59,285 French sheets were distributed
 - Bookmark: 644,365 distributed to the general public and 193,290 to health professionals.
 - Post-campaign evaluation has not been implemented.

- **Success Factors:**
 - Partnership and involvement with the provinces and territories from the outset (they identified the need — the campaign was in response to their request and carried out in partnership with them).
 - Strong support for this marketing initiative from the Hepatitis C Division, as well as from provincial/territorial governments.
 - Positive relationships with the key NGOs.

- **Lessons Learned:**
 - The campaign has not been evaluated and Phase II as yet, has not been implemented - the sustainability of a mandate and resources need to be confirmed right from the start and at the highest levels.
 - Some awareness campaigns can have a significant impact on the demand for services or testing. Ideally, these implications would be assessed and the conditions required to manage the demand would be met, rather than adopting a weaker call to action.

- **Sources:**
 - Environics Research Group. *Awareness and Knowledge of Hepatitis C – Final Report*. March 2002.
 - Health Canada. *Hepatitis C Public Awareness Campaign – Marketing and Communications Strategy*. May 2001.
 - Phone Interviews with Debra Keays-White (Hepatitis C Prevention, Support and Research Program) and Michael Davis (Marketing and Creative Services Division), Health Canada, May 12, 2003.
 - www.healthcanada.ca/hepc

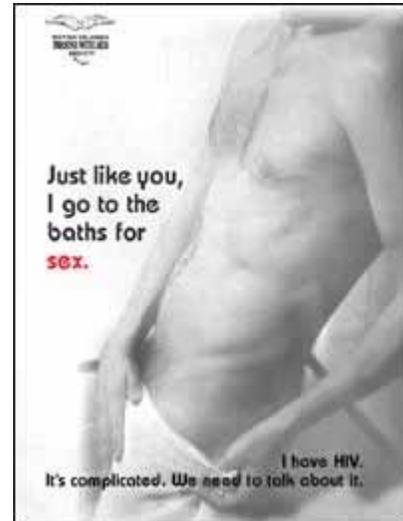
3.8 It's Complicated

- **Organization:** British Columbia Persons With AIDS Society (BCPWA)

- **Implementation Period:** December 1, 2002 to January 31, 2003

- **Overall Description:**

Recognizing that the prevention of HIV transmission must include people living with HIV/AIDS, BCPWA developed the "It's complicated" prevention campaign. The 2-month long effort was aimed at initiating dialogue with HIV-positive gay men and stimulating discussion around sexual practices and situations that lead to HIV transmission. Based on insight gathered from focus groups and a review of literature, situations and contexts in which HIV-positive gay men find it a challenge to practise safer sex were



featured on 5,000 posters, 6,000 bar cards and stickers, then distributed in bars, baths, gay businesses and through downtown postering services. Materials were also mailed to AIDS service organizations, health care providers and community groups across the province. In addition, materials were posted on a dedicated section in the BCPWA Society's Web site. There were over 10,000 unique visits to the dedicated section during the campaign. Displays were created in the Society's Lounge and for the Pacific AIDS Network meetings.

- **Objectives:**

- Raise awareness about situations where HIV transmission is more likely to occur in the context of gay men engaging in risk behaviours.
- Empower HIV-positive gay men by treating them as sexual beings and acknowledging their rights and normalcy.
- Encourage dialogue between HIV-positive and HIV-negative gay men.
- Launch new positive prevention programming at BC Persons With AIDS Society.

- **Audiences:**

- Primary audience: HIV-positive gay men aged 18 to 35 in the Greater Vancouver area
- Secondary audience: HIV-negative gay men

- **Context:**

- Recent trends in the HIV epidemic in British Columbia indicate that the number of positive test results has increased for the first time (2001) in six years.
- There is an emerging consensus, both in Canada and internationally, that HIV-positive people need to be included in the prevention work.

- Initiatives of this nature in San Francisco, Australia and the United Kingdom were reviewed.
- **Financial Resources:**
 - \$15,000 (including staffing costs for design)
- **Ethical Considerations:**
 - An initial concept (“I luv Sex – HIV can’t stop me... but I can stop HIV”) was tested in a focus group of HIV-positive gay men. The message elicited negative and emotionally-charged comments, especially since HIV actually did stop them in many ways. As a result, a different campaign was developed.
- **Strategy:**
 - Key messages:
 - *Just like you,*
 - *I go to the baths for sex.* (bath scene)
 - *I love to Party ‘n Play.* (play parties)
 - *I fall in love. I take risks.* (new relationships)
 - *I love.* (outdoor sex)
 - *I have HIV. It’s complicated. We need to talk about it.*
 - Organization identified as the source of the messages: BCPWA
 - Message review:
 - The message is clear.
 - The call to action is challenging, but the message is aimed at creating a better climate for dialogue.
 - The messenger is seen as credible, especially by persons living with HIV/AIDS.
 - The tone is appropriate for the intended audience and based on insight gathered during focus groups.
 - Identity is displayed throughout.
 - Channels
 - Print resources: 5,000 posters, 6,000 bar cards and stickers.
 - Dedicated section on Web site.
 - Television PSAs were considered, but were not produced due to lack of resources.
 - Print advertising in *Xtra! West* (Vancouver's gay and lesbian community newspaper) and the *Georgia Straight* (a weekly lifestyle and entertainment weekly).
 - Other advertising was also designed for washrooms ads, elevator ads and post card racks. Elevator ads and post card racks were rejected because they were considered too controversial (even after printing them upon approval by the company that was to display them).

- Partnerships
 - Health Canada (funding)
 - Vancouver AIDS Memorial (funding)
- **Campaign Management and Implementation:**
 - Focus group-driven, but key decisions were made internally.
 - The BCPWA in-house art director coordinated the production.
- **Evaluation:**
 - Two focus groups for pre-testing and formative research.
 - 10,000 visits to the dedicated section of the Web site.
 - Questionnaires filled out at the BCPWA lounge (compilation not completed).
- **Success Factors:**
 - Focus groups raised important questions about the initial concept and provided insight for the campaign's development.
 - Sexually explicit messages (posters were stolen in gay bars – a sign of success).
 - The campaign was a conversation-starter regarding the issue among HIV-positive and HIV-negative men.
- **Lessons Learned:**
 - Controversy led to the rejection of some ads. However, it did have a positive outcome as a conversation-starter, which was exactly the desired outcome of the campaign.
 - Controversial PSAs may not be deemed acceptable for general audiences and may not reach the audiences at the time that they are placed by stations. Relying on stations' goodwill can be disappointing. Paid advertising should be explored to ensure appropriate placement (to reach audiences and comply with the various regulations that may apply).
 - Postcards were very popular and easy to distribute.
 - Ongoing communication with stakeholders is essential to adjust to changing plans.
 - Campaigns delivery should include outreach activities in the community.
- **Sources:**
 - British Columbia Persons With Aids Society. *Positive Prevention Campaign – Final Report*. March 2003.
 - Phone Interview with Carl Bognar, Prevention Coordinator, BCPWA, May 21, 2003.
 - www.bcpwa.org/prevention_safesex.php

3.9 *Le sida circule toujours / AIDS is still around*

- **Organization:** *Santé et Services sociaux Québec* (Government of Quebec)

- **Implementation Period:** From December 2002 to March 2003

- **Overall Description:**

Progress with HIV/AIDS treatment over the past few years has created a false sense of security and led to a decline in safe behaviours. The aim of the “AIDS is still around” campaign was to remind the public that the fight against AIDS is not over and that the disease can be avoided. The campaign was particularly aimed at adults in the 18-34 age group. Three French signs were posted in some 250 Quebec bars and restaurants and appeared in various types of outdoor advertising media. The English and French versions of the three signs were also inserted in urban weeklies, as well as in gay and lesbian magazines and urban weeklies. In addition, two radio spots were broadcast in French. According to surveys and focus groups, the recall rate for the campaign was 29% in the 25-34 age group and messages were easy to understand.



Message radio « courant »

FEMME : Ça c'est passé
HOMME 1 : comme ça, comme **si**
FEMME : **dans** mon corps, je
HOMME 1 : l'avais senti passer
HOMME 2 : de moi,
HOMME 1 : à moi
FEMME : à moi.
HOMME 1 : **Si d'**habitude je sens
pas ça,
HOMME 2 : C'est parce que
FEMME : c'était différent.
HOMME 1 : Comme **si**
FEMME : **dans** mon corps
HOMME 1 : j'avais senti
HOMME 2 : le courant traverser.
Si
FEMME : **dans** mon ventre...
HOMME 1 : D'habitude je sens pas
ça.
FEMME : J'ai été traversée
HOMME 2 : Par ce courant-là.
HOMME 1 : **Si d'**habitude je ne fais
pas ça...
FEMME : Traversée par quelque
chose de grand...
HOMME 2 : **Si** j'avais su...
HOMME 1 : De vraiment trop
grand...
HOMME 2 : **Si d'**abord, j'y avais
pensé...
HOMME 1 : Traversé par quelque
chose de trop grand
TROIS VOIX : pour moi.
SFX : (BRUITS
MÉTALLIQUES)

Annonceur :
Le sida circule toujours.

Un message de ministère de la Santé et
des Services sociaux du Québec

Message radio « prénom »

On entend des hommes et des femmes
qui se nomment à tour de rôle. La
dernière syllabe de chaque prénom
correspond à la première syllabe du
prénom suivant.

TANIA
ALEXANDRE
ANDRÉ
RÉMI
MICHEL
ELLA
LANA
NANCY
DAVID
DIEGO
GODFREY
FRÉDÉRIC
CASEY
DANNY
NICOLETTA
TAMARA
RAPHAËL
ELSIE
DANIEL
HELENA
NADIA
ANNIE
NICOLAS
ALEXIS
SIDA

SFX : (BRUITS
MÉTALLIQUES)

Annonceur :
Le sida circule toujours.

Un message du Gouvernement du
Québec

- **Objectives:**
 - Change in attitude toward the false sense of security and its potential impact on safe behaviours.

- **Audiences:**
 - Adults in the 18-34 age group (and more specifically the 25-34 age group)
 - Segmentation: Initially aimed at the general public with no segmentation other than demographics; segmentation to reach gay men in bars and restaurants. Related activities were more targeted (homosexual men, injection drug users) produced in cooperation with partner organizations using other campaigns.

- **Context:**
 - Quebec Strategy for Combatting AIDS, Phase 4 (1997-2002 government guidelines)
 - Second year of the 2001-2004 communications campaign: Detailed campaign plan with the primary objective of fostering a social climate conducive to prevention efforts among vulnerable population groups or people living with HIV/AIDS. The plan summarizes the historical context of campaigns in Quebec (since the 1980s) and the various dimensions of issues
 - The purpose of the campaign was to put AIDS on the map again, as the slogan says (“AIDS is still around”)

- **Financial Resources:** \$750,000 (2002-2003)

- **Ethical Considerations:** Given the explicit nature of the visuals, the choice of channels (i.e., bars and restaurants) was targeted to avoid creating any controversy or offending certain population segments.

- **Participation of target audiences or organizations in the campaign’s design:** In the form of consultations with non-governmental organizations and regional public health branches, without any direct participation in decision-making on their part.

- **Strategy:**
 - Key message: *AIDS is still around*
 - Organization identified as the source of messages: Government of Quebec
 - Pre-testing of messages: Informal
 - Quality of messages tested through post-campaign focus groups and surveys:
 - Messages got the attention of the target audience and were considered creative.
 - Messages were clear.
 - *AIDS is still around* reminded people that AIDS is still very much present, that it’s important to protect yourself and be careful.
 - The messages encouraged some people to talk about it with friends or with their partner.
 - The “courant” radio message was not as well received, because it was considered unrealistic.

- The ads published on three consecutive pages of newspapers were very well received.
- Overall, the messages made it clear that the campaign was directed at everyone, not just specific groups.
- Among the people who recalled at least one campaign component:
 - 78% appreciated the message, because it made you think, was creative, eye-catching, clear, to the point and effective;
 - 21% did not appreciate the message, because they found it unappealing or negative;
 - Some people felt that the slogan was too small to be noticed and that the word “AIDS” was repetitive.
- The call to action was not explicitly stated, but the underlying safe behaviours were implicit and the target audience was well aware of them (especially with regard to taking an AIDS screening test).
- What was expected of the public was relatively easy to accomplish.
- The messenger (Government of Quebec) was perceived as a credible source.
- The messages were credible.
- The messages used an appropriate tone for the target audience.
- The messages used an appeal that is appropriate for the target audience.
- Channels
 - Signs in 250 bars and restaurants throughout Quebec
 - Outdoor advertising (metro, bus shelters and Omni columns)
 - Urban weeklies (*Voir Montréal*, *Voir Québec*, *Voir Hull*, *Ici Montréal*, *Montreal Mirror*, *Montreal Hour*, *Vue sur la Petite Bourgogne*, *La Préférence congolaise*, *Community Contact*) as well as gay and lesbian magazines and urban weeklies (*Fugues*, *NL – Night*, *Life*, *RG*, *Être*, *To Be*)
 - Radio: Broadcast throughout Quebec, with greater frequency in Montreal and Quebec City
- **Management and Implementation:**
 - The campaign plan was produced by the *Centre québécois de coordination sur le sida* (CQCS) of the *Ministère de la Santé et des Services sociaux* (MSSS).
 - The Communications Branch of the MSSS was responsible for the campaign’s management and coordination with the *Marketel* agency, in consultation with the CQCS and a few non-governmental partners.
 - The *Secrétariat à l’information gouvernementale* was responsible for decision-making.
- **Evaluation:**
 - Methods:
 - Surveys (telephone interviews) of Francophone Quebecers in the 25-34 age group with an 8.3% margin of error (at a 95% confidence level)
 - Focus groups (2 mixed groups, 2 groups of gays)
 - Results:
 - Recall: 29% (42% among university graduates, 27% among college graduates and 15% among those with a lower level of education)
 - Remembered signs: 25% (37% of men vs. 14% of women)

- Remembered the “prénom” radio spot message: 34%
 - Remembered the “courant” radio spot message: 22%
 - Among those who identified campaign components, 15% correctly identified the Government of Quebec as the sponsoring organization.
 - Among those who recalled various campaign components:
 - 42% recalled the key message: *AIDS is still around*
 - 29% considered that HIV/AIDS can affect everyone
 - 26% considered that it’s important for all target groups to use protection
 - 10% considered that it’s important to use protection
- **Success Factors:**
 - Experience with communications campaigns.
 - Did not require a consensus with non-governmental organizations (consultation without participation in the decision-making process).
 - Critical mass of financial resources.
- **Challenges:**
 - Annual theme despite initial planning over a three-year period: The campaign should ideally be designed and implemented over the longer term.
 - Ultimate decision-making was in the hands of the *Secrétariat à l’information gouvernementale*, which introduced numerous considerations in the choice of channels and themes (e.g., political reservations about themes considered more controversial, such as homosexuality and injection drug use).
 - Potential integration of “HIV/AIDS messages” into broader “Hepatitis C, AIDS and STDs” campaigns.
- **Sources:**
 - Cloutier, Richard (December 2000). *Devis de campagne pour la promotion d’attitudes susceptibles de faciliter la prévention de l’infection par le VIH et des MTS 2001-2004*. Ministère de la Santé et des Services sociaux / Centre québécois de coordination sur le sida.
 - Phone interview with Richard Cloutier, Research and Planning Officer, CQCS, MSSS, April 25, 2003.
 - SOM (March 2003). *Notoriété de la campagne SIDA*.
 - SOM (April 2003). *Rapport des groupes de discussion portant sur la compréhension, l’impact et l’appréciation de la campagne d’affichage contre le sida diffusées par le MSSS*.

3.10 Pauktuutit HIV/AIDS Project

- **Organization:** Pauktuutit Inuit Women's Association
- **Project:** Canadian Inuit HIV/AIDS Network
- **Implementation Period:** Ongoing since 1998



- **Overall Description:**

Pauktuutit was incorporated in 1984 as the national association that represents all Inuit women in Canada. Its mandate is to foster a greater awareness of the needs of Inuit women, and to encourage their participation in community, regional and national concerns in relation to social, cultural and economic development. The Association addresses many of the serious social and health issues that affect Inuit communities. One of its major activities is the establishment of an Inuit-specific HIV/AIDS network to address HIV/AIDS at the community, regional and national levels, along with the development of up-to-date and technically correct information on HIV/AIDS in a format that is easily understood and culturally appropriate. Over the past few years, the Association has provided a channel for many promotional materials and encouraged the involvement of Inuit communities in a number of events.

- **Objectives:**

- To provide up-to-date and technically correct information on HIV/AIDS in a format that is easily understood and culturally appropriate.
- To establish an Inuit-specific HIV/AIDS network to address HIV/AIDS at the community, regional and national levels.
- To act as a catalyst for community action on HIV/AIDS.

- **Audiences:**

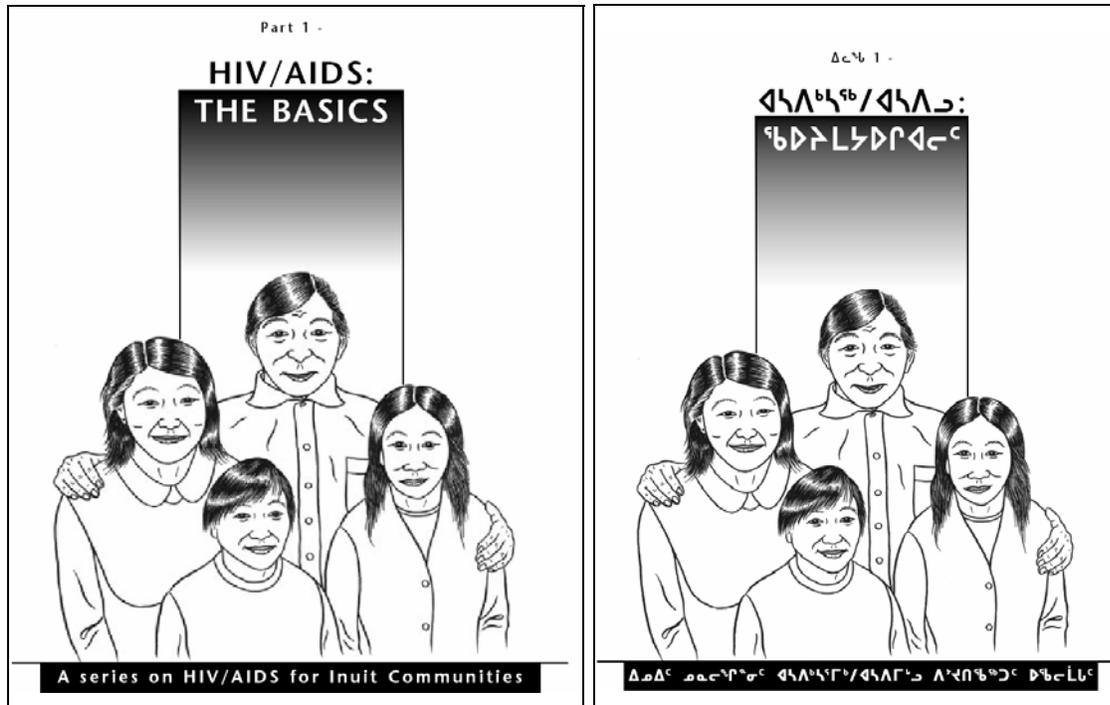
- Inuit youth, people residing in or travelling to Inuit communities and all Inuit (at least 45,000 Inuit)

- **Financial Resources:**

- Health Canada: \$340,000 over two years to enable steering committee face-to-face meetings, conference calls, materials development, and salaries for two CIHAN Project staff positions at Pauktuutit Inuit Women's Association
 - Northern Secretariat: is a combination of the HIV and Hepatitis C funds for Nunavut. The funds are used for materials development, fairs in Nunavut, including travel for an HIV+ youth representative to each fair, as well as a portion of fair coordinators' salary.
 - First Nations and Inuit Health Branch: Resources are used for fairs outside Nunavut including travel for an HIV+ youth representative to each fair, materials development, as well as a portion of fair coordinators' salary.
- Corporate, community and individual donations (\$2,000 to \$3,000 a year in addition to in-kind donations and services – e.g., condoms, prizes, PDF development, etc.)

- **Ethical Considerations:**

- Many Inuit are unilingual Inuktitut and/or have a low-grade reading level in English. All materials produced must therefore be in English and Inuktitut.
- All materials are reviewed by health professionals to ensure the information is accurate. All materials are also reviewed by community representatives through the steering committee, the Pauktuutit Board of Directors, National Inuit Committee on Health (formerly ITK Health Committee) and/or other community experts to ensure the information, language, translation, cultural references, and so on are in keeping with Inuit traditions, customs, etc.



- **Strategy:**

- The main strategy is to initiate community action. For Pauktuutit HIV/AIDS initiatives, all 52 Inuit communities and two urban centres (Ottawa and Montreal) are encouraged to participate in all projects (e.g., AIDS Walks, AIDS Fairs, etc.).
- Inuit are asked what the message should be in their communities, rather than having an organization tell them what it should be. Inuit youth have come up with some very affective verbal, written and visual messages through the Arctic Youth HIV/AIDS & Hepatitis C Fairs. The purpose of the fairs is to give youth in Arctic communities the opportunity to participate in their own education concerning HIV/AIDS and subsequently share what they have learned with their contemporaries and the community at large. Since the first fairs in 2000/2001, two posters (Hickey and RIP) have been re-created with no changes to the message and image. An AIDS Puzzle was also developed as a result of the AIDS Fair. Possibly the first Inuit-specific puzzle, the puzzle was re-created with no changes to the messages or images found on the puzzle. A claymation video was

produced on CD-ROM which was an exact replica of the students' work. There is a 9-poster series featuring 'Condom User Man' with a tag line for each poster on the same CD-ROM as the claymation video. To date, 25 fairs have been held, with 19 more planned in Fiscal 2003-04.

- The 2002 Arctic Winter Games in Iqaluit provided a unique opportunity to raise awareness about HIV/AIDS among Inuit. With a large number of people, many of them youth, coming from all over the circumpolar world, the Games provided an ideal opportunity to build awareness/education/prevention on HIV/AIDS, STIs and other health-related issues. The campaign included the following: HIV/AIDS Immigration posters and passports, traditionally flavoured condom covers, kiosks, booklets, puzzles, pins, as well as Lifesaver project posters and T-shirts with the message "Because I'm worth it" printed on them to emphasize the importance of protecting yourself, while respecting yourself and those around you. Some 25,000 condoms were handed out, along with 4,000 information passports and booklets, puzzles, T-shirts and pins awarded as prizes.
- Partnerships
 - CAS (Canadian AIDS Society): partnership for AIDS Walks.
 - CATIE (Canadian AIDS Treatment Information Exchange) — "Building Our Understanding" — CATIE Fact Sheets have been produced specifically for Inuit communities.
 - CAAN (Canadian Aboriginal AIDS Network) – Pauktuutit Inuit Women's Association acts as a channel for CAAN to distribute materials and information to Inuit communities, as well as a filter to the Inuit communities to help reduce the amount of non-relevant information. Inuit are now closely involved with CAAN, making it one of the rare "truly Aboriginal" organizations.
 - ITK - The National Inuit Committee on Health meets quarterly and, through the partnership with ITK (CIHAN Project Staff), is able to meet, share information and stay connected with committee/regional Inuit organizations twice a year, in addition to connecting with land claims organizations and health directors in all Inuit regions.
 - The Communities – Without community partnerships, none of the activities would be possible and, without the dedication and commitment of so many communities, none of the work would be effective. Communities are considered the most important partnership of all.
 - The Government of Nunavut Health and Social Services – The GN Health Department has provided all possible support for the Lifesaver project. A press conference was held with the Minister of Health to launch the project during the games. The GN also provided meeting rooms and volunteers for the Lifesaver project. The GN has committed to continue expanding the Lifesaver project with Pauktuutit in the future.
- **Campaign Management and Implementation:**
 - The Canadian Inuit HIV/AIDS Network is guided and directed by a steering committee composed of representatives from each of the six Inuit regions, an Inuk elder, an Inuk youth, an Inuk living with HIV/AIDS, and an urban Inuk. Committee members are selected based on their expertise in the area of public

health. Representatives from the National Aboriginal Health Organization, National Inuit Youth Council, Nunavut Youth Consulting and Inuit Tapiriit Kanatami also participate in CIHAN meetings and activities.

- Steering committee meetings are organized around larger events, such as the CAAN AGM, Aboriginal summits on HIV/AIDS, national conferences and evaluation meetings. This ensured broader visibility and representation for the steering committee, while providing an opportunity to participate in partners' AGMs/conferences/workshops. The goal is to strengthen the Inuit voice and make it more inclusive for a population that has historically been "left out of many circles only to be looking in."

▪ **Lessons Learned:**

- Inuit are faced with many social issues. Although HIV/AIDS is a serious issue, it is not perceived as the only serious one. Therefore, it is difficult to draw attention to this epidemic in Inuit communities. A Plan of Action has been produced to address this issue. It is hoped the regions will adopt the Plan in the coming years.
- Providing opportunities for community action is effective. For example, students at the Inuksuk High School told the senior advisor on HIV/AIDS at Pauktuutit that they were tired of seeing posters, pamphlets and booklets made for them in which they had no input. This led to the creation of the AIDS Fairs, which have been the source of numerous other accomplishments. The AIDS walks are another measurable initiative. Over the past three years, the number of AIDS walks in Inuit communities has increased. The date for the walk (usually late September) is not the best time of the year to have a walk in most Inuit communities, but with minor adjustments to the date and some innovative ideas, walks or similar activities have taken place in over 40 of the 52 Inuit communities.
- CIHAN has had limited access to sustainable funding. Currently CIHAN is the only way Inuit from coast to coast to coast can work together in the fight against HIV/AIDS. It is the best way to maximize funding for the benefit of Inuit regardless of their location. This approach limits duplication, which has cut costs and increased production, while maintaining regional autonomy. For example, instead of producing six booklets with identical or very similar information, only one booklet is produced. If information specific to a region is needed, it can be included as required. There are, however, challenges to this approach in terms of funding, because a model that works for Inuit does not necessarily correspond to funding agencies' policies that were adopted with little or no Inuit involvement.

▪ **Sources:**

- Electronic correspondence with Franco Buscemi, HIV/AIDS Project Assistant, Pauktuutit Inuit Women's Association, October 2003.
- <http://www.pauktuutit.on.ca/>
- *Suvaguuq* – National Newsletter on Inuit Social and Cultural Issues (Pauktuutit Inuit Women's Association of Canada), Volume XIV, Number 1, 2003.

3.11 sexualityandu.ca / masexualite.ca

- **Organization:** Society of Obstetricians and Gynaecologists of Canada (SOGC)
- **Implementation Period:** Since November 2001

- **Overall Description:**

Sexualityandu.ca is a Web site that provides credible and up-to-date sexual health information and education to teens, adults, parents and teachers, as well as health professionals. Topics include Sexually Transmitted Infections (STIs), contraception awareness, lifestyle choices and talking about sex. A quiz and regular newsletters are included along with links to resources. The bilingual (English/French) site was launched in November 2001. The latest statistics (April 2003) show that there are approximately 91,990 visits per month to the site (3,000 per day).



- **Objectives:**

- To provide credible and reliable education/information by offering guidance and advice that will help audiences develop and maintain a healthy sexuality.

- **Audiences:**

- Teens
- Adults
- Parents and teachers
- Health professionals

- **Context:**

- Need to exploit the unique characteristics of the Internet to promote sexual and reproductive behaviour change: Anonymous, accessible, interactive, individualized, enduring, expert and updatable.

- **Financial Resources:**

- Detailed information is not available – Estimated at several hundred thousand dollars for the development, design, maintenance and promotion of the site.
- Revenues come from the Foundation for the Promotion of Sexual and Reproductive Health (part of the SOGC) which is funded by industry and membership.

- **Ethical Considerations:**

- Abortion-related issues – The SOGC decided to adopt the Health Canada position on sexual health education and post the following disclaimer on its Web site: “In accordance with the recommendations of Health Canada, the Society of

Obstetricians and Gynaecologists of Canada (SOGC) recognizes that sexual health education should be accessible to all people and address all subject areas relevant to sexual health. As noted by Health Canada, "Effective sexual health education recognizes that responsible individuals may choose a variety of paths to achieve sexual health. They should have a right to accurate information that is relevant to those choices." The sexualityandu web site reflects this basic right by presenting a broad spectrum of information in order to facilitate the ability of users to make knowledgeable choices. Users are able to link from sexualityandu to many other sites that present information on sexual and reproductive health. Although these links have been carefully selected, the SOGC does not necessarily endorse the content of these sites and it should be noted that the content of linked sites may change periodically and without notice. Issues related to sexuality and reproductive health can be complex and subject to differences of opinion. The purpose of sexualityandu is educational and we, therefore, urge users to consider the information presented on this site and linked sites in the context of their own values and circumstances and to make personal choices that are well informed and appropriate for each individual."

▪ **Strategy:**

- Key messages:
 - Your link to sexual well-being.
 - Range of targeted topics and messages.
- Organization identified as the source of the messages: SOGC
- Pre-testing is conducted through regular focus groups, satellite working groups (specialized in target audiences) and with health professionals. Their input helps identify knowledge gaps and has a significant influence on message development.
- Message review based on feedback from users:
 - Liked:
 - Good layout
 - Quality of information
 - Audience appropriateness
 - Non-judgmental language
 - Graphics
 - Needed improvement
 - More information needed
 - Interactivity
 - Opportunity to ask questions
 - Feedback form
- Channels:
 - Advertisements to promote the Web site: Radio, TV (MuchMusic and Musique Plus), transit (bus and subway) ads, including bus shelters, as well as magazines/journals ("Back to school" and sexuality-related issues)
- Partnerships:
 - Canadian Pharmacists Association (content and endorsement)
 - The Canadian Public Health Association (content and endorsement)
 - The College of Family Physicians of Canada (content and endorsement)

- The Federation of Medical Women of Canada (content and endorsement)
 - Sex Information and Education Council of Canada (content and endorsement)
 - The Society of Rural Physicians of Canada (content and endorsement)
 - Planned Parenthood Federation of Canada
- **Project Management and Implementation:**
 - Building on partner organizations, the involvement of health professionals (on a volunteer basis), input from users, focus groups and satellite working groups, the site is updated on a regular basis.
 - An agency developed the visual for the Web site (little computer mice) and initial advertising strategy.
 - Staff members handle relations with broadcasters and publishers directly.
 - Overall coordination for the project is managed by a staff member.
- **Evaluation:**
 - During the first six months of operation (from November 2001 to April 2002) the site had 155,000 visitors for a total of 320,000 visits. They viewed 2,000,000 pages and downloaded 70,000 documents. Key data and profile information compiled are as follows:
 - Ways English users found out about the site: 25% via mass transit ads, 23% through other Web sites and 22% through a search engine.
 - Duration of average visit: 11 minutes.
 - 51% of visitors are French; English visitors came more frequently (2.3 times vs. 1.8)
 - Topics of greatest interest: Puberty, STD and sexual function.
- **Success Factors:**
 - Low cost/reach
 - Focus groups / satellite working groups
 - Passionate group of health professionals
 - Advertising creative partners / branding
- **Lessons Learned:**
 - Improve interactivity
 - Improve multimedia use
 - Improve clinic locator offering
 - Improve search engine function
 - Improve font size and readability
 - Eliminate gender and sexual orientation bias and patronizing teenage slang
 - Enhance motivation and behavioral skills content
 - Provide “emergency” referrals and “help button” (for common situations)
 - Improve feedback questionnaire in order to segment respondents according to demographics

▪ **Sources:**

- Phone Interview with Lisa Spencer, Coordinator - Contraception Awareness Project and Media Relations, Society of Obstetricians and Gynaecologists of Canada, May 20, 2003.
- SOGC. Evaluation of Sexualityandu.ca: The Sexual and Reproductive Health Web site of the SOGC (PowerPoint presentation). February 2003.
- www.sexualityandu.ca

4. Recommendations

Section 3 abounds in useful recommendations for any organization involved in planning, delivering and evaluating HIV/AIDS campaigns. Many success factors and lessons learned reinforced the best practices in health communications, social marketing, advocacy and risk communication outlined in Section 2. They are summarized as recommendations in this section.

Recommendation #1:

That one of the first steps in developing a campaign be to clearly determine how it fits within an overall HIV/AIDS or organizational strategy, its synergy with other components, as well as the opportunities, implications and limitations associated with the potential impact on demand for information and services.

Campaigns create a climate conducive to both behavioural and social change, as long as they are part of a clear vision and plan, which includes an assessment of their potential impact on the demand for services. The campaigns reviewed suggest that media and communications campaigns have helped advance individual, social and organizational agendas. The most successful ones established specific awareness goals as part of a clear overall strategy, while taking into account that awareness campaigns may also increase demand for services and/or additional information.

Recommendation #2:

That financial and organizational support at the highest levels be sought to ensure campaign continuity and a critical mass of resources to make a significant, consistent and lasting difference.

Although high awareness levels can be achieved relatively quickly, significant and sustained behavioural and social change requires effort over a number of years, and includes addressing any barriers to the adoption of expected calls to action.

Recommendation #3:

That HIV/AIDS-specific campaigns be developed to address HIV/AIDS-specific priority audiences and issues, while ensuring that sufficient attention is placed on the issue to actually put HIV/AIDS back on the map.

Incorporating HIV/AIDS messages into broader integrated campaigns, such as lifestyle or sexual health initiatives, provides an opportunity to deliver messages. However, integrated campaigns are not likely to be sufficiently effective in putting HIV/AIDS back on the map. In addition, some segments may require HIV/AIDS-

specific messages, since not all lifestyle or sexual health behaviours are governed by the same influencers or would be similarly designed for all audiences – some behavioural change campaigns encourage a “substitute” behaviour (i.e., contraception, healthy food choice), others an “add-on” behaviour (e.g., parent-teen dialogue about sexuality, physical activity), a “modifying” behaviour (e.g., safe sex), or focus on a “rejection” or “abandonment” message (e.g., abstinence, tobacco cessation).

Recommendation #4:

That media relations be an integral part of any awareness campaign and that campaign spokespersons be trained in this area.

Given that most HIV/AIDS campaigns generate controversy and news coverage, investing in media relations is both a necessity and an opportunity. The campaigns reviewed would suggest that the value of media coverage generally far exceeded the investment in media relations.

Recommendation #5:

That all organizations involved in delivering information about progress in treatment be encouraged to include a statement about the fact that the virus is still fatal and that there are ways to prevent it. If these organizations do not include a cautionary message, governmental and non-governmental agencies should automatically react to news coverage by reinforcing the prevention message.

Many organizations believe that media reports about the progress in HIV/AIDS treatment over the past few years have created a false sense of security and led to a decline in safe behaviours. Such reports are likely to continue. Although these reports pose a threat to prevention efforts, they also provide an opportunity to remind the public that the virus is still fatal, that there is no cure and that there are ways to prevent its transmission.

Recommendation #6:

That messages be designed and pre-tested with a range of audiences (including those who may be offended and/or a victim of potential stigmatization) to anticipate potential concerns, prevent a backlash against individuals and communities as well as develop appropriate responses.

The issue of a potential backlash was by far the most common ethical dilemma campaign coordinators faced. Although effective campaigns deliver breakthrough and attention-getting messages, every effort should be made to prevent a backlash or stigmatizing individuals and communities. Pre-testing enabled many of them to avoid it.

Recommendation #7:

That campaigns be designed and implemented by building on best practices in health communications and social marketing, as well as the success factors in recent campaigns, such as pre-testing and evaluation, multiple channels (including Web-based communications), quality materials, use of testimonials, merchandising, partnerships, as well as local and networking outreach strategies to influence high-risk segments.

Recommendation #8:

That the campaign implementation process and schedule allow enough lead time to mobilize resources and partners, as well as enough time to test and deliver materials properly.

Taking the time to plan, test, implement and evaluate campaigns has been identified as a key factor behind a campaign's success or failure. This is particularly challenging when a campaign is launched for the first time or is national in scope (including considerations, such as mailings to northern communities).

Recommendation #9:

That clear terms of reference be established for advisory committees and partners' input in decision-making on various campaign components. Terms of reference should be shared when potential members and partners are initially contacted.

Many campaign coordinators mentioned that having clear terms of reference for the advisory committee was useful, especially in the decision-making process. Although most do encourage a wide range of input, experienced coordinators have concluded that decision-making is optimal when carried out by senior officials of the organization who have an in-depth understanding of internal considerations and constraints. Pre-testing with key audiences and consultations with advisory committees should be encouraged, but unanimous agreement or consensus among members of an advisory committee was not perceived as desirable, essential or achievable in all instances due to conflicting perspectives and opinions.

5. References

- Freimuth, V., Cole, G., Kirby, S. (2001). Issues in evaluating mass mediated health communication campaigns. In Rootman, I., Goodstadt, M. Hyndman, B., et al. (Eds.), *Evaluation in Health Promotion: Principles and Perspectives*. Geneva: WHO Regional Publication, European Series, No. 92.
- Hornik, R. (2002). Public Health Communication: Making Sense of Contradictory Evidence. In R. Hornik (Ed.), *Public Health Communication – Evidence for Behavior Change* (pp. 1-19). Mahwah, NJ: Lawrence Erlbaum Associates.
- Hornik, R.C. (2002). Exposure: Theory and Evidence For Behavior Change. *Social Marketing Quarterly*, VIII (3), 30-37.
- Kotler P, Roberto N, Lee N. (2002). *Social Marketing – Improving the Quality of Life*. (2nd ed.). Thousand Oaks, CA: Sage.
- Maibach, E.W. (2002). Explicating Social Marketing: What Is It, and What Isn't It? *Social Marketing Quarterly*, VIII (4), 6-13.
- McCallum, D.B. (1995). Risk Communication : A Tool for Behavior Change. In T.E. Backer, S.L. David and G. Saucy (Eds). *Reviewing the Behavioral Science Knowledge Base on Technology Transfer* (pp 65-89). U.S. Department of Health and Human Services, NIDA Research Monograph 155.
- Nelson, D.E. (2002). Current Issues and Challenges. In D.E. Nelson, et al. (Eds.), *Communicating Public Health Information Effectively – A Guide for Practitioners* (pp. 1-10). Washington, DC: American Public Health Association.
- Sharma, R.R. (1997). *An Introduction to Advocacy – Training Guide*. Washington, DC: Academy for Educational Development.
- Siegel, M. & Doner, L. (1998). *Marketing Public Health – Strategies to Promote Social Change*. Gaithersburg, MD: Aspen Publishers, Inc.
- THCU (2002). *Health Communication Message Review Criteria*. Retrieved May 11, 2003, from University of Toronto, The Health Communication Unit Web site:
<http://www.thcu.ca/infoandresources/publications/Complete%20Message%20ReviewTool%20Nov11-02.pdf>
- Tinker, T. and Vaughan, E. (2002). Risk Communication. In D.E. Nelson, et al. (Eds.), *Communicating Public Health Information Effectively – A Guide for Practitioners* (pp. 185-203). Washington, DC: American Public Health Association,.
- Witte, K. (2001). *The Use of 'Fear Appeals' in Public Health Campaigns and in Patient/Provider Encounters*. Retrieved May 11, 2003, from <http://www.comminit.com/st2001/sld-3135.html>

Appendix A: Interview Guide in English

Review of Recent Canadian HIV/AIDS Social Marketing and Communications Campaigns

Interview Guide

François Lagarde
For Health Canada
April 2003

Lead Organization:
Campaign name:
Period of implementation:
Partner Organization(s):

Overall description (one paragraph):

Rationale, Objectives, Resources and Ethics

- Primary purpose:
 - Were you seeking changes at the individual level? (If so, please specify)
 - Were you seeking some type of policy change? (If so, please specify)
- Context and synergy
 - Why this and why then? (by design, timing, opportunity, etc.)
 - Were communications activities part of a broader strategy?
 - Which key contextual considerations affected the planning, implementation and evaluation of the campaign?
- Was there a conscious desire to use this campaign to help put HIV/AIDS on the map? How was it manifested?
- Which key audience(s) and segment(s) were targeted? What was the rationale behind the selection process?
- What were the desired outcomes for each audience or segment (i.e., specific knowledge, attitudes, behaviours and/or policies)?
- Before developing your campaign, did your organization conduct a review of literature or best practices?
- Were measurable objectives set for the campaign in terms of knowledge, attitudes, behaviours or policies? If so, what were they? Did they factor in baseline data?
- Did the organization have a preset level of human and financial resources for the campaign? If so, what were they? Did the projected resources prove to be enough? Did they include resources for tracking and evaluation?
- Did you have to address ethical dilemmas in the campaign, such as the ends being pursued, means being considered, as well as intended and unintended consequences? If so, which ones and how did you address them?

Formative Research, Audience Analysis and Segmentation

- Did the organization perform an audience analysis (through formative research methods or by using secondary research)?
- Were representatives from key audiences involved in the campaign design? If so, how?
- Was a specific segmentation approach applied beyond demographics? If so, on what basis?

Strategy

- What were the key messages?
- Which organization(s) or spokespersons were identified as the source of the messages?
- Were the messages pre-tested? If so, how?
- Did they comply with message review criteria (Health Communications Unit of the University of Toronto)?
 - The message will get and maintain the attention of the audience.
 - The strongest points are given at the beginning of the message.
 - The message is clear.
 - The action you are asking the audience to take is reasonably easy.
 - The message uses incentives effectively.
 - Good evidence for threats and benefits is provided.
 - The messenger is seen as a credible source of information.
 - Messages are believable.
 - The messages use an appropriate tone for the audience.
 - The message uses an appeal that is appropriate for the audience (i.e., rational or emotional).
 - The message will not harm or be offensive to people who see it (e.g. 'victim blaming' should be avoid).
 - Identity is displayed throughout.
- What were the channels? (e.g., print, newsletters, radio, television, outdoor, telephone, mail, point-of-purchase, computer or Web-based, displays, presentations, training, informal networks, clinical settings and events)
- What was the duration and frequency of message delivery for each channel? How (on what basis) were the duration and frequency determined?
- Who were the campaign partners? On what basis were they selected? What was there role (e.g., access to audiences, credibility, resources, etc.)?

Management and Implementation

- How was the management and implementation of the campaign organized?
- What was the decision-making process for the campaign?
- What was the overall critical path for the campaign's development, implementation and evaluation?

Tracking and Evaluation

- Which methods were used to monitor the campaign's implementation? Did they lead to changes in strategy during the implementation phase?
- Which methods were used to evaluate the measurable objectives?
- What were the results? Were they considered satisfactory or not? By whom?
- Did the evaluation lead to a decision about the next steps? If so, what were they?

Success Factors and Lessons Learned

- What are the strengths and key success factors of your campaign?
- What weaknesses and challenges did you face?
- What would you do the same?
- What would you do differently?

Appendix B: Interview Guide in French

Recension des récentes campagnes canadiennes de communication et de marketing social sur le VIH/sida

Guide d'entrevue

François Lagarde
pour Santé Canada
Avril 2003

Organisme :
Nom de la campagne :
Période de mise en œuvre :
Organisme(s) partenaire(s) :

Description générale (un paragraphe) :

Justification, objectifs, ressources et éthique

- Objectif premier :
 - Visiez-vous des changements individuels ? Si oui, lesquels ?
 - Visiez-vous un quelconque changement de politique ? Si oui, lequel ?
- Contexte et synergie :
 - Pourquoi cette campagne à ce moment précis (orientation, choix du moment, occasion, etc.) ?
 - Cette campagne faisait-elle partie d'une stratégie plus globale ?
 - Quels éléments contextuels ont été déterminants pour la planification, la mise en œuvre et l'évaluation de la campagne ?
- Cherchiez-vous de façon consciente à amener le VIH/sida à l'avant-scène ?
Comment s'est manifestée cette volonté ?
- Quels étaient vos groupes cibles ? Qu'est-ce qui a motivé ce choix ?
- Quelles retombées escomptiez-vous (connaissance spécifique, attitude, comportement, politique) ?
- Avant d'élaborer votre campagne, votre organisme a-t-il effectué une recension des écrits ou des meilleurs pratiques ?
- Aviez-vous établi des objectifs mesurables en matière de connaissances, d'attitudes, de comportements ou de politiques ? Si oui, lesquels ? Avez-vous tenu compte des données repères ?
- Votre organisme disposait-il pour la campagne d'un niveau préétabli de ressources humaines et financières ? Si oui, de quel ordre étaient-elles ? Ces ressources se sont-elles avérées suffisantes ? Incluaient-elles des étapes de suivi et d'évaluation ?
- Avez-vous eu à faire face à des dilemmes éthiques, notamment sur le plan des objectifs visés, des moyens envisagés et des conséquences prévues ou imprévues ? Si oui, veuillez préciser lesquels et la façon dont vous les avez réglés.

Recherche formative, analyse du public cible et segmentation

- Votre organisme a-t-il effectué une analyse du public cible (au moyen de méthodes de recherche formative ou de recherches existantes) ?
- Des représentants des principaux publics cibles ont-ils collaboré à la conception de la campagne ? Si oui, quel a été leur rôle ?
- Avez-vous utilisé un mode de segmentation autre que les données démographiques ? Si oui, lequel ?

Stratégie

- Quels ont été vos messages-clés ?
- Quel organisme ou personne était identifié comme source des messages ?
- Les messages ont-ils été pré-testés ? Si oui, comment ?
- Répondaient-ils aux critères d'évaluation d'un message établis par le département de *Health Communications* de l'*University of Toronto* ?
 - Le message attirera et maintiendra l'attention du public cible.
 - Les éléments les plus percutants sont énoncés au début du message.
 - Le message est clair.
 - Ce que vous attendez de votre public est relativement facile à réaliser.
 - Le message comporte des incitatifs efficaces.
 - Vous démontrez clairement les risques et les avantages en cause.
 - Le message est perçu comme une source crédible d'information.
 - Le message est crédible.
 - Le message adopte un ton qui convient au public cible.
 - Le message fait appel à des motivations adaptées au public cible (ton rationnel, émotionnel, etc.).
 - Le message ne fera de tort ni n'offensera personne (évitez, par exemple, de blâmer ou de responsabiliser les victimes).
 - Toutes vos communications présentent la même identité.
- Quels canaux de diffusion ont été utilisés (imprimé, bulletin d'information, radio, télévision, affichage extérieur ou intérieur, téléphone, poste, lieux de ventes, Internet ou autre support informatique, présentations, formation, réseaux informels, lieux de soins, événements, etc.) ?
- Quelle a été la durée et la fréquence de diffusion du message dans chacun des canaux ? Selon quels critères ont-elles été établies ?
- Quels ont été vos partenaires ? Comment les avez-vous choisis ? Quel rôle ont-ils joué (accès au public cible, crédibilité, ressources, etc.) ?

Gestion et mise en œuvre

- Comment la campagne a-t-elle été gérée et mise en œuvre ?
- Quel processus de décision avez-vous adopté ?
- Quel a été le cheminement critique global pour l'élaboration, la mise en œuvre et l'évaluation de la campagne ?

Suivi et évaluation

- Quelles méthodes avez-vous utilisées pour suivre la mise en œuvre de la campagne ? Ce suivi vous a-t-il amené à modifier votre stratégie de mise en œuvre ?
- Quelles méthodes avez-vous utilisées pour évaluer la réalisation de vos objectifs mesurables ?
- Quels ont été les résultats ? Ont-ils été jugés satisfaisants ou non ? Par qui ?
- L'évaluation a-t-elle influencé les étapes suivantes ? Si oui, comment ?

Facteurs de succès et leçons tirées

- Quels ont été les forces et les principaux facteurs de succès de votre campagne ?
- À quels défis ou faiblesses avez-vous été confrontés ?
- Quels éléments reprendriez-vous ?
- Quels éléments modifieriez-vous ?

Appendix C: Synopsis of *Le sida circule toujours* in French

- **Organisme** : Santé et Services sociaux Québec (Gouvernement du Québec)

- **Période de diffusion** : de décembre 2002 à mars 2003

- **Description générale** :

Les progrès thérapeutiques des dernières années en regard du VIH/sida ont créé un faux sentiment de sécurité et entraîné un relâchement des comportements sécuritaires. La campagne « Le sida circule toujours » visait à rappeler que le sida n'est pas vaincu et qu'il est évitable. La campagne s'adressait particulièrement aux adultes de 18 à 34 ans. Trois affiches en français ont été placées dans quelque 250 bars et restaurants au Québec et sur des panneaux extérieurs. Les trois affiches, en versions française et anglaise, ont aussi été insérées dans des hebdomadaires urbains ainsi que dans des magazines et hebdomadaires urbains gais et lesbiennes. Deux annonces radio en français ont également été diffusées. Selon les sondages et les groupes de discussion, la campagne a enregistré une notoriété de 29 % parmi les 25 à 34 ans et s'est révélée très facile à décoder.

- **Objectif de changement** :

- Changement d'attitude en regard du faux sentiment de sécurité et de ses incidences éventuelles sur les comportements sécuritaires

- **Public cible** :

- Adultes de 18 à 34 ans (plus particulièrement les 25-34 ans)
- Segmentation : initialement, campagne grand public sans segmentation autre que démographique ; segmentation pour rejoindre les hommes gais dans les bars et restaurants. Activités connexes plus ciblées (hommes homosexuels, usagers de drogues par injection) réalisées en collaboration avec des organismes partenaires au moyen d'autres campagnes.

- **Contexte** :

- Stratégie québécoise de lutte contre le sida, phase 4 (orientations ministérielles 1997-2002)
- Deuxième année d'une campagne de communication 2001-2004 : devis de campagne détaillé dont l'objectif principal est de favoriser un climat social propice aux efforts de prévention auprès des personnes vulnérables au VIH/sida ou vivant avec le VIH. Le devis fait état du contexte historique des campagnes au Québec (depuis les années 1980) et des différentes dimensions des enjeux
- Cette campagne visait à « Amener le VIH/sida à l'avant-scène », comme en fait foi le slogan

- **Ressources financières** : 750 000 \$ (2002-2003)
- **Questions d'éthique** : étant donné les représentations visuelles, le choix des canaux (bars et restaurants) s'est imposé de lui-même pour ne pas susciter de controverses ni offenser certains segments de la population
- **Participation des publics cibles ou d'organismes dans la conception de la campagne** : sous la forme de consultation d'organismes non gouvernementaux et des directions régionales de santé publique, sans participation directe aux décisions
- **Stratégie** :
 - Message-clé : *Le sida circule toujours*
 - Organisme identifié comme la source des messages : Gouvernement du Québec
 - Pré-test des messages : informel
 - Qualités des messages testés lors de groupes de discussion et de sondages post-campagne :
 - Les messages ont attiré l'attention du public cible et ont été jugés originaux.
 - Les messages étaient clairs.
 - *Le sida circule toujours* rappelait que le sida est toujours présent, qu'il est important de se protéger et qu'il faut être prudent.
 - Les messages en ont incité plusieurs à en parler à des amis ou à leur conjoint.
 - Le message radio « courant » a semblé moins apprécié, notamment parce qu'il était jugé peu réaliste.
 - La présentation des affiches dans trois pages consécutives des journaux a été très appréciée.
 - Les messages, dans leur ensemble, ont permis de comprendre que la campagne s'adressait à tous, pas seulement à des groupes particuliers.
 - Parmi les personnes qui ont pris connaissance d'au moins un élément de la campagne :
 - 78 % ont apprécié le message parce qu'il suscitait la réflexion et qu'il était original, accrocheur, clair, précis et efficace ;
 - 21 % ne l'ont pas apprécié parce qu'ils l'ont trouvé peu accrocheur ou négatif ;
 - certains ont mentionné que le slogan était trop petit pour être remarqué et que le mot « sida » y était répétitif.
 - L'incitation à l'action n'était pas spécifiée explicitement, mais les comportements sécuritaires sous-jacents étaient implicites et connus du public cible (passer un test de dépistage notamment).
 - Ce que l'on attendait du public était relativement facile à réaliser.
 - Le messenger (Gouvernement du Québec) était perçu comme une source crédible.
 - Le message était crédible.
 - Le message adoptait un ton qui convient au public cible.
 - Le message faisait appel à des motivations adaptées au public cible.
 - Canaux
 - Affiches dans 250 bars et restaurants au Québec

- Affichage extérieur (métro, aribus et colonnes omni)
 - Hebdomadaires (Voir Montréal, Voir Québec, Voir Hull, Ici Montréal, Montreal Mirror, Montreal Hour, Vue sur la Petite Bourgogne, La Préférence congolaise, Community Contact) et magazines et hebdomadaires urbains gais et lesbiennes (Fugues, NL – Night, Life, RG, Être, To Be)
 - Radio : diffusion à travers le Québec, avec une concentration de la fréquence à Montréal et à Québec
- **Gestion et mise en œuvre :**
 - Le devis de la campagne a été rédigé par le Centre québécois de coordination sur le sida (CQCS) du Ministère de la Santé et des Services sociaux (MSSS).
 - La gestion de la campagne et la coordination avec l'agence *Marketel* relevaient de la direction des communications du MSSS, en consultation avec le CQCS et quelques partenaires non gouvernementaux.
 - La prise de décision relevait du Secrétariat à l'information gouvernementale.
- **Évaluation :**
 - Méthodes :
 - Sondage (entrevues téléphoniques) parmi les Québécois adultes francophones de 25 à 34 ans ; marge d'erreur de 8,3 % (à un niveau de confiance de 95 %)
 - Groupes de discussion (2 groupes mixtes, 2 groupes composés de gais)
 - Résultats :
 - Notoriété : 29 % (42 % parmi les universitaires, 27 % parmi les diplômés du collégial et 15 % parmi ceux d'un niveau de scolarité inférieur)
 - Notoriété des affiches : 25 % (37 % chez les hommes contre 14 % chez les femmes)
 - Notoriété du message radio « prénom » : 34 %
 - Notoriété du message radio « courant » : 22 %
 - Parmi ceux qui ont identifié des éléments de la campagne, 15 % ont correctement identifié le Gouvernement du Québec comme étant l'organisme commanditaire.
 - Parmi ceux qui ont identifié des éléments de la campagne :
 - 42 % ont retenu que le message clé *Le sida circule toujours*
 - 29 % considéraient que cela peut toucher tout le monde
 - 26 % considéraient qu'il est important pour les groupes ciblés de se protéger
 - 10 % considéraient qu'il est important de se protéger
- **Facteurs de succès :**
 - Expérience en matière de campagnes de communication
 - Processus ne nécessitant pas un consensus avec des organismes non gouvernementaux (consultation sans participation aux décisions)
 - Masse critique de ressources financières

▪ **Défis :**

- Thématique annuelle malgré une planification initiale de trois ans : idéalement, la campagne serait conçue et mise en œuvre selon un plan à plus long terme
- La prise de décision ultime entre les mains du Secrétariat à l'information gouvernementale a introduit des considérations multiples dans le choix des canaux et des thématiques (par exemple des réserves à caractère politique en regard de thématiques jugées plus controversées comme l'homosexualité et l'usage des drogues par injection)
- L'intégration éventuelle de messages « VIH/sida » dans des campagnes globales « hépatite C, sida et MTS »

▪ **Sources :**

- Cloutier, Richard (décembre 2000). *Devis de campagne pour la promotion d'attitudes susceptibles de faciliter la prévention de l'infection par le VIH et des MTS 2001-2004*. Ministère de la Santé et des Services sociaux / Centre québécois de coordination sur le sida.
- Entrevue téléphonique tenue le 25 avril 2003 avec M. Richard Cloutier, agent de recherche et de planification, CQCS, MSSS.
- SOM (avril 2003). *Rapport des groupes de discussion portant sur la compréhension, l'impact et l'appréciation de la campagne d'affichage contre le sida diffusées par le MSSS*.
- SOM (mars 2003). *Notoriété de la campagne SIDA*.

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