THE WHITE HOUSE

WASHINGTON

July 12, 2000

Keith Reinhard
CEO/Chairman
DDB Worldwide
437 Madison Avenue
New York, NY 10022

Dear Mr. Reinhard:

I understand that you wanted to attend the June 28 meeting on the role of the advertising industry in fighting the HIV/AIDS epidemic, but were unable to join us because of a schedule conflict. I hope that you will be able to participate in this emerging prevention partnership, and I am enclosing copies of the background materials that were distributed at the initial meeting.

Our first discussion was wide ranging, reflecting the complexity of the prevention issues. The industry representatives who attended the meeting expressed interest in continued planning and coordinated action, and a draft strategic document is being prepared for their comment. I have asked May Kennedy from my staff to include you in the list of recipients of that draft document, and I hope that you will share your thoughts and expertise with us. Please contact Dr. Kennedy at 202-395-1448 if you need any additional information.

Sincerely,

Sandra Thurman

Sandra Thurman
Director
Office of National AIDS Policy

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David Lubars
President/Creative Director, Minneapolis
Fallon McElligott
901 Marquette Avenue
Minneapolis, MN 55402

Dear Mr. Lubars:

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Director
Office of National AIDS Policy

The Role of Advertising in HIV and AIDS Prevention

Mid 1980s and Early 1990s - Getting Out the Facts and Establishing Prevention Programs

At the beginning of the epidemic, the American public had little knowledge about transmission and protection against HIV and AIDS. Myths were common. Inappropriate and drastic responses to people with AIDS in schools, churches, and communities were also common. The public perceived AIDS as a "gay disease." As the government was slow to mount a public response, so were different sectors of society. Newscasts placed the spotlight on demonstrators that advocated funding, research, direct prevention language, and acceptance of people living with AIDS. The visual images of the demonstrations and of people with AIDS in hospital rooms and hospices dramatically touched our national conscience. But AIDS was still very much perceived as a disease that affected "others"—one that could not touch mainstream America. The HIV test was developed in 1985, but there was no widespread understanding about the test. The benefits of knowing whether or not one was infected with HIV often didn't outweigh the concerns about possible discrimination. Many developed and promoted a "no test is best" philosophy.

- About this same time in the mid 1980s, community based organizations that provided AIDS services began to lead the way by developing communication campaigns and working with advertising agencies (who typically worked pro-bono).

- The Centers for Disease Control and Prevention (CDC) began in 1985 to fund state and local health departments and community based organizations to develop and implement HIV prevention programs (many contracted with advertising agencies to develop and implement state-based awareness /information campaigns).

- In 1987, CDC developed the *America Responds to AIDS* campaign, the largest media effort to date, which consisted of:
  - Television and radio public service announcements
  - Print public service advertisements
  - Mobilization of entertainment media (television, radio, motion pictures, music)
  - Outreach to news media
  - National mailing to every household

- Unfunded partnerships were developed with MTV, Black Entertainment Network, ABC Television Network, Cable Positive, and hundreds of other media outlets to air public service announcements and to create and broadcast prevention programming.

- The advertising industry united to create and lead a campaign called *Ads Against AIDS.*

Broadcast television responded—donating more than $100 million in public service air-time over a six year period (from 1988 to 1994) for *America Responds to AIDS, Ads Against AIDS,* and other national and local campaigns. In addition, participation in public service campaigns resulted in routine programming, such as ABC Television's *In a New Light*, thus creating the opportunity for more in-depth information sharing and "modeling".

A Gallop Poll conducted in the early 1990s demonstrated that, at that point in time, more people in the United States knew the basic facts about HIV transmission than knew the name of the Vice President.

Throughout the 1990s - Focus on Local Prevention Programs

Awareness about HIV and AIDS was high through most of the 1990s. Americans consistently listed HIV and AIDS as one of their greatest concerns in public opinion polls, and support for prevention and prevention programs was high. The United States put new laws on the books—including the Americans With Disabilities Act—that would protect people living with HIV from certain types of discrimination. Despite these moves forward, HIV-associated stigma continued. HIV testing was becoming more routine, and testing options (anonymous, confidential, home test) had fairly widespread availability. However, many felt stigmatized by going to a "clinic" to be tested. The testing process could take as long as two weeks for results, and many, especially those at highest risk, never returned for their test results. HIV, both in the United States and globally, quickly became a disease that disproportionately impacts the poor and socially disenfranchised. HIV research was greatly expanded, resulting in tremendous progress in treating the HIV infection and AIDS.

- CDC developed and began implementing Prevention Community Planning, a process that gives communities the power to make their own decisions about how federal money is spent for HIV prevention at the state and local levels. Almost 80 percent of CDC's HIV prevention budget is given to state and local organizations to conduct programs consistent with the science about "what works." School health, outreach, counseling, peer-to-peer groups, and other successful programs were funded across the United States. The community planning process also resulted in funding for state and local campaigns to reinforce prevention messages and to promote HIV testing, treatment, and prevention services.

- With more and more communities becoming impacted by HIV, CDC looked for ways to ensure that all communities could benefit from the science of HIV prevention. By 1995, CDC had shifted away from national public information efforts and put those resources into creating technical assistance networks and programs to better support efforts at the state and local levels.

- CDC's public information activities began to depend primarily on outreach to news and feature organizations.

Americans began responding to HIV and AIDS. Prevention behaviors (consistent condom use, fewer sexual partners, not sharing needles) increased.

HIV infections stabilized at about 40,000 new infections a year in the United States (from a high of more than 150,000 a year a decade ago).

Today

We have reached a crossroads in the HIV and AIDS epidemic in the United States. Although the opportunities to halt this epidemic are great, so are the chances that the epidemic could escalate. Prevention efforts have successfully slowed the rate of new infections, yet HIV continues to disproportionately affect important segments of the population in their most productive years, particularly African Americans and Latinos.

- Our nation's investment in research and treatment for HIV infection is paying off; individuals infected with HIV are living longer, healthier lives. There is great hope that HIV infection will eventually become a chronic disease, instead of one that is imminently fatal.

- Unfortunately, we are beginning to see more widespread treatment failures. At the upcoming International AIDS Conference in Durban, South Africa, this will be an important topic of discussion. One study showed that long-term virus suppression (at least 15 months) has been achieved in only 4 out of 10 individuals on Highly Active Retroviral Therapy (HAART).

- Even so, many Americans believe that we are winning the war against the epidemic. With hope has come complacency. Many Americans, even those at high risk for infection, no longer rank HIV and AIDS as one of their highest concerns. Private funding for HIV and AIDS organizations is significantly down.

- Individuals at risk are beginning to practice unsafe behaviors again. CDC has recently reported increases in syphilis and gonorrhea among specific populations, especially men who have sex with men. Preliminary research indicates that the more optimistic individuals are about treatment, the more likely they are to practice unsafe behavior.

At this precise point in time, HIV prevention is more important than ever before. And it can be more effective than ever before.

What will it take to further reduce transmission and stop the epidemic?

Taking Action

Sustaining existing programs and efforts is crucial. In addition, at this point in the epidemic, CDC is promoting an approach to prevention called, *SAFE*: a Sero-Status Approach to Fighting the Epidemic. *SAFE* puts HIV testing and prevention services for those infected with HIV at the core of prevention programs.

- Research demonstrates that, as individuals become aware of their infection, they are significantly more likely to protect their partners.

- It may be possible to reduce infectiousness through HAART, which could have prevention implications (although there is still no strong scientific evidence).

- Rapid testing may be available soon, leading to opportunities to revolutionize HIV testing, taking testing directly to neighborhoods and those most at risk.

Why Now?
There is a window of opportunity—NOW, while the US epidemic is still stable—to make significant gains in preventing new infections.

How can the private sector help? Through Partnership Coalitions
The CDC is developing a new campaign to encourage early HIV testing, treatment, and prevention services. This effort will mobilize vital segments of society–businesses, religious groups, community organizations, the media, and others. A revival of the Ads Against AIDS campaign, or a similar effort by major advertising agencies, would provide invaluable assistance in reaching the American people. The advertising industry was critical to public education efforts in the 1980s and has the potential to help stop the epidemic in 2000.

This effort would greatly enhance CDC's activities regarding HIV testing. These activities include:

- Release of guidelines regarding testing in public and private settings;

- Grassroots campaign, using "small media", such as transit, posters, etc., to promote HIV testing in "high risk" neighborhoods and to facilitate referral to HIV testing sites;

- Funding innovative neighborhood-based HIV testing in high prevalence areas throughout the United States.

Research indicates that AIDS stigma stops many at-risk people from getting tested. AIDS stigma refers to the prejudice, discounting, discrediting, and discrimination directed at people perceived to have AIDS or HIV, and the individuals, groups and communities with which they are associated. Stigma is greatest when the disease is perceived to be the bearer's responsibility, incurable, contagious, and visible or readily apparent to others. Overt stigma has decreased over the past 10 years, but many subtle forms of AIDS stigma remain prevalent today.

Misunderstanding of the disease and its transmission contribute greatly to the fear that leads to AIDS stigma. Unpublished data from a 1999 study using a national sample indicates that approximately one half of the US population believes that HIV can be contracted by sharing a drinking glass with a person with AIDS or being coughed on or sneezed on by a person with AIDS. Slightly less than half of the population believes that HIV can be transmitted by sitting on a public toilet seat.

How can the Advertising Industry Help Now?

Partners in the advertising industry can most effectively help in the fight against AIDS by launching a public education campaign countering AIDS stigma and disproving long-held myths about the disease.