

National Youth HIV Testing Initiative
You Know Different
Evaluation Summary of
2006 Social Marketing Pilot



National Youth Advocacy Coalition

DATA SUMMARY

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The results of the 2005 and 2006 pilot campaigns of the National Youth Advocacy Coalition's (NYAC) National Youth HIV Testing Initiative (*You Know Different*) provide increasingly consistent and compelling evidence that a focused, thoughtfully designed social marketing program that mobilizes the creativity and resources of youth-serving health care, governmental and community-based organizations can motivate youth at risk to consider, seek, and undergo Human Immunodeficiency Virus (HIV) antibody counseling and testing. This summary addresses the results of both the 2006 campaign and the 2005 and 2006 campaigns taken together.

Results: 2006 Campaign

During the period of the pilot project—which covered six weeks in late Fall 2006, including two weeks before and two after the campaign itself—1,201 youth received HIV antibody counseling and testing services from 20 organizations in 6 states and the District of Columbia.¹ Most significant and important among the findings was the pattern of utilization of these services by youth during the study period: calls by youth to the agencies, calls by youth to schedule appointments for HIV counseling and testing services, walk-in visits by youth for HIV counseling and testing, and the number of HIV antibody tests actually performed on youth *all increased significantly over baseline during the two weeks of the campaign itself.*

As compared to figures for the two weeks prior to implementation of the campaign, calls to agencies grew 175%; calls to schedule testing 144%; walk-in visits for testing 214%; and actual HIV tests done, 153%. As was true in 2005, these are extraordinary results. The fact that the utilization parameters declined back to baseline in most categories quickly after the campaign

ended is further evidence that the social marketing effort was responsible for the change in youth behavior—that the program itself achieved its goal of motivating youth to seek HIV antibody counseling and testing. Further in support of this view, nearly two thirds (64.8%) of the youth surveyed at the time of their visits for HIV counseling and testing reported having seen the campaign's materials, and 86% of those affirmed that the campaign's message contributed to their decision to seek HIV counseling and testing services. The robustness and reliability of these findings is underscored by the fact that the results emerge from six very different geographic regions.

Participation in the campaign by the agencies involved had key organizational effects as well. Twenty organizations, including hospital programs, not-for-profit community organizations, and public health departments participated.

- NYAC succeeded in inspiring these organizations to form collaborative partnerships that increased the reach and intensity of the campaign while establishing stronger cooperative relationships among the organizations themselves. In the post-campaign evaluation study, nearly 90% of the 16 responding organizations said that the project encouraged relationship-building among youth-serving agencies; three-quarters said that they had implemented at least one collaborative effort with at least one other organization in connection with the project, and 81% affirmed that, as a result of their work in this project, they intended to collaborate with other participating organizations in the future.
- Participation in the campaign also generated innovation among the participating organizations to the benefit of the youth they serve. Given the opportunity of social entrepreneurship that the project offered, the organizations planned and implemented special events and developed new channels of col-

1. Florida, Illinois, Missouri, Tennessee, Texas, Virginia, and Washington, DC.

laboration not only with other youth-serving health-related organizations, but also with schools, colleges, and universities.

- Most important among the organizational effects of participation in the campaign was an increase in the self-assessed capacity of these agencies to provide HIV antibody counseling and testing to youth; fifty-six percent of the 16 organizations that completed the post-campaign evaluation reported that result. Sixty-nine percent of the organizations felt that they had benefited from their participation in the campaign and even more—80%—said they would participate again.

Results: Combined 2005 and 2006 Campaigns

Results of the 2005 and 2006 campaigns are consistent in nearly all areas. Increases in number of calls by youth, the number of calls by youth to schedule HIV antibody counseling and testing, and number of walk-in visits by youth for HIV antibody counseling and testing, and the number of HIV antibody tests actually performed on youth were significant at the same order of magnitude in both years. While the number of calls increased less in 2006 than in 2005, the number of walk-in visits increased by five times in 2006 as 2005. The percentage increase in the number of HIV antibody tests provided by the participating agencies to youth was also higher in 2006 than 2005 (153% vs. 120%). In 2006, 86% of the youth who reported seeing the campaign materials said that those materials had motivated them to seek HIV antibody counseling and testing to at least some extent—essentially the same result as in 2005 (83%).

The consistency of results over two years provides, in and of itself, important evidence of the trustworthiness and credibility of the findings. Equally important is the fact that more organizations in more states (and the District of Columbia) participated in 2006—demonstrating that the results are not only consistent, but also

scalable across a greater diversity of regions and organizations. More than twice as many youth were tested in 2006 as in 2005, without decay in the results. These observations suggest that the results can predictably be replicated by other youth-serving organizations.

Overview and Conclusion

Taken together, the results of the 2005 and 2006 campaigns build a strong case for the trustworthiness and credibility of the findings—and, therefore, for the value of the intervention. By any and all criteria, the 2005 and 2006 pilot campaigns of the national youth HIV testing initiative were successful. NYAC was clearly able to change the behavior and increase the capacity of youth-serving organizations in ways that in turn not only changed the behavior of youth, but also accomplished that in ways that achieved intended public health goals.

The increase in youth HIV antibody testing that occurred in response to NYAC's campaigns demonstrates that (1) social marketing, properly developed and applied, is a viable and credible strategy for motivating youth to seek HIV antibody counseling and testing services; (2) youth-serving organizations in all categories can develop new capacity to reach youth at risk when given new ideas, resources, and encouragement; (3) the limited resources of a small national organization—NYAC—can be highly leveraged through partnerships and capacity-building activities; (4) the traditional service networks of multiple organizations can be linked and further developed through inter-agency collaboration; (5) this approach—a social marketing program coordinated nationally and implemented regionally—produces organizational and social change that are positively experienced and likely sustainable; and (6) similar results can be anticipated in future deployments with other organizations in different regions.

PARTICIPATING ORGANIZATIONS

Florida

- Compass, Inc.
- Comprehensive AIDS Program of Palm Beach County, Inc.
- Gay and Lesbian Community Center of South Florida
- Glades Health Initiative
- Hispanic Unity of Florida
- Jacksonville Area Sexual Minority Youth Network
- United Deliverance Community Resource Center, Inc.

St. Louis, MO/Eastern IL

- Bethany Place
- Washington University Project ARK
- Williams and Associates, Inc

Memphis, TN

- Community HIV Network
- Memphis Regional Planned Parenthood

Fort Worth, TX

- AIDS Outreach Center
- Health Education Learning Project
- Tarrant County Public Health—Adult Health Services
- Mental Health Mental Retardation Tarrant County—Addiction Services Division
- Planned Parenthood of North Texas, Inc.

Washington, DC/Virginia

- Children's National Medical Center—Youth Connections
- Northern Virginia AIDS Ministry
- Metro Teen AIDS

BACKGROUND

In the United States, youth and young adults are estimated to comprise at least one-half of all new HIV infection, however they do not regularly test for HIV infection. The National Youth Advocacy Coalition (NYAC), in partnership with the Centers for Disease Control and Prevention (CDC) designed a national model intended to increase the ability of organizations to provide HIV counseling and testing services (CTS) to youth and young adults through skills-based competency training program in combination with a social marketing strategy.

NYAC designed a program that combines three strategies: 1) Community Mobilizing, 2) Social Marketing—grassroots, viral marketing approach and 3) Training and Technical Assistance. Using these strategies, the *You Know Different* project is designed to:

- Provide organizations a venue for collaborating on behalf of youth
- Enhance organizational capacity of agencies to reach African American and sexual minority identified young people for testing
- Provide professional development opportunities to organizations that serve youth
- Leverage local resources to promote grassroots outreach techniques including social marketing.

NYAC designed a professional development training based on expressed needs and basic social marketing fundamentals to assist participating organizations prepare for integrating social marketing components into their existing prevention outreach and HIV counseling and testing. Additionally, training sessions were designed to enhance counseling skills and agency readiness to experience an increase in youth clients, specifically African American youth and LGBT (lesbian, gay, bisexual, and transgender) youth of color.

Designed with the assistance of youth and Metropolitan Group, the primary campaign

image was created in 2005. This image is purposefully ambiguous in gender and sexual orientation. Youth also crafted the campaign messages and the primary tag line “You Know Different” was created. The image and messages were integrated into all campaign print and web materials.

In 2005, NYAC conducted its first pilot run of the *You Know Different* social marketing campaign. A quick comparison of the two pilot campaigns is included in this report. Based on findings and recommendations of the first pilot run, NYAC created two additional images in 2006. One image is a more easily identifiable male image appropriate for smaller or less urban areas and the other image was designed to fit better into a more urban, club environment. Also, new to the 2006 campaign was an improved campaign web page that is more youth engaging and includes a youth page created by the Youth Health Council. Additional campaign materials were created to allow local organizations to better tailor the campaign to their specific youth populations and are available on the web page.

2006 PARTICIPANTS

During 2006, NYAC sponsored a second pilot of the *You Know Different* social marketing campaign. Organizations that registered to participate in the demonstration projects were provided preparative trainings at the local level and support throughout the campaign.

Twenty organizations in seven states/districts implemented the social marketing campaign and are listed at left.

SOCIAL MARKETING STRATEGY

You Know Different is a social marketing campaign, which utilizes a viral marketing strategy and is designed to work in conjunction within any community HIV prevention outreach or recruitment strategy. The primary campaign

materials consist of posters, palm cards, stickers, and the website. Participating agencies were instructed to begin placement of materials two-weeks prior to the start date of the social marketing campaign. All of the participating agencies added campaign materials to their outreach packets and several utilized peer educators to identify and recruit youth and young adults for HIV testing. Agencies were encouraged to conduct at least one collaborative HIV testing event during the campaign period.

DATA COLLECTION

Participating organizations were asked to track a number of indicators to assess the access and utilization of the HIV testing services by youth during the pilot campaign. The campaign included a two-week lead up period (when materials were distributed), a two-week testing period and a two-weeks follow-up period.

Less than half of the participating organizations track phone calls and therefore samples

are low for “number of calls by youth to the agency” and “number of calls to schedule an HIV antibody test”. Other indicators reported by participating organization include: number of walk-in visits by youth for HIV antibody testing, number of HIV antibody tests performed on youth, the percentage of youth who returned for results, and the percentage of HIV antibody tests performed on youth which were positive over a six week period of time.

Figure 1 below is a composite of data submitted by participating agencies.

A total of 1201 HIV tests were administered to youth during the six weeks in which data was collected. Overall, there was a 90% return rate for test results. Thirteen of the tests during this period were positive test results resulting in a 1.1% seroprevalence rate of the young people who tested. Also noted is a 153% increase in the number of tests performed over the two weeks prior to the campaign period.

Participating organizations experienced a 153% increase in HIV testing among the target populations.

Indicators	Two weeks prior to campaign	Two campaign weeks	Percent change	Follow-up weeks after campaign
Number of calls by youth to agency phone number	152	418	175%	181
Number of calls to schedule HIV antibody testing	70	171	144%	58
Number of walk-in visits by youth for HIV antibody testing	133	418	214%	130
Number of HIV antibody tests performed on youth	262	663	153%	276
Percentage of youth tested during this time who return to receive HIV antibody test results	89%	92%	3%	86%*
Percentage of HIV antibody tests performed among youth during this time that are positive	2	6	200%	5**

*Return rate impacted by two-week delay in results when using Orasure® tests.
 **Due to delays in results, at least 2 of these tests were reportedly administered during the campaign weeks

Figure 1. Core Agency Indicators Reported

**African Americans
represent 58%
of the young
people tested.**

DEMOGRAPHICS

Organizations were asked to report on the demographics of youth who received an HIV test during the six-week data collection period. The following information is a composite of the demographical information returned.

- Gender Identify
 - 53% male,
 - 46% female
 - 1% Transgender
- Race/Ethnicity
 - 58% African American
 - 17% Latino/a
 - 21% White
 - 4% Other race/ethnicity

CAMPAIGN MATERIALS

To gauge the impact of the campaign materials, spot interview cards were created and included demographics and five questions to be added to a pre-test counseling session. The cards are designed to be administered to every third client. Spot interview cards were underutilized this year with 270 clients completing spot cards (23%). Based on the total of 1201 tested administered during the reporting period a total of 380 spot interview cards were expected. However, the demographics self-reported on the spot interview cards are similar to the demographics reported by the agencies in relation to the total

population of the pilot campaigns. Therefore, even though the spot interview card sample is smaller than anticipated, there is still indication that the information is reflective of the larger population.

Spot Interview Cards

The following demographics were compiled from information provided by the 270 young people surveyed.

- 54% of the young people self-identified as male
- 3% of the young people identified as Transgender
- 82% of young people identified as being within the targeted age range of 13-24
- 54% of young people identified as black
- 17% of young people identified as Latino/a


Impact

64.8% of young people who completed a spot interview card indicating seeing the campaign materials prior to testing and provided the following information (N=175)

- 75% of respondents saw the materials 1-5 times
- 19% of respondents saw the materials 6-10 times
- 6% of respondents saw the materials more than 10 times

When asked what materials they saw


- 67% of respondents indicated they saw the poster
- 51% of respondents received a palm card
- 14% of respondents visited the campaign web page
- 10% of respondents saw the sticker (note: stickers were not used in Florida or Texas)



They say you're scared.
They say
you don't care.
They say you won't stop AIDS.

You know different.

Get real.
Get tested.
Get your results.

 www.youknowdifferent.org

- Respondents were asked where they saw/received the materials. The top four categories are:
 - Outreach worker 40%
 - Agency 31%
 - School 26%
 - Club/bars 18%
- The campaign had some impact on 86% of young adults tested during the campaign. Respondents were asked to what extent the campaign message motivated their request for an HIV test.
 - A lot 43%
 - Somewhat 43%
 - Not at all 24%

ORGANIZATIONAL PILOT CAMPAIGN EVALUATION (N=16)

Participating organizations provided valuable information about how the campaign was integrated into their existing programming, how the campaign process affected their relationships with area providers, their intent to engage in a similar process in the future and the perceived impact of the campaign materials on youth in their communities.

Organizations were asked to indicate their level of agreement to the following questions:

- 88% agreed this project encourages relationship building among participating organizations.
- 75% had planned a collaborative event during the pilot campaign with at least one other organization.
- 81% agreed as a result of their participation, they intend to collaborate with other participating organizations in the future.
- 88% agreed this project strengthened their relationship(s) with another participating organization(s).
- 56% agreed this project increased their organization's capacity to provide HIV counseling and testing to youth.

- 81% agreed this project increased their interest in using social marketing to promote HIV testing.
- 81% agreed this project increased their intent to collaborate on testing issues in the future.
- 69% agreed their agency benefited from participating in NYAC's *You Know Different* campaign.
- 80% indicated they intend to participate in the *You Know Different* campaign next year.
- 81% agreed the message on the printed materials was effective in reaching young people.
- 69% agreed the image on the printed materials was identifiable by young people.
- 75% indicated the posters were an effective tool.
- 40%* indicated the stickers were an effective outreach tool. *(Low usage across pilot campaigns)
- 81% indicated the palm cards were an effective outreach tool.
- 47% indicated the web page was an effective tool.
- 47% indicated the viral buttons were an effective tool.

Organizations provided the following examples of campaign/collaborative events:

- Community Youth Summit
- World AIDS Day events
- Testing at area colleges/universities
- Radio announcements
- Health fairs
- Safer sex parties
- Skits, plays, drama

Organizations provided the following examples of how peer educators were used during the campaign:

- Youth distributed wristbands and palm cards to their peers and at youth events.
- Took campaign information to community events

86% of the young people surveyed indicated the campaign motivated them to seek an HIV test.

You Know Different
is designed to
utilize peer
outreach
strategies.

- Peer educators put posters in the schools
- They helped identify effective places to hang posters and put palm cards
- Helped with outreach activities
- Assisted in passing out palm cards and recruiting for testing on local college campus
- Went through stage of change with youth, encouraging them to consider HIV testing
- Were present at outreach venues to encourage their peers to get tested
- Provided HIV education

Lessons Learned from Participating Organizations

- One agency in Fort Worth indicated that the original image was too urban and artsy for their community. It is probable that the newer male-identified image would better represent the young African American population in the area.
- Designate enough time for planning. Someone needs to take the lead.
- Make sure you have enough time to use the materials. Allow enough time for area agencies to alert clients to the campaign.
- When operating in a large city, market in a smaller target area, where events will be held.

- When discussing conducting outreach and/or HIV testing at community events, consider if people will be receptive to your services during these times. For example, a staff member in Memphis noted, “they were trying to have a good time” and not receptive to HIV testing.
- It is an important thing to consider barriers when choosing a campaign image and how to structure the campaign delivery.


CAMPAIGN CHALLENGES

- While twenty-five organizations registered to participate in the pilot campaign, five agencies were unable to participate. The most common reason was staff turnover. In some incidences NYAC lost an important contact with the local organizations leaving a gap in knowledge and commitment to the project and in other situations, there was a loss of HIV counselors to deliver the HIV testing to youth during the campaign.
- Other organizations while wanting to participate fully encountered administrative barriers that required a redistribution of time and staff away from campaign activities.
- In one community in Florida, the club image was tested. In this community, the posters were ripped down “as fast as they went up.” When asked the young guys stated the image was either of a man on the “Down Low” or gay. Spot interview cards indicated that the image was not effective in this community. Fifty-three percent of people who saw the image indicated it did not impact their decision to seek an HIV test.
- In Memphis, the more typical male image was piloted and many of these posters were also ripped down.
- One returning organization in Florida continued to experience mixed reviews of the campaign images. It seemed that the younger portion of the target population liked the new club image while the older portion of the tar-

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get population was less attached to this image and even suggested that the original image from the previous year was more effective.

- Low local health department involvement. While several health departments engaged in the planning of the local efforts, none were able to fully participate. One organization had success in getting their local health department to provide mobile testing at their location.
- Also in Memphis, one staff person commented that while some people were seen reading the posters they still declined HIV testing. She didn't expect people to be so unreceptive to HIV testing during community events.
- There were indications of homophobia and HIV stigma ranging from posters being torn down to area agencies refusing to place campaign materials where youth could access them in several of the campaign venues.

STRENGTHS

- Demographical data indicates that the campaign was effective in reaching African American youth.
- The new image for rural Florida was more effective.
- Organizations took the opportunity to expand and/or plan youth specific events during the campaign. Using YKD in conjunction with World AIDS Day brought resources and focus to events.
- Campaign events at areas colleges/universities were successful.
 - In Virginia, over 150 young adults received HIV prevention information and 85 students were tested. The sponsoring agency (Northern Virginia AIDS Ministry) is like most non-profits. They have minimal funds for marketing. For them the key to their success was the campaign material provided by NYAC. They placed the materials at local business, but focused their

attention on area high schools and colleges. At 2 local colleges they asked staff to place posters in all the dorms on campus. They then set up a mobile testing unit in the main section of campus.

- In Denton, Texas, 156 college students from three campuses were tested during the campaign. The sponsoring organization (Mental Health Mental Retardation Tarrant County-Addiction Services Division) had prior relationships with the campuses and approached the student health centers about the campaign. Each center agreed to provide space for HIV testers and publicized the campaign. Campaign information was placed on University web pages, school papers and school radio stations. Fraternities and sororities were contacted, as were the LGBT student groups. Groups were empowered through the outreach approach of minimizing HIV stigma and engaging the students in knowing their status. On one campus groups wore orange t-shirts to match the campaign colors. Additionally, orange, campaign rubber wristbands were worn by students. The campuses were "bombarded" with information and opportunities during the campaign weeks. The agency brought in additional testers from their Fort Worth office to assist during the campaign.

Prior to the campaign, the sponsoring organization conducted on average 25–30 tests per month and offered testing on one of the college campuses, once a month. Now the organization is scheduled on that campus twice a month and has plans to return to the two other campuses.

- At Tarleton State University in Stephenville, Texas, the Student Social Work Association planned a World AIDS Day event on campus. Sixteen students signed

***You Know
Different***
is highly effective
and can easily be
implemented on
college campuses.

There was an
**“undeniable
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up for an HIV test. The group used campaign materials and included the campaign message on T-shirts that were worn on campus, by staff of the local grocery store and local pharmacists. Businesses and local providers donated materials and the students organized a health fair. The local paper did an article about the campaign and the school radio station recorded and aired a World AIDS Day commercial. Some professors supported the event by offering extra credit for attending the event. Fraternities and sororities and other students groups also supported the event.

- “Palm cards and wristbands were great conversation pieces.”
- Students put stickers on their weekly planners.
- “Participants were easier to talk to because the posters and palm cards act as an ice breaker between us and the individual getting an HIV test.”
- The majority of groups reported a positive reception of the materials by the target population.
- Over 70 percent of organizations completing a final evaluation used peer educators/ outreach workers during the campaign.

UNEXPECTED OUTCOMES

- From an organization in Texas, “we gained a very close alliance with a local large university and since the campaign have held a large testing event with them.”
- From an organization in Illinois, “I was happily surprised with the willingness of local agencies to support this effort. However, things take time to develop and the period that we had to evaluate the program did not leave enough time to witness significant results. That being said, I think that the program will have an effect on the overall testing in our community over the long-term. This is a region which is just now coming to grips with the realities of HIV/AIDS in our community and I think programs such as this only help us transition to a stage where individuals realize the need to get tested on a regular basis and actually begin to do so.”
- From an organization in Missouri, “we saw additional youth inquiring about HIV/STD prevention information and an increase in youth testing. Our involvement with the campaign improved our HIV testing services to the targeted populations (young African Americans).”
- From an organization in Florida, “we saw an increase in testing among young African American males.” This agency also saw an increase in testing among young white IDUs during the campaign weeks. This agency is emerging as the “youth” testing center in the community.
- From an organization in Florida, “more youth came in for testing and responded to the posters.”
- From an organization in Florida, “there was an undeniable increase in males who entered our center to be tested during the two week campaign period.”

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COMPARISON OF 2005 AND 2006 PILOT CAMPAIGNS

Data Comparison

In the 2005 pilot campaign 18 organization participated and 547 youth received an HIV test. In the 2006 pilot demonstrations, 20 organizations participated and 1201 HIV tests were administered to youth.

Overall, the data from both pilot years is consistent. Both years saw increases in all major indicators (number of call to agency, number of calls to schedule HIV testing, number of walk-in visits by youth, number of HIV tests performed, number of positive HIV test results). There was a 120% increase in testing among youth during the 2005 campaign and a 153% increase in 2006. During both campaigns there was a 1% seroprevalence rate of the young people who tested.

Figure 2 is a summary of data across the campaigns.

During both campaigns, spot interview cards were collected and the results were similar. (Demographics were not collected during the first year so no comparisons can be made). In 2005, 34% of youth tested received a spot interview card (N=176) and 53% (N=93) indicated they saw the campaign materials prior to getting an HIV test. In 2006, 23% of youth tested received a spot interview card (N=270) and 65% indicated they saw the campaign materials before getting an HIV test. Figure 2 also summarizes their responses to the following questions data across campaigns.

In 2005, 83 % of youth surveyed indicated that the campaign had an impact on their decision to seek an HIV test during the campaign. In 2006, this impact rose slightly to 86% of youth surveyed with the greatest increase being

With three images, the campaign offers a **variety of options** for organizations.

SUMMARY OF DATA ACROSS CAMPAIGNS		
Indicator	2005 (N=547)	2006 (N=1201)
Number of calls by youth to agency phone number	304% increase	175% increase
Number of calls to schedule HIV testing	220% increase	144% increase
Number of walk-ins by youth for HIV testing	46% increase	214% increase
Number of HIV tests performed on youth	120% increase	153% increase
Number of HIV tests performed that are positive	1% (4)	1% (13)
SUMMARY OF RESPONSES ACROSS CAMPAIGNS		
	2005 (N=93)	2006 (N=175)
Saw the campaign material 1–5 times	79%	75%
Saw the poster	62%	67%
Saw the palm cards	32%	51%
Saw the campaign web page	12%	14%
Saw the sticker	34%	10%
Received materials from an outreach worker	27%	40%
Saw the materials at the host agency	18%	31%
Saw the material at their school	17%	26%

Figure 2. 2005 and 2006 Comparison

**Social
marketing
can increase
HIV testing
among youth.**

among youth who indicated the campaign motivated them “a lot” (as seen in the chart below).

Respondents were asked to what extent the campaign motivated their request for an HIV test.

	2005	2006
A lot	26%	43%
Somewhat	57%	43%
Not at all	14%	24%

Diversity

This year’s contingency of organizations offered more diversity when compared to last year’s group. Two areas (Florida and Washington, DC) returned to participate in the project again this year. Florida again this year provided the largest contingent of organizations with 7 organizations and represented 3 counties. Five of these organizations participated in the initial pilot campaign in 2005. Two of the original organizations in the Washington, DC area also returned. This year a Virginia based organization joined the DC area campaign.

A total of ten new organizations joined the project in the three new venues. This year, the campaign also experienced more participation by local health departments and drew in two faith-based programs.

With three images, the campaign was able provide more variety and options for local organizations. Agencies in St. Louis and Memphis agreed to pilot the new image of an easily identifiable male image. This image was also used in rural Florida. In the Coastal areas of Palm Beach County, Florida, the new club image was used. In the remainder of Florida, Fort Worth, and the Washington, DC/Virginia area, the original image was used.

Viral/Internet Usage

In 2006, there was an increase in usage of viral and Internet components. *You Know Different* was highlighted on agency web pages, links were included to the campaign web page and agencies included information on their MySpace pages.

CONCLUSION

For two years organizations from eight states and districts have partnered with NYAC to show that grassroots social marketing can increase HIV testing among youth. Working in collaboration, this project has consistently increased organizations interest and use of social marketing as an outreach tool. By providing training and materials, NYAC has created a strategy that benefits youth. The campaign language is empowering and provides a window of opportunity for HIV counselors and testers to engage young people in real dialogue about their HIV health. *You Know Different* is recognized by youth as a campaign for and about youth. It provides a tangible connection between the youth and the sponsoring agency. In many cases, the sponsoring agency becomes “youth-identified” and “safe” because of participation in the campaign. This association is critical to the success of a marketing campaign that believes all youth need to know their HIV status in order to make good decisions about their health.

The majority of organizations in 2006 ran the campaign in late November and early December to incorporate World AIDS Day. Over the two years, this has proven to be an effective time to run the campaign. It has provided organizations with resources and collaborations that focus on youth during a time that is primarily focused on adults. In some communities, it provided a “safe” reason to talk and think about HIV and HIV testing. It can be suggested that the campaign works well when coupled with times that

youth may hear about HIV but may not see the connection to themselves.

The campaign has been used in urban and rural communities, large and mid-size cities in the North, South and the Mid-West. While each community encountered their own challenges, each experienced their own success. For some it was the process that was successful, the idea that working together they can reach youth. For others the success was seen in the number of youth who accessed their agencies for HIV prevention information and testing services. Their collective experiences have given NYAC a wealth of information on which to build a national campaign.

NYAC expresses deep gratitude to all the organizations and communities that supported *You Know Different* campaigns over the past two years.

In the upcoming year, we encourage you to consider bringing the *You Know Different* campaign to your community. Working as a single organization or in collaboration, NYAC is committed to helping you enhance your organization's ability to attract young people into your HIV prevention programs. Please let us know how we can help you.





REQUEST MORE INFORMATION

Thanks for your interest!

To initiate a request for materials or capacity building assistance, please complete this form and **fax it to NYAC at 202-319-7365**.

You may also contact us on our web page, **www.youknowdifferent.org** or by calling 1-800-541-6922 (toll free) or 202-319-7596 (local).

Name: _____

Organization: _____

Email: _____

Mailing Address: _____

City _____ State _____ ZIP _____

Phone: _____ Fax: _____

I am interested in receiving more information about....

- How to register to receive *You Know Different* materials at our organization
- How to register for NYAC's social marketing training
- Capacity Building Assistance Trainings to enhance HIV prevention programming at my agency:
 - Creating safe places for sexual minority youth
 - Racial/ethnic cultural sensitivity training
 - Creating youth-specific HIV testing protocols
 - Adolescent development and HIV risk
 - Using social marketing as an outreach tool
 - Community mobilizing with youth
 - Youth-Adult partnerships



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