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AIDS IN BLACK AMERICA
FINDINGS FROM FOCUS GROUPS
Fall 2009 – Winter 2010

THE NEED

Today in the U.S., more than one million people are living with HIV and/or AIDS — nearly half are Black Americans, far surpassing any other racial or ethnic group. In 2008, the U.S. Centers for Disease Control and Prevention (CDC) reported the domestic epidemic had been undercounted and was significantly worse than prior estimates with 40 percent more infections occurring annually than previously believed.

HIV is preventable — and new treatments can dramatically improve and extend the lives of those already infected. Yet, despite medical advances, AIDS remains a serious disease — indeed deadly threat, especially for Black Americans who are more likely to die as a result. By confronting the misconceptions and stigma that keep people from taking actions — such as talking openly, using protection, getting tested, and accessing treatment — it is possible to stem the spread of HIV and reduce the devastating effects of the disease.

INTRODUCTION

To inform the *Greater Than AIDS* campaign, the Kaiser Family Foundation and the Black AIDS Institute organized a series of focus groups in fall 2009 and winter 2010 with Black Americans across the country. Twelve focus groups were held in three locations: Chicago, IL; Oakland, CA; and Atlanta, GA. Participants in all locations were segmented into four groups by gender and age, 18-29 and 30-49. An additional focus group was held in Atlanta, GA with a group of Black males who identified as men who have sex with other men (MSM). None of the participants in any location were screened for any specific association with HIV/AIDS and participants were not informed in advance about the focus of the research, other than that it would address health issues facing Black Americans.

The objective of the focus groups was to provide insight into how HIV/AIDS is viewed in the Black community. Additionally, public service ads and other outreach elements developed for the *Greater Than AIDS* campaign were shared to help inform future campaign messaging and development. (*Greater Than AIDS* public service ads began appearing around the country in fall 2009.)

Given the disproportionate burden of the disease in the MSM population as well as the stigma that might inhibit a fuller discussion of sexual orientation in the general population groups, the additional focus group in Atlanta with self-identified MSM provided an opportunity for the participants to share views about HIV/AIDS in the Black community and among MSM specifically. For the most part, responses in the Black MSM focus group were similar to the other focus groups, although as anticipated there was more discussion about the role of sexual orientation in the spread of HIV/AIDS.



METHODOLOGY

A total of 13 focus groups were held in three locations: four focus groups were held in Chicago, IL in August 2009; four focus groups were held in Oakland, CA in December 2009; and five focus groups were held in Atlanta, GA in January (four groups) and March 2010 (one group). The same discussion guide was used for all 13 focus groups (see Appendix).

Michaels Opinion Research recruited and moderated 12 of the 13 focus groups held in August, December, and January, which consisted of a total of 98 Black adults (33 in Chicago, 33 in Oakland, 32 in Atlanta). Participants in all locations were segmented into four groups by gender and age, 18-29 and 30-49. Participants were not screened for sexual orientation.

Researchers David Malebranche and Jeffery Roman recruited and moderated an additional focus group held in Atlanta in March with a group of Black males who identified as men who have sex with other men (MSM). None of the participants in any location were screened for any specific association with HIV/AIDS and participants were not informed in advance about the focus of the research, other than that it would address health issues facing Black Americans.

The focus group participants were chosen at random and intended to be representative of the mix of income levels, educational attainment, and occupations among the Black population in each city. While the participants represented a random selection from the areas around Chicago, Oakland, and Atlanta, the views of these individuals are not intended to represent the opinions of all Black Americans. Rather, the focus groups are seen as providing a useful means of hearing first-hand, in their own words, how some in the target population perceive the impact of HIV/AIDS in their lives and community, as well as response to the *Greater Than AIDS* campaign.

NUMBER OF PARTICIPANTS PER FOCUS GROUP, BY LOCATION

	Female 18-29	Female 30-49	Male 18-29	Male 30-49	Total Number of Participants
Chicago, IL August 12-23, 2009	8	8	9	8	33
Oakland, CA December 2-3, 2009	9	8	8	8	33
Atlanta, GA January 19-20, 2010	8	8	8	8	32
Atlanta, GA (MSM) March 10, 2010	-	-	-	11	11
Total Number of Participants	25	24	25	35	109

“AIDS is a problem in our community, in all ages, genres, and we need to do something about it. Us, not someone else. We need to help our own communities without someone else to reach out and help us.”

(Female, 30-49, Oakland)

“AIDS the epidemic is out there, but nobody really talks about it.”

(Female, 18-29, Atlanta)

“It was somebody else’s problem. It’s always somebody else’s problem, then it finally hits you. There’s very few people who are willing to stand up in the face of many issues.”

(Male, 30-49, Oakland)

“The stigma attached to HIV is just a big fear in itself. No one wants to be, “Oh she got that package.” No one wants that. That’s too much.”

(Female, 18-29, Chicago)

“My opinion on it – my true opinion on it is Magic Johnson got that HIV thing and then it got blown up, and now he’s better and it got blown down. Ain’t nobody famous got it no more.”

(Male, 30-49, Chicago)

“I wouldn’t say I don’t want to know, but I think if you don’t have money, if you find out that you have it, I don’t think you’re really going to have the resources to make yourself better. You know what I mean? That’s why a lot of people don’t want to know. They know that they can’t fix it... I understand why they say it even though I don’t agree with it.”

(Male, 18-29, Atlanta)

“...a lot of people really scared of the results. If you go get tested and you got AIDS, now what? Don't nobody want to hear they got AIDS.”

(Male, 18-29, Chicago)

“I think that we also as a community don't like to talk about [STDs]. It's very taboo so even in environments where we may individually be used to talking about it I think culturally it's not something that we like to talk about.”

(Female, 30-49, Oakland)

“From what I see, I've got a cousin that just died from it and I've got a close friend of the family, she's like a sister and she's got it. You know what I'm saying? We don't talk about it, but we know. If the conversation comes up, we would talk about it, but other than that, if you don't say nothing about it, they not going to say nothing about it.”

(Female, 30-49, Chicago)

“[AIDS] is still a silent killer.”

(Male, 30-49, Atlanta)

“It's become very manageable but it's still something you don't want to talk about because it's uncomfortable.”

(Female, 30-49, Oakland)

“Most people it's not an issue for them unless it's facing your loved one and you, or somebody that you know. It usually is not an issue. It's like it don't concern me. I'm not involved.”

(Male, 30-49, Chicago)

“Sometimes people will be scared to initiate stuff like that because, ‘Why is she asking, she got it?’”

(Female, 30-49, Chicago)

HIV/AIDS AS AN ISSUE FACING BLACK AMERICANS

With few exceptions the groups mentioned HIV or AIDS among the first few top-of-mind health issues facing Black Americans. It is notable that participants had no prior knowledge that the focus groups would specifically be about the topic of HIV/AIDS, and so were not primed to be thinking about this particular issue over any other. Chronic conditions, namely diabetes, heart disease, high blood pressure, obesity, and forms of cancer, were also frequently mentioned. Many participants named lack of access to health care as a concern. Notably, when asked if any health issues are getting more serious, most groups immediately named HIV or AIDS.

The only groups that did not name HIV as one of the primary health issues facing Black Americans were two groups of women in Oakland. With the group of younger women, the moderator inadvertently referenced HIV/AIDS when asking participants to name major health issues facing Black Americans, so it is unclear as to whether it would have been mentioned otherwise. When probed, the younger women said the issue was among those they were thinking about. Only the group of older women in Oakland ages 30-49 did not initially mention HIV and/or AIDS as a health issue facing Black Americans. When asked why, they said that discussion of HIV/AIDS and STDs is “taboo” and that “we don't talk about that.” A few mentioned that HIV/AIDS along with other STDs was not something that personally affected them, thus it had not come to mind; though most recognized it as an issue that was affecting Black Americans, women in particular.

In all groups, there was consensus that HIV/AIDS was a significant problem facing Americans with most perceiving that rates are increasing within the Black community. Participants commented that in general the AIDS epidemic is “out of control” and that AIDS is “an epidemic with the Black race.” Among the reasons cited for higher rates among Black Americans were people not talking about HIV/AIDS, not getting tested, not using protection, and some that know to protect themselves but “just don't care.” Participants also commented on “lack of awareness” and lack of education about HIV/AIDS. A few mentioned high rates in prisons and also men on the “down low.” Many participants mentioned a sense that attention to HIV had decreased in media and in the community, and as a result people were thinking less about it. There was significant discussion in the MSM focus group about “complacency” around HIV, with many saying people now view HIV as a “treatable,” “chronic” disease.

When asked who is at greatest risk for getting HIV/AIDS, participants mentioned women, MSM, and youth. In all groups there was understanding that anyone may be at risk for HIV and most were well informed about how HIV is transmitted. Participants in Oakland mentioned those who were promiscuous or drugs users are at higher risk, with one woman mentioning “law breaking citizens.” Participants of all ages tended to talk about the problem of HIV in terms of youth — for parents the concern was specific to their children. Many said they thought younger generations were less sexually responsible and perceived that HIV education has been “put to the back burner.” Although one woman in the 30-49 age group in Atlanta recognized that “older people get AIDS too” and the MSM group also named “elderly people” as being at risk for HIV. All groups were aware that Black women were at increasing risk for HIV. In Atlanta, both of the general population male groups attributed increasing rates to Black women having become more “promiscuous,” saying that “women are more susceptible to get [HIV]” and that there has been “a massive increase of women that have started sleeping around a lot more than they would normally do.”

As might be expected the men in the MSM-only group were more forthcoming about how sexual orientation relates to HIV. When asked why Black Americans may be reluctant to talk about HIV/AIDS, one man in the MSM group commented “because people think if you talk about AIDS that means you're gay” and “then people don't want to be known as being gay.” A discussion ensued around the

expectation of all Black males to be “alpha males” — very strong, emotionless, and “hyper-masculine.” One man commented that he had seen Black men ostracized for coming out with their sexuality, saying that “we shun our people just for being gay. So imagine, stack HIV on top of it.” The men in the MSM group talked a lot about social issues surrounding being Black and having sex with men, with one man saying that “being Black, you’re already second. Then you go from there to being gay and Black... you’re just horrible.”

Notably, in every group, a number of participants brought up a personal connection to HIV/AIDS. For several it was an immediate family member or a close friend living with or who has died of HIV/AIDS. At this point in the discussion, one of the older men in Oakland and one of the older men in Atlanta identified themselves as living with HIV. Three of the men in the MSM-only group self-identified as positive. The older man in Atlanta felt the need to expressly state that he was not gay. Many of those with personal experience described witnessing instances of discrimination or stigma within a household or community. Even though participants were aware about how HIV is transmitted, many alluded that they were not entirely comfortable around people living with HIV. A few participants in Atlanta talked about not sharing drinks with their friends and family members living with HIV/AIDS and one younger woman commented that “I still kind of watch my daughter and myself around her because you’re never too sure.” Participants in Oakland tended to describe their own interactions as more normalized, although they still saw many challenges facing people living with HIV/AIDS.

Many worried about access to care and affordability of treatment. A few mentioned the misconception that there was a “special” treatment, referred to as the “Magic Johnson treatment,” if one had enough money. One participant in Oakland commented “Why can’t we have what he has?” Another responded “it’s a big difference when you have money.” Others mentioned that they thought managing treatment would be “really difficult.”

The biggest perceived challenge to addressing HIV/AIDS was stigma, both in terms of talking about HIV/AIDS generally and taking actions such as using protection or getting tested. In Chicago, there was a perception that even bringing up topic of HIV/AIDS would raise questions about one’s own status. Many described the prospect of getting tested as “too scary.” Participants also discussed in depth the issue of lack of acceptance facing someone if positive.

Several in the groups described a perception of life with HIV as depressing, lonely, shameful, scary, and confusing, and that those who are living with the disease are probably “feeling isolated, feeling alone, not knowing what to do.” One young woman in Oakland worried about not having a relationship after HIV. One commented “I’m quite sure [a person living with HIV/AIDS] just don’t have a partner, and they know they don’t want to spread it to others, so I’m quite sure they keep it to themselves at all times.” Notably, there appeared to be a disconnect between what people have personally seen of friends living with the disease and what they fear may happen to themselves, saying that “there is still a stigma attached, even in the gay community.” For example, one man in the MSM-only group said that he believed a life with HIV to be “dismal” and “a death sentence,” but then continued on to describe one of his friends living with disease as “robust” and “energetic.”

Despite the awareness of medications, some still saw the disease as a “death sentence” and “automatic termination.” In Atlanta, some discussed how family members were too embarrassed to talk about living with the disease and they would not explicitly state that they were living with HIV or AIDS. Even though many in the focus groups easily shared personal experiences with HIV/AIDS, participants commented that they do not like to talk about the subject. One younger man said that the issue is “really acceptance” and that if you are living with the disease, “nobody is going to want to socialize with you.”

“A lot of the reason people don’t go get tested is because nobody talks about it because nobody wants to bring it up and all that. If people would talk about it more, then maybe more people would go get tested.”

(Female, 18-29, Oakland)

“I have firsthand experience too, my little cousin had it. Everybody like – they just started teasing him and stuff, they just be like don’t drink off our stuff.”

(Male, 18-29, Oakland)

“I think a lot of people are scared to find out, too. They would rather not know.”

(Female, 18-29, Oakland)

“I have seen people completely humiliated by HIV. I’ve seen people come out to their family and their friends and be shunned. I’ve seen people say, “You can’t come over here. Don’t hold my baby. Don’t eat off my dishes.” That hurts! No matter how strong you are, it hurts.”

(MSM, 30-49, Atlanta)

“To me it’s like committing a crime if you get AIDS or something. That’s what they be acting like. If you get AIDS, there’s a lot of things you get cut out of. Not just you, your siblings and stuff too.”

(Male, 18-29, Oakland)

“...it’s a mood killer. If you bring up, “Have you got tested?” The first thing I’ll be thinking is, “Why you asking me? What you sick?”

(Male, 18-29, Chicago)

“Anybody can have AIDS. You never know.”

(Male, 18-29, Atlanta)

“ I’ve seen like Caucasian and Asian men, they cry or show emotion. People say, “Oh, he’s emotional.” A Black man cries and shows emotions, “He’s gay.” So I think that the stigma and the weight that our culture puts on a Black man is so heavy.”

(MSM, 30-49, Atlanta)

“ It’s been talked about, but ain’t nothing been done about it. Once they put it out there, that’s it, it’s gone. There ain’t been too much foot work done. Like my mom and my dad always said, “you learn it at home, you recite in the streets.” They promote it if it’s in their backyard. That’s the only way it’s going to come out.”

(Female, 30-49, Chicago)

“ I think we heard about the H1N1 more than we heard about AIDS this year. I think it started with the flu, when they should be worried about something that much more can kill you than the flu. It’s been in the media all day. When is the last time you heard about AIDS being in the media?”

(Male, 30-49, Oakland)

“ A lot of people may feel that way. They just don’t want to – if they say if I don’t talk about it, it doesn’t exist.”

(Female, 18-29, Atlanta)

“ I haven’t heard nobody talk about AIDS since Magic Johnson.”

(Male, 30-49, Chicago)

“ I think we don’t talk about it because in my peer group we don’t think that we’ll get it. We talk about death and dying and middle age and all the other stuff...we don’t talk about AIDS because I don’t think we think we’re in a group of people that could get it.”

(Female, 30-49, Oakland)

HIV/AIDS AS AN ISSUE FACING BLACK AMERICANS *(continued)*

Several participants commented that the subject was “taboo,” with one man in the older group saying that “it’s that thousand pound gorilla sitting in the corner; nobody wants to look at it or talk about.” Fear, especially fear of the unknown, shame, and embarrassment were among reasons given for not talking about HIV/AIDS. Many said that bringing up the topic of HIV/AIDS would raise questions about one’s own status. Some felt that if they did not get tested, then they do not have to worry about being subject to stigma or discrimination or that “if I don’t talk about it, it doesn’t exist.” Still, a few participants in each group mentioned that they do talk to their close friends and children about HIV/AIDS and other sexual health issues.

Among the three cities where the general population focus groups were held, there was the most discussion about sexual orientation in Atlanta, although it was still limited. Several of the men in the 30-49 general population group attributed higher rates of HIV in the area to MSM, saying that the nickname for Atlanta has changed from “A-Town” to “Gay Town” and that the city is now referred to as “San Francisco East” due to its large gay population. Still, in all groups it was understood that anyone could get HIV. Also notable from Atlanta was that while the stigma surrounding HIV/AIDS was frequently mentioned, given the opportunity within the focus groups to talk about the issue, most participants were very open and even eager to discuss HIV/AIDS.

RESPONSE TO HIV/AIDS IN BLACK AMERICA

While there was a high level of awareness and concern about the impact of AIDS in the Black community, participants were almost unanimous in saying that the issue has moved off the public agenda, citing lack of leadership, no apparent spokesperson, less attention in the media, and less visible community outreach efforts as compared to past years.

With the exception of an occasional name, participants generally were not able to identify a strong voice fighting against HIV/AIDS in the Black community. While a few celebrities and entertainers were mentioned in each of the groups for activities to address general social issues, no one stood out as making an effort to talk about HIV or making HIV a priority issue. Magic Johnson remained “the biggest name” and the only constant that surfaced in every group as a visible face on the issue.

Several participants commented that it seemed like leaders were “preoccupied with other issues” and HIV gets lost in the shuffle and “it kind of just faded away.” One young woman observed, “I don’t think anyone makes it a priority to talk about HIV.” Another noted that HIV/AIDS is not a popular political issue to talk about, so leaders would not know what to say or “they don’t think people want to hear about it.” Even when individuals or organizations were recognized for taking on social causes, there was no real awareness of what actions the organizations had been taking on HIV/AIDS.

A theme across the groups was a sense of “lack of caring.” Participants cited lack of attention by leaders and the media as evidence, as well as general public apathy, especially among young people. Some said HIV/AIDS did not have enough “status,” or lacked sufficient funds to garner attention, while others said that money is not the only issue and “it’s our habits and if we curb our habits, then we’ll have a solution.” One man in Atlanta commented that “the United States is desensitized” to the issue. Some participants in Chicago discussed an increase in attention to AIDS in Africa, rather than in the U.S. Some just felt that “it’s kind of an awkward discussion” and that prevented further conversation about HIV/AIDS and that people aren’t sympathetic towards AIDS like they are towards other diseases.

One woman in the older group commented that even if there are leaders on the issue, “they don’t put it out there” and that “they need to put it in the ‘hood where if people in the ‘hood actually see it, they’ll join.” Some participants said if there were organized activities around HIV/AIDS, they would get involved, but “nothing’s going on.” One younger male thought that “there should be less talking and more action” among Black leaders. Although many participants came back to the belief that HIV/AIDS is not a popular issue to discuss and that “leaders don’t talk about it” because they “feel like the whole AIDS thing is hopeless.”

This was particularly striking among the young men in Oakland, for whom there was a general sense that leaders do not care about their demographic as a whole and that attitude translates to HIV. The men worried about being seen as scapegoats for all issues that plague the U.S., or “what the world sees us as.” On a more personal level, others noted that people taking personal responsibility for their own actions is a barrier. “It’s up to the individual,” said one participant. One young man in Oakland said “I feel I’m a Black leader, I don’t know about everybody else. I’m a Black leader, I be doing certain positive things out there. Trying to change a little bit of something, but I don’t know what you mean by leader.”

Participants mentioned doctors’ offices, clinics, schools, and churches as sources of trusted information for HIV/AIDS issues. Groups in Atlanta also mentioned the Atlanta-based CDC. Many older participants across cities named a handful of locally-based organizations, although some in Chicago noted less street canvassing on HIV/AIDS in their communities as compared to past years. Young men in particular were least likely to name a trusted source for information. Participants in every group mentioned that people only talk about the issue during special events, specifically on World AIDS Day, with some noting that no one talks to the community on a daily or weekly basis because “it’s not a priority.” Overall participants struggled to think of individuals or organizations visible on HIV/AIDS.

REACTION TO THE GREATER THAN AIDS CAMPAIGN

The focus groups viewed a series of public service ads (PSAs) produced for the first year of the *Greater Than AIDS* campaign, including visual images produced for outdoor placements (such as billboards and transit shelters) and print (such as magazines and newspapers); audio from two radio spots; and a video produced for the web.



While different elements resonated more with different groups, overall, participants responded positively to the overarching unity and empowerment messages of the *Greater Than AIDS* campaign. Some were initially unclear about the greater than sign (>) or hand sign, though upon reflection and in combination with the www.greaterthan.org URL it became clear. Several participants commented that what first caught their attention was the hand sign, which they interpreted as a “peace sign,” and upon closer read the message was clear: “We are bigger than AIDS. It’s a very powerful statement. It means we have control over it.” For some, the imagery suggested “living in peace” with HIV, “[not] having to suffer through it.”

“If they got it, they don’t want to know because if they find out, they say they’ll get sick, and they’ll start dying.”

(Male, 18-29, Atlanta)

“I think that’s why it’s kind of secretive, because you don’t know who got it nowadays, because people are ashamed to tell.”

(Female, 30-49, Atlanta)

“The subject is so final. It’s like talking about death. You don’t talk about when your funeral is coming up. To me, it’s like the same idea like all these – it just seems like it leads to one thing.”

(Female, 18-29, Atlanta)

“I think that the Black community as a whole has a long way to go because I believe that as a community, we still brush a lot of stuff under the rug.”

(MSM, 30-49, Atlanta)

“We only hear about it when there’s a story about it or there’s like AIDS awareness or if one person decided to talk about it, but it’s not all our black leaders pushing that into our ears, getting it into our heads.”

(Female, 18-29, Atlanta)

“They’ve taken more action in other countries than they have over here. They’re more concerned about AIDS in Africa, than they are over here.”

(Male, 30-49, Chicago)

“When I think – I think of the silence. We talk about everything else, but about AIDS it’s silent, no one talks about it.”

(Female, 30-49, Atlanta)

“I can’t think of no leaders, period.”

(Male, 18-29, Oakland)

“It’s a symbol of hope that we can actually conquer instead of it conquering us.”

(Female, 18-29, Atlanta)

“We are bigger than AIDS. It’s a very, very powerful statement. It means we have control over it and somehow it’s still taking control of us.”

(Female, 30-49, Oakland)

“I think it’s an empowering slogan. It feels like the community is greater than this problem.”

(Female, 18-29, Oakland)

“They’re saying, “We are greater than.” They’re saying let’s get tested. Let’s get active in the community so that we can battle these statistics because we’re not what they say we are.”

(Female, 18-29, Chicago)

“Also, it’s a reminder. “Hey, everybody, AIDS is still here. Let’s be aware.” I got that.”

(Male, 30-49, Oakland)

“I think it really provokes a conversation. I guess if you and your partner are sitting down and just that you happen to sit besides this, I mean you guys look across, and you see talks, silence, you can – she possibly will be the one who wants to bring it up saying, “You think we should get tested or...?” I think these series kind of make a connection, yeah.”

(Male, 18-29, Atlanta)

“I loved the campaign overall because it is conveying the message of communication as a key solution to putting an end to HIV or maybe even a beginning to an end.”

(Female, 18-29, Chicago)

REACTION TO THE GREATER THAN AIDS CAMPAIGN (continued)

Although not specifically identified as such, many participants saw the campaign as focusing on Black Americans. Most viewed this positively, with one younger woman explaining that the visuals said, “Hey, Black people; let’s be more focused about it. Let’s be more educated on AIDS.” All groups

commented that the diversity of individuals represented across the campaign was a good thing with one participant acknowledging “that they are trying to, I guess, touch every aspect of AIDS, couples, single man, family, you know, teenage girls, and young boys.” Another participant echoed the sentiment that everyone can relate to at least one of the images saying that “and you’ve got a little something for everybody.” The men in the MSM group also liked the diversity of ages represented, saying that “it’s talking to different types” and that there was at least one image with someone that “looks like me.” While some were concerned that the posters did not include people of any other races, and a few younger men in Oakland worried it reinforced negative images about them among white Americans, one participant commented that because it is targeting Black Americans it “gets my attention.”



As compared to other HIV/AIDS campaigns participants had seen, *Greater Than AIDS* was distinguished as focusing on “the community.” Participants noted that the campaign personalized the issue of HIV/AIDS and reaches more people, and in doing so, commented “more people can spread that word.” The take away was seen as the community getting together to overcome the problem, which participants responded to.

The images in the print ads generally resonated across the groups with participants tending to identify most strongly with those that appeared most similar to them. Virtually all participants understood the intended take away message from the ads. For example, the image featuring three young women and the text “talking > silence” was read as promoting communication among friends about HIV. The ad featuring a couple and the text “knowing > doubt” was particularly compelling with many remarking that the message was testing among couples.

The radio PSAs conveyed to some a message of personal resolution to become active about HIV, get tested, and “talk about it.” Participants liked hearing a mix of voices and people from “different walks of life.” One noted that the PSAs convey the idea that “you aren’t alone” and “anybody can be a leader.” The radio ads were generally well received in the older groups, including the MSM group, because they had a diversity of voices and they inspired the audience to start “talking to the next generation, talking to our kids and grandkids.”



The video elicited the strongest positive responses across the all groups, especially among the younger men and women. Towards the end of the video when the actors were saying that they want to be counted in for the effort to curb HIV, one young woman from Atlanta wanted to be counted in as well and shouted out

“and me!” Another young woman said that the video was so empowering it “gave me goosebumps.” A woman in the older group said “I hope to see [the video] during the Superbowl.” The younger men also felt moved by the video, saying that “it was a spot that inspires hope.” After seeing the video, one man said that he viewed HIV/AIDS differently and he now sees it as “a problem with solutions... we can solve it one step at a time.” The idea of contextualization and relating the campaign to other African American struggles throughout history resonated well with all groups, especially in relation to the video.

The *Greater Than AIDS* campaign was seen as a positive effort to heighten a sense of urgency about the threat of HIV/AIDS, while conveying a sense of togetherness in addressing the issue. Participants commented that the campaign took a different approach to what they have seen in the past and that the message will make people more aware that HIV/AIDS is still out there. One woman in the Oakland 30-49 group remarked “Now I’m rethinking, ‘Wow, is AIDS that big of a problem? In our community? That’s what I was thinking.’” Participants expressed a renewed feeling that they are the ones who are responsible for overcoming this problem.



A few participants in the Oakland older male group expressed a sense of “guilt” and “embarrassment” about not doing more about HIV/AIDS after seeing the campaign, which they said motivated them to want to do more. Across cities, the younger male group was the most cynical about being able

to do something about HIV/AIDS, but even among the more critical segment there were those that appreciated the intent of the campaign to “bring the conversation to the community.” Others noted that they saw AIDS as part of a “larger problem” — including “healthcare, mass incarceration” — that needed to be addressed first. Even among this group participants commented that the campaign made them feel “motivated,” “curious,” and to want to “educate myself more.”

Upon closing reflection after having reviewed all campaign elements, participants said that they felt more aware and inspired to do something. Participants also interpreted more personal calls to action from the campaign, most notably “to get tested” and “protect yourself,” and “talk to people about it” because “it all starts with conversation.” Others heard a call to action as saying “do your part to educate your community” and “band together to spread awareness” about HIV/AIDS. The campaign was seen as “empowering” and helped make the disease less taboo, with one participant saying that the *Greater Than AIDS* campaign “brings AIDS back up, so I thank you because we can talk about it now.”

The man in the older Atlanta group who identified himself mid-way through as living with HIV especially appreciated the intent of the campaign saying that “we could have talked about anything, but I’m just glad that something, it might be something small, but something is being done...” Participants across the groups felt that the campaign was unique in that it was a community movement, and not necessarily based upon one affected person or individual actions. One younger man commented that “When I see this whole thing together, the ads, the radio, what we listened to earlier, and the pictures, it kind of changed my thought pattern.” Another felt that the campaign “makes you feel like there is a solution to the problem, so it’s kind of hopeful.”



“ It started out with an individual and then it started out with a family, and that family went into the community and the community turned into people. They’re basically telling you that it starts with you and then from you, you can take it to your family. You can change your family and from your family you can change the community and the community can change an entire race of people. ”
(Male, 18-29, Chicago)

“ It feels like AIDS is closer to home than what I thought before. That was really something, a taboo for me. I wouldn’t be discussing AIDS with anybody and I guess because of familiar faces, people like me I’m seeing, I can more relate to it and stop shoving it off like it’s somebody else’s problem. It’s our problem. ”
(Male, 18-29, Atlanta)

“ It just reminded me that, every time you go to the barbershops, there’s all sorts of dumbass conversations – seriously, stuff that we could do without talking about sometimes. But this is something that’s a big issue, even though it doesn’t get talked about. ”
(Male, 30-49, Oakland)

“ It’s like a personal resolution to get tested, to get active. ”
(Female, 18-29, Chicago)

“It’s just made me think. They’re saying I’m doing something, what are you doing?”

(Male, 30–49, Chicago)

“That’s what it’s about; bring it to where you – bring the conversation to the community, which is pretty positive.”

(Male, 18–29, Oakland)

“I loved the campaign because as of today, I don’t think I would have ever talked about AIDS or anything close to it. Just knowing a little about it would just make me spread the word.”

(Female, 18–29, Chicago)

“Yeah, the knowing is greater than doubt, that’s really about getting tested just so you know what your status. If you know, you can actually do something about it and not worry. I just think that talking is better than silence, because if we’re talking and we have some knowledge, some real knowledge to talk about, then things can change a lot quicker.”

(Male, 30–49, Oakland)

“In spite of all the bull crap that goes on in this city whether, you know, like we all talked about tonight – this city is greater than this disease.”

(Male, 30–49, Atlanta)

APPENDIX

DISCUSSION GUIDE

I. Introduction

- > Moderator:
 - Purpose of session — to discuss perceptions on health issues
 - No right or wrong answers
 - Audio-taping
 - Presence of observers
- > Participants:
 - Part of the city where they live
 - Who they live with

II. General Knowledge & Attitudes about HIV/AIDS

- > When you think of the major health issues facing Black Americans, what comes to mind?
[Probe: Are there any health issues that are getting more serious? (If HIV or other STDs are not mentioned; then ask about STDs, followed by HIV)]
- > What is your general sense of what is going with HIV/AIDS?
 - Is it a big health problem for the U.S.?
 - What about for Black Americans?
 - What about here in [city]?
- > Is this a problem that is getting worse for the U.S.?
 - For Black Americans?
 - Here in [city]?
- > Do you feel like you are hearing or reading much about HIV/AIDS?
[Probe: Where are you hearing or reading about it? (If media is not mentioned, ask specifically about media)]
- > Are some people more at risk for getting HIV than others?
[Probe: Who is most at risk?]
- > Thinking about your own experience, are people talking much about HIV/AIDS? What about the risk of getting HIV/AIDS?
 - If no, why do you think that is?
 - If yes, what are they saying?
[Probe: What prompts those discussions?]
 - What holds people back from discussing what’s going on with HIV/AIDS today?
- > What is life like for people living with HIV or AIDS?
[Probe: What kinds of challenges do they face?]
- > Have you ever known anyone with HIV or AIDS?
[Probe: How did people around them react when they revealed they were HIV positive or had AIDS?]

III. Community Ownership and Response

- > Who are the leaders or groups that you feel are addressing HIV/AIDS today?
[Probe: What about Black leaders, specifically?]
- > In your opinion, are Black leaders doing or talking enough about HIV/AIDS?
[Probe: Is it a priority?]
- > What do you think gets in the way of national groups giving more attention to HIV/AIDS?
- > Thinking about groups closer to home — like churches and community groups — are they doing or talking enough about HIV/AIDS?
[Probe: Is it a priority?]

III. Community Ownership and Response (continued)

- > What do you think gets in the way of local groups giving more attention to HIV/AIDS?
- > Are there any particular organizations or leaders that you trust when it comes to information about HIV or AIDS?
 [Probe: Who are they?]
- > Have you ever been motivated to do something about HIV/AIDS? What kind of action did you take? Why?
 - This can be something personal like talking with a friend or family member, or getting tested. Volunteering can also be an action. It is also ok to say that you have not taken action.

IV. Review of Campaign Messages

- > I'd now like you to give me your reactions to some materials that are under development about HIV. First, I'm going to show you some ads that would appear at bus or metro stations or on a billboard.
- > DISPLAY "HAND" AD [male or female as appropriate]
 - Please tell me your initial reactions to this poster. What is the first thing that comes to mind?
 - What's the message?
 [Probe: If it is not mentioned, asked about the symbolism of the > graphic and what it may be communicating to them.]
 - Tell me what you take away from this poster.
 - Do you like this poster? Does it get your attention?
- > DISPLAY SERIES OF 5 POSTERS AT THE SAME TIME
 - Please tell me your initial reactions to these posters. What is the first thing that comes to mind?
 - What's the message?
 [Probe: If it is not mentioned, asked about the symbolism of the > graphic and what it may be communicating to them.]
 - Tell me what you take away from these posters.
 - Do you like these posters? Do they get your attention?
- > PLAY VIDEO "BECAUSE"
 - Please tell me your initial reactions to this video. What is the first thing that comes to mind?
 - What's the message?
 - Tell me what you take away from the video.
 - Do you like the video? Does it get your attention?
- > PLAY RADIO AD "OATH" (30 seconds)
 - Please tell me your initial reactions to this radio ad. What is the first thing that comes to mind?
 - What's the message?
 - Tell me what you take away from the radio ad.
 - Do you like the radio ad? Does it get your attention?
- > (REPEAT FOR SECOND RADIO AD "GREAT 1" (30 seconds))
- > AFTER AUDIO/VIDEO, DISPLAY ALL PRINT
 - Do you like this campaign overall? Why or why not?
 - How is this campaign similar or different from other HIV campaigns that you've seen?
 - Do you think this message is effective?
 - Do you think this message is inspiring?
 - Have you ever seen or heard any of these messages before you came in here today? Which ones?

“It makes me feel good and I say that because it makes me feel good to know that... somebody is finally taking a step to say, “Hey, this needs to be back out there,” and it does because it’s been, you know, just like they said, it’s not – it hasn’t been, you know what I’m saying?”
(Male, 30-49, Atlanta)

“I think it’s empowering because it’s reminding us as a people who we are and who we were and that you know there’s nothing that we can’t overcome.”
(MSM, 30-49, Atlanta)

“At the end when everybody was saying, “count me in, count me in,” I was like, “I want to be counted in.”
(Female, 18-29, Oakland)

“We are greater than ignorance. We are greater than being silent about it. We are greater than, you know, not knowing about it. We are greater than that.”
(Female, 30-49, Atlanta)

“...when I think of greater than, I think of Martin Luther King. He was greater than, you know, so I mean, it empowers you to say, “Well, you know what? Well, maybe I am greater than and I will be greater than if I make the choice to get tested.”
(Female, 30-49, Atlanta)



ABOUT GREATER THAN AIDS

Greater Than AIDS is an unprecedented collaboration among a broad coalition of public and private sector partners united in response to the HIV/AIDS crisis in the United States, in particular among Black Americans and other disproportionately affected groups. Through a national media campaign and targeted community outreach, *Greater Than AIDS* aims to increase knowledge and understanding about HIV/AIDS and confront the stigma surrounding the disease. www.greaterthan.org.

The Kaiser Family Foundation – a leader in health policy and communications – provides strategic direction and day-to-day management, as well as oversees the production of the media campaign. **The Black AIDS Institute** – a think tank exclusively focused on AIDS in Black America – provides leadership and expert guidance and directs community engagement. **Greater Than AIDS** is developed in support of Act Against AIDS, an effort by the U.S. Centers for Disease Control and Prevention (CDC) to refocus attention on the domestic epidemic. Additional financial and substantive support is provided by the Elton John AIDS Foundation, Ford Foundation and MAC AIDS Fund, among others.