

EOCIL/END HIV OREGON

Eastern Oregon Communications Campaign Final Evaluation





Background:

A Response to Rising Cases of HIV/STI in Rural Oregon

New HIV and STI diagnoses have been on the rise in Oregon since 2020, with the largest increases in rural and frontier areas. Rural members of Oregon's HIV community planning group have long advocated for more services in their jurisdictions, including media campaigns to raise awareness.

New HIV and STI diagnoses rose in Eastern Oregon from fewer than 1% in 2018-2019 (3 of 387) to 3% of cases statewide in 2020-2021 (11 of 364). In response, the Eastern Oregon Center for Independent Living (EOCIL), with support from Umatilla County Health Department, Yakima Valley Farm Workers Clinic, the Oregon Health Authority, and strategic communications firm, Coates Kokes, launched a media campaign to increase awareness of HIV/STI, decrease stigma, and encourage people in Eastern Oregon to move along the behavior change continuum towards HIV/STI testing, prevention, and treatment.

Rural Oregonians experience social and structural barriers that may place them at increased vulnerability to HIV and STI infections, including delayed HIV testing, late diagnosis, and lower utilization of essential prevention and treatment resources. However, people who live in rural Oregon also cite many advantages to living in their region, including a strong sense of local community. This value shaped the media campaign, which was designed with the input from rural Oregonians: they identified most strongly with messaging about testing to protect the community.

The multi-modal 'Small Town' campaign, which ran from April - July 2022, used billboards, print newspaper, digital and terrestrial radio, social media, and digital advertising. The campaign used some of the following messages in its print and radio/streaming products:

- HIV isn't just a big city issue.
- Rural Oregonians care about community. HIV is a community issue.
- Testing for HIV is a way to keep our community healthy.
- Getting tested is a sign of strength, not weakness.

Campaign Planning & Development

CDC-funded campaigns like Let's Stop HIV Together have developed materials for many different subpopulations, but lack materials that focus on people living in rural America. In fact, a brief review of existing HIV media campaigns found no multi-modal campaigns specifically designed to increase HIV testing among rural populations.

Planning for the original 'Small Town' campaign began in April 2020, but implementation was delayed due to COVID-19. Formative research was extensive and included:

- Input from partners at EOCIL and HIV Alliance – two key agencies providing HIV services in rural Oregon
- 4 online focus groups with rural Oregonians (MSM in Western Oregon, MSM in Central/Eastern Oregon, heterosexual men, heterosexual women)
- Development of preliminary concepts based on key themes identified through focus groups
- Message testing and gathering additional data through an online survey with 218 rural Oregonians
- Creating draft messages for a rural media campaign and original imagery using local models and Oregon-specific sites to create an authentic Oregon feel
- Final round of input on completed campaign products (billboard images and messages, radio ads) from key partners serving rural Oregon
- Integration of partner feedback to finalize creative concepts



Campaign Implementation

The media campaign launched on April 4, 2022, and ran through July 31, 2022. It was active during National HIV Testing Day (June 27) and PRIDE month (June). The main target markets were Pendleton, Hermiston, La Grande, and Ontario, although the reach penetrated other parts of Eastern Oregon, including Morrow and Harney counties, as people from neighboring counties visit the target cities frequently to shop and seek services.

The campaign was delivered in English and Spanish. The Spanish language portion of the campaign focused exclusively on audio (radio and digital streaming services), as there is no Spanish language newspaper in the market, very limited availability of billboards, and local partners report that radio is more effective than print for reaching monolingual Spanish speakers in their geographic area. EOCIL's bilingual, bicultural staff worked with partners on their Latinx advisory group, as well as their contacts at the Spanish language radio stations, to test and develop messaging that was rolled out simultaneously with the English language messaging.

A campaign information session for local partners and a HIV/STI training for medical providers helped prepare the Eastern Oregon community for a potential increase in client requests for information, testing, and prevention services. A new page on the End HIV Oregon website (www.endhivoregon.org/rural), available in English and Spanish, provided specific resources for Eastern Oregonians seeking testing, prevention, treatment, and mail-order services like condoms, lube, and HIV self-testing kits.

Campaign Results

Because many rural Oregonians are in an early stage of behavior change related to HIV/STI (e.g., precontemplation, contemplation), the primary aim of the campaign was increasing awareness. Secondary aims included increasing HIV testing (a shorter term goal) and decreasing stigma (a longer-term goal).

Campaign Reach: Increasing Awareness

The 'Small Town' campaign was highly visible and received a significant amount of attention in Eastern Oregon, including:

- **10 news stories**, including an East Oregonian editorial, covered the campaign, reaching a potential readership of **46,000 print news customers** and receiving **540,000 online impressions**. The purchasing equivalent for that earned media coverage was \$29,696.
- Our ads were seen over **12 million times** via digital media, social media, and audio streaming. Of these, there were 23,245 clicks on the ads, a .19% click-through rate, and 67 conversions (e.g., outbound visits to resources for HIV testing, free condoms, and AIDS service organizations). Reach was highest in these areas of Eastern Oregon: Pendleton (2.85 million views), La Grande (2.74M), Ontario (1.22M), Baker City (1.21M), and Hermiston (1.09M). Our media contractor considers these numbers to represent high success at delivering our message to the audience.

- For the four consecutive months of the campaign, **EndHIVOregon.org visitor traffic was the highest the website had ever seen**. The visitor count continued to increase throughout the rural Oregon campaign as the digital/social elements adjusted to better target the intended audiences we were trying to reach with our messages. Compared to a daily count of about 40-50 visitors per day since the website launched in 2016:
 - **April 2022** – 2,468 total visitors; 2,444 (99%) new users
 - **May 2022** – 3,087 total visitors; 3,036 (98%) new users
 - **June 2022** – 5,226 total visitors; 5,132 (98%) new users
 - **July 2022** – 6,043 total visitors; 5,818 (96%) new users
- From April 1 - July 31, the top 5 cities for in-state website visitors were **Pendleton, La Grande, Baker City, Hermiston, and Portland**. The rural Oregon page saw the highest traffic, with 19,000 page views.

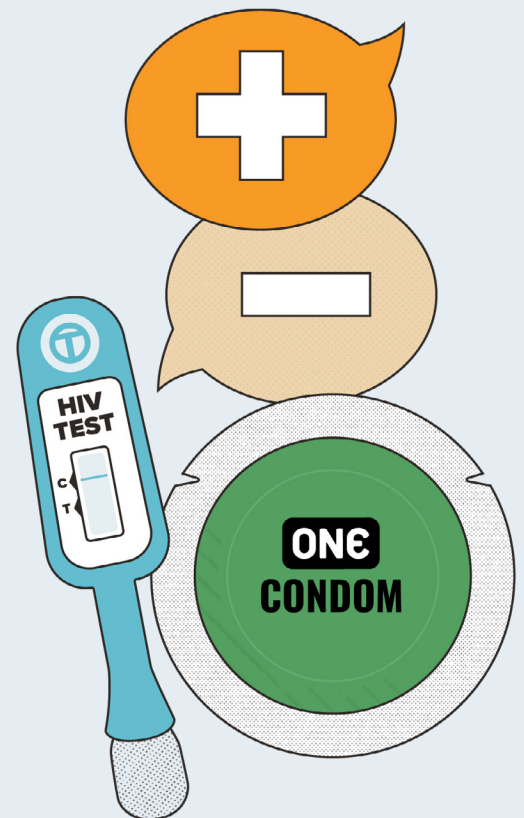


Campaign Impact: Increasing HIV Testing & Use of Prevention Resources

The three primary counties in the campaign target market saw significant increases in condom orders through the One at Home Program, which was advertised on www.endhivoregon.org, indicating increased interest in HIV/STI prevention during the months of the campaign.

The campaign did not result in a significant increase in HIV testing, based on the data to which we have access (e.g., public test sites, Take Me Home mail order). However, Eastern Oregonians may have requested or plan to request HIV/STI testing from private medical providers, which is rural Oregonians' preferred site for HIV/STI testing, according to the formative research, or other mail-order testing services.

- Malheur, Union, and Umatilla counties saw significant increases in sexual health supplies sent from the One at Home Condom Delivery Program. Comparing April-July 2021 to April-July 2022, orders increased by 200% in Union County (from 13 to 26 orders), 900% in Umatilla County (from 7 to 65 orders) and 1,200% in Malheur County (from 1 to 12 orders). Each Take Me Home order contains 20 condoms, indicating mail-order distribution of 520 condoms in Union County, 1,300 in Umatilla County, and 240 in Malheur County during the campaign. Baker County did not see an increase in condom orders.
- Mail-order self-testing kits for HIV are available at www.endhivoregon.org. From April-July 2022, 6 test kits from Take Me Home were sent to people in the four-county area of Eastern Oregon with the highest campaign reach (Baker, Malheur, Union, and Umatilla); this compares to 4 tests in April-July 2021. HIV test kit orders in the remaining 10-county EOCIL service area were insignificant in both years.
- EOCIL staff distributed an average of 4 HIV self-test kits per month during the campaign. This compares to about 2 per month distributed prior to campaign launch.



Campaign Reach & Impact: Community Partner Impressions

EOCIL staff and community members said the campaign had an impact, primarily by increasing awareness by normalizing HIV and STI, which decreases stigma. W. Kirt Toombs, CEO of EOCIL, says: *“the more we talk about sexual health and HIV, the more accurate and open our conversations between providers and patients, and ourselves, will be. Through testing, use of PrEP (a daily pill that prevents HIV infection), and effective treatments for HIV, we can prevent new infections.”*

A follow-up survey, sent in September 2022 to social service and medical providers on the AIDS Education & Training’s Eastern Oregon listserv, yielded responses from 32 individuals, primarily nurses (n=11, 34%) and community health workers/disease intervention specialists (n=10, 31%). Other respondents included public health workers, clinic managers, social workers, and a doctor. Survey respondents primarily worked in Malheur (n=9, 28%) and Umatilla (n=8, 25%) counties, although 8 Eastern Oregon counties were represented.

Seventy-five percent of respondents had heard that there has been an increase in HIV and STI cases in Eastern Oregon. About half (n=17, 53%) had seen one or more aspects of the media campaign; this proportion remained the same when examining only respondents from the three primary target counties. Billboards were most frequently seen (n=13, 41%), followed by social media/digital ads (n=11, 34%), radio ads (n=8, 25%), and newspaper articles (n=8, 25%). Among those who saw portions of the media campaign, comments were positive (n=11) or offered a neutral/mixed perspective (n=6); no one offered purely negative comments about the campaign. Sample comments included:

“Well overdue. Clear messaging. Well done to engage many populations of people. Liked seeing the billboard on Southgate.”

“I appreciated the effort to [make] the message fit with the culture of eastern Oregon. It didn’t feel so ‘urban’.”

“I thought it was well designed.”

Although none of the campaign images were LGBTQ-specific, two of the mixed message comments commended the effort but wondered if the campaign was too focused on the LGBTQ community:

“I like that it is focused on the rural parts of Oregon, but I think to help destigmatize HIV from being the ‘Gay Disease,’ there should be more demographics depicted.”

“I think it was appropriate to the area that we are trying to reach but I feel that putting our LGBTQ+ members [in the forefront] perpetuate[s] the stigma that HIV is a gay/homosexual/transgender condition.”

Four individuals (12.5%) said their clients or patients had specifically mentioned the campaign to them, but 11 (34%) reported increased patient/client interest in HIV/STI testing and 13 (38%) reported increased patient/client interest in PrEP or other prevention tools.

Local partners expressed a need for more information about resources. Half (n=16) said they were aware of One at Home mail-order condoms, 53% knew about Take Me Home mail-order HIV kits (n=17), and 66% (n=21) knew about the availability of educational information and resources on www.endhivoregon.org. Providers identified the following resources and supports as most beneficial to them as they support HIV/STI prevention and treatment in Eastern Oregon: more public awareness campaigns/information for clients (n=8), increased PrEP/PEP access (n=6), and additional information for themselves (n=5). Other identified needs included provider education and training, anti-stigma resources, telehealth options, and better coordination among community partners.



Conclusions

A first-ever, multi-modal media campaign in Eastern Oregon aimed at increasing awareness and increasing HIV testing, was highly visible and reached a significant number of Eastern Oregonians. For the four months of the campaign, traffic to www.endhivoregon.org was the highest since its launch in 2016, an increase driven by mostly new visitors, with the highest number of visitors from Pendleton, La Grande, Baker City, and Hermiston – a distribution never seen before and clearly a result of the campaign.

The three primary counties in the campaign target market saw significant increases in condom orders, indicating increased interest in HIV/STI prevention during the months of the campaign, and about one-third of local partners surveyed said their patients or clients had expressed increased interest in HIV testing, PrEP, and other prevention tools. The campaign received positive feedback from local partners, who indicated an ongoing need for more information – both for themselves, as service providers, and for their clients and patients.

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