



**End
HIV
901**

Ending the HIV Epidemic
Shelby County

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■ BRAND VALUE PROPOSITION

*ENDING THE HIV EPIDEMIC:
A PLAN FOR AMERICA (EHE)*
is a robust initiative that seeks to accelerate progress in HIV prevention and end the HIV epidemic in the United States by 2030.

We work with local Shelby County coalition partners in a collaborative effort to significantly decrease the spread of HIV.

Ending the HIV Epidemic is a federally funded initiative through the Center of Disease Control (CDC). The CDC supports the Tennessee Department of Health (TDOH), where TDOH will allocate grant funds for EHE implementation in Shelby County.



■ STAKEHOLDERS



Coalition Partners as of 11/1/2020

■ AUDIENCE

WEBSITE VISITORS

- Public
- Educators
- Clinicians
- HIV-Service Providers
- Volunteers
- Information seekers

RACE DEMOGRAPHICS

- African American
- Latinx
- White

AGE DEMOGRAPHICS

Age 13+ with a major focus on 13-45

LEVEL OF EDUCATION DEMOGRAPHICS

- Primary School
- High School Graduate / GED
- Some College
- College Graduate
- Postgraduate Degree

LANGUAGE DEMOGRAPHICS

English and Spanish speakers

GENDER DEMOGRAPHICS

- Male
- Female
- Trans

GEOGRAPHY DEMOGRAPHIC



The website will be built with best standards in ADA-Compliance allowing persons with disabilities the accessibility to all electronic and information technology present on the site.

■ GOALS, MISSION, VALUES AND VISION

GOAL

EHE's goal is to accelerate progress in HIV prevention and end the HIV epidemic in Shelby County by 2030.

THE MISSION

Ending the HIV Epidemic is a federally funded initiative through the Center of Disease Control (CDC). The CDC supports the Tennessee Department of Health (TDOH), where TDOH will allocate grant funds for EHE implementation in Shelby County.

THE TIME IS NOW TO END THIS EPIDEMIC

The Department of Health and Human Services (HHS) is coordinating this cross-agency initiative, applying the latest science and evidence to better care for and reach those populations disproportionately affected by HIV. The federal initiative is envisioned as one piece of a society-wide effort to end HIV in America. Only by working together can we achieve this shared mission. From empowering communities at the local level, to teaming up with the best and brightest across the healthcare enterprise, everyone has an important role to play.

GOAL:

75%
reduction
IN NEW HIV
INFECTIONS
BY 2025 AND
AT LEAST

90%
reduction
BY 2030

VALUES

Authenticity, Caring, Change, Compassion, Education, Equality, Health, Innovation, Service, Teamwork, Trust, Well-being

VISION

The Vision of the EHE Initiative is to reduce new HIV infections to 75% by 2025 and reduce them to 90% by 2030 in Shelby County.

BRAND STORY

Shelby County is an authentic place with character that rivals any other major Southern county. The same way Shelby County breaks the mold for other markets, we will build a brand to stand out with real tangible deliverables that affect change over the next several years.

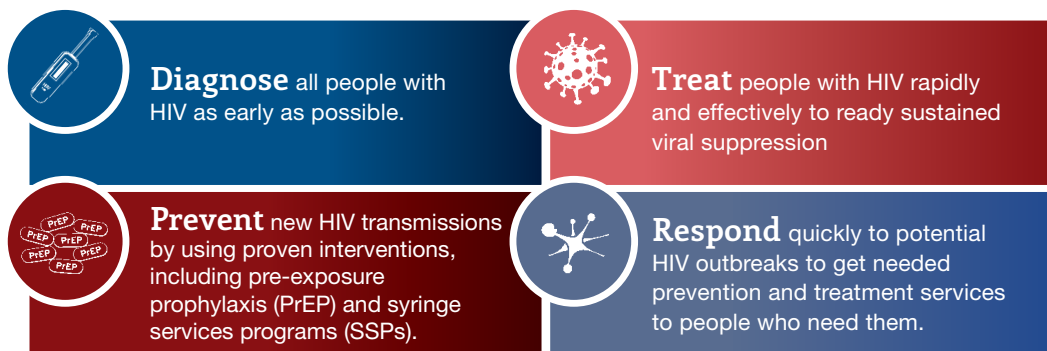
The EHE Initiative is one that breaks the box, both graphically and figuratively, on how we live, work, and play. Allies of Shelby County and their love of people in our community are the driving force behind the collaborative design to achieve the goal of Ending the HIV Epidemic (EHE).

Together, our research, design, development, reporting, services, and expertise will work to provide a multilingual website hub that is built to educate, inform, and serve as a resource for years to come as well as a comprehensive long-term digital media strategy.

THE PLAN

EHE is creating and implementing a city-wide campaign with a newly built website to operate as a hub of information, data, reports, and access to care. We will use digital media also as a platform to promote our efforts as we fight to end new HIV transmissions in our area. This initiative will work to accelerate progress towards this goal by providing our citizens in need with the additional expertise, technology, and resources required to address the HIV epidemic in their communities.

KEY STRATEGIES



ADDITIONAL NATIONAL RESOURCES

Ready Set Prep Campaign: www.hiv.gov/federal-response/ending-the-hiv-epidemic/prep-program

Get Tested Campaign: www.cdc.gov/std/saw/talktesttreat/default.htm

Testimonial U=U Campaign: www.preventionaccess.org

Start Talking. Stop HIV.:

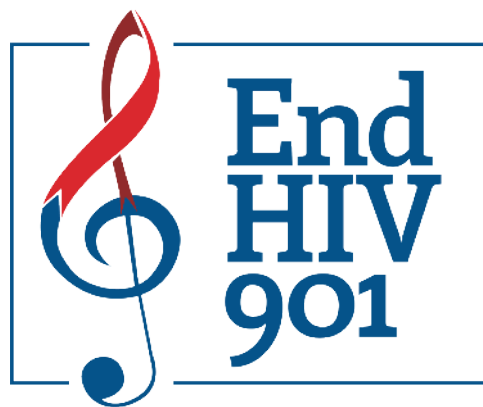
[www.cdc.gov/stophivtogether/library?Sort=Last%2-Updated%3A%3Adesc&Language=English%20\(US\)](http://www.cdc.gov/stophivtogether/library?Sort=Last%2-Updated%3A%3Adesc&Language=English%20(US))

Living with HIV Resources: www.cdc.gov/hiv/basics/livingwithhiv/index.html

■ LOGO IDENTITY

The Ending the HIV Epidemic logo includes four elements: the icon, End HIV 901, box, and the tag Ending the HIV Epidemic Shelby County. Do not modify or alter the logo. The logo can be reproduced using PMS values or 4-color process. For online use, use RGB and HEX values.

The logo can be used in full color, grayscale, black, or reverse versions as needed. Never switch the colors. Don't use the logo on similar colored backgrounds with the exception of a white box behind the logo. Never rearrange the elements, stretch, or distort the logo.



Ending the HIV Epidemic
Shelby County

■ AVAILABLE FILE TYPES



■ RESPONSIVE LOGO

Design elements vary slightly depending on the device or screen size they are displayed on keeping legible display of the logo.

FULL LOGO



Ending the HIV Epidemic
Shelby County

Organization identity.

LOGO HORIZONTAL



Ending the
HIV Epidemic
Shelby County

Organization identity.
Horizontal format.

LOGO - NO TAGLINE



Simple organization identity. Use for social media profiles, and promotional items.

ICON ONLY or TAGLINE



Ending the HIV Epidemic
Shelby County

Versatile and scalable. For use for favicons, desktop and mobile views of the website, social media profiles, and promotional items.

BLACK AND WHITE



Ending the HIV Epidemic
Shelby County



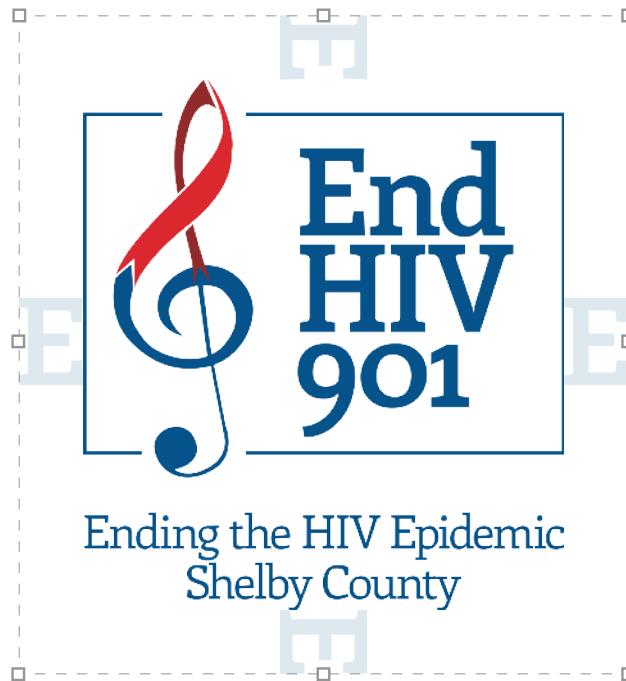
Ending the HIV Epidemic
Shelby County

One color or grayscale print marketing campaigns.

■ LOGO POSITIONING AND CLEAR SPACE

The Ending the HIV Epidemic logo should always be positioned in the same place consistently to help increase brand awareness.

To ensure visibility, there should be sufficient space around the logo on all sides that is the width of the letter E.



■ LOGO IDENTITY

HOW TO RESIZE

Do not modify or alter the logo. Never rearrange the elements, stretch, or distort the logo. When you resize the logo, be sure to scale it proportionately. Instead, scale the logo by holding the SHIFT key and dragging the corner of the logo.



BAD EXAMPLES



Never stretch or squish the logo. Always size it proportionately. When sizing gets smaller, consider a responsive version.



Never rearrange elements of the logo. Keep all elements as arranged and practice using responsive logos when/if needed.



Never increase sizing of other logo markings or elements. Consider using responsive logos for special cases.

■ COLOR PALETTE

The Ending the HIV Epidemic primary palette contains blue and two reds.

COLOR PROCESS | PMS COLOR MATCH

C = 100 M = 73 Y = 20 K = 6 PMS 2945	C = 10 M = 98 Y = 93 K = 1 PMS 1795	C = 28 M = 93 Y = 85 K = 28 PMS 7623
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WEB | INTERACTIVE | RGB | HEX

R=0 G=82 B=136 HEX: #005289	R=215 G=40 B=46 HEX: #D7292E	R=143 G=42 B=43 HEX: #8F2A2B
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■ TYPOGRAPHY

The Ending the HIV Epidemic logo is designed using the font Enriqueta Bold. When designing collateral and dealing with copy/content, Enriqueta Bold should be only for the logo.

Enriqueta Bold

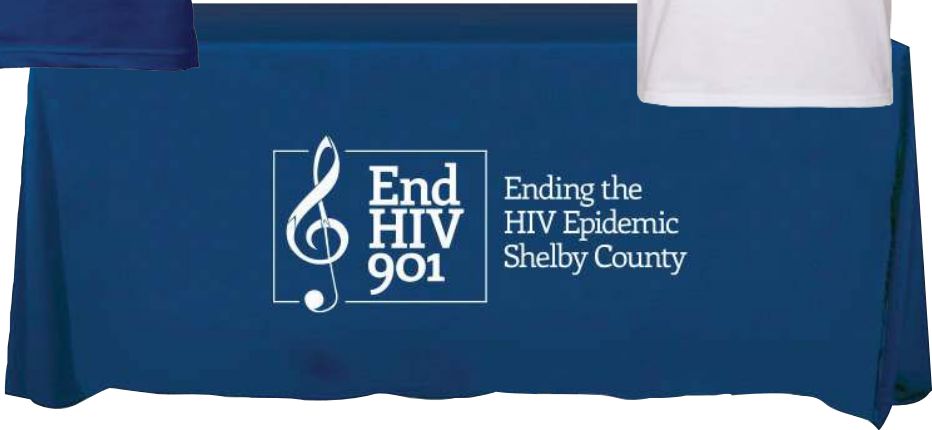
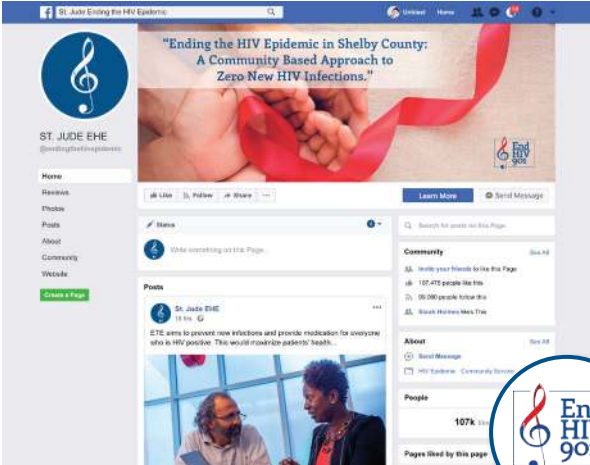
abcdefghijklmnopqrstuvxyz
ABCDEFGHIJKLMN**OP**QRSTUVWXYZ
1234567890
!@#\$%^&*(),.?-=_+

Enriqueta Regular

abcdefghijklmnopqrstuvxyz
ABCDEFGHIJKLMN**OP**QRSTUVWXYZ
1234567890
!@#\$%^&*(),.?-=_+

■ IDENTITY

The the logo, music note icon or tagline may be used separately for visual identity.



■ IMAGERY



These images are sample images. When possible, we suggest using approved local photos to represent Shelby County and its demographics more closely.

TONE

DIRECT AND PROFESSIONAL. SIMPLE, YET INFORMATIONAL.

■ PERSONAS



PERSONA 1

Latinx Male - Luis is a second-generation born Latinx guy in Shelby County who is 23 years old. He works two jobs and helps provide for his family. He also is a handsome guy who doesn't have trouble dating. Because of his machismo, he is closeted and bisexual. He doesn't like condoms and could be considered at risk. He is active on social media and relies on digital technology to communicate with his friends and dates.



PERSONA 2

AA MSM Male - Don is a 35 year old guy who is African American. He was born and raised in Shelby County and is very involved in church. Because of stigma, he doesn't disclose his occasional hooking up with guys, but doesn't identify as gay. His church is strict on homosexuality and he doesn't want to be outted. He is mostly looking for information that he can find in his own time and review.



PERSONA 3

White cisgender hetero female - Robin is a mother of two and lives in an affluent neighborhood. She is an advocate for equal rights and helps in her community often. She can be found volunteering for nonprofits and providing support to those who need it, often directing folks to resources shared through the city. She is great online and a sharer of information through email and digital media.



PERSONA 4

Program or educational professional in HIV-care - Roy is and HIV-services nonprofit employee who wears many hats. As a young professional in the care space, he values peer connections and collaborations. He is affiliated with several organizations and is a connector of information and data. His skill set for transferring information is great through the website, email, and digital channels.



PERSONA 5

Female PLWH - Rhonda is a single mother who contracted HIV through risky sexual behavior and drug use when she was younger. She has a daughter who is HIV-negative and Rhonda been clean for years. Rhonda is in care and is undetectable, she works two jobs and is in a lower socioeconomic demographic.

■ GLOSSARY OF COMMON TERMS AND PHRASES**AGE AND AGE GROUPS**

HIV surveillance data include adults and adolescents only (persons aged 13 years and older). These data are grouped into ten-year age groups. Age groups (rather than single year of age) are used to ensure data security and confidentiality.

AIDS

“AIDS” stands for Acquired immunodeficiency syndrome. It is the most severe phase of HIV infection. People with HIV classified as stage 3 AIDS have such badly damaged immune systems that they get an increasing number of severe illnesses, called opportunistic illnesses. Without treatment, people with HIV classified as stage 3 (AIDS) typically survive about 3 years. Common symptoms of stage 3 (AIDS) include chills, fever, sweats, swollen lymph glands, weakness, and weight loss. People are classified as stage 3 (AIDS) when their CD4 cell count drops below 200 cells/mm or if they develop certain opportunistic illnesses. People with HIV classified as stage 3 (AIDS) can have a high viral load and be very infectious (also see: HIV).

CASES

Cases refers to the number of new cases of disease in a defined population over a specific time period.

CONFIDENCE INTERVAL (CI)

These represent the range in which the population value is likely to be. They are computed using the estimate of the population value and the associated standard error.

CUMULATIVE QUARTERLY DATA

Data presented cumulatively by quarter are always preliminary and are presented for a data year. For example, Q2 2020 data includes Q1 2020 and Q2 2020. Cumulative quarterly data allow the user to compare current results to a target to determine where a jurisdiction is and how much farther the jurisdiction needs to go. Additionally, cumulative quarterly data provide the most accurate data available which would include any updating that occurs as data are reported.

DIAGNOSES

HIV diagnoses refer to the number of people with HIV diagnosed in a given year by laboratory or clinical evidence. This does not include persons with infections that have not yet been diagnosed.

GENDER

The term “gender” refers to a person’s internal understanding of his or her gender, or the gender with which a person identifies – and includes the following categories: male, female, transgender male-to-female, transgender female-to-male, and other (e.g., “bigender,” “gender queer,” “two-spirit”).

GEOGRAPHY

Data at the national-, state/territory-, and county/area- level. Data at the state/territory- or county/area- level may be suppressed to protect against a situation in which a person could potentially be identified (e.g., a small number of cases). Puerto Rico is the territory included at the state/territory-level. Washington, DC and San Juan, PR are the areas included with the county/area-level.

HIV

“HIV” stands for human immunodeficiency virus. It is the virus that can lead to acquired immunodeficiency syndrome or AIDS if not treated. Unlike some other viruses, the human body can’t get rid of HIV completely, even with treatment. So once you get HIV, you have it for life.

HIV attacks the body’s immune system, specifically the CD4 cells (T cells), which help the immune system fight off infections. Untreated, HIV reduces the number of CD4 cells (T cells) in the body, making the person more likely to get other infections or infection-related cancers. Over time, HIV can destroy so many of these cells that the body can’t fight off infections and disease. These opportunistic infections or cancers take advantage of a very weak immune system and signal that the person has AIDS, the last stage of HIV infection.

INCIDENCE

HIV incidence is the estimated number of persons who became newly infected with HIV in a given year, whether or not their infection has been diagnosed.

KNOWLEDGE OF STATUS

Knowledge (or awareness) of HIV-positive status occurs when a person with HIV is tested and diagnosed with HIV infection. Getting tested and knowing one's HIV serostatus are entry points for an individual to receive either HIV prevention services (if HIV negative) or HIV medical care (if HIV positive), both of which are important to staying healthy and limiting the spread of HIV.

LINKAGE TO CARE

Linkage to care refers to having accessed medical care for HIV infection after being diagnosed. This is a crucial early step in successful HIV treatment because this enables a person with HIV infection to see a medical provider who can check the person's health and prescribe the antiretroviral therapy needed for viral suppression. The more quickly individuals with HIV can be linked into medical care after diagnosis, the greater the impact medical care can have in keeping them healthy and in limiting the spread of HIV, through viral suppression.

PRELIMINARY DATA

Preliminary data are data that do not have 12 months of reporting delay and can apply to both annual and cumulative quarterly data. For example, 2019 annual data using a December 2019 dataset are preliminary.

PrEP

Pre-exposure prophylaxis (or PrEP) is daily medicine that people at very high risk for HIV can take to prevent HIV. PrEP medications can stop HIV from taking hold and spreading throughout your body. When taken daily, PrEP medication is highly effective for preventing HIV from sex or injection drug use. PrEP is much less effective when it is not taken consistently.

PROVISIONAL DATA

Provisional data are data that have at least 12 months of reporting delay and applies only to annual data. For example, 2018 annual data using a December 2019 dataset are provisional.

Studies have shown that PrEP reduces the risk of getting HIV from sex by about 99% when taken daily. Among people who inject drugs, PrEP reduces the risk of getting HIV by at least 74% when taken daily.

SEX

Sex designations (male and female) are based on a person's sex at birth.

TRANSGENDER

This is an umbrella term that refers to persons whose sex assigned at birth does not match current gender identity or expression. Transgender male-to-female refers to individuals who were assigned “male” sex at birth but have ever identified as “female” gender. Transgender female-to-male refers to individuals who were assigned “female” sex at birth but have ever identified as “male” gender.

TRANSMISSION CATEGORY

This is the term for the classification of cases that summarizes a person’s possible HIV risk factors; the summary classification results from selecting, from the presumed hierarchical order of probability, the one risk factor most likely to have resulted in HIV transmission. The exception is men who had sexual contact with other men and injected drugs; this group makes up a separate transmission category.

Persons whose transmission category is classified as male-to-male sexual contact include men who report sexual contact with other men (i.e., homosexual contact) and men who report sexual contact with both men and women (i.e., bisexual contact).

Persons whose transmission category is classified as injection drug use (IDU) are persons who injected non-prescribed drugs.

Persons whose transmission category is classified as heterosexual contact are persons who have ever had specific heterosexual contact with a person known to have, or to be at high risk for, HIV infection (e.g., a person who injects drugs).

All other transmission categories have been collapsed into “Other.” The “Other” transmission category includes: hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.

VIRAL SUPPRESSION

If taken as prescribed, HIV medicine reduces the amount of HIV in the body (viral load) to a very low level, which keeps the immune system working and prevents illness. This is called viral suppression—defined as having less than 200 copies of HIV per milliliter of blood.

* ahead.hiv.gov/resources/glossary

