

Building Healthy Online Communities Public Health Meeting

DECEMBER 2015 | ATLANTA, GA



On December 9th, 2015, Building Healthy Online Communities (BHOC) convened a meeting of HIV and STD prevention leaders from the Centers for Disease Control and Prevention, state and city health departments, and community-based organizations to discuss how best to coordinate public health efforts to reduce HIV and STD transmission among gay and bisexual men who meet partners on dating and hook-up sites and mobile apps.

This meeting was held to follow-up on recommendations from prior discussions between website and app owners and public health leaders regarding opportunities for partnership in HIV and STD prevention; in September 2014, HIV and STD prevention experts and owners from seven sites and apps had convened to develop these [recommendations](#). At this meeting, owners and managers of websites and apps clearly stated their desire to know which prevention strategies would have the greatest impact, as well as their interest in improving and streamlining communications with public health.

The goals of the meeting were:

- 1** Identify areas for increasing coordination of HIV/STD prevention efforts on gay dating sites and apps
- 2** Give input on BHOC's planned activities
- 3** Create a dissemination plan for engaging other public health stakeholders

The group identified specific action steps in the following areas:

- Coordination of advertising and messaging
- Determining best practices for profile options and other structural features of sites and apps
- Online partner notification
- Research and evaluation
- Disseminating information through communication between health departments and sites regarding online prevention

Detailed feedback and recommendations in each of these areas can be found in the next sections of this report. BHOC is already taking steps toward advancing many of the strategies that were proposed in this meeting.

I Advertising

Meeting participants described successes and lessons learned in working with gay dating sites and apps, including:

Pop-up ads, while more costly, have resulted in more click-throughs to sites than banner ads. However, some apps have offered free banner ads.

Online ads were also found to be more successful than outreach at Pride events in some locations. Representatives from the CDC, New Mexico, New York, and Rhode Island all described using advertisements to successfully drive traffic to their websites.

Participants recognized the need to have a set of common evaluation measures as they pursue advertising online. Examples include click-throughs to health department websites and test-site directories, the number of individuals who get tested or seek services due to advertisements seen online, or specific tests conducted as a result of online campaigns—such as the number of men who get three-site STD testing.

Recommendations for format and strategies:

Participants encouraged collaborating with each other in purchasing advertisements as much as possible. However, some participants recognized the tension between wanting to promote local services and saving money by coordinating advertising development and placement with other jurisdictions and nationwide efforts. They called for a more thorough evaluation of different advertising and messaging formats, as well as different content.

Participants suggested both more grassroots involvement and different messaging formats. Examples included increasing use of short video content on YouTube.

Messaging Content:

Promotion and usage of Pre-Exposure Prophylaxis (PrEP) has expanded considerably. Other HIV prevention strategies, such as Post-Exposure Prophylaxis (PEP) and condoms, have received less attention. Participants called for developing a more comprehensive set of messages that would include multiple prevention options.

Participants called for more specific language in prevention messages. For example, “Get Tested,” may mean periodic HIV testing for some, and recommendations for three-site testing (urethral, rectal and pharyngeal) for STDs; still others may interpret it as meaning both. Additionally, “Treatment as Prevention” is also a term that users may not understand. No simple, concise term exists that can simultaneously convey benefits of treatment to an HIV-positive individual and an HIV-negative partner.

Participants also called on further development of targeted, timely messaging about specific outbreaks in different jurisdictions, based on the “Amber Alert” model.

Targeting:

Meeting participants reported leveraging sites and apps' ability to target advertisements either by geography or demographics. More targeting may be possible to the extent that sites and apps can target by profile choices including sexual health preferences and HIV status.

Participants agreed that more information would be useful to better target advertisements. Although large numbers of gay and bisexual men use sites, little is known about who may not be using sites, behavioral differences that may exist between sites, differences between rural and urban users, or variation in usage by specific groups in different regions.

While HIV and STD prevention programs have a sense of which sites or apps are most frequently used, participants wanted to know which men they may be missing by only prioritizing those sites or apps.

II Stigma

Participants recognized the significant potential for sites and apps to combat stigma among their users.

They proposed several questions that will help inform efforts:

- What are the best website/app features to reduce stigma?
- What role can messaging and structural features such as profile options play?
- How can profile options support welcoming environments for all users?
- How can we best facilitate users being able to make informed decisions without encouraging stigma? For example, how can we allow individuals to express preferences regarding drug use, sexual behavior, or serostatus without offending those who may not have those same preferences or characteristics?

Participants also were interested in understanding more about the strategies that some sites have already implemented to reduce stigma. For example, MR X created a code of conduct encouraging users to treat each other with respect. Users can choose whether or not to agree to it, and if they do, their profile makes that agreement visible to other users. MR X has also partnered with Mr. Friendly, a non-profit dedicated to fighting HIV stigma, and if users state that they are open to dating someone of any status, an icon stating "Live Stigma Free" appears on their profile screen as well. Participants wanted to know the costs involved, how success was measured, and any unintended consequences.

III Profile options and other structural features:

Several sites are already incorporating features that help users exchange information about their health-related behaviors. Examples of these include Scruff's allowing users to select "Condoms," "PrEP," or "Treatment as Prevention" as prevention options. Daddyhunt allows users to specify their sexual health strategy, using close-ended questions to indicate safe-sex preference and HIV status, and open fields where users can give more detailed information about their sexual health strategy. BBRT allows users to choose from multiple profile options. Participants agreed that understanding more about the benefits of these features, and any unintended consequences, would be beneficial, as we go forward to collaborate with owners to develop profile options that can reduce HIV transmission risk and stigma.

Most sites provide some kind of information and user agreements at the entrance to the site. This may provide an opportunity to establish clear norms regarding health-seeking behaviors and stigma. Better understanding of the optimal combination of locations and times within the site/app to convey such information to users would be helpful. Possibilities include placing such information at the entrance to the site and when writing profiles. Additionally, some sites, such as Hornet, are already sending out periodic reminders to users to update their HIV status and prevention strategies.

IV Partner notification:

Although the [formative research survey](#) completed in 2010 showed that a majority of users welcomed partner notification by health department personnel, meeting participants called for more education for site and app owners, health departments, and users about its benefits.

Participants recognized that the success of partner notification efforts varies substantially by program and by site. They suggested next steps to improve the quality and scale of partner notification efforts:

- 1 Developing a registry of Disease Intervention Specialists who have been given a baseline training.
- 2 Providing updates and additional training, seeking input from owners.
- 3 Automating notification efforts by providing users with the option to request anonymous partner notification from inside the site with an embedded code linking to a local testing center or database.
- 4 Embedding DIS on sites, so that partner notification is a service provided by and/or in collaboration with the site.
- 5 Considering integrating programs such as [sotheycanknow.org](#) into sites and apps to help users notify partners.
- 6 Assessing how best to evaluate Internet Partner Notification (IPN).
- 7 Determining what generates more interest in IPN: STD or HIV.
- 8 Tracking positivity rates generated by IPN for STDs and HIV.

Since many DIS and health department staff cannot access dating/hook-up websites, participants suggested that CDC send a letter to health departments recognizing the importance of using these sites as a legitimate form of communication to conduct partner notification. CDC should also encourage departments to find solutions to any barriers that might exist, including concerns raised by IT staff regarding the possibility of malware or other unintended consequences resulting from staff logging onto sites.

A new, comprehensive [toolkit](#) for how to conduct partner notification is now available.

V Research to determine best interventions:

In addition to the areas listed above, a number of other research questions emerged.

- What data do the sites and apps have that they may be willing to share with public health?
- Do they have any data that may help us better understand sexual networks?
How may profile screens or buddy lists help?
- How does public health ensure they are staying up to date on the changing landscape of websites and apps to reach the majority of users?
- What evidence is needed to measure the impact of different strategies and best practices?
How can we best define success?
- How can we best automate online condom distribution to users and allow participants to make appointments with clinics?
- Which built-in features (i.e., codes of behavior or profile screen options) have the biggest impact in reducing STD and HIV transmission?
- Keeping in mind that owners in the 2014 meeting expressed a desire to focus research on which interventions work, some participants expressed a desire to understand how many encounters and which kind lead to users meeting each other. They also asked if some sites were more efficient than others when it comes to finding new partners.
- How can researchers work with sites and apps to document how different cities and neighborhoods may vary by viral load and sex-seeking behavior?

VI New resources exist, and more are needed:

Participants shared many new resources available to promote HIV and STD prevention. These included:

[HIV Risk Reduction Toolkit](#): this comprehensive prevention tool, created by the CDC, includes information on many topics related to HIV prevention, as well as a risk calculator. This is currently in Beta version.

Many jurisdictions are creating their own directories of both private and public PrEP providers, such as [pleaseprepme.org](#). Several have come together to develop a national directory of private providers which should be available later this summer.

A national directory of HIV and STD test sites at [getttested.cdc.gov](#). Participants recognized the benefit of having this directory include publicly funded PrEP providers. This may also be available later this year.

Participants also called for a curated clearinghouse of materials for owners of sites and apps to use on their own platforms, blogs, and Facebook pages. Much of this information is already largely available on websites of different AIDS service organizations and is being developed by BHOC.

VII Coordinating communications in the future:

Participants suggested BHOC develop an online forum for coordinating prevention on sites and apps, which could be based on the National Prevention Information Network (NPIN) or another site. In addition to the clearinghouse mentioned above, it should include best practices and education and advertising materials.

Participants also supported BHOC reaching out to national, state and local health departments and offices to inform them about its work. The National Coalition of STD Directors, National Alliance of State and Territorial AIDS Directors, AIDS United, National Minority AIDS Council, and other major organizations are well poised to do this.

As work goes forward, two key principles need to be kept in mind:

- 1 Prevention programs need to be able to clearly articulate benefits of specific interventions to owners.
- 2 Programs need to find the best balance between collaboration and addressing local needs.

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