



**National Guidelines for Internet-based  
STD and HIV Prevention:  
Accessing the Power of the Internet for Public  
Health**

**Guidelines for Internet-based Partner Notification**

**Guidelines for Internet Outreach**

**Guidelines for Health Communications**

March 2008

## Executive Summary

*Accessing the Power of the Internet for Public Health: Guidelines for Internet-based STD/HIV Prevention*, hereafter referred to as *The Guidelines*, is a user-friendly document developed to aid health departments and community-based nonprofit organizations use the Internet as a tool for the control and prevention of STDs including HIV. *The Guidelines* focus on three distinct types of Internet activities: Internet-based Partner Services (IPS), Outreach, and Health Communications. These three activities were chosen based on their current use in the field (IPS), and the overarching nature for which other online activities derive (Outreach and Health Communications). While IPS is a discrete interaction with a trained Internet-Disease Intervention Specialist, STD/HIV outreach and health communication activities carried out online are intended to be broad reaching.

### Internet-based Partner Services (IPS)

Rooted in traditional Partner Notification, IPN is the process of using the Internet to conduct or enhance the method of notifying a person of their potential exposure to an infectious disease. As trends in sex-seeking opportunities adapt to new technological advances, IPN is particularly useful in contacting individuals that may otherwise be unreachable except for screen names, e-mail addresses, or other Internet aliases. Measures to ensure confidentiality, ethics, and computer security are essential precursors to conducting IPN. *The Guidelines* present several issues, and possible solutions, to consider prior to attempting IPN.

It should be noted that *The Guidelines* have adopted the term *partner services* as a replacement for the term *partner notification*. This was done for two reasons. Foremost, the term partner services encompasses a broader definition, one that captures the broad array of services being offered beyond partner notification, such as the provision of referrals, follow-up, testing for other STDs including HIV, vaccination for hepatitis, etc. Additionally, the term is being used so that this document is consistent with the new, Centers for Disease Control and Prevention (CDC) partner services document, which integrates guidelines for partner services for HIV and other STDs into a single set of recommendations and replaces the CDC's 1998 *HIV Partner Counseling and Referral Services Guidance* and the Partner Services module of the 2001 *Program Operations Guidelines for STD Prevention*.

### Internet-based Outreach

Careful observation of the culture of the online community is crucial for online outreach. Each Internet community may have different clientele with unique STD/HIV risk behaviors, or varying standards for permitting health educators and health messages on their website or online community. As such, it is important to create guidelines for online outreach specific to your individual program or agency to ensure consistency in approach. *The Guidelines* offers tips on creating an online identity and suggests elements to be included in your program or agency-specific guidelines.

## Health Communications

STD/HIV-related health communications on the Internet should be a complementary activity to IPS and outreach. At the very least, every program or agency needs to have a website. The passive health-information seeker may be more inclined to view health information on a website than to engage in dialogue with an actual person from a health department or community-based organization, either in person or online. Having a well-developed website for your program or agency can also add credibility to other online activities, such as IPN and outreach. In addition to tips on developing a website, *The Guidelines* highlight traditional health communications tools, such as banner ads, and expands to include emerging technologies to be considered, such as mobile devices and audio/video. *The Guidelines* also provides examples of how these tools can be translated for use in a virtual environment.

The virtual environment is fluid, constantly shifting, and changing. Websites popular today may lose their core audience and become cliché tomorrow. However, equipped with the basic elements outlined in *The Guidelines*, your program or agency will have the necessary skills to remain relevant in the realm of Internet-based STD/HIV prevention activities.

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any section of the guidelines, please contact NCSD  
at (202) 842-4660 or [kmayor@ncsddc.org](mailto:kmayor@ncsddc.org).

## **Introduction**

### Background

Access to the Internet is ubiquitous in the United States and research has shown it to have an impact on sexually transmitted disease (STD) transmission. As the use of the Internet and other technologies continues to grow, many program areas turned to the National Coalition of STD Directors (NCSD) and the Centers for Disease Control & Prevention (CDC) for guidance on how to use the Internet as a tool for the control and prevention of STDs including HIV.

Because of these requests for direction, an effort was initiated to bring together all those who are conducting STD prevention online to create guidance based on their successes and their mistakes. In acknowledging their collective knowledge and experience, the wheel was not reinvented but rather a document was created that will help other programs initiate and conduct successful Internet efforts and avoid common mistakes.

### Objectives

In creating this document, NCSD, CDC, and its many partners had two objectives. First, this is an important, initial effort to document what is known nationally about promising practices for using the Internet for the control and prevention of STDs. Second, this is an important first effort to establish a baseline of operating procedures that will help assure consistency in the quality of services and management of risk related to these services. The aim is to create a useful and user-friendly document that is helpful to state public health departments and community-based nonprofit organizations that want to begin using the Internet or want to expand or improve their current Internet efforts.

### Levels of Guidance

Because the use of the Internet for the control and prevention of STDs is still new, there is a limited amount of evidence to suggest any one approach or procedure is better than any other. Every organization using the Internet is having different degrees of success and, as far as we know, continuing to learn and adapt approaches as needed.

The guidelines included in this document represent two levels of practice. We chose these levels because we believe we have enough experience in some areas to recommend preferred practices. In other areas, there are too many options to choose from and still more options being created all the time.

- **Framework Level:** Preferred practice for the way to approach something; lays a foundation based on good experience. This level applies to the guidelines included for Internet Partner Services and Internet Outreach.

- Recommendation Level: Optional practices based on initial exploration or experience; a place to begin from or move toward. This level applies to the guidelines included for Health Communications on the Internet.

#### Guidelines Development Process

A work group led by NCSD and the CDC's Division of STD Prevention (DSTD) planned and coordinated the guideline development process. The content for these guidelines was developed with the participation and input of a wide range of professionals who work in STD and HIV control and prevention across the United States. Stakeholders with various levels of Internet-based STD/HIV prevention knowledge and experience were invited to the table in order to ensure that the document was written for a broad audience in the most comprehensive and cohesive way. Invitees represented those programs with the most experience and expertise in this field, those programs that wanted to develop and implement their own programs but did not know where to begin, and those programs with little or no knowledge of and/or experience with the Internet and how it could be used as a prevention tool. Approximately 30 invitees from 20 different jurisdictions participated in a 3-day meeting in Washington DC, June 27-29, 2006. The focus of the initial meeting was to develop the key concepts, approaches, practices, and procedures that would be included in the guidelines. Following the preliminary meeting, participants convened in small working groups to further develop the detailed content for the guidelines. Protocols were outlined and developed and a smaller group of participants was reconvened in Washington DC for two days, January 10-11, 2007, to fill in gaps, make additional decisions, and outline future steps. Finally, various contributors spent countless hours writing, compiling, and editing the documents. Draft versions of the documents were shared with programs with little or no Internet-based prevention experience for comments and feedback. Responses from the programs were incorporated when applicable and possible. This is a living document that was put through a rigorous review by a medical editor. Prior to the release of the final document it will be vetted to staff in the Office of the Director of the Division of STD Prevention at the CDC and approved by the Board of the National Coalition of STD Directors. What you have before you is the incredible work of many dedicated individuals.

The completed guidelines are the property of NCSD. NCSD will make them available through its website and is committed to updating them regularly, based on lessons learned and as new information about the Internet and other technologies emerge. Questions about the guidelines and the process by which they were created should be directed to NCSD.

## **Acknowledgements**

### **Guidelines for Internet-based STD/HIV Prevention, 2007**

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# **Guidelines for Internet-based Partner Services**



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## 1. Introduction

This section of the Internet Guidelines makes recommendations for conducting Internet-based partner services (IPS), which includes Internet-based partner notification (IPN), for both STDs and HIV, in virtual settings, such as through e-mail, instant messaging (IM) and in chat rooms. STD and HIV IPS has been combined into a single set of recommendations, because, while programs may have different approaches to Internet-based STD/HIV work, certain basic programmatic and staff requirements are necessary for the work to be effective. It should also be noted that this document uses the term “partner services (PS)”, including IPS, as adopted by the recently revised CDC guidelines for HIV-STD partner services.<sup>1</sup> The term “Partner Services” is broad and encompasses services beyond partner notification (PN); such as STD testing and vaccination recommendations. Moreover, the term acknowledges that persons with STDs often need the same array of services as persons with HIV and that creating distinctions between the two does not serve the best interests of public health or the individuals involved.<sup>1</sup>

The recommendations in this section are based on program experience<sup>2-8</sup>, lessons learned from pioneers in the field of IPS, and input from several state health departments and community-based nonprofit organizations. Most of the data driving these guidelines are based on using IPS for infectious syphilis cases. Although these guidelines can easily be modified to include other STDs – such as Chlamydia, gonorrhea, or HIV – and indeed some programs are already using IPS for these infections, the data are not currently available to warrant global guidelines for all STDs.

IPS adheres to the same standards and ethics as traditional PS, and the recommendations presented in this document should be used in conjunction with the CDC’s STD Program Operations Guidelines<sup>9</sup> and the CDC’s HIV Counseling, Testing, and Referral Guidelines.<sup>10-11</sup> Principles from both documents apply directly to IPS.

For those jurisdictions that plan to implement IPS, these guidelines are intended to assist program managers in developing their IPS activities. For those jurisdictions that have already developed specific policies for IPS, these guidelines are intended to enhance existing practices. Agencies may have internal policies or electronic barriers, such as firewalls, that may impede implementation of Internet-related activities. It is recommended that agencies review state and local laws and health department or agency policies and consult with information technology (IT) departments prior to implementing IPS activities.

## 2. Background

PS, as traditionally conducted, has been endorsed by the CDC and National Coalition of STD Directors (NCSD) as an effective public health strategy to reduce STD and HIV transmission and associated morbidity. PS attempts to inform people of their potential exposure to STDs, and to refer them into care, thereby breaking the chain of infection and reducing morbidity.

The Internet is a powerful medium for communication and, as such, is a valuable tool for facilitating STD/HIV PS. Research has shown the Internet to be a venue for STD

transmission<sup>12-14</sup> as well as for disease control and health promotion.<sup>15-17</sup> Access to the Internet has become nearly universal for most Americans,<sup>18</sup> and program areas and health departments have been encouraged to incorporate the Internet into their prevention efforts.<sup>19</sup> With the rise of Internet-based social networking, dating, and sex sites, anecdotal evidence suggests that increasing numbers of men who have sex with men (MSM) as well as other high-risk populations are meeting online to arrange anonymous sexual encounters. As a result, individuals who are newly diagnosed with STDs/HIV may know only the screen names and/or e-mail addresses of their sex partners.

The Internet represents a relatively new medium for conducting PS. IPS is the process of using the Internet to conduct or enhance the process of notifying a person of their potential exposure to an infectious disease. IPS should augment traditional methods of PS, specifically provider referral, where appropriate. Partner-locating information is sometimes limited to an e-mail address or screen name/profile on an Internet site, making the use of the Internet the only viable option for providing appropriate STD/HIV partner services in these cases.

#### **Tip from the field**

Both the Division of STD Prevention and the Division of HIV Prevention at the U.S. Centers for Disease Control & Prevention encourage the use of the Internet for STD/HIV prevention including IPS.

See the September 13, 2005 Dear Colleague Letter:<sup>19</sup>

<http://www.cdc.gov/std/DearColleague9-13-2005.pdf>

## **2.1 Types of Partner Services**

Three primary strategies can be used to notify partners of possible exposure to STDs or HIV infection: Provider, Self, or Contact referral. Often, more than one strategy may be used to notify different partners of the same infected patient. The strategy will depend on the particular patient, the particular STD, and partner circumstances. For example, a patient with an STD may feel that he or she is in a better position to notify a main partner, but would prefer that the Disease Intervention Specialist (DIS) notify other partners.<sup>9</sup>

## **2.2 Principles of Partner Services**

Current national STD and HIV program guidelines share core principles for the provision of STD partner services and HIV partner counseling and referral services, and these principles remain applicable when using the Internet for PS. Listed below is the set of principles as described in the newly revised Guidelines for HIV-STD Partner Services.<sup>1</sup>

- **Client-Centered:** All steps of the partner services process should be delivered in a client-centered manner, i.e., tailored to the behaviors, circumstances, and special needs of the person being served.

- **Confidential:** The confidential nature of partner services is essential to its success. This also applies to special protections for data collected as part of the process.
- **Voluntary and non-coercive:** Participating in partner services is voluntary for both the infected person and his or her partners and cannot be conducted in a coercive manner.
- **Free:** There is no charge to infected persons or their partners for partner services.
- **Evidence-based:** Partner services activities should be evidence-based to the extent possible and require knowledge, skill, and training.
- **Culturally, linguistically, and developmentally appropriate:** Partner services are to be delivered in a nonjudgmental manner appropriate to the cultural, linguistic, and developmental characteristics of the person being served.
- **Accessible and available to all:** Partner services must be accessible and available to all infected persons regardless of where they are tested or diagnosed and whether they are tested confidentially or anonymously. Due to the chronic nature of HIV infection, it is also necessary to assure that partner services for HIV are available in an ongoing manner.
- **Comprehensive:** Partner services are part of an array of services that are integrated to the greatest extent possible for persons with HIV or other STDs and their partners.

## 2.3 Field Experiences

Following are descriptions of experiences from project areas that have developed and implemented IPS programs. These jurisdictions saw an increase in Internet sex partners and adapted their programs to meet the needs of their patients and to address this new venue. Often the only locating information available to the DIS was an e-mail address or screen name. These programs developed procedures and protocols for IPS, learned what worked and what didn't, and paved the way for others. If these sex partners had not been contacted via the Internet, they would not have been notified of their possible exposure to an STD.

### San Francisco, California

In 1999, San Francisco conducted a case control study of 7 early syphilis cases that were linked to an online chat room. The mean number of partners per index case was 5.9, and locating information for the sex partners was limited to screen names. Using the Internet to conduct PN resulted in 42% of the named partners being notified and confirmed as having been tested.<sup>2</sup>

In 2003, San Francisco reported that 20.9% of 151 syphilis cases were able to provide only e-mail addresses as locating information for a total of 44 sex partners. Using the Internet, San Francisco Department of Health staff were able to locate 15 (34%) of the Internet sex partners and confirm that they were screened and treated, if necessary.<sup>3</sup> San Francisco had more success reaching those contacts who were first contacted by the original patient (OP) (26/44), with a follow-up by the DIS, as compared to the DIS making first contact.

### **Los Angeles, California**

Two cases from Los Angeles were reported in a 2004 *Morbidity and Mortality Weekly Report* (MMWR) and exemplify how IPS can be an effective, patient-centered approach to PN. In Los Angeles, a high percentage of MSM who were diagnosed with syphilis reported meeting sex partners online. The first case cited an OP who reported 134 male Internet sex partners. He was able to provide the DIS with 111 e-mail addresses and 23 telephone numbers for PN. The Los Angeles County Department of Health Services (LACDHS) sent e-mails to all 111 contacts; 29 persons (26%) responded to the e-mail and were contacted by local DIS.<sup>4</sup>

In the other syphilis case, the LACDHS asked the OP to send an e-mail to his 16 male Internet-sex partners. Of the 16 sex partners, the OP sent e-mails to 13, notifying them of their exposure to syphilis and indicating the health department's desire to refer them to STD clinics for testing and treatment, if necessary. Seven (44%) responded and made arrangements to be tested; suggesting that OP involvement in PN via e-mail may improve partner-response rates.<sup>4</sup> This MMWR also reported that instant messaging (IM) can have similar success for PN.

### **Philadelphia, Pennsylvania**

In 2000, the city of Philadelphia experienced a significant increase in primary and secondary syphilis cases. Through active case management, two infected individuals identified anonymous sex partners met through the Internet chat rooms. These individuals could only provide e-mail addresses for former sex partners. A protocol was developed and implemented to conduct IPS. All DIS, as well as clinical and support staff, were informed of these efforts to insure proper responses to calls generated from IPS. One IPS case resulted in a 60% (3/5) response rate from partners, suspects, and associates. A second investigation resulted in a 40% (2/5) response rate from suspects and associates.<sup>5</sup>

### **Minnesota**

The Minnesota Department of Health also experienced increased cases of syphilis among MSM. Investigation of these cases revealed a cluster of 176 individuals at risk for HIV, syphilis, gonorrhea, and/or Chlamydia infection. In this cluster, 61% (108) of the individuals stated they used the Internet to meet sex

partners. Of these, 50 were locatable only by an e-mail address or screen name. Seven (14%) were out of jurisdiction (OOJ) cases. The remaining individuals were sent e-mails from the health department. Of those contacted, 60% (32) responded to IPS efforts and 26% (13) did not respond at all.<sup>6</sup>

### **Chicago, Illinois**

Howard Brown Health Center (HBHC), a community-based organization (CBO) in Chicago, conducted a comparative analysis of PN initiated via the Internet versus PN via the telephone, the latter being the traditional method of PN. A retrospective case audit was performed for all syphilis cases interviewed by HBHC DIS between January 2005 and September 2006. During that time, there were 304 cases of syphilis followed by HBHC, and these cases produced 368 sex partners. All were included in the overall analysis. IPS was initiated for 190 partners (52%) and telephone PN was initiated for the remaining 178 (48%). Telephone PN was significantly more likely to result in contact between the exposed individual and the DIS. When the analysis was restricted to only those partners contacted regardless of method, there was no significant difference in final disposition (whether or not partners were brought in for testing and treatment, if necessary). Of the 190 sex partners that were contacted through IPS, 30 were found to be infected and brought to treatment and 121 who may not have otherwise had any contact with HBHC, or known of their potential exposure, were provided counseling and referral services.<sup>7</sup>

### **Boston, Massachusetts**

In a national IPS study performed by The Fenway Institute, Fenway Community Health looked at the acceptability of IPS among MSM. A total of 1,848 MSM were recruited online via an Internet sex partner-seeking website between October and November 2005. This study recommended that health departments using IPS use clear and culturally sensitive language when communicating via e-mail. Participants attached a high level of importance in receiving a variety of information in notifications: e-mails informing them that they had sex with someone infected with an STD, linking them to education about the STD, linking them to information on where to get tested for the STD, triage to public health specialists familiar with the STD, as well as access to phone numbers or links to a customer service representative to confirm the e-mail's authenticity. More than 92% of participants reported that they would use IPS in some capacity (i.e., use the department of public health to notify sexual partners using IPS, notify sexual partners themselves via IPS, or do both) to inform their sexual partners if they were to become infected with an STD in the future. The study concluded that IPS should be considered an acceptable tool to decrease rising STD and HIV rates among MSM who use the Internet to meet sex partners.<sup>8</sup>

Based on the above examples, when the only locating information available for a sex partner of an infected individual is an e-mail address or screen name, conducting IPS can

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result in partners being notified, then responding to notifications, and, ultimately, being tested and treated for STDs. Additionally, when used after other methods of contact have failed, IPS can increase the chance of eliciting any sort of a response. IPS, therefore,

**Tip from the field**

IPS should be viewed as an additional tool for PN and not a separate or different practice.

should be viewed as an additional tool for effective and patient-centered PN, and not a separate or different practice.

### **3. Before You Begin**

#### **3.1 Legal Authority**

Before implementing IPS, programs should adhere to applicable state/local laws, regulations, or statutes. A program should assure that policies and procedures developed (e.g., IPS methods, patient confidentiality, ethical conduct of employees) are in compliance with these laws, regulations, and statutes. The HIPAA Privacy Rule allows protected health information to be disclosed by those public health authorities who are mandated to notify individuals of their potential exposure to a communicable disease in an effort to prevent the further spread of disease during the course of a public health investigation. Prior to beginning IPS, programs should review which STDs fall under this rule.<sup>21</sup>

#### **3.2 Confidentiality and Ethics**

All PS activities must adhere to standards of confidentiality and ethics. These standards do not change with IPS. Agencies conducting IPS are expected to have a confidentiality policy that specifically covers Internet communication with patients and should include consequences for violations of the policy. These confidentiality agreements should extend beyond staff conducting IPS and includes IT staff and any other staff that may view or have access to confidential information. Such agreements should include statements about the consequence of personal use of health department accounts, e-mail addresses, and health department profiles, as well as statements related to IT access to confidential e-mail or IM. Prior to implementation, agencies need to ensure their HIPAA compliance, use of firewalls, security of wireless networks (if used), and that a policy about permitting staff to conduct IPS from their home computers or laptops is in place. See **Appendix A** for examples of confidentiality agreements.

Screen names, e-mail addresses, HIV status, and/or any personal information are considered to be identifying information and as such are held to the same levels of confidentiality as a patient's first name and surname. Printed documents, such as logs, reports, or transcripts containing screen names or e-mail addresses are to be stored in locked areas. Under no circumstances should staff share any information about IPS



patients with anyone other than affiliated PS staff. E-mail groups and list serves should not be used for PS because patient confidentiality cannot be maintained.

**Tip from the field**

Amend confidentiality agreements to include e-mail addresses, screen names, and other potentially identifying information.

Staff members need to be trained on IPS policies including what information can be shared and/or discussed over the Internet with infected patients and their sex partners. Some programs require all outgoing e-mails to have a legal disclaimer. See **Appendix B** for an example.

Reasonable efforts should be taken to ensure that e-mails are sent to the intended recipients. The ubiquity of free, password-protected e-mail accounts, screen names, and IM accounts help minimize concerns that erroneous individuals be contacted through IPS. It is important to acknowledge that the potential exists for someone to share an e-mail account or screen name with another person (if they are a couple, for example), but anecdotal evidence from experienced programs have found this not to be the case with the vast majority of e-mail addresses and screen names that are reported to them.

Common concerns about protecting confidentiality

Programs that are new to IPS or newly considering implementing IPS often have concerns about ensuring patient confidentiality and the possibility of breaching confidentiality. The primary concern is that sending an e-mail – especially from an organization that uses the acronym ‘STD’ in their email address, for example, [DCSTD@dc.gov](mailto:DCSTD@dc.gov) – will unwittingly breach confidentiality if anyone other than the intended recipient of the letter views either the letter or the return e-mail address of the sender. However, few, if any, programs that have been conducting IPS (more than 13 years of combined experience) have experienced these hypothetical scenarios due to the ubiquity of free e-mail accounts, eliminating the necessity of a shared e-mail address. Sending an e-mail carries the same risks as leaving a letter on a doorstep. The same risks exist for both modes of communication, but the public health benefit of notifying someone of their possible exposure and infection outweighs the small possibility that confidentiality will be breached.

Furthermore, descriptive details elicited during the DIS interview with the infected patient (such as race, height, weight, unusual identifying characteristics) should be sufficient to determine that the correct sex partner is being contacted. DIS should also obtain detailed descriptive information about the partner’s Internet profile (such as age, height, weight, HIV status, interests, number and type of pictures, and the town and state the profile is listed in) as well as the accuracy of the information listed. If IPS results in the anonymous partner calling the DIS, use of the descriptive information in the profile, along with the information provided by the OP, may be used to verify that the DIS is talking to the correct person. With IPS, the experience reported by many STD programs

is that patient confidentiality can be maintained in the same way that confidentiality is maintained when conducting PN via the telephone.

### **3.3 Access to the Internet and Computer Security**

In order to conduct IPS, employees will need approved access to Internet sites that are traditionally blocked including, but not limited to, social networking, dating, or sexually explicit sites, in addition to the standard resources required as written in the CDC STD Program Operations Guidelines.<sup>9</sup> Access to websites, IM programs, and other communication technologies are essential.

It is critical that IT managers/staff and current program policies and procedures be consulted regarding issues of security, access to sexually explicit websites, etc. prior to implementation of IPS. Potential barriers that may prohibit effective IPS are lack of computer access in clinics, lack of Internet access, lack of computer/Internet knowledge, slow Internet connections, firewalls protecting Internet-enabled computers from gaining access to sexually explicit websites, and local policies restricting the use of the Internet by state and local employees. Procedures securing computer equipment and software used for IPS should be established as well. Anti-virus and anti-spyware software should be kept up-to-date and used at all times on computers used for IPS. Some programs may require a non-networked computer, that is, a computer with Internet access that is separate from the internal network in order to protect servers and to alleviate IT networking concerns. See **Appendix C** for a sample protocol for the use of a stand-alone computer with Internet access.

### **3.4 Engagement of Appropriate Stakeholders**

Engagement of key stakeholders can determine the success or failure of an IPS program. Important stakeholders include, among others, the state Health Commissioner, the Health Department Medical Director, the Health Department Information Technology Director, the Legal Department, persons who will conduct the IPS, STD/HIV Program Managers, DIS, and the at-risk communities themselves. Some stakeholders simply need to be made aware of a program's intention to proceed with IPS; others should be involved in the creation of IPS policies.

Health departments and CBOs conducting PS (hereon referred to as health departments but including all other programs that provide PS) should inform other health department programs, all partnering agencies, community clinics, CBOs, and agencies that service impacted communities that IPS is now offered through the health department. Ongoing communication with these agencies is critical. Often patients will call these agencies to confirm that the attempt to reach them is valid and the verification can expedite the time the patient takes to respond to the e-mail notification.

Health departments should also notify all private health care providers of this new approach to PS. Many individuals may contact their private physician long before making any attempt to contact the health department. Private physicians can help validate IPS as a new activity used by the health department. Given that many STD cases

are diagnosed in private settings, special emphasis on effective collaboration with private providers is crucial and mutually beneficial for health care providers, health departments and patients. Some health departments provide in-service training regarding the health department's IPS work to hospitals, health centers, and private providers to help them understand PS.

#### 4.0 Evaluation of Internet Partner Services (IPS)

As with traditional PS, IPS quality assurance and monitoring must be conducted through frequent, routine, and standardized evaluation. However, IPS is unique in that (1) staff will have the ability to access adult-oriented websites and (2) a written record of all communication between DIS and those they contact will exist. In some program areas, the ability of staff to access sexually explicit websites at work may not be widely understood or recognized as an effective means of conducting disease intervention and may bring unwanted public and/or political fallout. Organizations conducting IPS activities should have mechanisms in place to ensure that the program is meeting its goals and objectives and that all related program policies and procedures are being followed. Evaluation and quality assurance measures are critical to the success of any disease intervention initiative. STD programs should assess and evaluate their efforts on the Internet, not only to quantify successes but to avoid any potentially harmful/unintended consequences.

Logic models are an effective way of clearly outlining the steps and desired outcomes of IPS and may help in developing evaluation protocols. For examples of logic models, see **Appendix D**. The CDC recently released a valuable evaluation manual specific to STD programs, "Practical Use of Program Evaluation among STD Programs".<sup>21</sup> We recommend that STD programs use the manual to guide evaluation efforts including the development of a logic model.

##### **Tip from the field**

Obtain a copy of the manual:

*Practical Use of Program Evaluation among STD Programs*

<http://www.cdc.gov/std/Program/pupestd.htm>

#### 4.1 Documentation

Documentation is vital to the evaluation of PS, and therefore to IPS as well. Quality assurance activities can include various data collection forms or secure, password-protected databases, including contact and referral logs, activity report forms, and activity observation tools. See **Appendix E** for a sample log.

Agencies may want to consider collecting printed or electronically stored transcripts of IPS activities, including e-mails or IMs sent and/or received, when feasible (some National Guidelines for Internet-based STD/HIV Prevention – Partner Services – March 2008.doc

websites restrict the ability to cut and paste or otherwise save chat room or messaging text, one way to circumvent this barrier is “printscreen”, a keyboard option located in the upper right hand corner of PC keyboards, and then “Paste” in a document). Transcripts can be used for qualitative analysis or to determine factors that influence the high-risk behaviors of individuals online. Monitoring this information will inform evaluation efforts, ensure that protocols and guidelines are being followed, and indicate when program modifications are necessary.

Process measures are those activities that are conducted during implementation of a program and include such things as developing program-specific guidelines and providing IPS training to relevant staff. Outcome measures capture the end effect of your efforts and include items such as the number of individuals contacted, number who responded to IPS, number referred to services, number tested, number who test positive for the infection they may have been exposed to, and/or number of individuals treated. These measures should be captured by staff on interview record forms.

Below is a list of some of the ways in which IPS programs can be evaluated for quality assurance and effectiveness.

- Require consistent and accurate data collection
- Develop an evaluation and quality assurance process for compiling and analyzing data and for documenting and reviewing outcomes
- Provide IPS staff with evaluations and feedback
- Develop a means for patients to provide feedback
- Define methods for assessing progress toward stated process goals/outcome objectives
- Develop an ongoing system for program improvement

## **4.2 Special Considerations Regarding Documentation**

Many programs have faced various challenges documenting IPS cases and efforts. Different programs document their IPS efforts in various ways. Additionally, not all areas use STD Management Information System (STD\*MIS; a free database application provided by the CDC to state and local STD control programs for use in managing their disease control programs).

### **4.2.1 The Creation of Logs Specific for IPS**

Tracking Internet partners through STD\*MIS is possible, although it requires that data be entered in a unique and timely manner. We have included examples on how Massachusetts and Washington DC track Internet partners through STD\*MIS in **Appendix K**. It is recommended that programs create a separate log or spreadsheet that will allow investigation of Internet partners to be initiated and tracked until either enough locating information is obtained to put into STD\*MIS or investigation ceases. An example of such a log/spreadsheet is located in **Appendix E**.

**Tip from the field**

In addition to documenting IPS efforts in STD\* MIS, some program areas have created additional forms to monitor IPS. See **Appendix E** for an example.

## **5. Getting Started**

While there are common considerations that cover all PN, including IPS, there are also some unique considerations that must be addressed before implementing IPS as listed below. Refer to **Appendix F** for a more complete checklist.

It is important to remember that the websites where patients meet sex partners and from which IPS is being conducted do not have a public health mission. Most of them are private businesses whose primary mission is to generate revenue. It is possible that a health department or CBO presence will be perceived as a threat to that mission. When conducting IPS through a website, it is important to be aware that you are a member of the community and are subject to the rules and regulations of the website. It is imperative to be aware of such rules and regulations pertaining to IPS prior to joining the site.

Rules and regulations regarding Internet interventions will vary from site to site. Some websites will allow one type of Internet effort and not another, for example, they will allow passive outreach, but not IPS. Other websites may require separate profiles for IPS and outreach and will state that they should not be used interchangeably. Being aware of the rules and regulations for each website and following those policies will help to ensure that Internet efforts that are conducted within private businesses are preserved.

### **5.1 Creating Profiles, Screen Names, and E-mail Addresses**

At this stage it should be determined what computer stations and Internet accounts will be used to send and receive e-mails for IPS. Jurisdictions that have already implemented IPS use a dedicated department e-mail account, work-specific e-mails, or have established state profiles for IPS communication. For example, Howard Brown employees who conduct IPS directed at sex partners with e-mail addresses each use their own specific work e-mail addresses, such as [employeeX@howardbrown.org](mailto:employeeX@howardbrown.org). On sites that require profiles (e.g., Manhunt), Howard Brown uses the profile name HBHCinChicago. Washington DC uses the same moniker, dcSTD, for all Internet-based efforts including screen names, profile names, and e-mail addresses (see **Appendix G**). Personal e-mail accounts and profiles should never be used for IPS.

When creating a profile, the official health department logo should be used as the account picture and other identifying information should be filled out respective to ISP/website protocol for health departments. Some websites may require certain information be contained within your profile. For example, Manhunt recently created a standard logo for all profiles conducting IPS or outreach in order to provide a validation of legitimate health-related profiles (see **Appendix H**).

Programs need to be aware that different websites have different options that may help maintain or potentially breach confidentiality. For example, on [www.bgclive.com](http://www.bgclive.com) (Black Gay Chat), after creating a profile, it is necessary to choose "My Account Options" and then choose "Turn Who I Recently Visited Off." Otherwise, when an Internet partner's profile is viewed, it will document the health department's visit on that individual's profile.

**Tip from the field**

IPS should be conducted from designated department e-mail accounts and profiles, and never from personal e-mail accounts or profiles.

Sometimes an e-mail can be sent to an individual within the website. This type of e-mail system is called a proprietary e-mail system and is used by sites such as Manhunt, Adam4Adam, Men4Now, and MySpace.

Anecdotal evidence from experienced programs has found that including specific disease information in proprietary e-mail systems is safe and acceptable to the recipients. In general, proprietary e-mail systems are password-protected, and members of websites designed specifically for sex seeking typically have individual accounts. If members choose to share an account with another person, it is typically because they are in a relationship and looking for group sexual encounters.

## **5.2 Staffing**

Staffing for IPS is dependent upon the organizational structure, program size, STD morbidity, and appropriateness of using IPS for target populations. IPS must be conducted by staff members, typically DIS, who are trained in traditional PN techniques (i.e., have taken courses such as Introduction to STD Intervention and Advanced STD Intervention) and have experience conducting traditional PS. An experienced DIS who is already well-versed in traditional PS methods, protocols, and principles will ensure that basic PS practices are adhered to while conducting IPS.

Other important qualities for DIS implementing IPS should include familiarity with computers, the Internet, and with social networking sites (SNS). DIS should also be acquainted with online populations, including the language, etiquette, and culture of chat rooms and other current, popular sites. They should have experience with the language and culture of the populations offline (e.g., African-Americans, youth, or MSM).

Professionalism and the ability to separate personal from professional activities are essential.

Given that IPS is a new area for disease intervention, the STD program manager may want to establish this function as a lead position, using an experienced DIS. As increased use of this new venue for disease intervention increases over time, this function may become routine for all DIS within a program.

**Tip from the field**

Massachusetts Department of Public Health's STD Division has found that having one experienced DIS conduct IPS was preferable to having all DIS perform IPS. They believe that centralizing this function will assist with quality assurance.

### **5.3 Training**

Effective implementation of IPS comes from the combination of a good candidate, appropriate supervision, and a comprehensive training program. For IPS to be successful, STD/HIV programs will need to provide staff with additional training specific to using the Internet for PS. DIS should be provided with ongoing support because this area is still developing, new technologies are emerging, and websites are constantly changing.

Following is a list of trainings that may be necessary to implement IPS:

- Health department-specific IPS policies and procedures. Some examples include:
  - Revising the interview format to include questions about on-line partners.
  - Setting up online profiles.
  - Reviewing standardized online correspondence and discussing any additional interaction between DIS and patients.
  - Going over scenarios other programs have experienced doing IPS.
- Basics of the Internet – including but not limited to: types of web-based networks (Internet service providers, websites, chat rooms, IM services, etc.) and Internet terminology and iconography.
- Training on chat rooms including chat room terminology and etiquette and finding relevant chat rooms and named partners.
- Cultural competency training, including how and why people use the Internet for sex seeking.

- Internet safety and confidentiality - IPS staff should understand the different security and confidentiality levels of the various modes of online communication, such as e-mail (including proprietary e-mail) and IM.
- Hands-on website experience.

New IPS staff should spend time exploring websites frequented by target populations in order to gain familiarity with how these sites work and to understand these sites from a public health perspective. Surfing the Internet should be an ongoing activity, as more websites will be pulled into the process once all DIS begin asking all patients about Internet partners.

### **5.3.1 Training for Adjunct Staff**

Other program staff should also attend trainings on IPS as needed. For example, all staff answering phones should be instructed on how to answer calls from patients contacted via the Internet. Front-line staff, such as reception or check-in staff at STD clinics, should also know how to interact with patients contacted through IPS.

## **5.4 Supervision**

Effective supervision will reduce the likelihood of error, demonstrate the program's commitment to quality assurance, and reduce risk of misuse of the Internet.

Supervisors should have access to all exchanges made between DIS and the initiated partner, as well as interview records and IPS logs. Supervisors should maintain a list of all IPS-related passwords and screen names. Additionally, support regarding specifics of online interactions should be offered regularly, such as during DIS meetings.

## **6. Implementing Internet Partner Services**

### **6.1 Original Interview**

As with traditional PS, the index patient, also known as the original patient (OP), is an individual who has a laboratory-confirmed STD and, based on program policies, will be interviewed by DIS and offered PS services.

The CDC's Program Operation Guidelines states:

“While interviewing the patient, the DIS should make every attempt to enlist the patient as a resource, making it clear that the information the patient provides will be confidential and very helpful to the DIS, the patient, and the patient's partners. The DIS can incorporate elements of patient-centered counseling by acknowledging and treating the patient as a partner in reducing additional STD in their community. The partnership



should be clear to the patient.”<sup>9</sup> (Partner Services section, p. PS-5)  
<http://wwwdev.cdc.gov/std/Program/partners.pdf> or  
<http://wwwdev.cdc.gov/std/Program/partner/3-PGpartner.htm>

During the interview, DIS should ask OPs whether or not they meet sex partners online. If the OP meets partners through the Internet, ask for the websites used and for screen names, e-mail addresses, and regular descriptive and locating information for all partners. It may be helpful to prompt the patient by naming a few popular sex venues, including websites, bathhouses, and public sex venues, to let the patient know that the DIS is familiar and comfortable with such venues. For case management and future disease surveillance purposes, it is important to acquire the OP’s own screen names and e-mail addresses. This will assist in case management as partners name back the OP in cluster interviews. Furthermore, in future cases, if the OP’s screen name is provided as a partner, complete locating information will already exist in the database and IPS will not need to take place—traditional PN can instead be initiated.

## **6.2 Initiating Contact Using IPS**

Prior to initiating IPS, DIS should attempt to obtain the geographic location of the individual they are trying to contact. This is often listed in the individual’s online profile. Knowing the geographic location of the sex partner allows the DIS to provide appropriate referral information (i.e., clinic locations, clinic times). If a partner can be located based on an address or telephone number, those avenues should be used prior to conducting IPS. IPS is traditionally conducted if other methods fail to elicit a response or if it is the only information available. Some programs are looking to use IPS concurrently, such as contacting a partner by phone, while simultaneously trying to contact the same person through IPS. Data regarding this practice are not yet available.

### **6.2.1 Out-of-Jurisdiction Considerations**

E-mail addresses and screen names with an identified geographic location outside of a program’s jurisdiction will require that an “out of jurisdiction” (OOJ) field record be initiated. Because the Internet does not adhere to jurisdictional boundaries, traditional methods of handling OOJ contacts may need to be adjusted when conducting IPS. Geographic boundaries are not often able to be adhered to in IPS. Rather, it is important to discuss the situation with the STD program in the jurisdiction in which the partner is known or alleged to reside to understand that jurisdiction’s protocols for handling IPS. Until more is known about the standards of practice in each state, or national guidelines are developed for OOJ IPS, these situations will need to be handled on a case-by-case basis. In areas where patients and partners frequently cross jurisdictions, it is recommended that STD programs in these areas work together to develop standard protocols for addressing OOJ-IPS partners. For example, the New England states have formed a regional agreement with Massachusetts serving as the lead project area and performing IPS for all states except for New Hampshire, which has its own IPS program. In these circumstances, Massachusetts sends an e-mail to the OOJ partner on behalf of the applicable jurisdiction. The e-mail contains the contact information of a DIS in the

relevant jurisdiction (where the partner resides). Massachusetts will then create a file for this case but will not enter it into STD\*MIS. Rather the partnering state should enter the case into their case management system.

In other areas, Washington DC, for example, the health department will contact the OOH and will transfer the case, if the jurisdiction is able to conduct IPS. If not, DC will offer to conduct IPS on behalf of the jurisdiction. Additionally, DC will discuss IPS with the OP in order to determine confidentiality. With the jurisdiction's permission to proceed and with the consent of the OP, DC initiates IPS and signs any correspondence with the DC DIS contact information.

## **6.3 Types of Notifications**

### **6.3.1 Notification via DIS**

This notification strategy allows DIS to take responsibility for notifying partners for whom they have an e-mail address, screen name, or IM account.

Currently, there are two ways in which e-mails notifying potentially infected partners of their exposure are written. The first way mimics traditional PN referral letters and is more conservative and lacks specific exposure information. These messages stress the importance for immediate communication between the potentially infected individual and the DIS due to “an urgent health matter” (see **Appendix H** for traditional e-mail examples). The second method is more specific and provides more detailed information about why the partner is being contacted. These messages state that the partner may have been exposed to an STD and urge the partner to contact the DIS or to seek medical care ASAP. This method is typically used only on websites with proprietary e-mail systems or on sex or dating sites and not for IPS sent to general e-mail accounts; although a few programs, such as DC, use this type of language for all IPS (see **Appendix I** for alternative e-mail examples).

In general, initial IPS messages should consist of a brief message encouraging the partner to contact the DIS either by e-mail, telephone, or face-to-face.

Subsequent attempts to contact the partner may include, where appropriate, additional information to increase the sense of urgency; request for the individual's consent to receive information via IPS, disease-specific exposure information, etc.

At a minimum, all IPS messages must include the following information: name, program or health department affiliation, office address, office phone number, and times the DIS can be reached in the office. It may also be helpful to mention that leaving a message on voicemail is confidential, if this is indeed the case. All correspondence should include directions on how the patient can confirm the contacting individual's identity, such as including the name of a supervisor and his/her telephone number. Additional referral information may be included, such as: instructions to present the IPS

message at a medical care location, as well as the names, addresses, and phone numbers of testing and treatment sites, and the hours of service.

All IPS letters should be sent from a health department/CBO e-mail address or profile. The ability to confirm that the IPS is not a hoax but a real and urgent matter is very important for the patient. Whenever possible, messages should be accompanied by an automatic request for notification when the message is read.

Programs must also determine the allowable number of times a patient may be contacted. Experienced programs recommend no more than three attempts to initiate contact with the patient. Some websites have policies regarding the number of times a health department or CBO may contact their members. Manhunt's policy is that no more than two attempts to initiate communication with a patient be made per disease exposure event (see <http://www.ncsddc.org/docs/FinStgdWorkingManhunt.pdf>). It is important to remember that each situation may require different strategies (see **Appendix J** for a detailed description of when DC sends IPS e-mails).

San Francisco has reported great results, anecdotally, by having computers in the interview rooms. If a patient mentions that he/she meets partners on an Internet site on which the health department has a profile, the DIS will immediately log on to that site and ask the patient to help the DIS find their sex partners. DIS then offer to send an IPS e-mail to all sex partners via the city clinic's profile without mentioning the OP, though, on occasion, the OP will want to send IPS emails to their partners from their personal profiles. They have found that this approach helps to normalize the use of the Internet as a way to find partners.

### **6.3.2 Notification From The Original Patient**

#### **6.3.2.1 Personal IPS**

This notification strategy allows for the infected individual to notify their partners of their exposure to an STD via IPS. With assistance from DIS, infected patients will receive support and guidance about how to contact their sex partners on the Internet. Patient-initiated IPS messages should include the name and contact information of the DIS to contact at the health department. Some health departments have found IPS to be more successful when the OP makes first contact with named partners, with follow-up by DIS, as compared to the DIS making first contact.

#### **6.3.2.2 Via Third-Party Sites**

Third-party websites, such as InSpot.org, allow patients to notify their partners, anonymously or not, of a possible exposure to an STD. There are limited outcome evaluation data available on these third-party notification sites, currently most data are web usage statistics; however, these sites have potential to improve or increase PS for

STDs such as Chlamydia and gonorrhea, which often do not fall within the purview of PS. Los Angeles County launched InSpotLA in December 2005. In 2006, the first full year of regular operation of the website, a total of 9,916 e-cards were sent to 15,984 recipients. Broken out by infection, most of the e-cards sent were about crabs and scabies, followed by Chlamydia, gonorrhea, and HIV. The great majority of e-cards (83.7%) were sent anonymously, but nearly as many (80%) also contained a personal message; 24.5% of e-card recipients clicked through to the inSPOTLA website to receive more information.<sup>22</sup>

Sites such as InSpot.org make it very easy for people to notify their partners on their own for STDs for which DIS don't traditionally get involved. However, for STDs such as HIV and syphilis, the DIS model is still recommended because there is no way of verifying that a partner was actually notified, or that the individual sending the notification even has a laboratory-confirmed STD.

## **6.4 IPS Patient Follow-Up**

It is currently within the purview of each jurisdiction to establish policies on IPS follow-up. The following are suggested procedures to consider.

- When a partner calls or comes to the clinic, ask how he/she was notified of his/her potential exposure. If the individual was notified via IPS, the DIS may not have the real name of the individual. DIS should ask the individual for his/her Internet screen name or e-mail address, then search the case management data system, e.g., STD\*MIS (**Appendix K**). Once the DIS confirms the identity of the individual through other locating information obtained from the original patient, update the field record. Do not delete the screen name or website from AKA section.
- Print and attach to the field record all IPS correspondence with the date and time sent.
- Some individuals may consider seeking services from private medical providers. When individuals respond with this plan, the DIS should offer to contact the private medical provider on behalf of the patient. Often, the DIS is able to get an individual's case expedited for medical care in the physician's office. It also allows the DIS to reiterate the recommended examination, testing, and treatment protocols with the private medical providers. Health departments will want to be sure that private medical providers are following recommended STD treatment guidelines and are properly treating exposed individuals.

## **6.5 Special Considerations**

### **6.5.1 Instant Messaging**

There will be occasions when an investigator has only an individual's screen name associated with a specific IM program. If it is not possible to send a private e-mail, the

DIS needs to determine if the use of IM is an appropriate mechanism for providing PS since there are numerous variables that can potentially breach a partner's confidentiality. For example, IM conversations can be viewed by website owners and managers as well as health department IT staff. Or IMs can go straight to a cell phone. Additionally, some IM programs will sit on a computer desktop whether or not the account user is present. This means that anyone can see an IM when it pops up on the computer screen and, therefore, anyone can respond to the IM as well.

## **7.0 Future of IPS**

As new technologies become available and are adopted by the general public, the field of public health will want to adjust the way in which we conduct business, prevent the spread of disease, and reach our target populations. There will be many future technologies that will facilitate sex seeking and currently there are two technologies, mobile phones and social networking sites (SNS), that health departments and program areas should begin to think about and consider using for IPS. However, to date, there is no published evidence or knowledge about how to conduct IPS via these mediums.

### **7.1 Cell Phones**

Much like the Internet, mobile phone use has become commonplace in the US. Currently, 73% of adults, 77% of young adults, and 63% of teens own cell phones<sup>23</sup> and 33% of cell owners use the text-messaging features on their phones.<sup>24</sup>

Moreover, cell phones are replacing landline telephones. A report released in April 2007 by the CDC found that about 15.8% of American homes did not have landline telephones but most of those households had at least one working wireless telephone. Half of those Americans living in households with only wireless phones are less than 30 years of age. Wireless-only adults are more likely to be living in poverty. They are also more likely to be men, Hispanic, and living in the South.<sup>25</sup>

It can also be expected that Internet access via mobile devices will become more prevalent over the next few years. dotMobi is the first Internet domain developed solely for Internet access through mobile phones. Backed by leading Internet and mobile organizations, .mobi allows users to bypass the constraints of operators, handsets, and geography to effectively reach their audience.<sup>26</sup> In fact, .mobi has recently announced that 650 city names will be available to city governments in an effort to offer important city information to citizens and tourists. The city sites will be ideal for sharing news information, giving business updates, promoting culture and events, and accessing local attractions, services, and transportation.<sup>27</sup>

Mobile technologies like cell phones are changing the way in which we contact people, which has relevancy for PN. Currently, we are unaware of any programs or health departments in the US that are using cell phones specifically for PN; however, there is one published case out of the UK. In 2001, a letter to the editor in the journal

Sexually Transmitted Infections described a clinic patient presenting for STD testing at a health clinic due to a text message sent to him from his girlfriend. The text message included the woman's clinic number and a diagnosis of trichomoniasis. As a result, the man was able to receive appropriate treatment. This case suggests that mobile phones and text messaging should be considered for PN.<sup>28</sup>

## **7.2 Social networking sites (SNS)**

SNS have gained widespread popularity in both the US and worldwide. In 2007, the Pew Internet and American Life Project reported that approximately 55% of teens between the ages of 12 and 17 use online SNS such as MySpace ([www.myspace.com](http://www.myspace.com)) and Facebook ([www.facebook.com](http://www.facebook.com)). Forty-eight percent of these teens reported accessing these sites on a daily basis or more often.<sup>23</sup> MySpace is by far the most popular SNS with 85% of the respondents reported having a MySpace profile. And it's not just teens; 20% of adults have also created a profile on a SNS site<sup>23</sup> and the numbers continue to grow. From 2005 to 2006, MySpace alone saw a 367% year-over-year growth rate in profiles created.<sup>29</sup>

Needless to say, SNS can be another online venue for sex seeking. Anecdotally, we know that people are finding sex partners on these sites, and that people testing positive for STDs are naming partners for which the only information they have is a SNS profile. However, at the writing of these guidelines, we know of no health department or program that has actually conducted PN on a SNS, but there are program areas that are starting to think about the specifics and logistics of conducting IPS on these types of sites.

## **8.0 Summary**

Internet Partner Services (IPS) provides a unique set of tools that can facilitate the contact of potentially infected individuals. Currently, IPS is most valuable in contacting individuals that may otherwise be unreachable through screen names, e-mail addresses, or other Internet aliases. In most jurisdictions, IPS is being used as a supplement to traditional PN but, as experience grows and as the technology evolves and is employed by public health, IPS has the potential to become the preferred method of PN.

The need for guidance in regards to IPS has been well established; both the Division of STD Prevention and the Division of HIV Prevention at the CDC encourage the use of the Internet for STD/HIV prevention, including IPS.

These guidelines have been created to assist program managers in the development of their IPS activities or to enhance any existing guidelines. Developed from program experience and lessons learned by state departments and nonprofit CBOs, these guidelines provide a foundation to build on and are not prescriptive. It is anticipated that each jurisdiction will use this guidance as a foundation in the creation of local guidelines that can address their needs, capabilities, policies, and procedures. Before implementing IPS, programs must adhere to applicable state/local laws, regulations, and statutes.

The content of these guidelines provide guidance on how the Internet can be best used to contact individuals exposed, or potentially exposed, to an STD/HIV. Current national STD and HIV program guidelines provide a set of shared principles for the provision of STD partner services and HIV counseling and referral services. These principles remain in effect and applicable when using the Internet for PN.

Documentation, program evaluation, process measures, outcome measures, and other forms of data collection and program review are critical to the long-term success of IPS.

The guidelines address concerns such as confidentiality, ethics, computer security, staffing, training, and supervision. It is understood that there are significant barriers to the use of IPS in some jurisdictions that make IPS a unique challenge. Obstacles such as approved access to Internet sites that are traditionally blocked and the engagement of key stakeholders exist. With the development of these guidelines it is hoped that these obstacles will be overcome. In addition to this guidance, consistent and informed supervision will help to ensure that many of these concerns are addressed.

To ensure that partner notification is effective in its mission to reduce STD and HIV transmission, public health must employ new technologies as they are adopted by the general public. These guidelines will help to ensure that your use of the Internet for PN is as effective and productive as possible.

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## Glossary of Acronyms

AKA	Also known as
CBOs	community based organizations
CDC	Centers for Disease Control & Prevention
DSL	digital subscriber line
DIS	Disease Intervention Specialist
EDG	Employee Development Guide
FAQ/A	Frequently Asked Questions/Answers
GLI	Group Level Interventions
HC	health communications
HERR Guidelines	CDC Guidelines for Health Education & Risk Reduction Activities
HIPAA	Health Insurance Portability and Accountability Act
IM	Instant Message or Instant Messaging
IO	Internet Outreach
I&R	Information and Referral
IT	Information Technology
ILI	Individual Level Interventions
IOP	Internet Outreach Programs
IPN	Internet Partner Notification
IPS	Internet Partner Services
ISP	Internet Service Providers
ISIS	Internet Sexuality Information Services
LGV	<i>Lymphogranuloma venereum</i> (an STD)
MSM	Men who have sex with men
MMWR	Morbidity & Mortality Weekly Report (CDC)
MRSA	Methicillin-resistant <i>Staphylococcus aureus</i> infection
NCI	National Cancer Institute
NGOs	Non-governmental organizations
NCSD	National Coalition of STD Directors
OP	original patient
OOJ	out of jurisdiction
PN	Partner Notification
POG	Program Operating Guide
PCRS	Partner counseling and referral services
PS	Partner Services
SNS	social networking sites
STD*MIS	STD Data Management Information System

For a more comprehensive list of acronyms used on the Internet please click:

<http://www.gaarde.org/acronyms/>

## **APPENDIX A**

### **Examples of Confidentiality Agreements**

#### **Example #1 – Howard Brown Health Center**

##### **PLEDGE OF CONFIDENTIALITY**

It is the goal of Howard Brown Health Center (HBHC) to provide our clients (anyone seeking care or services with or through HBHC) with professional, competent and quality care and education in a respectful, affirming atmosphere. As an employee, consultant, auditor or volunteer of HBHC, you have a responsibility to maintain a sense of concern and professionalism while performing your duties. In the execution of this duty, you must be sensitive to the comfort, sensitivities and confidentiality of the client.

The comfort and confidentiality of our clients is of primary concern to HBHC. The professionalism of our staff is necessary to maintain the comfort and trust we have built through the years. Courts and health care professionals maintain that upholding patient confidentiality is an absolute necessity. Federal Courts guarantee absolute privacy regarding all STD medical records. Furthermore, sexual health histories may not be subpoenaed by any court. Breaches of confidentiality regarding the aforementioned data may be punished by dismissal. As an employee, consultant, auditor or volunteer of the HBHC, it is imperative that you follow all Federal, state and local confidentiality laws.

In addition to the legal confidentiality laws, as an employee, consultant, auditor or volunteer of HBHC, you must also abide by the following:

- Some of us, in the context of our duties, advise, within the clinical setting, appropriate and inappropriate behavior as it pertains to physical and/or mental wellness. In the context of this document, clinical setting includes all areas and/or physical space in which you perform your assigned duties.
- We do not, and can not, be “moral custodians”, nor do we have policing rights.
- Do not discuss clients or client data with unauthorized persons.
- Discuss clients or client data only to conduct legitimate business, and such discussions should take place only in a manner(s) and location(s), which affords absolute privacy.
- Do not discuss clients or patients outside of HBHC for any reason.
- Make no reference to a client visit to HBHC should you meet a client elsewhere.
- Preserve the confidentiality of friends who are HBHC clients as you would any HBHC client.
- Never acknowledge the presence or absence of clients to any caller.
- Respect for clients is mandatory as a representative of HBHC.
- Client confidentiality is respected and maintained by all staff and other members of the Howard Brown Health Center’s workforce after concluding their working relationship with Howard Brown Health Center.

**BREACH(ES) OF CONFIDENTIALITY WILL NOT BE TOLERATED AND IS  
GROUNDS FOR IMMEDIATE DISMISSAL.**

We guarantee our clients absolute confidentiality of their records. Any client requesting a copy of their records must follow the HBHC Policy of Chart Access. No person shall be permitted to view client medical, mental health, or case management records, unless written documentation of permission by the client involved is provided.

Your signature below confirms that you have read, understand and accept to follow the Howard Brown Health Center's Pledge of Confidentiality.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Example #2 – San Francisco Department of Health**

***CONFIDENTIALITY AGREEMENT***

***USE OF DPH RECORDS AND INFORMATION SYSTEMS***

Individuals with access to the records and information systems (Internet, e-mail, telephone, pager, fax machines, etc.) of the San Francisco Department of Public Health have a legal and an ethical responsibility to protect the confidentiality of medical, financial, and personnel information, and to use that information and those systems only in the performance of their jobs. The following rules apply to information that you receive or send from any source, including computer, paper, telephone, and facsimile.

Confidential information may not be accessed, discussed, or divulged in any form except as required in the performance of your duties. Sharing confidential medical information is allowed within DPH among medical professionals in order to provide medical care to a patient.

You may not use any DPH information system for any type of personal use. Use the following test: "Is my use of this information system enabling me to provide better service, or to perform my duties more effectively or less expensively?" If the answer is no, then your use of the information or system is unnecessary and/or inappropriate.

Be aware that most DPH information systems maintain records of what is viewed and/or sent by whom. You may be asked to justify why you viewed or released specific information.

You may be given a user ID and a password to enable you to view computerized information. Under no circumstances may you disclose your User ID or password other than to your supervisor or to IS staff. If you suspect someone else has knowledge of your password, you must immediately notify your supervisor and the divisional IS Manager.

The hardware, software, and data used in the DPH information systems are the property of DPH. All software installed on a DPH computer must be authorized in writing by IS and must be licensed to allow installation on a DPH computer. DPH has the right to review and remove personal or unlicensed software and data on any DPH computer.

If you, inadvertently or intentionally, misuse or improperly disclose your user ID or password, misuse or improperly disclose confidential information, use DPH information systems for personal reasons, or install personal or unlicensed software or data on a DPH computer, you may lose access to the computer system, be subject to disciplinary action up to and including termination, be reported to the appropriate licensing board, and/or be subject to civil or criminal liability.

\*\*\*\*\*  
\*\*\*\*\*

I understand that I have no privacy right in the information in my DPH computer or the information that I access or send via my computer or other DPH equipment. I acknowledge that my use of DPH information systems and equipment may be monitored.

---

**PRINT NAME**

---

**DIVISION**

---

**SIGNATURE**

---

**SSN**

## **Appendix B**

### **Example of a Legal Disclaimer**

**\*\*\*Notice\*\*\***

*This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to which they are addressed. If you have received this e-mail in error please notify the sender. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.*






## Appendix C

### Protocol for the use of a stand-alone computer with DSL line





#### Reasons for a specifically dedicated computer:

Research has shown that people are not only using the Internet for seeking sex partners but that these online behaviors are often antecedents to very risky offline sex behaviors, including increases in anal sex and a decrease in condom use. Activities such as online outreach, partner notification, and health communications are additional public health tools for STD/HIV prevention and education.






#### Approved activities:

-  Access to sexually explicit websites and content on the Internet
-  Access to chat rooms
-  Access to social networking sites
-  Use of instant messaging programs
-  Use of web-based e-mail programs

#### Unacceptable activities:

-  Gambling
-  Dating
-  Downloading non-work-related music or videos
-  Illegal activities

#### Computer access:

-  Researchers whose work specifically relates to the Internet (or other technologies) and STD/HIV prevention may use the dedicated computer
-  The computer will be password protected
-  All researchers with access to the computer will have to sign a form agreeing to use the computer only for the approved activities
-  The computer will be maintained on a unique server that has no connection to the main server
-  The computer will have virus protection that will be regularly updated.



**APPENDIX D**  
Logic Models  
**Logic Model Template**

Goal/Situation:

**Inputs**

**Activities**

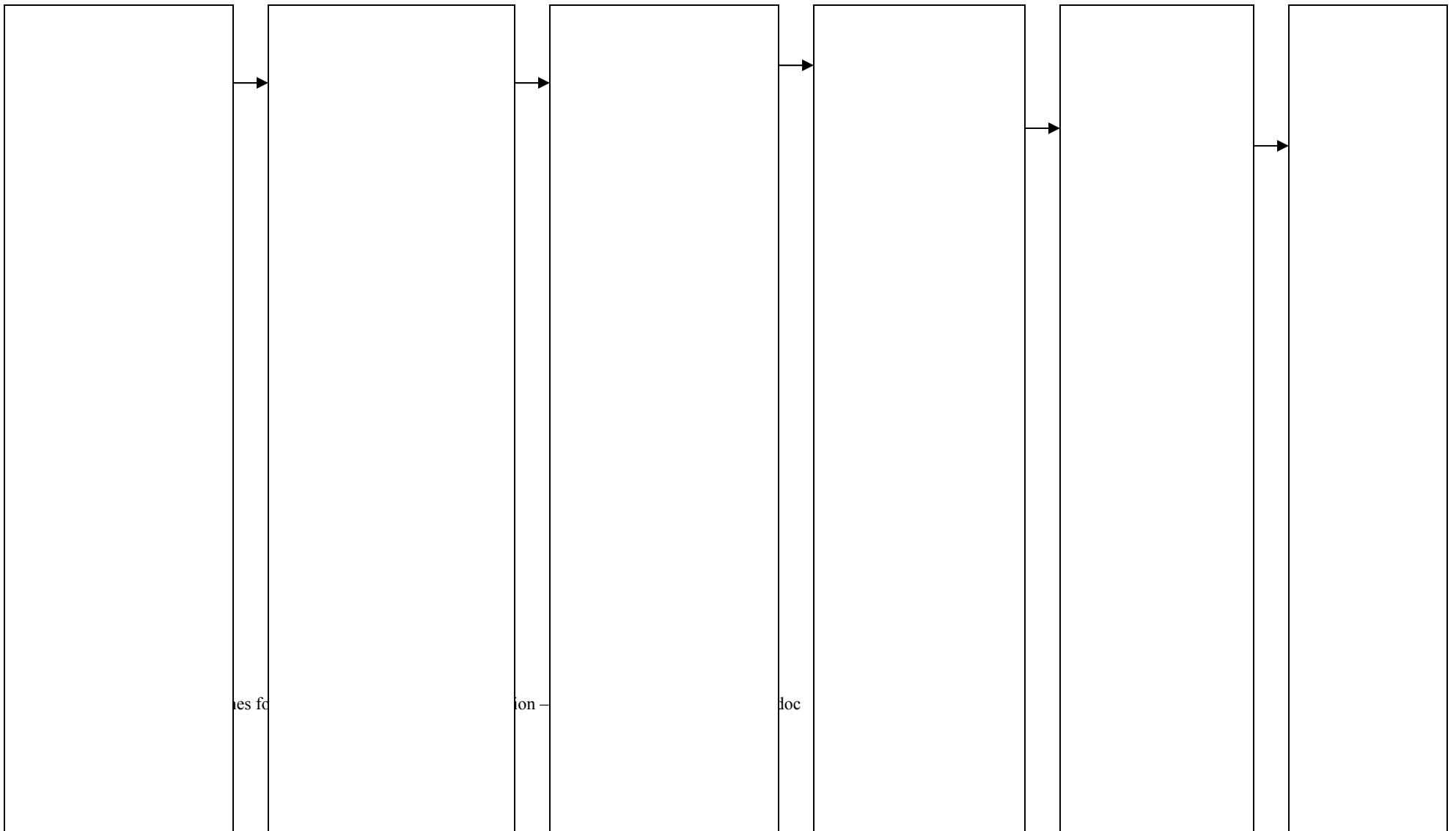
**Outputs**

----- **Outcomes** -----

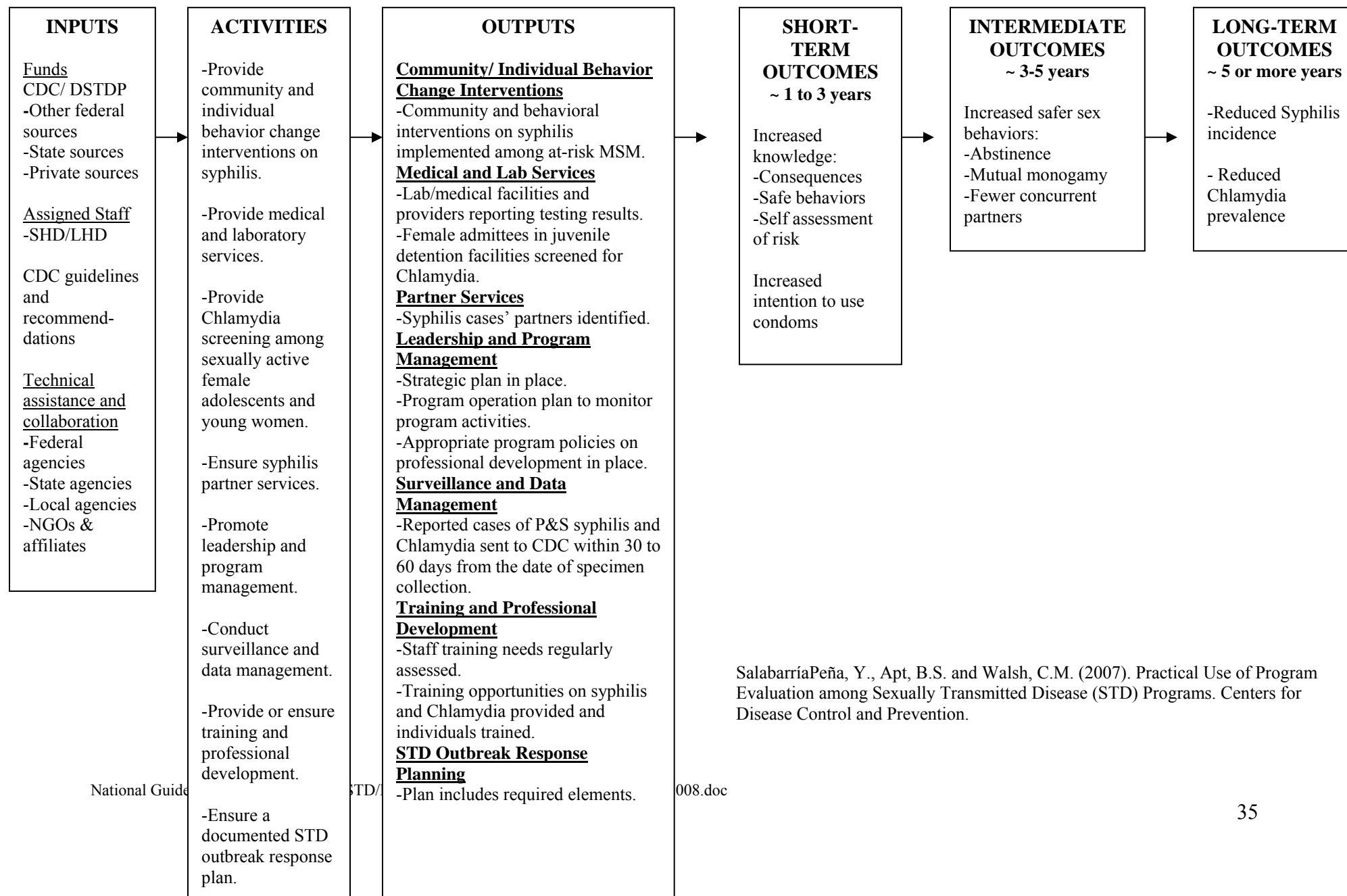
**Short**

**Intermediate**

**Long**



## Logic Model for State X Comprehensive STD Prevention Systems (CSPS) Program



## APPENDIX E

Example of Documentation Log

### INTERNET PARTNER NOTIFICATION LOG SHEET

**Your Name:**  
**Initiation Date:**

**DIS # & State:**  
**OP Id # and Disease:**

Partner #	E-Mail Date	Website Name	Partner's E-Mail	E-Mail Script #	AM Logon Time	PM Logon Time	Notes/Outcome of Activity	Disease Verification (3 <sup>rd</sup> E-mail)	Closure Code
1									
2									
3									
4									

## APPENDIX F

### Check list for creating guidelines for online/Internet partner notification

- ☐ Determine who will need to be involved with the creation of the guidelines
  - ☐ Health Department Medical Director/Administrator
  - ☐ Health Department Security Coordinator
  - ☐ Health Department Information Technology (IT) Director
  - ☐ Legal Department
  - ☐ Management Information Systems (MIS) Director
  - ☐ STD Epidemiologist
  - ☐ STD Area Managers
  - ☐ STD Program Managers
  - ☐ HIV Program Managers
  - ☐ STD Disease Intervention Specialist (DIS) representative
  - ☐ External Partners (community-based organizations [CBOs] working with affected communities, Website owners, etc.)
- ☐ Determine who will be covered by the guidelines
  - ☐ A specific department (e.g., STD/HIV program)
  - ☐ A city or county health department
  - ☐ The entire state department of health
- ☐ Determine technological and staffing needs
  - ☐ Do you need to hire someone new or are there existing staff members who can work on Internet/online projects such as partner notification online?
  - ☐ How much of this staff member's time will be dedicated to online projects – 5 – 100%?
  - ☐ Should this staff member come to the position with the necessary knowledge or can they be trained on the job?
  - ☐ Is there someone who has the time to supervise this staff member?
  - ☐ Is there at least one computer that can be dedicated to this purpose?
  - ☐ Creation of a dedicated e-mail account?
  - ☐ Approval obtained for unrestricted access to the Internet?
  - ☐ At least one IT contact working with staff member?
- ☐ Sections of guidelines
  - ☐ Introduction/Purpose
  - ☐ Involved personnel
  - ☐ Description of responsibilities of all involved personnel
  - ☐ Competencies required of personnel conducting online partner notification
  - ☐ Training
  - ☐ Confidentiality
  - ☐ Standard Operating Procedures of conducting online partner notification including templates and examples

- \_\_\_ Adverse Events or Emergencies
- \_\_\_ Documents and Documentation
- \_\_\_ Evaluation

### **Details within each Guideline section**

- ☐ Introduction/Purpose
  - \_\_\_ Statement of purpose, i.e., who, what, when, where, why
  - \_\_\_ Description of chat rooms, instant messaging, listservs, websites, etc., as well as passive vs. active outreach
- ☐ Personnel intimately involved with the online partner notification
  - \_\_\_ Primary employee conducting online partner notification
  - \_\_\_ Secondary employee to cover if primary employee is out of the office
  - \_\_\_ Supervisor
  - \_\_\_ IT employee for guidance and technical support
- ☐ Description of responsibilities of all involved personnel
- ☐ Competencies required of personnel conducting online partner notification
  - \_\_\_ Demonstration of good judgment and performance of responsibilities related to partner notification
  - \_\_\_ Cultural Competency
- ☐ Training (some examples/suggestions)
  - \_\_\_ Introduction to STD Intervention (ISTDI)
  - \_\_\_ Information Security Training
  - \_\_\_ Internet Partner Notification and Referral Services Training
- ☐ Confidentiality
  - \_\_\_ Description of how confidentiality will be handled and maintained
  - \_\_\_ Description of how a patient's identity will be confirmed
  - \_\_\_ Confidentiality agreement signed by all involved parties including IT and front-desk staff
- ☐ Standard Operating Procedures of conducting online partner notification including templates and examples
  - \_\_\_ Creation of step-by-step procedures on how to conduct online partner notification
  - \_\_\_ Creation of documentation forms and logs
  - \_\_\_ Creation of e-mail language, number of attempts made in a certain time frame, etc.
  - \_\_\_ Creation of referral resources
  - \_\_\_ Templates of e-mails, forms, logs, etc.
- ☐ Adverse Events or Emergencies

- \_\_\_ Description of how adverse events or emergencies will be handled
- \_\_\_ Who will handle adverse events or emergencies?

☐ Documents and Documentation

- \_\_\_ List of all documents to be used including copies
- \_\_\_ Where documents will be stored
- \_\_\_ When and who will review documents
- \_\_\_ Documents should include, at minimum, the following:
  - \_\_\_ original patient case number
  - \_\_\_ e-mail or screen name of partner
  - \_\_\_ website where partner was met, if possible
  - \_\_\_ real name of partner if obtained
  - \_\_\_ disposition of the case
  - \_\_\_ dates & times e-mails were sent
  - \_\_\_ responses received
  - \_\_\_ turn-around time or time frame for completion

☐ Evaluation

- \_\_\_ **Process Evaluation** (ongoing evaluation while program is being developed and implemented)
  - \_\_\_ During development and implementation, meet on a regular basis with the team involved and ask the following questions:
    - ↳ What is working?
    - ↳ What should be improved?
    - ↳ How should it be changed?
- \_\_\_ **Outcome Evaluation** (assessing the degree to which the program has met the objectives, or the degree to which the program has been of use to the target population)
  - \_\_\_ Outcome evaluation should be conducted yearly to gauge the impact of the program. Ask the following questions:
    - ↳ What has happened?
    - ↳ Who was affected?
    - ↳ What was the most effective aspect of the program?
    - ↳ Was it cost-effective?

## Appendix G

### Examples of Screen Names and Profiles

<b><u>Organization</u></b>	<b><u>Screen/Profile Name</u></b>	<b><u>Email address</u></b>
San Francisco City Clinic	SFCityClinic	johnd@sfdph.org
Massachusetts Dept. of Health, STD Division	DivofSTDMA	Varies
Howard Brown	HBHCinChicago	<a href="mailto:johnd@howardbrown.org">johnd@howardbrown.org</a>
Washington, DC STD Control Program	dcSTD	<a href="mailto:dcSTD@dc.gov">dcSTD@dc.gov</a>

### Required Manhunt Logos for Health-Related Profiles



## Example 1: Massachusetts Department of Health, Division of STD Prevention Partner Notification Profile

**MANHUNT.net**

close [x]

DivofSTDMA

Offline

**MANHUNT CARES**



**PARTNER NOTIFICATION PROFILE**

Jamaica Plain,  
Massachusetts

**Division of STD Prevention: Partner Counseling and Notification**

If you have received an email from this account, it is because someone you had sex with requested our help notifying you that they tested positive for an STD. Please read the e-mail I sent you for further information.

If you would like to confirm that this is a real profile, please call the Manhunt Health Liaison at 866-424-9999 ext 8945.

Please note that this profile is also used to contact individuals outside of Massachusetts.

Division of STD Prevention  
Massachusetts Department of Public Health  
State Laboratory Institute  
305 South Street  
Jamaica Plain, MA 02130

**WHEN:** Ask Me  
**WHERE:** Ask Me

**ETHNICITY:** Ask Me  
**STATUS:** Ask Me

**INTO:**

99 | 7 ' 11 | Ask Me | Ask Me / Ask Me | Ask Me



click any photo to enlarge

EMAIL BLOCK ADD BUDDY 😊

last login: 2 days ago



## Example 2: Washington, DC STD Control Program Partner Notification Profile

**MANHUNT.net**

close [x]

dcSTD

Offline

**MANHUNT CARES**  
  
**PARTNER PROFILE**  
NOTIFICATION

Washington,  
District of Columbia

**Washington, DC STD Control Program: Internet Partner Notification**  
If you received an unsolicited email from me, it's because someone you met online has recently been diagnosed with a laboratory-confirmed sexually transmitted disease (STD).  
Please read the e-mail I have sent you for details about this possible STD exposure and next steps.  
To confirm this is a real profile, please call the Manhunt Health Liaison at 866-424-9999 ext. 101.  
Please note that this profile is also used to contact individuals outside of Washington, DC.  
  
Southeast STD Clinic  
Washington, DC Department of Health  
1900 Massachusetts Ave, SE Bldg. 8  
Washington, DC 20003  
8:15am-3:15pm Mon-Fri  
Metro stop: Stadium-Armory  
  
**WHEN:** Ask Me  
**WHERE:** Ask Me  
  
**ETHNICITY:** Ask Me  
**STATUS:**  
  
**INTO:**  
  
99 | Ask Me | Ask Me / Ask Me | Ask Me  
  
  
click any photo to enlarge  
**EMAIL** **BLOCK** **ADD BUDDY** 😊  
last login: 4 days ago

### Example 3: Legacy Community Health (Houston, Texas) Outreach Profile



ProjectCORE1

close [x]

Offline

MANHUNT CARES



OUTREACH PROFILE

Houston, Texas

Cyber Outreach Health Educator! Ask me a question.

Syphilis is on the rise in Houston. It can be spread through oral sex, regardless of position. And symptoms can go unnoticed!! Find out how to protect yourself better!! I also have information on all STD's, as well as other issues like Bareback, PnP, Drugs, and other health related issues!! Here is an opportunity to ask questions you may have to a real Health Educator, free of charge! No holds barred!!! (Thanks to the profile graciously donated by Manhunt.net)

Feel free to Email, Responses are guaranteed!!

WHEN: Ask Me

WHERE: Ask Me

ETHNICITY: Ask Me

STATUS: Ask Me

INTO:

99 | Ask Me | Ask Me / Ask Me | Ask Me





click any photo to enlarge

EMAIL

BLOCK

ADD BUDDY



last login: Over 2 weeks ago

## **APPENDIX H**

### **Sample e-mails - Traditional language**

#### **Day 1 of Investigation**

E-mail - 1st attempt

To: SexKitten@sexsite.com

From: StarDIS@ncsddc.org

Subject: URGENT HEALTH MATTER

My name is John Investigator, and I am with NCSD. I have urgent and confidential health information to discuss with you. I can be reached at my office at (555) 234-5678. Please contact me as soon as possible. Thank you, John Investigator.

#### **Day 3 of Investigation**

E-mail - 2nd attempt

To: SexKitten@sexsite.com

From: StarDIS@ncsddc.org

Subject: HEALTH DEPARTMENT MATTER

My name is John Investigator and I work with NCSD. I attempted to contact you on 01/01/04; I have some very important health information to share with you. This is a very urgent matter, and because of the confidential nature of this information, it is vital you contact me. Please call me at (555) 234-5678. I can be reached at this number from 8am to 5pm, Monday through Friday or you can contact me using my e-mail address StarDIS@ncsddc.org or my cell phone at (555) 255-5888. To assist you in confirming my identity, I have included my supervisor's name and phone number: Josefina Boss, Program Manager, (555) 234-5679. Please do not delay in contacting me.

John Investigator

Disease Intervention Specialist

NCSD

South Central District Office (555) 234-5678

If no response after Day 4, the DIS should discuss the situation with their supervisor. Attempt to re-interview the original patient for additional locating information, and/or consider having the original patient attempt to notify the partner. The original patient can explain that a representative from the health department will be contacting him/her with important health-related information, plus provide the DIS name and office number.

## Appendix I

### Sample e-mails - Alternative language

#### E-MAIL 1

##### **Day 1 of investigation**

Dear <<screenname>>,

My name is John Doe, and I am from the Washington DC Department of Health, STD Control Program. I'm emailing you because someone you met online was recently diagnosed with a laboratory-confirmed sexually transmitted disease (STD).

You need immediate medical attention because this person identified you as a sexual partner during the infectious period of this STD. For confidentiality reasons, I cannot tell you anything about the person you had sex with, including when it occurred.

Please call me at 202.XXX.XXXX, and I can tell you more about the specific infection and where you can go to be tested and treated for free.

If I'm not there when you call, I will call you back. Be sure to leave a number and time when I can reach you. My voicemail is private, confidential, and password-protected.

I check my voicemail and email at the beginning and end of each business day (8am-4:30pm, M-F).

If you want to check that this email is real, call the Division of STD Prevention at 555-555-5555 and ask to speak with our Medical Epidemiologist, Dr. J. Doe. You can also <<call Website/ISP Administration at XXX.XXX.XXXX>> to confirm the legitimacy of this <<Website/ISP] account.>>

Thank you,

John Doe, [credentials]  
Disease Intervention Specialist (or other title)  
STD Control Program, Washington, DC Department of Health  
Email: dcSTD@dc.gov

## E-MAIL 2

### **Day 6 of Investigation**

Dear <<screenname>>,

I noticed that you read my first email, but I didn't hear back from you.\*

I have important information about the specific STD you have been exposed to and want to give you a couple of ways to get this important information:

1. You can call me at 202.XXX.XXXX and I can tell you more. My voicemail is private, confidential, and password-protected.
2. You can email me (at this email or at [dcSTD@dc.gov](mailto:dcSTD@dc.gov)), and let me know that it's okay to give you more details about this STD in writing. Just put "I agree" in the subject line.

Remember, I check my voicemail and email at the beginning and end of each business day (8am-4:30pm, M-F).

\*\*[If you want to check that this email is real, call the Division of STD Prevention at 555-555-5555 and ask to speak with our Medical Epidemiologist, Dr. J. Doe. In addition, you can email me at my work address: [dcSTD@dc.gov](mailto:dcSTD@dc.gov). You can also <<call Website/ISP Administration at XXX.XXX.XXXX>> to confirm the legitimacy of this <<Website/ISP>> account.]\*

Thank you,

John Doe, [credentials]  
Disease Intervention Specialist (or other title)  
STD Control Program, Washington, DC Department of Health

\*If it is not known if the individual read the email (i.e. Adam4Adam), the first line will need to be modified: "A few days ago I sent you an email, and I didn't hear back from you."\*

\*\*If it can be confirmed that the partner has not deleted the first email (which has verification information), then the verification information should not be included in Email 2.\*\*

National Guidelines for Internet-based STD/HIV Prevention\_Outreach\_Draft\_02-11-2008\_for review.doc

### E-MAIL 3

#### **Day 11 of Investigation**

Dear <<screenname>>,

As you know, I've tried to reach you twice now about your exposure to a laboratory-confirmed STD. Although I respect that you don't want to contact me to find out which specific infection you may have been exposed to, my hope is that you have visited your medical provider and let them know I've been in contact with you.

Remember, with many STDs, you need to be treated for your exposure, regardless of your STD test result.

This will be my last unsolicited email to you regarding this specific exposure. However, in the future if you are exposed to another laboratory-confirmed STD, I may be contacting you again.

Finally, if you decide to call me (202-XXX-XXXX) or email me (dcSTD@dc.gov), I want to emphasize that our communication is strictly confidential.

Thank you,

John Doe, [credentials]  
Disease Intervention Specialist (or other title)  
STD Control Program, Washington, DC Department of Health

## **Appendix J**

### **Description of Washington DC's timeframe for sending IPS e-mails**

A series of emails has been created to initiate Internet Partner Notification (IPS) in a standardized manner. The IPS DIS will commence by sending E-mail 1. If there is no response, E-mail 2 shall be sent after five days; likewise, E-mail 3 shall be sent five days later. Only three unsolicited e-mails shall be sent per disease exposure. If the partner expresses interest in no further communication, E-mail "Negative Response" shall be sent. If a partner expresses interest in learning more via e-mail, E-mail "Positive Response" shall be sent. If the interested partner has not responded within one week after E-mail "Positive Response" being sent, E-mail "Positive Response Follow-up" shall be sent. In many situations, partners may attempt to call the IPS DIS, at which point the IPS DIS shall refer to previous training to handle telephone communication.

## **APPENDIX K**

### **Documenting IPS in STD\*MIS**

#### **Example - Massachusetts**

##### **Documentation Requirements**

- The DIS will document all Internet activity.
- DIS must document all work with the date, time and description of each interaction on the Internet PN Log Sheet.
- All e-mail documentation should be kept in a case file.
- Internet PN must be entered and kept up-to-date in STD\*MIS (see below).

##### **Entering Internet Screen names into STD\*MIS**

This section of the policy seeks to address sexual contacts of infected individuals who are known to the infected patient by their screen names or e-mail addresses only. This flexible approach is based on how much information is available about a partner and serves as a systematic way to maintain accurate records of not just names, addresses and phone numbers, but also screen names. In this way, we can perform searches for individuals by their screen names and/or e-mail addresses when no other information is available.

- Individuals who are only known by their screen name are entered into STD\*MIS as: Internet, screen name (For example, Internet, Sexyperson.) Both the first and last names should be updated when more information becomes available.
- Screen names are entered into the Also Known As (AKA) section. AKAs should never be changed or deleted. New screen names must be added as needed. (It is important to note that individuals can be searched for in STD\*MIS by their AKA only- no other information about first or last names is needed to perform a search.) If the individual is not currently in the STD\*MIS system, we can add them and open a new Field Record.
- Screen names pertain to specific Internet sites. These sites (Manhunt, AIM, Yahoo, etc.) must be noted in the Notes section of the Field Record. Individuals may change their screen names frequently, so it is essential that the date of the last known use of the screen name be noted in the Notes section. (For example: MH “Sexyperson” 4/19/06, Yahoo “SexyP” 4/19/05, AIM “SexyPER” 4/19/04.)
- The way we currently manage missing locating information remains the same. For example, if we know a client’s first name and address, this individual is entered into the system as “John UNK.” Now, with this new system for entering names into STD\*MIS, sexual contacts will be entered into the system as “Internet, screen name,” or, if we know the client’s first name, “John Internet.”
- Case dispositions should be entered into STD\*MIS with the following codes (STD\*MIS does not allow numbers to be entered after letter codes; this can be noted in the case file):



<b><u>Code</u></b>	<b><u>Description</u></b>
A*	Preventative treatment (not infected - confirmation of examination and/or treatment)
C*	Infected, brought to treatment (infected - confirmation of examination and/or treatment)
L1**	Patient states examination and/or treatment (not infected - no provider confirmation)
L2**	Patient states examination and/or treatment (infected - no provider confirmation)
J**	Informed of disease exposure - no further contact with MPDH (located, received specific STD exposure info, no further contact with MDPH)
H1	E-mails read but never responded (located but refused to respond, did not receive specific STD disease information)
H	E-mail(s) not read (unable to locate)
* Infers direct contact with DIS	
** Infers e-mail or phone communication without disclosure of identifying information	

### **Example – Washington DC**

Within 72 hours of the Original Interview, the investigating (Ix) DIS will record in the OP's STD\*MIS file that the OP had a "PARTNERS INTERNET" risk factor. Internet partners are recorded as contacts of the OP; if a partner is not listed in STD\*MIS (after a search using the FIRST NAME, LAST NAME, and AKA fields), a patient record is created for him/her. The Ix DIS should then complete a Field Record for the partner with all information pertaining to the Internet partner (including physical descriptions, identical spelling of e-mail addresses, sex venues, etc.). The Ix DIS will then assign this partner to the IPS Coordinator (writing the IPS Coordinator's Worker Number STD\*MIS number in the Field Record).

For data entry, Ix DIS should follow this format:

Individuals who are only known by their screen name (internal e-mails) or e-mail address (external e-mails) are entered into STD\*MIS as FIRST NAME: "<<SCREENNAME@WEBSITE or e-mail address>>", LAST NAME: "INTERNET". Both the first and last names should be updated when more information becomes available. The screen names will be entered followed by the website. Note: For long screen names or e-mail addresses, simply enter as much of the name that will fit into the space (20 characters).

Examples for Internal Emails:

Website	Screenname	STD*MIS Entry
Manhunt.net	SWEATYnDC	<a href="mailto:SWEATYNDC@MANHUNT.NET">SWEATYNDC@MANHUNT.NET</a>
Adam4Adam.com	SWEATYnDC	<a href="mailto:SWEATYNDC@ADAM4ADAM.COM">SWEATYNDC@ADAM4ADAM.COM</a>
Manhunt.net	HOTnSWEATYnDC	<a href="mailto:HOTNSWEATYNDC@MANHUNT.COM">HOTNSWEATYNDC@MANHUNT.COM</a>
Adam4Adam.com	HOTnSWEATYnDC	HOTNSWEATYNDC @ADAM4ADAM.COM

Examples for External Emails:

Website	Screenname	STD*MIS Entry
Gay.com	SWEATYnDC	SWEATYNDC@GAY.COM
Yahoo.com	SWEATYnDC	SWEATYNDC@YAHOO.COM
Gay.com	HOTnSWEATYnDC	<a href="mailto:HOTNSWEATYNDC@GAY.COM">HOTNSWEATYNDC@GAY.COM</a>
Yahoo.com	HOTnSWEATYnDC	HOTNSWEATYNDC@YAHOO.COM

In addition, screen names and e-mail addresses are entered into the AKA section. AKAs should never be changed or deleted. New screen names must be added to the AKA section as needed. (It is important to note that individuals can be searched for in STD\*MIS by their AKA only—no other information about first or last names is needed to perform a search.) If the name of the Internet partner becomes known at a later date, it is important that the screen name is moved to the AKA section because it will allow for the individual to be searched in the future under his/her screen name.

Individuals may change their screen names frequently, so it is essential that the date of the last known use of the screen name be noted in the Notes section (e.g., “SWEATYNDC@MANHUNT 4/19/06”).

The way we currently manage missing locating information remains the same. For example, if we know a client’s first name and address, this individual is entered into the system as “JOHN UNK.” Now, with this new system for entering names into STD\*MIS, sexual contacts will be entered into the system as “<<SCREENNAME@WEBSITE>> INTERNET” (or “<<EMAIL ADDRESS>> INTERNET”) or, if we know the client’s first name, “<<FIRST NAME>> INTERNET.”

For data entry, IPS DIS should follow this format:

Within the Field Record, under “EVENTS”, the IPS DIS shall choose the last option: “INTERNET PARTNER NOTIFICATION”. In the “INTERNET PARTNER NOTIFICATION” screen, there are a series of Y/N fields. The first field, “IPS”, indicates whether the individual is an Internet partner. The remaining 13 fields, “IPS\_L1a through IPS\_L4” allow for further explication of the “L” disposition that is designated for an Internet partner (see Dispositions below).

Case dispositions should be entered into STD\*MIS with the following codes (STD\*MIS does not allow numbers to be entered after letter codes; this can be noted in the case file):

<b><u>Code</u></b>	<b><u>Description</u></b>
A	Preventative treatment
B	Refused preventive treatment
C	Infected, brought to treatment
D	Infected, not treated
E	Previously treated for this infection
F	Not infected
G	Insufficient information to begin investigation
H	Unable to locate
J	Located, refused examination
K	Out of Jurisdiction
L	Other*
L1	Informed of specific STD exposure (2nd e-mail, phone call, in-person communication)
a.	Informed of specific STD exposure, claims preventive treatment
b.	Informed of specific STD exposure, refuses preventive treatment
c.	Informed of specific STD exposure, claims to be infected and treated
d.	Informed of specific STD exposure, claims to be infected and not treated
e.	Informed of specific STD exposure, claims to be previously treated
f.	Informed of specific STD exposure, claims to not be infected
g.	Informed of specific STD exposure, no further contact
L2	Informed of an STD exposure (first e-mail)
L3	Not informed of STD exposure
	Refused—E-mails not read even though patient logs in
	Refused—Patient blocks IPS screen name
	Not known if e-mails are read
	Unable to locate (Patient has not logged in during Field Investigation period.)
L4	Insufficient information to begin investigation (Screen name does not exist.)

\*The L disposition will be used for Internet disposition codes, provided the Internet partner does not have any physical locating information (i.e., name and/or address). If physical locating information is acquired at any point throughout IPS, traditional disposition codes (A-K) shall be used.

## Data Entry into the Proposed STD\*PAM

In the proposed STD\*PAM software, data entry will follow the same format. However, an additional, “Internet Partner” Disposition Code (e.g., “WI”) will be added to differentiate Internet partner dispositions from traditional partner dispositions:

<b><u>Code</u></b>	<b><u>Description</u></b>
A	Preventative treatment
B	Refused preventive treatment
C	Infected, brought to treatment
D	Infected, not treated
E	Previously treated for this infection
F	Not infected
G	Insufficient information to begin investigation
H	Unable to locate
J	Located, refused examination
K	Out of Jurisdiction
L	Other
W	Marginal Partner Dispositions
WI	Internet Partner Disposition
WI1	Informed of specific STD exposure
WI2	Informed of STD exposure
WI3	Not informed of STD exposure
WI4	Insufficient information to begin investigation

In addition, another question will be added to the field record to indicate the type of Provider (DIS) Referral. The choices will be:

Telephone  
In-person  
E-mail  
E-card



## **Guidelines for Internet Outreach**

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## **1. Introduction**

This section of the Internet Guidelines makes recommendations for conducting STD/HIV prevention outreach and recruitment activities on the Internet and through virtual settings, such as chat rooms, social networks, bulletin boards, e-mail groups, and other online communities. For the purposes of this document, outreach is defined as a virtual interaction between an STD/HIV prevention professional, such as an outreach worker, and a person or persons at risk for STDs or HIV for the purposes of providing STD/HIV related: health information and education, referrals and access to services, recruitment for testing and treatment, and support for reducing risk behaviors.

In the field of HIV and STD prevention, outreach has been an important method for information and service delivery, particularly among those populations that do not access the traditional health care system or are considered hard-to-reach.<sup>1-3</sup>

Outreach activities meet the clients where they are (both physically and behaviorally), helps to create a credible and trusting relationship between program staff and clients, and allows for health and risk assessments. These activities provide accurate and relevant health information, referrals to services, and testing and treatment, which ideally results in behavioral change. Similarly, Internet-based or online outreach meets at-risk populations where they are, in this case virtually, and is an additional means of providing health information, risk reduction materials and messages, and referrals to services, thereby promoting and supporting positive behavioral changes.

Few studies have been conducted specifically on the impact or effectiveness of either street or online outreach. Programs should consider the following when determining whether or not to conduct online outreach: cost effectiveness, feasibility, acceptability, and replicability.<sup>4-5</sup> Despite this, certain basic programmatic and staff requirements are necessary, as determined by those with the most experience conducting online outreach.<sup>6-12</sup> The following recommendations should be used in conjunction with the CDC's HIV Health Education and Risk Reduction Guidelines<sup>13</sup> (HERR); CDC's Program Operations Guidelines for STD Prevention<sup>14</sup>; and CDC's HIV Counseling, Testing, and Referral guidelines<sup>15-16</sup>.

These guidelines have been developed for agencies and/or programs that intend to implement Internet outreach or to enhance existing guidelines in departments where guidance is in place. Some agencies/programs may have more in-depth guidance or specific policies on the use of the Internet for health outreach and education. Additionally, agencies/programs may have internal policies or electronic barriers, such as firewalls, that may impede the implementation of Internet-related activities. It is recommended that agencies review state and local laws and agency/program policies and consult with IT departments prior to implementing Internet outreach.

## **2. Background**

The Internet has become a means for finding both health information and sex partners. Finding health information online is one of the most common functions of the Internet. About 80% of American Internet users have used the Internet to search for



health information and this number has remained stable for the past 4 years. Over 60% of these users go online to find information on a specific medical condition and 11% report seeking sexual health information. About 58% of health information seekers say the information they found in their last search affected a decision about how to treat an illness or condition and 55% say the information changed their overall approach to maintaining their health or the health of someone they help take care of. Also, 54% say the information led them to ask a doctor new questions or to get a second opinion from another doctor.<sup>17-19</sup> Not only are people using the Internet as a source of health information; the information they obtain is influencing the actions that they take.

The Internet is also a well known venue for finding sex partners. People who use the Internet for seeking sex partners are more likely to report high risk behaviors, such as: unprotected anal intercourse, anonymous sex, drug use, multiple sex partners, group sex, and trading sex for money or drugs.<sup>20-25</sup>

Because the Internet is both a tool for gathering health information and for finding sex seekers, it has been posited to be a tool for outreach as well.<sup>26-29</sup> Additionally; online sex-seeking populations have indicated that health workers should be allowed in chat rooms and that they would listen to what the health workers had to say.<sup>27</sup>

Trained health educators and outreach workers can provide a variety of services through the Internet, including prevention education, risk-reduction counseling, referrals to reliable web-based information, and local resources such as testing and treatment sites, recruitment into prevention and care programs, promotion of positive health-seeking behaviors, and support for online communities at risk. Tailored health messages can be delivered to groups via encounters in chat rooms/social networking sites and postings on bulletin boards or to individuals during one-on-one private sessions and e-mail. Such interactions do not require an appointment, can vary in duration and intensity, and meet people where they are - online.

It is understood that the medium of the Internet is constantly changing and that this consistent state of flux presents unique challenges. It is our hope that this document will be a useful tool in the development of new and innovative Internet interventions and that it will assist programs in overcoming the challenges of working with populations in an electronic environment.

### **3. Principles of Outreach**

#### **3.1 Cultural and Linguistic Competency**

Internet outreach should always be conducted in a culturally and linguistically competent manner. A key element of any successful STD/HIV prevention program is an understanding of the community within which prevention activities take place, which includes the linguistics or language of the community members and the capacity to communicate with them in meaningful terms. It is important to not only understand the beliefs, attitudes, behaviors, norms, and values of a population, but also to be able to understand and convey information to them in their “language”.

### **Cultural Competence**

“Cultural competence is defined as the capacity and skill to function effectively in environments that are culturally diverse and that are composed of distinct elements and qualities. Cultural competence begins with the STD/HIV professional understanding and respecting cultural differences and understanding that the clients' cultures affect their beliefs, perceptions, attitudes, and behaviors.”

CDC's Guidelines for Health Education and Risk Reduction Activities, April 1995  
<http://www.cdc.gov/hiv/resources/guidelines/herrg/index.htm>

Online communities, just like offline communities, will have their own ‘culture’. This includes a unique language; one abundant with abbreviations, acronyms, and inferences. And within the Internet there are a variety of different online communities, which will generally have different cultures and languages from one another, that is, an adolescent-focused site will have a very different feel than a site targeting older men-seeking-men (MSM) or a community of adult ‘swingers’. It is essential for outreach workers to learn and understand the culture and language of the target populations before engaging in outreach activities.

### **Linguistic Competence**

“The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences.”

Georgetown University's Center for Child & Human Development, [National](http://www.ncccurricula.info/linguisticcompetence.html) Center for Cultural Competence, November 2004  
<http://www.ncccurricula.info/linguisticcompetence.html>

Spending time on Internet sites popular with the target population or where members of the target population congregate will help outreach workers gather information and learn about the population. Conducting a community assessment, as outlined in Section 4.1, may also help program planners and staff better understand the community in which they are conducting Internet outreach. It is also recommended that periodic assessment or quality assurance activities be conducted to ensure the ongoing cultural competence of the program.

### **Tip from the field**

Just like offline communities, online communities have their own ‘culture’ and vernacular.

Staff members that perform STD/HIV prevention activities on the Internet are expected to be culturally competent and skilled at providing health education messages to the specific, online population that is being targeted. This competence includes an awareness and understanding of health-education messages and a strong awareness and

comfort level with communication that may be sexually explicit or conform to community standards that could be in conflict with the personal ethics or values of the outreach worker. It is recommended that staff participate in cultural competency training with regards to the specific population being targeted prior to conducting Internet outreach activities. The staff's level of cultural competency should be reviewed periodically during an Internet outreach program. Quality assurance measures should be instituted to assess the cultural competency of staff performing these activities.

### **3.2 Client Centered**

A client-centered approach strives to provide an environment of empathy, unconditional positive regard, and acceptance. Workers should be encouraged to accept their clients where they 'are' at the moment and provide support. Being supportive to the client while providing education is key to the overall success of outreach in online communities.

#### **Client-Centered Counseling**

“Counseling conducted in an interactive manner, responsive to the individual patient's needs and requiring an understanding of the unique circumstances of the patient including behaviors, culture, knowledge, and social and economic status.”

CDC's Guidelines for Health Education and Risk Reduction Activities, April 1995  
<http://www.cdc.gov/std/program/partner/ApJ-PGpartner.htm>

### **3.3 Confidentiality and Privacy**

All Internet outreach must adhere to standards of confidentiality and ethics. Agencies conducting Internet outreach are expected to have a comprehensive confidentiality policy that specifically covers Internet-related and electronic client-identifying information. The confidentiality agreement should include consequences for any violation of the policy. The confidentiality agreement should extend beyond outreach workers and must include the organization's Information Technology (IT) staff and all staff that may view or has access to sensitive information. It should be acknowledged that private website managers and the IT staff of those sites will also have access to all conversations conducted on their website and are not bound by the confidentiality policies of public health organizations. Prior to the implementation of Internet outreach, agencies should consider compliance with the Health Insurance Portability and Accountability Act (HIPAA), use of firewalls, security of wireless networks (if used), and whether to permit staff to conduct Internet outreach from their home computers or portable laptops.

## **HIPAA Privacy Rule and Public Health**

Guidance from CDC and the U.S. Department of Health and Human Services

Morbidity and Mortality Weekly Report

April 11, 2003/ 52; 1-12

<http://www.cdc.gov/mmwr/preview/mmwrhtml/m2e411a1.htm>

Screen names, e-mail addresses, HIV status, and any personal or sexual information are considered to be identifying information and must be held to the same level of confidentiality as a client's first name and surname. Printed documents, such as logs, reports, or transcripts, containing screen names or e-mail addresses are to be stored in locked file cabinets. Under no circumstances should outreach workers share any information about one cyber client to anyone else, whether it is in the 'virtual world' or in the 'real world.' For e-mail groups and listservs, it is recommended that member e-mail addresses not be shared with any other members.

See **Appendix A** for examples of confidentiality agreements.

### **Tip from the field**

All staff with access to information that may identify a client (e-mail addresses, chat room names, etc.) should sign a confidentiality agreement. This includes outreach workers and extends to other agency staff, such as the IT staff.

### **3.4 Ethics and Safety**

Staff members that utilize the Internet for outreach are expected to identify themselves to the community in which they are working quickly and professionally by giving clients their name (or screen name), job title, and agency affiliation. Not professionally identifying oneself may be interpreted in the online world as lurking, spying, or some sort of possible entrapment. Staff members should be very cautious about how much personal information they give online, protecting their personal information at all times.

Staff should never share or use their personal e-mail address or screen names nor should they give out the web address of a personal profile or webpage to conduct Internet outreach. Staff should never share their personal information such as a personal telephone number, home address, or any other individual contact information.

At no time should staff ever use a relationship made while conducting Internet outreach to pursue personal, sexual, or illegal activities in any way. Staff should never misrepresent themselves or mislead by role (i.e., if they are not medical providers, then they should not give medical advice to individuals online).

Safety protocols should include procedures on handling abusive or slanderous clients met on the Internet. Staff should be trained to know how, when, and where to defer these clients. These procedures may include disengaging from online activities, blocking or ignoring abusive individuals, or referring difficult clients to a supervisor.

### **3.5 Approaching Your Audience**

There are several approaches Internet outreach workers can take when attempting to engage a community or encourage individuals into a one-on-one discussion. There are two approaches that are currently in practice; an ‘active’ and a ‘passive’ approach.

An active approach is generally more aggressive than a passive approach and can involve techniques that entice users to communicate in private or Instant Messaging (IM) sessions. The most common technique involves posting health-related messages regularly and openly in public chat sessions and inviting other users in the public chat room to enter into a private one-on-one interaction. Be aware that if your approach is too aggressive, online communities and website owners may view your presence as intrusive. It is extremely important to always remember that when you are in a chat room or other social/sexual networking site you are there as an invited ‘guest.’ To be culturally competent you should always respect members of the website and abide by the social norms that have been established by the community. An overly aggressive approach can lead to your organization and potentially all organizations being banned from the website in the future. Staff should always be aware of this and be respectful of the cultural/social variations and group norms of different online communities. Tolerance levels will vary from room to room and website to website.

#### **Tip from the field**

Aggressive outreach can cause chat room members to leave the chat room or website and go elsewhere.

A more passive approach would involve simply sitting in a chat room without having introduced oneself or posting any chat dialogue. This approach may be less effective in terms of reaching significant numbers of people in a cost-effective manner. Some individual members of online communities may view this approach as ‘lurking’ in a room; other communities may require that outreach workers remain passive.

Since building trust in any online community is of the utmost importance and is a key element in the success of Internet outreach, it is recommended that outreach workers

always introduce themselves in a professional manner when entering a chat room or social/sexual networking site unless directed otherwise by the website owners or community standards. This introduction should identify the Internet outreach program and the outreach worker's purpose, and could include an invitation to IM or e-mail for a private one-on-one chat. See **Appendix B** for an example of a one-on-one chat. Because new users will enter the room after the initial introduction, outreach workers should re-introduce themselves regularly. The frequency of re-introductions should be limited to one every 10-15 minutes depending on the level of activity in the chat room.

**Recommendation**

Always introduce yourself in a professional manner upon entering a chat room or social/sexual networking site.

Many online communities that are 'profile-based' will provide profiles for outreach workers to use. When logging on most profile-based communities, such as Manhunt.net, your presence will be automatically announced and your profile will be listed as being 'online'. Once you are listed as being 'online' you become available to answer questions via e-mail, chat, or IM. See **Appendix C** for examples of Screen Names and Profiles.

Some Internet outreach workers may choose to actively contact online clients they suspect, from reading profiles or chat room conversations, are practicing high-risk behaviors. Although it is tempting to reach out to people who are engaging in high-risk behaviors, individuals must be actively ready to change, otherwise outreach may be ineffective, as posited by Stages of Change Theory.<sup>30</sup> Engaging individuals before they are ready will cause them to ignore you at best, and at worst, place a negative mental barrier to your message and possibly your organization, now and in the future. Instead, think of an outreach worker's presence in a chat room or on a website as a subtle reminder to members that risky behaviors can be harmful to one's own health and that outreach workers will be able to serve as a reliable resource should members move to a stage where they are ready to make a change. Moreover, being too aggressive during outreach can threaten trust and rapport-building and will often be met with negative feedback from the online community. Should there be significant complaints regarding outreach on any given site, it is possible that all outreach workers, not just your agency, could be banned from the site or chat room. This approach can also hurt an agency's reputation in the community, potentially leading to complaints from community members or lack of trust in the agency's other programs and services. *These guidelines do not recommend using this approach.*

## 4. Getting Started

There are many similarities between conducting virtual outreach and outreach in more traditional street and community settings.

Many websites contain virtual elements or features that mirror venues or aspects of venues in traditional settings. Public chat rooms and social networking communities are analogues to community centers, bars, or other areas where public conversations can take place. IM is analogous to one-on-one or private communication. Both elements (public chat and private IM) have the potential to be used for risk reduction, counseling, or other individual-level interventions (ILI).

Just as in traditional settings, some personal information in a profile is public, while other pieces can be kept private but, generally speaking, profiles are the public portion of a person's persona. Many websites allow members to 'lock' or keep private certain pieces of personal information, including pictures, text, and personal interests.

When joining a website, it is recommended that you take some time to acquaint yourself with the community you are now a member of; read through profiles, examine the search features, go into the chat room, and listen before interacting within the community.

In addition to reviewing the community for content and its general culture, time should be spent learning the features of the site. Acquaint yourself with how to use the e-mail system, chat rooms, instant messaging, search, and the other features of the site.

For further assistance with getting started see **Appendix D**; a checklist of creating guidelines for Internet-based outreach.

### 4.1 Community Assessment

Prior to designing and/or implementing an Internet outreach program or joining a website for the purpose of Internet outreach, it is recommended that agencies assess the community to learn more about the attitudes, behaviors, language, community norms, and values of the targeted population(s). Assessment activities can be informal or formal. An informal assessment may include feedback from staff, anecdotal observations of potential Internet venues, and consultations with community leaders, gatekeepers, and client advisory boards. A formal assessment might include online surveys, interviews, or focus groups.

A community assessment may assist in the following ways:

- Defining the purpose and scope of your Internet outreach program.
- Establishing appropriate program goals, objectives, and activities.
- Defining and learning more about the target population.
- Identifying online venues that will help you to reach the target population.

- Identifying social attitudes, behaviors, perceptions, and vernacular of the community.
- Providing the basis for evaluation as part of formative and summative studies of interventions.
- Establishing community-based support for the proposed activities.

It is recommended that periodic assessment or quality assurance activities be conducted to ensure the ongoing involvement of the target community and to ensure that the program is meeting the needs of the community. The CDC's 'Health Education and Risk Reduction Guidelines' (HERR)<sup>13</sup> provide more information about community assessment for health education programs.

When considering conducting Internet outreach, an agency should be aware of what other community-based organizations and similar agencies are doing on the Internet. Questions to ask could include:

- What agencies are already online?
- What online venues are currently being served by those agencies?
- What methods are being used by the agencies in the venues (outreach, health communication, and/or partner notification)?

Agencies should also communicate with the state or local health department to coordinate efforts as much as possible. To minimize over-saturation within a venue or an area, one ideal scenario would be to have an experienced point person in each agency that collaborates with other agencies and organizations.

#### **Tip from the field**

Useful websites for information on conducting community assessments:

**[HIV Health Education and Risk Reduction Guidelines - Community Needs Assessment](http://www.cdc.gov/hiv/resources/guidelines/herrg/gen-con_community.htm)**  
[http://www.cdc.gov/hiv/resources/guidelines/herrg/gen-con\\_community.htm](http://www.cdc.gov/hiv/resources/guidelines/herrg/gen-con_community.htm)

**University of Florida/IFAS Extension Electronic Data Information Source**  
<http://edis.ifas.ufl.edu/FY501>

## **4.2 Choosing a Population to Target**

About 70% of all U.S. adults<sup>18</sup> and 87% of U.S. teens<sup>19</sup> are online. With millions of websites and billions of web pages, targeting the best website or chat room to conduct your outreach is extremely important. Internet outreach should be cost effective and directed towards populations at increased risk of becoming infected with STDs/HIV or, if already infected, of transmitting the infection to others. Some research has shown that individually focused interventions, such as street outreach, can be cost effective when



targeted toward high-risk, STD-prevalent populations, such as MSM, but not for low-prevalence populations. For low-prevalence populations, structural interventions, such as condom availability, may be more cost effective.<sup>5</sup>

Disease Intervention Specialists (DIS) often ask STD patients about sex partners met through the Internet; therefore, local surveillance data may help to identify appropriate online venues where the target population can be reached. Agencies should also review local health department surveillance data for pertinent information to ensure that appropriate populations are targeted. Agencies should define the specific population to be served and determine the general needs of this population. Based on the information gathered, the agency can then make an educated decision as to what specific online venues are best suited for Internet outreach and what time of day is best for conducting the work. Additional information about where high-risk individuals go online should be obtained from community assessment activities prior to, during, and after program implementation.

Because the Internet is an ever-changing environment, online venues or times for reaching a specific population online may change frequently. Therefore, flexibility and the monitoring of Internet trends are very important.

### **4.3 Working In Online Venues**

Before an organization actually goes online, they are strongly encouraged to develop formal guidelines and trainings on how to conduct Internet outreach that is specific to their program and locale. Organizations should conduct a needs assessment (formal or otherwise) and contact experienced programs to share information and obtain guidance from those that have already successfully conducted Internet outreach. For contact information on organizations with experience, visit or contact the National Coalition of STD Directors (NCSD) at their website - [www.ncsddc.org](http://www.ncsddc.org).

In addition to formal guidance, organization-level policies for Internet use should be reviewed. Clear separation between the personal use of the Internet and work use should be established and documented prior to the implementation of any program that utilizes the Internet. Additionally, outreach staff may need specialized training.

Similar to street and community outreach, it is imperative that agencies make every effort to establish contact with, and to obtain permission from, website owners or the management of the online venue, prior to conducting outreach. Some sites may require that you establish an official relationship with them before you conduct outreach on their site. Go to the NCSD website for an example of guidelines for working with Manhunt.

Agencies should recognize the limitations within each venue. For instance, some websites may permit agencies to set up an online profile and exchange e-mails with its members, but may not allow agency staff into member chat rooms. Bulletin board monitors may allow agencies to post event announcements, whereas a social network may prohibit unsolicited e-mail but will allow chats with members. Finally, many websites prohibit public health entities from providing any kind of services on their site.

Establishing an official relationship with the website where outreach is to be conducted is the ideal situation. Contact and/or permission may not be granted or communication with the venue may be impossible to establish. In this situation, it is the program supervisor's decision on whether to proceed.

**Tip from the field**

Most programs that conduct online outreach have, at one time or another, been removed, blocked, or had their profile deleted or their account revoked from a website.

When working through online venues, programs should be aware that they are in a public environment that is owned and hosted by a private company. In most cases, outreach workers will be invited guests, in other cases outreach workers may be seen as intruders. Every effort should be made to ensure that a positive relationship is formed with both the members in the venue and the venue owners and employees.

Online outreach workers should remember that users are generally online for purposes different than their own and that health messages may not always be welcomed. Considering that you are a guest in a venue that most likely will be part of a private business, your tone and behavior should be welcoming and understanding. Aggressive behavior will generally be met with conflict.

Unlike outreach in the real world, outreach and communication online is subject to sudden disconnection. It is possible to be blocked by an individual member or by the venue itself. Be aware that outreach workers can be blocked and banned from a venue abruptly and without notice or warning.

#### **4.4 Accessing Adult Sites**

To conduct Internet outreach, employees must have access to websites with sexually explicit material. Online outreach will be more successful if outreach workers are empowered to meet people where they are. It can safely be assumed that high-risk sex behaviors will take place on sex-positive websites. Giving employees access to adult sites can be a sensitive issue for some agencies. To ensure that problems are avoided, outreach programs should work with their IT department to determine how online outreach workers can get past firewalls and other security systems as well as to assist in the creation of clear guidelines that grant access to sites with sexually explicit content. Agency guidelines should define what sites are to be accessed, when, and for what purpose. See **Appendix E** for Suggested Rules or Code of Conduct for workers in this area. Also refer to section 3.4, Ethics & Safety, for additional information.

To ensure access to sexually explicit websites, some programs have an individual computer or a network that is dedicated for Internet outreach. This computer or network is separated from the agency's primary computer or network. A configuration such as this can help to protect the primary server or network from viruses and hackers while providing a confined access point where sexually explicit websites can be reached.

#### **4.5 Website Terms of Service**

Most websites will have Terms of Service that usually include rules of conduct, regulations, privacy policies, and more. It is important that agencies conducting Internet outreach read and understand these Terms of Service and any other guidelines or binding agreements where prevention activities are conducted. Usually, signing up to join a site implies agreement with the site's Terms of Service. It is within a website administrator's authority to remove someone from a chat room/website or to terminate an account for a violation of their Terms of Service.

Websites typically post frequently asked questions (FAQ) that will guide users and outline appropriate behavior in the venue. For example, a FAQ could include guidelines on how to introduce oneself to another member, direct a question or response to a specific user, or how to report a disruptive user.

##### **Tip from the field**

Health workers posting health messages may be thrown off websites and blocked for violating the Terms of Service of a website.

### **5. Program Implementation**

The CDC's 'HIV Health Education and Risk Reduction Activities Guidelines' (HERR)<sup>13</sup> list a number of core elements that should be considered in a health education and risk reduction program and evaluation activities. These core elements also apply to Internet outreach and are listed below, in chronological order, with a few minor changes.

#### **5.1 Recommended Internet Outreach Program Core Elements**

- Conduct community assessment activities.
- State realistic, specific, measurable, and attainable program goals and objectives.
- Identify methods and activities to achieve specific goals and objectives.
- Clearly define staff roles, duties, and responsibilities.
- Define the populations to be served by: geographic locale, risk behavior(s), gender, sexual orientation, age, and race/ethnicity.

- Assure that educational materials and messages are relevant, culturally competent, and language/age-appropriate.
- Consult with IT staff to ensure program capability with network and firewalls, enable access to online venues, and support confidentiality measures, like password-protecting computers.
- Include professional development for all program staff.
- Include a written policy and personnel procedures that address stress and burnout.
- Include written procedures for the referral and tracking of clients to appropriate services inside and outside of the agency.
- Provide for collaboration with other local service providers to assure access to services for clients.
- Assure confidentiality of persons served.

## **5.2 Frequently Asked Questions and Answers (FAQ/A)**

Giving out factual information on HIV, syphilis, and other STDs, as well as risk/harm reduction and sexual health information is important to the success of any Internet outreach program. In addition to training on these topics, staff may want to use a list of frequently asked questions (FAQ). Not only can a FAQ ensure the accuracy and consistency of information disseminated online, but it can also make Internet outreach easier. When an online client asks a FAQ (e.g., what are the risks of oral sex?), outreach workers can simply cut and paste answers into the chat, IM session, or e-mail. For examples of FAQ documents, see **Appendix K**.

## **5.3 Referral to Resources**

The primary objective of many Internet outreach programs is to refer clients to web-based informational and educational resources and local service providers. Agencies should maintain an up-to-date resource guide for online resources and local area service providers, including: health care agencies, support groups, and prevention services providers. It is important to collaborate with community hotlines for crises or emergencies that may occur during Internet outreach. Agencies should have a list of appropriate referral sources, including: suicide or crisis hotlines, child protective services, and agencies working in domestic violence. These types of events should be documented on an incident report and given to appropriate supervisors.

### **5.3.1 Recommended Types of Resources**

The following resources are suggested for Internet outreach. It may be necessary to expand this list for your community needs.

- STD and HIV information, testing, and treatment
- Mental health information and counseling services
- Substance abuse information, counseling, and treatment
- Sexual health and safe sex information

- Domestic violence information and resources
- Rape Crisis Centers
- Family Planning Resources
- Sexual addiction information and resources
- Youth-oriented information and resources
- Transgender information and resources

Internet-outreach workers should be well-versed in and knowledgeable about these resources so they can readily refer online clients to them. Referrals to resources should be appropriate to the clients' needs and should be documented and tracked when possible. If online clients have given Internet outreach workers permission to contact them after the initial contact, it is recommended that staff follow-up with the clients to see if they reviewed or used the resource(s) given. Follow-up interchanges should be documented including when there is a denial of permission for further contact.

#### **5.4 Recruitment into Other Prevention Programs**

Conducting Internet outreach can be an excellent tool for recruiting clients for STD/HIV testing, treatment, and other prevention interventions<sup>31</sup>. It can also be used to recruit individuals to participate in advisory boards or focus groups or to complete surveys for quality assurance or research.

#### **5.5 Follow Up**

Following up with online clients may help to improve the likelihood that they will obtain the information and services they need. Well-documented follow up also helps support Internet outreach by proving its impact or effectiveness. It is recommended that Internet-outreach workers ask for the client's permission to follow up with them via e-mail or IM, and ask if the staff member can save them to their buddy list (if available). Ideally, quick follow up with each client is desired; however, follow up may be difficult with clients that frequently change screen names or do not login often. Follow up as a performance indicator for staff is not advised due to these and other issues.

#### **5.6 Evaluation of Internet Outreach Program and Activities**

Organizations conducting Internet outreach should have mechanisms in place to ensure that the program is meeting its goals and objectives, that factual health-related information is being delivered appropriately, and that all related program policies and procedures are followed.

Logic models are an effective way of clearly outlining the steps and desired outcomes of a program. These tools also help with program evaluation by providing specific elements in the program to assess. For examples of logic models, see **Appendix F**. The CDC recently released a valuable evaluation manual specific to STD programs, 'Practical Use of Program Evaluation among STD Programs'.<sup>31</sup>

We recommend that STD programs use this manual to guide their evaluation efforts, including the development of a logic model.

**Tip from the field**

Obtain a copy of the manual:

Practical Use of Program Evaluation among STD  
Programs <http://www.cdc.gov/std/Program/pupestd.htm>

Quality assurance can include various data collection forms or databases, including contact and referral logs, activity report forms, and activity observation tools. For examples, see **Appendices G-J**. Agencies may want to consider collecting printed or electronically stored transcripts of online activities and e-mails when feasible (some websites restrict the ability to cut and paste or otherwise save chat room or messaging text). These transcripts can then be used for qualitative analysis purposes or to determine factors that influence high-risk behaviors online. Program modifications can then be made based on this analysis.

Ongoing participation from the target population, through individual and group interviews, client advisory boards, client satisfaction surveys, and other quality assurance measures, will help assure that Internet outreach programs are accepted by the community.

Process measures, such as the number of individuals that were educated, number referred to services, or time spent in interactions can be captured by staff using logs or databases.

Outcome measures can be determined through the development of a logic model and the community assessment process. The data collected could serve as baseline and formative evaluation. Outcome objectives could include the number of individuals from the target population successfully linked to other services, the amount of disease identified after individuals are tested, or behavioral changes seen in profiles or through follow-up assessment activities.

Below is a list of some of the ways in which an online outreach program can be evaluated for quality assurance and effectiveness.

- Develop a process evaluation.<sup>31</sup>
- Require consistent and accurate data collection procedures.
- Supervisors should periodically provide outreach staff with evaluations and feedback on performance.
- Develop a means for clients to provide feedback or grievances.
- Designate staff responsible for evaluation and quality assurance activities, for compiling and analyzing data, and for documenting and reviewing findings.
- Define methods for assessing progress toward stated process goals/outcome objectives.

- Include mechanisms for measuring the use of referral services.
- Provide findings for program modifications.

## **5.7 Staffing**

### **5.7.1 Effective Internet Outreach Staff**

Not everyone has the skills that are necessary to provide outreach on the Internet. Agencies should be selective in choosing staff that will perform Internet outreach. Potential staff should be: Internet savvy, demonstrate at least intermediate computer skills, possess proficient and accurate typing skills, have a working knowledge of quality Internet resources, and be familiar with emoticons, electronic shorthand, and other online languages.

In addition to having basic skills and experience in STD/HIV health education, staff should be sensitive and non-judgmental regarding community norms, values, traditions, and cultural beliefs of the target population. Staff should be as knowledgeable as possible about the populations being served. Some groups have found it easier to use a peer-to-peer approach as shared common experiences increase the level of trust and rapport with the online community, e.g., MSM staff conducting outreach to online, MSM communities. This also allows staff to act as role models for the clients they serve. Staff should not only be emotionally supportive of their clients (client-centered) but also should be an advocate for the population. This includes acting as a liaison between the online community and having the knowledge of local community resources and the ability to refer clients to real-world providers.

#### **Tip from the field**

To minimize staff burnout, limit online shifts to 2-3 hours.

Staff should have a clear understanding of boundaries and how and when to disengage clients who, for example, are being sexually aggressive or abusive, and when to end sessions that are no longer productive. Overall, staff should be comfortable in the outreach role and willing to conduct the activity, as well as understand the goals and objectives of the program.

### **5.7.2 Use of Volunteer Peer Educators**

Agencies that provide Internet outreach may choose to use volunteer peer educators to conduct online activities. As defined by CDC's HERR,<sup>13</sup> peer education refers to a role-model method of education in which trained, self-identified members of the client population provide STD/HIV education to their behavioral peers. Additionally, the use of volunteer peer educators can sustain intervention efforts in the community, often

influencing community norms, long after the professional service providers are gone.

The following protocols are recommended when using volunteers:

- All volunteers should be fully trained on Internet outreach protocols, specifically those related to safety, confidentiality and ethics.
- All website accounts should be maintained by the program director, including username and passwords. A volunteer should never use his/her own personal account to conduct outreach on behalf of the agency.
- All volunteers should focus on marketing-related, outreach topics such as promoting an agency's upcoming testing event or other health-related services, unless they have been through an agency-approved training program.
- Volunteers should complete a series of role-playing conversations with the agency supervisor to prepare the volunteer.
- Volunteers should complete a log after each outreach session, recording any incidents.
- Volunteers should be closely monitored by trained staff and should be provided with regular feedback.

While volunteer peer educators can be very powerful, they cannot replace professional health educators; they should only complement the trained staff.

### **5.7.3 Internet Etiquette**

Internet outreach programs will encounter individuals that will want to casually chat with the outreach worker. Just like in any community outreach setting, small talk can help establish rapport and normalize an agency's presence there. Internet outreach workers should be reminded that maintaining appropriate boundaries between themselves and the client is extremely important. No outreach worker should become too casual, 'talkative', or familiar with the client. The worker should always use standard outreach education skills and keep the conversation focused on prevention and the promotion of sexual health.

In general, when conducting Internet outreach:

- Make no assumptions about clients.
- Ask open-ended questions as often as possible to gain more information.
- Don't give personal advice or tell clients what they should or shouldn't do
- Include risk and harm-reduction messages.
- Use third-person techniques (e.g., "Most people consider unprotected oral sex safe.").
- Answer questions with facts as often as possible (e.g., "We know that unprotected oral sex puts men at a higher risk for STDs like syphilis or gonorrhea.").
- Try to keep responses on an impersonal level and try not to make statements that are, or might seem to be, a personal opinion.



- Provide relevant and up-to-date referrals for services.

Internet outreach workers should practice good manners when conducting outreach. Because chat room/website norms and values change from room to room and website to website and/or vary at different times of the day, Internet outreach workers should always be aware of the culture of the chat room/website they are in at a given time. Here are some courtesy tips:

- Don't type in all caps; it is considered to be the equivalent of shouting in cyberspace.
- If staff have to step away from the computer or are actively chatting in more than one IM or private session, they should tell the other clients they will 'be right back' (brb)\*.
- Staff should be courteous and respectful at all times.
- Staff should not ignore IMs unless they are from potentially abusive chatters.
- Staff should respond to all e-mail in a timely manner, even if the e-mail is brief, simply gives a referral, or states that a response with a more in-depth answer will be sent soon.

\* For assistance with chat acronyms, abbreviations, and meanings see **Appendix L**.

Communication in chat rooms/websites or via e-mail and IM, although similar to person-to-person communication, can vastly differ. Without the use of voice inflection and tone, or body language and other gestures, written communication can come across as cold, angry, or aggressive. Great care should be used when composing an e-mail or chatting online.

## **5.8 Training**

Initial and ongoing training is important to the success of staff conducting Internet outreach. Specific skills-based training for Internet outreach may include hands-on training, a review of Internet shorthand, emoticons, and other online languages, and can also include their understanding of computer equipment, software, and referral resources. Other suggested areas in which Internet outreach staff should receive training are listed below. Many of these are adapted from the CDC's HERR.<sup>13</sup>

### **5.8.1 Suggested Training Topics**

- Surfing the web/acclimating to online environment
- Information on HIV, STDs, and sexual health
- Information on substance use/abuse
- Orientation to human sexuality, including diverse lifestyles and sex practices
- Orientation to safer sex and safer drug-using guidelines
- Understanding of harm reduction, risk-reduction, and prevention counseling
- Thorough knowledge of confidentiality, privacy, and ethics
- Review of policies on security

- Sensitivity to issues for persons living with HIV/AIDS and STDs
- Cultural diversity and cultural competence
- Orientation to the agency, community, and available community resources
- Orientation to useful health-related websites and other Internet resources
- Skills in group facilitation for activities in chat rooms/websites
- Dynamics of community and agency collaboration
- Introduction to behavior-change theories
- Understanding of motivational interviewing techniques
- Build communication skills (e.g., active and reflective listening, clear written communication, and client-centered interaction)
- Basic knowledge of family planning and contraception
- Knowledge of treatment and therapy for people living with HIV/AIDS and STDs
- Orientation to crisis intervention

## 5.9 Online Screen Names and Profiles

The screen name and profile of each Internet outreach worker are very important elements for an Internet outreach program. Screen names should relate or refer to the program or agency and should never be sexually suggestive. Profiles should be developed with program objectives in mind and serve as a promotional outlet for the program. Profiles should not contain sexually explicit information. When creating a profile, the official agency/organization logo should be used as the account picture and other identifying information should be filled out respective to ISP/website protocol for health departments and community-based organizations. Some websites may require certain information be contained within your profile. For example, Manhunt recently created a standard logo for all profiles conducting IPS or outreach in order to provide a validation of legitimate health-related profiles.

Like a first impression, online clients can learn a lot about the program with a quick glance at the online profile. Below are some suggested elements to include in an online profile. To keep clients' interest, it may be necessary to change elements of a profile frequently. This can easily be done by revising a line or two of text, adding a recent fact or statistic about health, promoting a testing site or upcoming special event, or listing a link to a new or updated website of interest. See **Appendix C** for examples of program profiles and screen names.

### 5.9.1 Essential Elements

- Profiles should specifically identify the agency name, staff, and job title.
- Profiles should include an invitation to IM, chat, or e-mail the outreach worker.
- Profile pictures should contain logos for the agency when possible.
- Profiles should be viewed as marketing tools and should fit the venue in which they are posted.

**Tip from the field**

Include a timeframe that a person may expect a response, e.g.,  
'We check our profile every business day and will try to  
respond to your e-mail within 48 hours.'

**5.9.2 Inappropriate Elements**

- Profiles should not contain sex statistics, such as penis size, sexual position of choice, sexual desires, etc.\*
- Profiles should never contain personal e-mail addresses or websites/homepages/blogs.
- Profiles should never contain numbers to personal cell phones, home phones, pagers, etc.
- Profiles should never contain personal pictures or statements saying you can e-mail personal pictures.
- Profiles should never contain links to websites that sell products not related to sexual health.
- Profiles should never contain links to pornographic websites or sites that sell pornography.
- Profiles should never contain discriminatory or judgmental statements.
- Profiles should never contain the HIV status of the outreach worker.

\* Some sites require information of this type be completed within a profile. In this case options that include safer sex should be selected.

Because some online clients may come across an Internet outreach profile after performing a profile keyword search, it is recommended that profiles contain a variety of keywords related to sexual health and STD/HIV prevention. The following keywords are examples: sex, barebacking, HIV, STD, syphilis, sexual addiction, safe sex, oral sex, crystal meth, raw, and drugs. These keywords should be used in a context that will convey to the client that you are available to discuss these topics as they relate to sexual health and STD/HIV prevention. For examples see **Appendix C**.

**Tip from the field**

When setting up your profile, there are often choices that can be checked (e.g., HIV+). By checking off all choices, your profile will show up in more searches.

## **5.10 Features in Online Venues**

### **5.10.1 Chat Rooms**

Chat rooms are online venues where Internet outreach can be conducted. Chat rooms in the virtual world are similar to bars, clubs, or community centers in the real world. The chat room members and the room's group norms, behaviors, and/or attitudes may vary from day to day, time to time, and room to room. Chat rooms may be very active with a steady flow of exchanges between chatters or they can be extremely quiet even when the room is full. Each chat room has its own personality and this personality generally reflects the personality of the community. Some users of chat rooms participate in what is called 'lurking'. A user is lurking when they are logged in to the chat room and are not active in the room. It is possible that they are engaging in private chats with others.

To be successful in the erratic online environment, outreach workers may need to use different techniques in different chat rooms to engage individuals in discussion. Clear and open-ended questions posted to the chat room at the initial entry into the room and in increments during the outreach period (not more than four times in an hour, depending on the level of activity within the room) may create opportunities for discussion or private chats. For an example of a chat session see **Appendix B**.

### **5.10.2 Instant Messaging**

Instant messaging (IM) is a real-time interaction that sometimes requires software to be downloaded and/or a profile to be created. Unlike the group atmosphere of a public chat room, IM provides an environment where Internet outreach workers can have a one-on-one conversation with individuals. These conversations cannot be viewed by others in the public chat room.

IM has seen an increase in popularity. According to the Pew Internet & American Life Project, the growth rate in IM users between 2000 and 2004 was around 29%. In 2004, Pew reported that 53 million American adults, approximately 42% of Internet users, were using instant messaging.<sup>33</sup>

AOL's 2005 instant messaging survey revealed that 70% of Internet users use IM and 38% of IM users send as many, if not more, IMs than e-mails. According to AOL, 90% of 13-21 year olds use IM followed by 80% of 22-34 year olds, 65% of 35-54 year olds, and 49% of those aged 55 and older.<sup>34</sup>

IM interactions can be used to answer questions, discuss safer sex and harm/risk reduction techniques, help improve communication and negotiation skills, refer to online and real-world resources, and recruit into prevention or care services. When using IM, outreach workers should use specific skills and strategies, such as open-ended questioning and active listening.

In general, there are three types of IM. Programs such as Skype, AIM, MSN, Yahoo!, ICQ, and others, offer an IM program (also called a chat client) or piece of software that can be downloaded, installed, and used to contact buddies or other users of the same product (usually through a screen name or e-mail address).

The second type of IM is one that is available only within a specific website and is exclusively used by members of that website. This type of IM is usually linked to a member's active profile. Websites such as Gay.com, Manhunt, and MySpace use proprietary IM that is available only on their sites and linked to the user's profile.

The third type of IM is usually referred to as private chat and is usually available only through a public chat room. Users of a public chat room will use private chat as a means to hold a private conversation. In a chat room you may be asked to 'go private'. In most chat rooms this is done by simply double clicking on the screen name of the member making the request.

IM, although generally perceived as private, is still communication between networked computers through the Internet and therefore is not 100% secure or completely private. It is important to remember that conversations conducted through IM can, in most cases, be saved, printed, e-mailed, or distributed in other ways. Additionally, these can be viewed by the IT staff of the website and of the program organization. The highest level of professionalism should always be maintained.

**Tip from the field**

Some IM programs have a log feature that can automatically save chats and allow you to print them as needed. You can typically find this feature under the Preferences setting.

### **5.10.3 E-mail**

E-mail can also be used to communicate with an individual as a one-on-one conversation; however, e-mail may have a delay in response that IM does not. Be aware that some people share an e-mail address and that e-mail might not be as private as an IM session. Outreach workers may want to ask clients that want to communicate via e-mail if their e-mails can be viewed by other people.

E-mail can also be an effective tool for follow-up with clients. All e-mail should be responded to in a timely manner, typically within 24-48 hours, even if the return e-mail is simply to inform the client that an e-mail was received and an answer is forthcoming.

**Tip from the field**

Check your inbox at least once a day.

E-mail groups or listserves can be used to communicate to larger groups of people in a short amount of time. This tool can be used to promote agency services and events and to disseminate up-to-date information, articles, or statistics on STDs/HIV. However, use of e-mail groups or listserves should be done only if the e-mail user has given explicit consent to receive mass e-mails or has voluntarily joined the list.

**Tip from the field**

Designate a back up person to check e-mail when an outreach worker is out of the office.

Remember that e-mail is a written form of communication and e-mails should be drafted with care and spell checked before sending.

An e-mail, once sent, passes through many servers throughout the Internet. E-mail is not a secure means of communication and can be manipulated, copied, printed, and forwarded.

#### **5.10.4 Bulletin/Message Boards and Forums**

Electronic bulletin/message boards and forums allow users to post and read messages that have been posted on a website. A variety of websites offer bulletin boards; therefore, agencies may have to research and assess what bulletin boards are most effective at reaching the intended target population. (See Section 4.1, Community Assessment). These information-sharing bulletin boards can also be used to promote agency services and events and disseminate up-to-date information, articles, or statistics on STDs/HIV. Posted messages are public information and available to anyone who visits the bulletin board. Like messages posted on a physical bulletin board, these messages remain on the board until the message is removed. Bulletin boards (e.g., [www.craigslist.org](http://www.craigslist.org)) may be useful for posting health-related messages, promote events, recruit participants in surveys, and advertise programs or agencies.

#### **5.10.5 Social and Sexual Networking Sites**

Social networking sites (SNS), like MySpace, Friendster, or Facebook, and sexual networking sites, like Manhunt, Adam4Adam, and M4MWorld, are additional venues that can be used to conduct Internet outreach.

Fifty-five percent of online teens use social networks and have created online profiles. 20% of online adults report having a social networking profile.<sup>35</sup>

SNS are used for a variety of reasons including to enhance existing relationships, to form new relationships, sexual and otherwise, to express oneself, as a communication tool. How a SNS is used will vary by demographics, geographic location, behaviors, interests, etc. For example, the SNS Facebook was created by a college student as a way to stay in contact with other college students; hence, the site's membership base at the time was generally those that are of college age. The website Manhunt is a website created for the MSM community and is adult in nature. The average age for a Manhunt member is generally older than the average for a member of a site such as MySpace. As sites grow their population tends to diversify. When it was created, MySpace was a site that was intended for musicians and users under 30 but, as the site grows in popularity, it has become more diverse in its membership.

Strictly speaking, there has traditionally been a distinction between social networking, dating, and 'hook-up' sites. All SNS are created to connect people with similar interests, but it is important to be aware of the differences between traditional SNS such as Facebook, Friendster, or MySpace; dating sites such as Match, BlackPlanet, or eHarmony; and hook-up sites such as Manhunt, Adam4Adam, or M4MWorld.

There are some basic functions and features that most SNS have in common, such as a search feature, profiles, and a proprietary e-mail system, where member e-mail can only be accessed within the website.

It is recommended that agencies seek permission from these sites prior to conducting outreach on them, as many of them have traditionally not allowed public health providers to conduct outreach prevention services.

## **6. Limitations of Internet Outreach**

Despite the versatility of the virtual setting and the variety of possible activities, Internet outreach has its limitations. Priority should be given to using methods for outreach that maximize time and energy. Internet outreach can reach a population of men and women that might be otherwise unreachable, but this comes at a cost.

The most significant portion of the cost involved with Internet outreach is related to staff salaries and time. To maximize the cost effectiveness of Internet outreach, the selection of staff is of the utmost importance. Selecting staff members that are capable of multitasking and are computer/Internet savvy is key to controlling the most significant costs for Internet outreach. It is important to note that, for agencies with limited resources, other forms of Internet work such as partner notification and health communication (as outlined in the other sections of these guidelines), might be considered more cost effective over Internet outreach.

When considering costs, organizations should remember the importance of choosing websites and times to perform outreach. To be as cost effective as possible, an agency may need to create options, such as flexible work schedules, to ensure that Internet outreach is being performed at the peak times that the high-risk target population is online.

## **7. Summary**

When carefully planned out and implemented, online outreach can be a useful way of providing STD/HIV health information, prevention messages and referrals to online populations.

We hope this document will be a useful guide for all STD/HIV programs. This is the first iteration of many to come. We hope these guidelines will be living documents, that is, documents that are constantly changing and continuously being updated based on research and program experience, so that they remain relevant and useful.



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## Glossary

**AIM** – America Online's (AOL) instant messenger. The use of this messenger is not limited to AOL subscribers. One can maintain buddy lists on AIM. The AIM buddy list allows you to store information about your buddies and to know when they are logged in (online) and available for instant messaging.

**Attachment** - A file that is sent as part of an e-mail message but that is not part of the main message. Images, programs, or word processor files are usually sent as attachments, because most e-mail programs allow only plain text in the body of the message.

**Atom** – An evolving protocol for syndication and sharing of content. Atom is being developed as a successor to and improvement over RSS (see below). It is more complex than RSS while offering support for additional features such as digital signatures, geographic location of author, possibly security/encryption, licensing, etc. Like RSS, Atom is an XML-based specification.

**Avatar** - A graphical image of a user, such as used in graphical real-time chat applications, or a graphical personification of a computer or a computer process, intended to make the computing or network environment a friendlier place.

**Bandwidth** - How much data you can send through a connection. Bandwidth is usually measured in bits-per-second (*bps*). A full page of English text is about 16,000 bits. A fast modem (used in a dialup connection) can transfer about 57,000 bits in one second. A full-motion full-screen video would require roughly 10,000,000 bits-per-second, depending on compression.

**Blog** - A blog is basically a journal that is available on the Internet (or web). The activity of updating a blog is blogging and someone who keeps a blog is a blogger. Blogs are typically updated daily using software that allows people with little or no technical background to update and maintain the blog. Postings on a blog are almost always arranged in chronological order with the most recent additions featured most prominently. It is common for blogs to be available as RSS feeds.

**Bookmark** (or favorite) - Most Web browsers give you an option of adding a URL to a 'HotList' or by marking it with a 'bookmark'. By doing this, you can store the linking information (the URL) to any Web pages you plan to revisit. That way, if you decide to go back to a website, its URL is already catalogued and at your fingertips for easy reference. (Spry Mosaic uses 'hotlists', Netscape Navigator uses 'bookmarks' and Microsoft Internet Explorer uses 'favorites'). Other Web browsers may use those terms, or may call their URL-saving feature something else.

**Bot** - Synonymous with spider, which is the first part of a search engine. It automatically and frequently searches the Web to find pages and updates its database of information about old Web sites.

**Broadband** - Generally refers to connections to the Internet with much greater *bandwidth* than you can get with a *modem*. There is no specific definition of the speed of a broadband connection but in general any Internet connection using *DSL* or via cable-TV may be considered a broadband connection.

**Browser** - (see Web Browser)

**Bulletin boards** - Also known as a message board or BBS (Bulletin Board System) - Bulletin boards are a place for people to virtually meet online where they can post messages and respond to each other. These usually are set up to discuss a specific topic (e.g., children, computing, HTML).

**Chat rooms** - A chat room is a virtual room where people can communicate in real time while on the Internet. Users type their messages with a keyboard and the entered text will appear on the monitor, along with the text of the other chat room visitors.

**Cookie** - A small file that is used as a mechanism for transmitting information containing information and data between a website and a browser. This method is used by web designers to track visitors to a website so the visitors do not have to enter the same information every time they go to a new page or revisit a site. For example, web designers use cookies to keep track of purchases a visitor wants to make while shopping through a web catalog.

**Favorite** – (see Bookmark)

**FTP** - (File Transfer Protocol) - A very common method of moving files between two Internet sites. FTP is a way to login to another Internet site for the purposes of retrieving and/or sending files. There are many Internet sites that have established publicly accessible repositories of material that can be obtained using FTP, by logging in using the account name 'anonymous', thus these sites are called 'anonymous ftp servers'. FTP was invented and in wide use long before the advent of the World Wide Web and originally was always used from a text-only interface.

**E-mail** – Messages sent through an electronic network to specified groups or individuals. Though e-mail is general text, users can attach files that include graphics, sounds, and video. E-mail is not 'real time' – relying on the recipient to open the e-mail to read it.

**Emoticon** - A symbol that uses the characters on a computer keyboard to convey emotion or tone in an electronic message, such as the sideways smiley face. :-)

**Home Page (or Homepage)** - Several meanings. Originally, the web page that your browser is set to use when it starts up. The more common meaning refers to the main web page for a business, organization, or person or simply the main page out of a collection of web pages, e.g., 'Check out so-and-so's new Home Page.'

**HTML** - Hypertext Markup Language is the authoring software language used on the Internet's World Wide Web. HTML is used for creating World Wide Web pages.

**Instant messaging** - Like a chat room, IM is used to send messages back and forth through the Internet to a specific user. It is like a chat room in the way that you can communicate, but unlike a chat room, unless in a private chat, the information that is being typed is sent directly to the user and is not viewed by anyone else.

**Internet (Upper case I)** - The vast collection of inter-connected networks that are connected using the TCP/IP protocols and that evolved from the ARPANET of the late 60's and early 70's. The Internet connects tens of thousands of independent networks into a vast global Internet and is probably the largest Wide Area Network in the world.

**Intranet** - A private network inside a company or organization that uses the same kinds of software that you would find on the public Internet, but that is only for internal use. Compare with extranet.

**ISP (Internet Service Provider)** - An institution that provides access to the Internet in some form, usually for money.

**IT (Information Technology)** - A very general term referring to the entire field of Information Technology - anything from computer hardware to programming to network management. Most medium and large-size companies have IT departments.

**Listserv** - Mailing list program for communicating with other people who have subscribed to the same list. Using e-mail, you can participate in listservs pertaining to your topics of interest. When you submit a message to the server, your message is relayed to all those on the listserv. You receive messages from other participants via e-mail. It is similar to computer conferencing, but a listserv is asynchronous. Examples of a modern Listserv would be Yahoo! Groups.

**Logic model** – Tool used to visually describe the linkages between program goals, activities, and expected outcomes.

**Login** - Noun: The account name used to gain access to a computer system. Verb: The act of connecting to a computer system by giving your credentials (usually your 'username' and 'password').

**JavaScript** - JavaScript is a programming language that is mostly used in web pages, usually to add features that make the web page more interactive.

**Maillist (or Mailing List)** - Usually an automated system that allows people to send e-mail to one address, whereupon their message is copied and sent to all of the other subscribers to the mail list.

**Modem (MODulator, DEModulator)** - A device that connects a computer to a phone line.

**Newsgroup** - The name for discussion groups on *USENET*.

**Password** - A code used to gain access (login) to a locked system.

**Podcasting or pod-casting** - A form of audio broadcasting using the Internet, podcasting takes its name from a combination of 'iPod' and broadcasting.

**RSS (Rich Site Summary or RDF Site Summary or Real Simple Syndication)** - A commonly used protocol for syndication and sharing of content originally developed to facilitate the syndication of news articles, now widely used to share the contents of *blogs*. There are RSS 'feeds' that are sources of RSS information about web sites, and RSS 'readers' that read RSS feeds and display their content to users. RSS is being overtaken by a newer, more complex protocol called *Atom*.

**Server** - A computer, or a software package, that provides a specific kind of service to client software running on other computers.

**Screen names** - A screen name is the name a member of a website would use to represent himself online. Screen names may relay some general information about the user.

**Spyware** - A somewhat vague term generally referring to software that is secretly installed on a user's computer and that monitors use of the computer in some way without the user's knowledge or consent.

**Hook up sites** - These are websites that specialize in facilitating the connection of likeminded people. Sites that are referred to as hookup sites are sites that are created to help people find others with the same sexual desires and intentions. Hook up sites can provide services to a generalized population, such as the MSM community, or to a segment of the population, such as a bare backing site, or a site that caters to a particular fetish.

**Social Networking Sites (SNS)** - A social networking site is a website that connects individuals using various tools and features that assist in the connecting of individuals who share similar interests. Social networking sites provide features and tools that help to indicate the ways in which members of the site are connected, through various social familiarities ranging from casual acquaintance to close familial bonds.

**Upload** - Transferring data (usually a file) from the computer you are using to another computer. It is the opposite of *download*.

**URL (Uniform Resource Locator)** - An acronym for 'Uniform Resource Locator,' this is the address of a resource on the Internet. World Wide Web URLs begin with *http://*

**USENET** - A world-wide system of discussion groups, with comments passed among hundreds of thousands of machines. Not all USENET machines are on the Internet. USENET is completely decentralized, with over 10,000 discussion areas, called newsgroups.

**Web page** - A document designed for viewing in a web browser and typically written in HTML. A website is made of one or more web pages.

**Web browser** - A software application (either text-based or graphical) that lets you browse the World Wide Web (WWW). Examples are: Firefox, Netscape Navigator, and Microsoft Internet Explorer.

**Website** - The entire collection of web pages and other information (such as images, sound, and video files, etc.) that are made available through what appears to users as a single web server. Typically all of the pages in a website share the same basic URL.

**Wi-Fi (Wireless Fidelity)** - A popular term for a form of wireless data communication; basically Wi-Fi is 'Wireless Ethernet'.

**XML (eXtensible Markup Language)** - A widely used system for defining data formats. XML provides a very rich system to define complex documents and data structures such as invoices, molecular data, news feeds, glossaries, inventory descriptions, real estate properties, etc. As long as a programmer has the XML definition for a collection of data (often called a 'schema'), they can create a program to reliably process any data formatted according to those rules.



## **Appendix A**

### **Confidentiality Agreement Example #1 – Howard Brown Health Center**

#### **PLEDGE OF CONFIDENTIALITY**

It is the goal of Howard Brown Health Center (HBHC) to provide our clients (anyone seeking care or services with or through HBHC) with professional, competent and quality care and education in a respectful, affirming atmosphere. As an employee, consultant, auditor or volunteer of HBHC, you have a responsibility to maintain a sense of concern and professionalism while performing your duties. In the execution of this duty, you must be sensitive to the comfort, sensitivities and confidentiality of the client.

The comfort and confidentiality of our clients is of primary concern to HBHC. The professionalism of our staff is necessary to maintain the comfort and trust we have built through the years. Courts and health care professionals maintain that upholding patient confidentiality is an absolute necessity. Federal Courts guarantee absolute privacy regarding all STD medical records. Furthermore, sexual health histories may not be subpoenaed by any court. Breaches of confidentiality regarding the aforementioned data may be punished by dismissal. As an employee, consultant, auditor or volunteer of the HBHC, it is imperative that you follow all Federal, state and local confidentiality laws.

In addition to the legal confidentiality laws, as an employee, consultant, auditor or volunteer of HBHC, you must also abide by the following:

- Some of us, in the context of our duties, advise, within the clinical setting, appropriate and inappropriate behavior as it pertains to physical and/or mental wellness. In the context of this document, clinical setting includes all areas and/or physical space in which you perform your assigned duties.
- We do not, and cannot be, ‘moral custodians’, nor do we have policing rights.
- Do not discuss clients or client data with unauthorized persons.
- Discuss clients or client data only to conduct legitimate business, and such discussions should take place only in a manner(s) and location(s) that affords absolute privacy.
- Do not discuss clients or patients outside of HBHC for any reason.
- Make no reference to a client visit to HBHC should you meet a client elsewhere.
- Preserve the confidentiality of friends who are HBHC clients as you would any HBHC client.
- Never acknowledge the presence or absence of clients to any caller.
- Respect for clients is mandatory as a representative of HBHC.
- Client confidentiality is respected and maintained by all staff and other members of the Howard Brown Health Center’s workforce after concluding their working relationship with Howard Brown Health Center.

**BREACH(ES) OF CONFIDENTIALITY WILL NOT BE TOLERATED AND IS  
GROUNDS FOR IMMEDIATE DISMISSAL.**

We guarantee our clients absolute confidentiality of their records. Any client requesting a copy of their records must follow the HBHC Policy of Chart Access. No person shall be permitted to view client medical, mental health, or case management records, unless written documentation of permission by the client involved is provided.

Your signature below confirms that you have read, understand and accept to follow the Howard Brown Health Center's Pledge of Confidentiality.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Confidentiality Agreement Example #2 – San Francisco Department of Health

### CONFIDENTIALITY AGREEMENT

#### USE OF DPH RECORDS AND INFORMATION SYSTEMS

Individuals with access to the records and information systems (Internet, e-mail, telephone, pager, fax machines, etc.) of the San Francisco Department of Public Health have a legal and an ethical responsibility to protect the confidentiality of medical, financial, and personnel information, and to use that information and those systems only in the performance of their jobs. The following rules apply to information that you receive or send from any source, including computer, paper, telephone, facsimile.

Confidential information may not be accessed, discussed, or divulged in any form except as required in the performance of your duties. Sharing confidential medical information is allowed within DPH among medical professionals in order to provide medical care to a patient.

You may not use any DPH information system for any type of personal use. Use the following test: ‘Is my use of this information system enabling me to provide better service, or to perform my duties more effectively or less expensively?’ If the answer is no, then your use of the information or system is unnecessary and/or inappropriate.

Be aware that most DPH information systems maintain records of what is viewed and/or sent by whom. You may be asked to justify why you viewed or released specific information.

You may be given a user ID and a password to enable you to view computerized information. Under no circumstances may you disclose your User ID or password other than to your supervisor or to IS staff. If you suspect someone else has knowledge of your password, you must immediately notify your supervisor and the divisional IS Manager.

The hardware, software, and data used in the DPH information systems are the property of DPH. All software installed on a DPH computer must be authorized in writing by IS and must be licensed to allow installation on a DPH computer. DPH has the right to review and remove personal or unlicensed software and data on any DPH computer.

If you, inadvertently or intentionally, misuse or improperly disclose your user ID or password, misuse or improperly disclose confidential information, use DPH information systems for personal reasons, or install personal or unlicensed software or data on a DPH computer, you may lose access to the computer system, be subject to disciplinary action up to and including termination, be reported to the appropriate licensing board, and/or be subject to civil or criminal liability.

\*\*\*\*\*

I understand that I have no privacy right in the information in my DPH computer or the information that I access or send via my computer or other DPH equipment. I acknowledge that my use of DPH information systems and equipment may be monitored.

---

**PRINT NAME**

---

**DIVISION**

---

**SIGNATURE**

---

**SSN**

## Appendix B

### Sample Chat

Sample AOL Chat Room Transcript. *Courtesy of Legacy Community Health Services*

**OnlineHost:** \*\*\* You are in 'Town Square - houstonm4m'. \*\*\*

**OnlineHost:** See the ultimate form of self-expression. Check out AOL members' fantastic tattoos in the Photo Gallery of Body Art.

**ProjectCORE1:** Hello, I am a Project CORE Cyber Health Educator and am online and available to answer your questions about sexual health. Check out my profile and please IM/E-mail me if you have any questions. Thanks guys have safe and healthy fun!

**Chatter #1:** if anyone has a membership to a hot porn site and would like to trade username/password for another...so that we may double our viewing pleasures...

**Chatter #1:** i'm a member of seancody.com and falconvideo.com

**Chatter #2:** hey guys

**Chatter #2:** Anybody know where the post-ops hang out in town? Or the (passable) transvestites? THANKS

**Chatter #2:** No, seriously.

**Chatter #3:** 23.M.HOUSTON

**Chatter #3:** 5'6..120LBS..28WAIST...BRN/BRN

**Chatter #3:** Anyone want to hookup??? IM me

**Chatter #1:** 24 m brownsville pic...anyone care to chat or trade IM me

**Chatter #3:** 23.M.MONTROSE...5'6..120LBS..BRN/BRN....HISP BOI

**Chatter #4:** 23 hispanic mdtwn pvt ok w/pic

**ProjectCORE1:** Men who use Crystal are more likely to have condoms break during anal sex. If you'd like more information please IM/E-mail me for more information.

**Chatter #5:** why is that?

**ProjectCORE1:** Because Crystal dries up the natural fluids in the rectum...

**Chatter #5:** lots of lube boys

**ProjectCORE1:** Yep, yep!!! Just when you think that y ou are overdoing, that's almost enough!! :)

**Chatter #6:** what is you oing

**Chatter #6:** what is you up to night

**Chatter #1:** hey guys

**Chatter #1:** n. houston here

**Chatter #1:** spring

**Chatter #7:** hey spring here

**Chatter #6:** is it hot

**Chatter #1:** just read the advice on lube----

**Chatter #1:** quite interesting

**Chatter #1:** i like to slip and slide with wet

**Chatter #1:** not really...but...if i had a room made of plastic

**Chatter #1:** who knows

**Chatter #6:** I am getting off know.

**Chatter #7:** y'all in for fun and not for play??

**Chatter #6:** what do that mind

**Chatter #6:** so you are not for play?????

**Chatter #6:** what happen to the fun

**Chatter #6:** ByBy By ?????

**Chatter #7:** is everyone gone??

**Chatter #8:** BORED..in montrose alone...lookin for now...open to whatever

## Appendix C

### Examples of Screen Names and Profiles

<u>Organization</u>	<u>Screen/Profile Name</u>
San Francisco City Clinic	SFcityclinic
Massachusetts Department of Health, STD Division	DIVofSTDMA
Legacy Community Health, Houston, TX	ProjectCore1

### Example of Online Profiles

#### Profile Example #1 - San Francisco City Clinic

The screenshot shows a web browser window with the address bar displaying "http://www.manhunt.net - Member Profile - Microsoft Internet Explorer". The page features the "MANHUNT.net" logo at the top. The profile is for "SFCityClinic", which is marked as "Offline". On the left, there is a profile picture showing the San Francisco City Clinic logo and the text "San Francisco Department of Public Health" and "San Francisco City Clinic". Below this, it says "San Francisco, California". The main content area has a heading "Free/low cost STD testing at City Clinic" and a paragraph about the STD Prevention and Control Section of the San Francisco Dept of Health. It includes a link to "www.STDTest.org" and mentions a "FREE SYPHILIS TEST". There are also links to "www.SFCityClinic.org" and "www.InSpot.org". The profile lists "WHEN: Right Now!", "WHERE: Anywhere", "ETHNICITY: Mixed", and "STATUS: Ask Me". A bio section says "INTRO: I get into Safe Only." and a physical description reads "35 | 6' 0 | Muscular | Ask Me / Ask Me | Ask Me". At the bottom, there are icons for "EMAIL", "BLOCK", "ADD BUDDY", and "UNLOCK", along with a "last login: Yesterday" indicator.

## Profile Example #2 - Legacy Community Health Services, Houston, TX



### Project CORE Sample AOL Profile

<b>Name</b>	Jack from Legacy Community Health's Project CORE
<b>Location</b>	Houston, Texas
<b>Gender</b>	Male
<b>Marital Status</b>	I am a Cyber Health Educator
<b>Hobbies &amp; Interests</b>	I am here to chat with anyone who has questions about sexual health, HIV, Syphilis, STD's and more! Did you know that Syphilis is easier to transmit than most people think? IM me to discuss the signs and symptoms of Syphilis.
<b>Favorite Gadgets</b>	In addition on how to protect yourself and your partners. Favorite gadgets are condoms and lube (without Nonoxynol-9).
<b>Occupation</b>	Project CORE is a program to promote health and wellness to gay, bisexual and other men who have sex with men.
<b>Personal Quote</b>	I can discuss: barebacking, sexual addition, drugs, PnP, safe sex, down low, relationships, and more. Just IM or E-mail me.
<b>Links</b>	<a href="http://hometown.aol.com/projectcore1/">http://hometown.aol.com/projectcore1/</a> <a href="http://www.legacycommunityhealth.org/projectcore/about.htm">http://www.legacycommunityhealth.org/projectcore/about.htm</a>

## Appendix D

### *Check list for creating guidelines for Internet-based outreach*

- ☐ Determine who will need to be involved with the creation of the guidelines
  - \_\_\_ Health Department Medical Director/Administrator
  - \_\_\_ Health Department Security Coordinator
  - \_\_\_ Health Department Information Technology (IT) Director
  - \_\_\_ Legal Department
  - \_\_\_ Management Information Systems (MIS) Director
  - \_\_\_ STD Epidemiologist
  - \_\_\_ STD Area Managers
  - \_\_\_ STD Program Managers
  - \_\_\_ STD DIS representative
  
- ☐ Determine who will be covered by the guidelines
  - \_\_\_ A specific department
  - \_\_\_ A city or county health department
  - \_\_\_ The entire state department of health
  
- ☐ Determine technological and staffing needs
  - \_\_\_ Do you need to hire someone new or are there existing staff members who can work on Internet/online projects such as online outreach?
  - \_\_\_ How much of this staff member's time will be dedicated to online projects (5–100%)?
  - \_\_\_ Does this staff member come to the position with the necessary knowledge or can they be trained on the job?
  - \_\_\_ Is there someone who has the time to supervise this staff member?
  - \_\_\_ Is there at least one computer that can be dedicated to this purpose?
  - \_\_\_ Creation of a dedicated e-mail account
  - \_\_\_ Approval will be needed to obtain unrestricted access to the Internet
  - \_\_\_ There should be at least one IT contact working with staff member
  
- ☐ Sections of guidelines
  - \_\_\_ Introduction/Purpose
  - \_\_\_ Involved personnel
  - \_\_\_ Description of responsibilities of all involved personnel
  - \_\_\_ Competencies required of personnel conducting Internet outreach
  - \_\_\_ Training
  - \_\_\_ Confidentiality & Ethics
  - \_\_\_ Standard Operating Procedures of conducting Internet outreach including templates and examples
  - \_\_\_ Adverse Events or Emergencies
  - \_\_\_ Documents and Documentation
  - \_\_\_ Evaluation

## Details within each Guideline section

- ☐ Introduction/Purpose
  - \_\_\_ Statement of purpose, i.e., who, what, when, where, why
  - \_\_\_ Description of chat rooms, instant messaging, list serves, websites, etc. as well as passive vs. active outreach
- ☐ Personnel intimately involved with the Internet outreach
  - \_\_\_ Number of employees that will conduct Internet outreach
  - \_\_\_ Supervisor
  - \_\_\_ IT employee for guidance and technical support
- ☐ Description of responsibilities of all involved personnel
- ☐ Competencies required of personnel conducting Internet outreach
  - \_\_\_ Demonstration of good judgment and performance of responsibilities
- ☐ Training (some examples/suggestions)
  - \_\_\_ Introduction to STD Intervention (ISTDI)
  - \_\_\_ Information Security Training
  - \_\_\_ Ethics Training
  - \_\_\_ Internet Partner Notification and Referral Services Training
  - \_\_\_ Motivational Interviewing Training
- ☐ Confidentiality
  - \_\_\_ Description of how confidentiality will be handled and maintained
  - \_\_\_ Confidentiality agreement signed by all involved parties including IT and front-desk staff
- ☐ Standard Operating Procedures for conducting Internet outreach including templates and examples
  - \_\_\_ Creation of step-by-step procedures on how to conduct Internet outreach including what websites to visit
    - \_\_\_ creating online profiles
    - \_\_\_ active vs. passive outreach
    - \_\_\_ client follow-up
    - \_\_\_ chat room vs. instant messaging vs. e-mail
  - \_\_\_ Creation of documentation forms and logs
  - \_\_\_ Creation of online handles/names
  - \_\_\_ Creation of referral resources
  - \_\_\_ FAQ
  - \_\_\_ Templates of forms, logs, etc.
- ☐ Adverse Events or Emergencies
  - \_\_\_ Description of how adverse events or emergencies will be handled
  - \_\_\_ Who will handle adverse events or emergencies?



☐ Documents and Documentation

- \_\_\_ List of all documents to be used including copies
- \_\_\_ Where documents will be stored
- \_\_\_ When and who will review documents
- \_\_\_ Documents should include, at minimum, the following:
  - \_\_\_ websites visited
  - \_\_\_ handle names used
  - \_\_\_ copies of online messages and conversations
  - \_\_\_ dates & times that Internet outreach was conducted
  - \_\_\_ record of referrals made (to where, for what)

☐ Evaluation

- \_\_\_ **Process Evaluation** (ongoing evaluation while program is being developed and implemented)
  - \_\_\_ During development and implementation, meet on a regular basis with the team involved and ask the following questions:
    - 1. What is working?
    - 1. What should be improved?
    - 1. How should it be changed?
- \_\_\_ **Outcome Evaluation** (assessing the degree to which the program has met the objectives, or the degree to which the program has been of use to the target population)
  - \_\_\_ Outcome evaluation should be conducted at least yearly to gauge the impact of the program. Ask the following questions:
    - 1. What has happened?
    - 1. Who was affected?
    - 1. What was the most effective aspect of the program?
    - 1. Was it cost-effective?

## **Appendix E**






### **Suggested Rules or Code of Conduct for Online Outreach Workers**

#### **Protocol for the use of a stand-alone computer with DSL line**





##### **Reasons for a specifically dedicated computer:**

Research has shown that people are not only using the Internet for seeking sex partners but that these online behaviors are often antecedents to very risky offline sex behaviors including increases in anal sex and a decrease in condom use. Activities such as online outreach, partner notification, and health communications are additional public health tools for STD/HIV prevention and education.






##### **Approved activities:**

-  Access to sexually explicit websites and content on the Internet
-  Access to chat rooms
-  Access to social networking sites
-  Use of instant messaging programs
-  Use of web-based e-mail programs

##### **Unacceptable activities:**

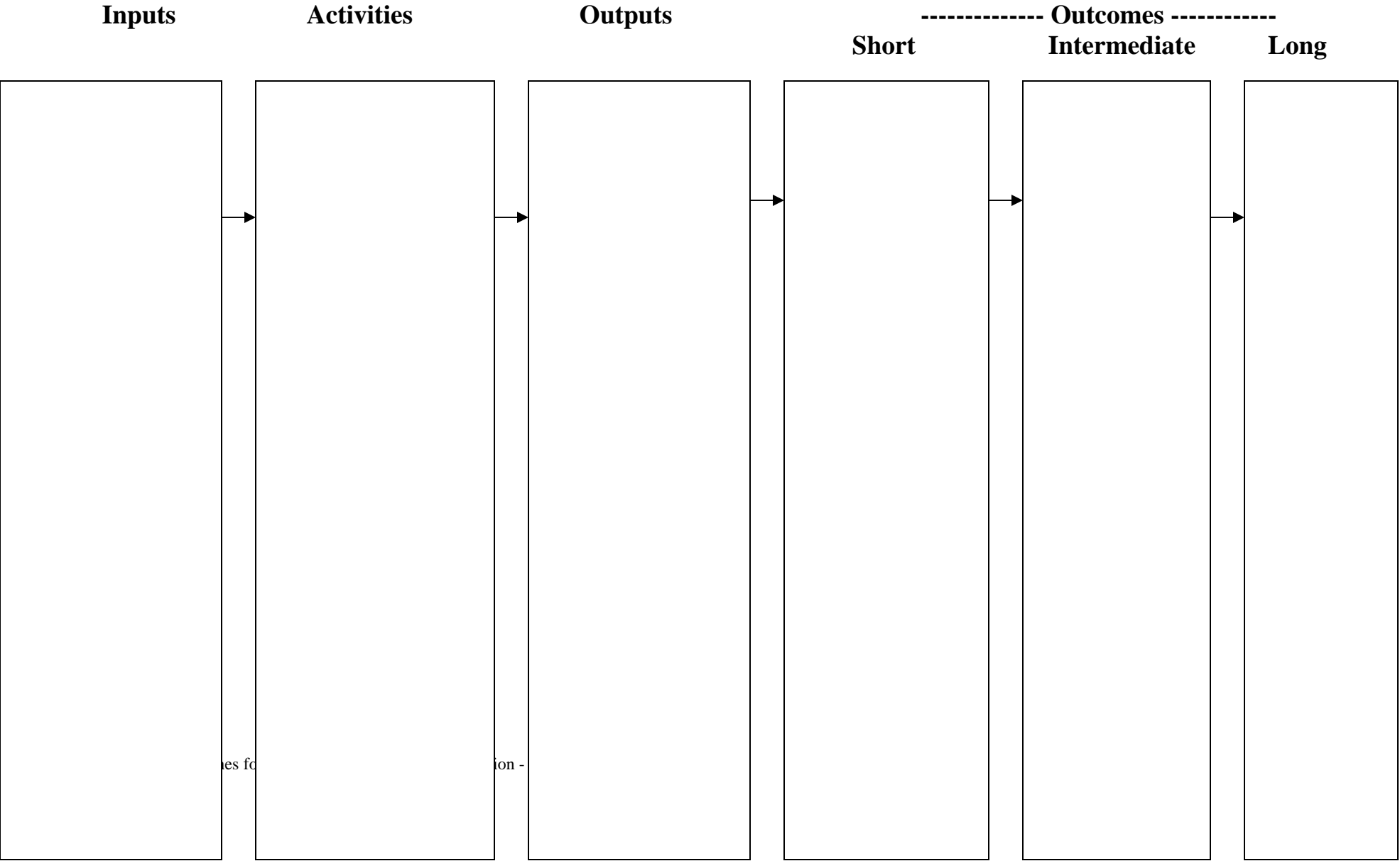
-  Gambling
-  Dating
-  Downloading non-work-related music or videos
-  Illegal activities

##### **Computer access:**

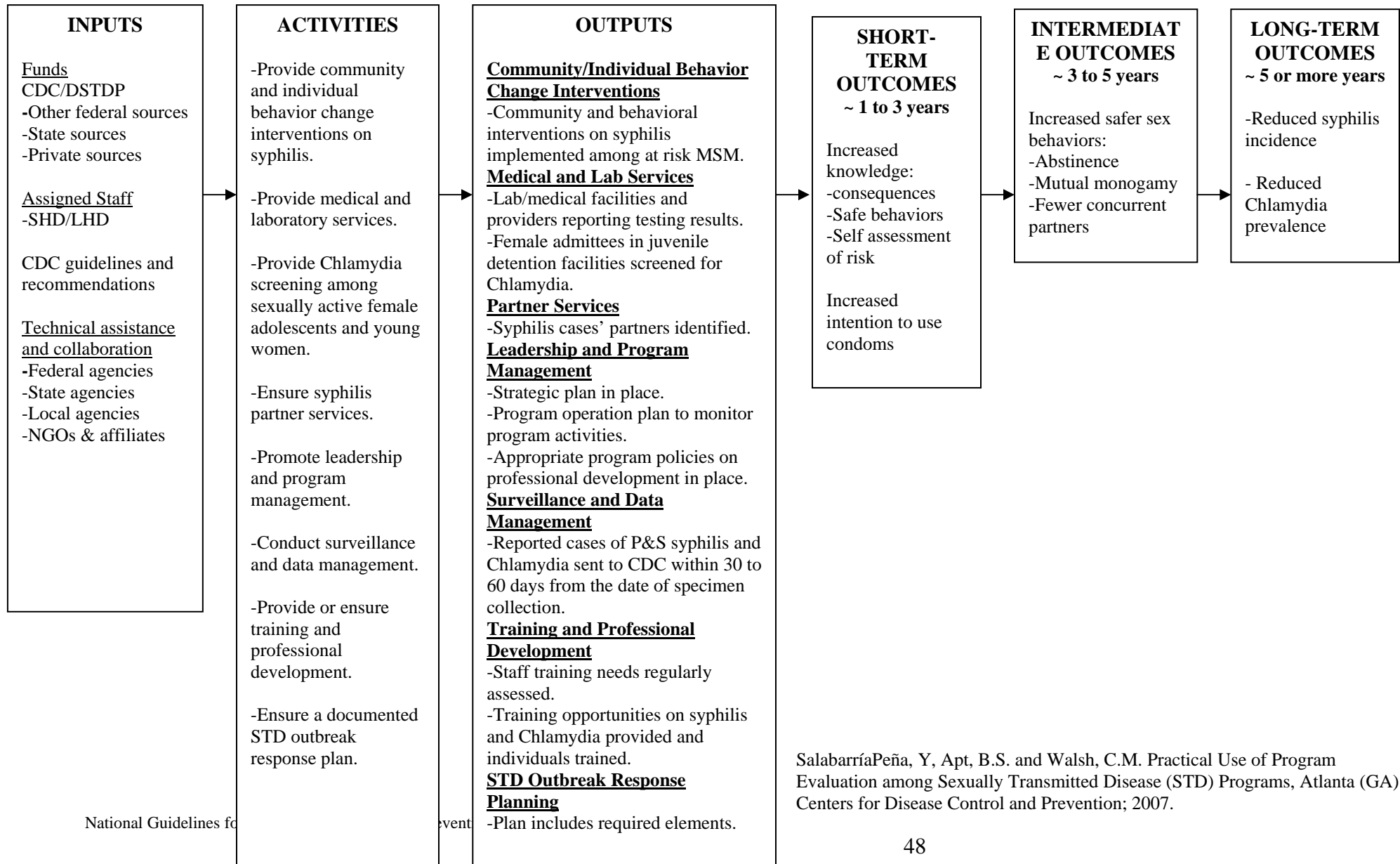
-  Researchers whose work specifically relates to the Internet (or other technologies) and STD/HIV prevention may use the dedicated computer
-  The computer will be password protected
-  All researchers with access to the computer will have to sign a form agreeing to use the computer only for the approved activities
-  The computer will be maintained on a unique server that has no connection to the main server
-  The computer will have virus protection that will be regularly updated

Appendix F  
Logic Models  
Logic Model for \_\_\_\_\_

Goal/Situation:



## Logic Model for State X Comprehensive STD Prevention Systems (CSPS) Program



## Appendix G

Sample Chat Room Activity Report Form  
*Courtesy of Legacy Community Health Services*



### Chat Room Activity Report Form

<b>Date:</b>	
<b>Project CORE Staff:</b>	
<b>Chat Room Visited:</b>	
<b>Number of Bulletins Posted:</b>	
<b>Screen names that commented:</b>	
<b>Sexual Orientation of Room:</b>	
<b>Time Spent in Room:</b>	
<b>Referrals Given (Please List links)</b>	
<b>Chat Room Transcript?</b>	
<b>Recruit for Testing?</b>	
<b>Additional Information:</b>	

**Chat Room Transcript:**

## Appendix H

Sample Instant Message Activity Report Form  
*Courtesy of Legacy Community Health Services*



### IM Activity Report Form

<b>Date:</b>	
<b>Project CORE Staff:</b>	
<b>Website Visited:</b>	
<b>Sexual Orientation:</b>	
<b>Ethnicity:</b>	
<b>Gender:</b>	
<b>Age:</b>	
<b>Risks Stated:</b>	
<b>Information Given:</b>	
<b>Referrals Given (Please List links)</b>	
<b>Was client added to Buddy List?</b>	
<b>Is IM transcript attached to this form?</b>	
<b>Additional Information:</b>	
<b>Recruit for Testing?</b>	
<b>CDC #:</b>	
<b>Testing Result:</b>	

**IM Transcript:**

## Appendix I

Sample Instant Message Log  
*Courtesy of Legacy Community Health Services*

### A14.7 CORE IM Log



## Instant Messaging Log

Month: \_\_\_\_\_

			Client		Sex	Sex	Sex	Sex			
	Core		Screen	Website	Orient	Orient	Orient	Orient	Ethnic	Ethnic	Ethnic
	Mem	Date	Name	Visited	G	B	T	S	W	H	B
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24					0	0	0	0	0	0	0





## Appendix J

Sample E-mail Activity Report Form  
*Courtesy of Legacy Community Health Services*



### E-mail Activity Report Form

<b><u>From:</u></b>
<b><u>To:</u></b>
<b><u>Date:</u></b>
<b><u>Original E-mail:</u></b>
<b><u>E-mail Response:</u></b>

### NOTES

## Appendix K

### Example of FAQ document

*Courtesy of Legacy Community Health Services and adapted from Stop AIDS Project's Back to Basics Campaign Factoid:*

#### *HIV/AIDS/STD Basics*

**Question:** What is AIDS?

**Answer:** AIDS is a condition that results from your body's weakened immune system as a result of infection with the Human Immunodeficiency Virus (HIV). AIDS is medically defined by three criteria: 1) HIV antibodies have been detected in the person's body, 2) T-cell (CD4) count less than 200, and 3) one or more opportunistic infections, including thrush, *Pneumocystis carinii* pneumonia, Kaposi's sarcoma, toxoplasmosis, and others.

**Question:** How do you get HIV?

**Answer:** HIV can be found in the blood, cum/pre-cum, vaginal fluid, or breast milk of an infected person. An uninfected person can get HIV if blood, cum/pre-cum, vaginal fluid, or breast milk from an infected person enters his body and gets into his bloodstream. HIV can enter the body through a vein (by IV drug use), the anus/vagina/penis/mouth (by unprotected sex), other mucous membranes (like the eyes or inside of the nose), or any open cuts/sores.

The two major ways you can get infected with HIV are through:

- **UNPROTECTED SEX** — That's having unprotected (without a condom/barrier) anal, vaginal, and (to a lesser extent) oral sex with an HIV-infected person, and/or
- **SHARING NEEDLES** — That's sharing intravenous (IV) drug needles, syringes, and/or equipment/rigs with an HIV-infected person.

On top of that, HIV is not the only infection that you can get from sexual contact. You can also get other sexually transmitted diseases (STDs) — such as Chlamydia, genital warts, gonorrhea, hepatitis B/C, herpes, intestinal parasites, non-gonococcal urethritis, and syphilis — through unprotected anal, vaginal, and oral sex as well as other sexual practices like rimming. If you have any of these STDs and do anything sexually that can transmit HIV, you're also at much greater risk of actually getting HIV.

**Question:** Can I get HIV from casual contact (shaking hands, hugging, using a toilet, drinking from the same glass, or the sneezing and coughing of an infected person)?

**Answer:** No. You can only get HIV from intimate contact with specific body fluids from an infected person (like blood, cum/pre-cum), vaginal fluid, or breast

milk). You can't get HIV from day-to-day contact in the workplace, schools, or social settings, and you can't get HIV from shaking hands, hugging, or a casual kiss. You also can't get infected from a toilet seat, a drinking fountain, a doorknob, dishes, drinking glasses, food, or pets. HIV is not an airborne or food-borne virus and does not live long outside the body.

A few cases have been reported where a person became infected with HIV from contact with blood or other body secretions from an HIV-infected person in a household. Although it's true that there's a slight possibility of getting HIV this way, instances of this kind of HIV transmission are rare. Still, people infected with HIV and people who provide home care for HIV-infected people should all be fully educated and trained about appropriate infection-control methods.

**Question:** What are the most common ways that HIV is transmitted from one person to another?

**Answer:** The three most common ways that HIV is transmitted are:

- By having sex, particularly unprotected sex (anal, vaginal, or oral) with an HIV-infected person,
- By sharing needles, syringes, or injection equipment with an IV drug user who is infected with HIV, and
- From HIV-infected women to babies before or during birth, or through breast-feeding after birth.

HIV can also be transmitted through transfusions of infected blood or blood clotting factors. However, since 1985, all donated blood in the United States has been tested for HIV. Therefore, the risk of infection through transfusion of blood or blood products is extremely low. The U.S. blood supply is considered to be among the safest in the world. Some health-care workers have become infected after being stuck with needles containing HIV-infected blood or, less frequently, after infected blood came into contact with a worker's open cut, or through splashes into a worker's eyes, or inside his/her nose, but this is not a common occurrence. There has only been one instance of any patients being infected by an HIV-infected health-care worker. This involved HIV transmission from an infected dentist to six patients (the dentist's instruments weren't properly sterilized).

### *HIV Testing*

**Question:** Why should I get tested for HIV?

**Answer:** Because you should consider at what risk you put your partner(s) if you don't know your own HIV status, or if you are HIV positive. The only way to tell if you have been infected with HIV is by taking an HIV antibody test.

The advantages to knowing your HIV status are:

- You can prevent infection to others if you find out you are HIV positive,
- You can seek medical therapies earlier.

**Question:** How can I tell if I'm infected with HIV?

**Answer:** You can't unless you get tested for HIV. The early symptoms of HIV infection are often flu-like, but not everyone exhibits these early symptoms, so you may not even know or think you're infected. The only way to know for certain whether or not you have the virus is to be tested.

**Question:** How long after a possible exposure should I wait to get tested for HIV?

**Answer:** If your exposure was within 72 hours, contact your physician or a local STD/HIV organization. If your risk of contracting HIV from the exposure is high, a physician may prescribe you a course of anti-HIV medications that may decrease the odds of infection by 81%. The treatment is often known as **P.E.P.S.E., or Post-Exposure Prophylaxis for Sexual Exposure.**

Otherwise, since the tests commonly used to detect HIV infection are actually looking for the antibodies produced by your body to fight HIV, rather than HIV itself, it's suggested that you wait at least 2-3 weeks after a possible exposure to take the test. This will allow your body to develop more HIV antibodies if you have been exposed and can make for a more accurate test result. Most people will develop detectable antibodies within 3 months of the initial exposure, with the average being about 25 days. In rare cases, it can take up to 6 months for detectable antibodies to develop. For this reason, the CDC currently recommends testing 6 months after the last possible exposure (from unprotected vaginal, anal, or oral sex, and/or sharing needles). It's extremely rare for it to take longer than 6 months to develop detectable antibodies. It's also very important during the 6 months between a possible exposure and taking the HIV test that you protect yourself and others from further possible exposures to HIV (from unprotected sex or sharing needles).

**Question:** What's the difference between anonymous and confidential HIV testing?

**Answer:** There are two different ways to test for HIV — anonymously and confidentially.

**Anonymous HIV testing** means that absolutely no one besides you will have access to your test results since your name is never given or recorded at the testing site. Instead, you are given a unique identifier code, and you (the person being tested) are the only one who is ever made aware of the test results. This protects you from any risk of discrimination or adverse impact, especially in applications for insurance. Anonymous testing is available in many states.

At-home ‘collection kits’ are also anonymous. Each comes with a unique identification number. You do not give your name. Kits can be purchased over the counter or by mail. Home tests are generally quite accurate. However, you don't get the benefit of in-person counseling with at-home kits.

**Confidential HIV testing** does record your name and contact information. Confidentiality laws and regulations protect this information, but medical personnel and health department personnel will have access to your test records and results. However, other than what is reportable by law, no one else will have access to your testing results unless you sign a release of information to release results to one or more parties that you agree to. Health-care workers, insurers, or employers may see it once it becomes part of your medical record. Your status may become known if you make a claim for health insurance benefits, or apply for life insurance or disability insurance. Confidential testing is available in all states.

**Question:** Are there different kinds of HIV tests?

**Answer:** There are currently three kinds of HIV test available, though all three may not be available at every testing site.

- **Blood Antibody HIV Tests.** Blood antibody tests are used to detect HIV antibodies in the bloodstream. The most common screening tests used today are the EIA (enzyme immunoassay) and the ELISA (enzyme-linked immunosorbent assay). A second test, referred to as the western blot test, is run to confirm a positive result. When the EIA or ELISA is used in conjunction with the western blot confirmation test, the results are more than 99.9% accurate. Results from EIA/ELISA HIV tests are usually available several days to several weeks later.
- **Oral Antibody HIV Tests.** Oral HIV antibody EIA and oral HIV antibody western blot tests are alternatives to blood tests. Oral testing is done with samples of mucous from inside the cheeks and gums rather than with blood. Oral tests have been approved by the FDA and are as accurate as blood tests. This test is done to detect the presence of HIV antibodies, not the virus itself. No cases of HIV transmission have been attributed to saliva. Results from Oral Antibody HIV tests are usually available in several days, although rapid oral tests are now available that give results in 20 minutes.
- **Home HIV Testing Kits.** Consumer-controlled test kits (popularly known as ‘home HIV test kits’) were first licensed in 1997. Although various home HIV test kits are sometimes advertised via the Internet, currently only the *Home Access* test kit has been approved by the FDA (the accuracy of home test kits other than Home Access cannot be verified). Home HIV test kits contain HIV/AIDS literature and materials that enable you to take your own blood sample. The testing procedure involves pricking your finger with a special device, placing

drops of blood on a specially treated card, then mailing the card in to be tested at a licensed laboratory where your HIV status will be determined. The test results are accessed by using an anonymous identification number, which customers are given in the kit. They use this number when phoning for their test results several weeks later. Home testing kits are sold in drugstores throughout the country and are available by mail. The Home Access test kit can be found at most local drug stores. Callers may speak to a counselor before taking the test, while waiting for their test results, and when getting their results.

**Question:** What are rapid HIV tests?

**Answer:** A rapid test for detecting antibodies to HIV is a screening test that produces very quick results, usually in 5 to 30 minutes. By comparison, results from the commonly used HIV antibody screening test, the EIA (enzyme immunoassay), are not available for 1-2 weeks. Only one rapid HIV test is currently licensed by the Food and Drug Administration for use in the United States. The availability of rapid HIV tests may differ from one place to another. The rapid HIV test is considered to be just as accurate as the EIA. Both the rapid test and the EIA look for the presence of antibodies to HIV. As is true for all screening tests (including the EIA), a reactive rapid HIV test result must be confirmed before a diagnosis of infection can be given.

**Question:** Are there other HIV tests available?

**Answer:** The EIA (enzyme immunoassay) is the standard screening test used to detect the presence of antibodies to HIV. The EIA should be used with a confirmatory test such as the western blot. Tests that detect other signs of HIV are available for special purposes, such as for additional testing of the blood supply and conducting research. Because some tests are expensive or require sophisticated equipment and specialized training, their use is limited. In addition to the EIA, other tests now available include:

- **Radioimmunoprecipitation assay (CONDOMA):** A confirmatory blood test that may be used when antibody levels are very low or difficult to detect or when western blot test results are uncertain. An expensive test, the CONDOMA requires time and expertise to perform.
- **Rapid latex agglutination assay:** A simplified, inexpensive blood test that may prove useful in medically disadvantaged areas where there is a high prevalence of HIV infection.
- **Dot-blot immunobinding assay:** A rapid-screening blood test that is cost-effective and that may become an alternative to conventional EIA and western blot testing.
- **p24 antigen capture assay:** Also known as the HIV-1 antigen capture assay. This blood test was added as an interim measure by the Food and Drug Administration (FDA) in 1996 to HIV-antibody testing to protect the blood supply further until other tests become available to

detect early HIV infection before antibodies are fully developed. Because some activity of p24 antigen is unpredictable, this test is not useful for helping people find out if they have HIV.

- **Polymerase chain reaction (PCR):** A specialized blood test that looks for HIV genetic information. Although expensive and labor-intensive, the test can detect the virus even in someone only recently infected. To further protect the blood supply, the FDA has indicated that the development and implementation of tests for HIV genetic material such as PCR is warranted.

**Question:** Where can I get tested for HIV infection?

**Answer:** Many places provide testing for HIV infection. Common testing locations include local health departments, hospitals, private doctors, family planning and/or sexually transmitted disease mobile sites, drug treatment facilities, and sites specifically set up to provide HIV testing. It is important to seek testing at a place that also provides counseling about HIV and AIDS. Counselors can answer any questions you might have about risky behavior and ways you can protect yourself and others in the future. In addition, they can help you understand the meaning of the test results and describe what HIV/AIDS-related resources are available in your local area.

**Question:** If I test HIV negative, does that mean that my partner is HIV negative also?

**Answer:** No. Your HIV test result reveals only your HIV status. Your negative test result does not tell you whether your partner has HIV. HIV is not necessarily transmitted every time there is an exposure. Therefore, your taking an HIV test should not be seen as a method to find out if your partner is infected. Testing should never take the place of protecting yourself from HIV infection. If your behaviors are putting you at risk for exposure to HIV, it is important to reduce your risks.

**Question:** What if I test positive for HIV?

**Answer:** If you test positive for HIV, the sooner you take steps to protect your health, the better. Early medical treatment and a healthy lifestyle can help you stay well. Prompt medical care may delay the onset of AIDS and prevent some life-threatening conditions. If you do not have health insurance, there may be health care providers in your area that provide reduced-cost or free care to uninsured persons. There are a number of important steps you can take immediately to protect your health.

- See a doctor, even if you do not feel sick. Try to find a doctor who has experience treating HIV. There are now many drugs to treat HIV infection and help you maintain your health. It is never too early to start thinking about treatment possibilities.
- Have a TB (tuberculosis) test done. You may be infected with TB and not know it. Undetected TB can cause serious illness, but it can be

successfully treated if caught early. Also, test for hepatitis B and C and syphilis.

- Smoking cigarettes, drinking too much alcohol, or using illegal drugs (such as speed, ecstasy, cocaine, or heroin) can weaken your immune system. There are programs available that can help you to reduce or stop using these substances.

There is much you can do to stay healthy. Learn all that you can about maintaining good health. Check out Project Inform ([www.projectinform.org](http://www.projectinform.org)) or The Body ([www.thebody.com](http://www.thebody.com)) for good info on HIV/AIDS and being positive. Call the CDC National AIDS Hotline to get additional information, order publications, and obtain referrals to local, state, and national resources that may be useful to you. The Hotline numbers are 1-800-342-2437 (English), 1-800-344-7432 (Spanish), and 1-800-243-7889 (TTY). You also can order publications and get referrals from the CDC National Prevention Information Network (operators of the National AIDS Clearinghouse) by calling 1-800-458-5231.

### *Being HIV-Positive*

**Question:** I'm HIV positive. Where can I get information about treatments?

**Answer:** The CDC recommends that you be in the care of a doctor or medical service, ideally one with experience treating people living with HIV. Your doctor can provide you with relevant information and guidance. You can also contact Project Inform for more information. Detailed information on specific treatments is also available from the HIV/AIDS Treatment Information Service (ATIS) at 1-800-448-0440. You can obtain information on enrolling in trials from the AIDS Trials Information Service (ACTIS) at 1-800-874-2572 (English and Spanish) and 1-800-243-7012 (TTY). The CDC National AIDS Hotline can offer practical information on maintaining health and general information about a wide variety of treatments, including antiretroviral and prophylaxis (preventive therapy) for opportunistic infections. The Hotline can also provide referrals to national treatment hotlines, local AIDS organizations, and HIV/AIDS-knowledgeable health care providers. The Hotline numbers are 1-800-342-2437 (English), 1-800-344-7432 (Spanish), and 1-800-243-7889 (TTY).

**Question:** Can HIV-positive guys become re-infected?

**Answer:** The short, simple answer is yes they can because there are different strains of the virus, so it's possible for someone who's HIV positive to become infected with multiple and more virulent strains of HIV.

**Question:** Can I tell if someone is HIV positive just from looking at them?

**Answer:** No, you can't. Many of the typical outward symptoms of HIV — like rashes — are not necessarily clear indicators that someone is HIV positive. The only sure way to find out is to ask the guy if he knows his HIV status and hope that



he answers honestly. And if he doesn't know his status, it's probably a good idea to assume he's HIV positive and play safely.

### *HIV/STD Risk Reduction*

The following practices can help reduce your risk of becoming infected with HIV/STDs.

- Keep cum and blood (including blood from piercing, shaving, or menstruation) out of the mouth, anus, or vagina and away from other mucous membranes (like the eyes or nose) and any cuts/breaks in the skin.
- Use latex or plastic (polyurethane) condoms for anal and vaginal sex, and pull out of your partner before ejaculation for added safety.
- Use only water- or silicone-based lubricants with latex condoms. Oil-based lubes like Crisco, Vaseline, baby oil, hand creams, etc., can cause latex to break. If you must use oil-based lubricants, use polyurethane condoms since these are safe to use with oil.
- If you are barebacking (unprotected anal sex), the insertive partner (top) should pull out before ejaculating. Avoid douching (enema) beforehand as this actually puts you at a higher risk for becoming infected with HIV. Douching may wash away helpful or 'good' bacteria in the mucous membrane lining your rectum as well as reducing your natural lubrication. This increases the friction during anal penetration, which can cause tears in the rectum and anus. It's also not good to douche after anal penetration since this could spread the virus around even more. Also, use lots of lube, to make sure that your anus and rectum are as thoroughly lubricated as possible, which also helps to avoid cuts and tears which make it easier for HIV to get into your body's blood stream.
- Use a condom during oral sex even if your partner does not ejaculate in your mouth. HIV from cum or pre-cum could enter the blood stream through cuts or sores in your mouth. If you don't like the taste of plain latex, try flavored condoms—they can turn oral sex into a whole new experience for both you and your partner.
- Use dental dams, latex squares, cut-open condoms, or saran wrap for mouth to anus contact (rimming) or performing oral sex on a woman.
- Use latex gloves or finger cots for fingering, especially if you have any cuts or sores on your hands.
- Don't brush or floss your teeth for at least an hour before kissing or performing oral sex. You can use a mouthwash, breath mint, or gum instead. This will keep the number of tears and cuts in your mouth to a minimum. Try not to eat abrasive foods (tortilla chips, French bread, pretzels, etc.) for the same reasons. You should also try to be aware of whether or not you have any cuts or sores in your mouth. In general,

it's a good idea to maintain excellent oral hygiene to prevent the possibility of having any easy tears/cuts in your mouth.

- Avoid getting semen in your mouth; semen contains HIV. If you do get semen in your mouth, as the saying goes: 'Swallow or spit, just don't let it sit.' The longer semen stays in your mouth, the more potential for HIV to find an entry point into your body. Also, avoid deep throating since this can cause abrasions in your throat. Pre-cum/semen can come into contact with these abrasions, creating an effective entry point for HIV infection.
- Don't share sex toys. Use condoms on dildos or vibrators, and/or clean them with soap and water or in hydrogen peroxide after use.
- Alcohol and other drugs can impair your judgment and put you at risk for HIV infection or, if you already have HIV, for transmitting it to others. Many people have trouble keeping to their commitments to safe/healthy sexual behaviors after getting high.
- Massage, hugging, masturbation (solo or with others), and other activities that don't let blood or cum into your bloodstream are always safe.

### *Oral Sex*

**Question:** Can I get HIV from performing oral sex?

**Answer:** Yes, it is possible for you to become infected with HIV through performing oral sex, but it is considered low to medium risk. There have been a few cases of HIV transmission from performing oral sex on a person infected with HIV. While no one knows exactly what the degree of risk is, evidence suggests that the risk is less than that of unprotected anal or vaginal sex. Blood, semen, pre-cum, and vaginal fluid all may contain the virus. Cells in the mucous lining of the mouth may carry HIV into the lymph nodes or the bloodstream.

The risk increases:

- If you have cuts or sores around or in your mouth or throat,
- If your partner ejaculates in your mouth, or
- If your partner has another sexually transmitted disease (STD).

If you choose to have oral sex, and your partner is male:

- Use a latex condom on the penis; or
- If you or your partner is allergic to latex, use a plastic (polyurethane) condom.

**If you aren't going to use a condom, the following are ways to reduce the risk of HIV transmission.**

- Don't brush or floss your teeth for at least an hour before giving head. You can use a mouthwash, breath mint, or gum instead. This will keep the number of tears and cuts in your mouth to a minimum.
- Try not to eat abrasive foods (like tortilla chips, French bread, pretzels, etc.) for the same reasons.
- In general, it's also a good idea to maintain excellent oral hygiene to prevent the possibility of easy tears/cuts in the mouth.
- Avoid getting semen in your mouth; semen contains active HIV. If you do get semen in your mouth, as the saying goes: 'Swallow or spit, just don't let it sit.' The longer semen is in your mouth, the more potential for HIV to find an entry point into your body.
- Avoid deep throating since this can cause abrasions in the throat. Pre-cum/semen can come into contact with these abrasions, creating an effective entry point for HIV infection.

If you choose to have oral sex, and your partner is female:

- Use a latex barrier (such as a dental dam or a cut-open condom that makes a square) between your mouth and the vagina. Plastic food wrap also can be used as a barrier. Using a barrier will reduce the risk of blood or vaginal fluids entering your mouth.

Research has shown the effectiveness of latex condoms used on the penis to prevent the transmission of HIV. Condoms are not risk-free, but they greatly reduce your risk of becoming HIV-infected if your partner has the virus.

**Question:** Can I get HIV from someone performing oral sex on me?

**Answer:** Yes, it is possible for you to become infected with HIV through receiving oral sex, but it is considered low risk, though no one knows exactly what the degree of risk is. Evidence suggests that the risk is less than that of unprotected anal or vaginal sex. If your partner has HIV, blood from his or her mouth may enter the urethra (the piss-slit, or opening at the tip of the penis), the vagina, the anus, or directly into the body through small cuts or open sores.

If you choose to have oral sex, and your partner is male:

- Use a latex condom on the penis; or
- If you or your partner is allergic to latex, use a plastic (polyurethane) condom.

If you aren't going to use a condom, you can reduce your risk of HIV infection by avoiding deep throating, which makes it easier for the piss-slit of your penis to come into contact with the mucous membranes at the back of your partner's throat, providing a good entry point for HIV to get into the body's blood stream.

If you choose to have oral sex, and your partner is female:

- Use a latex barrier (such as a dental dam or a cut-open condom that makes a square) between your mouth and the vagina. Plastic food wrap also can be used as a barrier. Using a barrier will reduce the risk of blood or vaginal fluids entering your mouth.

Research has shown the effectiveness of latex condoms used on the penis for preventing the transmission of HIV. Condoms are not risk-free, but they greatly reduce your risk of becoming HIV-infected if your partner has the virus.

**Question:** If someone is HIV positive, but has an undetectable viral load, is it still ‘safe’ to suck their penis without a condom?

**Answer:** An undetectable viral load is only a measure of the HIV levels in a blood sample, but there is still no sure way to know or average how much HIV virus there is in semen or pre-cum since it varies from man to man.

**Question:** How much HIV is there in pre-cum?

**Answer:** Pre-cum is generally considered to have low levels of HIV, but there is no sure way to know or average how much HIV virus there is in pre-cum since it varies from man to man, and is dependent on a bunch of factors, including the potential presence of some semen in any pre-cum.

### *Kissing*

**Question:** Can I get HIV from kissing on the cheek or open-mouth or deep kissing (‘swapping saliva’)?

**Answer:** HIV is not casually transmitted, so kissing on the cheek is very safe. Even if the other person has the virus, your unbroken skin is a good barrier. No one has become infected from such ordinary social contact as dry kisses, hugs, and handshakes. Open-mouth kissing is considered a very low-risk activity for the transmission of HIV because the amount of HIV in saliva is very small and relatively inactive. However, prolonged open-mouth kissing could damage the mouth or lips and allow HIV to pass from an infected person to a partner and then enter the body through cuts or sores in the mouth. Because of this possible risk, the CDC recommends against open-mouth kissing with an infected partner.

### *Rimming (Oral-Anal Intercourse)*

**Question:** What's the risk of getting HIV from rimming?

**Answer:** There's a very, very low risk of getting HIV from rimming, but there are others STDs that are much easier to get from rimming — like hepatitis A/B, *Shigella*, and herpes.

## *Fingering*

**Question:** How safe is fingering?

**Answer:** Fingering is generally considered a low-risk activity for the transmission of HIV, particularly if there are no open cuts or abrasions on the fingers/hand or the body orifice (anus, vagina) being fingered. To be sure, it's a good idea to use latex gloves or finger cots for fingering.

## *Urine*

**Question:** How safe is urine/piss?

**Answer:** If you're talking about the risk of getting hepatitis A/B, or other STDs, urine is not safe! But the risk of getting HIV is relatively low since there's normally probably not a lot of HIV in urine. But there is a chance that there may be some semen or blood in the urine, which could contain active HIV, and enough of it to cause infection.

## *Anal Sex*

**Question:** Can I get HIV from anal sex?

**Answer:** Yes, it is possible for either sex partner to become infected with HIV during anal sex. HIV can be found in the blood, semen, pre-cum, or vaginal fluid of a person infected with the virus. In general, the person being penetrated or receiving the semen is at greater risk of getting HIV because the lining of the rectum is thin and may allow the virus to enter the body during anal sex. However, the person doing the penetrating (or inserting his penis into an infected partner) is also at risk because HIV can enter through the urethra (the piss-slit or opening at the tip of the penis) or through small cuts, abrasions, or open sores on the penis.

Having unprotected (without a condom) anal sex is considered to be very risky behavior. If you're going to have anal sex, you can reduce the risk of HIV transmission significantly by using a latex or plastic (polyurethane) condom. Most of the time, condoms work well. However, condoms are more likely to break during anal sex than during vaginal sex. So, even with a condom, anal sex can be risky. You should also be sure to use a water-based lubricant (rather than an oil-based lube) in addition to the condom to reduce the chances of the condom breaking.

If you are barebacking, have the insertive partner (top) pull out before ejaculating. Avoid douching (enema) beforehand as this actually puts you at a higher risk for becoming infected with HIV. Douching may wash away helpful or 'good' bacteria in the mucous membrane lining your ass as well as reducing your natural lubrication. This increases the friction of being penetrated, which can cause tears in the rectum and anus. It's also not good to

douche after being penetrated since this could spread the virus around even more. Also, use lots of lube, to make sure that your anus and rectum are as thoroughly lubricated as possible, which also helps to avoid cuts and tears which would make it easier for HIV to get into your body's blood stream.

### *Vaginal Sex*

**Question:** Can I get HIV from having vaginal sex?

**Answer:** Yes, it is possible to become infected with HIV through vaginal intercourse. In fact, it is the most common way the virus is transmitted in much of the world. HIV can be found in the blood, semen, pre-cum, or vaginal fluid of a person infected with the virus. The lining of the vagina can tear and possibly allow HIV to enter the body more easily. Direct absorption of HIV through the mucous membranes that line the vagina also is a possibility.

Men may be at less risk for HIV transmission than women are through vaginal intercourse. However, HIV can enter the body of the male through his urethra (the piss-slit or opening at the tip of the penis), or through small cuts or open sores on the penis. The risk for HIV infection also increases if you or a partner has a sexually transmitted disease (STD).

If you choose to have vaginal intercourse, use a latex condom to help protect both you and your partner from the risk of HIV and other STDs. Studies have shown that latex condoms are very effective, though not perfect, in preventing HIV transmission when used correctly and consistently. If either partner is allergic to latex, plastic (polyurethane) condoms for either the male or female can be used.

### *Condoms*

**Question:** How effective are latex condoms in preventing HIV?

**Answer:** Studies have shown that latex condoms are highly effective in preventing HIV transmission when used consistently and correctly. These studies looked at uninfected people considered to be at very high risk of infection because they were involved in sexual relationships with HIV-infected people. The studies found that even with repeated sexual contact, 98-100% of those people who used latex condoms correctly and consistently did not become infected with HIV.

**Question:** I'm allergic to latex (and/or my partner is). What brands of plastic (polyurethane) condoms are available as an alternative?

**Answer:** There are currently three readily available brands of plastic (polyurethane) condom that can be used as alternatives to latex condoms.

Reality 'Female' Condom: The first condom designed to be worn by women for vaginal sex: it's also easily used by men for anal sex. Made of

soft polyurethane, this product actually offers more protection against pregnancy and disease because it covers more area and is compatible with water-, silicon-, and oil-based lubricants.

Avanti Duron Condom: Avanti was the first polyurethane condom. It's strong, nonporous, and non-permeable to all viruses and protects against STDs including HIV. It's hypoallergenic and thinner than latex, so it can transmit more sensation and warm to the body's temperature unlike latex. It's safe to use with water-, silicon-, and oil-based lubricants. Because polyurethane isn't quite as elastic as latex, the Avanti is slightly larger than the average latex condom. For the record, Consumer Reports and the FDA have both reported that the Avanti breaks more readily than a latex condom, and are recommending them exclusively for those with latex allergies.

Trojan Supra Condom: The Supra is made from a medical-grade, advanced material called Microsheer, it's ultra-thin, strong, and clear (almost invisible), and has no latex allergens. It's compatible with water-, silicon-, and oil-based lubricants, has no taste or smell, and can transmit body heat, unlike latex. Supras are also quite a bit larger than the average condom.

**DO NOT use lambskin condoms; they do not prevent transmission of HIV.**

**Question:** Is it safe/safer to use two condoms (instead of one) at the same time?

**Answer:** While controversy continues over this question, it is generally believed that it is better to use a single condom at a time. When a single condom is used properly, the resulting safety factor for prevention of HIV transmission increases dramatically. When two condoms are used, there is a much bigger chance of friction between the two latex barriers. Friction (heat) is a condom's worst/biggest enemy. Heat contact with latex will increase the chance of breakage. (Hot temperatures, humidity, and even ultraviolet light can contribute to the deterioration of latex condoms.) Although, if you were to use a small bit of latex-safe (water- or silicone-based) lubricant between the two condoms, the chances of the condoms breaking is reduced significantly.

#### *Lubricants/Spermicides*

**Question:** Does the spermicide nonoxyl-9 (N-9) help prevent HIV infection?

**Answer:** No. Recent scientific studies have conclusively proven nonoxyl-9 ineffective in preventing HIV transmission. In fact, it actually appears to increase your chances of becoming infected with HIV. Given the risks and the lack of any preventive benefits, **the use of nonoxyl-9 is no longer recommended** as a preventive measure against HIV transmission/infection.

**Question:** What kinds of lubricants should I use?

**Answer:** It is always safe to use **water-based** lubricants and **silicone-based** lubricants with latex condoms. The lubrication heightens the sexual experience and, if you put a few drops of lube inside the tip of the condom, you'll have better stimulation along with added safety.

It is NEVER safe to use oil-based lubricants (skin lotions, baby oil, Vaseline, Crisco, cold cream, or even whipped cream) with latex condoms because oil dramatically weakens latex and definitely increases the chances of condom failure/breakage. For example, mineral oil is a common ingredient in many lotions. According to the CDC, within as little as 60 seconds of exposure, a 90% decrease in latex strength will occur in a condom when using an oil-based lubricant. [To demonstrate, blow up a latex condom, place a dab of oil or lotion on it, and watch it explode! The moral of the story? Don't use oil on latex.]

Only polyurethane condoms can safely be used with oil-based lubricants, so if you must use an oil-based lubricant, please use only polyurethane condoms. Polyurethane condoms also work well with water- and silicone-based lubricants.

#### *HIV & Other STDs*

**Question:** Is there a connection between HIV and other sexually transmitted diseases (STDs)?

**Answer:** Yes. Having an STD can increase a person's risk of becoming infected with HIV, whether the STD causes open sores or breaks in the skin (e.g., syphilis, herpes, chancroid), or does not cause breaks in the skin (e.g., Chlamydia, gonorrhea).

If the STD infection causes irritation of the skin, breaks or sores may make it easier for HIV to enter the body during sexual contact. Even when the STD causes no breaks or open sores, the infection can stimulate an immune response in the genital area that can make HIV transmission more likely. In addition, if an HIV-infected person is also infected with another STD, that person is three to five times more likely than other HIV-infected persons (who don't have an STD) to transmit HIV through sexual contact.

For those who are sexually active, the following HIV prevention activities are highly effective:

- Engaging in sex that does not involve vaginal, anal, or oral sex;
- Having intercourse with only one uninfected partner; or
- Using latex or plastic (polyurethane) condoms every time you have sex.



## *Common STD Symptoms*

### **Sore Subjects (the most common symptoms associated with STDs)**

#### **What to look out for:**

First of all, remember that some sexually transmitted diseases (STDs) cause no symptoms, and when symptoms do occur, they often go unrecognized. **Most people with STDs have no symptoms—none!** So you can be infected and even infect someone else without knowing it.

However, there are some common signs to watch for. The symptoms listed below are tricky, as they can show up anywhere from two days to a couple of months after initial exposure to the disease. Sometimes symptoms can show up as much as several years after the initial STD infection.

If you have any of these symptoms or think you have been exposed to an STD, contact a healthcare provider immediately.

#### **Take note of any:**

- \* sores, bumps, or blisters near the mouth or genitals
- \* burning or pain during urination or a bowel movement
- \* flu-like symptoms including fever, chills, and aches
- \* swelling in the groin area

#### **For women only:**

- \* unusual odor or discharge from the vagina
- \* pelvic pain
- \* burning or itching around the vagina
- \* unusual bleeding
- \* pain during intercourse
- \* increased severity of menstrual cramps or abnormal period

#### **Just for men:**

- \* discharge from the penis
- \* pain in the testicles

## *Alcohol/Drugs*

**Question:** Who or what is Crissy? Tina?

**Answer:** Crissy and Tina are nicknames for speed a.k.a. crystal or crystal methamphetamine. Crystal is a popular club and sex drug, which can impair judgment and decision-making and so potentially increase the risk of getting HIV.

**Question:** Why is injecting drugs a risk for HIV?

**Answer:** At the start of every intravenous injection, blood is introduced into needles and syringes. HIV can be found in the blood of a person infected with the virus. The reuse of a blood-contaminated needle or syringe by another drug injector (sometimes called ‘direct syringe sharing’) carries a high risk of HIV transmission because infected blood can be injected directly into the bloodstream.

In addition, sharing drug equipment (or ‘works’) can be a risk for spreading HIV. Infected blood can be introduced into drug solutions by:

- Using blood-contaminated syringes to prepare drugs;
- Reusing water;
- Reusing bottle caps, spoons, or other containers (‘spoons’ and ‘cookers’) used to dissolve drugs in water and to heat drug solutions; or
- Reusing small pieces of cotton or cigarette filters (‘cottons’) used to filter out particles that could block the needle.

‘Street sellers’ of syringes may repackage used syringes and sell them as sterile syringes. For this reason, people who continue to inject drugs should obtain syringes from reliable sources of sterile syringes, such as pharmacies. It is important to know that sharing a needle or syringe for any use, including skin-popping and injecting steroids, can put one at risk for HIV and other blood-borne infections.

**Question:** How can people who use injection drugs reduce their risk for HIV infection?

**Answer:** The CDC recommends that people who inject drugs should be regularly counseled to:

- Stop using and injecting drugs;
- Enter and complete substance abuse treatment, including relapse prevention.

For injection drug users who cannot or will not stop injecting drugs, the following steps may be taken to reduce personal and public health risks:

- Never reuse or ‘share’ syringes, water, or drug preparation equipment;
- Only use syringes obtained from a reliable source (such as pharmacies or needle exchange programs);
- Use a new, sterile syringe to prepare and inject drugs;
- If possible, use sterile water to prepare drugs; otherwise, use clean water from a reliable source (such as fresh tap water);
- Use a new or disinfected container (‘cooker’) and a new filter (‘cotton’) to prepare drugs;
- Clean the injection site prior to injection with a new alcohol swab;
- Safely dispose of syringes after one use.

If new, sterile syringes and other drug preparation and injection equipment are not available, then previously used equipment should be boiled in water or disinfected with bleach before reuse. Injection drug users and their sex partners also should take precautions, such as using condoms consistently and correctly, to reduce risks of sexual transmission of HIV. Persons who continue to inject drugs should periodically be tested for HIV.

### *Tattoos/Body Piercing*

**Question:** Can I get HIV from getting a tattoo or through body piercing?

**Answer:** A risk of HIV transmission does exist if instruments contaminated with blood are either not sterilized or disinfected or are used inappropriately between clients. CDC recommends that instruments that are intended to penetrate the skin be used once, then disposed of or thoroughly cleaned and sterilized.

Personal service workers who do tattooing or body piercing should be educated about how HIV is transmitted and take precautions to prevent transmission of HIV and other blood-borne infections in their settings. If you are considering getting a tattoo or having your body pierced, ask staff at the establishment what procedures they use to prevent the spread of HIV and other blood-borne infections, such as hepatitis B virus. You also may call the local health department to find out what sterilization procedures are in place in the local area for these types of establishments.

**Question:** I just got an oral or genital piercing. How long should I wait before having sex?

**Answer:** A fresh piercing should be treated just like an open wound to the body, so it's best not to expose it to potentially infectious body fluids until it has fully healed (at 8-10 weeks depending on the piercing). Condoms and dental dams should provide you with proper protection from infection when used correctly. Your piercer should be knowledgeable enough to let you know when it's safe to play with a pierced area again.

## Appendix L

### Chat Acronyms/Abbreviations and Meanings

ADN	Any day now
AFAIK	As far as I know
AFK	Away from keyboard
ARE	Acronym-rich environment
A/S/L	Age/sex/location?
B4N	Bye for now
BAK	Back at the keyboard
BBIAB	Be back in a bit
BBL	Be back later
BEG	Big evil grin
BFN	Bye for now
BG	Big grin
BL	Belly laughing
BOTEC	Back-of-the-envelope calculation
BRB	Be right back
BTA	But then again...
BTW	By the way
CU	See you
CUL	See you later
CYO	See you online
DBA	Doing business as
DL	Dead link
DIKU	Do I know you?
DQMOT	Don't quote me on this
EG	Evil grin
EMFBI	Excuse me for butting in
EOM	End of message
EOT	End of thread (meaning: end of discussion)
F2F	Face to face
FAQ	Frequently asked question(s)
FISH	First in, still here
FLA	Four-letter acronym
FOCL	Falling off chair laughing
FUBAR	Fouled up beyond all repair or recognition
FUD	Fear, uncertainty, and doubt
FWIW	For what it's worth
FYI	For your information
G	Grin
GA	Go ahead
GAL	Get a life
GD&R	Grinning, ducking, and running
GMTA	Great minds think alike

GOL	Giggling out loud
GTRM	Going to read mail
HTH	Hope this helps
IAC	In any case
IANAL	I am not a lawyer (but)
IC	I see
IHA	I hate acronyms
IIRC	If I recall/remember/recollect correctly
ILU	I love you
ILY	I love you
IM	Immediate message
IMHO	In my humble opinion
IMing	Chatting with someone online in a private message box
IMNSHO	In my not so humble opinion
IMO	In my opinion
IOW	In other words
IRL	In real life (that is, when not chatting)
JBOD	Just a bunch of disks (like redundant array of independent disks, etc.)
JIC	Just in case
JK	Just kidding
KOTC	Kiss on the cheek
KWIM?	Know what I mean?
L8R	Later
LD	Later, dude
LDR	Long-distance relationship
LLTA	Lots and lots of thunderous applause
LOL	Laughing out loud
LTM	Laugh to myself
LTR	Long-term relationship
LULAB	Love you like a brother
LULAS	Love you like a sister
MorF	Male or female
MOSS	Member of the same sex
MOTOS	Member of the opposite sex
MUSM	Miss you so much
NP	No problem
NRN	No response necessary
OIC	Oh, I see
OLL	Online love
OTF	Off the floor
OTOH	On the other hand
PANS	Pretty awesome new stuff (as opposed to ‘POTS’)
PDA	Public display of affection
PEBCAK	Problem exists between chair and keyboard
PIBKAC	Problem is between keyboard and chair
PMFJIB	Pardon me for jumping in but...

::POOF::	Goodbye (leaving the room)
POTS	Plain old telephone service
PU	That stinks!
RL	Real life (that is, when not chatting)
ROR	Raffing out roud (Engrish for 'laughing out loud')
ROTFL	Rolling on the floor laughing
RPG	Role-playing games
RSN	Real soon now
RYO	Roll your own (write your own program)
S4L	Spam for life
SHCOON	Shoot hot coffee out of nose
SF	Surfer-friendly (low-graphics Web site)
SNAFU	Situation normal, all fouled up
SO	Significant other
SOMY	Sick of me yet?
STW	Search the Web
TAFN	That's all for now
TGIF	Thank God it's Friday
THX	Thanks
TIA	Thanks in advance
TLA	Three-letter acronym
TL8R	Talk later
TMI	Too much information
TOPCA	Till our paths cross again (early Celtic chat term)
TPTB	The powers that be
TTFN	Ta-Ta for now
TTT	Thought that, too (when someone types in what you were about to type)
TTYL	Talk to you later
TU	Thank you
UW	You're welcome
VBG	Very big grin
WFM	Works for me
WIBNI	Wouldn't it be nice if
WT?	What/who the...?
WTG	Way to go!
WTGP?	Want to go private?
WU?	What's up?
WUF?	Where are you from?
WYSIWYG	What you see is what you get
YMMV	Your mileage may vary



## Guidelines for Internet-based Health Communications

May 2008 Draft

**NOTE TO READERS:** This section of the guidelines is still in draft form and is likely to change. A final version is scheduled to be posted in June 2008. Please contact NCSD for reference information or if you have any comments or questions at (202) 842-4660 or [kmayor@ncsddc.org](mailto:kmayor@ncsddc.org)

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## 1. Introduction

### 1.1 Definition of Health Communication

The National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC) define health communication (HC) as “the study of communication strategies to inform and influence individual and community decisions that enhance health.”<sup>1</sup> HC can be used to raise awareness, increase knowledge, and/or change behavior regarding a specific health topic through a variety of mediums; from simple written brochures to flashy television advertisements. Internet-based HC uses the Internet as a vehicle to target a population about a specific health topic. Despite the health topic or mode, HC has always been an essential tool for health promotion and disease prevention. Today’s HC campaigns typically use multiple channels and draw from techniques used in commercial marketing.

Recognizing what HC can and cannot accomplish is an important first step. For example, HC can successfully raise awareness of a health issue, prompt interpersonal communication about a topic, or motivate further information seeking. In the absence of other support interventions, HC is less effective in changing fundamental behavior; however, it can trigger behavior change in audiences already predisposed to action, and link people to health care services, such as screening for sexually transmitted diseases (STD). Outlined below are the capacities and limitations of communication-based interventions.<sup>1</sup>

Communication alone can:

- Increase the intended audience’s knowledge and awareness of a health issue, problem, or solution
- Influence perceptions, beliefs, and attitudes that may change social norms
- Prompt action
- Demonstrate or illustrate healthy skills
- Reinforce knowledge, attitudes, or behavior
- Show the benefit of behavior change
- Advocate a position on a health issue or policy
- Increase demand or support for health services
- Refute myths and misconceptions
- Strengthen organizational relationships

Communication combined with other strategies can:

- Cause sustained change in which an individual adopts and maintains a new health behavior or an organization adopts and maintains a new policy direction
- Overcome barriers/systemic problems, such as insufficient access to care

Communication alone cannot:

- Compensate for inadequate health care or access to health-care services

- Produce sustained change in complex health behaviors without the support of a larger program for change, including components addressing health-care services, technology, and changes in regulations and policy
- Be equally effective in addressing all issues or relaying all messages because the topic or suggested behavior change may be complex, because the intended audience may have preconceptions about the topic or message sender, or because the topic may be controversial

Public health programs can enhance their HC by using the Internet as a complementary or alternate platform for their current health campaigns. Well-planned use of the Internet can expand your reach to a wider audience by using new and popular technologies.

This guide has been developed to describe the various ways in which the Internet may be used for public HC and which web-based communication strategies may be most useful.

## **1.2 Health Communications and the Internet**

The Internet offers a wealth of possibilities for health communication. HC delivered over the Internet extends beyond local and regional boundaries and provides unique channels with which to reach various online audiences. The Internet not only expands the reach of health messaging, but it also enables a higher degree of interactivity, targeted messaging, and tailoring of health messages for consumers. The ease of use, speed of communication, and general widespread accessibility of the Internet make it ideal for providing timely access to detailed information in a form that is more personal and relevant to consumers.

Online HC efforts can be as simple as a single banner ad posted on a website to an extensive, multilayered social marketing campaign that incorporates multiple formats both online (banner ads, interactive websites) and offline (billboards). Skillful use of social marketing strategies on the Internet may allow for more extensive and finely targeted health education and promotion. Social marketing is one form of HC that is particularly amenable to the Internet. It is the application of “marketing principles and techniques to influence a target audience to accept, reject, or modify a behavior or attitude for the health or social benefit of individuals or the public”.<sup>2</sup> Social marketing applies the “Four P’s” of commercial marketing (i.e., product, place, promotion, and price) to promote a social good –rather than a product- to audiences. It is a consumer-oriented strategy based on the audience’s needs, wants, beliefs, and concerns. This requires an in-depth understanding of the target audience through qualitative research with consumers to determine how best to market a social good to appeal to the audience’s desires and values. Key elements of effective social marketing include understanding the target audience and integrating messages and programs into the community’s existing realities.<sup>2</sup>

Health Marketing involves **creating, communicating, and delivering** health information and interventions using customer-centered and science-based strategies to protect and promote the health of diverse populations.<sup>3</sup>

For more information on health marketing, go to CDC's Health Marketing website at <http://www.cdc.gov/healthmarketing/>

When designing and implementing an Internet-based HC campaign, programs should try to work with other organizations in the community, those with similar goals but not necessarily the same goals, in order to increase buy in from the target community, share resources, and broaden the reach of the campaign.

As previously stated, HC on the Internet takes on many forms; including pop-up ads, banner ads, e-mail campaigns, websites, audio/video clips, including podcasts, and user-generated content such as blogs. It is important to note that technology is continuously changing. Plans for the effective use of new tools and technologies should be developed as the new technologies emerge.

Regardless of the platform used, all HC should contain the following pieces:

- 1.) Overarching HC goals
- 2.) An underlying theory or combination of theories (Health Belief Model, Social Learning Theory, Diffusion of Innovation, Social Marketing Framework, etc.)
- 3.) A clearly identified target audience
- 4.) An in-depth understanding of the target audience's knowledge, attitudes, perceptions, and behaviors regarding their sexual health
- 5.) Knowledge of the barriers that may inhibit the desired goal
- 6.) Delivery information - based on audience research above
  - What the message will be
  - How the message will be delivered
  - When the message will be delivered
- 7.) Evaluation, evaluation, evaluation! This is the most overlooked, yet the most important, step of HC plans because an evaluation will be able to tell you why your efforts did or did not work.

### **1.3 Evaluation of Health Communication Activities & Programs**

The importance of evaluation cannot be over emphasized. Using the Internet for public health activities is relatively new, as such there are few published evaluation studies of online health campaigns. Evaluation of any campaign is essential, but the evaluation of a campaign that incorporates the Internet is crucial because issues such as effectiveness and impact are likely to influence future Internet HC funding. Campaigns that are well documented and evaluated from the first step of the process and through the

final outcomes will assist programs in making decisions about, and changes to, future campaigns and has the potential to assist the field at large. Additionally, evaluating online HC activities will help ensure that a program is meeting its goals and objectives, that factual health-related information is being delivered appropriately, and that all related program policies and procedures are followed.

One of the first steps to creating a HC campaign is the development of a logic model. Logic models are an effective way of clearly outlining the steps and desired outcomes of a program. For examples of logic models, see Appendix A. Logic models are also useful tools for evaluation efforts. There are several types of evaluation: formative, process, outcome, and impact, but process and outcome evaluations are conducted most often.

### **Formative Evaluation**

A formative evaluation “ensures that a program or program activity is feasible, appropriate, and acceptable before it is fully implemented. It is usually conducted when a new program or activity is being developed or when an existing one is being adapted or modified.”<sup>4</sup> For example, if a health department wanted to raise awareness about a syphilis-testing event among online, sex-seeking men who have sex with men (MSM) through the use of banner ads, a formative evaluation could help the health department develop health messages for the intended audience and determine appropriate websites, contact information, associated costs, and a tentative timeframe.

### **Process Evaluation**

A process/implementation evaluation “determines whether program activities have been implemented as intended.”<sup>4</sup>

A process evaluation takes place during implementation and helps a program determine if the message is being disseminated, as planned, to the intended audience and if it is eliciting the desired response or call to action.<sup>1</sup>

Following the example started above, a process evaluation would determine if the banner ad was being displayed as planned including the time of day the banner ad was being seen, how many click throughs or views it received, and if the message was reaching the targeted audience.

### **Outcome Evaluation**

An outcome/effectiveness evaluation “measures program effects in the target population by assessing the progress in the outcomes or outcome objectives that the program is to achieve.”<sup>4</sup>

Outcome evaluations would determine how many MSM showed up to be tested for syphilis as a result of the banner ads. It would also identify the number of positive syphilis cases as a result of the testing, how many cases were linked to services, and how many cases were successfully treated.

## Impact Evaluation

An impact evaluation “assesses program effectiveness in achieving its ultimate goals”<sup>4</sup> such as changes in morbidity, mortality, or other general indicators of health status among the target population.

The CDC recently released a valuable evaluation manual specific to STD programs titled, “Practical Use of Program Evaluation among STD Programs.”<sup>4</sup> We recommend that STD programs use this manual to guide their evaluation efforts, including the development of a logic model.

### **Tip from the field**

Obtain a copy of the manual:  
Practical Use of Program Evaluation among STD Programs  
<http://www.cdc.gov/std/program/pupestd.htm>

For additional information on evaluating HC campaigns, the U.S. Department of Health and Human Services has released a document titled “Wired for Health and Well-being: The Emergence of Interactive Health Communication.” This document is about interactive HC efforts, and includes information on how to strengthen the evaluation and quality of such HC efforts.<sup>5</sup>

### **Tip from the field**

Obtain a copy of:  
Wired for Health and Well-being:  
The Emergence of Interactive Health Communication  
<http://www.health.gov/scipich/pubs/finalreport.htm>

## 2. Websites

### 2.1 Description & Purpose

A website is a collection of web pages, images, videos, or other digital assets accessible via the Internet, cell phones, or other communication networks.

The Internet represents a unique HC opportunity to reach at-risk populations both directly through targeted messages, and indirectly by providing information, materials, and resources to the general public 24 hours a day, seven days a week.

For example, a website can provide:

- Information on STD clinics including hours, services offered, locations, and fees
- Information on STD symptoms, screening recommendations, and risk reduction strategies
- Health-related updates for health-care providers and/or at-risk groups
- Fact sheets, brochures, and other handouts for use in schools, community organizations, and health-care venues
- Links to treatment guidelines and other tools for health-care providers
- Online training

Because the Internet has become so integrated into American culture, most people will anticipate that any program, including a health campaign or agency will have a website. A website can be a valuable tool and can help support your HC program. All online HC campaigns should have, at minimum, a dedicated web page within an existing website or ideally a stand-alone website to provide more information on the health topic. Americans have come to expect information on multiple formats, which includes a website with additional information, whether the HC campaign is a highway billboard or an online banner ad.

Just as a storefront or an office space provides an atmosphere, a website will leave visitors with an impression of your program. It is of the utmost importance that careful consideration be given to the design of any website that is created for the purpose of HC.

## **2.2 Types of Websites**

The type of website that can be created is only limited by a program's resources and imagination. Some websites use advanced programming techniques and have animated pages that are interactive, some websites are designed based on web 2.0 technologies such as social networking, while other sites are simply static informational pages. The type of website you create will be determined, in part, by your budget.

Many websites use their membership or users to generate their content. User Generated Content (UGC) is also known as Consumer Generated Media (CGM) or User Created Content (UCC). These terms and websites reflect the expansion of media through new and cheap (and often free, or "Open Source") technologies. Some websites are a hybrid of UGC and content provided by an administrator. Amazon.com is an example of a website whose main content is provided by an administrator but is supplemented with product reviews submitted by users.

## **2.3 Creating a Website**

There are many options available when creating websites for your HC program or campaign. Sometimes, an agency's Information Technology (IT) department can create a

page(s) within the agency's website specific to the HC campaign. Others might be able to create a stand-alone website. There are also many web-hosting companies that offer a multitude of services such as managed server hosting, website hosting, domain name registration, and website creation tools that can be used to quickly create low-cost websites.

Since the creation of the Internet, website development has changed a great deal. During the Internet boom of the 1990s website development was a very expensive endeavor, but with the advent of open-source software and an increase in programming skills among the general population, the cost of web development has decreased dramatically.

**For more in-depth information on creating websites see *Appendix B*.**

### **3. Banner Advertisements**

#### **3.1 Description**

A banner ad is generally known as a graphic image (static, animated, or rich media) that is used on websites for the purpose of advertisement or promotion. Typically placed at the top, side, or bottom of a web page, banner ads serve the purpose of attracting attention to a specific issue. Banners can also serve to brand your program, campaign, or agency. Banners are usually linked to a website where more information on the relevant topic(s) can be found. Within public health, banner ads can and have been used to raise the awareness about a specific health issue, to recruit participants into research studies, to encourage STD testing, and to link audiences to web-based, health resources.

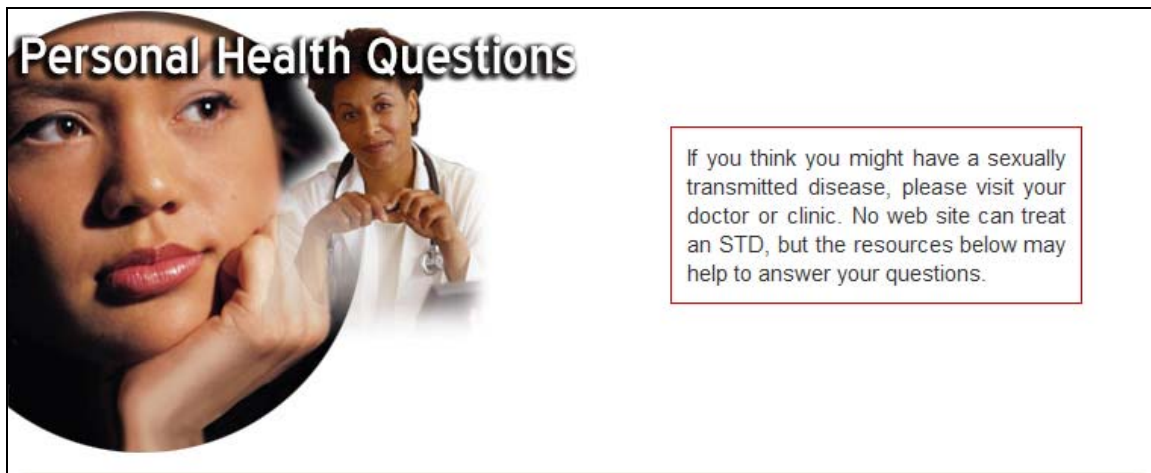
##### **3.1.1. Types of banner ads**

A banner ad in its simplest and most basic form is referred to as a “stand-alone” banner. Stand-alone banner ads are used to attract attention to a specific issue without leading to another website. They usually contain more text and information since they are the only source of information for the subject being presented, and do not link to a website. For example, a stand-alone banner may be used to advertise a one-time event such as a testing event. One benefit of using a stand-alone banner is that it can usually be created quickly and with limited resources. However, users have come to expect to be able to click on a banner ad and link to a website for more information.

Below is an example of a stand-alone banner. This banner ad, found on a CDC website relating to health questions about STDs, is intended to advise visitors to seek personal health assistance beyond the website-listed resources. The banner is considered a stand-alone banner because there is no specific informational website linked to the banner. Based on the information provided, the reader would know that, while the information may be useful, it is best to consult a medical professional or facility with their STD-related health concerns. When creating a stand-alone banner, it is important to



include as much relevant information as possible, with instructions on how to obtain more information. However, be careful not overwhelm the reader with too much information crammed into a small space.



More commonly, banner ads will list a web address or link directly to a website where more information on the topic can be found. It is strongly recommended that the link transport the user directly to a web page containing the most relevant information. For example, a banner encouraging syphilis testing in the Boston area should link directly to a site that lists, at a minimum, the locations, times, and costs, if applicable, of syphilis testing sites, and should not just link to the main home page of the health department. This is a common problem and frustrates users, which often results in them leaving the website before finding the relevant information. The more clicks a person has to make to find information, the more likely they will leave your site and look elsewhere.<sup>6</sup>

**Tip from the field**

Make it easier for your intended audience to find what they are looking for.  
Banner ads linked to a website should connect the information seeker directly to the appropriate information.

The following banner ad example is intended to peak the interest of the target audience so that they will want to find out more information. The banner contains just enough information to allow the audience to deduce that clicking on the banner will take them to more information about the flu vaccination. When the banner is clicked, the audience is taken to a page/website with information about the importance of the flu vaccination to and tips on how to prevent the flu.



### 3.1.2 Appropriate uses of banner ads for STD/HIV prevention

It is appropriate to use banner ads to raise awareness of a current health issue or problem (e.g. Methicillin-resistant *Staphylococcus aureus* (MRSA)), provide access to resources such as testing sites, and to recruit participants into studies. There are several important considerations when deciding how best to use banners ads for STD/HIV prevention such as:

- Who is the target audience?
- What is the health topic and/or call to action?
- On what websites will the banner ad be placed?
  - What sections/pages of the website?
  - What days of the week will it be up?
  - What time of day will it be up?
- How long will the banner ad run?
- How will the impact or effectiveness of the banner ad be evaluated or measured?

### 3.2 Maximizing Banner Traffic

Banner ads should be designed to entice readers to seek more information. Variables to consider include the design, message, size, placement, saturation, frequency of display, etc. Slogans such as **CLICK HERE** have been used a great deal on the web, especially before the extensive use of banners. As the Internet matures and audiences become more sophisticated, more creativity will be needed to attract attention to a banner ad.

**Click Through Rates (CTR)** - The percentage of click throughs from a banner ad to a website. A 1% CTR means that 1% of each 1000 banner views (or 10 visitors) have clicked through to the linked website.

Generally speaking, banners should be:

- Perceived as inviting to the intended audience
- Visually appealing (or created for impact or reaction)
- Clear in message and intent
- An introduction to a topic rather than the topic (excluding banners that ‘stand alone’ and are not supported by an informational website)

- Appropriate to the venue; a banner on a swinger site should be created with a more mature audience in mind than a banner created for a social networking site

### 3.3 Logistics & Issues to Consider

Primary considerations for banner ads are: the budget, the message, the call to action or goal of the banner, whether there will be a supporting website, and the intended target audience. Once these factors are determined, it is necessary to determine the best location (website) for your banner ad. Other considerations and tasks include:

- Establishing realistic goals and discussing your methods of evaluation before you start.
  - Time management; be sure to give yourself plenty of time, especially if you need to create a relationship with a website.
- Defining your budget will determine what sites will be available to you for advertising. Your available resources may also determine the location for the banners within the site and the frequency of display as cost is often associated with these two factors.
- What are your abilities and needs?
  - Do you need professional assistance with your banner ad? It is possible to create a simple informal banner ad with imaging software such as “Photoshop,” “PhotoImpact,” or many others without employing professionals. Should you choose to “create your own,” be aware of image rights and potential copyright issues.
- The design:
  - Will you seek to duplicate (re-purpose) an existing campaign in another jurisdiction or create a new campaign?
  - Will you need to customize the banner for your audience or make the banner culturally appropriate?
  - What technology will you use (animated banners, banners that have multiple screens and move or change, have multiple advantages over static or single-screen banners)?
  - Will you seek the input of your target audience or intended users to inform the design?
  - Banners should be small and fast loading. Statistics show higher “click-throughs” on smaller, faster banners, rather than larger ones with fancy “rich media.” It’s important to “grab the eye” as the page loads.
    - Five seconds should be the maximum amount of time it takes for animation to play.
- Text length & legibility:

- Too much text can overwhelm users, and they will be less likely to read.
    - A sans serif font will display better at smaller sizes than a serif font (e.g., Sans serif font = Helvetica).
  - Brainstorm ways to create a banner that can effectively compete with other banner ads.
    - Be aware of other banner ads.
    - Be different through the use of images or catch phrases not normally seen on a specific website.
    - Be CREATIVE.
  - What message do you want to deliver?
    - Is your message going to an audience that may be over saturated with other versions of the same message?
    - Can you deliver your message in the available space of a banner?
  - Location:
    - A relationship with the website will need to be established; keep in mind that some websites will be more willing to establish a relationship than others. Review the site you are targeting. Is there another health banner on the site? If so, you may want to contact the producer of that banner and ask them about their relationship with the website. Don't be discouraged, it may take many months to establish a friendly, working relationship with a website. In some instances, a relationship may not be possible; you must know when to accept this and move on.
    - Size, shape, color, and images should all be taken in context. You should be familiar with the selected location and determine what will make your banner ad stand out and get attention on the location you have chosen. Banner ads that closely mirror the look and feel of the host site have the highest "click-through" rates.<sup>7</sup> You may also want to try a banner design that stands out on the site to see if it produces better results. Some reports indicate that bright colors such as blue, yellow, and green banners have a higher click-through rate than black and white.<sup>8</sup>
    - Is your chosen location already overburdened with banner ads? Is "banner blindness," a term that refers to an audience that has become "blind" to banners due to oversaturation, a consideration?
  - Length of campaign:
    - A decline in CTRs can help determine the usability of a banner (see evaluation for more information on CTRs).
    - Consider refreshing and/or changing your banner frequently.
      - CTRs drop significantly after 2 weeks, and usually increase when a new banner appears.
  - Evaluation:
    - How will you determine the campaign is a success?
      - Try to tie actual outcomes to your health communication efforts. For example, if the goal of the campaign is to

increase testing for a particular STD, adding questions to intake forms or printable coupons can provide numbers of people testing as a result of seeing the health messages.

- Another way to evaluate awareness is through street-intercept interviews. This is where people are randomly asked about whether or not they are aware of a certain campaign and what they think the objectives or goals of the campaign are.

- How will you distribute the results of your campaign to others?

The phenomenon of “banner blindness” appeared soon after traditional banners started cropping up on the web.<sup>9</sup> As mentioned above, the term describes how users ignore banner ads even when relevant information is included. Online advertisers are constantly brainstorming ways to combat banner blindness. Placement of the ad itself is important as now animated features are being added to grab the users’ attention. Through researching eye movements and tracking mouse clicks, scientists have discovered that most persons look at websites in an F-shaped pattern. This means that users merely scan the top of the page before focusing in on the center of the page where the most important content appears.<sup>10</sup> Marketers are now attempting to add live video to spice up their banner ads, in addition to incorporating microsites, which are tied to a specific campaign or promotion. Despite banner blindness, it is important to remember that banner ads generate responses, create brand recognition, and are cost effective.<sup>6</sup>

**Brand Recognition** – One study found that brand recognition can be as effective as a TV ad. 40% of participants remembered a static banner ad vs. 41% who viewed a 30-second commercial.<sup>11</sup>

### 3.3.1 Funding

The creation of a banner ad can be relatively inexpensive. As stated before, in-house expertise, needs, and goals must be evaluated to determine the level of the campaign that is needed. In most cases it will be necessary to involve some IT personnel or another person with computer graphic experience. It should be noted that the public health community shares well. Many programs and health departments have already created and evaluated effective banner ads that other programs can use and adapt to their specific location and target audience. Keep in mind that prior permission should always be requested and received in writing before using and adapting another program’s banner. Unless it is a federal banner ad, the banner ad should not be considered public domain.

It may be determined that the scope of the campaign you are planning is such that a contract with an external agency or provider will be needed. Professionally produced banners that are part of an extensive health communication campaign will most likely

entail a lengthier and more costly process that may include steps like focus groups and peer review.

**Tip from the field**

Targeted ads get higher click-through rates (CTR). For example, a banner ad for tennis rackets will typically have higher CTRs on a sports-related site than on a general website, though targeting banners to specific sites may result in higher marketing costs.<sup>12</sup>

The cost of running banner ads can vary depending on the website you wish to advertise on. Generally, the more popular mainstream websites, such as AOL, will charge large amounts to advertisers. It is an unfortunate fact that, in most circumstances, public service providers cannot financially compete with other advertisers vying for ad space. Because of budgetary concerns, it will generally be necessary to establish a good working relationship with a website, and will most likely entail skillful rate negotiations. However, there are some sites that will run banner ads at little or no cost as a public service. At the time of publication, the MSM sex-seeking sites (Manhunt.net, Adam4adam.com, and Gaydar.com) are willing to work with the health-care community to provide banner space for free or at a reduced cost. Collaborating with website partners is a tricky endeavor and must be planned and perused with care and caution. Collaborating and partnering with other organizations can also offset some of the costs.

### **3.3.1.2 Duplication of campaigns**

Duplication of previous health communications campaigns is a possibility and should be considered. Just like websites, banner ads can be tailored to a local region. Get Tested Chicago, Boston, and Columbus are prime examples of cities adapting another city's existing campaign to fit their own city. Another example of successful campaign duplication is with PowerON in Seattle, Tacoma, and Peoria. Health departments should consider the option of duplication, where applicable, as it provides a low-cost option to conduct health communication activities.

### **3.3.2 Evaluating Banner Ad Campaigns**

A thorough evaluation can answer many questions related to achieving the goals established for a banner ad campaign. It can also ensure that the proper steps are in place for the next campaign.

Listed below are some tips that will help you to successfully evaluate your banner ad:

- Did we optimally reach our target audience?
  - o Although more difficult to measure online, a method of evaluating behavior is to correlate a banner ad to an actual action such as testing. If a

banner ad is run to promote syphilis testing, testing sites can ask all patients presenting for syphilis testing why they decided to get tested. Was it word of mouth? Was it the result of the banner ad? Or a downloadable coupon can be printed by the user and brought to the testing site. By collecting answers to simple questions a lot can be determined about a banner's impact.

- How many people did the banner ad reach?
  - o “CTRs” and “page views” can help determine the breadth of the audience reached. These features may be more costly, but should be factored into the budget when planning the evaluation.
  - o Review the statistics of your banner on a daily basis. The average CTR on three of the major search engines (AOL, Yahoo, MSN) declined from 0.75% in 2005 to 0.27% in 2006.<sup>13</sup> A traditional CTR of 2.0% is good, but can be difficult to achieve without proper tailoring to target your audience.
- What time and where did the target audience see the banner?
  - o This may be determined by placement of the banner ad on a specific website location and available funds, but can be added and tracked with the help of your banner designer.
- Did the banner have the desired effect? Did you reach your goal?
  - o In addition to reviewing the statistics of your banner, the population could be surveyed about campaign awareness and asked to recall recent advertisements about public events concerning sexual health issues.
  - o Knowledge could also be measured among respondents hearing about the campaign versus those knowing nothing of the campaign.

#### **Tip from the field**

“Click-through” rates (CTRs) are not always the best determinate of a banner ad campaign's success or failure. There are more factors that are involved in evaluation than the answer to the question “Was the banner clicked on?”

Some of the questions that you want to answer in your evaluation are:

- Was the message delivered?
- Who clicked on the banner?
- Did the banner facilitate the desired behavior?
- Was our goal reached?

### **3.4 Examples**

#### **3.4.1 Massachusetts**

##### Example 1:

In 2003, the Massachusetts Department of Public Health (MDPH), Division of STD, noted a rise in infectious syphilis rates in the state's morbidity data among MSM. In response, the MDPH adopted a banner ad campaign that was originally created for San Francisco by Internet Sexuality Information Services, Inc (ISIS) and posted on Gay.com. The MDPH was granted the rights to use the banner, which was then modified for the New England region for a nominal fee. The campaign was designed to raise awareness about the increase in syphilis among MSM, and to encourage them to get tested for syphilis. Banner ads were posted on Manhunt.net, an online sex-seeking site for MSM.

When the ad was clicked, the viewer was taken directly to a page on the health department website that provided a list of STD clinics in Massachusetts. The banner ad ran from October to December 2003 and was viewed over 400,000 times in the combined New England states with an average CTR of 2%, or about 8,000 visitors. The banner ad ran again from January to April of 2004 resulting in more than 590,000 ad views in the New England region with an average CTR of 0.46%, or about 2,700 visitors. No data beyond click throughs was collected.



Created by ISIS, San Francisco, CA.

### Example 2

The MDPH ran a second syphilis-awareness campaign from May through October of 2004 on both Manhunt.net and Craigslist.com. This ad was similar to the commercially recognizable "Got Milk?" ad campaign, asking "Got Syphilis? Don't Know? Get Tested" and was modeled after a campaign from Chicago called "Get Tested Chicago." The campaign promoted syphilis testing at a mobile-testing van on specific dates. The ad was linked to GetTestedBoston.org, a website specifically developed for the campaign by the Medical Foundation. Besides the online banner ads, the campaign was also promoted



through ads placed in gay press, posters displayed over urinals in local bars, and through outreach workers who recruited men to be tested.

## GOT SYPHILIS?



The advertisement above was posted for about a week prior to the van screening date. The banner on Manhunt.net was viewed over 37,700 times in Massachusetts alone. Approximately 346 people, a CTR of 0.92%, clicked on the banner ad and were linked to the testing website. Of the 108 men screened for syphilis at the mobile van, 26% came because of seeing the banner ad on Manhunt.net.

# GOT SYPHILIS?

## DON'T KNOW? GET TESTED

HOME | SYPHILIS Q&A | TESTING SITES

**Let's beat syphilis.**  
Syphilis is spreading fast among gay and bisexual men in Boston. You can help stop its spread by [learning more](#) about the disease and [getting tested](#). This site provides the information you need.

**Make syphilis testing part of your routine.**  
If you're sexually active, make testing part of your routine. You have many testing options:

- Free, safe, and confidential testing this summer and fall at the BPHC Health Van, the 2nd Thursday of each month through October: June 10, July 8, August 12, September 9, and October 14, in the South End (corner of Berkeley and Columbus), 4:00 to 9:00 p.m.
- Visit a [testing site](#) for free or low-cost testing
- Get tested at your own doctor's office or health center

**Syphilis is curable.**  
Syphilis is treated with antibiotics and can be cured – but it's important to be tested early. Untreated, syphilis can cause blindness, heart problems, and brain damage. Routine testing can help you and your partners stay safe.

**FREE SYPHILIS TESTING  
SAVE THE DATE**

Visit the BPHC Health Van on the 2nd Thursday of each month through October 2004

**June 10  
July 8  
August 12  
September 9  
October 14**

South End (corner of Berkeley and Columbus), 4:00 to 9:00 p.m.

Created by: The Medical Foundation, Boston, MA

### 3.4.2 Los Angeles

An example of a campaign that created a great deal of media “buzz” was a campaign created by the Los Angeles Gay and Lesbian Center titled “HIV is a gay disease.” Articles in print and on the web discussing this campaign were prolific, as were the subsequent public discussions.

Controversial banners and campaigns can generate a great deal of “free” press regarding an issue; however, it is difficult to scientifically evaluate this type of campaign and track its results. The ultimate determination of the success of such a campaign may be based on anecdotal observations, such as an increase in testing at a certain location or by a population not usually seen in a certain location, rather than through detailed data that can be collected and measured.

Controversial campaigns can also attract the attention of policy makers who can influence laws or funding around an issue. The long-term positive and negative effects (i.e., was the gay community made more aware of the risk of contracting HIV among

their community vs. were negative stereotypes reinforced to the general public) of a campaign should always be taken into consideration before deciding to create a campaign that may be viewed as controversial.



### 3.4.3 San Francisco

In 2003, the San Francisco Department of Public Health (SFPDH) and ISIS developed, pilot-tested, and paid for the placement of animated banner advertisements in local San Francisco-specific chat-rooms, personal ad areas of Gay.com, and all member-created rooms (not geographic-specific) on AOL. Gay.com and AOL marketing staff reported to ISIS the estimated number of impressions and “click-throughs” per banner advertisement in a given period. The cost of banner advertisements ranged from about \$1,000 per month (Gay.com) to \$10,000 per month (AOL).<sup>14</sup>

There were nine banner ad campaigns shown over 33 million times on Gay.com and AOL. These ads resulted in 32,270 (0.1%) “click-throughs” to SFPDH websites containing syphilis information. The cost per “click-through” varied from about \$0.05 to over \$10, depending on the Internet site and placement within the site. Banners on the personal ad area on Gay.com had the highest number of “click-throughs.”

## 4. Mobile Devices

### 4.1 Description

The term “mobile devices” refers to portable communication technologies such as cell phones and personal digital assistants like BlackBerrys and iPhones. Mobile devices allow for almost instant communication from wherever a user is located (given cell reception). Today, mobile phones have an even wider adoption than computers; for every one personal computer sold, four mobile phones are sold.<sup>15</sup> The sophistication of mobile devices is constantly growing, allowing users to do more than just talk. Mobile-phone users can now access the Internet, take pictures, record videos, and send text messages. Seventy-nine percent (79%) of cell phone owners have text messaging capabilities and 44% can access the Internet. In fact, in 2007, text-messaging traffic grew 50% during one quarter, which equates to 620 billion messages world-wide.<sup>16</sup> Moreover, cell phones are becoming the new medium for viewing videos.<sup>17</sup>

It can be expected that Internet access via mobile devices will become more prevalent over the next few years. dotMobi is the first Internet domain developed solely for Internet access through mobile phones. Backed by 13 leading Internet and mobile organizations, dotMobi allows users to bypass the constraints of operators, handsets, and geography to effectively reach their audience. In fact, dotMobi has recently announced that 650 city names will be available to city governments in an effort to offer important city information to citizens and tourists. The city sites will be ideal for sharing news information, obtaining business updates, promoting culture and events, and for accessing local attractions, services and transportation.<sup>18</sup>

The American Telemedicine Association is in the process of developing guidelines for the appropriate use of text messaging in the health-care industry.<sup>19</sup>

### 4.2 How it can be used for STD/HIV Prevention

Mobile devices can be used for disseminating health information and resources. It has been shown, in specific instances, to aid physicians in diagnoses<sup>20</sup> and has inadvertently been used for partner notification.<sup>21</sup> Mobile phones could also be used to deliver testing reminders, medication reminders, psychological support, phone camera diagnosis, and possibly to provide test results.

#### **Cell phone use**

“There are notable numbers of cell phone owners who know about and want access to the new applications that are being installed in cell phones – Internet browsing (especially for maps and directions), music playing, gaming, photo sharing, video watching, and, of course, instant messaging and texting. As we look into the future, it is possible to see how the cell phone might become the Swiss Army knife of media and communications for a considerable number of users.”

Rainie, L. & Keeter, S. (2006, April). Pew Internet Project Data Memo RE: Cell phone use. Retrieved from [http://www.pewinternet.org/pdfs/PIP\\_Cell\\_phone\\_study.pdf](http://www.pewinternet.org/pdfs/PIP_Cell_phone_study.pdf)

treated. The authors posit that mobile phones and text messaging should be considered for partner notification.<sup>21</sup>

In 2005, another letter to the editor of the same journal reported an instance where a patient used the video and camera features on his cell phone to take pictures of lesions on his penis, which aided physicians in diagnosing the patient with genital herpes.<sup>20</sup>

Mobile video has great potential for STD/HIV prevention. Research shows that there are 8 million mobile video viewers in the United States.<sup>22</sup> Informational videos could be created for clinic visits, STD pictures could be provided by patients or providers, public service announcements could be distributed, and weekly mini soap operas could be developed specifically for mobile devices with video capability.

In 2003, a pilot study was conducted among HIV-infected adolescents and young adults (16-24 years) who were either going to be on highly active antiretroviral treatment (HAART) for the first time or beginning a new HAART regime. Each participant was given a free cell phone with a local service plan for 6 months. For 12 weeks, participants received weekly medication reminders. After 4 weeks, patients were assessed to determine perceived helpfulness or intrusiveness of the calls and to determine missed medication doses. Five of eight patients were able to complete the 24-week study. Most patients reported the level of intrusion acceptable and calls to be helpful. For all but two patients, however, viral suppression waned after termination of cell phone reminders, thus suggesting that a 12-week intervention was inadequate for most participants.<sup>23</sup>

Beyond the United States, researchers in Gugulethu, South Africa have found cell phone technology to be a cost-effective, user-friendly way for persons with HIV to transmit their health data to facilities. Data on patient adherence, antiretroviral (ARV) drugs, and medication response is crucial to caring for HIV-positive individuals. The non-profit organization, Cell Life, has designed a cell phone menu, which captures HIV data. This has proved useful in South Africa, where nearly half the population uses cell phones and most cell phone users are between the ages of 18 to 35 years – the group most affected by HIV. This new cell phone data-gathering method is helping to overcome over-crowding at rural clinics and a lack of infrastructure.<sup>24</sup>

Similarly, another organization, called Phones for Health, has equipped health workers in the field with mobile phones that allow them to enter health data about HIV/AIDS patients. The information is then reported back to a central database, which is automatically updated and allows for real-time data analysis. If for some reason the network is not available, information can be sent via text. The system allows workers to send alerts, download treatment guidelines, training materials, and order medicine. The program has already had some success in Rwanda.<sup>25</sup>

### **4.3 Who is it good for?**

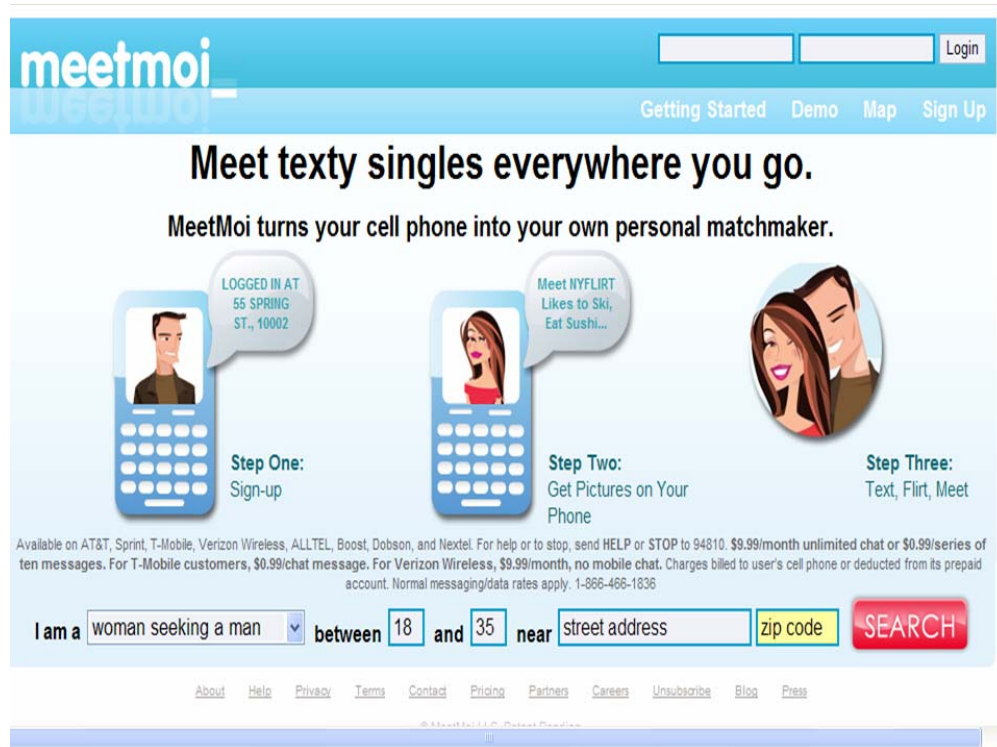
There are more than 229 million wireless subscribers in America, which accounts for more than 72% of the total U.S. population.<sup>26</sup> According to the Pew Internet and

American Life Project, 66% of American adults now have cell phones, compared to 76% of adults in the U.S. who are Internet users.<sup>27</sup> Federal government statistics on wireless telephone use indicate that more than 51% of rural American households had wireless phones, compared to 54% of all American households. Since 2003, the percentage of adults living in wireless-only households has been steadily increasing. During the first half of 2007, one in eight adults lived in a wireless-only household. The year before, it was just one out of ten, and in 2004 it was one out of 20.<sup>28</sup>

Market research has attributed 52% of mobile content consumption in the U.S. to Hispanic wireless users. Forty percent of Spanish-dominant Latinos have a cell phone; of those, only one-third have Internet access.<sup>29</sup> This information is further evidenced through CDC field work. A CDC rapid assessment of access to STD services post-Katrina in New Orleans found that Latino migrant workers had few resources such as medical care or permanent housing, but they did have cell phones. CDC released findings that Hispanic adults were more likely than non-Hispanic-white adults and non-Hispanic black adults to be living in households with only wireless devices.<sup>28</sup>

Today, cell phones are not just used for talking, but they are also being used for texting. Thirty-three percent of all wireless users sent a text message in 2006.<sup>30</sup> Sixty-five percent of cell phone-owning youth use text messaging, and 14% who don't have text wish they had the capability to do so. Additionally, use of text messaging is higher among youth of color than among White, non-Hispanic youth.<sup>31</sup>

Mobiles have even ventured into dating. The UK spends the equivalent of \$6 billion on flirty-text messaging, better known as "flexing."<sup>32</sup> In the U.S., 3.6 million users accessed a dating service from their mobile devices<sup>33</sup> and online dating sites are now offering mobile features, such as accessing profiles and sending messages to potential matches from their phone. Mobile dating allows users to text the zip code of their present location to a main database and the database searches for others in the area who have indicated they are looking for a date. The service sends back profiles of users who match the client's specified criteria. From this point, clients can freely text each other.



Mobile devices can also be used to connect to chat lines. Chat lines are phone-based services that charge a fee in order to set singles up with other singles for the purposes of conversation, dating, or sex. Chat lines may be used in 3 different ways: live chat, leave recorded messages to a mailbox, or facilitate text messaging.

Unlike the Internet, there is little to no published literature on chat lines. In a review of state surveillance records of new HIV diagnoses in men 18-30 years old between January 1, 2000 and December 31, 2003 living in 69 North Carolina counties, college men, compared to non-college men, were more likely to report meeting sex partners on the Internet/chat lines.<sup>34</sup> In Washington, DC, in 2005, 2 out of 114 (1.8%) persons diagnosed with infectious syphilis admitted to meeting sexual partners via unspecified chat lines.<sup>35</sup>

#### 4.4 Logistics & Issues to Consider

Mobile applications are new to public health. Few programs have utilized mobile technologies; however, with the worldwide adoption of mobile devices, it is worth exploring mobile application in public health. Internet Sexuality Information Services, Inc. (ISIS) has developed a cell phone text-messaging service for young people in San Francisco that provides information on STDs, HIV, birth control, and other sexual health services. Also, Denver is in the preliminary stages of developing an STD-notification program via text messages. Answers responding to clients' text messages can be scripted in advance, or proprietary software can provide individualized answers per call.

However promising, there are limits to text-messaging applications. Most messages are limited to 160 characters, including spaces.

## **4.5 Examples**

### **4.5.1 SexINFO**

SexINFO is a cell phone sexual-health text-messaging project developed in response to the rising rates of Chlamydia and gonorrhea, specifically among San Francisco's African-American youth. It is a collaboration of ISIS and the SFDPH, STD Prevention and Control Branch and is based on a similar project out of the UK by the Brook Center ([www.brook.org.uk](http://www.brook.org.uk)).

The program works entirely through cell phone text messages. When a user texts the five-digit number (36617) or Metro PCS users text 917-957-4280, they are instantly "texted" back with 11 different options, including, "Text D4 to find out about HIV," "Text B2 if u think ur pregnant," and "F10 if someone's hurting you." (The full script can be found at the companion website—<http://www.sextexts.org>.) Additionally, users can text personal questions that can be answered individually via the Internet by trained staff.

An evaluation of the project found consistent, positive-associations demographic-risk factors for STIs and campaign awareness, specifically among African-American youth, youth living in target neighborhoods, youth aged 12-18 years, those without college education, and those with the least expensive cell phone provider (MetroPCS).

### **4.5.2. Center of Excellence**

The Denver-based Internet and STD Center of Excellence (COE) has designed an opt-in text-messaging project to increase the number of patients receiving their test results. The project also aimed to increase the number of patients with positive Chlamydia or gonorrhea tests who return to the clinic 3 months later for rescreening, per the CDC STD-treatment guidelines. The COE conducted focus groups to determine acceptable text messages. Based on user feedback, the following message is sent to patients who have opted to receive a text-message reminder, "Please call Denver Health for an important health message at xxx-xxx-xxxx from 1:00pm to 3:00pm M-F." Launched in the fall of 2007, results have been positive thus far, but data is still being collected.

### **4.5.3 "3 is Key"**

In June 2006, the FDA licensed Gardasil®, Merck & Co.'s Human Papillomavirus (HPV) vaccine designed to protect women against four of the most common strains of HPV that can lead to cervical cancer. Considered by many to be a medical breakthrough, the vaccine is not a quick fix and actually requires 3 doses (0, 2, and 6 months). In order for the vaccine to be most effective, patients must receive all three doses. Aware that many pediatricians' and gynecologists' calendars do not go farther than two to three months in advance, Merck has created the "3 is Key" campaign



([www.gardasil.com/3iskey](http://www.gardasil.com/3iskey)) to help patients set up their following 2 appointments after they have received the first dose of Gardasil®. Patients are given a brief form to fill out where they can choose to either be reminded via regular mail, text message, or e-mail. Merck has created a number of reminders, examples include: “IT’S TIME to get your second dose of Gardasil®” and “3 IS KEY, did you get your third dose?”

## 5. Audio/Video

### 5.1 Description

Audio/Video (A/V) refers to equipment and applications that facilitate the production of sound and sight. The A/V world includes microphones, tape recorders, audio mixers, still and video cameras, film projectors, slide projectors, VCRs, CD and DVD players/recorders, amplifiers, and speakers.

### 5.2 How it can be used for STD/HIV Prevention

#### 5.2.1 News feeds

A news feed is a regularly scheduled summary of information, often news, that is delivered on a website or in an e-mail directly to subscribers. News feeds often include headlines and links to full versions of content. There are numerous examples of news feeds on the Web, including Kaiser Family Foundation HIV/AIDS Daily Report ([http://www.kaisernetwork.org/daily\\_reports/rep\\_hiv.cfm](http://www.kaisernetwork.org/daily_reports/rep_hiv.cfm)) and Yahoo! News (<http://news.yahoo.com/>). The feed itself is relatively simple to create, either by hand-coding, using a software program, or using an online service. Once a news feed has been created, it can be made available for other websites to add as content.

#### DAILY HIV/AIDS REPORT

August 15, 2007

[Abbott, FDA Warn About Possible Overdose of Antiretroviral Kaletra in Children](#)

[Kenya's HIV Prevalence Decreases, National AIDS Control Council Says](#)

[HIV/AIDS Programs' Limited Time Spans, Other Issues Hinder Efforts To Curb Disease in Mozambique, Official Says](#)

[Asian Development Bank Partners With Private Operators To Improve HIV/AIDS Services in Papua New Guinea](#)

[FDA Grants Cipla Tentative Approval To Produce Generic Pediatric Antiretroviral for PEPFAR](#)

[Abstinence-Only Sex Education Programs Not Effective at Preventing Spread of HIV in High-Income Countries, Study Says](#)

[Former U.N. Special Envoy for HIV/AIDS in Africa Lewis Calls on Canada To Commit \\$855M to Global Fund](#)

Figure 1: Example of Kaiser Family Foundation Daily HIV/AIDS Report news feed on the Gay Men's Health Crisis website homepage.

### 5.2.2 Podcasts

A podcast is a method for distributing media over the Internet. Podcasts can contain any type of digital media, including audio, video (Vodcast), and text (i.e., captions of the words being spoken). For example, radio and television programs are commonly made available as podcasts. Podcasts series often operate using technology called RSS (Really Simple Syndication), which is based on the common Internet language, XML (Extensible Markup Language). Users can download podcasts one at a time, or they may subscribe to a series of podcasts so that new episodes are automatically sent to their personal computer or device using an RSS feed. Once a podcast has been downloaded, it may be listened to/watched on a personal computer or mobile device (such as an iPod) whenever and wherever a user chooses. Research has shown that Podcasts aren't just for the youth anymore; there has been a substantial growth in older listeners over the past two years. Respondents ages 25-34 years grew from 45% to 55% between August 2006 and May 2007; rates doubled among listeners aged 50 to 64 years.<sup>36</sup>

Various commercially available software applications may be used to create podcasts. Once the podcast has been created, it is uploaded onto a server and the podcast file name is referenced on another file called a feed. A feed is the list of podcast files (for a specific podcast) that are available for downloading, and it contains the titles, dates, and descriptions of each podcast. The podcast is then listed on a known location or website, such as Apple iTunes, where it is made available to prospective users.

## 5.3 Logistics & Issues

Podcasts, like news feeds, can deliver information at regular intervals at a low cost. Podcasts and news feeds make receiving information easy, since users only need to subscribe once to have the information delivered automatically. Once the information is created, there is little or no cost for dissemination outside of promotion costs. Links to the material can then be shared with other websites and entities, as well as easily shared through online networks.

HIV/STD information delivered via news feed or podcast will face challenges in reaching the target audience. One challenge is creating content that is compelling enough that the target audience will subscribe and listen to, read, and/or watch the information. The second greatest challenge will be promoting the information so that members of the target audience will know it exists and where to find it.

Evaluating success of information delivered via podcasts or news feeds may also be challenging. Process measures such as number of podcast downloads, number of websites incorporating a news feed, CTRs, etc. are simple to collect. However, mechanisms for tracking participants would have to be put in place to measure the actual impact of the information.

## **5.4 Examples of Podcasts and Vodcasts**

CDC produces its own podcast series covering a myriad of health topics, including HIV/AIDS and women and HIV prevention among MSM.

ISIS coordinated with the SFDPH to produce podcasts about gay men's sexual health, <http://www.isis-inc.org/podcast/>.

## **6. Current Trends**

### **6.1 Online Social Networking Sites (SNS)**

#### **6.1.1 Description**

A social networking website is a virtual community that is created to connect people that are interested in a particular topic or to provide a space for people to 'hang out'. Members can create a profile with personal data (usually biographical), post pictures, describe their likes and dislikes, chat, e-mail, blog, videoconference, and/or text message each other. Social networking sites (SNS) are currently evolving to include small applications such as games, surveys, tests, and other software that is installed to encourage users to remain online and use the website for longer periods of time.

While not a new phenomenon, SNS have achieved great popularity. Friendster ([www.friendster.com](http://www.friendster.com)) was the first social site appearing in 2002, followed by MySpace a year later. MySpace was originally launched as a place for bands to promote themselves to a larger audience, but became extremely popular with teens and now has a varied, multi-generational audience. Two years after MySpace premiered, Facebook debuted in 2004, initially targeting college students but, similar to MySpace, later welcomed everyone.

Strictly speaking, there has traditionally been a distinction between social networking, dating, and 'hook-up' sites. All SNS are created to connect people with similar interests, but it is important to be aware of the differences between traditional SNS such as Facebook, Friendster, or MySpace; dating sites such as Match, BlackPeopleMeet, or eHarmony; and hook-up sites such as Manhunt, Adam4Adam, or M4MWorld.

#### **6.1.2 Who is Social Networking?**

SNS compete for attention, much like the first Web portals when the Internet exploded onto the scene in the mid-1990s. Variations of SNS are emerging all the time. In 2007, the Pew Internet & American Life Project reported that approximately 55% of teens between the ages of 12 and 17 use online SNS such as MySpace ([www.myspace.com](http://www.myspace.com)) and Facebook ([www.facebook.com](http://www.facebook.com)). Forty-eight percent of these teens reported accessing these sites on a daily basis or more often. MySpace is by far the most popular SNS, with 85% of the respondents reported having a MySpace profile.<sup>3</sup> When Facebook launched it was originally only open to individuals with .edu accounts from a variety of different universities, while MySpace was open to anyone. Although Facebook has recently opened its server to all, some evidence suggests that there may be a class or demographic difference between the social networks.

Social networking is expanding beyond teenagers and sites targeted for the business community, such as [www.Linkedin.com](http://www.Linkedin.com). SNS for niche populations, such as [www.artmetal.com](http://www.artmetal.com), a SNS for individuals with an interest in metal arts, are slowly gaining in popularity. Additionally, some companies are creating internal, private social networking applications for their employees. Even sexual-health professionals have a social networking website, STDPreventionOnline.org ([www.stdpreventiononline.org](http://www.stdpreventiononline.org)).

### **6.1.3 How it can be used for STD/HIV Prevention**

Many programs are capturing the specific websites mentioned by their patients as sites where they seek sex partners. SNS may be an ideal place to provide STD/HIV information to a place where people are already congregating. Profiles on such sites could simply provide health information or the profiles could be manned with outreach workers who could answer STD/HIV-related questions, advertise available services, and provide referral information. Furthermore, we can expect that if SNS remain popular, it may be one venue through which we will conduct partner notification.

### **6.1.4 Logistics & Issues to be considered**

The same logistics and issues addressed in the outreach and IPN sections of The Guidelines apply to SNS as well. Confidentiality is a priority, as well as accurate information and timely responses.

It is important to remember that, when joining a social networking website, you are entering a community that adheres to established community norms. To be effective with any health communication message within a social network, you must understand and adapt to the social norms established.

When joining any site, you agree to their terms of services and you may be required to add pictures or provide some personal information. Any posted data should represent your agency, where applicable. It is imperative that a clear boundary is maintained between your online professional work and your personal online life.

Staffing and maintaining contact within the virtual community require time and manpower. E-mail must be read and responded to, and images and information should be updated on a regular basis. These tasks will require time and staffing. Each agency or program must determine if using an online social network is the best use of funds.

### 6.1.5 Examples

Several health departments have ventured onto the social networking scene. The Riverside County Health Department of Riverside, California has created an STD Prevention page on MySpace (see below). The page offers information on STDs, contact information for the health department, and links and information to a variety of other resources.



[www.myspace.com/stdprevention](http://www.myspace.com/stdprevention)

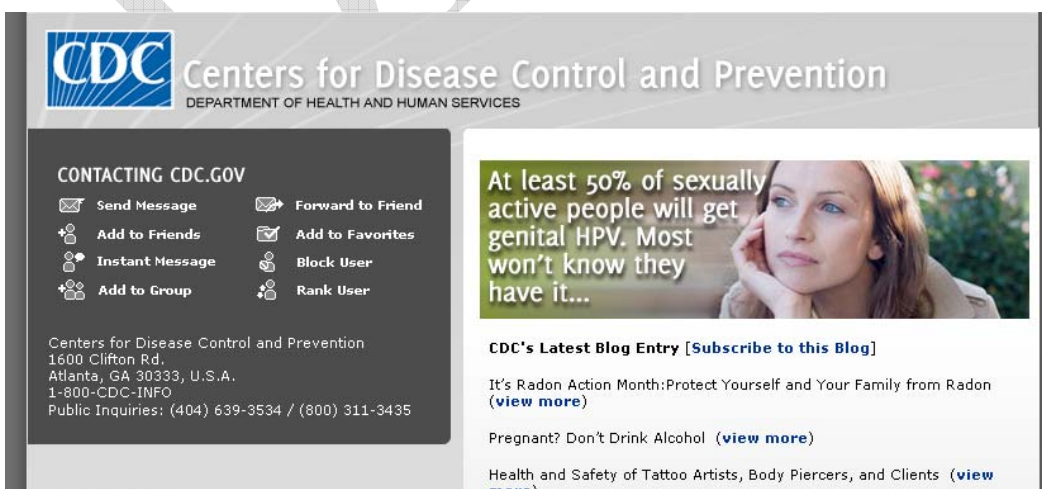
Likewise, on Facebook, both users and other entities have created groups to raise awareness about sexual health issues. Below is an example of a HPV and cervical cancer-awareness group developed by Merck that provides information on the Gardasil® vaccine. With 45,349 members, this group offers links to relevant information and organizations, survey questions, and basic health information related to cervical cancer. Several other groups on this topic have been formed by students. There are also



numerous other groups about other sexually transmitted infections and diseases on Facebook.



The CDC has also ventured into the world of SNS. For World AIDS Day 2007, the CDC MySpace page offered users stand-alone banner ads to promote HIV testing and World AIDS Day activities.<sup>37</sup>



[http://www.myspace.com/cdc\\_ehealth](http://www.myspace.com/cdc_ehealth)

## **6.2 Video games**

### **6.2.1 Description**

A video game is a game that typically involves user/player interaction with a controller interface to generate visual feedback on a video screen. The machines, or “platforms,” on which electronic games are played include computers, arcade consoles, video consoles connected to home television sets (such as Wii, Playstation, and XBox), and handheld game machines (such as the PSP). The term “video game” can be used to represent all of these formats, or it can refer to games played on devices with video displays such as a television and an arcade console.

Games can be played by individuals or large groups of players. A Massively-Multiplayer Online Role-Playing Game (MMORPG) is a type of online role-playing game (RPG) in which a large number of players interact with one another in a virtual world.<sup>4</sup> As in all RPGs, players assume the role of a fictional character, represented by an avatar created by the user, and take control over most of that character’s actions. An avatar is graphical image or representation of a user. MMORPGs are distinguished from single-player or small multi-player RPGs by the game’s persistent world, usually hosted by the game’s publisher, which continues to exist and evolve while the player is away from the game. As MMORPG evolves data is being collected on the psychology of real-time players. The Daedalus project (<http://www.nickyee.com/daedalus>) is a resource for data on MMORPG and its players. Data has been collected on topics ranging from avatars, relationship formation, addiction, gender-bending, and imagining future worlds.

Gaming has also garnered the attention of the marketing industry. According to research from Nielson in-game ads, such as a billboard on the side of the road of a driving game, can help to drive brand recognition up by 64% and can boost purchase consideration by as much as 41%.<sup>38</sup> In-game advertising is expected to reach \$2 billion in spending by 2012. Because of the increasingly social nature of online gaming, the rise in the popularity of RPGs, and evidence that in-game ads can have a significant influence on gamers, gaming has become a new frontier for health communication.

### **6.2.2 How it can be used for STD/HIV Prevention**

Games have been created to increase the health-related knowledge and skills of the general public and health professionals in the areas of prevention, adherence, self-care, disease management, health decision-making, clinical care, and emergency response. There are also games designed to diagnose mental health and neurological disorders, assess and adjust medication dosage, distract patients during painful procedures, improve self-esteem and mental health, provide biofeedback-motivated activities involved in physical therapy, and provide phobia therapy. In general, “games for health apply health promotion and health communication strategies along with the pedagogical strategies used more generally in games for learning, in order to produce better health outcomes.”<sup>39</sup>

Video games that aim to improve health are still in the works, but there are already a few showing some demonstrable results. HopeLab, a non-profit organization that

combines rigorous research with innovative solutions to improve the health and quality of life of young people with chronic illnesses, created a video game developed for adolescents and young adults with cancer. Re-Mission, a challenging 3-D shooter game with 20 levels, takes the player on a journey through the bodies of young patients with different kinds of cancer. Players control a nanobot named Roxxi who destroys cancer cells, battles bacterial infections, and manages realistic, life-threatening side effects associated with cancer.

The Robert Wood Johnson foundation has funded a program, *Games for Health*, that applies games and game technologies to a range of public and private policy, leadership, and management issues. By promoting research and the dissemination of best practices, *Games for Health* builds a community of experts who are exploring how innovative computer and videogame development and design methodologies can improve health and health-care services. (For more information see [www.gamesforhealth.org](http://www.gamesforhealth.org).)

The development of games for STD awareness and prevention are in their infancy. One game, Catch the Sperm, was developed by Sweden's Phenomedia for the Swiss Federal Office of Public Health's STOP AIDS Campaign.<sup>40</sup> The game can be played on a personal computer, a mobile telephone, or a cell phone. The goal of the game is to carry a positive message about safe sex and increase STD awareness. In fact, it happens to be the first PC game to take place entirely inside a vagina. The main purpose of the game is to get people to acknowledge how serious AIDS is, and to take proper precautions before having sex. The player is a miniature warrior with a condom gun, stationed in the vagina of a sexually active woman; after ejaculation occurs, a flood of 3-D sperm start swimming through the vagina. The mission is to trap the sperm inside the latex condoms. But sperm are not the enemy - the AIDS virus is. If you miss a single AIDS virus, the game's over.



### **6.2.3 Who is gaming?**

According to the Entertainment and Software Association's 2006 report on the computer and video game industry, the average gamer is 33 years old.<sup>41</sup> Thirty-one percent of gamers are under 18 years old, 44% are between the ages of 18 and 49 years, and a surprising 25% are over 50 years. More and more senior citizens are gaming and playing with their children and/or grandchildren. As for families, 35% of American parents say they play computer and video games, and 80% of these parents play games with their children. Sixty-six percent of gamer parents feel that playing games has brought their families closer together. The typical gamer parent is 37 years old. The study also indicates that parents are present 89% of the time when a game is rented or purchased for their children.



In North America, 40% of households have a video game console, and over 120 million people play video or computer games in the U.S.<sup>42</sup> Internationally, 150 million computer-based game consoles have been sold.<sup>43</sup> Computer games are now portable, with sales of over 170 million handheld systems like Game Boy, Nintendo DS, and Sony's Play Station Portables. Multi-player games such as *Dark Ages of Camelot*, *EverQuest*, and *World of Warcraft* each generate millions of dollars in subscriptions monthly. The audience share of some games is arguably larger than some major cable TV programs.

Games are not just about gaming but are being used for education and business development. IBM has created the business simulator Innov8. INNOV8 is an interactive, 3-D business simulator designed to teach the fundamentals of business-process management and bridge the gap in understanding between business leaders and IT teams in an organization. This type of serious gaming - simulations that have the look and feel of a game but correspond to non-game events or processes such as business operations - has emerged as a successful method to train students and employees and accelerate the development of new skills.

#### **6.2.4 Logistics & Issues to be considered**

Creating and developing a game is incredibly time consuming and expensive. Public health groups should probably look to collaborate with game developers to enhance or modify existing games, rather than attempt to develop a game themselves.

#### **6.2.5 Examples**

##### **6.2.5.1 CDC in Second Life**

In 2006, the CDC entered Second Life and created the avatar, Hygeia Philo. Within this metaverse, the CDC is able to offer interactive health information to the 700,000 "residents" of Second Life. The CDC site in Second Life also offers links to CDC websites, free podcast downloads, and real-life public health updates and contributes a health-related new column to the in-world newspaper, the Metaverse Messenger. To access the CDC site in Second Life, visit CDC at coordinates: Juwangsan 215,216,60 or <http://slurl.com/secondlife/Juwangsan/215/216>.



Screen shoot of CDC avatar, Hygeia Philo, in Second Life

#### **6.2.5.2 American Cancer Society in Second Life**

In 2005, The American Cancer Society held a virtual Relay for Life in Second Life in conjunction with their annual fundraiser. In Second Life, avatars of the participants in the Relay for Life participated in a cyberspace walk-a-thon around a virtual 96-acre park. The event was so successful that they held a second virtual Relay for Life in 2006 and raised over \$40,000 and attracted more than 1000 virtual participants.

#### **6.2.5.3 CDC in Whyville**

Whyville.net is a leading virtual world website for boys and girls, ages 8 to 15 years. For eight years, the site has successfully walked the very fine line between education and entertainment. Inside Whyville, “citizens” learn and play, socialize and recreate, govern and earn, write and design, eat and dance, and much more. Whyville has over 2.2 million registered “citizens.” The majority of players are from the U.S. and more than half are girls. On average, players spend 3 hours per month on Whyville.

The collaboration between Whyville and the CDC is part of a concentrated effort to raise awareness about the seasonal flu on the preventative measure that can be taken to stay healthy. With almost 2 million registered users, Whyville represents a unique mechanism to educate young people about the importance of early flu vaccinations. While teens are not categorized as a high-risk group for influenza-related complications, reaching children at this stage allows for an understanding of influenza and how the disease can be effectively prevented. In addition, educating teens empowers them to pass

along vaccine-related information to others in their households who would benefit from being vaccinated.



Screen shot of Whyville

The Why-vaccinate campaign is the next phase of a longer running effort in Whyville to help kids understand communicable diseases and their prevention. Similar to a real flu, virtual flus are transmitted by community-based contact and can be acquired by being in the same vicinity in the virtual world as an infected avatar. The first instance was the launch on Valentine's Day 2002 of the "Why-Pox" in which children's avatars developed unsightly red boils and their chat was interrupted by uncontrollable sneezing. The educational consequence of yearly recurring Why-pox is now the subject of a research study funded by the National Science Foundation at UCLA.

#### 6.2.5.4 WhyEat program in Whyville

Working on the premise that both advertising and education have the goal of teaching people, companies create branded scenarios for kids to learn in--like the University of Texas Health Science Center San Antonio-sponsored "WhyEat" program in Whyville. Kids who joined the program found that their avatars reflected the nutritional value of the food they ate over time. So avatars that didn't get enough vitamin C, for example, ended up with the pockmarked face of scurvy, but they could "cure" their avatars of the disease in a few days by adjusting their diet appropriately. Goss noted that, according to post-program tests, about 45% of WhyEat participants said that the program "changed the way they thought about nutrition choices in their real lives."

## 7. Summary

As society evolves, much of the information developed is being made available and disseminated via new electronic media. Translating health communication activities related to STD/HIV prevention to these new media is a natural progression of the public health field to keep pace with society. Whether your program uses banner ads, develops a website, or develops a series of podcasts, clearly established goals for your health communication activities will best determine how the Internet can play a supporting role in STD/HIV prevention. While the various websites and communication platforms noted in this document are popular and in wide use today, it is important to acknowledge that trends undoubtedly change. As such, periodic assessment of how your target audience uses electronic media is suggested.

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APPENDIX A  
Logic Models  
Logic Model Template

Goal/Situation:

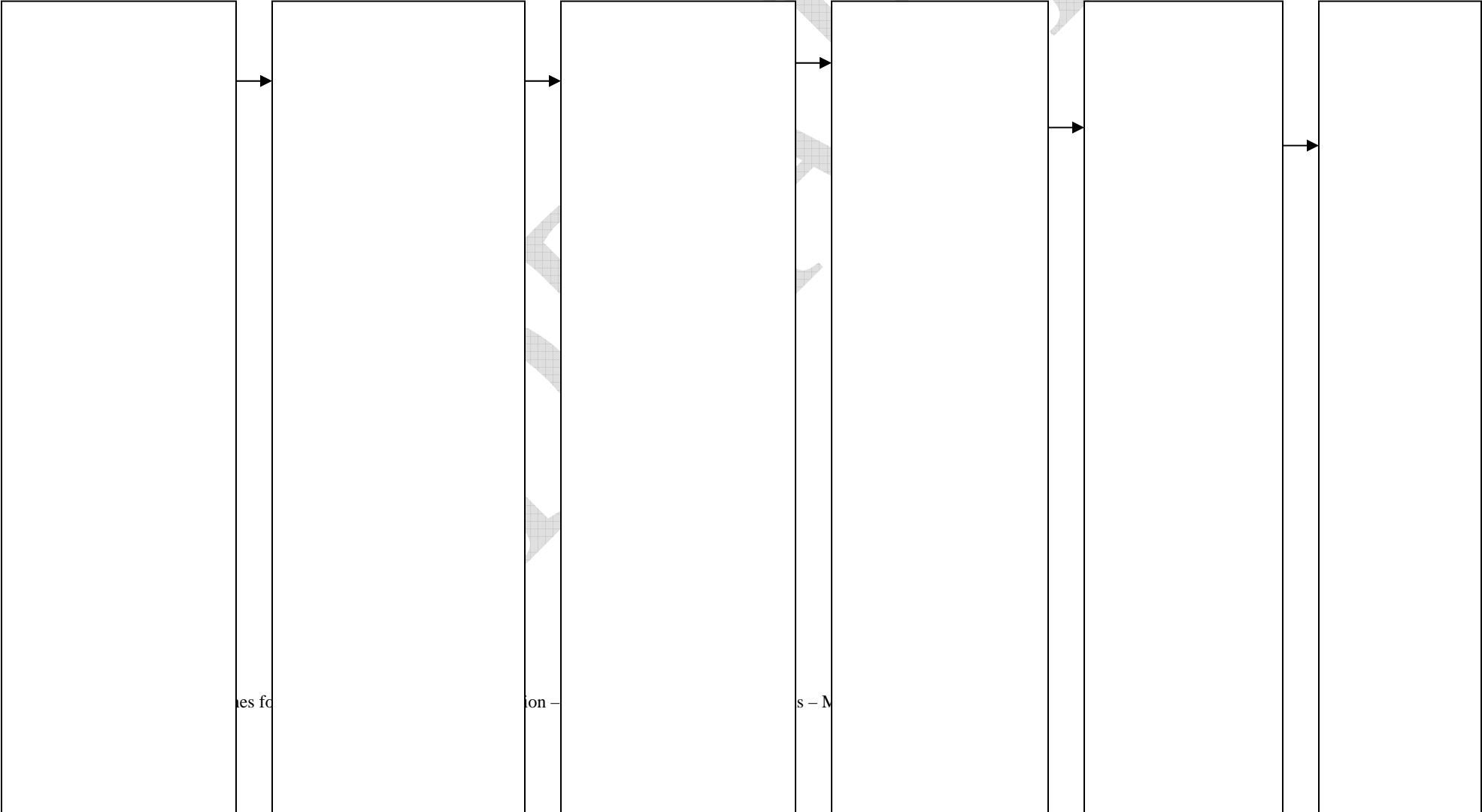
**Inputs**

**Activities**

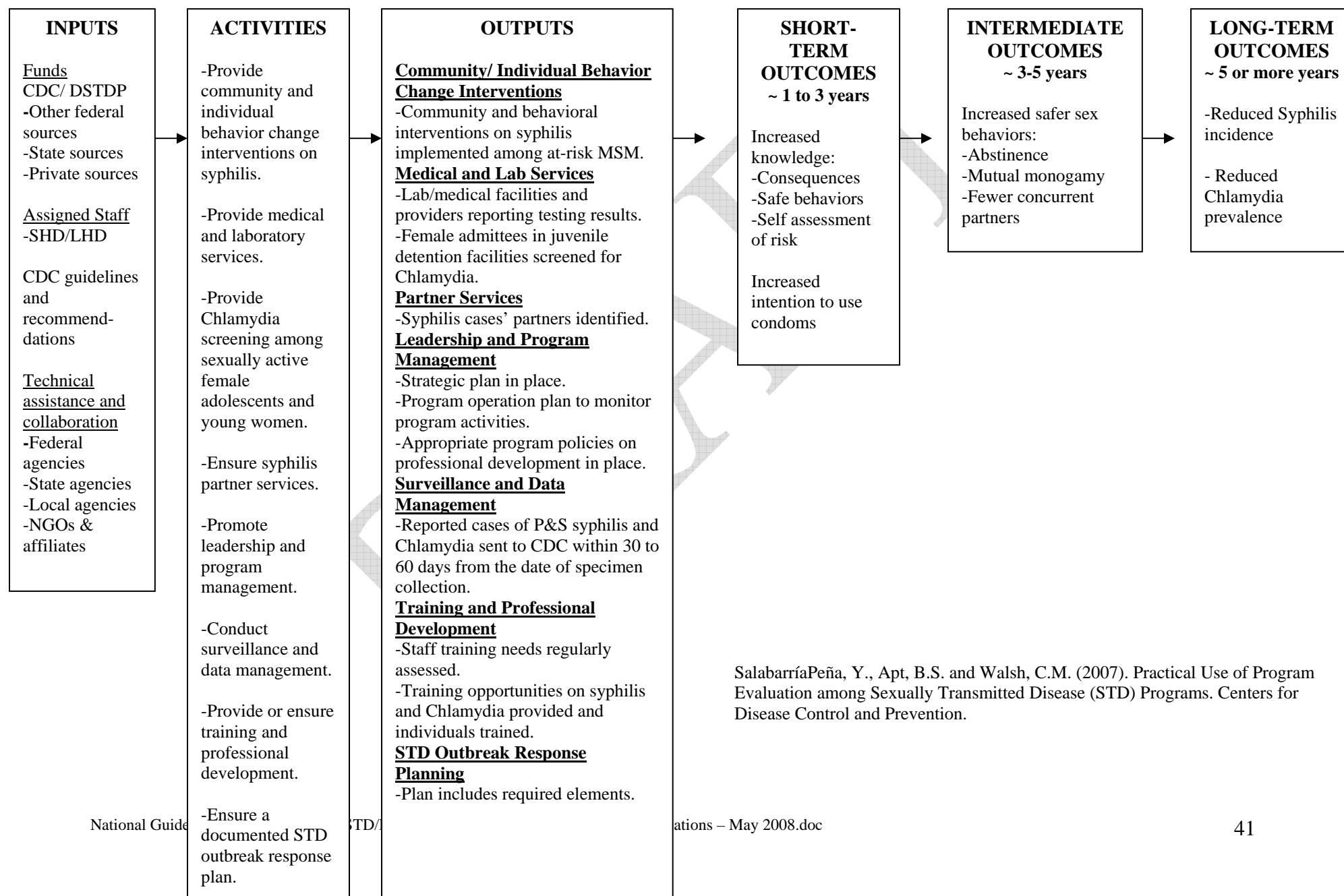
**Outputs**

----- **Outcomes** -----  
**Short**      **Intermediate**

**Long**



## Logic Model for State X Comprehensive STD Prevention Systems (CSPS) Program





## **Appendix B**

### **Creating a Website**

#### **Setting Goals**

To build an effective website, clear and practical goals must be established. These goals should be based on what your agency is trying to accomplish. It is easy to get excited about all the information that a website can provide or about the many features and technologies that are available. Clear goals should define your target audience. Knowing your target audience will help to shape how you will develop the site. For example, if your agency is working on a syphilis outbreak among MSM, you should develop a website that is specifically targeted for MSM or for health-care providers that serve MSM. A website focused on MSM should contain images and use language that is meaningful to that community.

#### **Domain Name**

When creating a website the first practical step is to come up with a Uniform Resource Locator (URL), also known as a domain. Domain names may be purchased from several locations on the Internet. Websites such as GoDaddy.com can provide domain registration and website hosting.

In selecting a domain name, it is important to consider the impression the name may have on the target audience. Web audiences may evaluate the credibility of your site based on the domain name.

An extension such as .com, .org, .gov, or .info is part of the domain name you will choose. Each extension is an abbreviation of a phrase indicating a particular type of website. The most common extensions include: .com for a commercial website, .org for organizations, .edu for educational institutions, and .gov for websites representing government agencies. The extension that best represents your program or agency should be chosen. Most agencies or programs will choose a .org, or a .info extension, states and federal programs may choose .gov.

#### **Hosting a Website**

Web pages must be hosted on a server that is connected to the Internet to be part of the World Wide Web.

#### **Hosting Options**

##### **Agency/In-house**



If your agency currently has a server that hosts a website, hosting another website on the same server may be your most cost-effective option. Talk to your agency's Information Technology (IT) staff and explore web hosting possibilities with them. The terms "service level agreement" and "software requirement" are often used when working with IT staff. These documents will describe what the technical group will do and in what time frame you can expect it.

A working relationship with IT staff is critical to the success of any web project. When creating websites, the possibilities are limited only by your imagination and budget, but having an IT staff that is willing to find a 'work around' for challenging issues and that has an investment in the success of the project is key to the overall success of the development process.

### **Educational Institutions**

If you work with a college or university or are affiliated with one, it may be possible to obtain donated space on a web server. Universities generally provide server space to all students and faculty. If you work with university IT staff, it is likely that they will be members of your target audience. With that in mind, it is extremely important to have a clear plan and understand exactly what you are trying to accomplish and how you plan to accomplish your goals so that you can inform and involve them in exactly what it is that you are trying to accomplish.

Even if you have no association with an educational institution, it might be possible to obtain website design help from a college, university, or technical school. A professor teaching web design might be willing to use your site as a design project in class or a competition in the department.

### **Internet Service Provider**

Most Internet Service Providers (ISP) that provide access to the Internet also provide space on a web server as part of their Internet package. If you are planning a simple website such as a listing of STD Clinics, locations, services provided, hours, fees, and contact information, you might be able to house it on your ISP. Be aware that the amount of space offered is usually limited. Many ISPs will also offer products to create websites from a template and provide a step by step process for creating a basic website. Check with the terms of use or contact your ISP for more information regarding website hosting.

### **Decision Tree: In-house versus Contractor**

The following questions need to be addressed:

- Are there restrictions that require all web development to be done in-house? If not, are there restrictions about particular vendors, sole sourcing, etc. that need to be considered before you bid out to contractors?

- Is it better to have the authority of a government agency behind your content (medical experts, etc.)? Or are you building a community-oriented site where acceptance by target audience is more important than medical authority?
- Will there be information exchange and/or any potential privacy issues? If yes, working in-house on the government server is likely to be the more secure environment.
- Does the firewall at your agency prohibit certain software or block access to or from particular sites? If yes, there may be workarounds, but it might be simpler to host the site through an external web host.
- Is there a standard look and feel to all of the current content on your server? Are you required to conform to the same look and feel? Does that look and feel meet the needs of your target audience?
- If there is no standard look and feel, are there in-house designers who can create something that will appeal to your target audience? If no, will your IT staff be willing/able to build a site designed by a sub-contractor?
- Does the in-house IT department get projects done in a timely manner? Does their timeline fit with yours?
- Is the in-house IT staff accessible to your department for updates, changes, re-designs, etc. on a regular basis after the site is launched?
- Does your team have the staff and expertise to conduct focus groups of the target audience, develop the content, oversee design and navigation, beta- and usability testing, and maintenance of the site?
- If you have limited staff resources, consider a firm or organization that has expertise in sexual health issues, or that can hire a health educator to assist with content development and delivery.
- Is there funding available (and adequate vendors) to contract all services out? If not, consider what skills you have available in-house. (Costs include, but are not limited to; design, engineering, market research, content development, web hosting, and social marketing).
- Before beginning any work on a website, spend time surfing on the Web to examine the competitive landscape and to find sites that have navigation and designs that you like. Write down the name and any contact information about the designers of the site, and keep track of the sites to show to any designers you may contract with.

- Work closely with the developers to create content that is appropriate to your target audience. Allow contractors to translate your content to be web-friendly.
- Whether you work in-house or contract out, conduct extensive quality assurance and usability testing with your target audience before launching the site.

## **Creating a well designed website**

User-centered design is based on a set of usability principles developed from research into how people use websites. The focus of user-centered design is on how the user will experience the website. Ideally, websites should be rigorously tested for usability. Testing will ensure that users are able to find information and complete tasks easily and efficiently. Site designs should be revised and retested as needed to ensure user satisfaction. Even if funding will not allow full usability testing, it is valuable to think of the development of a website from a user-centered perspective and incorporate usability principles. For more information on usability see the Health and Human Services (HHS) “Research-Based Web Design and Usability Guidelines” at <http://usability.gov/pdfs/guidelines.html> and “Usability Basics” at <http://usability.gov/basics/index.html>.

## **Defining target audience**

In the goal you established for your website you should have identified a target audience. That audience is the users for whom you will design your website. To begin, you need to collect and identify all the information you can about that target audience. How old are they? What are their education levels and/or reading levels? Are they web novices or experienced web users? How fast is their Internet connection? Usability practice suggests that you create one or more personae to represent your audience.

## **Content**

The most important consideration when creating a website is the content. A website will be successful only if the content is useful to the target audience. It is necessary to plan for the layout and structure of the site’s content prior to designing the web pages. Content on a website should try to be unique or organized in a way that distinguishes it from other websites with similar information.

When developing content, your perspective should be that of those you are attempting to reach through the site. Would your target audience find the information on your website that he/she needs? What necessary content is missing? What questions would your audience have after reading the website? Can additional content be provided to answer these questions? If funding permits, focus group testing may answer many of these questions. If funding is limited, the website creator should consult with peers, co-workers, family members, or others familiar with the target audience to get their input on these questions.

Much of the content on your website will be unique and generated by you or the development team, but keep in mind that there are fact sheets available on many topics (e.g.,

fact sheet on an STD for a general audience), and they are readily available through the Internet. Not all content on the internet is free; avoid copyright issues by obtaining permission to reproduce content when required.

A source for website content can come from the website creator's agency. In some cases the material can be used as is. However, it may be necessary to rewrite the information for the target audience.

Creating new content for a website can be time consuming. Writing well for a target audience at an appropriate reading level is a specialty that takes time to master. If the website budget permits, hiring a contractor to write for the website can be a good investment. Provide the contractor with the necessary information to include on the website and as much information as possible about the target audience. Ask for samples of the contractor's work for similar audiences to ensure that he or she can provide the necessary content.

For more information on writing for the Internet please refer to Neilson (1997, October 1) available at <http://www.useit.com/alertbox/9710a.html>.

Writing for health-care providers may be an exception to the general rules of Internet writing. Medical writing has its own conventions and following those conventions increases credibility with health-care providers. Collaboration with a physician or someone very familiar with the medical field may be necessary to develop a website for this target audience. The website creator might be able to provide an easily scanned summary of medical information that follows the rules of web writing; however, it may also be necessary to provide the complete medical article with footnotes and a bibliography to satisfy this target audience. For complex content on a website, it is also a good idea to provide a printable version.

## **Clearance**

Develop a clearance process within the agency for any information that is included on the website. An effective clearance process ensures that the information provided is accurate and appropriate to the agency's mission. Consistently accurate information is the foundation of credibility for a website. Even in an urgent outbreak situation when it is necessary to distribute information quickly, it is important to follow the established clearance process. Accurate information at noon is more valuable than incorrect information posted on a website three hours earlier. Document website-content clearance with a form or with an agreed upon e-mail chain and save all documentation. The clearance process should include someone in agency management who is in a position to evaluate the impact of the web content on the agency's mission. Hyperlinks to content on other sites should also be cleared for accuracy, and the site should be reviewed to ensure the link does not appear to be endorsing a commercial product or an inappropriate point of view. Government sites often use a link disclaimer, like the following, when linking to non-government sites.

**Non-CDC Link Disclaimer:** Links to non-Federal organizations found at this site are provided solely as a service to our users. These links do not constitute an endorsement of these organizations or their programs by the CDC or the Federal Government, and none

should be inferred. The CDC is not responsible for the content of the individual organization web pages found at these links. <http://www.cdc.gov/std/hpv/default.htm>

Even with a disclaimer, a hyperlink suggests that content on the linked website is worthwhile. Therefore, it is important to ensure that an excellent explanation about proper condom usage does not appear next to an inappropriate advertisement.

## **Organizing content-Navigation**

Content on a website is organized by menus. Menus on a website form a system of navigation, a way to move from one page to another. Menus that appear on every page of a website are called persistent navigation. Persistent navigation should appear in the same place on every page in your website so that web visitors can learn how to go from page to page. The words used in your menus and persistent navigation should match what your web visitor will see when he/she clicks and opens the page. For example, if you have a menu item “STD Clinics,” the web visitor should see STD Clinics at the top of the page when they click that link.

As you organize your content, think about the tasks a web visitor will want to complete on your website and look at how easy (or hard) it would be to complete these tasks. For example; how many clicks will it take to find STD Clinic hours or information on a new outbreak? The most important information and links to the most frequently used material should be featured most prominently on the page.

## **Testing**

Testing your website with members of your target audience before it goes live can increase the site’s effectiveness but can be expensive and time consuming. If your budget and time frame allow, testing can help to ensure the overall success of your site. Extensive Testing is particularly important if you are trying to encourage a behavioral change in your target audience. There are many types of testing you might use to improve your site.

- **Focus Group Testing** – Early in the development of your site, you might use focus groups to explore your audience’s current understanding of a topic, to discover what language they use about it, and how they respond to different ways of presenting information.
- **Formal Usability Testing** – In a formal usability test, members of your target audience are asked questions about their impressions of the website and then asked to complete specific tasks on the site, talking aloud about the process as he/she completes the task. After completing the tasks, the participant is again asked their opinion of the website. Test results measure successful completion of tasks and how long it takes to complete tasks, as well as user satisfaction.

Usability testing allows you to see what your web visitors will actually do so you can modify the site to overcome any unanticipated difficulties they experience.

The number of participants that are enlisted for a usability study ranges from 5 – 30 and is based on your budget, the complexity of the site, and target audience's level of expertise.

- **Online testing/surveys** – Before you begin to market the website, conducting online testing or surveys to get feedback on effectiveness will help to ensure that the product is ready for a full-scale release. This can be a less expensive way to do usability testing. Software is available that allows visitors to view the web page and answer questions about it in a separate section of the page and records time elapsed and users' movements around the site. Alternatively, survey software can ask more general questions about the site. After the site is launched, occasional user surveys can help to determine your audiences' changing needs.
- **Informal Testing** – If the budget does not permit formal testing, you can still do a great deal to improve your site with informal testing with family, friends, and co-workers. Select people as close to your target audience as possible and ask them to help you figure out if the site works. Ask the kinds of questions described in the methods above and listen carefully. It is very important not to become defensive because it will shut down the feedback.

## Marketing the website

Launching a website is the first step toward the success of your program. Once launched, you must market the site to increase traffic and reach your target audience. If your website is part of a campaign, it is useful to mention the site address in printed materials, posters, and radio and TV spots. In an outbreak situation, it might be possible to get TV stations to mention your address for more information or to include it on the TV stations' websites. You can also request that sites that serve a similar audience link to your site. You might distribute a simple flyer with your web address and a brief outline of what's available on your site at STD clinics. E-mail announcements can be an effective marketing tool with some audiences. For example, if your site targets physicians, local medical associations or insurance organizations might be willing to include information about your site in e-mails to their members.

It is easier to promote the website if you have a simple, easy to remember domain name, the shorter the better. For example, the CDC STD site used to use the web address <http://www.cdc.gov/nchstp/dstd/dstdp.html>. To simplify promotion of the site, the address was changed to <http://www.cdc.gov/std/>. If it is not possible to use a simple address, it might be possible to set up an alias that is simple. Talk to your server administrators to see if an alias can be set up.



**Search Engine Marketing** – In Internet marketing, search-engine marketing (or Search Marketing) is a variety of methods used to increase the visibility of a website. Your website can be enhanced to be more visible to search engines and increase your rating in the search results. Search-Engine Optimization is the process of choosing targeted keyword phrases that are related to your site to help ensure that the site is placed within those keyword phrases as part of a web search. Optimization involves making pages readable to search engines and emphasizing key topics related to your content. Basic optimization may involve nothing more than ensuring that a site does not unnecessarily become part of the invisible Web (the portion of the Web not accessible through Web search engines). Advanced optimization may include significant research into every element of page design, site structure, and off-the-page criteria.

Before pages can be optimized, research must be done to determine which keywords to target. This involves finding relevant keywords, determining their popularity, assessing the amount of competition, and deciding which keywords can be best supported with quality content.

Paid Placement and Paid Inclusion are also part of Search Marketing. Google AdWords, Microsoft adCenter, and Yahoo! Search Marketing are all examples of ‘paid’ Search-Engine Marketing.

It is possible to use tools such as Metatags that will optimize your pages and make it more likely that search engines will find your site. Metatags are code included in the head of a web page that does not display but can be read by the crawlers that search engines use to find pages. The three most important metatags for marketing purposes are title, keywords, and description. For example, here are the metatags for the STD main page on the CDC site:

```
<meta name="description" content="Information, statistics, and treatment guidelines
for sexually transmitted diseases (STD) from CDC's Division of STD Prevention" />
<meta name="keywords" content="STD, STDs, STD prevention, sexually
transmitted diseases, prevention, venereal disease, VD, chlamydia, LGV, gonorrhea,
syphilis, human papillomavirus, HPV, herpes, HSV, trichomoniasis, bacterial
vaginosis, BV, surveillance, treatment guidelines, sexually transmitted infection, STI"
/>
<title>Sexually Transmitted Diseases - Information from CDC</title>
```

Here is how this information will show up in a Google search:

**[Sexually Transmitted Diseases - Information from CDC](#)**

Information, statistics, and treatment guidelines for **sexually transmitted diseases (STD)** from CDC's Division of **STD** Prevention.

The title tag is used as the hyperlink (it would also be used as the text of a bookmark or favorite) and the description tag is picked up as the description. The search engine matches the users search to the keywords it finds in the keywords in the pages metatags.

For more information on Google search, see <http://www.google.com/webmasters/>

For information on Yahoo, see

<http://tools.search.yahoo.com/about/forsiteowners.html#webmaster>

For information on LIVE search, see [http://help.live.com/help.aspx?project=w1\\_webmasters](http://help.live.com/help.aspx?project=w1_webmasters)

## Measuring impact

One of the most common ways of measuring the impact of a website is to look at usage statistics for the site. There are two main ways that such statistics can be generated:

1. From Internet-server logs
2. From code added to each page and recorded on a third-party server

See an article on web analytics in Wikipedia for more information,

[http://en.wikipedia.org/wiki/Web\\_analytics](http://en.wikipedia.org/wiki/Web_analytics)

Software to analyze web traffic can be quite expensive, so if your server has something available, you will probably want to use it. If no analysis software is available, your server administrators might be willing to give you access to server logs. Google offers a product called Urchin Web Analytics, version 5.0 is free but all subsequent versions will charge for a license. If nothing else is available or affordable, you can add page counters to each of your web pages to measure traffic. It is more professional if the counters are invisible and just report to you either by e-mail or by recording results in a file on the server. To find free counters, search the Internet for “page counters.”

You may want to know more about how your site is being used and to look at the page views (or page loads) rather than just the hits for your web pages. A web page is made up of multiple files, generally an htm file plus many graphic files. Hits count each file separately and give an inflated and possibly distorted idea of traffic. Page views measure how many times the web page is viewed, including the related graphics. So, if a web page has one htm file and 20 graphic files, one person viewing it would count as 21 hits but only one page view. Visits and unique visitors are also useful if you can get this information (See Appendix D for definitions). Measuring unique visitors usually requires that the website create a permanent cookie on the users' computer. If you are working on a government website, creating permanent cookies is forbidden by federal privacy regulations.

When using web usage statistics to measure impact, it is important to select a set of measurements that you can repeat in the same way for different time periods. You don't want to have page views for one month and visits for another. Plan what you will measure as you are setting up your website.

Web-usage statistics tell you if people are using your website, which is a necessary first step, but you may want to measure other types of impact depending on the goals of your website. If your goal is to increase STD testing at clinics or at a special event, you need to collect data at the clinic or event on how people found out about the services. You might be able to provide some sort of coupon or incentive, such as mention the website to get a discount or giveaway or to move up in the line.



If your goal is to increase understanding of the topics you are presenting on your website, you might want to use an online survey to measure impact. If tools to conduct an online survey are not available on your server, there are many inexpensive sites that you can use to conduct custom surveys that you would link to your site. Search the Internet for “online surveys.” Online surveys are also useful to measure customer satisfaction and identify ways to improve your site.

## **Maintaining the site**

To keep your website effective, it needs to be reviewed and updated regularly (at least annually). For content that doesn’t need to change, you might want to add a recent reviewed date so that your audience will know this is still current. Older content can be deleted or, if you think it may have some historical value, you can move it to an archive section. All hyperlinks on your site need to be checked regularly as well, not only to make sure that they are still valid links but also to make sure that the content of the pages they link to is still useful. A monthly hyperlink check is usually effective.

## **Design**

Effective design holds a web visitor on a web page long enough to see your content. It is the blend of color, images, font choices, and placement on the page that creates the emotional tone of a web page. Effective design incorporates all the elements of usability but it is more than just following usability rules.

Consider the two following pages:

- Jakob Nielsen's Alertbox, April 17, 2006: F-Shaped Pattern For Reading Web Content - [http://www.useit.com/alertbox/reading\\_pattern.html](http://www.useit.com/alertbox/reading_pattern.html)
- San Francisco City Clinic - <http://www.dph.sf.ca.us/sfcityclinic/>

Jakob Nielsen is an authority on usability and his site certainly follows all the rules (The article also has valuable information about how web visitors view a page.). The San Francisco City Clinic site also follows the rules of usability but, in addition, it is well designed. Consider your reaction to the two pages. Which page makes you want to keep reading?

Design is not a one size fits all undertaking. The web design that would work best for treating physicians is not the same design that would be most effective with urban MSM. Share with your designer information about your target audience and look for a designer who has experience creating sites for your audience.

If possible, hire a professional web designer to create your site. If the budget is tight, investigate working with a local design school or web courses at a university, as discussed earlier. A professional web designer could also create appropriate banners to draw attention to your message and bring visitors to your website.

## Design/Things to avoid

- Welcome to the (Agency Name Here) Home Page followed by an explanatory paragraph. A website is not a cocktail party, it is not necessary to greet web visitors and welcome them to the home page. If the page is well-designed, the Internet user will understand immediately which website he or she is accessing. Internet users scan pages and leave quickly if they do not find desired information.
- Page Under Construction or Coming Soon: Do not post a website until it has content. The only exception to this rule is if specific content will be published on a specific date and the agency is getting inquiries about when the information will be posted. For example, if a funding announcement will be published on September 2 (and that is a firm deadline), the web page designer may want to post a funding announcement page with the information that the announcement will be published on this page on September 2.
- New content with an old publication date: It can be valuable to mark new additions to your website in some way. Publication dates for specific content can be useful; however, it is essential to ensure that content designated as NEW is actually new web page content.
- Blinking/flashing text or images
- Alphabet soup: If acronyms are used, be sure that definitions are clearly spelled out somewhere on each web page. Be particularly careful about acronyms you use frequently in your agency. For example, many people may not know that STD stands for sexually transmitted diseases.
- Frames: Frames are a web-coding technique that allows some content of a web page to change while other content remains the same. It may sound like a great idea to maintain persistent navigation until an Internet user tries to save/bookmark the web page, but all bookmarks lead only to a website's home page. It is not possible to link to web pages within a website.

## Technical Considerations

### Handicapped Accessibility

All Federal websites or websites created for the public with federal funding must meet the requirements of Section 508 of the Rehabilitation Act (29 U.S.C. 794d). To read the regulations for websites, go to: <http://www.section508.gov/index.cfm?FuseAction=Content&ID=12#Web> . While the regulations look daunting at first glance, it is not generally that difficult to make your website handicapped accessible. For further training and information, visit <http://www.section508.gov/index.cfm>. To test a web page's accessibility, see <http://www.cynthiasays.com/> .

## Screen Resolution

Web pages display differently depending on the screen-resolution settings on the computer. Resolution is a measurement in pixels of what displays horizontally and vertically on a computer screen. To see what resolution you are using, right click on a blank area of your desktop and select “Properties” from the menu. Click on the “Settings” tab and you should see the screen resolution you are using. It is likely that it will be 1024 x 768 which is the most common resolution in use as of this writing (January 2008). A lower resolution, like 800 X 600, will display less of a web page at one time. This can be a problem if a web page (or a graphic on a page) is wider than 800 pixels. A user will have to use the horizontal scroll bar to see the entire e-page and this should be avoided. The reason you often see web pages with blank areas on one side or the other of the main content is to accommodate lower resolution monitors. It is also possible to make pages that resize but you should test your pages at least down to 800 X 600 to make sure your users do not have to scroll horizontally. Your web server administrators may be able to give you information about the screen resolutions in use by your web visitors from the server logs.

## Cross-browser compatibility

A browser is the software installed on a computer that displays web pages. Different browsers display pages differently and you need to test your web pages in the major browsers that your web visitors will use to make sure they display as you intended.

From the statistics below, you can see that Internet Explorer 6.0 is the most common browser. However, FireFox has become quite popular as well.\*

Web Browsers 12/01/07	
Internet Explorer 6.0	42.79%
FireFox 2.0	20.82%
Internet Explorer 7.0	19.57%
Firefox 1.5	5.92%
Safari 2.0	1.84%
Firefox 1.0	1.03%
Opera 9.2	0.91%
Mozilla 1.8	0.56%
Opera 9.0	0.50%
AOL 6.0	0.47%

- Source <http://www.w3counter.com/globalstats.php>

The administrators of the web server that is hosting your site may be able to give you information about what browsers are used on your website so you can select the appropriate browsers to test.

**\*Note:** In June 2007, the top browsers in use by CDC.gov web visitors were:

- Microsoft Internet Explorer 6 – 48.8%
- Microsoft Internet Explorer 7 – 22.8%
- Netscape Navigator 4 – 11.0%
- Mozilla Firefox 2.0 – 7.6%
- Mozilla Firefox 1.5.0.1 – 2.2%
- Safari 2.0.4 (Macintosh) – 2.0%
- Microsoft Internet Explorer 6.0 (AOL) – 1.1%
- Netscape Navigator 3.0 – 1.1%

### **Printable pages**

Many Internet users print web pages to read later or share with friends and colleagues. Web pages can be coded to print easily, usually with a separate print style sheet. For long documents or fact sheets and brochures, it is a good idea to make an Adobe PDF version so that viewers accessing the website and document can have numbered pages and greater control over print output. If there are PDF files on the website, it is useful to Internet users to include a link to download Adobe's free PDF reader, <http://www.adobe.com/products/acrobat/readstep2.html>.

## Appendix C

### Health Communications Planning Tools

#### **CDCynergy**

CDCynergy is a multimedia CD-ROM used for systematically planning, managing, and evaluating public health communication programs. It guides users through conceptualizing, planning, developing, testing, implementing, and evaluating health communication activities, while promoting accountability and the importance of evaluation.

For more information, please visit:

<http://www.cdc.gov/healthmarketing/cdcynergy/index.htm>

#### **National Cancer Institute – Making Health Communication Programs Work**

This book describes a practical approach for planning and implementing health communication efforts. The planning steps in this book can help make any communication program work, regardless of size, topic, geographic span, intended audience, or budget. (Intended audience is the term this book uses to convey what other publications may refer to as a target audience.) The key is reading all the steps and adapting those relevant to your program at a level of effort appropriate to the program's scope. The tips and sidebars throughout the book suggest ways to tailor the process to your various communication needs.

For more information, please visit: [www.cancer.gov/pinkbook](http://www.cancer.gov/pinkbook)

## Appendix D

### Definitions/Glossary

**Animated image** – An image that moves or changes.

**Audio/Video (A/V)** - Refers to equipment and applications that deal with sound and sight. The A/V world includes microphones, tape recorders, audio mixers, still and video cameras, film projectors, slide projectors, VCRs, CD and DVD players/recorders, amplifiers, and speakers.

**Banner Ads** - Generally known as a graphic image (static, animated, or rich media) that is used on websites for the purpose of advertisement or promotion.

**Chat lines** - Phone-based services that charge a fee in order to set singles up with other singles for the purposes of conversation, dating, or sex.

**Click Throughs** – The act of clicking on a banner ad and transferring to a website.

**Click Through Rate (CTR)** – The percentage of click throughs from a banner ad to a website. A 1% CTR means that 1% of each 1000 banner views (or 10 visitors) have clicked through to the linked website.

**E-mail** – Messages sent through an electronic network to specified groups or individuals. Though e-mail is generally text, users can attach files that include graphics, sounds, and video. E-mail is not ‘real time’ and relies on the recipient to open the e-mail to read it.

**Games for health** - Games that apply health-promotion and health-communication strategies, along with the pedagogical strategies used more generally in games for learning, in order to produce better health outcomes.

**Health Communication** – The study of communication strategies to inform and influence individual and community decisions that enhance health.

**Hits** - A request for a file from the web server. Available only in log analysis. The number of hits received by a website is frequently cited to assert its popularity, but this number is extremely misleading and dramatically over-estimates popularity. A single web-page typically consists of multiple (often dozens) of discrete files, each of which is counted as a hit as the page is downloaded, so the number of hits is really an arbitrary number more reflective of the complexity of individual pages on the website than the website's actual popularity. The total number of visitors or page views provides a more realistic and accurate assessment of popularity.

From [http://en.wikipedia.org/wiki/Web\\_analytics](http://en.wikipedia.org/wiki/Web_analytics) 08/09/2007

**Hypertext Transfer Protocol (HTTP)** - HTTP is an application protocol that defines how files on the World Wide Web are transferred. HTTP is the framework for how browsers will

display and use file formats. When you enter in a URL with HTTP at the beginning, you are requesting a web page that can contain other elements (such as pictures) and links to other resources.

**Internet** – The vast collection of inter-connected networks that are connected using the TCP/IP protocols and that evolved from ARPANET of the late 60's and early 70's. The Internet connects tens of thousands of independent networks into a vast global Internet and is probably the largest Wide-Area Network in the world.

**Page View** - A request for a file whose type is defined as a page in log analysis. An occurrence of the script being run in page tagging. In log analysis, a single page view may generate multiple hits as all the resources required to view the page (images, .js and .css files) are also requested from the web server.

From [http://en.wikipedia.org/wiki/Web\\_analytics](http://en.wikipedia.org/wiki/Web_analytics) 08/09/2007

**Massively-Multiplayer Online Role-Playing Gamer (MMORPG)** - A type of online computer role-playing game (RPG) in which a large number of players interact with one another in a virtual world.

**Mobile devices** - Portable communication technologies such as cell phones and personal digital assistants like BlackBerrys.

**News feed** - A regularly scheduled summary of information (often news) that is delivered on a website or in an e-mail directly to subscribers. News feeds often include headlines and links to full versions of content.

**Podcast** - A method for distributing media over the Internet. Podcasts can contain any type of digital media, including audio, video (Vodcast), and text. Radio and television programs are commonly made available as podcasts.

**Protocol** - A standard way of communicating across a network. A protocol is the "language" of the network, a method by which two dissimilar systems can communicate.

**Rich Media** – “Rich media can be downloadable or may be embedded in a web page. If downloadable, it can be viewed or used offline with media players, such as Real Networks' RealPlayer, Microsoft Media Player, or Apple's QuickTime, among others. The defining characteristic of rich media is that it exhibits dynamic motion. This motion may occur over time or in direct response to user interaction.”

<http://www.washington.edu/accessit/articles?146> retrieved on March 27, 2007

**Social networking site** – A social networking site (SNS) is a website that uses various tools and features that assist in the connecting of individuals that share similar interests. SNS provide features and tools that help to indicate the ways in which members of the site are connected through various social familiarities ranging from casual acquaintance to close familial bonds.



**Static image** – An image that cannot be manipulated, changed, or moved.

**Street intercept interviews** - This is where people are randomly asked about whether or not they are aware of a certain campaign and what they think the objectives or goals of the campaign are.

**Text-messaging** - Messages sent through a wireless mobile network to specified groups or individuals. Though messages are generally text, users can attach files that include graphics, sounds, and video. Texting is not 'real time' – relying on the recipient to open the text message to read it.

**Uniform Resource Locator (URL)** - A string of characters used to represent and identify a page of information on the World Wide Web that is used by a web browser such as Netscape or Internet Explorer to find HTTP, FTP, telnet, gopher and other resources on the Internet. The first part of the address lets you know what protocol to use. If you were told to visit the URL "ftp://ftp.download.com/readme.txt", you would be using the File Transfer Protocol (FTP) to download the file "readme.txt" from a remote computer. If the URL was "http://10.0.0.1/faq.html", you would be using Hypertext Transfer Protocol (HTTP) to read the document "faq.html" on the Web. The second part of the address specifies the domain name or the Internet Protocol (IP) address of where the resource is located. In the above example, FTP was used to retrieve a document called "readme.txt" from a computer or server that has the domain name "download.com". Sometimes a domain name is not registered for an IP address. In that case, you would need to memorize a computer's IP address. In the second example, HTTP was used to locate a document called "faq.html" from a computer whose IP address is 10.0.0.1. It is much easier to remember a domain name rather than an IP address when typing out URLs.

**Video game** - A video game, also called a computer game or electronic game, is any interactive game operated by computer circuitry.

**Visit/Session** - A series of requests from the same uniquely identified client with a set timeout. A visit is expected to contain multiple hits (in log analysis) and page views.

**Visitor/Unique Visitor/UniqueUser** - The uniquely identified client-generating requests on the web server (log analysis) or viewing pages (page tagging) within a defined time period (i.e., day, week or month). A Unique Visitor counts once within the timescale. A visitor can make multiple visits.

From [http://en.wikipedia.org/wiki/Web\\_analytics](http://en.wikipedia.org/wiki/Web_analytics) 08/09/2007

**Web hosting** – Providing the storage, connectivity, and services necessary to serve files for a website.

**Website** – The entire collection of web pages and other information (such as images, sound, and video files, etc.) that are made available through what appears to users as a single web server. Typically, all the pages in a website share the same basic URL.



