

Guidelines for Internet-Based Outreach in



Created by:
Ohio Department of Health
HIV and STD Prevention Programs
and
AIDS Resource Center Ohio

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Guidelines for Internet-Based Outreach in Ohio, were created to provide guidance to agencies funded through Ohio Department of Health's (ODH) HIV and STD Prevention Programs. They were developed by the Ohio Department of Health's HIV and STD Prevention Programs and AIDS Resource Center Ohio, with funds from the Center for Disease Control and Prevention (CDC)'s Comprehensive HIV Prevention Programs for Health Departments grant. Agencies funded both directly and indirectly through ODH's HIV and STD Prevention Programs are required to use these guidelines when implementing Internet Outreach. The guidelines are largely based on, and portions have been directly taken from, The National Guidelines for Internet-based Health Communications created by the National Coalition of STD Directors in 2009. It should be noted that some language found within this document may be offensive to certain audiences. These guidelines are intended for educational purposes only.

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Ohio Department of Health
Nicole Brennan, HIV Prevention Program Manager
Jen Keagy, STD Prevention Program Manager

AIDS Resource Center Ohio
Tania Slack Peterson, Ohio HIV/STD Hotline Coordinator
Josh West, MSM Prevention Specialist
Valerie Kapp, Prevention Director

Documents which contributed to this guide:
Guidelines for Internet-based Health Communications, National Coalition of STD Directors
<http://www.ncsddc.org/sites/default/files/docs/healthcomminternetguidelines.pdf>

Guidelines for Internet-based Partner Services, National Coalition of STD Directors
<http://www.ncsddc.org/upload/wysiwyg/documents/IGPS.pdf>

The Health Communicator's Social Media Toolkit, Centers for Disease Control and Prevention
http://www.cdc.gov/socialmedia/Tools/guidelines/pdf/SocialMediaToolkit_BM.pdf



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Internet Outreach Toolkit

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**To request a copy of the toolkit, please call 614-229-2437 x 106 or email taniaslack@arcoho.org.

1. Internet Outreach Rational

Outreach has been an important and effective method of information service and delivery in Human Immunodeficiency Virus (HIV) and Sexually Transmitted Disease (STD) Prevention, especially in populations that do not access traditional health care systems or are considered hard to reach. Outreach activities meet individuals where they are with respect to physical location and personal behaviors. Activities and educational sessions provide opportunities to create trusting relationships between program staff and clients. A trusting relationship allows for the exchange of accurate and relevant health information, referrals to services including testing and treatment and promotion and support of positive behavior change. Internet-based, or online outreach, can provide the same opportunities for trusting relationships while meeting at risk populations where they are and fulfilling the other core elements of traditional outreach; the exchange of accurate and relevant health information, referrals to services including testing and treatment and the promotion and support of positive behavior change.

Online outreach is an important area to address with respect to HIV, STD and Adult Viral Hepatitis (AVH) Prevention as the Internet has become a means for finding both health information and sex partners. According to the PEW Research Center, "Health information remains one of the most important subjects that internet users research online. Symptoms and treatments continue to dominate internet users' health searches."¹ In 2011, "80% of American Internet users have used the Internet to search for specific health information. This translates to 59% of all adults. Over 60% of these users went online to find information on a specific medical condition."² Additionally, many online teens report they use the internet to gather information about health topics that are hard to discuss with others such as drug use and sexual health topics.³ The Internet is also a well known venue for finding sex partners. People who use the Internet for seeking sex are more likely to report high risk behaviors, not limited to, but including risk factors such as: unprotected anal intercourse, anonymous partners, and partners of unknown status.⁴ The Internet is currently being used as a tool for gathering health information and for finding sex, which makes it an ideal venue for outreach.

The purpose of Internet-based outreach is for trained outreach workers to 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 for HIV/STD/AVH. Tailored health messages can be delivered to groups via encounters in chat rooms, social or sexual networking sites and postings on bulletin boards or to individuals during one-on-one private sessions and/or e-mail. These interactions do not require an appointment, vary in duration and intensity, and most importantly meet people where they are. Online.

These guidelines are intended to be a useful tool in the development of Internet-based outreach.

2. Goals of Internet Outreach

Individuals conducting educational outreach on the Internet will join websites and online communities for the purposes of providing HIV/STD/AVH related health information and education, referrals and access to services, recruitment for testing and treatment, and to provide support for reducing risk behaviors.

Goals of internet outreach include the following:

- Increase knowledge and awareness of sexual health issues including HIV/STD/AVH.
- Promote sexual risk-reduction techniques and safe sex options.
- Encourage harm reduction techniques for alcohol/drug use.
- Provide online educational support using individual-level risk-reduction counseling strategies.
- Assist in the normalization of partner elicitation/notification.
- Help establish a community that supports healthy behaviors.
- Increase awareness of local resources for HIV/STD/AVH testing and treatment services.
- Provide web-based information and online resources.
- Provide contact information for local health care service providers.
- Recruit individuals for HIV/STD/AVH testing.

3. Target Populations

Internet outreach should be cost effective and directed towards populations at increased risk of becoming infected with HIV/STD/AVH or, if already infected, of transmitting the infection to others. Programs can review local health department surveillance data or regional epidemiological data for pertinent information to ensure that appropriate populations are targeted. Programs should define a specific population to be served and determine the general needs of this population. Based on the information gathered, the program 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 can be obtained from community assessment activities prior to, during, and after program implementation. The Internet is an ever-changing environment, online venues and times for reaching a specific population online may change frequently. Therefore, flexibility and consistent monitoring of Internet trends among target population are very important.

While any population can be reached with online outreach, it should be noted that the priority populations set by the Ohio Community Planning Group or Regional Advisory Groups should be considered when choosing a target population. These priority groups include: HIV+ individuals, men that have sex with men (MSM), youth, heterosexuals with high risk behaviors (HRHS), and injection drug users (IDU).

4. Limitations of Internet Outreach

Internet outreach has limitations which should be considered prior to initiating programming, specifically cost effectiveness and scheduling. The cost of staff is typically the biggest expense of Internet based outreach. 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 of Internet outreach.

When considering time costs, organizations should remember the importance of choosing websites and times to perform outreach. To be as cost effective as possible, programs 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. Organizations and programs should also be

aware of online outreach being conducted by other agencies to minimize over saturation within a venue or area.

It is important to note that for programs or organizations with limited resources other forms of non Internet based outreach may be more cost effective.

5. Cultural and Linguistic Competency

Internet outreach should always be conducted in a culturally and linguistically competent manner. A key element of any successful HIV/STD/AVH prevention program is an understanding of the community within which activities take place. This includes the linguistics or language of the community members and the ability to communicate with them in meaningful ways. It is important to understand the beliefs, attitudes, behaviors, norms, and values of a target population, and 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, have their own 'culture' and 'language'. Online communities have a unique language; rich in abbreviations, acronyms, and inferences. There are a variety of online communities, which may have different cultures and languages from one another. For example, an adolescent-focused site will have a very different feel than a site targeting older MSM or a community of adult 'swingers'. It is important 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 Center for Cultural Competence, November 2004

<http://www.ncccurrricula.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. It is recommended that outreach workers learn about the community's attitudes, behaviors, language, values and community norms to better understand target populations. This can be done either formally through surveys, interviews, focus groups, or informally through feedback from staff, anecdotal observations of potential internet venues, consultations with community leaders, gatekeepers, and client advisory boards. It is also recommended that intermittent assessment or quality assurance activities be conducted to ensure ongoing cultural competence.

Staff members that perform HIV/STD/AVH 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 awareness and understanding of health-education messages and a strong awareness and comfort level with communication that may be sexually explicit, including depictions of sexual imagery, detailed sexually explicit language, or conform to community standards that could be in conflict with the personal ethics or values of the outreach worker. If available, outreach workers should participate in cultural competency training with regards to the specific target population prior to conducting Internet outreach activities. The outreach worker'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.

6. Confidentiality and Privacy

All Internet outreach must adhere to the highest standards of confidentiality and ethics. Programs 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, programs 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.

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 and last names. 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 another individual, whether it is in the 'virtual world' or in the 'real world.' For e-mail groups and listservs, member e-mail addresses should not be shared with any other members.

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

7. Honesty of Intent

Online outreach workers 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. Outreach workers 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. Outreach workers should never share their personal information such as a personal telephone number, home address, or any other individual contact information.

While conducting Internet-based activities, it is imperative that outreach workers separate work-related use from personal use. Outreach workers may never use an agency's internet accounts to solicit and/or accept sexual invitations. In addition, those acting on behalf of a prevention program must never use a personal online profile or chat name to conduct Internet outreach even on their own time. Also, outreach workers may not use, while performing online outreach activities, a personal "persona" or chat room "identity" that would be used on personal time.

If an online client is trying to "pick up" an outreach worker, the client should be politely informed that it is inappropriate for outreach workers to participate in that type of conversation or behavior. Relationships made during online outreach work cannot be used to pursue personal, sexual, or illegal activities in any way. It should be communicated to outreach workers that failure to abide by the principles may result in disciplinary action, up to and including termination of employment.

Outreach workers should never appear solicitous. An outreach worker should never start a conversation with an online client as if potentially looking for sex, friendship, or money. In other words, conversations should not begin with, "Hi," "Are you busy?" or "Can you talk?" Outreach workers should not attempt to engage others in conversation under other pretenses to "bait" them into an interaction.

During conversations, while some casual chatting may be needed to develop rapport and normalize a presence in a chat room, one should redirect the conversation to their intended purpose for Internet interaction. If unsuccessful, one should politely inform the chatter of his/her responsibility and job role in the chat room.

Every Internet Service Provider (ISP) and website has their own Terms of Service that can include rules of user conduct, regulations, privacy policies, and more. It is important that outreach workers understand the Terms of Service and other guidelines on any ISP or website in which he/she is working. One must avoid violating any guidelines of the various online environments because it is within a site administrator's domain to remove a user found in violation from a chat room or terminate any account for violation of their online policies.

8. Client-Centered

A client-centered approach strives to provide an environment of empathy, unconditional positive regard, and acceptance. Outreach workers should be encouraged to accept their clients where they 'are' at the moment and provide support. For the outreach worker, 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/hiv/resources/guidelines/herrg/index.htm>

9. Online Risk Reduction Counseling

The online outreach workers should focus on assessing a client's personal risk or circumstances and helping the client set and reach specific and realistic risk-reduction goals.

Each online risk reduction counseling session should be tailored to address the personal HIV/STD/AVH risk of the client rather than providing a predetermined set of information. Online outreach workers should focus on the client's own unique circumstances and risks and help the client set behavior-change goals to reduce the chance of acquiring or transmitting HIV/STD/AVH. However, outreach workers must be willing to address problems that pose barriers to HIV/STD/AVH risk reduction (e.g., alcohol/drug use in certain situations). Using techniques like open-ended questions, role-play scenarios, attentive listening, and a nonjudgmental and supportive approach can encourage the client to focus on personal risk reduction. Exploring previous risk-reduction efforts can facilitate a better understanding of the strengths and challenges faced by the client in reducing risk. Support and positive feedback should be provided to clients for positive steps already taken. This increases the client's beliefs that they can successfully take further risk-reduction steps.

Outreach workers conducting online risk reduction counseling should avoid a "one-size-fits-all" prevention message (e.g., "always use condoms"). Behaviors that are safe for one person might be risky for another. For example, unprotected vaginal intercourse might be unsafe with anonymous partners whose HIV status is unknown, but safe for uninfected persons in a mutually monogamous relationship. The length of a counseling session may vary depending on the client's risk and comfort level.

10. Referrals

Referral to Resources

A primary objective of many Internet outreach programs is to refer clients to web-based informational and educational resources and local service providers. Programs 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 could occur during online outreach. Programs should have a list of appropriate referral sources for crisis, including: suicide or crisis hotlines, child protective services, and agencies working in domestic violence.

The following types of resources should be available for Internet outreach workers. It may be necessary to expand this list to meet the needs of your community.

- HIV/STD/AVH 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 Hotlines/Centers
- Family Planning Resources
- Sexual addiction information and resources
- Youth-oriented information and resources
- Transgender information and resources

Internet-outreach workers should be familiar with and knowledgeable about these resources so they can readily refer online clients. Referrals to resources should be appropriate to the clients' needs and should be documented and tracked when possible. If online clients give 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) provided. If conducted, follow-up interchanges should be documented.

Recruitment into Prevention Programs

Conducting Internet outreach can be an excellent tool for recruiting clients for HIV/STD/AVH testing, treatment, or other prevention interventions. It can also be used to recruit individuals to participate in advisory boards, focus groups, community planning, complete surveys or participate in research. A list of ODH supported test sites and prevention programs are available at www.preventhivstdohio.com.

11. Use of Volunteers and Training

Programs conducting Internet outreach may choose to use volunteers to carry out online activities. The use of volunteers can provide a cost effective addition to programs and sustain intervention efforts in the community, even if service providers are gone.

The following protocols are recommended when using volunteers to conduct online outreach:

- 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. See **Toolkit Appendix F** for sample conversation starters.
- 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 volunteers can be useful additions to a program, they cannot replace professional health educators; they should only complement trained staff.

Recommended topics for training for online outreach workers include:

- Ability to conduct HIV, STD, AVH and sexual health 101
- Ability to conduct risk identification counseling
- Knowledge of human sexuality, including diverse lifestyles and sex practices
- Understanding of harm reduction, risk-reduction, and prevention counseling
- Thorough knowledge of confidentiality, privacy, and ethics
- Review of policies on data security
- Sensitivity to issues for persons living with HIV/AIDS, STDs and AVH

- Cultural diversity and cultural competence
- Orientation to the agency, community, and available community resources
- Orientation to useful health-related websites and other Internet resources
- 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, STDs and AVH
- Orientation to crisis intervention

It is important to note that the Internet is constantly changing and new technologies continually emerge therefore outreach workers should be provided with ongoing training.

12. Social Networking Sites (SNS) and Decorum

The use of social networking sites has been growing in popularity. In 2007, only 55% of online teens, and 20% of online adults had online profiles. According to the Pew Internet and American Life Project, “73% of wired American Teens now use social networking websites. 72% of young adults and 47% of adults use social networking sites to interact and engage with others.”³

Social networking sites are online communities where people can interact with friends, family, co-workers, acquaintances, and other individuals with similar interests. Most social networking sites provide multiple ways for users to interact, such as chat, instant messaging (IM) email, discussion groups or group chat. SNS are used for a variety of reasons including: to enhance existing relationships, to form new relationships, sexual and otherwise, to express oneself, and as a communication tool. How a SNS is used will vary by demographics, geographic location, behaviors, interests, etc., but they all provide an immediate and personal way to deliver information.

Social networking sites, like Myspace, Friendster, or Facebook, and sexual networking sites, like MANHUNT, Adam4Adam, and M4MWorld, are venues that can be used to conduct Internet outreach. However, programs may need to 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 and provide prevention services.

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 not 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/program logo should be used as the account picture whenever possible 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.

Online clients can learn a lot about a prevention 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

helpful to change elements of a profile frequently. This can 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 **Toolkit Appendix C** for examples of program profiles and screen names.

Essential Elements for Online Profiles

- 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.

Inappropriate Elements for Online profiles

- 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.
- Profiles should not contain sex statistics such as; penis size, sexual position of choice, sexual desires, etc. (Some sites require information of this type be included 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 while performing a profile keyword search, it is recommended that profiles contain a variety of keywords related to sexual health and HIV/STD/AVH prevention. The following keywords are examples: sex, HIV, STD, hepatitis, syphilis, barebacking, 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 HIV/STD/AVH prevention.

Eliciting Clients

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 program 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.

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 **Toolkit 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 reintroduce 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.

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 **Toolkit 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 may be well intentioned 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 demonstrated by Prochaska’s Stages of Change Theory.⁵ 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 program 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.

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 **Toolkit Appendix H**. 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.

Exploring Other Online Venues

There will likely be established websites used by agencies for internet activities pertaining to outreach, marketing, referral or recruitment (i.e. Facebook, Adam4Adam, Craigslist and gay.com). Outreach workers are encouraged to research possible new venues. Websites can be searched out by a staff member or volunteer or online clients may reference other venues where members of high risk communities are gathering online. Outreach workers must seek the approval of the program coordinator prior to creating a profile or performing online activities on any new site.

Social and Sexual Networking Sites Best Practices

1. Be familiar with the site and its users.
2. Have a communication strategy and objectives
 - a. Select a target audience
 - b. Determine objective and key messages

3. Consider available resources – ensure there are adequate resources (time and staff) available to support the maintenance on the profile or page and keep the content fresh and users engaged.
4. Provide engaging posts and communication material – If possible incorporate images, videos, games, applications or other material which will engage users repeatedly.
5. Create a comment policy – Develop a policy that covers the response to inappropriate or derogatory comments. <http://www.cdc.gov/socialmedia/tools/commentpolicy.html>
6. Collect and store comments – develop a system to save and archive comments.
7. Develop an evaluation plan before beginning outreach.
 - a. Determine how participation will be measured (e.g. count number of fans, followers, friends, or comments on recent posts).
 - b. Use analytics packages sponsored by SNS if available. These can offer information on quantity of users as well as information on how users engage with the site for a specific period of time as well as over longer periods on time.
 - c. Track the amount of traffic being driven to a website from SNSs. Certain analytics tools (Google Analytics, WebTrends) will show the source of traffic to a web page.
 - d. Evaluate with an online survey. To measure user satisfaction, increases in knowledge or behavior/attitude change. Tools like SurveyMonkey are helpful for this.

13. Documentation and Evaluation

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.

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 **Toolkit Appendix D**. Programs 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). 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 analysis.

Ongoing participation and feedback from the target population, through individual and group interviews, client advisory boards, client satisfaction surveys, and other quality assurance measures, can 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 or traffic driven to a specific website.

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.
- 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.

14. Conclusion

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

We hope this document will be a useful guide for all HIV/STD/AVH programs. We also 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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2. Pew Internet & American Life Project (2011, February). The Social Life of Health Information, 2011. Washington D.C. Fox, S. <http://pewinternet.org/Reports/2011/Social-Life-of-Health-Info/Summary-of-Findings.aspx>
3. Pew Internet & American Life Project (2010, February). Social Media & Mobile Internet Use Among Teens and Young Adults. Washington D.C. Lenhart, A., Purcell, K., Smith, A. and Zickuhr, k. <http://pewresearch.org/pubs/1484/social-media-mobile-internet-use-teens-millennials-fewer-blog>
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Appendix A

Ohio HIV Services- Case Management Agencies

AIDS Resource Center Ohio (Athens).....	(740) 331-0407
AIDS Resource Center Ohio (Chillicothe).....	(740) 331-9200
AIDS Resource Center Ohio (Columbus).....	(614) 299-2437
AIDS Resource Center Ohio (Dayton).....	(937) 461-2437
AIDS Resource Center Ohio (Lima).....	(419) 222-0827
AIDS Resource Center Ohio (Mansfield).....	(419) 525-2437
AIDS Resource Center Ohio (Newark).....	(740) 877-8347
AIDS Resource Center Ohio (Toledo).....	(419) 241-9444
AIDS Taskforce of Greater Cleveland.....	(216) 621-0766
Caracole, Inc. (Cincinnati).....	(513) 761-1540
Columbus Public Health.....	(614) 645-6993
Compass Family & Community Services (Youngstown).....	(330) 782-5664
Family AIDS Clinic & Educational Services (Columbus).....	(614) 722-6060
Lake County General Health District.....	(440) 350-2437
MetroHealth Medical Center (Cleveland).....	(216) 778-3118
Proyecto Luz (Cleveland).....	(216) 651-1128
Southeast, Inc. (Columbus).....	(614) 444-0800
Coleman Behavioral Health (Canton).....	(330) 438-2400
AIDS Resource Center Ohio (Akron).....	(330) 794-5289

Hotlines

National SIDA Hotline (en Español).....	(800) 344-7432
Ohio HIV/STD Hotline.....	(800) 332- AIDS (2437)

Ohio HIV Services- Prevention Program Contacts

Canton City Health Department

Counties: Stark, Tuscarawas, Harrison, Carroll, Columbiana, Jefferson and Mahoning

Pam Gibbs 330-489-3322 pgibbs@cantonhealth.org

Cleveland City Health Department

Counties: Cuyahoga

Melissa Kolenz 216-420-8504 mkolenz@city.cleveland.oh.us

Columbus City Health Department

Counties: Franklin

Linda Laroche 614-645-6445 lindal@columbus.gov

Public Health Dayton-Montgomery

Counties: Montgomery, Warren, Miami, Darke, Preble, Butler

Andrea Young 937-496-7133 Ayoung@phdmc.org

Hamilton County Health Department

Counties: Hamilton

Todd Rademaker 513-946-7611 todd.rademaker@hamilton-co.org

Portsmouth City Health Department/Rural

Counties: Remaining 54 Counties

Jone Payton 740-353-2418 Ext. 293 Jone.Payton@odh.ohio.gov

Summit County Health District

Counties: Summit, Portage, Trumbull, Geauga, Lake, Ashtabula

Michelle Papp 330-812-3902 Mpapp@schd.org

Toledo-Lucas County Health Department

Counties: Williams, Fulton, Lucas, Ottawa, Defiance, Henry, Wood, Sandusky

Jerry Kerr 419-213-4131 kerrj@co.lucas.oh.us

HIV/STD Prevention Hotline and Website Coordinator

Tania Slack Peterson 614-299-2437 ext. 106 tantiaslack@arcohio.org

MSM Internet Outreach Coordinator

Kristen Neumann-Martiensen 614-340-6782 kristenmartiensen@arcohio.org

Appendix B

Resources

Hotlines

CDC National AIDS Hotline

(800) 342-2437 English

(800) 344-7432 Spanish

(800) 243-7889 TTY

Ohio HIV/STD Hotline <http://www.preventhivstdohio.com>

(800) 332-AIDS (2437)

Websites

1. Ohio Department of Health's HIV/AIDS Epidemiologic Profile
<http://www.odh.ohio.gov/healthStats/disease/hivdata/pf1.aspx>
2. National Guidelines for Internet Outreach:
<http://www.ncsddc.org/sites/default/files/docs/internetoutreach.pdf>
3. National Guidelines for Internet-based Health Communication:
<http://www.ncsddc.org/sites/default/files/docs/healthcomminternetguidelines.pdf>
4. National Guidelines for Internet-based Partner Services:
<http://www.ncsddc.org/upload/wysiwyg/documents/IGPS.pdf>
5. The Health Communicator's Social Media Toolkit:
http://www.cdc.gov/socialmedia/Tools/guidelines/pdf/SocialMediaToolkit_BM.pdf
6. National HIV/AIDS Strategy (NHAS):
<http://www.aids.gov/federal-resources/policies/national-hiv-aids-strategy/what-is-the-nhas/strategy.html>
7. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention's (NCHHSTP) Strategic Plan:
http://www.nchhstp.cdc.gov/docs/10_NCHHSTP%20strategic%20plan%20Book_semi%20final508.pdf
8. CDC Health Disparities and Inequalities Report — United States, 2011:
<http://www.cdc.gov/mmwr/pdf/other/su6001.pdf>
9. NCHHSTP's Social Determinants of Health White Paper:
<http://www.cdc.gov/socialdeterminants/docs/SDH-White-Paper-2010.pdf>
10. HIV Surveillance Report, Volume 21: Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas, 2009 www.cdc.gov/hiv/surveillance/resources/reports/2009report/index.htm
11. Healthy People 2020 – HIV Topic Area:
<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=22>

12. Department of Health and Human Services Implementation Guidance for Syringe Services Programs, July 2010: <http://www.cdc.gov/hiv/resources/guidelines/PDF/SSP-guidanceecc.pdf>
13. Integrated Guidelines for Developing Epidemiologic Profiles: HIV Prevention and Ryan White CARE Act Community Planning: <http://www.cdc.gov/hiv/topics/surveillance/resources/guidelines/epi-guideline/index.htm>
14. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings, 2006: <http://www.cdc.gov/mmwr/pdf/rr/rr5514.pdf>
15. Sexually Transmitted Diseases Treatment Guidelines, 2010: <http://www.cdc.gov/std/treatment/2010/STD-Treatment-2010-RR5912.pdf>
16. Interim Guidance: Pre-exposure Prophylaxis for the Prevention of HIV Infection in Men Who Have Sex with Men: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a1.htm?s_cid=mm6003a1_w
17. Non-Occupational Post-Exposure Prophylaxis: <http://www.cdc.gov/mmwr/PDF/rr/rr5402.pdf>
18. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-exposure Prophylaxis: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>
19. Compendium of HIV Prevention Interventions with Evidence of Effectiveness: <http://www.cdc.gov/HIV/topics/research/prs/evidence-based-interventions.htm>
20. Diffusion of Effective Behavioral Interventions: www.effectiveinterventions.org
21. Act Against AIDS Communication Campaign: <http://www.cdc.gov/hiv/aaa/>
22. Antiretroviral Treatment Access Study (ARTAS) Linkage to Care Intervention: Craw JA, Gardner LI, Marks G, Rapp RC, Bosshart J, Duffus WA, Rossman A, Coughlin SL, Gruber D, Safford LA, Overton, J, Schmitt K. Brief strengths-based case management promotes entry into HIV medical care: results of the Antiretroviral Treatment Access Study-II (ARTAS-II). *JAIDS*, 2008; 47:597-606. <http://www.ncbi.nlm.nih.gov/pubmed/18285714>
23. National Standards for Culturally and Linguistically Appropriate Services in Health Care: <http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf>
24. Distinguishing Public Health Research and Public Health Nonresearch” Policy: <http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>
25. Project Inform: www.projectinform.org
26. AIDSinfo- information on treatment, prevention and research: www.aidsinfo.nih.gov

27. Ohio HIV/STD Hotline & Website: www.preventhivstdohio.com

28. HRSA Care Action: Social Media and HIV:

<http://hab.hrsa.gov/newspublications/careactionnewsletter/june2011.pdf>