2006 Stakeholders Consultation to Achieve Linkages and Engagement (SCALE)

Gay and Non-Gay Identified Black and Latino MSM Who Meet Male Sex Partners Over the Internet

Alliances for Quality Education, Inc.
8181 Professional Place, Suite 140 • Landover, Maryland 20785 • 301-583-8530

Agenda

• Introduction
• STD/HIV Internet Prevention Trends
• STD/HIV Internet Prevention Barriers
• Approaches/Lessons Learned
  » Research Studies
• Best Practices
• Questions/Discussion
• Intervention Design Exercise

Introduction of Presenter

Nycal Anthony, MHS

» Over 19 years experience in organizational strategic planning, education and health program development, fiscal planning, project management and proposal writing
» President of Alliances for Quality Education, Inc. (AQE), a management consulting firm specializing in developing the skills and potential of individuals, institutions, and communities through facilitation of:
  • Effective community-based organization (CBO) programming and management
  • Administration of improved quality and equity in education programs
  • Measurement, evaluation and strategic planning
The Internet has become the new landscape for STD/HIV prevention efforts based on a number of advantages:
- Cost-Effectiveness
- Convenience
- Mass Messaging Ability
- Data Collection and Tracking Options
- Source Widely Used for Healthcare Information
(60 million US adults according to Gustafson et al., 1999)

The Internet provides a unique opportunity to reach out and engage the MSM community in health promotion and delivery of behavior change interventions.
(Glasgow et al., 1999; Sharp 1999; Winder et al., 2000)

The efforts can include:
- Partner Notification
- STD Testing
- Education

Online intervention efforts focus primarily on four strategies:
- Passive Information Systems offered on a Web-site;
- Interactive approaches such as Chat-Rooms and Bulletin Boards;
- Self-Assessment Applications that allow the individual to complete and receive tailored feedback via email; or
- Some combination of the three.
STD/HIV Internet Prevention Barriers

- Efficacy-Do They Really Work?
  - Studies demonstrate promising results with regard to short-term change in health behaviors.
  - Little evidence exists on the efficacy with regard to maintenance of behavior change over the long run. (Bur et al., 1999)

- Quality of Information Available Online
  - It is difficult to determine if information can be trusted and the potential for misinformation is great.
  - Out of 6 million web pages identified by key word searches, only 41 pages provided relevant, educational information and many of these contained subjective or incomplete content, or reinforced “myths.” The other pages consisted of advertisements, personal home pages, and organizational position statements. (Smith et al., 2000)
STD/HIV Internet Prevention Barriers

- Privacy Concerns Among Internet Users
  - Advertisers and hackers pirating user information is rampant.
  - Users of Internet sites providing medical information indicate that personal privacy is their number one concern (Winker et al., 2000)

STD/HIV Internet Prevention Barriers

- Access to the Internet
  - Ongoing evidence of a socioeconomic “digital divide” suggests that Internet-based interventions might not reach the populations at highest risk for disease.
  - Internet sites indicate an under-representation of individuals with less than a high-school education, non-whites and households whose income is less than $30,000. (US Department of Commerce, 2000)

STD/HIV Internet Prevention Barriers

- Methodological Challenges
  - Passive information systems do not interact with any live individual.
  - Interactive approaches are unable to
    - verify self-report data;
    - determine eligibility;
    - ascertain if participants are representative of the general population; or
    - determine the characteristics of individuals who choose not to participate and if control loss to follow-up.
  - (Soeken et al., 1997; Binik et al., 1999; Cho and LaRserve, 1999; Treadwell et al., 1999)
STD/HIV Internet Prevention Barriers

• Governance and Accountability
  • The internet is still primarily operating like the “wild west” with very little in the way of governance.
  • Sites are self-governed or monitored by end-user software.
  • There are no generally accepted safeguards for the prevention agency or the outreach worker.
  • Minimal protocols exists to evaluate strategies.

Research Studies
Approaches/Lessons Learned

• Sample of Recent Studies:
  • Fun & Games: Reaching Canadian HIV-Positive Youth Online (www.livepositive.ca)
  • Next generation of HIV Prevention: building highly interactive web-based HIV interventions for men who use the internet to seek sex with other men (University of Minnesota)
  • Mysexycity.com: a web based HIV prevention intervention for MSM
  • Acceptability and utility of a partner notification system for sexually transmitted infection exposure using an Internet-based, partner-seeking website for men who have sex with men (The Fenway Institute)

• Sample of Recent Studies (Cont’d):
  • The development of Cyber-Based Education and Referral/Men for Men (CyBer/M4M): a chat room-based intervention to prevent HIV infection among gay men and MSM (Wake Forest School of Medicine)
  • Developing, Implementing and Evaluating Internet-Based HIV/STI Prevention Initiatives (Connected Health Solutions)
  • MSM, Sex, and Internet Chat Rooms: Epicenter of an Epidemic? Roundtable Discussion (HIV InSite and the Center for AIDS Prevention Studies)
Research Studies
Approaches/Lessons Learned

• Lessons Learned
  ◦ Operationalizing non-gay identified
  ◦ Recruitment issues for online venues
  ◦ IRB/OMB approval for online surveys

Internet-Based Interventions
Best Practices

• Key Factors in Successful Internet-based Interventions:
  ✓ Multi-disciplinary project team (e.g. HIV Prevention Specialist, Sexologists, e-learning specialist, ethicist, computer scientist, end-user)
  ✓ Multiple security measures to protect users confidentiality (e.g. encrypting or limiting email contact; advising participants of security limitations)

Internet-Based Interventions
Best Practices

✓ Quality Assurance protocols to ensure intervention content is accurate and up to date (e.g. STD Testing Sites)
✓ High degree of cultural competence (e.g. internet language, symbols and acronyms; rules of engagement)
Internet-Based Interventions Best Practices

- Intervention based on a contextual framework of self empowerment and harm reduction
- Community coalition established to participate in intervention development, implementation or evaluation (e.g. ASO and target population service organization)

Internet-Based Interventions Best Practices

- Long-term access to specific and tailored intervention (e.g. 6 months minimum)
- Clinical provider offering support or information as a supplement to a clinic visit
- Programs targeting youth focus intervention on highly interactive games, quizzes and chats

Questions/Discussion

- Have you implemented an internet-based intervention?
- What challenges did you incur?