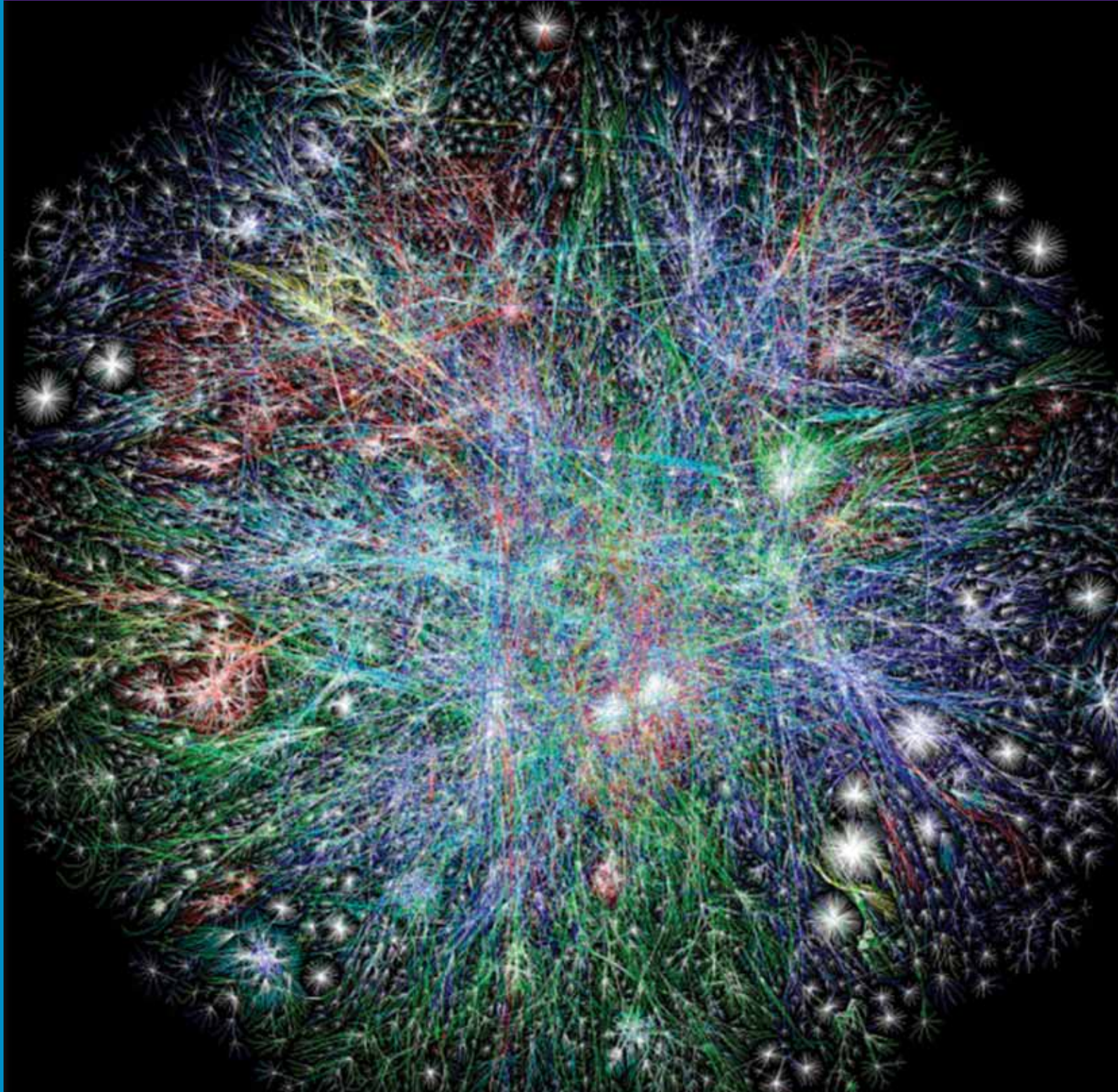
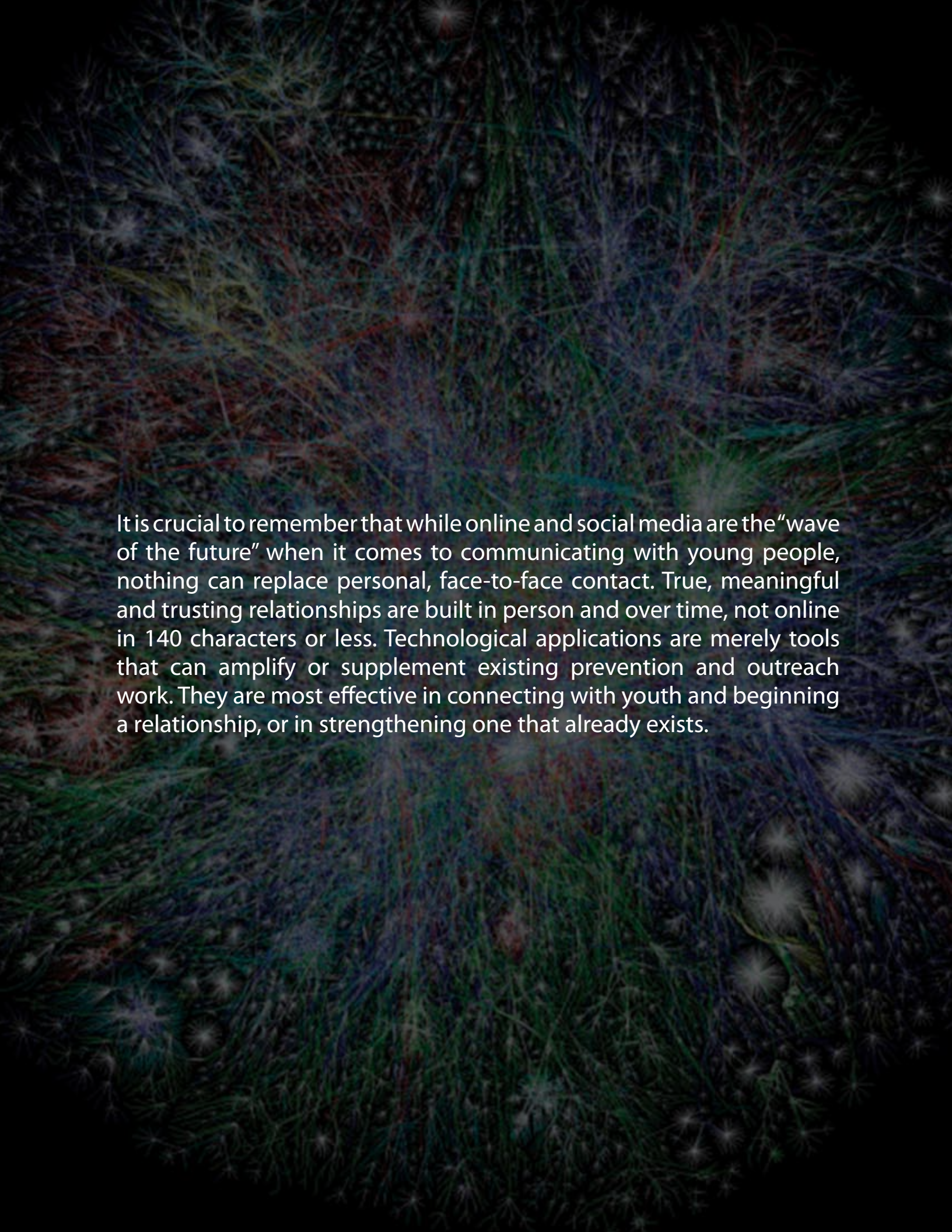


# *Reaching Them Where They Are*

*A Guide for Using Online and Social Media to Conduct Sexual Health Outreach with Youth.*







It is crucial to remember that while online and social media are the “wave of the future” when it comes to communicating with young people, nothing can replace personal, face-to-face contact. True, meaningful and trusting relationships are built in person and over time, not online in 140 characters or less. Technological applications are merely tools that can amplify or supplement existing prevention and outreach work. They are most effective in connecting with youth and beginning a relationship, or in strengthening one that already exists.

# Table of Contents

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Introduction .....	4
Top 10 Tips for Getting Started with Online and Social Media .....	6
Effective Outreach Messages for Online and Social Media .....	7
What’s Hot Right Now: Benefits, Challenges, How-tos and Monitoring Tips .....	7
Overcoming Common Barriers .....	15
In Closing.....	16
Examples from the Field.....	16
Suggested Resources .....	17
Glossary of Terms .....	18
References.....	19



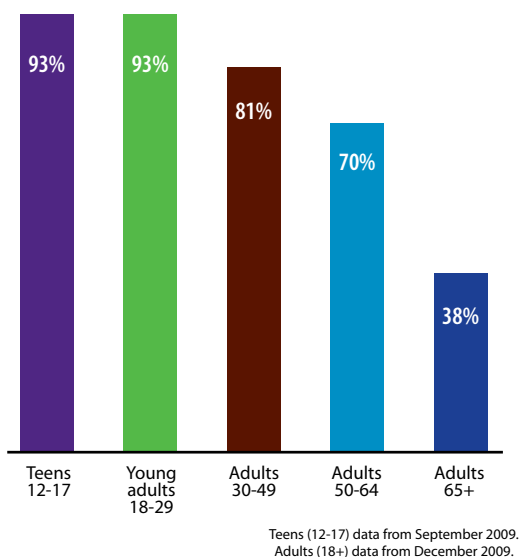
# Introduction

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In 1993, the World Wide Web (www) was formally introduced to society, causing a seismic shift in the way we live, learn, connect and behave. The Internet made the world bigger and smaller at the same time, providing a limitless platform for information exchange and social connectivity. Young people born within the last 20 years, whose digital devices serve more as appendages than accessories, live more of their lives online than off<sup>i</sup>. With more than 90 percent of United States (U.S.) youth (ages 12-29) online – from every racial, ethnic and socio-economic group – harnessing online and social media for health outreach is not only effective, but imperative.

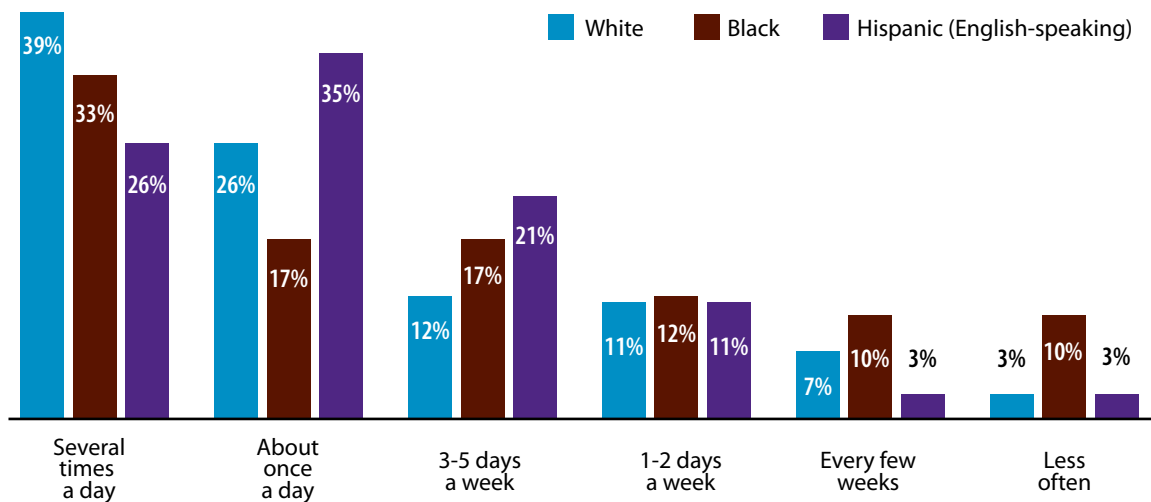
The growing body of research on youth's online health-seeking behavior indicates that 31 percent of young people search for health information online, and only 17 percent do so for information on sexual health and drug use<sup>i</sup>. They do not frequent health departments' or organizations' websites in great numbers. Rather, they use search engines such as [Google](#) to ask questions, and get answers from any number of websites that may or may not be valid or appropriate.<sup>ii</sup> The majority of their time online is spent on social networking sites<sup>iii</sup>, where discussions about sex are likely peer-based and unmonitored. This presents a critical opportunity for public health professionals to take a proactive approach in reaching young people with sexual health and prevention information *where they are*.

## Who's online? The internet by age groups



Despite advances in sexual health education in the U.S., there continues to be an overwhelmingly heterosexual focus in popular media and sexual health curricula. This means that young people that are lesbian, gay, bisexual, transgender or questioning their sexuality (LGBTQ) could be at risk of missing valuable sexual health information. For many LGBTQ youth that are geographically isolated or marginalized, online communities may serve as the only safe spaces where they can openly explore their sexuality and connect with others.<sup>iv</sup> A 2007 study of a social networking site demonstrated that people reporting same-sex attraction were nearly twice as likely to have logged into the site over a two-day period than those who did not report same-sex attraction.<sup>v</sup> The versatility and reach of online and social media, coupled with the anonymity it can provide for those who have not yet “come out,” makes online interventions particularly vital for prevention outreach with LGBTQ youth.

## Frequency of teen internet use by race/ethnicity



Percentages are for teen internet users ages 12-17. September 2009 data.

The National Alliance of State and Territorial AIDS Directors (NASTAD) designed this guide to provide key strategies for developing simple, low-cost and powerful interventions that use online and social media to reach LGBTQ youth with sexual health and HIV/AIDS prevention messages. The guide discusses how online social networks, dating sites, mobile phones and blogs provide established infrastructure for prevention messaging where youth already congregate. Utilizing these sites, rather than creating something new, means there is no need to spend extra time and money on web development and

marketing. With the growing number of simple-to-use platforms and free applications, reaching a wide audience with innovative campaigns or urgent information no longer requires technical expertise or a huge budget.

Due to rapid growth and constant change in online media, these guidelines are not exhaustive, nor should they be viewed in a vacuum. Rather, they provide an introduction to popular concepts and tools, key considerations and resources that should *complement* existing off-line programs and services.

# Top 10 Tips for Getting Started with Online and Social Media<sup>‡</sup>

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- 1. Develop a digital media strategy** — Develop an organizational strategy for using online and social media, inclusive of internal policies and procedures. Involve members of key leadership teams, including your IT/communications departments and any other relevant staff. If possible, involve young people. A strategy map, like that provided by [AIDS.gov](https://www.aids.gov), offers questions to consider before initiating social media. [CDC's Social Media Policy Guidelines](#) are also a useful tool.
- 2. Stay current** — In the ever-changing media landscape, an effective way to keep up with how youth are using social media is to *ask them*. Find out where they go for information, what social networking and dating sites they use and get an up-to-date phone number. Don't let your messaging go stale. Stay active on the media platforms you use and keep your own website up to date.
- 3. Develop cultural competency** — Ensure that your messaging is respectful of sexual orientation and gender identity. Cultural competency is not only important for your interactions with youth, but also for maintaining your integrity with website hosts.
- 4. Speak youth's language** — Use youth's language when writing your messages. Invoke appropriate references to popular culture and slang. Youth want to be spoken to directly and intelligently, but humor and informality are key.
- 5. Train your staff; if possible, train youth** — These guidelines and suggested resources are a good starting point for training staff to use online and social media. If you have youth on staff, or youth for whom you could provide a training and/or work opportunity, consider hiring them. It is important for online users to see and hear from someone to whom they can relate.
- 6. Maintain sexual boundaries** — If you are using an online dating site or social network, acknowledge that you may be hit on and learn how to manage this. Recognize the power of pornography and that appropriate use of sexual appeal can be effective for reaching young people, but that inappropriate use can be harmful.
- 7. Target your audience** — Just like face-to-face outreach, target your online outreach to the communities that you serve. Most dating sites and social networks, for example, allow you to filter the audience that sees your profile by demographics or geographic region.
- 8. Be succinct** — Enough said.
- 9. Keep records** — It is important to have records on file of your online and social media use, not only for monitoring, but for your own liability and protection. Website and social networking site information is archived automatically online. For all direct communication with youth, such as instant messages (IM), emails and chats, save and file the conversations "off-line". Ensure that all of your communication and documentation fall in line with the [Privacy Rule](#) outlined by HIPAA to protect individual health information.
- 10. Be strategic** — Give careful consideration to the amount of resources and expertise you have to implement online and social media outreach before moving forward. Pick and choose which are the best platforms to use based on your audience, your message and your capacity. The [CDC's Social Media Toolkit](#) has a table showing the continuum from dissemination to engagement and the resources needed to implement a variety of health communications activities.

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<sup>‡</sup> Online and social media are technically different. Online media refers to text, photos and video online. Online media becomes social media when it becomes a conversation; when it is shared, commented on, passed along, etc. For the purpose of this guidance, we will talk about them together.

# Effective Outreach Messages for Online and Social Media

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Online and social media are best used for reaching large numbers of a target population with simple, actionable messages. When it comes to HIV and sexual health, these messages are likely to include:

- **Testing and screening** information about where to go for HIV testing and STD screening, what the process is like and what the costs are. AIDS.gov has a [widget](#) that can be downloaded to a website, allowing users to type in their zip code and immediately find the closest free testing site.
- **Referrals for care** that can be made during online counseling sessions on social networking or dating sites. Targeted messaging through ad campaigns on Google and/or Facebook can also highlight local services. This also includes referrals for social support and case management services.
- **Prevention information** such as tips for safe sex and safe needle use, plus general health messages, can be disseminated using text messaging services, social networking sites and blogs.
- **Internet-based partner notification** uses Internet locating information (e.g., email and/or website screen names) in order to notify partners of individuals who have been diagnosed with an STD<sup>vi</sup>. Check out [inSPOT's](#) lightly humorous e-cards as one example.
- **General awareness** through the promotion of campaigns and events using a variety of online and social media tools.

## What's Hot Right Now

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Like any communication technique, different social media channels have different strengths and weaknesses. It is important to define your goals and understand your audience before making a decision about which to use. This section provides a brief overview of today's most commonly used online and social media platforms with how-to tips, benefits and limitations, and suggestions for monitoring.

# SOCIAL NETWORKING SITES

A social network is an online platform aimed at developing communities. Users can create personal profiles, upload content (text, photos, video), link to other websites, connect with friends and write messages (public and private).



**Facebook** is the most popular social networking site in the world. Individuals use it to stay connected with friends and family. Both individuals and organizations use

Facebook to post updates, links, conversations, photos, videos and more. Facebook users who choose to “like” your organization’s page see these updates and can get involved in discussions on your Facebook page.

## Benefits of Facebook

- Facebook has over 800 million active users as of February 2012 and is growing daily. The reach for messaging is almost limitless.
- There are dozens of ways to engage users, meaning messages can be reinforced using a number of different tools.
- Most youth use Facebook for the majority of their online needs (e.g., connecting with friends, getting news, direct emailing, posting content, etc.) so it can serve as a “one-stop-shop” to reach youth.

## Challenges of Facebook

- Health promotion activity is restricted to the formats and tools that Facebook has, limiting creativity.
- Regular and continuous updates and moderating are required.
- Due to previous privacy issues, some youth do not trust Facebook and no longer use it.

## Quick Tips for Using Facebook

Further information on all of these tips can be found on [Facebook basics](#).

- As an organization, set up a [Facebook page](#), rather than a Group or a personal profile.
- Use your logo as your image to reinforce recognition of your agency.

- Use your status bar to post brief updates once or twice per day such as links to relevant news and blog sites, information about upcoming events, testing and treatment information, etc.
- Add relevant [photos](#) and [video](#); use images that will catch youth’s attention.
- Highlight your and others’ campaigns. [Link](#) as much as possible.
- Foster dialogue by asking questions of your audience in your status bar. Use [polls](#) and photo and video contests. Give permission for your fans to participate using page settings. Check out the [CDC’s comment policy](#) on responding to Facebook comments.
- Embed a Facebook [badge](#) on your agency’s homepage and email signatures.
- “[Like](#)” the Facebook pages of partnering organizations and suggest that they “like” you in return. Every month, ask individuals that “like” your page to suggest to their friends that they “like” it as well.
- Make sure to engage with community leaders and people of influence among LGBTQ youth so that they can also promote your page.
- Target your messages. Find [Groups](#) (some Facebook groups are private while others are open to the public) that LGBTQ youth belong to and join them. Use the “Search” bar and make sure to search for relevant terms such as “gay,” “downlow,” “queer,” etc.
- If you provide direct care and support for youth, use Facebook to keep in touch with them. It is often more reliable than phones and email.
- If you work with groups, consider setting up a [Secret Facebook Group](#) through which you can post mass messages that only they will see and through which they can keep in touch with one another.





- Use the [Facebook Chat](#) function on Facebook to communicate with youth in real-time.
- If you have funds to spend, purchase Facebook ads (see below).
- Number of people that engage in group discussions.
- Number of conversations you have with individuals (e.g., number of times you refer for testing, treatment, support, etc.).

### Monitoring Facebook

Using simple math taken directly from your Facebook page you can determine:

- Number of “likes” on your Facebook page.
- Number of comments you receive for individual status updates.
- Number of comments responding to different topics and questions.
- [Page Insights](#) provide metrics around content on your Facebook page.
- [Facebook ads](#) has its own analytics that provide demographics of users who have seen your ads.



**Twitter** is a social network that lets members post updates of no more than 140 characters, called “tweets”.

### Benefits of Twitter

- Large volumes of people can be reached with simple, actionable messages at one time.
- The majority of Twitter users are 18-29 years old.
- Twitter provides a “live space” for organizations to keep up with one another’s news and events, plus build or strengthen relationships with one another.

### Challenges of Twitter

- Twitter is not great for generating conversations or building communities.
- LGBTQ youth that use Twitter are less likely to follow a health department or community-based organization, but will follow certain celebrities and community leaders.
- With only 140 characters to work with, messaging can be limited.

### Quick Tips for Using Twitter

For details on how to set up and use Twitter, check out [Twitter basics](#).

- Follow celebrities and people of influence in the community that LGBTQ youth follow. This is probably the **best** use of Twitter for you to reach youth.
- If you do have links to celebrities or community leaders that LGBTQ youth follow on Twitter, ask them to follow you, get involved in your campaigns and tweet on your behalf.
- Tweet relevant news and blog articles, information about upcoming events and testing and treatment information.
- Use relevant hashtags in your tweets. For instance, #hiv when you are tweeting about something to do with HIV.



- Attract new followers by following the organizations and people that you hope follow you, [re-tweet](#) information that is important for your health promotion and [reply to and mention](#) organizations that you like.
- Platforms like [TweetDeck](#) provide more tools to manage your Twitter account.
- If you tweet often, consider embedding a live [Twitter feed](#) on your organization’s homepage and on your Facebook page.

### Monitoring Twitter

Just from looking at your Twitter account you can determine:

- Number of people/organizations that you follow and that follow you.
- Number of tweets sent within a given time period.
- Number of tweets with a specific, relevant hashtag (e.g., #HIV).
- Number of times your messages have been re-tweeted.
- Number of times someone has replied to your tweets.
- Number of times your organization has been mentioned.
- Number of [direct messages](#) you have sent and received with others.

Twitter does not have any monitoring tools of its own but some third parties, such as [bitly](#), do.



**YouTube** is a video-sharing website on which users can upload, view and share videos including movie clips, TV clips and music videos as well as amateur content.

### Benefits of YouTube

- YouTube is a powerful and low-cost platform with which you can supplement text on your own website.
- YouTube provides an entertaining way to promote health information.
- There are many ways to involve young people in your health promotion initiatives.
- YouTube acts as a hub for community dialogue around very important issues via the comments section.
- Small, durable, high-definition cameras are now available at low cost and can easily upload videos to YouTube.

### Challenges of YouTube

- With over four billion videos streaming per day in 2012, it is hard to get noticed.
- Creating and editing videos often takes extra human and sometimes financial resources.
- While some videos get 20 pages of comments, many get far less comments as compared to Facebook.

### Quick Tips for Using YouTube

Find out more details on YouTube's [Getting Started](#) page.

- Create and upload your own health promotion videos to YouTube by registering for a free account.
- [Embed](#) or link to the videos on your website and Facebook page.
- Add other relevant YouTube videos that you wish to endorse to your organizations' YouTube and Facebook pages.



- Host a video contest in which LGBTQ youth are invited to submit their own health promotion videos and win prizes. Promote the contest on Facebook, Twitter and your organization's website. Consider uploading all the videos to your YouTube page and getting a neutral youth panel to vote.
- You can apply for a [nonprofit-specific](#) YouTube account, which provides more features—such as the ability to add clickable asks on top of videos—and lets you upload longer videos.

### Monitoring YouTube

From your YouTube page, you can discover:

- Number of times your video has been viewed.
- Number and content of comments related to your video.
- Number of likes and dislikes.

[YouTube Analytics](#) provides top-level performance metrics for your content on YouTube. This includes demographics of your audience, retention on your page, traffic sources, likes and dislikes, etc.



## ONLINE DATING SITES

Dating sites are growing in number and scope every day. Now, there are dating sites tailored to race/ethnicity, religion, geographic region and sexual preference. Many young people use dating sites to form relationships, and often times to connect sexually. Dating sites are prime locations for direct outreach with LGBTQ youth as well as providing testing and treatment information.<sup>vii</sup>

### Benefits of Dating Sites

- Many of the youth that frequent dating sites are sexually active or thinking about having sex.<sup>ix</sup>
- LGBTQ dating sites offer prime locations for targeted social marketing campaigns.
- These sites increase the likelihood of one-to-one engagement and referrals.
- Many of these sites have handheld apps containing GPS components, identifying where groups of users are located.

### Challenges of Dating Sites

- Content on dating sites, particularly those targeting men who have sex with men (MSM), is very explicit and can be uncomfortable, even for a seasoned health worker or disease intervention specialist. Extra training is needed to conduct outreach on dating sites. Check out [NY State's guidelines for Internet outreach for support with developing training](#).
- Knowing which sites to use is difficult. There are many to choose from so knowing your population and their dating site use is imperative.
- Conducting live outreach online often means going online when the majority of potential beneficiaries will be online (e.g., late at night and on weekends).

### Quick Tips for using Dating Sites

Popular dating sites for LGBTQ youth include [Adam4Adam](#), [ManHunt](#), [Barebackrt](#)<sup>s</sup>, [Grindr](#) and [BlackGayChat](#).

- Register a profile using a professional account with an organization-designated username and password rather than using your personal account.
- Some dating sites require that you register as a health worker. Make sure that you reach out to the site before registering a profile to find out if you need formal permission to conduct outreach. [Barebackrt](#) is an example.
- Identify yourself and your purpose honestly. Say that you are a health worker. If you are comfortable using your own photo, do so. You can also use your organization's logo.
- Target your messaging to your geographic region. You can filter by region on most sites.
- Consider different mechanisms for engagement. For example, initiating communication with individuals to deliver health information or putting messages out to groups of people.
- Go online when youth are online; usually this means outside work hours.
- Post messages with testing and treatment information.
- Look to build relationships with individuals online and prepare for those to cultivate over time.
- Acknowledge that while dating sites require a minimum age of 18, this is not policed and many younger adolescents are on them.
- Be prepared with facts, to make referrals and to provide counseling.
- If budget allows, buy ad space. The CDC, for instance, has a testing campaign running on select [dating sites](#).

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<sup>s</sup> NASTAD does not promote or encourage "barebacking," however the popularity of this website among young MSM makes it a prime location for outreach and prevention messaging.

## MOBILE PHONES

Cell phones are ubiquitous and are increasingly being used for sexual health promotion and outreach all over the country.

### Benefits for Mobile Phones

- 71 percent of 12-17 year olds and 85 percent of youth older than 17 own a cell phone<sup>x</sup>.
- Taken everywhere and used all day, they often allow youth to be more accessible for interventions than computer-based messaging.
- Many youth access Facebook and Twitter on their mobile phones.

### Challenges for Mobile Phones

- You can only reach those individuals whose phone number you have.
- Youth often change their phone numbers, lose their phones or use temporary pay-as-you-go phones, limiting their reliability.
- High rates of morbidity and mortality due to distracted driving (i.e., texting while driving), particularly among youth, can complicate phone-based interventions.

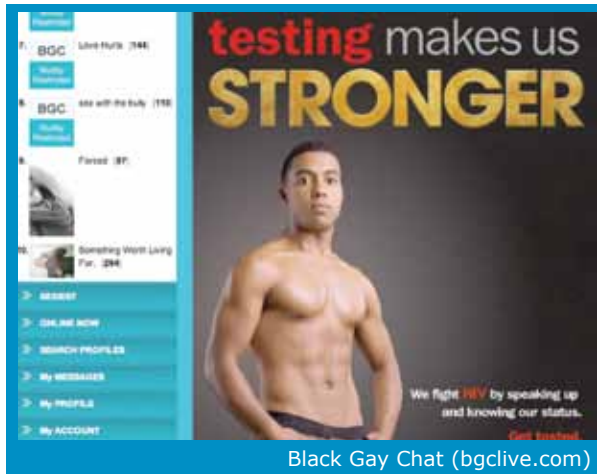
### Quick Tips for using Mobile Phones

- Promote mobile applications that allow people to text a sexual health question to a certain number and receive a texted response almost immediately. [CDC, Planned Parenthood, ISIS, Advocates for Youth, Metro Teen AIDS](#) and many others run these applications.
- If you want to start your own text messaging service you must lease a shortcode from an outside vendor. See the [CDC's Text Messaging Guidance](#) for more information on developing your own text messaging service.
- Consider using texting to provide youth with sexual health tips and appointment reminders.

### Monitoring Mobile Phones

Determine your reach using mobile phones by collecting:

- Number of texts sent and received.
- Types of content within text messages.



### Monitoring Dating Sites

For your direct outreach with youth on dating sites, create a database into which you log all of the details of your correspondence with individuals. Since you will likely not have a name, file the information under the username that they use on the website. Important information to document includes:

- Which online dating site you used.
- The date, time and how long you were “talking to” one or more users.
- Age (if you do not know, list the age range that the website targets, if possible).
- Race/ethnicity, if possible.
- Sexual orientation, if possible.
- Gender, if possible.
- HIV status, if possible.
- Information for which they asked and what information you provided.
- Any risk factors identified.

## ADDITIONAL OPTIONS

**Email** is less used by young people so may not be as useful for direct outreach until you have a relationship set up with a young person. However, email is great for getting mass messages out to those with whom you do interact, network and work. There are many platforms that you can now use, at little to no cost, to send out mass email messages. [Mail Chimp](#), [Constant Contact](#) and [Vertical Response](#) are just a few.

**Blogs** are similar to newspapers or magazines and can be used in a number of ways to reach youth with prevention messages. Your organization can easily set up its own blog (try [WordPress](#), [Tumblr](#) or [Blogger](#)), and keep it up to date with weekly commentary and campaign promotion. Experts from the field and young people should be invited to guest-blog about different topics. If you do not want to host your own blog, consider trying to guest-blog on others' widely read sites. Most blogging websites have their own internal analytics so that you can see who your readers are. [Google analytics](#) also has a great platform for measuring the traffic to, and demographics of, your website. Note that with the rise of social networks, teens are less likely to use blogs than Facebook.

**Podcasts** are like radio programs that can be downloaded from the Internet and played "on the go" from an iPod, mobile device or other portable player. [NASTAD](#) implements a series of podcasts targeted at health providers. Consider developing podcasts with youth, using their stories and messages to reach other youth with prevention messages. Post your podcasts to your website, Facebook, YouTube and Twitter pages. Document the number of people downloading your podcasts.

**Online advertising** can have high impact if your budget allows for it. Top places to advertise are [Google](#), [Facebook](#) and dating sites. With Google and Facebook, you can purchase advertising space and target your ads to specific populations, geographic regions and search terms. The frequency with which your ads appear depends on how much money you allocate for them. Non-profit organizations can apply for a [Google Grant](#) to receive up to \$300 per day in Google advertising for life.



# Overcoming Common Barriers

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Integrating online and social media into your prevention agenda is crucial for working with LGBTQ youth, but it is not always easy. It is important to acknowledge barriers and develop strategies to overcome them. Some of these include:

**Barrier:** Social networking sites can be awkward platforms for sharing personal and sensitive information.

**Consider:** Use social networking sites more as channels for marketing, feedback, interaction and dialogue. Rely on them for promoting your messages and making first connections with youth. However, try to conduct counseling and make referrals off-line or use private online spaces such as Secret Facebook groups, message boxes and email.

**Barrier:** Social networking necessitates ample time and human resources.

**Consider:** Human cost is by far the highest cost of a social media intervention. Developing multi-media web content and social networking can now be done for very little to no cost, and still have incredible reach. Consider taking the funds previously used for producing and publishing print materials and use them towards the human resources needed to maintain online promotion and outreach.

**Barrier:** The impact of online and social media on prevention outcomes is hard to evaluate.

**Consider:** As digital media becomes more omnipresent, data and evaluation tools will become much more available. Set benchmarks for audience engagement when you get started, and continue to measure your progress against those benchmarks over time. One simple suggestion is to track whether young people coming in for testing and screening found out about you from the Internet.

**Barrier:** Cyber bullying is rampant among young people and LGBTQ youth may become a particular target for peer bullying online.

**Consider:** Have information about support for bullying and crisis counseling at hand. Make sure to provide as much support and information possible for a young person that you think may be being bullied. [Stopbullying.gov](http://Stopbullying.gov) has some great resources. Pay attention to the interactions you are having with young people online and the dialogue they are having with others. If you read comments or posts that you feel could be targeting a young person in a harmful way, report the perpetrator to the site host.

**Barrier:** The freedom and ease of publishing online means that anyone can publish anything and information is not monitored for accuracy or validity.

**Consider:** This is all the more reason to ramp up your own online and social media presence and put extra resources into marketing your messages to a large audience. The best way to combat misinformation is to provide accurate information that is accessible and repeated across multiple platforms. The more that you can saturate online media with your messaging, and keep it consistent with others' messages, the better job you will do at getting the right information into the right hands.

**Barrier:** Many organizations, particularly government agencies, have firewalls that preclude use of social networking sites and websites with sexually explicit content.

**Consider:** If you have tough firewalls, talk to your leadership and IT department about removing firewalls from specific computers, for staff with special permission to conduct online outreach. If this is not possible, consider sub-contracting your online and social media work to an organization that does not have firewalls.

## IN CLOSING

As the digital media landscape continues to grow and youth spend more time online, now is the time to harness new technologies to improve sexual health and prevention outreach. Reaching youth where they are, particularly LGBTQ youth that may covet an anonymous health-seeking space, is of the utmost importance in ensuring that the right messages get through. Online and social media provide low-cost and high-impact tools that, if used strategically, can significantly strengthen your work. No matter what mechanism you use to conduct health outreach, online or off, your goals should be the same. Find the channels that best serve your needs, resources and level of comfort. Never lose sight of the importance of human relationships. And have fun!

## Examples from the Field

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### SEXINFO

In response to rising gonorrhea rates among African American youth in San Francisco, California, Internet Sexuality Information Services, Inc. (ISIS), in partnership with the San Francisco Department of Public Health, developed SEXINFO, a sexual health text messaging service. SEXINFO is an information and referral service that can be accessed by texting "SEXINFO" to a 5-digit number from any wireless phone. The opt-in service allows young people to text the word SEXINFO to a phone number and then gives a list of codes that they can choose from to find out more information. For example, "B2 if u think ur pregnant." No diagnoses are made over the system; instead, all messaging includes basic STI and HIV info and referrals for in-person consultation. There is a companion Web site (<http://www.sextextsf.org>), where parents and others can see sample messages online. SEXINFO cost \$20,000 to develop, \$15,000 for initial marketing and evaluation efforts, and \$1,500 per month to maintain.

Levine, D., McCright, J., Dobkin, L., Woodruff, A.J., & Klausner, J.D. (2008). SEXINFO: A sexual health text messaging service for San Francisco youth. *American Journal of Public Health*:98(3).

### Dallas Family Access Network (FAN)/Youth Angle

In Texas, Dallas FAN/Youth Angle is using technology to improve retention among young people transitioning to adult care. Responding to youth's discomfort in adult clinic waiting rooms, youth are given restaurant-style pagers so they can leave the room and come back for their appointments when they are paged. The strategy has decreased loss to follow up. The organization uses text messaging and Facebook to send appointment reminders to youth and encourages youth to text a peer employee if they want support during an appointment. This has been helpful in retaining patients during the months immediately after a diagnosis. Many of the staff members using social media are young themselves. Dallas FAN/Youth Angle documents all conversations to ensure that employees are abiding by HIPAA as well as internal regulations. They are also exploring having a clinical team member available on Facebook for instant messaging for a few hours everyday to answer medical questions.

Health Resources and Services Administration (HRSA). *Social Media and HIV*; June 2011.

# Suggested Resources

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[\*\*AIDS.gov New Media\*\*](#) site provides helpful guides and tools for getting started with new media campaigns focused on health outreach and prevention.

[\*\*CDC's Health Communicator's Social Media Toolkit\*\*](#) provides a comprehensive overview of the most popular social media campaigns and applications, plus tips on how to get started with them. The toolkit provides an extensive list of helpful tools, resources, external links, and evaluation and strategy development worksheets.

[\*\*CDC's Social Media Tools, Guidelines and Best Practices\*\*](#) provide guidelines for different social media platforms, badges and widgets, and health e-cards.

[\*\*HRSA's Social Media and HIV\*\*](#) provides useful case examples and tips for outreach and prevention, including using social media.

[\*\*NASTAD's Reaching Gay Men Using the Internet: Internet Partner Services\*\*](#) short video series focuses on reaching gay men using the Internet.

[\*\*NCSD's Guidelines for Internet-based Partner Services\*\*](#) provides support for online partner notification.

[\*\*New York State Department of Health's Guidelines for Internet Outreach\*\*](#) provides useful resources, particularly for help with creating profiles.

[\*\*The It Gets Better Project\*\*](#) was created to show LGBTQ youth the levels of happiness, potential, and positivity their lives will reach – if they can just get through their teen years.

[\*\*The You Know Different\*\*](#) toolkit from the National Youth Advocacy Coalition focuses on using social marketing strategies for HIV testing messaging with youth.



# Glossary of Terms

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**App:** Short for “application,” an app performs a specific function on your computer or handheld device.

**Blog:** A website updated frequently by an individual or group to record opinions or information.

**Campaign:** A set of coordinated marketing messages, delivered at intervals with a specific goal, such as raising funds for a cause.

**Hashtag:** A word or phrase prefixed with the symbol “#” and found on social networking sites like Twitter. Hashtags create groupings of concepts.

**Podcast:** A digital file (usually audio but sometimes video) made available for download to a portable device or personal computer for later playback.

**Smart phone:** A handheld device capable of advanced tasks beyond those of a standard mobile phone. These may include email, chat, photos and video.

**SMS (texting):** Short message service, a system that allows the exchange of short text-based messages between mobile devices, up to 160 characters.

**Social media:** Works of user-created video, audio, text or multimedia that are published and shared in a social environment, such as a blog, podcast, forum, wiki or video hosting site.

**Social networking:** The act of socializing in an online community. A typical social network such as Facebook allows you to create a profile, add friends, communicate with other members and add your own media.

**Viral:** Anything shared across social networks that gets passed along rapidly.

**Web 2.0:** Refers to the second generation of the Web, which means people create media without needing specialized technical knowledge and training.

**Webinar:** Short for web-based seminar, a webinar is a presentation, lecture, workshop or seminar that is transmitted over the web.

**Widget:** Sometimes called a gadget or badge, a widget is a small block of content, typically displayed in a small box that provides news or information.

**Wiki:** Simple web pages that can be edited by other users. Think “Wikipedia.”

**Youth/Young people:** For the purpose of this document, the terms “youth” and “young people” are used interchangeably and are broadly defined as people ages 13-29.

# References

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## (Endnotes)

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Randy Mayer, Chair  
Julie M. Scofield, Executive Director