



NASTAD Technical Assistance Meeting
Reaching Gay Men Using the Internet
March 29-31, 2009
Alexandria, Virginia

Meeting Report

ACKNOWLEDGMENTS

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Executive Summary

On March 29-31, 2009, the National Alliance of State and Territorial AIDS Directors (NASTAD), in partnership with the National Coalition of STD Directors (NCSD), convened a technical assistance (TA) meeting for health department HIV/AIDS and sexually transmitted disease (STD) programs focusing on using Internet Partner Services¹ (IPS) to reach gay men and other men who have sex with men (MSM). The meeting brought together colleagues from across the country to dialogue about IPS and other Internet interventions, including outreach and health communication. Participants represented 12 jurisdictions—California, Chicago, the District of Columbia, Florida, Houston, Illinois, Maryland, Massachusetts, New York City, New York State, San Francisco and Texas.

The TA meeting agenda was constructed to offer participants the opportunity to share information about their programs with one another, including their successes and challenges. In addition to the presentations given by meeting participants, several other stakeholders made presentations to the group, including the Centers for Disease Control and Prevention Division of STD Prevention (CDC-DSTDP), AIDS.gov, MANHUNT and representatives from the states of Kentucky and Washington (presentations are available in a subsequent section of this report and on the NASTAD [website](#)). The meeting included ample time for discussion and debate about the many difficult issues related to Internet interventions and ended with a half-day session focusing on identifying local and national strategies needed to advance the important work of these programs.

Because collaboration and coordination are often cited by health departments as significant challenges, jurisdictions were strongly encouraged to include representatives from HIV/AIDS programs, STD programs and community-based organizations on their teams. About half of the meeting participants represented STD programs, an important step toward bridging the divide between HIV/AIDS and STD programs. Where possible, states and their directly-funded cities were also invited. This allowed for a robust discussion across funded jurisdictions that ultimately serve the same constituents, albeit in differing capacities. Participants were

¹ IPS: Using the Internet through e-mail, instant messaging, chat rooms, etc. to conduct partner services activities, including eliciting partners, informing individuals of potential exposure to HIV and other STD and referring exposed individuals into counseling, care and treatment.

also encouraged to send field-level staff to the meeting, i.e., Disease Intervention Specialists (DIS), who conduct or supervise partner services in their jurisdictions, a group that rarely has the opportunity to engage with peers. The participation of DIS, along with higher level health department staff and other guests, fostered a diagonal discussion that raised issues relevant to all program levels. While the meeting agenda could not include every important topic related to Internet interventions, the time together allowed participants to make connections that they may not have been able to in their day-to-day work.

Key Findings from Meeting Discussions

A significant portion of the TA meeting agenda focused on discussion and debate about IPS and other Internet interventions. Participants were encouraged to brainstorm responses to pre-determined questions in small and large groups. Following the brainstorming exercises, participants reported their thoughts back to the full group and engaged in additional discussion. The thoughts and ideas from the group discussions were recorded to provide insights into the needs of health department HIV/AIDS and STD programs and their community partners.

When asked to describe their vision for an ideal IPS program, participants shared the following elements:

- Adequate funding
- Integrated and streamlined processes
- Competent and well-resourced staff
- Flexibility and support
- Engaged communities
- Multi-level collaboration

When asked to describe the barriers they currently face in their IPS programs, participants shared the following:

- Internal capacity and infrastructure
- Collaboration on multiple levels
- Disparities in marginalized populations
- Disengaged communities
- Evaluation
- Variability in expertise
- Funding

- Lack of evidence
- Leadership
- Resistance
- Concerns about sustainability

When participants were asked to identify short-term strategies that would help move their programs forward locally, they identified the following:

- Assessment of the current landscape
- Capacity building
- Enhanced collaboration
- Streamlined data collection
- Marketing
- Promotion of supportive policies
- Improved staffing
- Access to technology

To conclude the meeting, participants identified strategies for moving IPS forward nationally and suggested next steps to follow the consultation. A full listing for each of these topics follows in the body of this report.

NASTAD's Next Steps

NASTAD is committed to supporting health department HIV/AIDS and STD programs in their efforts to implement IPS and other Internet interventions. Over the next year, NASTAD will focus its efforts on the following projects:

- Disseminating the TA meeting web-film
- Finalizing and disseminating an MSM supplemental to the [*National Guidelines for Internet-based STD and HIV Prevention*](#)
- Providing technical assistance to health department HIV/AIDS and STD programs
- Building the capacity of health departments to conduct (directly or indirectly through community partners) Internet outreach and IPS
- Providing baseline education and information about new media and other advanced technologies (e.g., the Internet) to health department staff
- Conducting a baseline assessment of the current implementation of Internet interventions in the U.S.

NASTAD will also continue to expand its presence on the Internet in order to make its existing TA more widely available to health department programs. A full description of NASTAD's next steps follows in the body of this report.

Introduction

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Overview of Meeting Presentations

(For the full meeting agenda, see Appendix A and click [here](#).)

Sunday, March 29, 2009

The National Guidelines: Where we've been. Where are we going? (Rachel Kachur—CDC-DSTDP)

Description: Kachur provided an overview of the *National Guidelines for Internet-based STD and HIV Prevention: Accessing the Power of the Internet for Public Health* (National Guidelines), including a brief discussion of the genesis and timeline, guiding principles and content and considerations for the future.

Overview of Guide to Developing Internet-based Partner Services (IPS) within MSM Communities (Stephan Adelson—NASTAD consultant)

Description: Adelson provided an overview of a supplemental to the *National Guidelines* currently under development which focuses on reaching gay men and other MSM communities using IPS.

PENS Houston—A Foundation to Build Upon? (Lupita Thornton—Houston)

Description: Thornton provided an overview of *PENS Houston*, an innovative website designed by the Houston Department of Health and Human Services to aid in STD partner elicitation and notification services (PENS) as well as provide online STD education.

Formative Research—Assessing Areas of Agreement and Disagreement between Internet Dating Site Managers, MSM and Public Health (Dan Wohlfeiler—California)

Description: Wohlfeiler provided an overview of a formative research project currently underway that will help describe effective strategies for reaching gay men and other MSM on the Internet from the perspectives of the men themselves, Internet site managers and health departments.

Monday, March 30, 2009

State Perspectives on Starting and Expanding IPS (Facilitator: Stephan Adelson—NASTAD consultant)

Description: Adelson facilitated a panel presentation and discussion spotlighting the perspectives of New York State, California and Washington State on initiating and expanding IPS. Presenters discussed the rationale and strategies for using the Internet to reach gay men and other MSM, challenges and lessons learned.

- Presentation one: [*Starting Internet Partner Services: The New York State Experience*](#) (Presenters: Judi Bulmer, Kelly Firenze and Peter Laqueur)
- Presentation two: [*Internet Partner Notification—The California Process: Standardizing Policies and Procedures and Building Capacity for Internet Partner Notification*](#) (Marcella Herrera)
- Presentation three: [*Factors that Contribute to Internet Use and STI's in Washington State*](#) (Mickey Fallis)

Using the Internet and New Media to Reach Gay Male Populations—Blogging, Podcasts, RSS Feeds and other Virtual Worlds (Miguel Gomez—AIDS.gov)

Description: Gomez provided an overview of web 2.0 technologies and a rationale for using these technologies in public health and other health care efforts. For more information on topics covered in this presentation, visit www.AIDS.gov.

[*Evaluating an IPS program: One Program Area's Experience*](#) (Bruce Furness—DC)

Description: Furness provided an overview of how the Washington, DC, Department of Health evaluated its STD Control Program's Internet-based Partner Notification (IPN) Program, including methods, results and conclusions.

Conducting Internet Outreach on Gay Venues—Perspectives from an Adult Gay Venue, Health Department and Community Based Organization (CBO) (Facilitator: Stephan Adelson—NASTAD consultant)

Description: Adelson facilitated a panel discussion on conducting Internet outreach on venues that cater to gay men and other MSM. Perspectives were provided from an adult gay venue (David Novak—MANHUNT; no PowerPoint presentation), a health department (Dennis Wheatley—Kentucky; no PowerPoint presentation) and a community based organization (Eric Roland—Houston).

- Presentation one: [*Adapting to an Ever-Changing Environment: Internet Outreach to MSM*](#) (Eric Roland)

[*Engaging CBOs for Partner Services—the Howard Brown Model*](#) (Beau Gratzner—Chicago)

Description: Gratzner provided an overview and background on Howard Brown Health Center’s community-based IPS program, including a discussion of innovations, infrastructure and key considerations.

Tuesday, March 31, 2009

NASTAD and NCSD Technical Assistance Overviews (Dave Kern—NASTAD and Sandra Serna Smith—NCSD)

Description: Kern and Smith walked participants through NASTAD’s and NCSD’s technical assistance programs.

- Presentation one: [*NASTAD Technical Assistance Overview*](#) (Dave Kern)
- Presentation two: [*NCSD Technical Assistance Overview*](#) (Sandra Serna Smith)

Overview of Group Discussion with Findings

(For the full meeting agenda, see Appendix A and click [here](#).)

A significant portion of the TA meeting agenda focused on discussion and debate about Internet interventions. Participants were encouraged to brainstorm responses to pre-determined questions in small and large groups. Following the brainstorming exercises, participants reported their thoughts back to the full group and engaged in additional discussion. The thoughts and ideas from the group discussions were captured to provide insights into the needs of health department HIV/AIDS and STD programs and their community partners.

Sunday, March 29, 2009

Small group discussion: Framing the Ideal IPS Program (Facilitator: Stephan Adelson—NASTAD consultant)

Description: Participants were divided into small groups (pairing states with their directly-funded cities when possible) and were asked to consider their current IPS program and to answer the question: *What is your vision for an ideal IPS program?* Each group spent approximately 30 minutes on this brainstorming exercise. Following brainstorming, each team reported their answers to all participants. Discussion was encouraged following the reports.

Findings: When asked to describe a vision for an ideal IPS program, meeting participants shared the following. Responses from the individual team reports were summarized and collapsed under categorical headings for this report.

- **Collaboration:** Effective collaboration is important to the success IPS programs on multiple levels, including partnerships between health department HIV/AIDS and STD programs; health department partnerships with communities and providers; cross-jurisdictional partnerships that promote the sharing of best practices, lessons learned and relevant out-of-jurisdiction information; and within existing partner services systems to ensure services are complementary.
- **Community Engagement:** IPS must be marketed to relevant communities to ensure clients are aware of and, ideally, embrace the necessary work of health departments' partner services programs.
- **Flexibility and Support:** In order to maximize the success of IPS programs, local, state and national/federal support must be available to these programs, including support from jurisdictional governments and health departments. Entities conducting IPS must be open to changes that may be necessary to follow ever-developing Internet environments. Additionally, procedures that guide IPS must be flexible to ensure they adapt with these environments, honor client needs and are aligned with the goals, standards and laws (e.g., confidentiality) of individual jurisdictions.
- **Funding:** IPS programs, like traditional partner services programs, depend on adequate and sustained funding.

- **Process:** The process for conducting IPS exists on a continuum that compliments traditional partner services, is specific when engaging clients about disease exposure and provides competent and compassionate treatment to index patients and their partners. The process also must include robust evaluation and data collection and leverage opportunities that are uniquely available to Internet-based and new-media-based environments, including databases that capture client screen names, online interviewing and the use of texting.
- **Staffing:** IPS program staff must be fully trained to ensure they possess the skills necessary to competently engage clients in Internet-based settings. Program staff must also have the tools and resources necessary to engage clients online, including access to the Internet and relevant websites, computer systems and networks that are up-to-date and private spaces in which to conduct their work.

Monday, March 30, 2009

Small Group Discussion: Dealing with Difficult Issues (Facilitator: Dave Kern—NASTAD)

Description: Participants were divided into small groups based on their association with HIV/AIDS, STD and community-based programs. Groups were asked to reflect on the answers generated during the previous day's discussions and to consider three topic areas, 1) data and other information sharing across health department programs, 2) bureaucratic constraints and 3) community politics, as they brainstormed answers to the following question: *What barriers / roadblocks are you currently facing in your IPS program?* Each group spent approximately 30 minutes on this brainstorming exercise. Following brainstorming, each team reported their answers to all participants. Discussion was encouraged following the reports.

Findings: When asked to describe barriers and roadblocks, meeting participants shared a lengthy list of responses. The responses from the individual team reports were summarized and collapsed under categorical headings for this report.

- **Authority:** Because HIV/AIDS and STD programs function under the authority of higher-level health department leadership, larger health department systems may present barriers to Internet-based public health services (e.g., restrictive policies, time-intensive approval

processes). Political realities and ideologies may also present challenges to implementing innovative public health strategies, such as IPS.

- Capacity and infrastructure: A range of issues related to the existing capacity and infrastructure of health departments manifests as barriers to IPS programs, including organizational structure (e.g., where programs sit in the larger health department structure), training (e.g., availability of basic partner services trainings, specific trainings on cultural competence), staffing and workforce (e.g., system-wide workforce shortages, specific assignments of staff to IPS programs), data collection and sharing (e.g., cross-program sharing between HIV/AIDS and STD programs) and the availability of adequate technology (e.g., Internet access, up-to-date hardware and software).
- Collaboration: Lack of collaboration on the local, state and national/federal levels creates roadblocks for IPS programs in terms of coordinating resources, efficiently executing services, establishing meaningful partnerships to increase synergy, bridging the philosophical divide between HIV/AIDS and STD programs and assessing current implementation of IPS in the U.S.
- Disparities: Issues related to the oppression of marginalized communities, such as gay men and other MSM and persons of color, reinforce stigma and discrimination and can compromise the successful implementation of IPS programs.
- Engagement: Health departments are sometimes perceived by the communities they serve, as well as community providers, as unrepresentative and out-of-touch. This perception creates barriers to buy in, adequate reach and the ultimate success of partner services and other public health programs.
- Evaluation: Given the non-traditional methods used in IPS, measuring success through data collection and evaluation can create barriers when considered through existing frameworks, definitions and measures. To be successful in measuring the effect of IPS programs, new metrics are needed.
- Expertise: There is great variation in the expertise of health department HIV/AIDS and STD programs and their community partners in the implementation of IPS. Further, too little information is shared across jurisdictions to raise the level of expertise of programs across the country, creating uneven provision of IPS across the U.S.

- Funding: Inadequate funding for health department HIV/AIDS and STD programs forces health departments to prioritize services for which resources are allocated, oftentimes limiting the reach of innovative and complementary public health strategies, including IPS.
- Lack of evidence: Very little research has been conducted to assess the effectiveness of Internet interventions and the public health practices that are currently being implemented on the Internet, including IPS.
- Leadership: While CDC is quietly supportive of Internet-based interventions, there is no concerted national leadership to promote and champion this cause. Similarly, there is sparse leadership on the state and local levels to promote this work.
- Resistance: Conflicting philosophies and institutionalized practices often result in reluctance and, at times, explicit resistance to changing existing practices, including the provision of IPS.
- Sustainability: As HIV/AIDS and STD programs struggle to catch up to the technologically savvy public they serve, the milestones that are created (e.g., the *National Guidelines*) must be consistently reviewed and updated to ensure programs are sustainable and responsive.

Tuesday, March 31, 2009

Small Group Discussion: Moving Your Program Forward Locally

(Facilitator: Dave Kern—NASTAD)

Description: Participants were divided by jurisdiction into small groups. Groups were asked to reflect on their ideal program and the barriers described in previous sessions and answer the following question: *What are one to two short term strategies that would help move your program forward locally?* Participants were also asked to identify priority areas for NASTAD's and NCSA's technical assistance. Each group spent approximately 30 minutes on this brainstorming exercise. Following brainstorming, each team reported their answers to all participants. Discussion was encouraged following the reports.

Findings/Recommendations: Meeting participants generated the following short term strategies for moving their programs forward locally. Responses from the team reports were summarized and collapsed under categorical headings for this report. NASTAD and NCSA will use the identified strategies to inform their technical assistance and support to health department HIV/AIDS and STD programs.

- **Assessment:** Ongoing local and national assessment is essential to understanding the landscape of how the Internet and other new media are being used to provide interventions, including IPS, by health departments and their community partners. An inventory of current resources will identify model programs, policies and other materials that can be shared; support cross-jurisdiction peer-to-peer technical assistance; and help identify previously unidentified needs and key stakeholders.
- **Capacity building:** Training and technical assistance on the range of available Internet interventions (e.g., IPS, outreach, “homegrown” interventions) is needed and must be tailored to the needs of specific programs (e.g., capacity building must take into consideration where programs are, what they want to do and what barriers they face). In addition to individualized technical assistance, national level peer-to-peer exchange is essential for sharing strategies and lessons learned, for challenging and correcting misconceptions and for advancing the implementation of Internet interventions across the U.S.
- **Collaboration:** Collaboration between programs at the local, state and national/federal levels is important. By modeling integration, CDC can demonstrate feasibility and begin to remove barriers to successful collaboration on the state and local levels. By working with their national counterparts, NASTAD and NCSD can better communicate the importance of the Internet to the future of public health. By bringing HIV/AIDS and STD programs together, health departments can work to advance IPS in their jurisdictions.
- **Data collection:** Measuring the success of IPS will help ensure the services provided lead to intended outcomes. Streamlining the collection of program monitoring and evaluation data is an important first step in this process. Additionally, defining appropriate measures of success is critical.
- **Marketing:** In order for community members and providers to understand and value partner services, they must understand what these services are and how they are important. Intentional and appropriate marketing of partner services, including IPS, will help provide answers to these questions.
- **Policy:** Policies that restrict the ability of DIS and other public health practitioners in their efforts to successfully accomplish core public health

functions, including partner services, must be worked around (at least) or challenged and revised (ideal).

- Staffing: Given the current dilemma facing the nation's public health workforce, traditional staffing for partner services programs must be reconsidered to prioritize the delivery of IPS as an important complement to traditional partner services methods.
- Technology: Without adequate technology, DIS and other public health practitioners are severely limited in their ability to deliver IPS. DIS assigned to IPS need access to the Internet, access to relevant websites and up-to-date equipment.

Facilitated Discussion: Moving Internet-Based Strategies Forward Nationally (Facilitator: Dave Kern—NASTAD)

Description: Participants were asked to congregate in small groups around five pre-determined categorical topics: 1) working with adult sites serving gay men, 2) local, state and/or national bureaucratic hurdles, 3) collaboration, 4) prevailing CDC policies, philosophies and/or other realities and 5) the nature of the Internet and new media. Each topic area had a pre-assigned facilitator to greet the group and to record responses to pre-determined questions. All groups were given five minutes to identify the most important challenges related to the topic area as they related to jurisdictions' work to reach gay men and other MSM using the Internet. After five minutes, participants were asked to re-group around a second topic area and brainstorm additional challenges for five minutes. Rotation continued until all participants had an opportunity to identify challenges for each topic area. The facilitator for each topic area gave a brief synopsis of the challenges related to each topic to all participants. Discussion was encouraged following the synopses.

Findings/Recommendations: Meeting participants generated the following list of challenges related to the categorical topics. Responses from the topic area reports were summarized and collapsed under categorical headings for this report.

- Question 1: What challenges exist in your programs' efforts to work with adult sites serving gay men and other MSM?
 - Evaluation and quality assurance, including collecting client feedback

- Internal health department systems, including the buy-in from health department leadership and the capacity of health department staff
- Initiating and maintaining relationships because of the number and nature of these sites and the variability in health department engagement with these sites
- Working with community-based organizations to educate at-risk populations about the importance of health information and services, including partner services
- Community expectations and preferences for the design and delivery of Internet interventions
- New media beyond websites, including social networking sites, cellular telephones (texting) and future technologies
- Keeping up-to-date on sites and other new media to ensure public health is as proactive as possible
- Question 2: What local, state and/or national bureaucratic hurdles present challenges to your programs' efforts to reach gay men and other MSM (e.g., accessing adult content while at work)?
 - Coordination and collaboration across disease areas and across bureaucratic levels
 - National leadership on IPS and other Internet interventions
 - Existing paradigms for measuring success
 - Absence of meaningful advocacy to support innovative approaches to public health practice
 - Funding
 - Community awareness of public health and other health services, including partner services
- Question 3: In what ways does lack of collaboration and coordination bring challenges to your programs' efforts to reach gay men and other MSM (e.g., between HIV/STD programs, community politics).
 - Limited community engagement in the design and delivery of public health services
 - Limited knowledge and sharing of best practices for collaboration
 - Lack of dedicated staff members to champion collaboration on the local, state and national levels
 - Divisions between HIV/AIDS and STD efforts/programs on the local, state and national levels
 - Siloed funding in CDC funding opportunity announcements (FOAs)
 - Separate data collection requirements and systems

- Inadequate communication to promote collaboration and to reduce long standing assumptions and barriers
- Question 4: How do prevailing CDC policies, philosophies and/or other realities challenge the success of your programs' efforts to reach gay men and other MSM?
 - Inadequate communication between CDC-Division of HIV/AIDS Prevention (DHAP) and CDC-DSTDP reinforces separation between health department programs
 - No marketing and promotion of IPS
 - Inconsistent data collection and reporting requirements
 - Siloed funding in CDC FOAs
 - Outmoded measures for success
 - Lack of recognition of "gay men" as a community vis-à-vis "MSM" as a behavior
 - Benign leadership to advance IPS and other Internet interventions at the national/federal level
 - Great variability in the knowledge of CDC project officers and program consultants and the ways in which they communicate and enforce expectations
 - Negligible engagement of providers or provider organizations to promote public health interventions, including IPS
- Question 5: How does the very nature of the Internet and new media present challenges to your programs' efforts to reach gay men and other MSM (this topic was renamed as "Marketing and Beyond" by meeting participants and served as a catch-all for additional challenges)?
 - Difficulties in providing consistent and sustained outreach to primary care physicians and other primary medical doctors to promote partner services
 - Almost non-existent engagement of media outlets and entertainers to promote partner services
 - Reliance on a traditional approaches to make the case for public health instead of exploring business and other successful models
 - No sustained marketing or public relations campaign(s) promoting partner services that is/are targeted to gay men and other MSM
 - Few tools and capacity building opportunities for health departments and their community partners

Facilitated Discussion: Identifying Next Steps (Facilitator: Stephan Adelson—NASTAD consultant)

Description: As a full group, participants were asked to consider all previous discussions as they responded to the following questions: *What are some options for packaging the identified strategies and recommendations? Who are the key stakeholders that need to receive and respond to the identified strategies and recommendations?* Responses were gathered from participants in an open facilitated discussion.

Findings/Recommendations: Meeting participants generated the following list of next steps and, in some cases, key stakeholders. Responses from participants are reported as they were shared in the meeting to preserve their integrity.

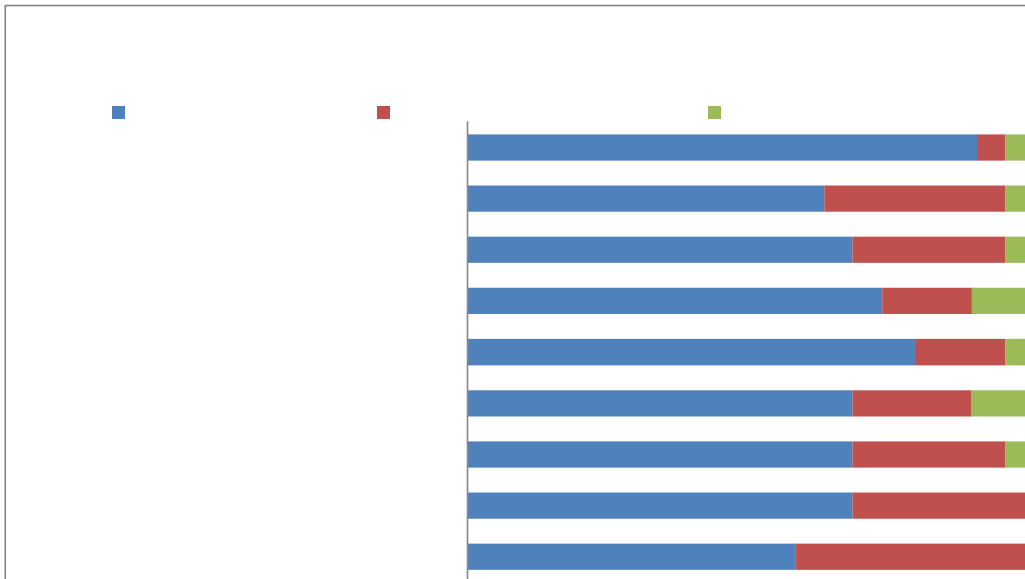
- Complete the web-film from the TA meeting and distribute it to participants to use in their jurisdictions.
- Create a task force of meeting participants (and possibly others who did not attend) to continue discussion on IPS, to help mobilize a national movement and to discuss sustainability of efforts.
- Distribute the meeting report to participants and others who did not attend to generate continued interest.
- Develop a communication (e.g., letter) to Dr. Kevin Fenton detailing the proceedings from the meeting and asking for center-level leadership on and promotion of IPS and other Internet interventions.
- Work with DHAP and DSTDP leadership to better orient project officers and program consultants to the nature and importance of this work, including steps to address the barriers that are currently in place (e.g., counting IPS in STD*MIS reports).
- Identify opportunities for meeting participants (and others who did not attend) to come together in the future (e.g., at the National HIV Prevention Conference).
- Expand the discussion to include populations beyond gay men and other MSM.
- NASTAD and NCSO should act as champions to constantly push the Internet as an important venue for delivering public health services.
- Identify opportunities for community-based organizations involved in Internet interventions to come together to discuss their successes and challenges.

- Encourage all meeting participants to report back to their programs following the meeting.
- Conduct an assessment to determine the current landscape of how health departments and their community partners are currently using the Internet and other new media to reach at-risk populations.
- Continue to discuss options for intervening with state and local governmental systems (governors, state legislatures, health department leadership) that do not actively support the use of the Internet for public health service delivery.
- Explore funding options that can be used to advance the use of the Internet in public health (e.g., Internet challenge grants from the National Institutes of Health).
- Develop fact sheets that can be used by HIV/AIDS and STD programs to advocate for IPS and other Internet interventions, e.g., a legal 'frequently asked questions' fact sheet explaining how IPS is lawful.
- Explore relationships with the private sector to support Internet-based public health work (e.g., negotiated price reductions with computer equipment makers to equip entire partner services teams with new technology).
- Develop integrated models to promote HIV/AIDS and STD partner services, including IPS (e.g., not categorical STD models, but rather broader public health guides targeting specific populations, such as gay men and other MSM).
- Identify opportunities for peer-to-peer technical assistance and/or twinning.

Meeting Evaluation

Meeting Presentations

Participants were asked to evaluate each presentation (or presentation panel) from the TA meeting, rating whether their knowledge about the subject matter presented 'increased', 'stayed the same' or 'decreased.' The following table illustrates participants' responses.



When asked if they had additional comments about the meeting presentations, participants expressed an appreciation for the single focused agenda, but some participants felt there was a lack of clarity about the intention of the meeting, specifically, that its focus was primarily on IPS. Similarly, some participants expressed observations that certain sessions, exercises and presentations were not consistent with the meeting's focus on IPS. Additionally, some participants felt there could have been more discussion on specific topics like the MSM supplemental to the *National Guidelines* (Adelson's presentation) and the geographical and political differences that impact implementation of effective IPS.

[NASTAD response: When planning the meeting, NASTAD tried to balance the agenda so that it was not too broad or too limiting. Having heard these concerns, NASTAD plans to expand its work around reaching gay men and other MSM using the Internet to include a more intentional focus on topics like Internet outreach and other Internet interventions.]

One meeting participant felt there was a glaring lack of research on the meeting agenda, noting that the information presented was, for the most part, anecdotal and lacked a rigorous scientific foundation.

[NASTAD response: While the intention of the meeting was specific to practical applications of IPS, NASTAD recognizes the value and importance of exploring and understanding the research behind online communities, the dynamic interactions that happen in these communities and effective online strategies for promoting positive health outcomes for individuals and communities. NASTAD will look for opportunities in the future to bring a research voice to its work on Internet interventions in order to meaningfully share research with health department colleagues.]

Several participants felt the meeting presentations were well done and appreciated the quality of the speakers, information presented and the knowledge that was shared. Similarly, some participants encouraged NASTAD to convene a similar meeting in the future, opening it up to additional jurisdictions.

Group Discussions

Participants were asked to evaluate the TA meeting's facilitated discussions to indicate whether or not they gained new insights into improving their jurisdiction's Internet-based programs. A vast majority—79 percent—indicated that the meeting offered them the opportunity to gain new insights and ideas and to increase their awareness about IPS. Specifically, participants noted that they were able to share best practices around conducting IPS, hiring and training staff and collecting and using client information (e.g., screen name databases, printing client profiles). Some participants commented they felt inspired by colleagues to push against existing bureaucratic restrictions in their efforts to implement IPS. Other participants noted that the meeting reinforced the importance of evaluation (and, more generally, defining 'success'), community engagement and working with website owners/manager in the implementation of IPS.

Networking

When asked if the meeting offered participants enough opportunity to interact with colleagues, most of those responding to the evaluation survey said 'yes.' A few indicated they would have liked more time to interact with program-specific peers (e.g., STD, programs, HIV/AIDS programs) and more group discussion on issues specific to gay men and other MSM. One participant felt there were not enough opportunities for interaction.

Future Improvements

Meeting participants made several suggestions for how future TA meetings could be improved. Again, participants indicated that there should be clearer communication about the focus of meetings like this (e.g., if the meeting is focusing on a single topic, such as IPS) and that research and evaluation should be included more meaningfully on the agenda. Additionally, some participants recommended that future meetings be broadened to include Internet outreach and other Internet and other new media interventions, including using the Internet as a recruitment tool for testing and individual, group and community level interventions; for social marketing; and for reaching out-of-care HIV-positive individuals.

Since the meeting included colleagues from both HIV/AIDS and STD programs, a few participants felt that parts of the meeting agenda did not directly relate to their work and/or experience (either because they came from integrated programs or because IPS was not directly part of their program); others wanted more time to discuss integration across HIV/AIDS and STD programs. Some participants recommended that in-person introductions or printed overviews that describe participating jurisdictions be included in future meetings. Others suggested the sessions specific to program overviews (primarily on day two) be spread out in the agenda to offer more time for detailed interaction on specific topics, including more time for question and answer; that the agenda include time for debates about best practices and an opportunity to do collective problem solving around common issues; that additional jurisdictions, additional representatives from websites (e.g., adult websites and social networking sites) and CDC staff be present (e.g., more senior level staff and staff from DHAP); that a directory of Internet sites be made available to participants; and that more focus be given to current national TA opportunities like the

National Internet Partner Services (NIPS) group³. Finally, one participant noted that more time for interaction with NASTAD and NCSD staff would be beneficial.

NASTAD's Next Steps

NASTAD is committed to supporting health department HIV/AIDS and STD programs in their efforts to implement IPS and other Internet interventions. Over the next year, NASTAD will focus its efforts on the following projects.

Disseminate TA meeting web-film—To ensure the material presented at the TA meeting is available to jurisdictions and individuals who could not attend, presentations and informal interviews were filmed during the meeting. The film footage has been edited into a four-part web-film that is available on NASTAD's [website](#) and [YouTube page](#). Part one provides an introduction to IPS; part two explains challenges; part three explores solutions; and part four discusses the future of IPS. All parts have also been strung together into one full-length piece.

Finalize and disseminate MSM supplemental to the *National Guidelines*—To support HIV/AIDS and STD program work to reach gay men and other MSM using the Internet, NASTAD, in partnership with Adelson Consulting, is developing a supplement specific to this population. The supplement, once completed, will be shared widely with health department programs.

Provide technical assistance to health department HIV/AIDS and STD programs—NASTAD will continue to work with Stephan Adelson to provide hands-on technical assistance to health department HIV/AIDS and STD programs around the Internet and new media. NASTAD will also continue to enhance relationships between health departments and adult Internet sites.

Provide baseline education and information about Internet and other new media to health department staff—In order to raise awareness and knowledge about Internet-based strategies, NASTAD will develop and host a

³ NIPS is a web-based group located on www.STDpreventiononline.org catering to individuals who conduct partner services using the Internet.

webinar for health department HIV/AIDS, STD and viral hepatitis program staff. The webinar will explore a range of Internet-based and other new media strategies to create a level knowledge base across the country and across health department program areas.

Conduct a baseline assessment of the current implementation of Internet interventions—NASTAD will conduct an assessment of the current implementation of Internet interventions by health departments. The findings from this low threshold assessment will also be used to identify primary contacts for Internet interventions in jurisdictions.

Expand NASTAD's web presence—NASTAD will also continue to expand its presence on the Internet in order to make its existing and future TA more widely available to health department programs.

Appendix A: Agenda

NASTAD Technical Assistance Meeting
Reaching Gay Men Using the Internet
March 29 – 31, 2009
Alexandria Westin (Edison Rooms E, F and G)
Alexandria, Virginia

Sunday, March 29, 2009 (11:00am – 5:30pm)

- | | |
|--------------|--|
| 11:00 – 1:30 | Open registration |
| 12:00 – 1:30 | Welcome and lunch (provided) |
| 1:30 – 2:00 | Presentation: Overview of <i>National Guidelines for Internet-based STD and HIV Prevention: Accessing the Power of the Internet for Public Health</i>
Presenter: Rachel Kachur (CDC-DSTDP) |
| 2:00 – 2:30 | Presentation: Overview of <i>Guide to Developing Internet-based Partner Services (IPS) within MSM Communities</i>
Presenter: Stephan Adelson (NASTAD) |
| 2:30 – 3:15 | Presentation and discussion: PENS Houston—A foundation to build upon?
Presenter: Lupita Thornton (Houston) |
| 3:15 – 3:30 | Break |
| 3:30 – 4:15 | Presentation and discussion: Formative research— <i>Assessing Areas of Agreement and Disagreement between Internet Dating Site Managers, MSM and Public Health</i>
Presenter: Dan Wohlfeiler (California) |
| 4:15 – 5:30 | Group discussion: Framing the ideal IPS program |
| 5:30 – 7:00 | Reception (Dinner on your own) |

Monday, March 30, 2009 (9:00am – 5:15pm)

- 8:00 – 9:00 Breakfast (provided)
- 9:00 – 10:30 Panel presentation and discussion: New York State, California and Washington—State perspectives on starting and expanding IPS
Facilitator: Stephan Adelson (NASTAD)
Presenters: Judi Bulmer, Kelly Firenze and Peter Laqueur (New York State), Marcella Herrera (California) and Mickey Fallis (Washington)
- 10:30 – 10:45 Break
- 10:45 – 11:30 Presentation and discussion: Using the Internet and new media to reach gay male populations—blogging, podcasts, RSS feeds and other virtual worlds
Presenter: Miguel Gomez (AIDS.gov)
- 11:30 – 12:30 Presentation and discussion: Evaluating an IPS program
Presenter: Bruce Furness (DC)
- 12:30 – 1:30 Lunch (provided)
- 1:30 – 2:45 Panel presentation and discussion: Conducting Internet outreach on gay venues—Perspectives from an adult gay venue, health department and community based organization (CBO)
Facilitator: Stephan Adelson (NASTAD)
Presenters: David Novak (MANHUNT), Dennis Wheatley (Kentucky) and Eric Roland (Houston)
- 2:45 – 3:00 Break
- 3:00 – 4:00 Presentation and discussion: CBO-delivered IPS—The Howard Brown Model
Presenter: Beau Gratzner (Chicago)
- 4:00 – 5:15 Group discussion: Dealing with difficult issues

5:15 Meeting adjourn (Dinner on your own)

Tuesday, March 31, 2009 (9:00am – 2:00pm)

8:00 – 9:00 Breakfast (provided)

9:00 – 9:30 Presentation: Overview of NASTAD and NCSD technical assistance and support opportunities
Presenters: Dave Kern and Sandra Serna Smith (NASTAD and NCSD)

9:30 – 10:40 Group discussion: Moving Internet-based strategies forward locally

10:40 – 11:00 Break

11:00 – 12:30 Group discussion: Moving Internet-based strategies forward nationally

12:30 – 2:00 Lunch (provided) and next steps

2:00 Meeting adjourns

Appendix B: Participant List

NASTAD Technical Assistance Meeting: Reaching Gay Men Using the Internet
March 29 - 31, 2009

Participant List

Jurisdiction/ Affiliation	Participant	Title	Phone	Email
California	Daniel Coronado	Intern, Office of AIDS	(916) 445-6262	daniel.coronado@cdph.ca.gov
California	Dennis Fleming	Intervention Specialist, California Office of AIDS	(916) 449-5824	dennis.fleming@cdph.ca.gov
California	Marcella Herrera	Internet Partner Services Manager, California Department of Public Health	(562) 570-4086	mherrera1@dhs.ca.gov
California	Dennese Neal	AHPA, Office of AIDS	(916) 440-7744	dennese.neal@cdph.ca.gov
California	Romni Neiman	Chief, Disease Intervention Section, California Department of Public Health	(510) 292-7681	romni.neiman@cdph.ca.gov
California	Dan Wohlfelder	Chief, Office of Policy and Communications, California STD Control Branch	(510) 847-5938	dan_wohlfelder@cdph.ca.gov
Chicago	Laurie Anderson	Surveillance Manager & Syphilis Elimination Coordinator, Chicago Department of Health	(312) 413-8020	anderson_laurie@cdph.org
Chicago	Beau Gratzner	Director, HIV/STD Prevention, Howard Brown Health Center	(773) 388-8864	BeauG@Howardbrown.org
Chicago	Karolyn Roberts	Communicable Disease Control Investigator II, Chicago Department of Health	(312) 746-4874	roberts_karolyn@cdph.org
District of Columbia	Bruce Furness	Medical Epidemiologist	(202) 727-9066	bff0@cdc.gov
District of Columbia	Shannon Hader	Senior Deputy, DC Department of Health	(202) 671-4900	shannon.hader@dc.gov
District of Columbia	John Heath	Program Manager, DC Department of Health	(202) 727-9853	john.heath@dc.gov
Florida	Uneeda Brewer	Statewide Training Coordinator, Florida Department of Health	(850) 245-4444	uneeda_brewer@doh.state.fl.us
Florida	Donovan Floyd	Director of Education & Prevention, South Beach AIDS Project	(305) 535-4733	donovanf@sobeaid.org
Florida	Kolin Melendy	Disease Intervention Specialist, Charlotte County Health Department	(941) 639-1181	kolin_melendy@doh.state.fl.us
Houston	Tamika Martin	Senior Public Health Investigator, Houston Department of Health and Human Services	(713) 791-6955	tamika.martin@cityofhouston.net
Houston	Eric Roland	Senior Director of Marketing, Legacy Community Health Services	(713) 830-3068	eroland@legacycommunityhealth.org
Houston	Lupita Thornton	Administrative Supervisor, Houston Department of Health and Human Services	(713) 798-0829	lupita.thornton@cityofhouston.net
Illinois	Henry Belton	Consultant, The Community Wellness Project	(314) 421-9600	officemanagercwp@yahoo.com
Illinois	Edwin Burgos	Director of Outreach, The Community Wellness Project	(314) 421-9600	eburgoscwp@yahoo.com
Illinois	Karen Pendergrass	HIV CT Coordinator, Illinois Department of Health	(217) 524-6799	karen.pendergrass@illinois.gov
Maryland	Anthony Bethea	Partner Services Technical Advisor, State STD Division	(410) 767-6982	abethea@dnhm.state.md.us
Maryland	Phyllis Burnett	Assistant Program Manager, Baltimore City Health Department	(410) 396-4448	phyllis.burnett@baltimorecity.gov
Maryland	Charles Chamberlain	Partner Services Technical Advisor, State STD Division	(410) 767-0790	cchamberlain@dnhm.state.md.us
Maryland	Steven Dashiell	Program Manager, Cancer Initiative, Baltimore City Health Department	(410) 396-1408	steven.dashiell@baltimorecity.gov
Maryland	Marcia Pearl	Partner Services Coordinator, Maryland AIDS Administration	(410) 767-5084	mpearl@dnhm.state.md.us
Maryland	Anne Wiseman	Partner Services Technical Advisor, Maryland AIDS Administration	(410) 767-5328	awiseman@dnhm.state.md.us
Massachusetts	Barry Callis	Director, HIV Prevention, Massachusetts Department of Public Health	(617) 624-5316	barry.callis@state.ma.us
Massachusetts	Hillary Johnson	Director, STD Field Services, Massachusetts Department of Public Health	(617) 839-6951	hillary.johnson@state.ma.us
Massachusetts	Jon Vincent	Health Educator, Fenway Community Health	(617) 927-6034	jvincent@fenwayhealth.org
New York City	Julie Cummiskey	Public Health Epidemiologist, NYC Department of Health and Mental Hygiene	(212) 314-0433	icummisk@health.nyc.gov
New York City	George De Stefano	Director, HIV Media & Special Projects, NYC Department of Health and Mental Hygiene	(212) 676-9856	gdestefa@health.nyc.gov
New York City	Pamela Rowland	Project Manager, NYC Department of Health and Mental Hygiene	(212) 788-4971	prowland@health.nyc.gov
New York State	Judi Bulmer	Health Program Administrator, NY State Department of Health, AIDS Institute	(518) 474-3598	jab19@health.state.ny.us
New York State	Kelly Firenze	Health Program Administrator, NY State Department of Health, AIDS Institute	(315) 477-8112	kpf02@health.state.ny.us
New York State	Peter Laqueur	Health Program Administrator, NY State Department of Health, AIDS Institute	(212) 417-4755	pal09@health.state.ny.us
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San Francisco	James McMaster	Community Health Intervention Specialist, San Francisco Department of Public Health	(415) 487-5544	james.mcmaster@sfdph.org
San Francisco	Frank Strona	Special Projects Coordinator, San Francisco Department of Public Health	(415) 621-4145	frank.strona@sfdph.org
San Francisco	Andrew Woodruff	Program Director, Internet Sexuality Information Services, Inc.	(510) 835-9400	andy@isis-inc.org
Texas	Jeffery Hitt	Manager, HIV/STD Prevention & Intervention, Texas Department of State Health Services	(512) 533-3068	jeff.hitt@dshs.state.tx.us
Texas	Todd Logan	Special Projects Coordinator, Texas Department of State Health Services	(512) 533-3098	todd.logan@dshs.state.tx.us
Texas	Ruben Ramirez	Community Health Programs Manager, Resource Center of Dallas	(214) 540-4500	rramirez@rcdallas.org

**NASTAD Technical Assistance Meeting: Reaching Gay Men Using the Internet
March 29 - 31, 2009**

Participant List

Jurisdiction/ Affiliation	Participant	Title	Phone	Email
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National Partner	Miguel Gomez	AIDS.gov		
National Partner	Rachel Kachur	CDC	(404) 639-2387	rlk4@cdc.gov
National Partner	Patrick Harris	CDC		
National Partner	Stephen Perez	AIDS.gov		
National Partner	Michelle Samplin-Salgado	AIDS.gov		
National Partner	Sandra Serna Smith	National Coaliton of STD Directors		
Presenter	Mickey Fallis	STD Program Consultant, Washington State Department of Health	(360) 236-3482	mickey.fallis@doh.wa.gov
Presenter	David Novak	Senior Public Health Strategist, Online Buddies, Inc.	(617) 674-8945	dnovak@online-buddies.com
Presenter	Dennis Wheatley	Outreach Prevention Specialist, Lexington-Fayette County Health Department	(859) 288-7527	dennisj.wheatley@ky.gov
NASTAD	Natalie Cramer	Associate Director, Prevention	(202) 434-8090	ncramer@NASTAD.org
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