



CHAIR'S CHALLENGE

UNITE TO END THE EPIDEMICS 2017-2018

HIV/STD Prevention and Testing Campaign: #ProtectYourselfRI

TARGET POPULATION: Urban youth
LOCATION: Rhode Island
PROGRAM DESIGN: Multi-media
ESTIMATED COST: \$43,000
FUNDING SOURCE: CDC/HIV Prevention

SUMMARY

Rhode Island has experienced a surge in STDs in recent years, with ten-year highs for chlamydia, gonorrhea, and infectious syphilis in 2016. In 2017-2018, Rhode Island Department of Health (RIDOH) has embarked on an initiative to evaluate social media usage among at-risk groups (adolescents, young adults, and MSM) and subsequent roll-out of a state-wide HIV/STD prevention and testing campaign targeting popular social media platforms.

BACKGROUND

Driven by the belief that STD prevention is HIV prevention, RIDOH targeted priority populations, including youth, in an ongoing multimedia HIV/STD prevention and testing campaign. Rhode Island has experienced a surge in STDs in recent years, with ten-year highs for chlamydia, gonorrhea, and infectious syphilis in 2016. In 2017, Rhode Island embarked on an initiative to evaluate social media usage among at-risk groups (adolescents, young adults, and MSM) and subsequently roll out of a state-wide STD prevention and testing campaign targeting popular social media platforms. This is an ongoing, multi-phase targeted outreach campaign to high-risk groups, including youth 18-24, throughout 2018.

CORE ACTIVITIES

A comprehensive HIV/STD prevention campaign was designed and rolled out based on identified popular social media platforms, apps, and meeting places. Direct outreach to urban youth continues in Spring 2018. This direct outreach program targeting urban youth through English and Spanish social media outreach and direct outreach (school assemblies in English and Spanish and information tables at community events in urban areas) will continue in Spring 2018.

DATA

A total of 874 individuals were surveyed at a local STD Clinic and at Youth Pride Inc. (serving LGBTQQ+ youth) about social media use with 34% identifying themselves as MSM. The three most commonly

used social media sites were Facebook (53%), Snapchat (40%), and Instagram (41%). Among MSM, Grindr (42%), Scruff (23%), and Tinder (12%) were the most commonly used “hookup” sites. Based on this information, the most affordable and effective marketing package RIDOH was able to negotiate involved paid “boosted” posts of static and video messages on Facebook, Instagram, and Youtube. Free banner ads were placed utilizing Scruff’s BenvolAds program. Unfortunately, while the Department aimed to place ads on Grindr and Tinder, they would not accept ads using the strategy that fit within RIDOH’s budget.

EVALUATION

The results of the campaign revealed a total of over 3 million impressions, with an average .32% click through rate on social media. There was a concurrent doubling of the percentage of MSM presenting as clients at the STD Clinic. The advertised landing web pages all experienced substantially higher hits, ranging from 100% to 700% increases, compared to baseline data. Google analytics were evaluated from November 1, 2017- January 31, 2018 to measure the impact of the campaign.

OUTCOMES

Preliminary findings indicate that a public education campaign targeting high-risk individuals (based on their reported social media behaviors) can be effective in driving individuals to online educational information, as well as prompting them to seek sexual health services at a STD clinic. While more females viewed our videos on other social media channels, more males viewed our ads on Youtube. Results and limitations of Phase 1 have helped to inform more targeted outreach to youth (direct outreach to urban youth via school assemblies and community events) and partnering with more community organizations near schools for condom distribution.

FUNDING & COST

Phase 1 was an approximately \$30,000 project paid for with federal HIV Prevention funds. RIDOH leveraged creative assets adapted from other jurisdictions and CDC to save funds and streamline

the development time and costs. Phase 2 has a cost of \$15,000.

STRENGTHS

These preliminary findings indicate that a public education campaign targeting high-risk youth (based on their reported social media behaviors) can be effective in driving individuals to online educational information, as well as prompting them to seek sexual health services at a STD clinic. We were able to overcome some barriers to reaching youth via social media with the help of our vendor in coming up with some work arounds. For example, we were able to implement highly targeted online display ads using a variety of tactics to reach the target audience with animated and static creative. We used geo-fencing to serve mobile ads to youth at schools and popular “hang out spots.”

LIMITATIONS

Some apps and websites would not accept Google AdWords bids for our messaging due to the nature of the content. In another barrier we found, Youtube/Google limited paid advertising pre-roll with direct clickthroughs to our web pages because words like “sex” and “condoms” were being flagged as “sexually explicit.” As a workaround, we were able to create a campaign landing page that was optimized with words and phrases that would not be flagged by Google as “sexually explicit” material. This landing page then lead to our HIV and STD prevention pages. Social media sites may not serve paid social content of this nature to people under 18. Youtube was the most effective means we discovered for reaching young people -- with a 39% view rate view rate for our videos, about double the Google benchmark.

STAKEHOLDERS

We held a focus group to test content through college and university classes, a gay men’s health study group, and the Planned Parenthood STARS (Students Teaching About Responsible Sexuality) group, and also engaged school nurse teachers.

PROGRAM CONTACT

Aaron Frechette

Senior Public Health Promotion Specialist Rhode

Island Department of Health

Email: aaron.frechette@health.ri.gov

(401) 663-1341