

The Internet Alert Project: spreading the word about high-risk sexual activities advertised on the Internet

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Abstract *The Internet is an emerging venue for facilitating high-risk sexual behavior; in particular, use of the Internet to seek out sex partners has been shown to be associated with high-risk sexual behaviors, such as an increase in number of sexual partners and an increase in anal sex, which can increase the risk of contracting and transmitting sexually transmitted diseases (STDs) including HIV. In an effort to assist health departments around the country, the Internet Alert Project was developed to provide Centers for Disease Control and Prevention (CDC) project officers and field staff with information about Internet-advertised, high-risk sexual activities in areas that do not have access to sexually explicit material on the Internet. An evaluation was conducted to determine the utility of the Internet Alert Project, its effect on knowledge and awareness of recipients and on public health efforts. Results of the evaluation show the alerts are a useful and valuable tool. The alerts have helped to increase knowledge about sexually-related uses of the Internet and have also driven public health efforts in the field. The results also indicate the need for project areas to access information found on the Internet in order to keep up with the ever-changing behaviors of at-risk populations.*

Introduction

Every year, more and more Americans use the Internet for various reasons from seeking basic information on health care (Madden, 2003) to locating sex partners (Klausner *et al.*, 2000). Use of the Internet to seek out sexual relationships has been documented since the late 1990s (Cooper, 1998), and includes various types of sexual relationships from long-term, monogamous relationships to frequent, anonymous, one-time sex acts (Bull & McFarlane, 2000). By 2000, the Internet was recognized as a new risk environment for STD/HIV, and those who used the Internet to seek sex partners appeared to be at higher risk for STDs than those who did not seek sex partners on the Internet (McFarlane *et al.*, 2000). People using the Internet to find sex partners are very diverse and include men who have sex with men (Elford *et al.*, 2001; Kim *et al.*, 2001), couples seeking other couples (Jenks, 1998), women (Kachur *et al.*, 2002; Leiblum, 2001) and adolescents (McFarlane *et al.*, 2002).

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In this age of constantly changing technology, the public health community has often found itself struggling to keep up. Many public health professionals lack the resources, skills or knowledge that are needed to incorporate the Internet into their current public health efforts. Often, employees are blocked at their work sites from accessing sexually explicit activities advertised on the Internet that could influence the rates of STDs and HIV infection in their communities. New approaches are necessary to help the public health community effectively retrieve and use information found on the Internet.

As a result of these findings, the Public Health Internet Alerts were born. Developed in 1998 and provided by the Division of Sexually Transmitted Disease Prevention (DSTDP) at the CDC, these alerts are a service provided to CDC program consultants and project officers in both DSTDP and the Division of HIV/AIDS Prevention (DHAP), as well as to field staff, most of whom are located in state, county or city health departments. Each program area's alerts contain information found on the Internet about high-risk sexual activities and events in that locality that may have a deleterious public health effect. Content for the alerts are obtained by searching the Internet for information about cruising sites, swinger conventions, large-scale events such as circuit parties and information that might be deemed useful by the recipients, e.g. local community-based organizations (CBOs). The information is then compiled and e-mailed to the appropriate CDC and field staff. How frequently a program area receives alerts depends both on the amount of information found on the Internet about that specific locale and on the sexual culture of the program area. For example, Fort Lauderdale, Florida, will receive alerts more frequently than Pensacola, Florida, because more information about Fort Lauderdale can be found on the Internet. Currently 19 sites nationwide receive Internet Alerts electronically. Additionally, other project areas occasionally request one-time alerts to learn more about a particular site. This typically occurs in response to an STD outbreak or during research data collection.

An evaluation was conducted to determine the utility of the alerts, to measure change in knowledge and/or awareness of recipients of the alerts, and to determine if and how the information provided in the alerts has been used.

Methods

Procedures

A survey with both quantitative and qualitative items was developed. The survey was offered in two formats: as a Word document and as an online, Web-based survey. Participants were informed that all responses would be kept confidential. Quantitative results were entered into SPSS and basic descriptive analyses were performed.

Participants

The survey was sent via e-mail to all recipients of the alerts ($N = 26$). The 26 individuals were asked to forward the survey on to others with whom they might share the alerts. Participants included CDC staff members ($n = 11$) from both DSTDP and DHAP as well as members of the field staff ($n = 15$), which included CDC-employed staff members such as program managers and public health advisors as well as non-CDC employed local public health workers.

Measures

Measures included recipient location, with whom they share the alert, usefulness of the alerts, awareness and knowledge change among recipients, the impact to program areas if the project were to end and any public health activities that have been implemented as a result of information contained within the alerts.

Results

Of the 26 people who received the survey, 14 (54%) people responded. Ten were field staff members; four were CDC headquarters staff members. Non-responders were contacted an average of five times each before they were judged to be lost to follow-up. Although not every city that receives an alert responded to the survey, at least one person responded from each of the six states that receive the alerts.

The majority of the participants ($n = 13$) found the information provided in the alerts to be somewhat useful or very useful. One project area found the alerts to be of little use or help to them and responded accordingly on the survey. Reasons for their response will be discussed in the following section. When asked why the information in the alerts has been useful, respondents cited an increase in awareness and knowledge among disease investigation specialists (DIS) and outreach workers as well as among CDC and field staff members, which resulted in an increased understanding of targeted populations and the venues they frequent. Additionally, an increase in awareness and knowledge led to an increase in trust and credibility of DIS and outreach workers among clients:

The alerts provide detailed information that is useful for DIS and outreach workers to become desensitized to the activities and to become knowledgeable to be able to increase trust and credibility with clients. If one can ‘talk the talk’, they have a much easier time working with the clients.

The alerts have allowed the project areas to keep abreast of current events and activities or have provided them with information they normally wouldn’t be able to access because of a lack of Internet access or restricted Internet access. The alerts have also helped program areas target sites for outreach and testing and have the potential to help a program area pinpoint an outbreak:

[We] found a rural public sex environment unknown to the health department and targeted the area with an outreach worker for behavior change messages, field testing for HIV, syphilis and HCV.

Additional uses of the alert information include collaborations between area organizations, encouragement of discussion about devising Web-based interventions and stimulation of discussion among CDC staff members and field staff members, as well as among field staff members themselves.

When asked about prior awareness of the various uses of the Internet regarding sexual behaviors, all respondents stated that they were aware. For the majority of the respondents ($n = 12$), however, receipt of the alerts has increased their knowledge to some degree. Respondents were asked to describe ways in which the alerts have helped them to better understand the sexual environment of their program area. Responses included the discovery of new or specific sites where sex is taking place, including public spaces, information on when

and what type of activities are taking place, the extent to which such activities are taking place, and validation of the belief that risky sexual behavior is taking place in a program area:

Identification of exact locations where cruising happens, and actual adds [sic] for sex parties with times and dates. We've always known the Internet was being used for these purposes but haven't had the ability or time to search for them. We currently test around some areas, and it's nice to have one more source of information to support our choice locations.

When asked whether or not they would experience any type of impact if they were to stop receiving the Internet alerts, five sites stated that, yes, it would have an impact; five stated that it would have somewhat of an impact; and two stated that it wouldn't have an impact. Respondents stated they would experience an impact mainly because of their inability to access pertinent information because of restrictions placed on Internet use, which would result in a loss of valuable information for the STD programs. In effect it would be one less tool to help guide interventions or to provide information to program areas. Full Internet access was the reason given by the two sites that stated they would not feel an effect if they were to stop receiving the alerts. These two sites noted that they take advantage of their complete Internet access to locate information about high-risk activities and behaviors occurring in their areas.

Discussion

The goals of this evaluation were to determine if the Internet Alert project is useful to its participants; whether the project increased the knowledge and awareness of its recipients; and to assess the impact to project areas if the project were to be halted. The results provide answers to these questions as well as supplemental information to help make recommendations about the project and to program areas.

It is worth mentioning that one of the project areas that responded to this evaluation found the alerts to be of little use or help to them. This is due in part to a combination of factors, including unrestricted access to the Internet available to the city's Department of Health field staff members who are members of or directly involved with target populations, established and effective public health programs and outreach both on- and offline, and location within a politically active and liberal city. This city exemplifies what each city or public health department ideally should be able to do for itself.

With the exception of the one aforementioned program area, the results show the Internet alerts to be useful to all of those who responded to the survey. The information provided within the alerts is used in a variety of ways, including raising awareness and knowledge among DIS and outreach workers, establishing collaborations with local organizations, providing testing and counseling at selected events, guiding future funding and driving programmatic efforts.

The evaluation found that the alerts help to increase awareness and knowledge of the various sexually related uses of the Internet among its recipients. Although all of the respondents had some level of awareness about the variety of uses of the Internet for sexually-related activities, they did not necessarily have a high level of knowledge about these activities prior to receiving the alerts. The majority of the respondents reported an increase in knowledge as a result of the alerts. Additionally, many respondents mentioned that the alerts served to raise the awareness and knowledge of secondary recipients of the alerts, such as DIS officers and outreach workers. So although an increase in awareness among the respondents of

the evaluation was not seen, the trickle-down effect achieved by sharing the alerts with others did lead to an increase in awareness among other field staff members. Therefore, broadcasting the information may prove to be effective. Increasing the awareness and knowledge about the types of information to be found on the Internet is the first step towards using the Internet as a public health tool. In order to fully understand and serve their high-risk populations, state and local areas need to learn how the Internet is being used by these populations and the impact it may be having on area STD/HIV rates.

The evaluation also showed that the Alert Project is contributing to health education, public health programs, and testing and counseling of high-risk populations. It has also helped form collaborations between recipients of the alerts and local organizations. The information contained within the alerts has been beneficial to state and local health departments and CBOs because it has helped to direct programmatic efforts. Having access to the information found on the Internet allows program areas to use that information to develop relevant public health programs and target their efforts appropriately.

Many program areas would be negatively affected if they were to stop receiving the alerts. Owing to lack of or restricted access, program areas would lose valuable information regarding risky behaviors and events taking place in their areas. Moreover, they would have one less tool to help drive public health efforts. When health departments and public health personnel are already struggling to keep up with STD/HIV transmission, preventing the state and local areas from accessing information contained on the Internet will continue to keep public health professionals steps behind their at-need populations.

There are various limitations to this evaluation. Foremost, this survey is an evaluation of a very specific health communication activity; therefore, the results cannot be generalized to any other population other than those receiving the Internet Alerts. It should be noted, however, that the purpose of the evaluation was not to generalize the findings to a larger population but rather to assess the effectiveness and usefulness of the project to each individual receiving the alerts. Furthermore, there was no comparison group, so a comparison could not be made between those who had received the alerts with those who had not. Again, the purpose of the evaluation was not to compare sites but rather to learn if the alerts are useful to its recipients and, if so, how the information is being used. Since only 54% of alert recipients responded to the survey, reporting bias may have occurred. Furthermore, those who receive the alerts may work at those sites that most need this service, which could create a selection bias. Again, however, this does not minimize the impact of the results since they have been used to improve the project as well as to make recommendations at both state and local levels concerning the use of the Internet for STD/HIV prevention. An additional limitation includes recall bias. Steps to reduce threats to both internal and external validity were taken but are not discussed here.

The alerts have been proven to be a useful tool for both CDC and field staff members in planning public health efforts. They have provided project recipients with information to help guide and effectively target their activities to high-risk populations. Therefore, expanding the project to encompass additional program areas may prove to be extremely beneficial in reaching high-risk populations and reducing STD/HIV transmission. Ultimately, program areas would ideally implement similar programs at the local level, using their knowledge of the state and local areas to inform Internet search strategies and patterns. The obstacles that inhibit this practice include local politics and regulations, which are often the main hurdles preventing local areas from conducting this research themselves. Public health programs targeting STD/HIV need full Internet access in order to monitor the high-risk activities advertised online so that STD/HIV efforts remain effective and relevant to high-risk populations. Training or lack thereof also presents an obstacle. Training programs need to

be established in order to teach program areas how to conduct the research themselves, as well as how to effectively utilize the information found online.

In sum, the alerts provide evidence that the Internet contains helpful information for public health professionals to use for implementing public health programs. The project also provides support that, if implemented elsewhere, similar programs may be successful.

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