



## **Building Healthy Online Communities Recommendations for Improving Effectiveness of Online Ads to Promote Sexual Health**

Building Healthy Online Communities (BHOC) convened a meeting in July 2019 with public health stakeholders, including representatives from the Centers for Disease Control and Prevention (CDC), National Alliance of State and Territorial AIDS Directors (NASTAD), National Coalition of STD Directors (NCSO), Emory University, Johns Hopkins University, San Francisco AIDS Foundation, Water and Stone Marketing, and Youth Tech Health (YTH), to develop recommendations for maximizing cost-effectiveness in producing and purchasing ads online to promote sexual health for men who have sex with men (MSM).

Based on their input, we have developed a series of recommendations included below. Given that the mechanisms for purchasing advertisements online seem to change even more rapidly than the platforms on which they are purchased, we anticipate that these recommendations will need to be revised over time.

Traditionally, health departments and community-based organizations have placed a high value on conducting formative research in their own jurisdictions in order to develop unique, tailored advertisements and campaigns. While in a high-resourced environment this makes sense, in the case of limited resources, participants recommended that health departments give careful consideration to the fact that for each dollar not spent on designing new creative, there is an additional dollar for placement. Additionally, focus groups often do not reveal enough substantive differences to warrant the development of an entirely new campaign. Finally, when comparing the results of different creative content, there are rarely significant differences in their outcomes. The biggest differences in impact result from strategic, scaled-up placement. These lessons all influence the recommendations below.

Few HIV and STD programs in health departments and community-based organizations have the financial resources and trained staff to develop and place advertisements. This underscores the need to identify ways to centralize both activities, as well as educate health departments, community-based organizations and funders on the best ways to allocate resources.

Here are BHOC's recommendations, based on the input from the group:

### **1. LEVERAGE CDC RESOURCES AND GROUP PURCHASING POTENTIAL**

- CDC has developed a number of advertising campaigns that are available for use by other agencies. By using them, public health can save money developing new advertisements.
- Working with CDC to place those advertisements in local jurisdictions creates efficiencies by using the expertise of one agency, rather than attempting to train all jurisdictions on best practices in placing advertisements.
- By using one landing page, such as [gettested.cdc.gov](http://gettested.cdc.gov), health organizations can reduce costs and improve analytics. For more information about CDC's advertising campaigns and placement, contact [stophivtogether@cdc.gov](mailto:stophivtogether@cdc.gov).

### **2. LIMIT FORMATIVE RESEARCH FOR AD DEVELOPMENT WHEN BUDGET IS LIMITED**

- While every jurisdiction may believe it is unique, there are often many similarities among and between communities. Public health organizations should share formative research with one another and utilize [BHOC's clearinghouse](#) to do so.
- Given the amount of research that's already been done on messaging, it makes sense to leverage messaging that has worked in other campaigns with similar goals and objectives, rather than spending limited funds on additional primary research.
- Public health can learn from others' experiences. Key lessons include:
  - Messaging needs to be simple and to the point, with clear cues to action
  - Messaging should be empowering and strength-based, and portray positive, caring relationships
  - Sexually explicit language gets attention (e.g., impressions/clicks) but does not necessarily lead to action
  - Incentives and conveying urgency are effective ("Get condoms now!" "Limited time!")
  - Community appeals may work better for older men and personal appeals may work better for younger men
  - Real pictures are more effective than cartoons
- Consider alternatives to focus groups, such as research that focuses on what users think and feel rather than what they say and do (using strategies based on [human-centered design](#)).
- Test existing ads when possible, rather than starting from scratch on new creative.

### **3. IMPROVE TARGETING OF ADS TO ENSURE BIGGEST IMPACT**

- Use Surveillance data
  - Focus ads on locations where outbreaks have occurred or continue to occur, or where there is ongoing incidence
  - Focus on the 48 counties highlighted in the [Ending the HIV Epidemic plan](#)
- When placing ads, "Test, Learn and Apply." Continue to refine targeting criteria based on early outcome data and key success metrics. Continue to place those ads which yield the best results.

- Build and share best practices on utilizing Facebook affinity groups and Google keywords that effectively reach priority populations to improve ad targeting.
- Consider audience size. It is possible to over- or under-saturate a market, depending on population size and number of other ads that are competing to reach the same audience.
- Determine an optimal frequency<sup>1</sup> of ads over a period of time based on cost per action to avoid over/under saturating a market.

#### **4. BHOC AND PARTNERS NEED TO WORK WITH GOOGLE, FACEBOOK AND OTHER SOCIAL MEDIA PLATFORMS TO CLARIFY POLICIES ABOUT RETARGETING WITH MESSAGES ABOUT SENSITIVE HEALTH INFORMATION.**

- Retargeting refers to buying ads that target individuals who have previously engaged in a specific online behavior, such as visited a campaign's website or searched for HIV information. Retargeting enables an increase in conversion<sup>2</sup> rate (or action taken) by reaching individuals who have previously indicated an interest in the given offer, or the behavior being promoted.
- Retargeting is a highly effective tactic when used for other topics.

#### **5. IF PURCHASING ADS ON DATING APPS, KNOW THEIR STRENGTHS AND LIMITATIONS**

- Apps are well-suited for reaching an audience of MSM who are seeking new partners.
- Placing ads on dating apps where many men are often focused on looking for a sexual encounter may result in lower click-through rates than ads on Facebook or YouTube (where users are often in a browsing mode with no specific purpose).
- While it is not possible to build an audience<sup>3</sup> and retarget users through the apps, the apps reduce the need to learn how to effectively target MSM through more traditional social media sites. (BHOC is currently developing additional guides on how to do this)
- While apps can provide click-through data, they can't track length of time spent on a particular ad or video.
- Although apps can assure that advertisements reach MSM, targeting a narrower sub-population (for example, race or HIV status), is not possible on many apps due to new data regulations. Furthermore, many users do not complete all profile information, which reduce the cost effectiveness of more narrow targeting.
- Dating apps are often best suited to increase awareness and yield high numbers of impressions, but are often less effective at mobilizing action, such as clicking on a test-site directory.
- Some apps, such as Grindr, require a large minimum to be spent to get staff support, and provide self-service platforms instead.

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<sup>1</sup> Optimal frequency – The smallest number of times it takes most users to see an ad before taking action

<sup>2</sup> Conversion -- The act of translating clicks to a website into a further action, such as sign up, enter ZIP code, etc.

<sup>3</sup> Building an audience -- Gaining insights into digital behaviors that make someone more likely to be interested in a specific message or take a desired action based on visitors to a site

## **6. COORDINATE AND EXPAND CLEARINGHOUSE(S) FOR ADS AND CAMPAIGNS**

- Utilizing pre-existing creative will allow dedicating more money for ad placement and will enable increased efficiency, especially for jurisdictions and CBOs with smaller budgets.
- Promote use of [BHOC's clearinghouse](#)<sup>4</sup> through capacity-building and other mechanisms.

## **7. IDENTIFY AND SHARE STRATEGIES FOR ADDRESSING AD PLACEMENT BARRIERS WITHIN HEALTH DEPARTMENTS**

- In those health departments which do not allow placing ads on dating apps, consider alternatives, such as Facebook, Instagram or Google, which often perform as well as or better than apps.
- Use a third-party ad agency and/or contract through community-based organizations to place ads.

## **8. INCORPORATE COLLECTION OF COST PER ACTION DATA INTO MEDIA PLANS (AND SHARE DATA)**

- Define the actions that users should take as a result of seeing an ad (click, watch, follow, visit, contact, schedule, order, etc.).
- Use past campaign performance to establish a budget for media. If no previous data are available, develop a budget to reach everyone in the audience three times.
- Use other campaigns' data to establish benchmarks and to assist in making informed decisions about ad buys.
- Establish tracking and analytics systems that enable attribution of viewers' actions back to ads and media channels in order to calculate the cost paid per action.
- Whenever possible, encourage that cost-per-action is included as an expectation in new funding mechanisms, rather than collecting only number of impressions or clicks. If possible, include an "action," such as making an appointment, entering a ZIP code into a test site directory, or filling out a form.
- Editors and reviewers of peer-reviewed articles should be educated about these metrics for publications that reference online recruitment.

While there are challenges when comparing different populations or actions that are being measured, the more data collected, the better the field will be able to assess advertising cost-effectiveness. Where possible, consider how this data compares to offline recruitment costs.

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<sup>4</sup> Clearinghouse – a public collection of shareable images, public health campaigns, and marketing materials

## **9. PROVIDE TRAINING AND MATERIALS TO BUILD PUBLIC HEALTH CAPACITY FOR PURCHASING ADVERTISEMENTS**

### **Public health organizations should be trained on:**

- The cost-effectiveness of developing new creative vs. investing more in placement
- How to negotiate a contract with designer/vendor
- Gathering and sharing assets
- How to plan and execute a digital media buy
  - Setting goals and objectives for digital media
  - Choosing an outlet/platform
  - Building an audience
  - Types of ads (banner, interstitial, inbox) and ad sizes
  - Developing URLs for tracking
  - Including calls to action
- Prospecting and retargeting
  - Understanding current policies
  - Understanding metrics (i.e. cost per click)
  - Making informed decisions about digital marketing while placing ads (how to change tactics early when ads aren't performing well)

## **10. MOBILIZE PARTNERS TO ADVOCATE FOR FREE OR DISCOUNT ADS, IMPROVED REPORTING DATA FROM APPS, GOOGLE, AND FACEBOOK AND ADDRESSING AD RESTRICTIONS WITHIN THE SOCIAL MEDIA SECTOR**

- Facebook, Google, Twitter, and many apps have limits on language and images that often inhibit running effective ads.
  - There are significant limitations in targeting messages by disease or sexual orientation.
- The current processes for appealing a rejected advertisement vary by platform but are often not transparent nor consistent.
- Public health organizations need to advocate for:
  - Clear guidelines about ad acceptance or rejection
  - An appeal process for denials which is accessible and transparent
  - Advertising discounts for non-profit organizations
  - Distinguishing between intentional and accidental clicks when reporting data. This is particularly important on app-based interstitial and prestitial ads, which viewers often click on in order to go on to see other app users.
  - Apps to share information about which ads had the greatest success.
  - Apps to allow targeting by key demographics