

## Reply to Tucker et al

By: Scott D. Rhodes, [Thomas P. McCoy](#), [Amanda E. Tanner](#), Jason Stowers, Laura H. Bachmann, Annie L. Nguyen, and Michael W. Ross

**This is a pre-copyedited, author-produced version of an article accepted for publication in *Clinical Infectious Diseases* following peer review. The version of record,**

Scott D. Rhodes, Thomas P. McCoy, Amanda E. Tanner, Jason Stowers, Laura H. Bachmann, Annie L. Nguyen, Michael W. Ross, Reply to Tucker et al, *Clinical Infectious Diseases*, Volume 63, Issue 2, 15 July 2016, Pages 283–284.

is available online at: <https://doi.org/10.1093/cid/ciw298>

**\*\*\*© 2016 The Authors. Reprinted with permission. No further reproduction is authorized without written permission from Oxford University Press. This version of the document is not the version of record. Figures and/or pictures may be missing from this format of the document. \*\*\***

### **Abstract:**

TO THE EDITOR—We read with great interest the letter by Tucker et al [1] regarding our report outlining the outcomes from our social media intervention designed to increase human immunodeficiency virus (HIV) testing among men who have sex with men (MSM) and transgender persons [2]. Tucker et al suggest that our study is not unique given research that has been conducted using mass media and social marketing approaches. What made our study unique was that our intervention was implemented within 4 well-established social media websites (ie, dating or “hook-up” sites) that are commonly used for social and sexual networking among some MSM and transgender persons and not designed for intervention delivery, our evaluation included a rigorous randomized community trial, and our outcomes were favorable.

**Keywords:** letter to the editor | MSM | HIV testing | social media

### **Article:**

TO THE EDITOR—We read with great interest the letter by Tucker et al [1] regarding our report outlining the outcomes from our social media intervention designed to increase human immunodeficiency virus (HIV) testing among men who have sex with men (MSM) and transgender persons [2]. Tucker et al suggest that our study is not unique given research that has been conducted using mass media and social marketing approaches. What made our study unique was that our intervention was implemented within 4 well-established social media websites (ie, dating or “hook-up” sites) that are commonly used for social and sexual networking among some MSM and transgender persons and not designed for intervention delivery, our evaluation included a rigorous randomized community trial, and our outcomes were favorable.

We also note that Tucker et al expressed concerns and confusion about what we measured. In fact, we did assess whether other prevention efforts occurred in the catchment areas; none had occurred. Our brief report focused on a small component of the study. We plan to share further details of our study in other venues. We also point out that the social media usage and related process measures that Tucker et al cite were published in 2016 [3]. We had no access to these measures during our intervention implementation and data collection that occurred in 2013–2014.

Finally, we strongly agree that the social aspect of social media is important to effectively influence HIV testing. We also contend that the intervention health educator played a key role in increasing HIV testing within the intervention communities because of the ways in which he interacted with social media users. He was a member of the local gay community and had an “insider's” understanding of communities of gay and bisexual men, other MSM, and transgender persons. He was comfortable talking and offering sound and sex-positive advice about sensitive issues and remaining discreet. He also engaged in authentic conversations about topics that were salient to users, such as what he and other users were doing over the weekend and what users wanted in a sexual partner, establishing rapport that could potentially lay the groundwork for sexual health–related conversations. Simply, he built trust and online social relationships with users.

We are excited about the crowdsourcing strategy that Tucker et al mentioned. We are committed to moving research forward to develop, evaluate, and disseminate innovative strategies to identify infections and link those with HIV to care. We are less interested in comparing our research to others' work in an evaluative sense; rather, we are focused on developing and contributing to a diverse toolkit of strategies to protect lives in our communities. A single strategy will not reach each person at risk for or with HIV. Our intervention, which harnesses well-established social media websites used for social and sexual networking, is one efficacious approach.

***Potential conflicts of interest.*** All authors: No reported conflicts. All authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

## References

- 1 Tucker JD, Cao B, Li H et al. . Social media interventions to promote HIV testing. *Clin Infect Dis* 2016; 63:282–3.
- 2 Rhodes SD, McCoy TP, Tanner AE et al. . Using social media to increase HIV testing among gay and bisexual men, other men who have sex with men, and transgender persons: outcomes from a randomized community trial. *Clin Infect Dis* 2016; 62:1450–3.
- 3 Tso LS, Tang W, Li H, Yan HY, Tucker JD. Social media interventions to prevent HIV: a review of interventions and methodological considerations. *Curr Opin Psychol* 2016; 9:6–10.