Here Comes the #Engagement: A serious health initiative made trendy

Creating a user experience to communicate the seriousness of HIV prevention and awareness can be both educational while entertaining. This combination along with a sense of cultural influence helps to both attract and engage millennials.

By Fay Cobb Payton, PhD* and KaMar Galloway

May 2006. Anticipating the usual visit from students seeking advice about final projects, discussing some stubborn bug in their SQL code, or poring over the cryptic results of a data analytics software, a professor sat working in her office. The day took a different turn, however, when a female student entered with a worried look on her face. “Dr. Payton, my boyfriend tested positive for HIV. I do not want to become a statistic.”

In 2011, out of the 49,272 total cases of HIV diagnosed in the United States, an estimated 47 percent were among African Americans. Of the 2,294 cases diagnosed among teenagers, 67 percent were African American teens. More recent data shows a growing trend of HIV infections among persons between 13 and 24 years old [1]. These statistics indicate HIV remains a potent threat to those who are young and college aged, as well as the Black population. This warrants increased attention from the general public and policymakers. That fateful spring day marked the beginning of the journey on the road to MyHealthImpactNetwork.org. But what does HIV have to do with creating an online experience that is as engaging as it is informative?

The answer lies in understanding that different socio-ethnic groups perceive and react to online information differently. The Internet is expected to play a vital role in reducing longstanding health inequalities. Its ability to reach those suffering from stigmatized medical conditions and those interested in learning more about such illnesses is improving every day [2]. Research scholars caution that in normalizing discourses such as the “digital divide,” ethnic minorities, especially African Americans, are presented as being deficient in computer skills and their ability to utilize online resources [3–6]. Such deficit philosophy models rely on the faulty assumption that information available online is tailored to appeal to all psychological and cultural tastes. For instance, a study of African-American women’s attitude toward the Internet as a resource of health information revealed participants differentiated between Internet access and content creation, with the latter largely perceived as being dominated by white culture. Menus, wording and even navigation impacts how users view, form and experience online identities, and this often represents how content providers reproduce inequality and fail to accommodate the cultural perspectives of ethnic minorities [7].
With these considerations in mind, our team of research scholars and college students pondered over how to better tune the content of health information to make it resonate with college-aged millennials, specifically Black women. HIV is a serious illness and carries a strong social stigma. Quite understandably, the subject is hardly ever associated with the concept of entertainment. Nevertheless, fun experiences are more attractive, offer intrinsic rewards, impact engagement, and have a powerful influence on how people persist in using a system [8].

SOCIAL EDHEALTH-TAINMENT
We decided no design or content should be devoid of fun. Rather, it should be the very vehicle that drives participation. In the present case, fun implied a culture of sociotechnical “edhealth-tainment” [9]. That is, a user experience (UX) that simultaneously educates and entertains. Furthermore, we sought to account for the user community’s social identity and culture nuances. Our goal was to create a user experience not just an IT artifact. In doing so, we hoped to create a fun working environment. We were dealing with the serious topic of HIV awareness and prevention information. But by rethinking creative ways to disseminate information, not only were we generating engaging experiences, but, more importantly, delivering relevant matters.

For millennials, social means fun; engaging with friends and family over social networks has become an essential part of the daily recreation of the younger generation. The widespread use of social media has made it convenient to understand the living, working, and playing habits of this demographic. College-aged African-American millennials have a strong digital presence and are particularly heavy users of Twitter. Forty percent of African-American Internet users aged 18–29 say they use Twitter, which is 12 percentage points higher than the comparable figure for white people, only 28 percent of whom are Twitter users [10, 11].

Figure 1 HERE
Figure 1. Twitter Use by Race and Age

Therefore, given the project’s focus on young African Americans, Twitter was the best tool for disseminating health messages. This notion was confirmed by the qualitative data collected. The empowering ethos of “nothing about us, without us,” engendered by the culturally aware design of the UX, resonated particularly well with Black women as we learned from the qualitative study [13]. The study’s findings from 40 Black women indicated that lack of trust, stigma ascribed to HIV, and misconceptions create communication barriers. The team ultimately adopted “for students, by students” as the slogan for our project to reflect this spirit of empowerment.

Several additional findings emerged from the qualitative data. Even among stigmatized health conditions, web-based user experiences can interject fun while communicating serious messages to grab the target audience’s attention. We were able to establish
reciprocal fun for the user by creating cultural relevant messages via social media [12]. For our designers, fun manifested itself in team interactions and meeting our intended audience in the social and physical spaces where they reside. As researchers it was important that we understood the sociotechnical impacts of technology in all populations, and in particular, those under-represented and underserved.

*Figures 2 and 3 HERE*

**Figure 2. MyHealthImpactNetwork.org Landing Page Using**

**Figure 3. Two Screen Captures**

**BUILDING A COMMUNITY**

There was eager excitement as our team worked on the final stages of the project. Deciding the color theme for the landing page of MyHealthImpactNetwork.org was a particularly hot topic of debate. We wanted to catch the user’s attention at first glance and increase the comprehensibility of our content. We also wanted to take advantage of the fact that people have common associations with colors, positive and negative.

The initial design envisioned a neutral color theme that would appeal to both men and women, that latter group being our primary focus. The first set of landing page was predominantly red. But the feedback from the design team, which was equally divided by gender, was mixed at best: “Do we really want red which is the HIV/AIDS ribbon color?” Another team member added, “Some say it means that you have tested positive; that is not the message we want to send or brand we are taking on? We are focused on prevention and awareness.” The next choice was blue, but the debate continued. Although blue is a color that appeals to men and women, we couldn’t agree: “We don’t want to lock females out because the world says blue is for guys.” The team eventually compromised by choosing purple, a color halfway between red and blue. “It works for females. I can see this,” said one male team member. But would it work for men? To which another male team member explained: “We can get with that [the purple]. It gets our attention, and we remember that the initial project focus is NOT about us [men]. It is not about us, but …the information will help us as well.”

Once the design was finalized, our next concern was content. A couple of young team members, male and female, were especially excited about the opportunity to see and, in some cases meet, celebrity speakers, musicians, and entrepreneurs at a local health event, which they covered for MyHealthImpactNetwork.org. The students captured digital content and gathered HIV prevention and health information, which they later blogged about. During the post-event review, we discussed how to best use the content and event experience. As we brainstormed, the male attendee stated: “I enjoyed myself. Black women were everywhere. It was good to see the positivity, but I admit I was a little intimidated. There were not a lot of brothers around, but the few I saw, we all seemed to feel the same way. We gave each other the head nod.” The female attendee
replied: “I never would have thought Ken [name changed] would be intimidated by women. Was it too many in one place for you?” He replied, “I got comfortable after I understood the situation.” This was an important exchange to demonstrate that empowerment is central to the design and the offline interactions can inform the online health messaging.

CONCLUSION
In addition to Twitter, a blog and a YouTube channel were created at the time of the site launch. The blog gives individual team members and guest writers an opportunity to voice their opinions on critical topics such as the stigma associated with HIV; provide a male perspective on health issues; discuss health-related messages in hip-hop music, popular culture, and the news; and prompt readers to take action for social justice. In addition, users are able to interact with the research team, giving myHealthImpactNetwork.org a personal feel. The YouTube channel enables viewers to see the team in action. Music and art, which are “hidden” talents for some team members, have been incorporated in our social media channels and videos, helping further our social edhealth-tainment approach in circulating health messages.

HIV is a hard topic to discuss. MyHealthImpactNetwork.org has shown that information about serious health conditions can be made more interesting to a young audience by interspersing it with the right degree of levity, communicating via social media, and using a carefully designed user experience. The “coolness” of the content results from the minimal use of medical jargon, plenty of hooks to pop culture and news events, quick and effective communication, and a user experience created “for students, by students.” This user experience is also inclusive of ethnic and gender voices, though often void or minimal in the technology space, to shape to both create, consumer and disseminate the health messages. This is the essence of social edhealth-tainment.

The National Science Foundation grant IIS-1144327 supports this research.

References


**Biographies**

Fay Cobb Payton directs MyHealthImpactNetwork.org, a social network experience that focuses on health disparities and social media technology interventions. She is the author of *Leveraging Intersectionality: Seeing and Not Seeing*, an anthology of her research on STEM education and experiences in both academe and corporate
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KaMar Galloway is a graduate of the Computer Science Department at North Carolina State University and an active sneaker collector. Combining his love for technology and footwear, he is interested in the birth of wearable computing and the impact it will have on making healthy decisions. He is interested in online platforms that are informative, welcoming and can assist the African-American community.

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