Introduction: Context to digital health information access

The reality of small community-based organizations is that funding is largely allocated to the development and execution of programs that provide tangible and direct health services. With the recent reduction in government spending, strategic development activities such as communications and operational efficiency are often under-prioritized. The Women’s Collective (TWC) is one such agency that until now has been unable to expend resources on ‘organized outreach.’ This is unfortunate because TWC is the DC-area’s only agency that focuses on low-income African-American women, girls and their families, who are severely impacted by or are at-risk for HIV. Our mission is to assist women and girls in making informed decisions to protect their health regardless of their sero-status by providing health services, increasing access to care, and addressing health disparities. By bridging the existing knowledge gap between women and girls in need of timely and reliable HIV services, the agency aims to impact long-term women’s health outcomes.

As the funding landscape in the District continues to evolve with changes to the structure of and interaction between the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act and the Affordable Care Act (ACA), this is a critical time for women and girls to be equipped with the right health information that enables them to access health services they are already eligible for. Amid this shift, the AIDS.gov Micro Fund provided The Women’s Collective a timely opportunity to strategically assess and improve the agency’s externally focused digital communications strategy. The primary deliverable, TWC’s ‘Digital Communications Plan 2013 – 2014’ (also referred to here as ‘Plan’) and its related deliverables are aimed at creating a blueprint for a comprehensive approach at increased ‘interaction’ with stakeholders, deploying tools that are most audience-appropriate and evaluating activity by virtue of its link to health outcomes.

Identifying the Digital Divide: Environmental Scan

The District of Columbia (DC) has not published city-centric data on digital health information accessibility by low-income populations. But alarming new research reveals that the HIV/AIDS rate is actually five times higher among Black women in Washington, DC, Baltimore, MD and three other cities in the northeast and southeast regions of the US than the estimated incidence among Black women in the US overall making the DC area a “hot spot”—a region with elevated rates of HIV and poverty. These communities present an opportunity to be empowered through instant access to free health information and services.

The Children’s Partnership reported that at least 50 million Americans (20%) face one or more content-related barriers to the benefits of the Internet such as lack of local information (21 million), literacy barriers (44 million), language barriers (32 million), and lack of cultural diversity (26 million). The Internet has become the central location for relevant, diverse and trusted health information in the United States. It represents an unprecedented opportunity to make health information easily available to marginalized populations in their communities, in
the privacy of their homes and through the convenience of their cell-phones. Social media enhances this opportunity by creating a platform for direct conversations between multiple audiences and stakeholders - patients and their physicians, community-based organizations, care-providers, policy-makers, and advocates. However, while there is no dearth of health information available online, access to the Internet and familiarity with social networking sites in low-income neighborhoods presents a structural challenge to getting relevant health information and resources across to marginalized communities. If poor communities cannot access the Internet, how are they to benefit from the knowledge and services, as well as share it with their social networks?

The District of Columbia faces tremendous disparities in Internet access across its 8 wards. It is no coincidence that the same wards that face socio-economic disparities are the ones that lack affordable Internet access. In 2010, under the Broadband Technologies Opportunities Program (BTOP) aimed at bridging this critical digital divide, the District was awarded “$20 million in federal stimulus funds to increase internet usage in economically disadvantaged parts of the District, with a special focus on Wards 5, 7, and 8. With just six months remaining in the three-year grant program, a review of agency progress reports indicates that the District has failed to use the money in keeping with program objectives”.

In these wards with limited Internet access, live low-income African-American women who are either impacted by, or at high-risk for HIV/AIDS and a host of other health issues.

Source: Pew Research Center
The goal of the TWC Digital Communications Plan 2013 – 2014 is to enable the agency to bridge these disparities in health information access, by promoting informed actions among our target population, and by advocating for policy reforms, that lead to reduced rates of HIV/AIDS and facilitates linkage to care and support services for women and girls.

Objectives:

(1) Expand outreach to all target audience groups and shift to an externally focused communication strategy to reach target audience groups in a segmented and organized manner.

(2) Shift from a conventional outreach model of ‘pushing out information’ to a more two-way ‘push and pull’ conversation communication model via social media platforms.

(3) Encourage and improve the overall use of new media among our target population to share vital health information among their own social networks.

(4) Increase knowledge among our target population about DC’s existing HIV/AIDS and health services including TWC’s services.

The agency seeks to compile, disseminate and respond to comprehensive HIV health information to an increasing number of low-income African American women and girls in DC. The Plan focuses on use of the agency website and social media tools, including sharing of user-generated content through Web 2.0 platforms such as Facebook, Twitter, and You Tube and the launch of a blog to complete the agency’s communication portfolio. Strategies that will drive more traffic to our website with partner web-linking strategies and social media pages will enhance our visibility as a growing venue for the exchange of health information.

Target Audience

- Clients: Women and girls ages 13 and older, their families and extended social networks.
- Donors: Existing funders (to showcase program success for secured funding) and potential (to demonstrate strong program implementation/outcome of current projects).
- Policymakers: DC and federal level influencers that impact women’s health/HIV policy and funding.
- Traditional media and Bloggers: To provide information and updates in order to keep the conversation about women’s health visible and relevant.
- Social Media Followers: Individuals on FB and Twitter that have an interest in domestic women’s health issues and could also be individual level donors.
• **Partner organizations:** Organizations that provide similar health services, policy and advocacy organizations, education and employment organizations that address risk factors related to HIV/AIDS outcomes.

• **TWC Staff:** Keep TWC staff informed of key events that TWC participates in and use their client-based feedback to develop social media content. TWC Case managers are front-line communicators as they interact with women in the community. They can be leveraged to share key messages and bring in feedback from the community.

• **TWC Board Members:** Allocate messages, funding goals and other resource-driven tasks in order to improve visibility and expand social network.

**TWC Needs Assessment**

A. **Why does TWC need a Digital Communications Plan?** The agency’s current online outreach is fragmented in terms of the content that is posted, the timing of when material gets published, and who is responsible for developing, posting and managing content. The Digital Communications Plan 2013 – 2014 will help develop and implement a unified outreach strategy that will promote information about TWC’s overall mission, direct health services, policy analysis and advocacy building, community and partner events in order to increase visibility among specific stakeholders. The Plan should also, in the long-term, define ways to establish individual/organizational giving as fundraising is a current need for the agency to reduce the overall dependency on donors.

B. **What will the Digital Communications Plan accomplish?** The three main items that need to be streamlined via the Digital Communications Plan are: (1) Strategic online content development that reflects the broad mission of TWC and showcases the value of its services in the African-American community (2) Scheduled posting to digital tools that demonstrates a stable social media presence and the ability to generate conversations with stakeholders (3) Tactics to increase traffic to website and all social media tools to improve health information exchange.

C. **Who will be responsible for implementing various outreach roles?** The absence of a dedicated communications staff person has hampered TWC’s ability to prioritize communications activity. As a part of the ‘Plan,’ tasks will be allocated in a manageable amount to program staff, board members and management. These tasks will be time-specific and will have tangible measures to evaluate effectiveness. For example: the Executive Director can be assigned the task of sending out a donor appeal email via Constant Contact to 100 individuals, and be measured on how many responded and contributed. If there is a low response, support needs to be provided to the ED to expand her network of individual donors.
D. When will the Digital Communications Plan be implemented? A 12 month time-frame for development/implementation and maintenance will be created from November 2013 through October 2014. Given the agency’s limited resources, the communication tasks need to prioritized by the urgency of impact, time requirement and the person responsible for implementation. For example, the blog-development should be developed as a mini-communications project with its own project plan and assigned staffer.

**Identifying the Digital Divide: TWC Formative Research**

Since 1998, The Women’s Collective has been providing a range of health information via traditional methods such as print materials, using community outreach and agency in-reach mechanisms. With funding from AIDS.gov the agency has been provided its first opportunity to create a Digital Communications Plan in order to: (1) more effectively promote programming and (2) understand the gaps in accessing online health information faced by clients. This grant also presented the opportunity to conduct the DC-area’s first formative research via survey aimed at understanding social media use among low-income African-American women.

The Digital Communications Plan was preceded and informed by formative research: the implementation of an in-person focus group discussion, as well as the development of a survey. The goal of both types of formative research is to understand the current status of digital health information access and how it can be improved based on the needs of our target audience. The survey was tested with TWC clientele for usability, language etc. The objectives of the in-person focus group and the online survey were to understand:

1. Which tools do low-income African American women and girls in the DC area use to access health information and how they share that information within their social networks?

2. What sources do women and girls use to access reliable information electronically? What are the trusted/liked/well-understood web sites for ‘socially acceptable’ information?

3. What challenges do women and girls experience in finding, accessing and sharing information at the time that they really need it?

**A. In-Person Focus Group:**

The focus group was held on August 27, 2013 from 11.00am – 2.00pm at The Women’s Collective. The focus group aimed to understand how women currently access information online and how social media tools can improve their access to and knowledge of reliable health information and resources in the future.

The group consisted of 12 women that identified themselves as African American, Jamaican and mixed race. Nine (75%) of the participants were women living with HIV/AIDS. Five members of the group were ages 46-55, while four members were between the ages of 22-35. The majority
of the participants had permanent housing and lived in wards 1, 5, 7 and 8. Participants appeared to be genuinely interested in the topic. The Internet skills of the group ranged across the spectrum, from no Internet use, no use but interested to learn, moderate use, to advanced users.

As is evident in the Facilitator’s Report, the in-person focus group demonstrated some key findings that:

1. A sharp disparity of Internet skills and access exists.
2. Among low level users a curiosity about the Internet and having an email address exists.
3. Participants use cell-phones and text messaging daily.
4. A relative comfort level in accessing social media sites and websites exists.
5. Most participants get their health information from their doctor (58%), basic Internet searches (41%) and websites (50%)

*The TWC Focus Group Facilitator Report is Attachment A.*

**B. TWC Digital Media Survey**

TWC developed a digital media survey to expand upon the initial feedback generated by the in-person focus group held in August 2013. The development of the online survey was guided by a Pew Survey conducted in December 2008 as a part of the report titled ‘The Social Life of Health Information.’

The survey will be executed during October and November 2013, and will be distributed via two mechanisms (1) Survey Monkey and (2) hard copy that will be distributed during street outreach and to women and girls at TWC. We will seek a random sampling of women and girls via both mechanisms.

*The TWC Digital Media Survey is Attachment B.*

**Assessment of Digital Tools for TWC Community Outreach**

1. **TWC Existing tools:**

   **A. Website:** [www.womenscollective.org](http://www.womenscollective.org)

   The TWC website is the central focus of all information dissemination, policy and advocacy activity and direct service events such as free-testing.

   **Current Status:** The agency launched a new website in December 2012. The site has clean navigation structure and layout for content management, is visually appealing and image friendly. It is already linked to a Facebook feed on the homepage.
The Women’s Collective: Digital Communications Plan 2013-2014

Opportunities: Web analytics to generate user-data, mobile optimization for improved access, need for more content development and more frequent updates to keep visibility high among web visitors, increased linkage from FB to website.


The TWC Facebook page is the primary social media platform to promote general activities, events, partnerships, and news.

Current Status: Page started in 2009, has 618 Likes, which grew most directly as a result of our involvement in the International AIDS Conference in 2012.

Opportunities: Grow the numbers of followers on FB, engage directly with individuals that are following the TWC FB page; form separate sub-groups for peer educators, community health workers, and others to share ideas; improve event promotions; connect with partners and share their activities, share links to health research and generate a discussion.

C. Twitter: https://twitter.com/weRtwc

TWC’s Twitter account is used primarily as a social media platform to promote policy and advocacy activities, share health research, follow and connect with media influencers and bloggers, policy makers, providers, and funders.

Current Status: Page started in 2011, has 970 Followers and 625 we are following.

Opportunities: Increase followers and expand focus to women’s health organizations and policy makers; separate audience on Twitter from FB; develop tweets aimed at policy-makers, media, bloggers and women’s health influencers; create lists to track opinions of sub-groups; promote women’s health research and policy developments.

D. Constant Contact

TWC utilizes Constant Contact primarily to conduct mass outreach via email and Constant Contact has been well-utilized for several years in a variety of ways. Our aim is to streamline, segment and update email databases for frequent outreach to promote newsletters, policy reports, blogs, events, and collaborations and to conduct online fundraising campaigns.

Current Status: 1,617 email addresses on file, used periodically to promote events, policy updates, newsletters, and year end fund-raising.

Opportunities: To be used on a scheduled basis to promote all TWC items starting with monthly blog, encourage followership on Facebook and Twitter, request health information to share with TWC community and request to help grow TWC’s social network by nominating contact information of others that may be interested.
E. You Tube: [http://www.youtube.com/user/TheWomens Collective](http://www.youtube.com/user/TheWomensCollective)

TWC’s You Tube page is used to link viewers to website, streamline and link existing videos to Facebook, encourage social media followers to share their videos focused around women’s health, include partner agency videos to promote information sharing.

Current Status: You Tube is used by youth program staff to promote PSAs created by peer advocates. General TWC videos are also posted but it is an underutilized site and resource.

Opportunities: To keep viewers informed of our activities and to share information and ideas, show viewers what we care most about and where our passion lies, offers a means to be engaging and genuine, build a community and share our mission while promoting through social media outlets.


TWC’s Youth Prevention Program created the Tumblr blog titled ‘Bold.Fearlesss.True’ as a means to share information and generate conversations with youth involved in programming who are burgeoning peer educators and activists in the community. Posts range in topic areas from why it’s important to know your HIV and STD status to the female condom (FC2), from ideas on contraception to issues of sexuality.

Current Status: The blog is currently under-utilized (posts ended as of August 2013) as it was driven by an AmeriCorps program member. However, the posts cover a range of issues and include photos and video—making it lively and engaging.

Opportunities: Can be dove-tailed into the main TWC Blog by retaining its youth focus. With this solid foundation the blog can be used regularly to engage youth with prevention messages, promote healthy behaviors and decision-making. Can be promoted through social media to improve readership.

2. Tools in Development:

A. Editorial Calendar: A comprehensive editorial calendar will coordinate all digital content that needs to be developed, posted and promoted.

B. Hootsuite: Utilize existing account to track social media outreach and impact in an integrated manner.

C. Monthly Blog: Titled ‘Collectively Speaking’, in development to be launched during the last quarter of 2013, see Attachment C: Blog Development Plan.

D. E-newsletter: Developed on a quarterly basis to showcase TWC and partner events, policy updates, profile individuals such as youth activists and community health workers.

E. Scribd: Upload all TWC public documents in order to improve online access and generate social media discussions per report.
The Women’s Collective: Digital Communications Plan 2013-2014

F. TWC Mobile Van Calendar: Can be used to promote TWC services in addition to its HIV testing and linkage to care activities, to be integrated with the Editorial Calendar, to be promoted on TWC website homepage, Facebook, Twitter, and Constant Contact.


H. Bitly: To link directly to Twitter, monitor responses and maintain record of direct interactions with followers.

Outreach Tactics To Be Implemented: November 2013-October 2014

• Re-framing the outlook: Re-vamp mission statement and develop audience-centric communication message themes to guide content development.

• Streamline digital content: Integrate all digital media content development and posting into the Editorial Calendar for 30 days of upload.

• Resource and staff allocation: In lieu of funding for a full-time communications staff, it is vital to allocate all planned digital tasks to TWC staff, management and Board members. This allocation should be based on monthly editorial calendar and based on their existing workload in order to maximize resources.

• Expand digital presence: Grow audience on Facebook and Twitter through a combination of direct interactions and responses, ‘Add/Follow’ individuals and organizations with common goals, seek individuals and organizations attending common conferences such as IAC 2014, request existing audience to nominate individuals from their social networks as a way to help spread awareness.

• Improve existing content: Prioritize high-value information sections on new TWC website and expand and update content for increased visibility, integrate into Editorial Calendar on a rolling basis to increase traffic to website and promote awareness of timely access to free health services.

• Strengthen policy and advocacy analysis: Expand existing Policy and Advocacy outreach in specific ways by developing and sharing policy reports, creating lists of specific individuals to track and interact with on Twitter, inviting discussion on social media, keeping local and national policy influencers, media, and funders informed of TWC’s contributions to women’s health.

• Promote resources for women’s community development: Initiate and promote discussion around TWC reports that advocate for a peer-based community health model, where women are empowered to improve their own well-being.

• Partnership development: Review existing partners and create website content to showcase alliances, develop pipeline of potential partners, and encourage web-linking.
**Evaluation: Methods and Metrics to Assess Digital Activity**

The measurement period will be established from November 2013-October 2014 to allow for a full 12 month calendar of events to be covered.

- **Website:**
  - **Mechanism:** Google Analytics to assess search engine optimization via # website hits per time frame, highest traffic pages, time spent on each page, search words to reach website, source of traffic
  - **Benchmark:** Grow website traffic by 30% from the time Google Analytics is implemented

- **Facebook:**
  - **Mechanism:** Monthly metrics of reach, number of new likes, responses/shares per post, traffic from FB link to website.
  - **Benchmark:** Grow followers from 617 to 1,500 ‘Friends’, increase comments per post by 30% and respond to over 80% of comments within 36 hours, form at least 1 sub-group to sustain an ongoing conversation, drive at least 75% of web-links from Facebook posts directly to TWC website in order to boost website traffic.

- **Twitter:**
  - **Mechanism:** Numbers of new followers per month, re-tweets/favorites, twitter chat metrics (long term), email outreach to specific followers
  - **Benchmark:** Grow ‘Followers from 967 to 1,500 by training the agency and the Policy and Advocacy team to tweet through BITLY and tweet individuals directly, host at least 2 Twitter-chats, report at least 1 re-tweet for 50% of direct tweets.

- **Blog:**
  - **Mechanism:** Increase in follower base from launch, responses/feedback, mentions in the blogosphere, topic diversity, pipe-line of confirmed guest bloggers.
  - **Benchmark:** Grow blog visitors by 10% every month after initial launch; record at least 2 responses per blog entry and direct responses within 36 hours.

- **Constant Contact:**
  - **Mechanism:** Increase database and segment by target audience to create a more tailored message and outreach during specific events – avoid sending the same email blast to all contacts in the database.
  - **Benchmark:** Grow database by at least 50% through recommendations from current subscribers, schedule at least 1 blast per month to keep TWC Blog in view, leverage CC for at least 4 annual Policy Updates @ 1 per quarter.
Conclusion

The implementation of the Digital Communications Plan from November 2013-October 2014 will mark TWC’s first coordinated approach to improve its digital outreach. The primary outcome of implementing the Digital Plan over a twelve-month period are educating our target audiences and generating a two-way exchange of health information. While we recognize our resource limitations, adopting a strategic and integrated plan for implementation will help us better utilize existing staff by providing internal communications about the value of social media. The evaluation metrics that have been developed for the first time will provide quarterly benchmarks for not just the digital outcomes but also how effectively the processes recommended by the Plan are being implemented.

In addition to improving access to health information, the value of social media is equally valuable for TWC in creating a dialogue with partners and stakeholders about the common challenges we face, as it is in reaching those we directly serve. Therefore, also as a part of our outreach process, we aim to leverage our suite of digital media tools to share with other community-based organizations the lessons we will learn from the implementation of the Plan. Finally, to document the impact of the AIDS.gov’s Micro-Fund, we aim to develop a policy report generated from the TWC Digital Survey to amplify the need for and ripple-effect benefits of digital access to improve health outcomes in DC’s marginalized communities.
Citations


ii http://www.ward5heartbeat.org/news/district-program-for-wards-5-7-and-8-fails-to-bridge-digital-divide/

iii What demographics use social media:
http://natelongmarketing.com/social-media-use-by-demographic-infographic/

Appendix A

Focus Group Report
Facilitator Report: Focus Group ‘Understanding the digital health information needs of women in DC’

Date and Time: Tuesday, August 27, 2013, 11.00 A.M – 1.00 P.M

Site: The Women’s Collective, Washington, D.C

Duration: 2 hours

No. of attendees above 21 yrs = 12

No. of attendees between 15-21 yrs = 0

Facilitator: Ms. Phronie Jackson, MPH

Note – Taker: Ms. Jennifer Cabellero, Women’s Law and Public Policy Fellow, TWC Policy and Advocacy Team

1. Facilitator Observations: General

1A. Individual attendee relevance and group dynamics/interaction

The group consisted of 12 women that identified themselves as African American, Jamaican and Mixed Race. 9 (75%) of the participants were women living with HIV/AIDS. 5 members of the group were in the 46-55 year old age range, while the 22-35 year old with 4 members was the next largest age range.

The majority of the participants had permanent housing living in wards 5, 7, 8, 1 and Maryland.

The women appeared to be genuinely interested in the topic. As it pertains to Internet usage, this was a diverse group with an array of internet users. The Internet skills of the group members ranged from no Internet use, no use but interested to learn, moderate use to advance users. It was obvious that these women worked with each other as the groups was friendly, respectful, welcoming and willing to share openly and honestly with each other.

1B. Relevance of issues, perceptions about topic ad questions, interest in the topic

For the most part, the participants were at least curious about getting health information using new media methods. They discussed current trends such as electronic health records being used by several of the local health clinic.

1C. Ability to engage in the topic discussion

All members of the group provided input into the discussion. Not only did they answer questions, but they also gave example and asked questions. By the end of the session, members that did not have email address were asking other member how to obtain one. In addition, a couple of the women wanted to learn how to use their cell phones to connect to the internet. Obviously, some participants were more knowledgeable
Facilitator Report: Focus Group ‘Understanding the digital health information needs of women in DC’

about some of the terms addressed such as the specific social media type i.e. Facebook and Twitter, but everyone provided feedback, especially as it related to their comfort level of receiving health information.

2. Facilitator Feedback: Future Improvements

2A. Improvement for future focus groups on the topic

I would strongly suggest that in the future the group is separate into at least two groups (internet or social media user and non users).

2B. Suggestions for additional/alternate questions of individual survey design

All of the questions were valuable and should provide useful information in regards to the overall goal of focus group. I would follow up question number 10 of the individual survey to also ask how they are using their cell, for instance if they use cell phones to send and receive text messages and do the access the internet from their cell phones. I would ask; List other information they may want to provide toward this topic. How interested are they in learning about social media? How would/do you use Social Media? This could result in other themes to address. I believe that the survey should have been anonymous; however, it requested a signature at the end. I am not certain if this may have an influenced how the respondent answers.

2C. Challenges: Attendee responses, topic, location

This was a great group that really interacted well together and supported each other. A different times for the group may have allow for the participation of some younger (15-21 year old girls) for instance after school. During TWC events like ‘Coffee House’ or evening/after-hours hours might have yielded more participants that work during the day, who may have more access to the internet.

The actual focus group questions fluctuated from open ended and close end questions. This was a bit challenging when it came to recording the responses. Maybe all closed end question could have been asked at the end just to make for a better flow. This was a topic of interest to the group, as there was a steady dialogue without the need for much probing.

TWC was a familiar and comfortable location for the participants. However, there was two other events going on that cause distraction from the group. Maybe future focus groups could be held at a more neutral location or during a less hectic time period. The participants expressed gratitude for the lunch and gift card incentive.

Thanks for allowing me the opportunity to facilitate the focus group. It is always an honor to come back home to TWC and serve. If you should have any questions, please do not hesitate to contact me directly. Good luck with the project.
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**Know TWC?**

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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11</strong></td>
</tr>
</tbody>
</table>

**Part of TWC Program?**

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>75%</td>
</tr>
<tr>
<td>N</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>

**Cell phone usage?**

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>everyday</td>
<td>100%</td>
</tr>
<tr>
<td>emergency</td>
<td>0%</td>
</tr>
<tr>
<td>don't own</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>
### Internet usage?

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>use from home/work/cc</td>
<td>75%</td>
</tr>
<tr>
<td>know but no access</td>
<td>16.67%</td>
</tr>
<tr>
<td>dot know want to learn</td>
<td>8.33%</td>
</tr>
<tr>
<td>don't need</td>
<td>0%</td>
</tr>
<tr>
<td>dont what internt is</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
</tr>
</tbody>
</table>

### Where get health info?

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>freinds</td>
<td>50%</td>
</tr>
<tr>
<td>family</td>
<td>41.67%</td>
</tr>
<tr>
<td>CC or HC</td>
<td>75%</td>
</tr>
<tr>
<td>Search internet</td>
<td>41.67%</td>
</tr>
<tr>
<td>Hospital ER</td>
<td>50%</td>
</tr>
<tr>
<td>hotline</td>
<td>8.33%</td>
</tr>
<tr>
<td>Doctor</td>
<td>58.33%</td>
</tr>
<tr>
<td>TWC</td>
<td>50%</td>
</tr>
<tr>
<td>TV</td>
<td>16.67%</td>
</tr>
<tr>
<td>Radio</td>
<td>8.33%</td>
</tr>
<tr>
<td>Internet Website</td>
<td>50%</td>
</tr>
<tr>
<td>Facebook</td>
<td>8.33%</td>
</tr>
</tbody>
</table>
| Total Respondents: 12

Best way to give Health Info?
<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>call home</td>
<td>16.67%</td>
</tr>
<tr>
<td>call cell</td>
<td>58.33%</td>
</tr>
<tr>
<td>text</td>
<td>50%</td>
</tr>
<tr>
<td>email</td>
<td>41.67%</td>
</tr>
<tr>
<td>facebook</td>
<td>8.33%</td>
</tr>
<tr>
<td>youtube</td>
<td>8.33%</td>
</tr>
<tr>
<td>broucher</td>
<td>33.33%</td>
</tr>
<tr>
<td>name of website</td>
<td>66.67%</td>
</tr>
</tbody>
</table>

Total Respondents: 12
Join us at The Women’s Collective for a lively discussion on how YOU access women’s health information and resources!

What: A Focus Group (a gathering of women and girls to share information and ideas)

Why: We want to learn about how YOU access and share health information and resources using social media and the web so that we can better provide you with vital information and resources to protect your health.

When: Tuesday, August 27, 2013
11 am to 2 pm

Where: The Women’s Collective conference room (1331 Rhode Island Ave, NE)

What else do you need to know?: We will provide lunch and incentives!

This program is funded by AIDS.gov and the 2013 New Media Microfund
Demographic Form

1. Do you know your HIV status?
   - I do not want to disclose
   - I do not know
   - HIV positive
   - HIV negative

2. How do you identify yourself?
   - African American
   - Caucasian
   - Latino
   - Asian Pacific Islander
   - Native American
   - Mixed Race
   - Other: ____________________________

3. What is your age?
   - 15-21
   - 22-35
   - 36-45
   - 46-55
   - 55- older

4. Where do you live?
   - I do not have permanent housing
   - I am on the waitlist for Section 8 housing
   - DC, Ward 5
   - DC, Ward 6
   - DC, Ward 7
   - DC, Ward 8
   - Maryland
   - Virginia
   - Other location: ____________________________

5. What is your job status?
   - Work Full time
   - Work Part-time
   - Looking for a job right now
   - Unable to work/On disability
   - I am a student
6. Do you have health benefits?
   o I have private health insurance
   o I have Medicaid/Medicare/DC Alliance benefits
   o I do not have any kind of health benefits
   o Other: _______________________

7. Do you have children that live with you?
   o 1-2
   o More than 2
   o I do not have children
   o I have children but they do not live with me

8. Do you know about The Women’s Collective and its mission and services?
   o Yes
   o No

9. If yes, are you a part of a program at The Women’s Collective?
   o Yes
   o No

10. How often do you use a cell-phone?
    o I own a cell-phone and use it everyday
    o I own a cell-phone but only use for an emergency
    o I do not own a cell phone

11. Do you use the Internet?
    o I use the Internet from home/work/community center
    o I know how to use the Internet but don’t have Internet access in my
      home/work/community center
    o I don’t know how to use the Internet and would like to learn
    o I don’t need the Internet
    o I don’t know what the Internet is
12. Where do you get health information you trust? (Check all that apply)
   o Friend/s
   o Family
   o Community Clinic or Health Center
   o Search on the Internet
   o Hospital or Emergency Room
   o Call a Hotline
   o Ask my doctor
   o The Women’s Collective
   o TV
   o Radio
   o Internet websites
   o Facebook

13. The best way to give me health information is:
   o Call my home phone
   o Call my cell phone
   o Send me a text message
   o Send me an email
   o Put the information on Facebook
   o Put a video on You Tube
   o Give me a printed brochure
   o Give me the name of the website

I have provided accurate information and agree to let it be used for TWC’s programs:
Signature: ________________________________
Focus Group Objectives:

(1) Which tools do low-income African American women and girls in the DC area are using to access health information that prevents and reduces the incidence of HIV, and to share that information with each other.

(2) What sources women and girls use to access reliable information electronically – what are the trusted/liked/well-understood web sites for ‘socially acceptable’ information?

(3) What challenges women and girls experience in finding, accessing and sharing information at the time that they really need it?

(4) How the results of the focus group will inform the development of the area’s first Digital Community Outreach Plan and make recommendations to policy –makers and future donors to make health information more accessible?

Key Themes and Leading Questions:

Theme # 1: Current communication

Tools, information sources, methods of sharing, places/sites/applications to access information, challenges faced in getting information at the right time, relevance of information

1. Leading Question: How do you currently find, receive and share health information?

   A. What is the most important kind of health information that you and your female family members and friends need or want?

   B. How do you currently get health information?

   C. Where do you get the information you trust?

   D. If you need health information, is it easy for you to find it online?

      If you need health information in an EMERGENCY situation, is it easy for you to find information online?

   E. How do you share health information with others?

   F. What is the best way to reach you with important health information?
Theme # 2: Digital Media

Levels of internet usage, ease of internet accessibility, knowledge of websites to visit, Facebook usage, comfort with receiving and sharing health information via public social media sites like Facebook, ways to increase and improve social media usage

2. Leading Question: What is the role of the Internet/social media in accessing health information for yourself or your family?

A. How comfortable are you with using the Internet?

B. How often do you get to use the Internet?

C. Where/how do you access the Internet?

D. How much do you rely on the Internet to get health information?

E. What kinds of websites do you trust and like (government or private)?

F. Is there one website that you use consistently for health information – as your go to site? If so, what is that site? What do you like about it?

G. What would make it easier for you to use the Internet more often to get health information? (free access, more Internet cafes in your neighborhood, training session to use the internet better)

H. Do you use Facebook to stay in touch with your friends and family?

I. Do you use Facebook to share health related information?

J. Do you use Twitter? Do you follow individuals and/or organizations? Do you share information on Twitter?

K. Do you use mobile apps to access health information? If so, which ones do you like?

L. Would you be interested in or comfortable with getting/sharing health information via a public site like FB?

M. Would you be interested in or comfortable with getting/sharing health information via Twitter?

N. Would you be interested in receiving health information via test messages?
Focus Group Facilitator Report

(Use as many pages as necessary to answer all questions fully)

Date: Tuesday, August 27, 2013

Site: The Women’s Collective (Host Agency)

Session Duration:

No. of attendees above 21 years:

No. of attendees between 15-21:

Facilitator: Ms. Phronie Jackson, external facilitator

Note – taker: Ms. Jennifer C, TWC Policy and Advocacy Team

1. General observations by Facilitator:

A. Individual attendee relevance and group dynamics/interaction,

B. Relevance of issues, perceptions about topic and questions, interest in the topic

C. Ability to engage in the topic discussion

2. Feedback by Facilitator to improve this focus group for future sessions:

A. Improvement for future focus groups on this topic

B. Suggestions for additional/alternate questions of individual survey design

C. Challenges: Attendee responses, topic, location
3. Discussion Summary: Please record with as much detail as possible.

A. What is the most important kind of health information that you and your female family members and friends need or want?

B. How do you currently get health information?

C. Where do you get the information you trust?

D. If you need health information, is it easy for you to find it online?

E. If you need health information in an EMERGENCY situation, is it easy for you to find information online?

F. How do you share health information with others?

G. What is the best way to reach you with important health information? How comfortable are you with using the Internet?

H. How often do you get to use the Internet?

I. Where/how do you access the Internet?

J. How much do you rely on the Internet to get health information?

K. What kinds of websites do you trust and like (government or private)?

L. Is there one website that you use consistently for health information – as your go to site? If so, what is that site? What do you like about it?

M. What would make it easier for you to use the Internet more often to get health information? (free access, more Internet cafes in your neighborhood, training session to use the internet better)

N. Do you use Facebook to stay in touch with your friends and family?

O. Do you use Facebook to share health related information?

P. Do you use Twitter? Do you follow individuals and/or organizations? Do you share information on Twitter?
The Women’s Collective: AIDS.gov - Focus Group Guide and Report
Understanding the digital health information needs of DC’s African American women

Q. Do you use mobile apps to access health information? If so, which ones do you like?

R. Would you be interested in or comfortable with getting/sharing health information via a public site like FB?

S. Would you be interested in or comfortable with getting/sharing health information via Twitter?

T. Would you be interested in receiving health information via text messages?

Note for facilitator and note-taker: If additional questions emerge during the discussion, please record them in the order in which they are responded to.
Appendix B

Digital Survey
SURVEY: ‘Understanding digital health information needs of women in the District of Columbia’

SECTION ONE: Demographics

1. Do you know your HIV status? Check ONE
   o Yes
     If yes,
     o I do not want to disclose my HIV status
     o HIV positive
     o HIV negative
   o No

2. What race do you identify yourself with? Check all that apply
   o African- American
   o Caucasian
   o Latino
   o Caribbean
   o Asian
   o Pacific Islander
   o Native American
   o Mixed Race or Bi-Racial
   o Other: ________________________________

3. What is your age? Check ONE
   o 15-21
   o 22-35
   o 36-45
   o 46-55
   o 55 and older

4. Do you have permanent housing? Check ONE
   o Yes
     If yes, where do you live?
     o Ward 5
     o Ward 6
     o Ward 7
     o Ward 8
     o PG County
     o Other location: ____________________________

   o No, but I am on the waitlist for Section 8 housing
   o No, I do not have permanent housing
SURVEY: ‘Understanding digital health information needs of women in the District of Columbia’

5. **What is your job status? Check ONE**
   - Work full-time
   - Work part-time
   - Looking for a job
   - Unable to work/On disability
   - I am a student

6. **Do you have health benefits? Check ONE**
   - Yes
     - If yes, what type?
       - Private health insurance
       - Medicaid benefits
       - Medicare
       - Other ______________
   - No, I do not have any kind of health benefits

7. **Does your household have children under 18 years? Check ONE**
   - Yes,
   - If yes,
     - 1-2
     - More than 2
   - No, I do not have children
   - I have children but they do not live with me

8. **Do you know about The Women’s Collective and its services? Check ONE**
   - Yes
     - If yes, do you get support from The Women’s Collective?
       - Yes, I receive services at The Women’s Collective
       - No, I do not receive services at The Women’s Collective
     - No

**SECTION TWO: Internet & Social Media Knowledge**

9. **Do you know how to use the Internet? Check ONE**
   - Yes, I know how to use the Internet
   - No, I don’t know how to use the Internet

10. **Can you get access to the Internet when you need to use it? Check ONE**
    - Yes
    - No
    - Sometimes
SURVEY: ‘Understanding digital health information needs of women in the District of Columbia’

11. What would make it easier for you to use the Internet more often? Check all that apply
   - Free Internet access in my home
   - Free Internet cafes in my neighborhood
   - Be taught how to look for information on the web
   - Cheap cell-phone plans with Internet access
   - Other:

12. Do you use Facebook to stay in touch with friends and family? Check ONE
   - Yes, I have a Facebook account and use it regularly
   - Yes, I have a Facebook account but DO NOT have regular access to the Internet
   - No, I do not have a Facebook account

13. Do you own a cell-phone? Check ONE
   - Yes, I own a cell-phone
     If yes:
     How often do you use a cell-phone to make PHONE CALLS?
     - I use it every day to make phone calls
     - I use it for emergencies
     How often do you use a cell-phone to send/receive TEXT MESSAGES?
     - I use text messaging as a regular feature
     - I use text messaging only for emergencies
     - No, I do not own a cell-phone

SECTION 3: Access to General Health Information

14. Where do you get health information you can trust? Check all that apply
   - Friend/s
   - Family
   - Teachers
   - Community Clinic or Health Center
   - School
   - Search on the Internet
   - Go to websites that I already know that have good information
   - Hospital or Emergency Room
   - Call a Hotline
   - Ask my doctor
   - The Women’s Collective
   - TV
   - Radio
   - Facebook
SURVEY: ‘Understanding digital health information needs of women in the District of Columbia’

15. Please list THREE websites that you like and trust for ANY kind of health information?
   o Website 1: _____________________
   o Website 2: _____________________
   o Website 3: _____________________

16. Do you use other mobile devices such iPad or Kindle to find health information and health services? Check ONE
   o Yes
   o No

17. Please list THREE mobile applications that you like and trust for reliable health information?
   APP 1: _____________________
   APP 2: _____________________
   APP 3: _____________________

18. Do you feel comfortable exchanging general health information on Facebook? Check ONE
   o Yes
   o No

19. Do you feel comfortable exchanging HIV/AIDS related health information on Facebook? Check ONE
   o Yes
   o No

20. The best way to give me health information is: Check all that apply
   o Call my home phone
   o Call my cell phone
   o Send me a text message
   o Send me an email
   o Put the information on Facebook
   o Put a video on You Tube
   o Give me a printed brochure
   o Give me the name of the website
   o Give me the name of a mobile application

Thank you for completing a survey for The Women’s Collective

If you have additional feedback about improving access to the Internet, please email us at info@womenscollective.org

This survey has been made possible by support from AIDS.gov
Appendix C

Blog Development Plan
The Women's Collective - Blog Development Plan – 2013

Blog Name: COLLECTIVELY SPEAKING

Target Audience:

- Policy-makers
- Traditional Media and Bloggers
- HIV/AIDS advocates and activists
- Peer and community health workers
- Physicians and healthcare providers
- Funders: Government agencies and private foundations
- Partner organizations: Mental Health, Substance Abuse, Domestic Violence, Sexual Violence, Affordable Housing, Sexual and Reproductive Health
- Youth organizations

Format:

- Blogger will write as first person, in the voice of Patricia Nalls (Founder and ED)
- Writing style to be casual and personalized BUT representing the voice/position of the agency NOT the individual.
- Structure to be short paragraphs of no more than 5 sentences each, total blog-entry to be no more than 5 paragraphs.
- In case of a developing or an ongoing issue, we will create ‘series’ of blogs about a particular topic. For example, ‘Affordable Housing’ may be one series, where all blogs about this ongoing issue will be connected but may not be blogged about consecutively.
- Archiving based upon topic or blog entry date subject to WordPress template
- Based on editorial calendar of community events, TWC will schedule guest bloggers with a pre-selected theme

Location:

- Hosted on Word Press and directly uploaded to this server
- Web-linked to a separate tab created on TWC website homepage for direct access to web visitors (Cathleen, to recommend placing on homepage) (CM: Currently we have a link on our SUPPORT Page but we should consider having Eddie put it on the drop down menu for ABOUT US or OUR WORK. For the first month or two or even permanently we can have it as a slide. Thoughts?)
The Women’s Collective - Blog Development Plan – 2013

Concepts and Related Themes: These concepts and relevant themes have been developed to create a pipeline of blog posts. They are NOT presented in order of the priority they will be featured in.

1. TWC evolved from the personal struggle of one woman against HIV and its overwhelming stigma
   - THEME relevance: We can fight HIV but Stigma is the real killer
   - THEME relevance: We can each make a difference by taking action, advocating for ourselves and others, supporting social justice and women’s rights, etc. – ‘Personal Is Political’.

2. TWC serves a niche in the Washington DC area – where we provide core clinical and support services (medical case management, mental health services, early interventions, treatment adherence, psychosocial support services)
   - THEME relevance: Women- and girl-focused services improve health outcomes when delivered by peers
   - THEME relevance:

3. While TWC core offering is HIV/AIDS direct services, we advocate with women and girls so that programs, services, policies, and budgetary allocations are reflective of the needs and priorities of their needs and the factors that are compound drivers of the epidemic in DC and the nation.
   - THEME relevance: SERIES based on advocacy for EACH issue
     - Stigma: Encouraging women to speak up and speak out against HIV/AIDS and create a collective voice, for collective action; Use social media as a platform to gather and mobilize women from all over DC to advocate for and with each other.
     - Poverty: The undisputed link between employment, financial independence and the ability to control one’s health, step out of abusive relationships, empower other women to take proactive steps to protect themselves. Discuss DC’s map that shows the poor Wards as the same ones that report the highest HIV impact (among women).
     - Housing: Affordable housing in poorer wards as well as the ability to find reasonable accommodation in other parts of the city or in neighboring states – break the cycle of living/breeding/dying in the same neighborhood.
     - Health disparities and access to health services/information: With all health information being posted to the Internet, it is imperative for women to have access to accurate, timely and trusted health information from culturally appropriate websites. Further, they need to be mobilized to exchange this information via social networks. With Internet connections at home and via
The Women's Collective - Blog Development Plan – 2013

cell-phones plans being unaffordable, low income women are left out of the information access pool.

- Violence against women: Domestic and sexual – tie back to poverty and the need to stay with abusive partners to feed their children, mention laws that do not proactively protect women BEFORE they are abused and the stigma in reporting violence.
  - THEME relevance: HIV is an outcome of various social barriers/social injustice heightens treatment failure among women and impairs their wellness and quality of life.

4. Access to Health Information: Digital technology/Social Media series
  - THEME relevance: Digital media as a critical tool to improve women’s overall health and recognizing the role of social media in the lives of women and girls. Highlight AIDS.gov as being ahead of the curve by providing Micro-Grant for digital communications and discuss opportunities created for TWC.
  - THEME relevance: Has social media benefitted low income women’s health? What are the social media needs of AA women and girls, how are women benefitting from the vast online resources, how can CBO’s place information in locations that are more easily accessible for women such as Facebook – instead of a complicated website
  - THEME relevance: Is the Internet a human and health right? Why do women in poorer neighborhoods lack access to timely information due to privatized internet services?
  - THEME relevance: What has our ongoing formative research told us about women’s usage of social media in general? How can we leverage that to drive pertinent health information to them?

5. Health Care Reform – How the Affordable Care Act will transform women’s health
  - THEME relevance: Updates providing resources and information for women and girls.
  - THEME relevance: Presenting ideas on the impact on women’s access to care and services including sexual and reproductive health services. How does this effect Ryan White services and funding?
  - Surveying the Health Exchange network: How does DC compare to other state portals? Could include Medicaid, Medicare changes,

6. AIDS Free Generation – SERIES: updates and advancements to protect future generations and cure HIV
  - THEME relevance: Medical advancements
The Women’s Collective - Blog Development Plan – 2013

- THEME relevance: Community-level developments, trending topics among peer-advocacy

7. Putting women’s health in their hands: Women-controlled prevention tools
- THEME relevance: What’s new with FC2 and microbicide development? Discuss TWC’s innovative FC2 program work of 4 years and previous work on microbicides.

8. International AIDS Conference: Series
- IAC 2013: An iconic return to the United States, a perfect setting to be hosted in the District, TWC involvement and lessons learned.
- IAC 2014: Begin building on what TWC will bring to this international conference in Australia (July 2014) and ongoing partnerships that will strengthen the voice of marginalized women.
- International HIV policy and clinical issues/updates that are relevant to DC

9. AGENCY: The Women’s Collective fills a unique need for women as a VITAL community based organization
- THEME relevance: TWC is DC’s only women and girl serving agency that creates an environment of safety, trains women to take action for their well-being, fosters inter-generational conversations that bridge the gap – OPPORTUNITY to showcase TWC programs
- THEME relevance: Documenting the organization’s journey, successes and failures, challenges such as decreased funding, meeting everyday challenges of TWC clients

10. INDIVIDUAL: Patricia Nalls as the collective voice of women across America who fight stigma, pain, isolation and exhaustion every day but still carry on the fight.
- THEME relevance: The face of HIV is beautiful, powerful and invincible
- THEME relevance: Who ‘looks’ like they might get HIV – misconceptions that are barriers to self – protection
The Women's Collective - Blog Development Plan – 2013

Blog Development Process:

- Develop Blog – Plan and submit to AIDS.gov for approval
- Confirm WordPress layout
- Integrate into Editorial Calendar: Confirm time-line for implementation and launch based on staff availability
- Organize first 3 themes and topics to develop, conduct research to gather statistics, anecdotes, policies and images
- Develop first draft for review, incorporate edits, submit for final approval
- Final approval of text and images
- Social media promotions: pre-blog
- Layout, inclusive of images
- Upload: Blog and website
- Promotions: Social media, Constant Contact

Staff Role Allocation:

- Theme approval/additional ideas: Patricia Nalls and Cathleen Maine
- Research and Statistics: Pavni Guharoy/Cathleen Maine
- Drafting/Writing/Layout: Pavni Guharoy
- Editing: Cathleen Maine
- Final approval: Cathleen Maine and Patricia Nalls
- Upload: Pavni Guharoy (WordPress), Cathleen Maine (TWC website)
- Promotions: Pavni Guharoy + TWC staff + TWC Board
- Guest Blogger Outreach: Patricia Nalls/Pavni Guharoy

Design: (WordPress)

- **Traveler:** $79 [http://theme.wordpress.com/themes/traveler/](http://theme.wordpress.com/themes/traveler/)
- **Zoren:** Free [http://theme.wordpress.com/themes/zoren/](http://theme.wordpress.com/themes/zoren/)
- **Twenty-Twelve:** Free [http://theme.wordpress.com/themes/twentytwelve/](http://theme.wordpress.com/themes/twentytwelve/)
- **Bueno:** Free [http://theme.wordpress.com/themes/bueno/](http://theme.wordpress.com/themes/bueno/)
- **Snap:** $79 [http://theme.wordpress.com/themes/snap/](http://theme.wordpress.com/themes/snap/)
- **Opti:** &79 [http://theme.wordpress.com/themes/opti/](http://theme.wordpress.com/themes/opti/)
- **Sunspot:** Free [http://theme.wordpress.com/themes/sunspot/](http://theme.wordpress.com/themes/sunspot/)
- **Suburbia:** Free [http://theme.wordpress.com/themes/suburbia/](http://theme.wordpress.com/themes/suburbia/)
- **Origin:** Free [http://theme.wordpress.com/themes/origin/](http://theme.wordpress.com/themes/origin/)
- **Linen:** $79 [http://theme.wordpress.com/themes/linen/](http://theme.wordpress.com/themes/linen/)
The Women's Collective - Blog Development Plan – 2013

- **SuperHero**: Free [http://theme.wordpress.com/themes/superhero/](http://theme.wordpress.com/themes/superhero/)

**Guest – Bloggers**: (Pipeline of possible individuals to reach out to based on blog theme)

- Leadership from partner organizations in DC
- 1-2 peer workers
- Mental Health
- Substance Abuse
- Someone from HAHSTA/Ryan White
- Someone to address affordable housing issues and its link to HIV
- Youth bloggers – Metro Teen AIDS, Advocates for Youth, TWC Youth Program

**Outreach/Promotions**

Launch: Discuss and develop mini plan with Cathleen

- TWC website
- Facebook
- Twitter
- Constant Contact email blast
- List 5 partner websites to link to (from guest blogger organizations)