

Using Social Media in Prevention Efforts

From Awareness to
Stigma Reduction,
Engagement, and
Action



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Learning Objectives

1. Describe how social media can support prevention beyond awareness, including stigma reduction, social norm change, service linkage, peer-to-peer education, and community mobilization.
2. Identify core design principles for prevention-focused social media campaigns.
3. Discuss evaluation strategies and limitations, including engagement metrics, campaign exposure, pre/post survey designs, randomized controlled trials, sentiment analysis, direct-message analysis, and the difficulty of measuring durable behavior or attitude change through social media alone.



Many organizations are
HERE...

**Event Promotion /
Information Sharing**



Event
Promotion



Information
Sharing



Resource
Posting



General
Awareness

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General
Awareness

Today I want to
move us **HERE...**

Prevention Intervention



Stigma
Reduction



Peer Support
& Stories



Education &
Skill Building



Service
Linkage



Local
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Behavior
Change

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Moving from communication to impact.
That's the power of prevention-focused social media.

Audience Poll

Which of these best describes how your organization currently uses social media?

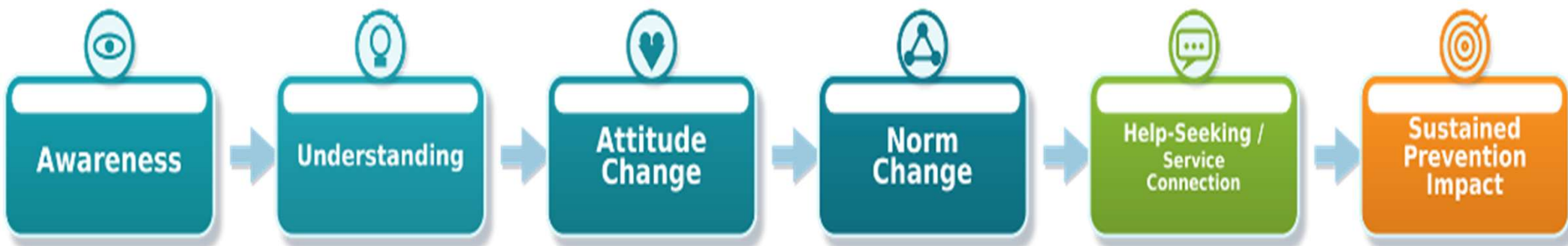
- Event promotion
- Information sharing
- Community engagement
- Prevention intervention
- Not sure

From Awareness to Sustained Prevention Impact

In prevention work, social media can support upstream goals such as:

- Shaping beliefs
- Reducing stigma
- Increasing perceived support
- Correcting misinformation
- Connecting people to services

From Awareness to Sustained Prevention Impact



What do we mean by “prevention” in social media?

Preventing...

- **Misinformation** from becoming accepted “common knowledge”
- **Stigma** from becoming a barrier to help-seeking
- **Isolation** by normalizing recovery, treatment, and support
- **Delays** in testing, treatment, or care by connecting people with resources
- **Harmful norms** by changing what communities see, share, and reinforce

Case Example 1: Live Tampa Bay Stories Ending Stigma





Live Tampa Bay: Community Infrastructure and Partnership

Key infrastructure considerations:

- Social media manager, video editor, marketing partners, and evaluation team.
- Recruit community members to share campaign/social media outreach, one-on-one outreach, community events, and partnerships

Live Tampa Bay: Targeting and Adaptation

What worked?

- ✓ Multiple platforms
- ✓ Continuous optimization
- ✓ Geotargeting
- ✓ Following the data, not assumptions



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Live Tampa Bay: What changed?

Campaign-exposed respondents indicated:



- Significantly lower desired social distance
- Better problem recognition
- Lower public stigma
- Greater support for harm reduction strategies
- Lower MOUD stigma
- More naloxone knowledge
- Greater knowledge of how to locate addiction treatment
- Lower self-stigma (except...)

The header features a light blue background with a pattern of small dots. On the left, a circular icon contains a green lightbulb above three stylized human figures in blue and green. On the right, a target icon with concentric circles and a green arrow hitting the bullseye is shown. A thick, wavy line in shades of blue and green runs horizontally across the middle of the header.

Lessons for Prevention

1. **Use stories to humanize prevention topics**, especially topics surrounded by blame, fear, or misinformation.
2. **Pair social media with community infrastructure**, including story recruitment, local partnerships, events, and trusted organizations.
3. **Monitor unintended effects**, especially when stories depict difficult experiences.
4. **Do not rely only on engagement metrics**, because views and likes do not automatically equal prevention impact.

Case Example 2: DiME Social Media Campaign

- DiME (Tell Me) is a Spanish-language community-engaged social marketing campaign designed to address HIV-related stigma among young people in Peru. [
- The campaign was informed by formative qualitative work with young people living with HIV, HIV advocates, and healthcare providers.
- Content addresses myths and stereotypes about HIV, encourages empathy, and normalizes conversations around HIV testing, prevention, and treatment.





DiME: Community-Engaged Message Development

Community members said:

- Correct misconceptions
- Normalize HIV
- Promote inclusion
- Use authentic stories
- Show diverse voices

DiME: Influencers and Platform-Native Content

Influencers can help when they are:

- Credible
- Trained
- Aligned with campaign goals
- Reviewed by content experts

(Nunez et al., 2025)



Key metrics:

Reach:

- DiME created and posted 49 videos to Instagram and TikTok, yielding **1,475,918 views**, 1,462 comments, and 63,488 likes.
- The campaign generated 2,206 Instagram followers and 11,800 TikTok followers, with 46% of followers based in Peru.

Reach,
Engagement,
and
Service
Linkage



Reach



Engagement



Service
Linkage



Key metrics:

Engagement:

- The five top influencer posts had 2,484,934 views, 1,079 comments, and 129,258 likes.
- The campaign received **512 direct messages (DMs)** asking about HIV services, requesting HIV-related information, or sharing personal experiences.

Reach,
Engagement,
and
Service
Linkage



Reach



Engagement



Service
Linkage



Key metrics:

Service Linkage:

- Direct messages included **service requests** for HIV and STI testing locations, questions about testing protocols, transmission, treatment, PrEP, and personal experiences of HIV-related concern or disclosure.

Reach,
Engagement,
and
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Linkage



Reach



Engagement



Service
Linkage



Did the
content
reduce
stigma?

- **Clutter Real Study**

- Participants were randomized to view a simulated social media feed containing one of four HIV stigma-reduction videos or a control media feed.

- **RCT (567 young adults aged 18 to 29 in Lima, Peru)**

- Brief exposure to culturally tailored social media content led to modest immediate reductions in HIV-related stigma among young adults in Peru.
- Influencer-generated content showed the largest reduction relative to control on the Bogardus social distance score, with a statistically significant difference from controls.
- Findings reinforce the potential role of social media and influencers in HIV stigma reduction.
- Future research should examine dosage, delivery, durability, and effects among those with the most stigmatizing beliefs.

(Nunez et al., 2026)

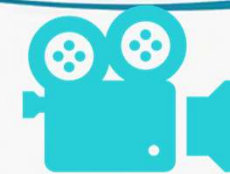


PREVENTION LOGIC MODEL FOR SOCIAL MEDIA



Inputs

- Community voice
- Evidence-based messages
- Trusted messengers
- Platform strategy



Activities

- Short-form videos
- Stories/testimonials
- Paid boosting/geotargeting
- Influencer partnerships



PREVENTION LOGIC MODEL FOR SOCIAL MEDIA



Short-Term Outcomes

Reach and engagement
Increased knowledge
Reduced social distance
Corrected myths
Increased resource



Intermediate Outcomes

Reduced stigma
More supportive norms
Greater treatment optimism
Increased willingness to



Long-Term Outcomes

Increased care access
Reduced discrimination
Improved prevention and treatment ecosystems

Core Principle 1: Start with a Specific Change Target

The **DiME** formative study identified two major change targets:

1. Changing how HIV and people living with HIV are perceived
2. Changing attitudes and actions toward people living with HIV



Core Principle 1: Start with a Specific Change Target

- Examples of message targets from DiME:
 - **HIV does not discriminate**, meaning risk is connected to behaviors and exposures rather than “types” of people.
 - **HIV is a treatable chronic condition**, and people living with HIV can study, work, have families, and live healthy lives with treatment.



Core Principle 1: Start with a Specific Change Target

- Examples of message targets from DiME:
 - **Undetectable equals untransmittable** was identified as a key educational message for reducing fear and correcting misconceptions.
 - **Messages should normalize open conversations, encourage support** rather than pity, foster inclusion, and promote unity among HIV-affected communities.



Core Principle 2: Use Contact and Storytelling to Reduce Stigma

- **Stories Ending Stigma** is a contact-based approach designed to normalize substance use disorder (SUD) diagnosis, treatment, and recovery through stories from people in recovery shared through social media and other channels.



Core Principle 2: Use Contact and Storytelling to Reduce Stigma

Key message:

- Storytelling can make prevention messages personal, credible, and emotionally memorable.
- Stories can counter stereotypes such as “addiction is a moral failing,” “recovery is not possible,” or “people with SUDs are dangerous or unreliable.”



Core Principle 2: Use Contact and Storytelling to Reduce Stigma

Key message:

- But stories must be curated carefully to avoid unintended effects, such as reinforcing stereotypes or prompting upward comparisons among people currently struggling.



Cross-Case Comparison: What do these examples teach us?

Design question	Live Tampa Bay Stories Ending Stigma	DiME	Prevention lesson
What was the prevention problem?	Addiction stigma and barriers to recovery support	HIV-related stigma affecting prevention, testing, treatment, and inclusion	Stigma is a prevention target, not just an attitude problem
What was the core strategy?	Recovery storytelling and community-based contact through digital and in-person channels	Youth-centered, community-informed videos, influencers, and service-oriented engagement	Content should be grounded in lived experience and community review
How was reach expanded?	Paid and organic social media, geotargeting, pre-roll, TV, website, and events	Instagram, TikTok, paid boosts, paid influencers, and micro-influencer reposting	Prevention campaigns need distribution strategy, not just content
What was measured?	Impressions, exposure, stigma domains, MOUD attitudes, Naloxone/treatment knowledge	Views, followers, comments, sentiment, direct messages, and stigma outcomes	Evaluation should include both platform metrics and prevention outcomes

Pondering Prevention

Think about your biggest prevention challenge.

What are you trying to change?

- Knowledge?
- Attitudes?
- Norms?
- Behavior?
- Help-seeking?





1. CLARIFY



2. CO-CREATE



3. CHOOSE



4. CREATE



5. CALIBRATE



6. CONNECT



7. CHECK

Practical Framework:

The 7 Cs of Social Media Prevention





1. Clarify

What change are you seeking?

2. Co-Create

Design with your community.

3. Choose

Identify trusted messengers.





4. **Create**

Build platform-native content.

5. **Calibrate**

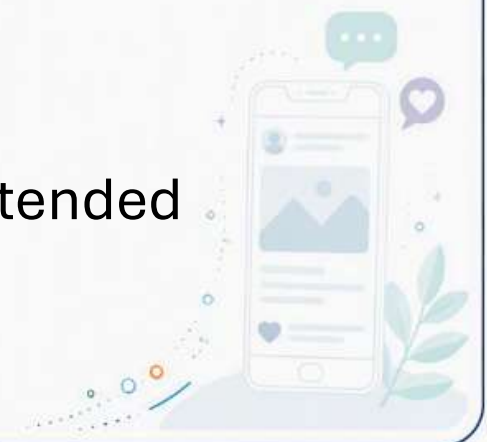
Avoid reinforcing stigma.

6. **Connect**

Create pathways to action.

7. **Check**

Measure outcomes and monitor for unintended effects.



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Evaluation: What should prevention programs measure?

Platform Metrics

- Reach, views, impressions, followers, likes, comments, shares, saves, watch time, engagement rate.
- DiME tracked followers, views, likes, comments, saves, shares, engagement rate, direct messages, watch time, and sentiment.

A decorative vertical axis on the left side of the slide, featuring a scale from 1 to 12. A wavy line with dots runs vertically, accompanied by several circular icons: a bar chart at the top, a clock, a checkmark, a line graph, and a target at the bottom.

Evaluation: What should prevention programs measure?

Audience Response

- Comment sentiment
- Direct-message categories
- Questions asked
- Misinformation themes
- Resource requests
- DiME categorized comments as positive, negative, or neutral and analyzed direct messages by request type.

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Evaluation: What should prevention programs measure?

Prevention Outcomes

- Knowledge
- Stigma
- Social distance
- Treatment beliefs

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Evaluation: What should prevention programs measure?

Prevention Outcomes

- Live Tampa Bay assessed domains including:
 - Public stigma
 - Structural stigma
 - Self-stigma
 - Desired social distance
 - Naloxone knowledge
 - Treatment knowledge
 - Attitudes toward medications for opioid use disorder (MOUD)

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Evaluation: What should prevention programs measure?

Stronger Designs when Feasible

- Pre/post surveys
- Campaign-exposed versus unexposed comparisons
- Randomized controlled studies
- Longitudinal follow-up
- Dose/exposure assessment
- DiME used a randomized controlled, pre-post design with simulated social media feeds, while Live Tampa Bay included campaign exposure comparisons and a parallel national randomized controlled trial



COMMON PITFALLS

WHAT TO WATCH FOR AND HOW TO AVOID THEM



Pitfall	Why it matters	How to avoid it
Posting without a theory of change	Engagement may not translate into prevention outcomes	Define change targets and outcomes before producing content
Assuming audience segments rather than testing them	Demographic assumptions may miss what resonates	Use platform data and community response to refine targeting
Treating influencers as a shortcut	Influencer reach can amplify both good and harmful messages	Train influencers, review scripts, and align content with campaign values
Equating impressions with impact	High reach does not prove stigma or behavior change	Pair platform metrics with outcome measures
Ignoring potential harms	Stigma campaigns can unintentionally reinforce stereotypes	Monitor comments, survey outcomes, and subgroup effects
Using stigmatizing imagery or	Content can undermine its own	Use advisory boards and people with

Prompt: Think about a prevention issue your organization addresses. What would a social media prevention campaign need to include/consider?

1. The prevention issue is:
2. The audience is:
3. The myth, stigma, or behavior we want to change is:
4. The messenger should be:
5. The content format should be:
6. The action step should be:
7. We will know it worked if:

Application Exercise



Closing Remarks



Five Takeaways

1. Social media can support prevention when it is designed around a clear change target, not just awareness.
2. Stigma reduction is prevention because stigma blocks testing, treatment, disclosure, support, recovery, and help-seeking.
3. Community-engaged content is safer, more credible, and more likely to resonate.
4. Stories and influencers can extend reach, but they require careful review, training, and monitoring.
5. Evaluation should include both digital engagement and prevention outcomes, including possible unintended effects.



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