

Episode 194 - Dr. David Brennan: Online Sexual Health Outreach for Gay and Bisexual Men: Providers' Perspectives

[00:00:08] Welcome to inSocialWork the podcast series of the University of Buffalo School of Social Work at www.insocialwork.org. We're glad you could join us today. The purpose of social work is to engage practitioners and researchers and lifelong learning and to promote research to practice and practice research. We educate we connect. We care. We are in social work. Hello I'm Charles Syms your host for this episode of in social work. When considering the health of gay and bisexual men the conversation often begins and ends with the topic of HIV in this podcast Dr David Brennan a Toronto based Social work researcher talks about his work in the development and evaluation of online technologies to address issues of gay and bisexual men's health. To highlight his work Dr. Brennan describes Crewe's Lab a research lab focused on gay and bisexual men's health. The lab has examined the ways in which gay and bisexual men who have been marginalized by gender identity race age and HIV status access health and social services information online. Among the outcomes of Cruz Lab is a cruising count study which was essential in developing new guidelines for online health outreach to gay men in Ontario. Also in this podcast Dr. Brennan describes how his identity as a social worker has underpinned his work. Further he provides a rationale and speaks to the need for social workers to incorporate online access and outreach into their practice. Dr. David J. Brennan is an associate professor in the Factor In Whentash the Faculty of Social Work at the University of Toronto in Ontario Canada.

[00:02:16] He also is the applied HIV Research Chair in gay and bisexual men's health and the director of Cruz's lab. His current study I cruise examines how young gay men use apps and online spaces for sexual health information. Dr. Brennan previously worked for 15 years on the frontlines of HIV work in Boston Massachusetts as the social work and bereavement coordinator for the first federally certified AIDS hospice in the United States. And as the associate director of clinical services at AIDS Action Committee in Boston he was interviewed in January of 2016 by Steven Haladay Ph.D.. Dr. Haladay is also a graduate of the MSW program at the University at Buffalo School of Social Work. Hello and welcome to IN SOCIAL WORK. I'm Steve Haladay and I'm here with Dr. David Brennan of the factor when Tasch Faculty of Social Work at the University of Toronto. Dr. Brennan please begin by saying a little bit about who you are and what you do. Hello. Yes thank you for having me here today. I'm looking forward to talking with you. I am an associate professor in social work at the University of Toronto. I also am the director of the cruz lab which is gay and bisexual men's health lab at the University of Toronto and I'm also an Ontario HIV Treatment Network applied HIV research chair. That's also focused on gay and bisexual men's health. So that's a provincial wide research chair. Well if you could say a little bit more about Crewe's lab and what type of work you do.

[00:03:57] So the crewe's lab is basically comes out of the Applied Research chair that I have was funding to help me develop research trajectory that focuses on gay and bisexual men's health and it's a community based research lab which means that about 90 percent of everything that we do in terms of our research is actually very engaged with our community providers. So these are people who are either working in the community as social workers or they might have other degrees similar degrees or they might just be people in the community committed to education health promotion that are working directly in the community and also community. General people who are living in the community who are interested in these kind of work. So what the lab is really focused on is really addressing issues related to as I mentioned gay and bisexual men's health. And the reason that comes about is I think a lot of times we think about health and gay and by men weeks kind of think about HIV that's sort of the first thing that we think about and even the name of my research chairs HIV. But in reality HIV kind of landed if you will on Gay Men's Health. A colleague of mine said

that the other day and I said that's true it just kind of landed. There was water reached already research being done looking at issues around mental health and exclusion and the impact of violence and bullying. But then HIV kind of landed on those issues.

[00:05:20] So a lot of resources and energy have gone back into kind of addressing the HIV epidemic among gay men still in Canada half of the people who are diagnosed with HIV and half of the people are living with HIV are gay and bisexual men and other guys who have sex with guys that might not identify as gay or bisexual. So what's been interesting in all that is we've essentially come back around to the idea that we're realizing that since these numbers are still remaining high we can't just focus on HIV like just HIV specifically. We also have to address the fact that there are other psychosocial issues that impact the health and wellness of gay men. And these include issues such as experiencing childhood trauma or experiencing bullying or abuse issues around mental health substance use. And of course any kind of interpersonal violence as well. So that's a little bit about what the lab like why we kind of have the lab and what we're doing. We have quite a number of projects going on. Some of them are really focused in the lab and some I'm working with other colleagues on but the ones that are really focused in our lab are a project called Two Scholl's which is a project that's looking at long term two spirit HIV positive Aboriginal guys who have been living with HIV for a long time and most of the stories about Aboriginal people and people living with HIV are stories of harsh pathology you know really kind of putting people in a step down in a deficit based model and really this whole project has been about what's the resilience of people living with HIV long term who also happen to be gay bisexual or trans who have been living with HIV. Long term it's a really exciting project. We have a new website that's about to be launched that will highlight the findings from that project.

[00:07:03] We also have a training program for young gay men who are interested in understanding more about gay men's research. It's called the investigators and gay in the middle is y so it's the investigators and it's based on a program out of the community based research centre in Vancouver's. It's very exciting. We literally just hired a person to begin developing that program this week. So that's a very exciting new opportunity. We find that once we talk to young gay men about issues around gay men's health and again not just HIV but mental health bullying violence issues of substance use as well of course sexual health. They are so interested in finding out more a lot of them and they're very interested in learning how to do research. So it's a very exciting program. I'm going to talk later I think a little bit about the two big projects working on but we are also working with the province to develop a way to monitor do an ongoing survey of Gay Men's Health because that hasn't happened for quite a while. And as I was mentioning before we're realising that you know when they do these kinds of surveys they basically just say things like how many times they had sex and what kind of sex was it risky sex or not. But no one's actually paying attention to what was your mood and did you have sex with that person because there was a power differential and you didn't have food or you needed drugs or some other money. Even so we've been trying to look more broadly at factors not just epidemiological factors but also the psychosocial factors around that affect gay and bisexual men's health.

[00:08:37] What we're learning is it's not just about HIV it's actually very much about a whole broad range of psychosocial factors so we're really very excited about it and then I just say lastly in terms of who's involved in the lab is a lot of students we do a lot of training so I have research fellows I have undergraduates that work with me on a master's in social work and other master's degree programs that work with me Ph.D. students. We've had a postdoc for the past couple of years will probably have another postdoc next year so they work on all these research projects as well as we also have people who are just from the community people who are not necessarily in academia but again they're interested in these kinds of issues and they say hey you know is there something I can do in your lab to kind of learn more and to find out more about this so we do have that too in our lab it's very exciting. It's really great yeah. And it sounds like you have a really wide

range and a great set of connections both with community and academia and bringing people together to address a lot of these important health issues yeah that comes from my social work training and that's you know thinking about this particular podcast it's like this is the kind of research I want to do. I don't want to do research where I sit in my office and crunch numbers and write reports I want to talk to people who are saying this is a problem what can we do about it.

[00:09:57] Well how about if we look at some research opportunities to try to address what the problem is and it's been very successful in my time here I've made quite a number of connections with some really amazing people. That's excellent. And I understand you also have a current study that you call cruising counts. Can you tell us a little more about that. So that word is a little bit of a play on the term or the concept of cruising which is kind of going out looking for people to either play with or talk. Or of course engage in sex with as well. And so when we were looking at this study we decided that that's the name we came up with cruising counts. I kind of like it. I think our team does too. It's a pretty awesome project and actually I'll tell you a little bit more about it to kind of jump to the end in a way. The big thing is that we basically this study came from providers who were in the community trying to do the age old social work adage of be with the clients where they're at and where a lot of gay men not just young gay men but overwhelmingly young gay men but older guys as well where they are is online and they use their phones and computers as a way to connect with each other for social reasons for sexual reasons for entertainment reasons and also for health information reasons. So we have these providers here the AIDS Committee of Toronto for instance the large ASO AIDS service organization here they have a whole program and they have staff and volunteers that go online to different websites or mobile apps.

[00:11:34] Many people at this point probably heard of apps like Tinder or Grindr grindr particularly for gay men where you can go online and sort of look and see who's around you and send a shout out if you find someone interesting that you want to talk to again either for social reasons or to hookup have sex with. And basically it's a very efficient way of kind of saying who's around. You know I'm ready. I'm feeling in the mood and I want to connect with someone. And so what we wanted to do was find out a little bit about how people are using those apps and what kinds of questions or issues came up with for them in relationship to using those apps are extremely successful project. But it came from our community providers because that's where they go used to be years ago AIDS service organizations would go to bars and hand out condoms or information brochures about protecting oneself from HIV or other STI's. But now less and less that's happening. People are spending more time literally on their phones. People go into bars and they're on their phones seeing who's around and who they might want to say hello to. So in order to be where they're at these providers have jumped in and created profiles to say hey do you have questions about HIV about mental health about substance use. Like using lay language but to kind of say hey we're here we can answer some questions. It's ingenious really. But what has happened is no one really knows whether it's working.

[00:13:02] There's been no kind of evaluation of and it's just sort of happened so these providers came to me and a colleague of mine Dr. Nathan Maciejewski and said Hey you guys could we do a study that kind of looks at this and that's what cruising count is. It's a two part study. We basically put an ad on Grindr another app called squirt and we just basically said if you're interested in filling out a survey click here. You can win a prize. And we had in six weeks we had almost 2300 guys respond to that survey. Now after we took out missing data and stuff the guys that we really kept in the survey for analysis was 1830 guys. That's a lot. So it tells you it's a pretty efficient way to recruit people. And you know we found out a lot we found out that guys spend on average nine hours a week connecting or chatting with potential partners. That's a lot. Somebody wrote a blog post about that actually like deciding to turn off their phone because they felt it was too much. They also spent a little bit over an hour looking for sexual health information every week. So people are curious and interested that in terms of where they connect with people. It's on those Web sites apps

much more than parties or bars or bathhouses and that people are online at all times of the day and week the weekend weekday evenings are about the same. We also find out the guys are using condoms for safety reasons. But guys who don't use condoms. Talk about a whole bunch of nuanced reasons about why they don't use condoms. And this is one of the major changes that our lab is trying to look at and examine along with our other colleagues because nowadays condom isn't necessarily needed to prevent transmission of HIV.

[00:14:49] If there are two sexual partners one who's HIV positive one who HIV negative. If the person whose partner who isn't positive is on treatment the possibility of them and their treatment is successful. So their viral load is what's considered undetectable which just means it's very low the chances of them passing on the virus are almost nil. So that changes things if you used to be like someone who's negative wouldn't want to go anywhere near someone who's positive. But now we're looking at people actually put there in their profiles they might say Yes I'm positive but I'm undetectable. So that means that they're getting their bloodwork and tracking their levels and that that's a whole different ballgame a condom may or may not be necessary now people are still using condoms. If they feel they need to but some people are not. And then secondly the other big event certainly here in Canada this past week which that the government approved the use of Truvada which is an antiretroviral medication in HIV Med to be used for prevention. So if you take Truvada. This is also known as PrEP pre exposure prophylaxis. If you take it before you engage in sexual activity and continue to take it any sexual activity that might put you at risk for HIV specifically. That's very important. Again the chances of becoming positive are almost nil. There was one case that was reported last year in a bid last week at a big conference in Boston. One case. And it turns out that person happened to get a type of HIV that was resistant to the particular medication Truvada.

[00:16:28] But mostly I mean that's still a better rate than even condoms are. So that is being pushed now so people who say you know I don't want to use condoms so I'm going to take this medication or just keep taking this medication. That is one way that people are doing it. So it looks very different now and that's why when we say why are people using condoms versus not. It's a little more nuanced and we have to kind of look at that as well. Let me just say two other things about the cruising counts because I think they're really important. One is that guys are using these online tools also to ask about sexual health information. So of course it makes sense like people are looking for you know what if I have this symptom or what if I have that's a symptom. When we asked the guys in the study if you could have information available what are the most important things you want. Amazingly the three most important things were dating relationships and connecting to community. So it tells you that even though people are kind of on these apps there's some kind of isolation that's happening. That's something we need to consider about it too. And when people want information where do they go look for they google it or Bing or whatever. You know 77 percent basically said they just find it themselves by googling it they don't go to the public health websites or anything like that. They go directly to they just google it and see what's up.

[00:17:49] So that tells providers that if you want to be screened by Google and make sure your information is caught you have to make sure you kind of play by those rules as well. Right. Wow. And that's a huge wealth of information. That's wonderful. That's not all of it either. Well I will say that one of the reasons this project has been so exciting is because Ontario has had this guideline of sexual health electronic internet resource guideline a share guideline for years well literally they published that back up published months before location apps like Grindr were even available. And so that you know as soon as Grindr came out to kind of change the game because you're not just going on a Web site and looking at profiles you're actually looking at who's around you at a location. So that really changed how this online outreach was done. And now the province just this past week has released their new guidelines which are called cruising counts. After the study we worked very closely with them and I'm really proud of the fact that we were able to kind of not just

do this research again for the sake of doing something in my office but actually really working closely with our community providers to make sure there was something that they could take away and say hey look if you want to do online outreach you want to reach out to gay men to help reduce HIV, STI infections. Here's a guide to make that happen and the guide is electronic. We can update it as things change. Very exciting. So we're very very proud of that. And you mentioned just now online outreach. Could you say a little bit more about what online sexual health outreach is. Definitely.

[00:19:20] So basically the way we have defined that for most of our research is that while you're online you could be on a Web site on your computer or while you're using some kind of mobile app. If you've had any we ask people to say you know you've had online outreach if you've had any kind of interactive conversation which could be in real time or not it could be I post a question and then within a couple of hours somebody else answers back kind of thing could be chatting you could be posting and be messaging in an app between you and any kind of online outreach worker. So someone whose job it is to provide information about sexual health mental health or just other kinds of health issues as well. So that's what we call online outreach in our projects. And a min or so ago you mentioned that the fact that these men have sex with men are using Google as their primary source of information for sexual health information. You mentioned that that's important for practitioners to take into account. What other information is coming out of these studies that you're finding is important for practitioners to know about and to factor into their work. Yeah I mean this is it's so exciting to me to be. I have been a social worker. I don't know since day one. I think social work is so critically important to my identity and the work that I do.

[00:20:44] So that's why I'm very excited to be speaking to your podcast today because I think and I know it's not just social work practitioners that you're asking about but I just want to underline that I think social workers are and can be and continue to be leaders in this area. But basically I think of providers including social workers as being really key to understanding what the psychosocial issues are that affect communities. So as I mentioned earlier we could talk about HIV as oh it's a virus that gets transmitted from one person to another. But actually as a social worker that's not the case. It's not that that's not true. That is the biomedical truth or facts right. But it is actually much more than a virus experiences of power differentials. Things like homophobia racism sexism xenophobia all these kinds of things play a role in how HIV is transmitted. So I see social workers as being really important to know that as they're developing resources and supports in their community you could look at half the people who are diagnosed with HIV or gay men and you could say oh geez gay men are just like stupid or something like that. You know what I mean like just judgmental about a population instead of saying Wait. Why is that. There's something else going on here. It's not a stupid population. In fact actually gay men are the first community to go after new technologies and new information. I'm always shocked when we ask about sexual health literacy and health literacy. How much gay men know. It's like I when I start talking to gay men about any of these issues I don't do a one to one. It's up to like 2:1 because they're most of the time they're already there.

[00:22:28] So what social workers have is the power and practitioners have the ability to kind of look at how we can strategize develop and implement tools that can create more equity in terms of these outcomes. So for instance in Ontario our government just recently changed the sexual education curriculum. You know first time it's been changed I think since the 80s I don't remember the exact date but that's crazy because we have so many different ways that we understand human sexuality now than we did 20 years ago. And so that includes in this curriculum issues around making sure that we talk about that. And anal and oral sex like you know previous sexual health curricula would never talk about anal sex. And it's not even just that gay men have anal sex. Not all gay men have anal sex and b anal sex has not only had by game. Right. Like so you know it has to be looked at really really broadly. But we know from some recent research that gay men tend to not

be out to their doctors especially outside of urban areas is because gay men are bad. Is that because the doctors are bad. Or is it that the system isn't really looking at how do we make sure that people feel comfortable and safe in having those conversations because it does make a difference if you're a gay man today in terms of your relationship to HIV or other sexual health issues including mental health and substance use issues as well. So those are important too. So that is to say that I think we can you know having social workers think about that having social workers think about how do we adapt to online technologies.

[00:24:08] You know if we're only thinking about OK come in and see me in my office and added that's highly problematic because younger and younger people we can argue the pros and cons of all this. There's lots of interesting research about this but younger people we want to go where they are at and if that's online we are social workers and practitioners really need to be there and you see a specific role for social workers in doing online sexual health outreach specifically. Yes actually social workers here in Ontario have been doing online outreach in a variety of contexts. We have social workers that work in our organizations that work in public health units. In fact one of our most fantastic colleagues is the Simco County which is a small rural county that does online outreach to their public health mostly with nurses but there are social workers involved too. And you know they just received an award for their social media online outreach program and it's particularly about nursing I think it's called Talk Sex with a nurse. But again it does engage social workers as well too. But the ideas that you're talking to a licensed health professional and also in terms of training some of our colleagues working in the Ontario Association of Social Workers are engaged in doing training on how to do this kind of online outreach. What do you do around issues of the boundaries that come up when you provide this online outreach. Because sometimes it's kind of like am I acting as a professional. What if I leave my volunteer job of being online and talking to someone.

[00:25:39] But I'm you know three hours later I'm at home and somehow I see the same person on there and I'm like well I'm not on my shift now can I still talk to them. Well social workers have pretty clear boundaries around these things usually. But I think it it could be a challenge for other people so some of what we have learned I think about how to provide those services is important. And again also just thinking about advocacy in terms of why these kind of services are important and useful is really really key and coming up with the research. Social workers really need to do a great job please of keeping up with the current research because it's changing all the time so we know what happens with people when they're online and how those interactions happen I think would be really helpful for social workers to know that so that if we know that there are certain kinds of risks then as you're working with clients or populations you can address that in your practice. So I think there's implications for both practice policy and of course there's lots more research that we can be doing and are doing actually. And are there any specific implications or lessons that you have learned for social work education in particular. Yeah I think I may be repeating myself a little bit here so I apologize if I am but I think in terms of education I think social work education. I think the issues that are really important are understanding how little we know about these things and how research and encouraging this kind of research is very important. So for me even when I teach research courses as a professor you know I start with.

[00:27:15] OK here's the difference between a clinician and a researcher and I go through what's the process that researchers use and what's the process that clinicians use. And basically the same thing they're called different things. But you know you do a little analysis the problem you look at what the resources are you sort out a plan you go through the plan you evaluate the plan I mean you know in many ways there's a lot of similarities. And I do that because I want to remind students that even if they're not interested in research when they go out into the community there are going to be times when they're going to say wait this is a problem we need to do something about it. And that's a great opportunity for instance to approach a social work researcher and say hey we have this

problem in our community. Do you have any ideas or can you help us think about what we could do to kind of address this. I mean as a researcher like when these community folks my colleagues came to me about this I was thrilled. I was so delighted. I was like yes that's an awesome question. And we do have some ways we can answer that. So let's let's do it let's do it together. So I think as part of education to remind people they don't have to be researchers at the end of the day but they they can know how to access and be consumers of research and participate in research. I think that's really exciting and I strongly encourage that certainly in my classes. Yeah that is an excellent an excellent connection between the practice and the research again.

[00:28:36] And so I understand that you have some more studies in this area planned out or that are in development. Can you say a little bit more about those. Absolutely. We have one study that actually we are just about to launch it'll probably launch within the next three or four weeks or so. And it's called a cruise. You'll notice a theme here. There's a lot of cruising going on in our lab. It's a fantastic group of people I have to say I'm humbled and honored by the people I got to work with. I mean colleagues students it's quite a remarkable crew. We have a study called Eye cruise which is essentially. So we did this cruising count study and we realized OK that was a you know it was a photo. It was like a picture a Polaroid of a moment right. It was just a cross-sectional survey. We just said hey answer some questions. What we realized is that if we could actually follow people online and get a little bit more information about how they interact with online outreach with health information how they interact with other people based on their interaction with online outreach and health information that we might be able to learn a little bit more about the impact of these services. So I Kruse's funded by Khanfar the Canadian Foundation for AIDS research similar in the United States. The American Foundation for AIDS research and it's focused on guys under 30 it's young guys and we will recruit about 600 guys into the study and about 480 of them will do a weekly diary.

[00:30:07] So we're not going to track them online and follow what they're doing but we're going to ask them to report back to us because we don't want to freak people out. So we're just going to ask them to report back to us what they've done over the past week in terms of social stuff in terms of their own mental health in terms of substance use sex sexual behavior any kind of sexual risk and also their interaction with online providers or looking for online health information. And we're going to see over the course of three months. It's not a very long time but over the course of those three months how many people interact with health information and online outreach. And if we can track any kind of changes in their behavior. So if we have people who say No I've never heard of online outreach or I've never looked up this kind of information. And then we basically follow them for the three months and during the course of time they talk to an online outreach worker they start to Google some information and then they report some different behavior in terms of reduction of risk. That's really exciting. And so we're trying to see how those kinds of interventions if you will because they are interventions how they actually impact people. So that's very exciting. We're looking to expand that study so that study is happening. That's offset. It's kind of getting ready to go. We're looking to expand that study because actually when you look at the in Ontario when you look at the rates of HIV infection they're very high.

[00:31:33] It's a bi modal distribution meaning that the numbers are low when people are young but then it goes up in their 20s pretty high. Then it goes back down in their 30s and then in their mid to late 40s the number goes up again. So it's kind of an interesting thing. So we've decided we want to actually do more of this online diary kind of study with guys who are older as well so we are seeking some funding to do that. And then of course what would be really exciting. We have put in a grant. We're waiting to hear from the possibility of getting funding to actually work closely with one of the app providers to build into the app a place where people can access that kind of information and online outreach. So right now if you're on Grindr and someone has something that you don't understand in their statement like their HIV status says undetectable. Mark I thought you

were just positive or negative. What does undetectable mean that instead of leading that app and going somewhere else to say what does undetectable mean and maybe getting 300000 hits on Google and trying to sort it out that actually there could be someone right in that app that could answer your question like immediately and just say oh this is what it means. And then a person can say well like I'm negative. So that means they're positive so I shouldn't have any sex with them and then and as well here's the facts here are the facts and you of course have the agency to make that decision as to what you want to do about it. And so we're very excited. We have partnered with squirt which is a fairly large Canadian company.

[00:33:07] We're waiting to hear about funding to be able to do something like that again to sort of test and see if working inside the app itself might be useful as well. So that's really exciting I do hope that we'll get funded because I think that's the way to go. We've noticed a lot of providers and researchers have developed their own apps. And if you actually there's a really great study a couple of years ago that looked at the uptake of these health based apps on the Apple Store and how many people have uploaded them or downloaded them have actually you know gotten these apps very few. The numbers are very very small. And so what we've come to realize is back to that social work adage go where the client is at. Why why should we say to someone if you want information go somewhere else. If you're here on this app and we can answer your questions here. Doesn't that benefit everybody. Right. They get immediate answers. We pull some resources. We have training for people across the board. So we're very excited about this possibility. We're hoping the funding body will be as excited as we are. So we'll see. It sounds like your lab has a lot of great research and information and entered some interventions and resources that are extraordinarily valuable things that I wish I had when I was a younger man.

[00:34:29] Well you know there are if it's OK to just put out the lab is called Crewe's lab C R R U S just like a cruise would be Crewe's lab dot ca and we do have there we have running news stories then in the lab links to the various projects we're doing a little bit about who's in the lab and what they're doing so we also have a Facebook and Twitter account by the same name just cruise Lab.. So if people are interested in just following us or looking at what else is going on please do. We're really very busy and getting a lot done these days so well that's wonderful. And is there anything else that you want to share or any closing thoughts that you have. I really appreciate I want to thank you guys because I think what you offer is a really wonderful service for social workers and for people interested in social work. So I appreciate it. And you know I think my bottom line is to remember that gay and bisexual men have very specific needs and experiences it's different from lesbian women it's different from trans people even though of course there are trans gay men and they are often part of our studies and our advisory boards but that you know there is a kind of a specific dynamic that happens for gay and bisexual men that puts them it's the kinds of risks and we're very eager to try and see if we can help to alleviate some of that. So if you are interested in that check us out we'll be glad to talk with you about it. We're great. Well thank you and thank you for all the excellent work that you're doing and for sharing it with everything Steve. You have been listening to Dr. David Brennan's discussion on providing online health outreach to gay and bisexual men.

[00:36:09] We hope that this podcast offers you exciting and different ways to connect with populations. You may be working with I'm Charles Syms. Please join us again. In social work. Hi I'm Nancy Smyth Professor and dean at the University of Buffalo School of Social Work. Thanks for listening to our podcast. We look forward to your continued support of the series. For more information about who we are as a school art history or online and on ground degree and continuing education programs we invite you to visit our Web site at www.socialwork.buffalo.edu. And while you're there check out our technology and social work research center you'll find that under the Community Resources menu.