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### Interview with Carl Sandler, CEO of MISTER®

**Carl Sandler**

MISTER®

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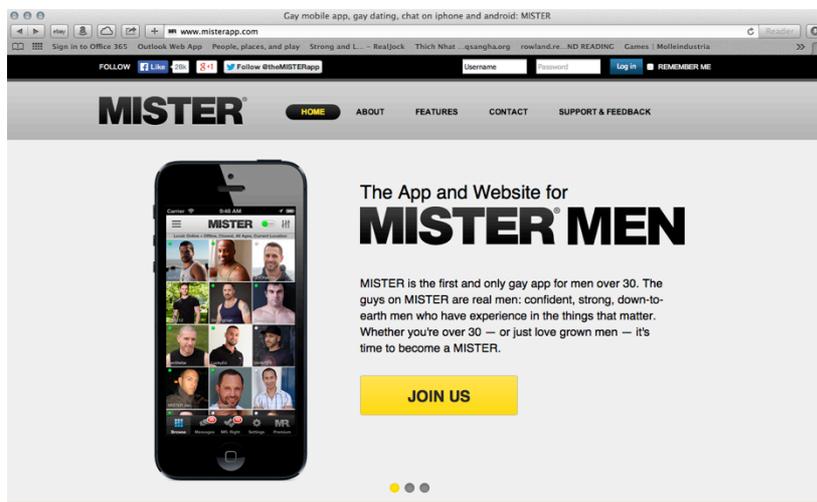
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## INTERVIEW WITH CARL SANDLER, CEO OF MISTER®



### Introduction

Carl Sandler started as the founder of DaddyHunt.com, a website geared towards older men and people who like older men. DaddyHunt.com was founded in 2005 and quickly grew into the largest online community for men over 40 and their admirers. Sandler found that what the community of DaddyHunt users wanted was validation that they were still ‘hot’ and desirable even as they grew older. The interview below is a conversation between Sandler and Diego Solares on behalf of *Digital Culture & Education (DC&E)* on the role of Apps and HIV in the modern age.

**DC&E:** *Tell us about the origins of the MISTER App*

**Sandler:** DaddyHunt.com was the immediate predecessor to MISTER. During a time when mobile Apps were becoming more popular, I saw an opportunity to build a community around the same principles as DaddyHunt, but in a mobile format. The challenge was finding a way to become more than a utility for hooking up within the constraints of the mobile format. To create a sense of community on MISTER we start by asking users to opt into a “MISTER code” when they join the App. The MISTER code of conduct encourages members to protect their health and the health of their partners and to treat others with respect, among other things. It’s very basic and simple and yet, remarkably uncommon for an App or website. In fact the only thing similar I am aware of is the Cockyboys Manifesto on <http://cockyboys.com>.

**DC&E:** *Are users forced to accept the code of ethics in order to use the App?*

**Sandler:** We have considered doing this but no, we don’t make it a requirement. We simply ask users to opt in when they join. Users also have an opportunity to opt-in to the code in the future. Users who choose to opt-in get a MISTER CODE badge on their profile and this helps foster a nicer and less judgmental environment for men to meet men.

**DC&E:** What else does MISTER do with respect to HIV?

**Sandler:** The MISTER Manifesto encourages members to live HIV Neutral. We ask users if they are open to dating someone of any (HIV) status. We did this because our research found that users are not very willing to self-report status on an App or website. We took a novel approach and instead ask users to state if they are open to dating and loving someone of any status. Users who select this option get a badge on their profiles that state they LIVE STIGMA FREE next to an icon from MR. FRIENDLY. MR. FRIENDLY is a non-profit that works tirelessly to reduce HIV stigma and we partnered with them to do this initiative. We think this is the right approach towards expanding the conversation around HIV within the context of an App. It's extraordinary but there is still a tremendous amount of misinformation, fear and stigma within the gay online and mobile communities. Unfortunately, there is little support from the public health sector for Apps and websites that wish to work to influence behavior and educate users.

**DC&E:** *What is MISTER's reach?*

**Sandler:** MISTER has had over a million downloads and continues to get thousands of downloads per day. We know that people meet in the real world after using the App but we don't know how frequently it happens. MISTER collects data on usage and messages sent but most of our queries are done via third party tools like Flurry and Google Analytics. We have yet to work with a non-profit or HIV organisation to look at the data and ways to design and test interventions.

**DC&E:** *How did you become interested in public health as a mobile App developer?*

**Sandler:** I have always been interested in providing support to the gay community, including those who live and love with HIV every day. In 1994, I produced a safe sex gay porn film called *Leg Licking* that won first place at the International Gay and Lesbian Film Festival in San Francisco. Leg Lickin' sought to eroticise condom use in porn at a time when it was still a relatively new concept. It was sponsored by Falcon Studios and the San Francisco AIDS Foundation. I also worked on the San Francisco AIDS Foundation hotline in 1993 while I was at Stanford University. I personally feel an obligation to try and do my part to encourage gay men using MISTER to stay safe. I also write a column on sex and ethics for Huffington Post ([www.huffingtonpost.com/carl-sandler](http://www.huffingtonpost.com/carl-sandler)) where I've tackled issues around Truvada/PrEP, HIV stigma and important health-related issues. You can also find me on the Morning Jolt on Sirius/XM Radio talking about sex, health, dating and relationships.

**DC&E:** *What changes have you noticed in the HIV response among gay men and the proliferation of Apps and social media?*

**Sandler:** Before online/App culture, health organisations went into bathhouses to reach gay and bisexual men at risk for transmission of HIV to perform local interventions. That was bold. Unfortunately, public health organisations haven't taken as bold an approach with mobile Apps, despite their proliferation in the past 5 years as the principal gay meet-up environment for many millions of sexually active gay, bi and trans men. It's very disappointing to be honest and quite short-sighted to see public health so

slow to recognise the power of Apps and the potential opportunities to working with Apps—particularly those like MISTER—to design and test interventions.

The concept of ‘gay’ isn’t the same as it was before. Mobile Apps has increased reach. There are many men whose ‘gay’ lives are lived online through Apps and whose first experience with the gay community (including safer sex messages) is through an App. Many men live their entire gay lives online, through porn, websites and Apps. Public health needs to learn how to reach these populations where they live, just like the brave people who went to bathhouses back in the 70s and 80s to do outreach.

**DC&E:** *What challenges have you experienced in working with the public sector?*

**Sandler:** I am sorry to say that our experience with the public sector has been disappointing at best. The Public Health Sector has not figured out how to efficiently work with Apps and websites to test, create and measure successful HIV interventions. Or if they are doing it, it’s not something I am aware of.

Additionally, it seems public health providers are ill prepared to leverage social media to reach key populations at risk of HIV and other sexually transmitted infections. When the Meningitis Outbreak hit New York City a few years ago, it took many months for the City’s Department of Public Health to coordinate any sort of Facebook based approach because all messaging required layers of approval. Presently, public health departments at all levels seem ill-prepared for the rapid response and agile advertising and marketing environment that is crucial to designing successful campaigns. Even the payment of invoices in public health takes many, many months. Many website owners I know won’t accept those kind of payment terms. Public Health Sectors globally, need to evolve to be able to leverage both Apps and social media when responding to an epidemic to reach key populations.

Additionally, the public sector needs to develop a return-on-investment approach to public health marketing. Period. They also need to attract and hire people to manage their media who are savvy and understand how to influence target populations and partner with the Apps who already have scale and have developed vibrant, active online and mobile platforms.

**DC&E:** *Have there been other instances of public health departments running ads through MISTER?*

**Sandler:** A few, but to our knowledge, they don’t necessarily have good methods of testing whether the ads were effective or viewed widely. It doesn’t appear that public health providers are doing much more than running banner ads with limited and un-engaging ads.

It is remarkably inefficient for each state or county in the United States to be managing their own health promotion program within their small catchment area without collaborating or coordinating at a national level. Everyone seems to be managing small piles of money and marketing departments are looking at how to spend this money locally. However, this isn’t how the world works anymore. Geosocial Apps and online websites used by men, to meet men, have national and global reach. Ad buys need to be coordinated where campaigns are tested, optimised and then launched nationally so that effectiveness and the return on investment can be quantified. This is how savvy for-

profit companies operate. The Public Health Sector can learn much from the private sector.

The real value in Facebook (or any mobile App) is not simply to expose people to an ad, but to take a specific kind of action or to share a piece of content. We live in a time when people are willing to consume media and share powerful messages. Some key questions to ask when designing online interventions are: How can public health learn from mainstream viral sensations? Where are these powerful pieces of content? Who is managing these kinds of efforts on a national or global level?

**DC&E:** *What can be done to promote collaboration between public sector health agencies and Apps like MISTER?*

**Sandler:** I've heard many people in public health complain that Apps and websites are not willing to partner but I can tell you that MISTER has been open to collaborating with public health for years, and no one has approached us with a single innovative project for collaboration. No one in the public sector has taken us up on our offers to collaborate.

In fact, the most significant contact we've had with the public sector has been vis-à-vis Positive Impact of Atlanta who sued us in the United States District Court for the Northern District of Georgia over trademark issues. If HIV organisations like Positive Impact have enough time and resources to spend their government and state funding fighting Trademark lawsuits then surely there must be resources available to collaborate with Apps to drive increased testing, reduce HIV stigma and educate the community about PrEP, PEP and other STIs.

Public health departments think they have reach because they may serve a few thousand people a year. Consider that the top 10 mobile Apps reach tens of millions of members DAILY. Imagine what kind of reach they could have if they spend time and energy developing successful partnerships?

**DC&E:** *Are there any changes that you believe should happen within the community of App developers?*

**Sandler:** There's a lot that can be done with the design of the App itself. But to make that happen we need input from the public sector. We recently added the option for users to say they are open to dating someone of any status. Why would the public health community leave it up to a web developer to make these kind of critical, important changes that effect millions of users in a complete vacuum? The public sector needs to lead here. We just don't have the expertise. What we know how to do is to build sustainable communities.

**DC&E:** *What can be done to motivate mobile App developers to be involved in this work?*

**Sandler:** The Public Health Sector needs to put *real* resources behind working with Apps; not just buying banner ads but really working in concert with Apps. I don't think the Public Health Sector has effectively worked with the websites that preceded Apps but there is a new generation of App owners, like myself. Then there needs to be serious resources allocated to supporting and working with Apps because this is not our focus.

This includes financial resources but also expertise and time because anything we do involves a large investment and risk.

**DC&E:** *How can we foster more collaboration among App developers in HIV programming?*

**Sandler:** Appoint an App Czar for the gay community. Someone whose job is to sit down with each of the Apps and websites and identify top priorities in terms of public health goals. This person can act as the liaison to the Byzantine world of public health to see how changes can be implemented on each App, tested, refined and supported over time.

**DC&E:** *Do you have any suggestions for improving Apps for HIV messaging?*

**Sandler:** In general, Apps are designed to work in the same way in every country (with the exception of language). However, there is a need to communicate with members from different countries in different ways due to cultural differences and levels of education required. The health needs of a developing nation can be very different from those of a country like the U.S. Apps need different levels of partnership for each country and perhaps, a unique set of tools for messaging. These are complex issues that need to be studied and evaluated.

**DC&E:** *How much communication happens currently among App developers?*

**Sandler:** I think that in general we don't talk to one another since we are competitors. This is why it's more important that The Public Health Sector drive individual conversations with App developers, rather than trying to work with the App developers as a group.

**DC&E:** *What challenges remain for those seeking to make public health-focused Apps?*

**Sandler:** The Public Health Sector doesn't have the resources or the expertise to support and build active and growing communities online. They should instead focus on partnering with existing Apps and websites that already have the audience if at all possible.

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## Biographical Statement

**Carl Sandler** is the CEO of Daddyhunt.com and the MISTER APP on iOS/Android. He writes about dating, HIV and health in his columns on Huffington Post (<http://www.huffingtonpost.com/carl-sandler>) and can also be found talking about relationships on The Morning Jolt on Sirius/XM Radio. He has a degree in Economics from Stanford University and lives in New York City.

Contact: [carl@daddyhunt.com](mailto:carl@daddyhunt.com)