HMP STIGMA

PARTNERSHIPS

Funded by the National Institute on Minority Health and Health Disparities (NIMHD)

IMPLEMENTED BY

The University of North Carolina at Chapel Hill (UNC)
The University of Pennsylvania (UPenn)
One Cow Standing (OCS)

Penn
UNIVERSITY of PENNSYLVANIA

BATLab
BEHAVIOR & TECHNOLOGY LAB @ UNC

connections for health

THE SHORT OF IT

HMP Stigma is a smartphone app designed to decrease HIV and related stigmas and improve HIV care outcomes among young U.S. men who have sex with men and trans women.

1050 Target enrollment of Black and Latinx cisgender men and transgender women who have sex with men

HMP Stigma is enrolling throughout the United States

15–29 Age range of participants

Participant follow-up lasts for 12 months

BACKGROUND

Studies have shown that young Black and Latinx men who have sex with men and transgender women (YBLMT) are at a disproportionately higher rate of contracting HIV, lower rates of engagement in HIV care and lower rates of consistent viral suppression compared to their white counterparts, even when engaging in fewer individual-level risk behaviors. This is in large part due to social isolation, stigma and discrimination associated with factors such as race, sexuality, and HIV status. Social networks offer powerful means for improving the HIV prevention and care continuum for YBLMT, yet few interventions have focused on intersectional stigma as a key intervention target for HIV prevention and care.

Given that nearly all YBLMT in the United States (U.S.) have regular access to a smartphone, computer, or internet-enabled device, the Internet's 4A's: affordability, accessibility, availability, and anonymity creates an opportunity to circumvent YBLMT's stigma concerns, facilitate open dialogue, and encourage HIV testing and care through supportive interactions with peers across the country.

HEALTHMPOWERMENT 1.0 AT A GLANCE

474

Black men who have sex with men enrolled in North Carolina

18-30

Age of participants

Statistically significant reductions in condomless anal intercourse

In 2015, HealthMpowerment 1.0 was tested in a statewide randomized controlled trial (RCT) in North Carolina with 474 Black MSM (age 18-30) and found statistically significant reductions in condomless anal intercourse. The study also found that greater engagement with the platform was associated with secondary effects such as HIV-related communication (e.g., provider communication, HIV status disclosure to sexual partners) and HIV care outcomes (e.g., perceived barriers to treatment access, engagement in care, self-reported adherence).
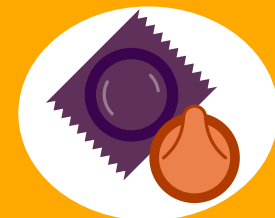
HMP STUDY DESCRIPTION

HMP Stigma (HMP) enhanced and adapted the original HealthMpowerment website to a smartphone application (app) tailored for intersectional stigma amelioration that can elicit online social support, promote intervention engagement, and mitigate the impact of multiple stigmas on HIV-related outcomes. HMP will recruit and enroll 1,050 young (ages 15-29), racially and ethnically diverse men who have sex with men and transgender women affected by HIV across the United States. Using a HIV-status stratified randomized trial design, participants will be assigned into one of three conditions (information-only control, a researcher-driven social network intervention, or a peer-referred social network intervention). Behavioral assessments will occur at baseline, 3, 6, 9 and 12 months; biomarkers (viral load) are scheduled for baseline, 6 and 12 months (for HIV-positive participants). HIV negative/status unknown participants may order through the app up to 3 HIV OraQuick self-tests.

The primary outcome of HMP is successful engagement in care, defined as consistent viral suppression for HIV-positive participants and routine testing for HIV-negative participants. A secondary objective is whether user engagement, as measured by both quantitative and qualitative paradata, mediates the intervention effects observed in stigma and HIV care outcomes.
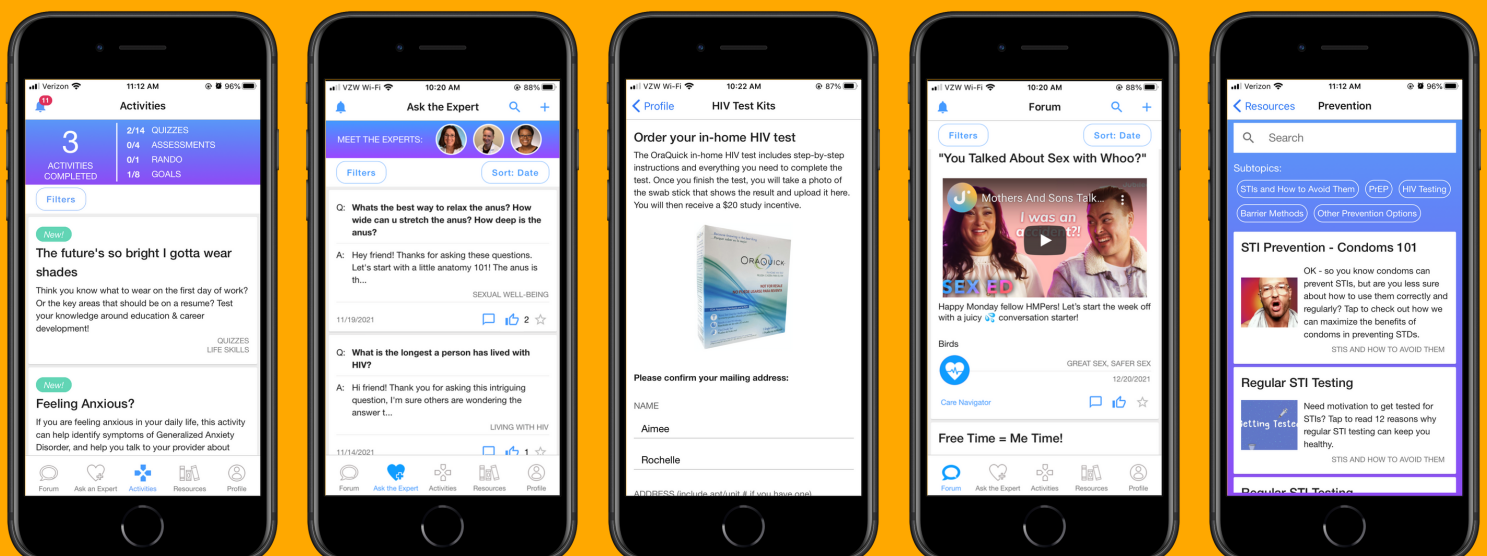
PRELIMINARY FINDINGS

Study recruitment began in July 2020 with anticipation of recruitment planned until September 2022. From July 2020-May 2022, the HMP study team has recruited 676 of 1050 participants. While the peer-referral arm has not performed as hypothesized, recruitment for the other intervention arms has been quite successful.

283 participants are between the ages of 15-24 years and 94 identify as trans, gender non-binary, gender queer, gender non-conforming or two-spirit.

According to engagement data and summaries collected from qualitative interviews, participants enjoy learning about a myriad of topics including how to decrease the stigma associated with HIV care and prevention. As of January 2022, of the 488 individuals successfully enrolled, 99% of them have downloaded and opened the app and have spent approximately 548 hours and 17 minutes engaging in their respective intervention arm.

Generally, participants are quite active in terms of engagement. Participants utilize the "Ask the Expert" feature quite frequently, submitting 114 questions to our experts as of May 2022. In the forum space, a total of 152 posts have been made by participants with approximately 846 comments generated by participants to original posts. Additionally, there are plethora of articles and resources in the app from which participants can learn from and save as a favorite to reference later. Subject topics include HIV prevention/care, life skills, barrier methods, PrEP, love/relationships, and more. As of May 2022, HMP participants have read a whopping 7,680 articles and completed a total of 3,724 activities!

Final results will be available in 2024.
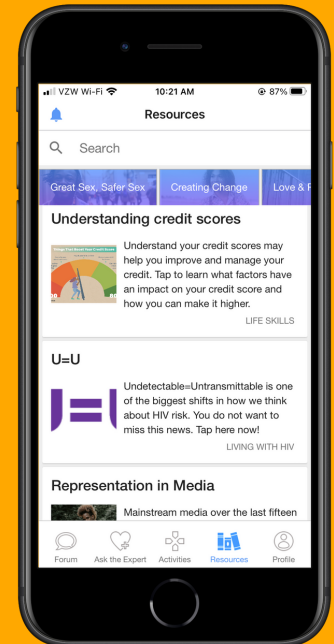
TAKEAWAYS

Upon initial analysis of the first round of exit interviews with HMP users, there are a number of takeaways we will consider for future projects. Many of the participants interviewed thoroughly enjoyed using the app in their free time as it gave them an open space to be vulnerable and ask questions regarding their sexual experiences. No user reported being able to utilize other social media apps that could fill the unmet need that HMP Stigma did – most notably a forum that creates community, the opportunity to anonymously submit questions to a designated expert, and resources to broaden their knowledge base. Enabling these opportunities even motivated some users to begin PrEP as a result of reading resources about the medication and how to start conversations around HIV prevention with both their partner(s) and provider.

In the future, we plan to include different content formats into the app in order to maintain consistent app engagement. For instance, the opportunity to add video files outside of YouTube and audio content, like an HMP podcast. Particularly working with younger participants, HMP acknowledges the need to deliver content in trending formats that are more easily absorbed and shared.

WHAT'S NEXT

HMP Stigma has laid the foundation for a feature-rich platform that incorporates the latest behavior change research and latest advances in Human-Computer Interaction and Artificial Intelligence.

Our plan is to leverage this common platform to deliver a broader scope of capabilities to intervention studies within a reasonable budget and faster turn-around than de novo development. Improving the capabilities of the apps that end up in the hands of at-risk individuals improves user engagement and patient outcomes.