



HealthMpowerment (HMP)

Good-Evidence for the Risk Reduction Chapter

POPULATION

- Young Black men who have sex with men (BMSM) and have access to mobile devices (e.g., smartphone, tablet)

KEY INTERVENTION EFFECTS

- Reduced rate of self-reported condomless anal intercourse (CAI)

BRIEF DESCRIPTION

HealthMpowerment (HMP) is a digital health intervention using a mobile phone and the internet to increase safer sex behaviors among HIV-positive and HIV-negative young BMSM.

- A knowledge library of 322 articles on HIV/sexually transmitted infection (STI) prevention, dating, personal growth, and health and wellness are part of the HMP intervention tool
- Interactive features within the intervention include:
 - Forums for discussion on relevant topics (HIV prevention/treatment, stigma, safer sex behaviors)
 - Space to upload and share personal videos, audio, pictures, or prose
 - An online doctor who responds within 72 hours
 - Support tools (e.g., brief surveys, with feedback and referral to prevention services based on results, such as HIV testing and care locators) for assessing and addressing risk behaviors

DURATION: Three months, but access was allowed for the full 12 months of study participation

SETTING: Mobile devices (North Carolina)

STUDY YEARS: 2013 – 2015

STUDY DESIGN: Two-group randomized trial

DELIVERERS: Health care worker (online doctor [Ask Dr. W]), HealthMpowerment.org website or mobile app

DELIVERY METHODS: Counseling, Discussion, Mobile app, Printed materials, Referrals, Storytelling (audio, video, images)

STUDY SAMPLE

The study sample of N = 474 was characterized by the following:

- 100% Black or African American persons
- 100% male persons

STRUCTURAL COMPONENTS

There are no structural components reported for this study.

KEY INTERVENTION EFFECTS (see **Primary Study** for all outcomes)

- The rate of CAI at 3-months post-randomization was 32% lower in the intervention group compared to the control group (incidence rate ratio = 0.68, 95% Confidence Interval [CI]: 0.43-0.93).
 - When adjusted for loss-to-follow-up, the rate of CAI at 3-months post-randomization was 26% lower in the intervention group compared to the control group (incidence rate ratio = 0.74, 95% CI: 0.46-0.99).

- At 3-months post randomization, the rate of CAI was 82% lower among HIV-positive participants with detectable viral loads in the intervention group compared to the control group (incidence rate ratio = 0.18, 95% CI: 0.04-0.32).
 - When adjusted for loss-to-follow-up, the rate of CAI at 3-months post-randomization was 50% lower among HIV-positive participants with detectable viral loads in the intervention group compared to the control group (incidence rate ratio = 0.50, 95% CI: 0.12-0.89).

CONSIDERATIONS

- There was no difference in the rate of serodiscordant CAI in the intervention group compared to the control groups at 3, 6, and 12 months.
- Both the intervention and control groups had a decrease in CAI from baseline to 12 months.
 - The rate of CAI in the control group decreased by 32% (95% CI: 19.9-44.1%)
 - The rate of CAI in the intervention group decreased by 39% (95% CI: 28.3-50.0%)

ADVERSE EVENTS

- The author did not report adverse events.

FUNDING

- National Institutes of Mental Health (grant number: R01 MH093275-01)

PRIMARY STUDY

Hightow-Weidman, L. B., LeGrand, S., Muessig, K. E., Simmons, R. A., Soni, K., Choi, S. K., Kirschke-Schwartz, H., & Egger, J. R. (2019). [A randomized trial of an online risk reduction intervention for young Black MSM](#). *AIDS and Behavior*, 23(5), 1166-1177. doi: 10.1007/s10461-018-2289-9

PLEASE CONTACT STUDY AUTHOR FOR TRAINING AND INTERVENTION MATERIALS.

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