

Enhancing a Small-Group Intervention for Uninsured Women with Social Media

Nina T. Harawa, MPH, PhD

Associate Professor

Charles R. Drew University of Medicine and Science

Adjunct Associate Professor, UCLA

"FemAALES" Study Goal

- To evaluate 540 African American women with at-risk male partners using a 3-arm randomized controlled trial
- FemAALES vs HARRP vs Standard Care.
- Baseline and 3- and 9-month post-intervention assessments will be conducted
- STI (gonorrhea and Chlamydia) testing will occur at baseline & 9-months post



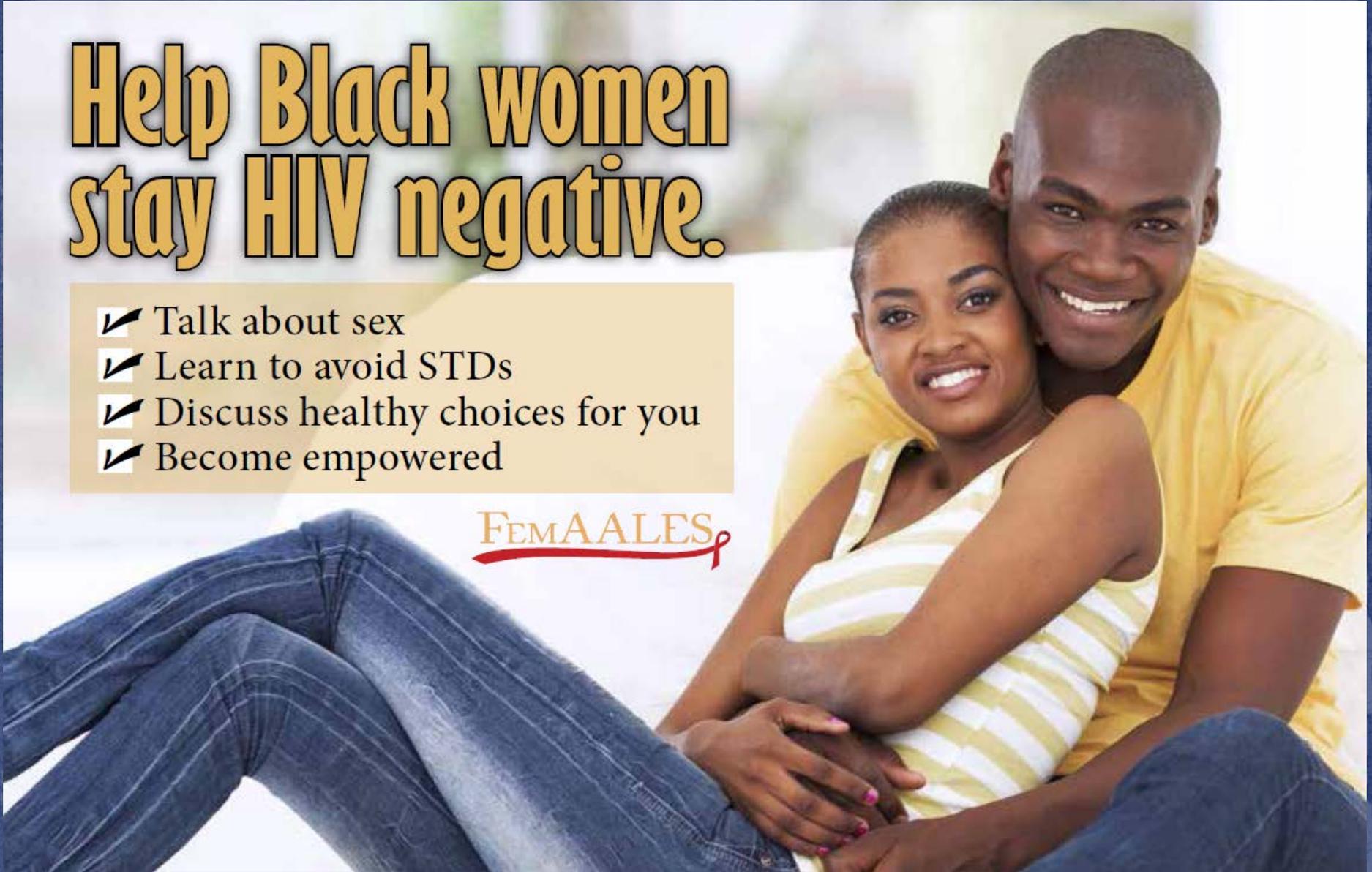
Specific Aims

- Determine the impact of FemAALES & HARRP on HIV risk factors
 - a) number of sex partners
 - b) unprotected anal/vaginal sex
 - c) incidence of bacterial STIs.
- Determine the impact of FemAALES & HARRP on psychosocial outcomes
 - a) self-efficacy for safer sex negotiation
 - b) discussions with partners regarding HIV/STI testing and risk.

Help Black women stay HIV negative.

- ✓ Talk about sex
- ✓ Learn to avoid STDs
- ✓ Discuss healthy choices for you
- ✓ Become empowered

FEMAALES 



Help us find the best strategy.

Your voice, your experiences count.

Call 323-379-2050

All calls strictly confidential

FEMAALES
www.Femaales.org



Cash, Gift Cards and Snacks provided



UCLA



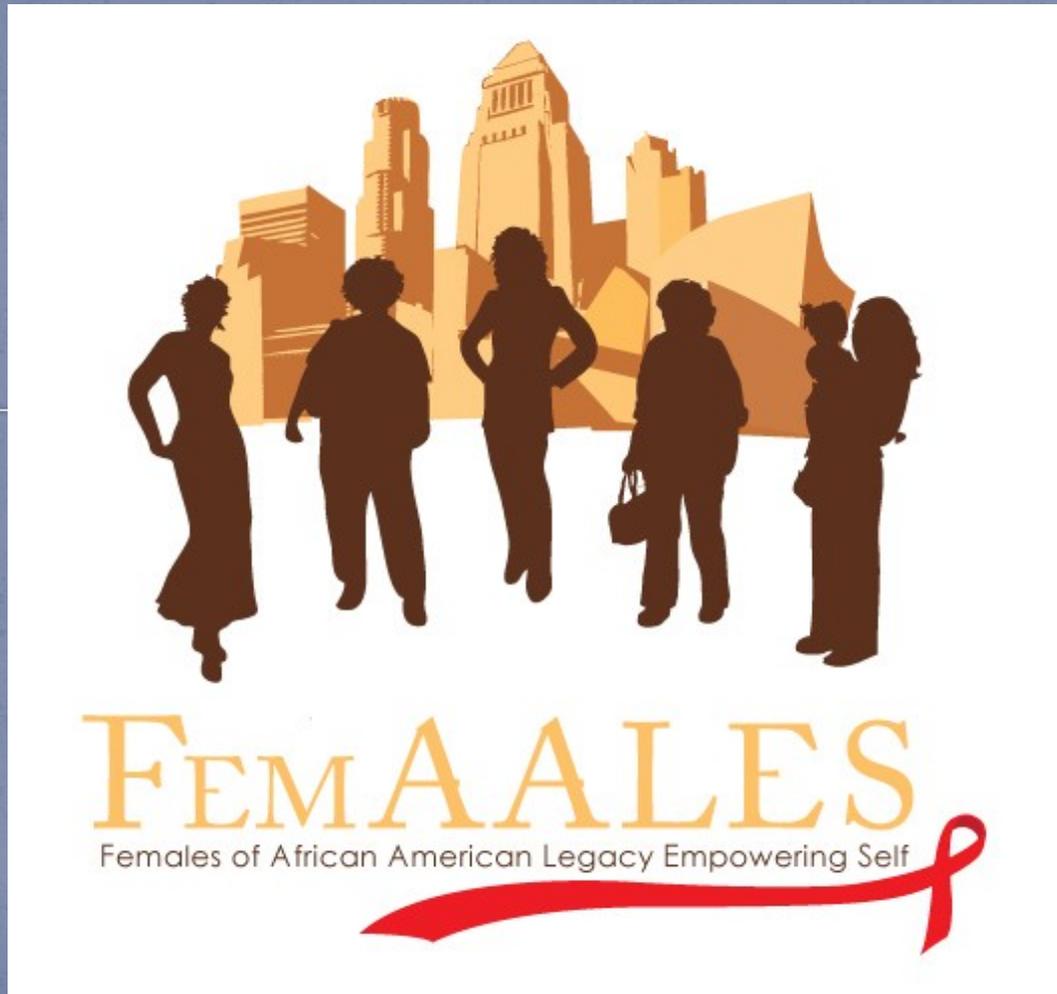
This is a voluntary research study.
Preparation date: 12/10/2013
Approval date: 12/11/2013
CDU IRB#: 12-04-2354

- We will explore the impact of FemAALES on the use of new media for social support and networking, obtaining health information, and identifying resources and services.
- This trial will test 3 different conditions:
 - FemAALES - cultural, contextual, & partnership issues & promotes access to resources not readily available;
 - HARRP - a non-ethnic/gender-specific, “homegrown” intervention;
 - Standard Care – HIV pre-test counselling session

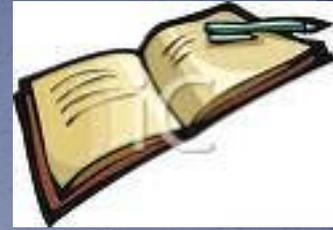
Eligibility

- Female
- African American
- 18 years of age or older
- Report unprotected sex
- Report an **at-risk** male partner in the past 3 months
- No health insurance or publically funded health insurance.
- Has not participated in any HIV-prevention study or program in the past 12-months
- Has not participated in HARRP Program in the past 12 months

FemAALES Curriculum



Curriculum Components



- Six 2-hour group sessions over 4 weeks.
- Three 2- hour group sessions on media – computer skills, internet, educational intervention development.
- Variety of interactive elements:
 - relaxation exercises
 - culturally rooted support circles
 - critical examination of contemporary media
 - games
 - role-plays
 - use of technology – e-mails, blogs & internet
 - expressive writing & Photovoice

Main goals of social media component

1. Social media interactions function as an extension of the small group sessions.
2. Participants increase their abilities to use social media as a resource for obtaining information, services, and employment.
3. Participants create tailored educational messages that are shared via social media, promoting and supporting positive behavioral change among their networks.

Challenges and responses

- Some participants' lack of access
 - Install computer stations
 - Make computers available during, before and after the intervention sessions.
 - Provide lists of locally available free stations
 - Make website mobile accessible.
 - Include mobile-specific formats (i.e., Instagram, Twitter)
 - Measure level and type of access

64% of Blacks with HS education or less have Internet access. – Pew 2014

In FemAALES I, just 6.5% of participants were employed and 75% had HS diplomas or less.

Computer Station at Lynwood Clinic

**Location: second
patient waiting
room.**



Challenges and responses

- Some participants' lack of familiarity
 - Increase number of computer sessions
 - Require that homework assignments be posted to the FemAALES message board
 - Pair more and less knowledgeable participants during computer sessions
 - Provide guidance for safe usage
 - Assist participants' ability to assess the likely quality of digital health-related information
 - Provide links to reputable sites.
 - Assess participants' level of access and usage

In FemAALES I, just 30% of participants had used the web in the past 90 days.

Another challenge

- Some participants' lack of motivation to use this tool
 - Provide concrete and relevant examples of its potential usefulness.
- The majority of African Americans consider not having access to the internet as a disadvantage in obtaining health information (62%), learning new information to improve/enrich their lives (62%), and finding job opportunities/learning career skills (66%), government services (56%), and local community events (51%).
 - Purcell et al. 2010

Challenges and responses



- Protecting privacy while promoting participation
 - Explored common social media platforms for the social networking component.
 - i.e., Google plus, Facebook, Twitter, various blog sites
 - Rejected these for our own separate platform.
 - Accessible via the website with a participant-specific login and password.
 - Participants can also use a text function to post to the site.

Tracking Recruitment

- We do use Google voice for the main study number.
 - Chose the highest level of data protection.
 - Provides a log of all calls including caller #s and dates.
 - Allows one to replay voice mails via the website.
- We use Google calendar for
 - Monitoring recruitment,
 - Scheduling interviews and sessions,
 - Assigning work, including callbacks to potential participants.
 - Chose the highest level of data protection.

NO ENDORSEMENT IMPLIED OR INTENDED

Survey access questions

39% of African Americans with HS educations or less have broadband access at home.
-Pew 2014

Note: one of our challenges was distinguishing important concepts related to Internet and computer access

Example: a phone app may use the Internet but individuals may or may not be aware of this and otherwise may not have a Internet access.

Having a personal computer on which one can save and maintain files is quite different from being able to access or occasionally store files on a handheld device.

Internet Access Questions

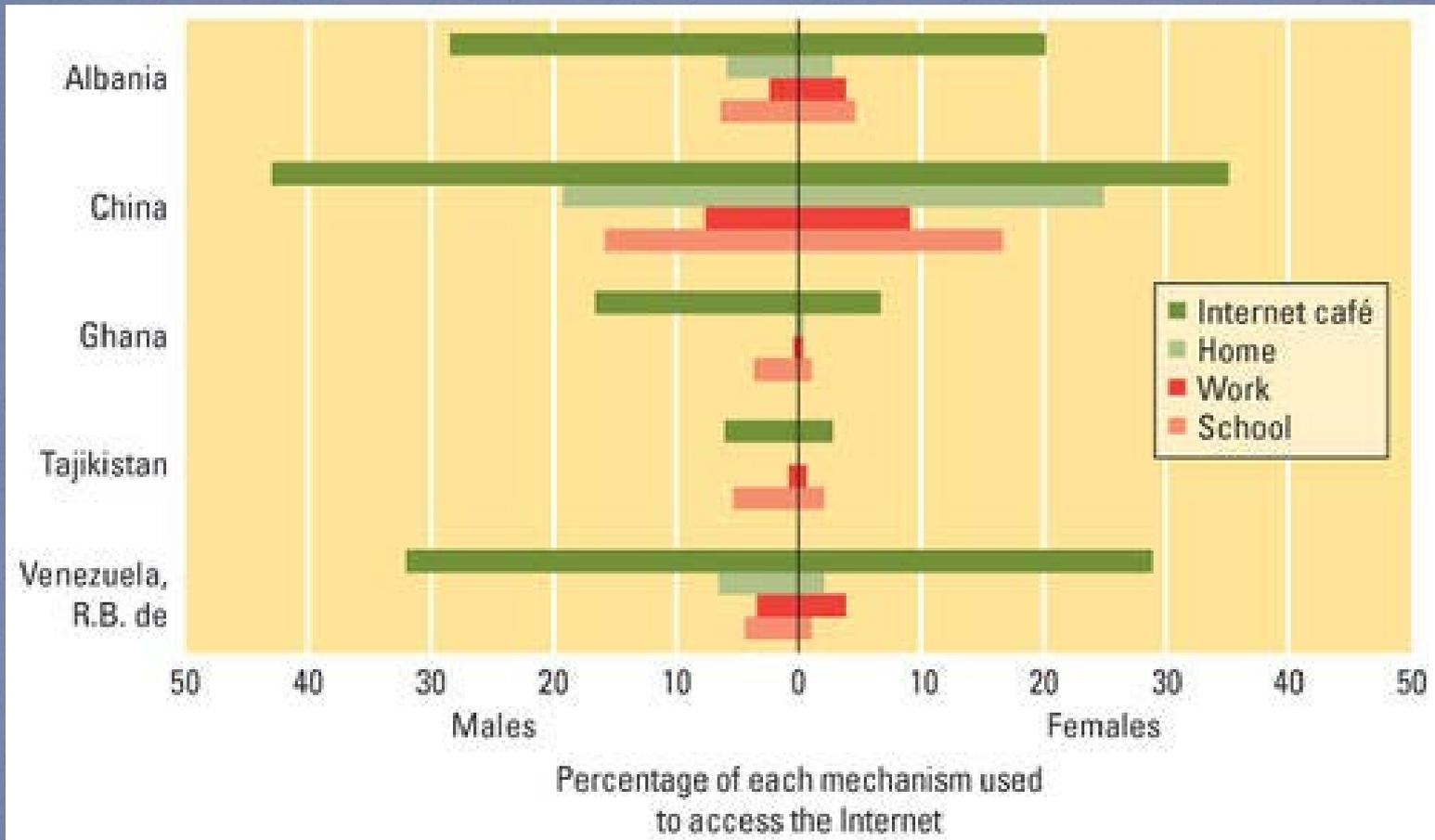
- A23. How often have you used a regular computer or a tablet computer to access the internet in the past 90 days? (Choose one)
- A24. Where have you accessed a computer or tablet in the last 90 days? (Check all that apply) (Check all that apply)
- A30. In what ways have you received or obtained HIV or STD information electronically

Cell phone access

“92% of African Americans own a cell phone, and 56% own a smartphone.” - Pew 2014

- Participants frequently have pay-as-you-go plans.
- Participants frequently lack data plans.
- Participants’ plans or phones may be their partners or their relatives, rather than their own.
- Presents challenges for:
 - Consistent access
 - Retention
 - Personal privacy
- Cell phone is often their only phone –
 - No residential or work phones

How the much of the world gets online



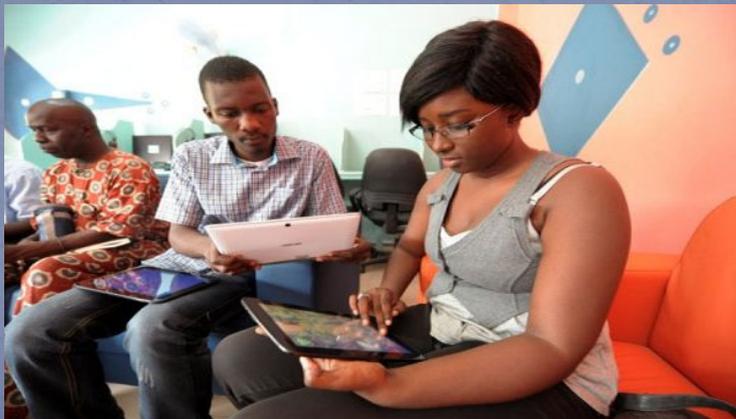
Where are the Internet cafes?



Seoul, S. Korea



Nigeria



Senegal

The Internet is the most ____ place I go.

- Examples of racism/sexism/homophobia on the Internet.
- What do we train adults about “online bullying?”
- How do we help participants protect themselves and use media in a healthy way?

Examples: *“I agree John...I dont want to hear about sexual preferences especially when I dont agree with the lifestyle yet all they can do is inform us of it..”*



ABC News

Examples: Cheerios May 2013

- The casting has attracted angry comments, many of them overtly racist. The volume of negative remarks on YouTube reached the point that General Mills has temporarily disabled the commenting function. .



We should all be feminists: Chimamanda Ngozi Adichie at TEDxEuston

- **Chancy319**
- *If women want to be "equal" to men, they should be willing to take on the same amount of work that a man does not sit on their fat bums in an air conditioned room while a man is out in the sun tilling the land.*



Closing thoughts

- The digital divide is very real but may be more about geography, language, and SES than race.
- Not all access is the same.
- Not all digital neighborhoods are the safest places.

Acknowledgments

- John Williams, MD – Co-PI/ Curriculum Developer
- Sergio Avina – CoInvestigator
- Qiana Montazeri - Project Manager
- Geneva Boyce - Social Media Intern

- FemAALES website (femaales.com and femaales.org) by Chance Artworks: <http://chanceartwork.com>
- Postcard graphics by BLK Media Services: <http://blk.com/>

ACKNOWLEDGEMENTS

This research is supported by funding from the National Institutes Health (NIH) / National Institute on Minority Health and Health Disparities (NIMHD P20MD000182).

Funding for FemAALES pilot from CHRP: BW07-DREW-812 and BW07-JWCH-813.

