

# **An Exploration of PrEP among Black Women Attending an HBCU in the Northeastern United States**

Dr. Marissa Robinson, DrPH, MPH, RPCV



# Dissertation Committee TEAM

**Dr. Lorece Edwards**

Dissertation Chair



**Dr. Randolph Rowel**

Dissertation Committee Member



**Dr. Michelle Sandoval-Rosario**

Dissertation Committee Member



**Dr. Rasheeta Chandler**

Dissertation Committee Member





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Pg

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BLACKWOMEN

Black people **40%** of new  
HIV diagnoses but only

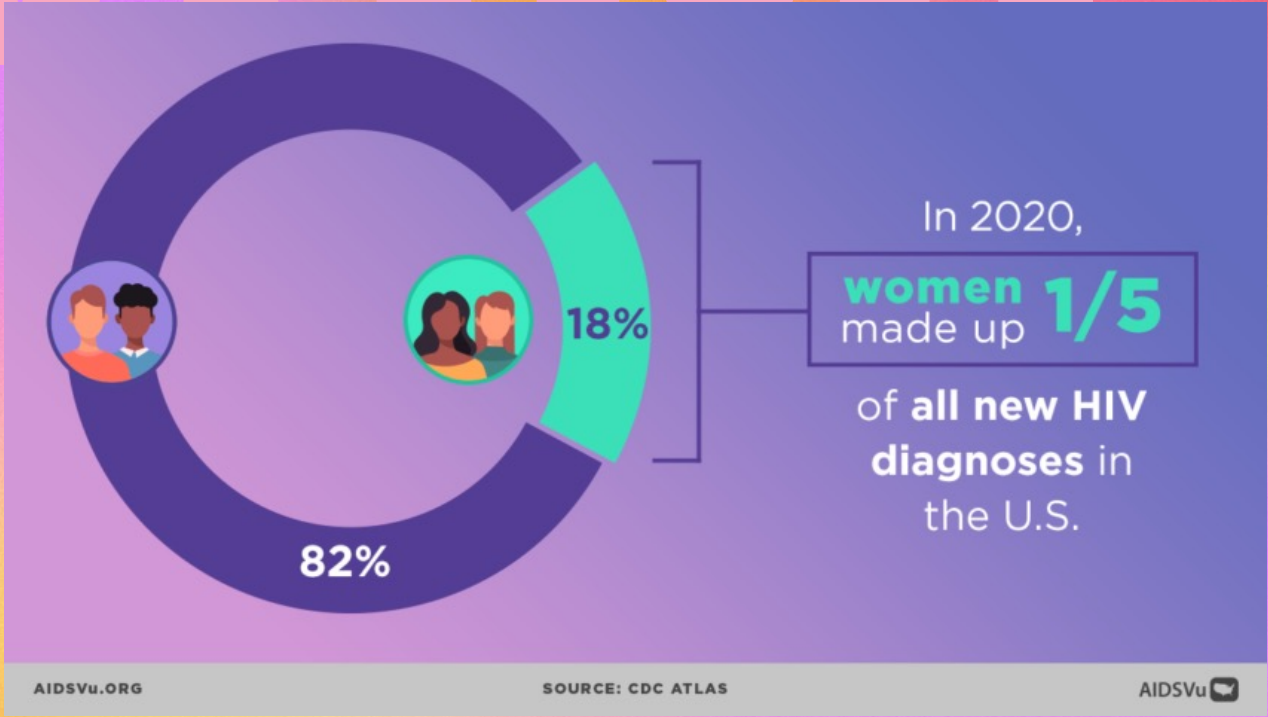
**14%** of PrEP users

---

CDC, 2021

BLACKWOMEN





BLACKWOMEN

**54%** of new HIV diagnoses  
among females were among **Black  
Women**

---

CDC, 2021

BLACKWOMEN



BLACK WOMEN

**Black women** accounted for **57% of HIV deaths** among **women**.



**13.5X**  
**higher than**  
**White women**



**4.9X**  
**higher than**  
**Latina women**

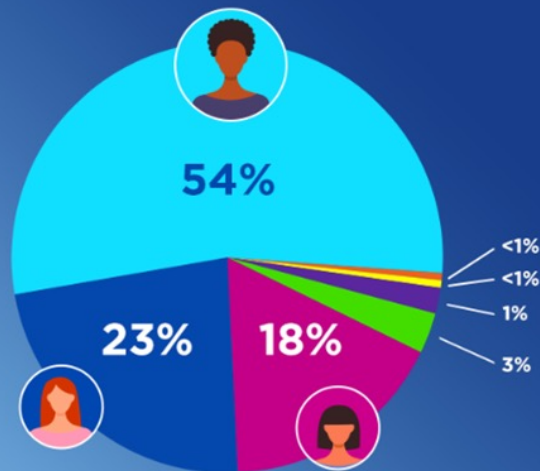
BLACK WOMEN

Not all women are equally impacted by HIV.

**Black women** accounted for **54%** (3,539) of all new diagnoses among women in 2021, despite comprising just 14% of women in the U.S.

*\*Due to rounding, percentages may not add up to 100%.*

*\*\*Due to the COVID-19 pandemic, data from 2020 and 2021 should be interpreted with caution.*



- American Indian/Alaska Native
- Asian
- Black
- Hispanic
- Multiracial
- Native Hawaiian/ Other Pacific Islander
- White

Number of New HIV Diagnoses Among Females, by Race, 2021



BLACKWOMEN

**Black Americans have an**

**unmet need**

**for PrEP**

---

CDC, 2021

BLACKWOMEN

# BLACK WOMEN

- HIV continues to be a *stigmatizing* and *taboo* to members of the Black community
- Black Women have
  - Lower PrEP awareness
  - Lower PrEP coverage
  - Don't know where or how to get PrEP
- **Historical barriers** including medical mistrust, internalized racism, and conservative religious sexual values and attitudes) lead to the **significant absence** of conversations surrounding HIV and sex education within HBCUs
- HBCUs can be **essential access points** for targeted HIV prevention such as **PrEP uptake**



Pg

2





- **Qualitative study that examined why some of the barriers and facilitators of PrEP uptake impact college-age Black women ([access the full-text article here](#))**
- **Utilized a mixed-method approach at an HBCU in Florida**
- **PrEP education intervention to determine**
  - **Perceptions of and receptivity to PrEP use**
  - **Preferences for PrEP information delivery**
- **Black college women had not heard about PrEP and after health education module would *strongly consider* PrEP initiation in the future**
- **Understanding of contextual factors beyond the individual**

Chandler et al. BMC Public Health (2020) 20:1172  
<https://doi.org/10.1186/s12889-020-09248-6>

BMC Public Health

RESEARCH ARTICLE Open Access



**The pre-exposure prophylaxis (PrEP) consciousness of black college women and the perceived hesitancy of public health institutions to curtail HIV in black women**

Rasheeta Chandler<sup>1\*</sup>, Shawnika Hul<sup>2</sup>, Henry Ross<sup>1</sup>, Dominique Guillaume<sup>1</sup>, Sudeshna Paul<sup>1</sup>, Nikita Dera<sup>3</sup> and Natalie Hernandez<sup>2</sup>

**Abstract**

**Background:** Consistent use of Pre-Exposure Prophylaxis (PrEP), a biomedical intervention for HIV seronegative persons, has been shown to significantly decrease HIV acquisition. Black women are a viable population segment to consider for PrEP use as their HIV incidence is overwhelmingly higher than all other women groups.

**Methods:** We developed and piloted a cultural- and age- appropriate PrEP education intervention to determine Black college women's: 1) perceptions of and receptivity to PrEP use; and 2) preferences for PrEP information delivery.


**Results:** We recruited N = 43 Black college women. Most of our sample were sophomore and Juniors of whom identified as heterosexual (83%) and single (67%). Over 50% of young women had never been HIV tested and only 28% had been tested in the last 6 months; however, 100% of the women believed their HIV status was negative. Prior to participating in the study, most Black college women (67%) had not heard about PrEP and were unsure or apprehensive (72%) to initiate PrEP. The Black college women indicated that our educational intervention was extremely helpful (67%) for understanding and learning about PrEP. Post participating in our PrEP education module, regardless of delivery modality, participants reported being likely (62.55–70%) to initiate PrEP in the future.

**Conclusions:** Results indicate that Black college women would strongly consider PrEP when provided with basic knowledge, regardless of delivery modality. Participants also showed greater appreciation for in-person delivery and found it to be significantly more helpful and of greater quality for learning about PrEP; comprehension or perceived usefulness of PrEP-related content was relatively the same between groups. PrEP content delivery – via in-person or online methods – is contingent on learning style and presentation.

**Trial registration:** This study has been registered under the ISRCTN Registry as of July 6, 2020. The trial registration number is ISRCTN14792715. This study was retrospectively registered.

**Keywords:** PrEP (pre-exposure prophylaxis), Black women; online education, HIV, College students, Prevention

\*Correspondence: r.chandler@emory.edu  
<sup>1</sup>Hell Hodgson Woodruff School of Nursing (NHWSN), Emory University, 1520 Clifton Rd, NE, Atlanta, GA 30322-4027, USA  
 Full list of author information is available at the end of the article

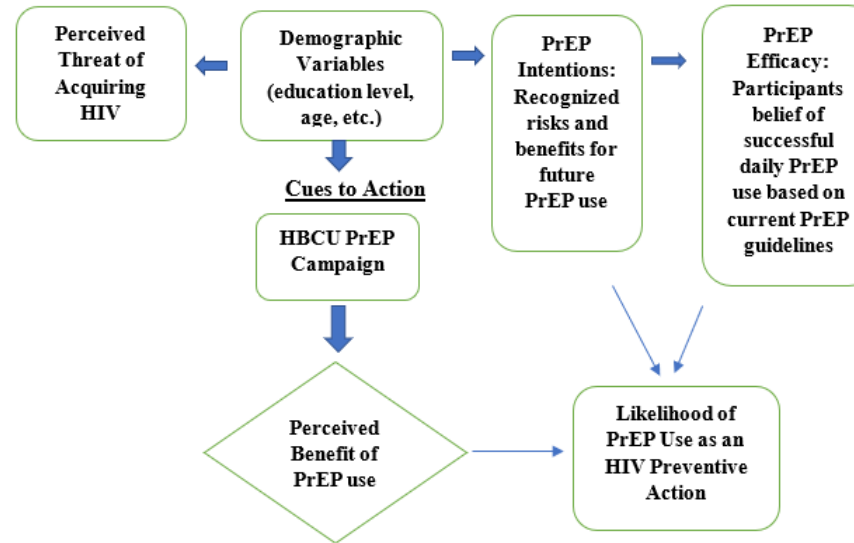
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# BLACK WOMEN

- **Socio-cognitive theoretical framework used to describe and predict people's behaviors**
- **Addresses why people fail to engage in preventative measures despite the availability of screening, contraceptives, and health risks**
- **The HBM adaptability can be applied in numerous ways**
- **Five constructs:**
  1. Individual Perception of Threat
  2. Modifying Factors
  3. Likelihood of Action
  4. Self-efficacy
  5. Cues to Action

## Health Belief Model Framework

Individual Perception of Threat Modifying Factors Likelihood of Action Self-Efficacy



*Note.* Adapted from “The Pre-Exposure Prophylaxis (PrEP) Consciousness of Black College Women and the Perceived Hesitancy of Public Health Institutions to curtail HIV in Black Women,” by R. Chandler, S. Hull, H. Ross, D. Guillaume, S. Paul, N. Dera, and N. Hernandez, 2020, *BMC Public Health*, 20, Article 1172, p. 3. (<https://doi.org/10.1186/s12889-020-09248-6>).



# BLACK WOMEN

- Qualitative Phenomenological Study design
- Recruitment-respondent driven sampling

## Inclusion criteria:

- Current MSU student
- Black/African American
- Assigned female at birth
  
- Semi-structured Focus Group Guide
- Sponsored by Morgan State University's Center for Urban Health Equity

**\$25**  
**AMAZON**  
**E-GIFTCARD**  
FOR YOUR TIME



**WE WANT TO HEAR FROM YOU, COMPLETE SURVEY HERE!**

<b>QUALIFICATIONS</b>	<b>PARTICIPANTS</b>
<ul style="list-style-type: none"><li>• SELF-IDENTIFY AS BLACK/AFRICAN AMERICAN</li><li>• 18 YEARS OR OLDER</li><li>• ATTENDS MORGAN</li><li>• ASSIGNED FEMALE AT BIRTH</li></ul>	<p>20-25 PARTICIPANTS ARE NEEDED</p>
	<p><b>LENGTH</b> APPROX. 1 HR VIRTUAL FOCUS GROUP SESSION TO TALK ABOUT BLACK COLLEGE WOMEN'S HEALTH</p>

  
**JOHNS HOPKINS**  
INSTITUTE FOR CLINICAL & TRANSLATIONAL RESEARCH

  
**EMORY**  
NELL HOPKINS  
NICKERBOCKER  
SCHOOL OF  
NURSING

**For more information contact**

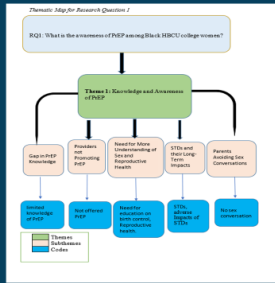
**Marissa Robinson:** 202-795-7618  
marob37@morgan.edu

**Rasheeta Chandler:** 404-727-8164  
r.d.chandler@emory.edu

**PREP**

# Results

## Theme 1: Knowledge & Awareness of PrEP

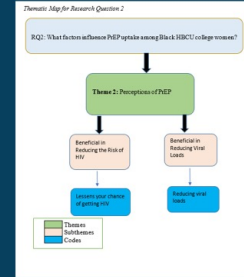


## Results

"Oh, right now in this study, this is my first time hearing about PrEP."

Freshman Participant, 19 years old

## Theme 2: Perceptions of PrEP

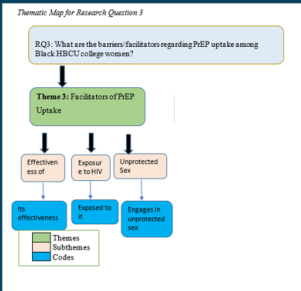


## Results

"To prevent HIV from happening, but that's really all I know."

Junior Participant, 21 years old

## Theme 3: Facilitators of PrEP Uptake

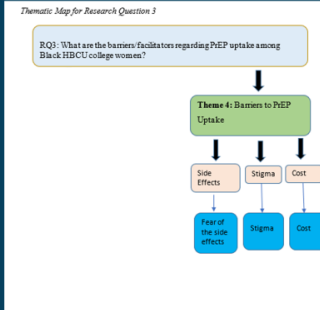


## Results

"I agree with the last participant. If I was exposed to it, that would definitely, um, motivate me to consider trying PrEP."

Sophomore Participant, 19 years old

## Theme 4: Barriers to PrEP Uptake



## Results

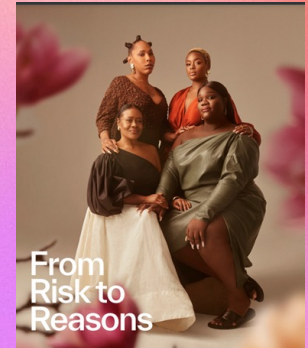
"I agree with what she said because I feel like in my community, there's kinda' like this stigma, that HIV is like a gay problem."

Freshman Participant, 18 years old



# Future Direction

- Increased National PrEP training & awareness among health care providers
- Individualized culturally appropriate framework for PrEP delivery and uptake for Black women
- Although guidance has been updated tailored medical guidance for Black women at HBCU's should be created
- Using community curated guidance such as *ViiV Healthcare Risk to Reason* reframes HIV prevention and better common practices
- Reshaping begins with honest conversations



DIRECTION

# Recommendations

- Additional HBCU's need to further explore PrEP uptake and the unique perspectives, attitudes, and knowledge of Black women

^

- Pairing students' perspectives with increased on-campus PrEP information & PrEP provider and **normalizing sexual health conversations**

4

- Need to include conversations around reproductive health and contraception's as this may be an additional concern for women interested in PrEP

- Black Women are an **integral** part of society

- Important for HIV prevention and ending the HIV epidemic





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# Recommendations

- Success requires engagement of nonfederal partners across the nation including academia & community
- We **need** our HBCU PrEP Ambassadors, youth & older women engaged in Prevention efforts
- Normalizing sexual health, pleasure, whole person health & increased provider training especially for **Black Women**
- HIV Prevention is **essential** for Ending the HIV Epidemic in the Black Community



T

4



# Let's Connect!

drmarissarob@gmail.com

drmarissarob.com

@drmarissarob

<https://www.linkedin.com/in/drmarissarob/>



Send Work Card



Point your camera at the QR code.



T

4



CONNECT





**QUEEN SAVVY**

**YAS!**

**Queen!**

# PrEP Equity for Black Women! The Queen Savvy Lab Says...



“Of all the forms of inequality, injustice in [health](#) care is the most shocking and inhumane.”

**Presented by:**

Rasheeta Chandler PhD, RN, FNP-BC, FAANP, FAAN  
Associate Professor(t)

[Nell Hodgson Woodruff School of Nursing Emory University](#)

# Outline

- 1 A LITTLE ABOUT ME...  
MY POSITIONALITY
- 2 WHY WE STRIVE FOR  
HEALTH EQUITY
- 3 WE ALREADY KNOW  
BECAUSE...THE MODELS  
DON'T LIE

- 4 **MY** GOOD TROUBLE,  
NECESSARY  
TROUBLE  
The Queen Savvy Lab



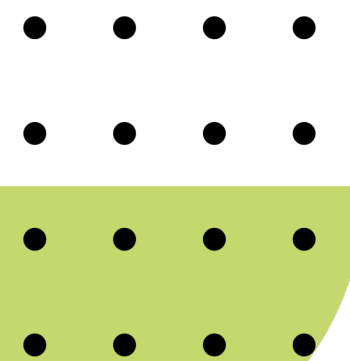
- 5 Q&A/Contact  
Me



# Positionality: Rasheeta Chandler, PhD, RN, FNP-BC, FAANP, FAAN

Pronouns: She/Her/Hers

- I am a Southern born and raised Black woman from rural Florida
  - I am a lifelong learner.
  - I identify as a proud Sexual and Reproductive Health Avenger, Community-based Family Nurse Practitioner, Public Health Scholar, Innovator for the Culture/Community, and Academician
- My main purpose is to ensure cultural accountability & equity relative to sexual & reproductive health geared toward communities of color—particularly in the realm of digital tools and resources.
  - I am a mother of two/daughter/sister & friend



# Still Striving: Healthy People 2030

Healthy People 2020/30 defines **health equity** as the attainment of the highest level of health for all people.

According to Healthy People 2020/30, “Achieving **health equity** requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities”. Healthy People 2020/30 defines **health disparities** as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage”.

**ELIMINATION OF HEALTH  
DISPARITIES IS ESSENTIAL TO  
ADVANCING HEALTH EQUITY**



# Socioeconomic Inequalities

## Where communities are located can have large health implications

*U.S. racial and ethnic demographics map*

White, Non-Latinx/Hispanic



Black, Non-Latinx/Hispanic



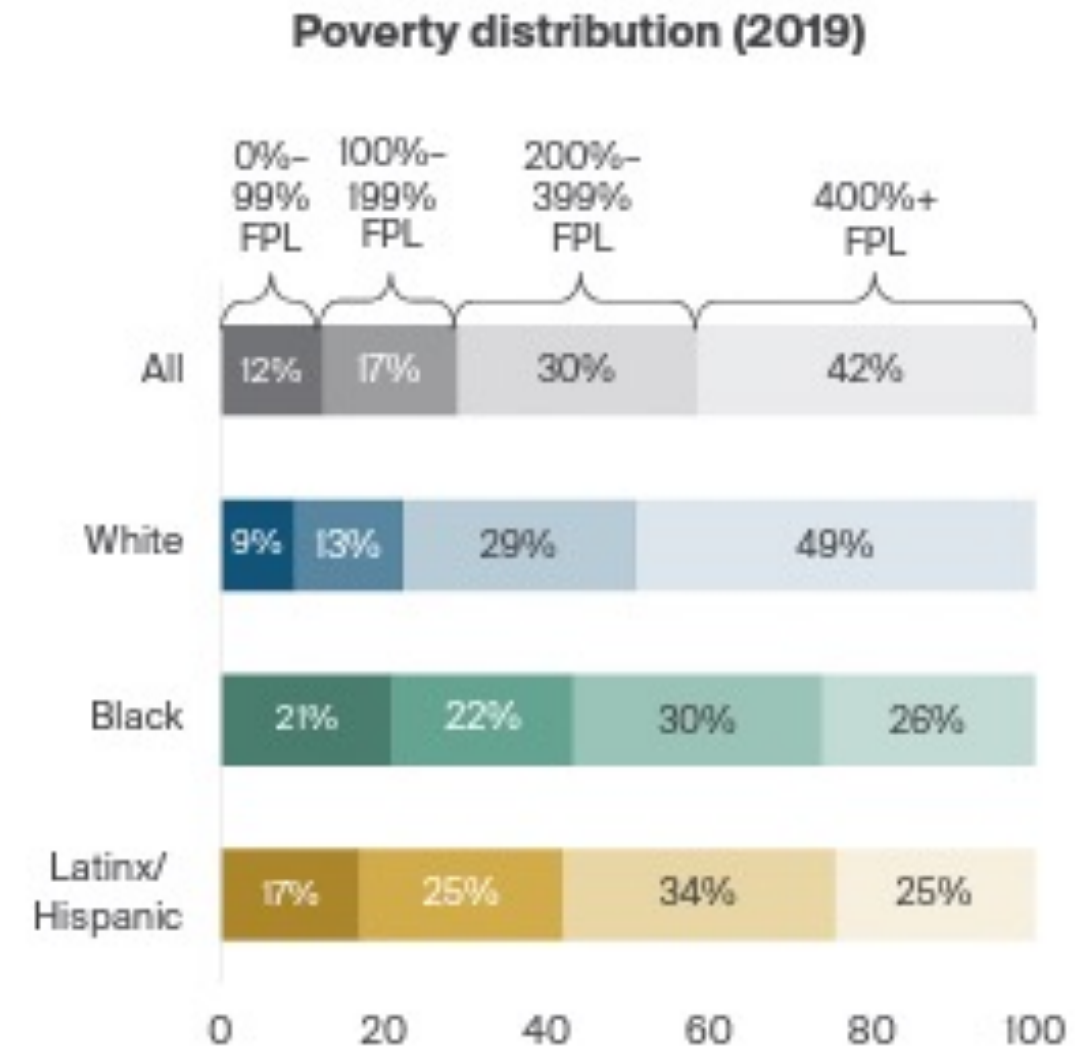
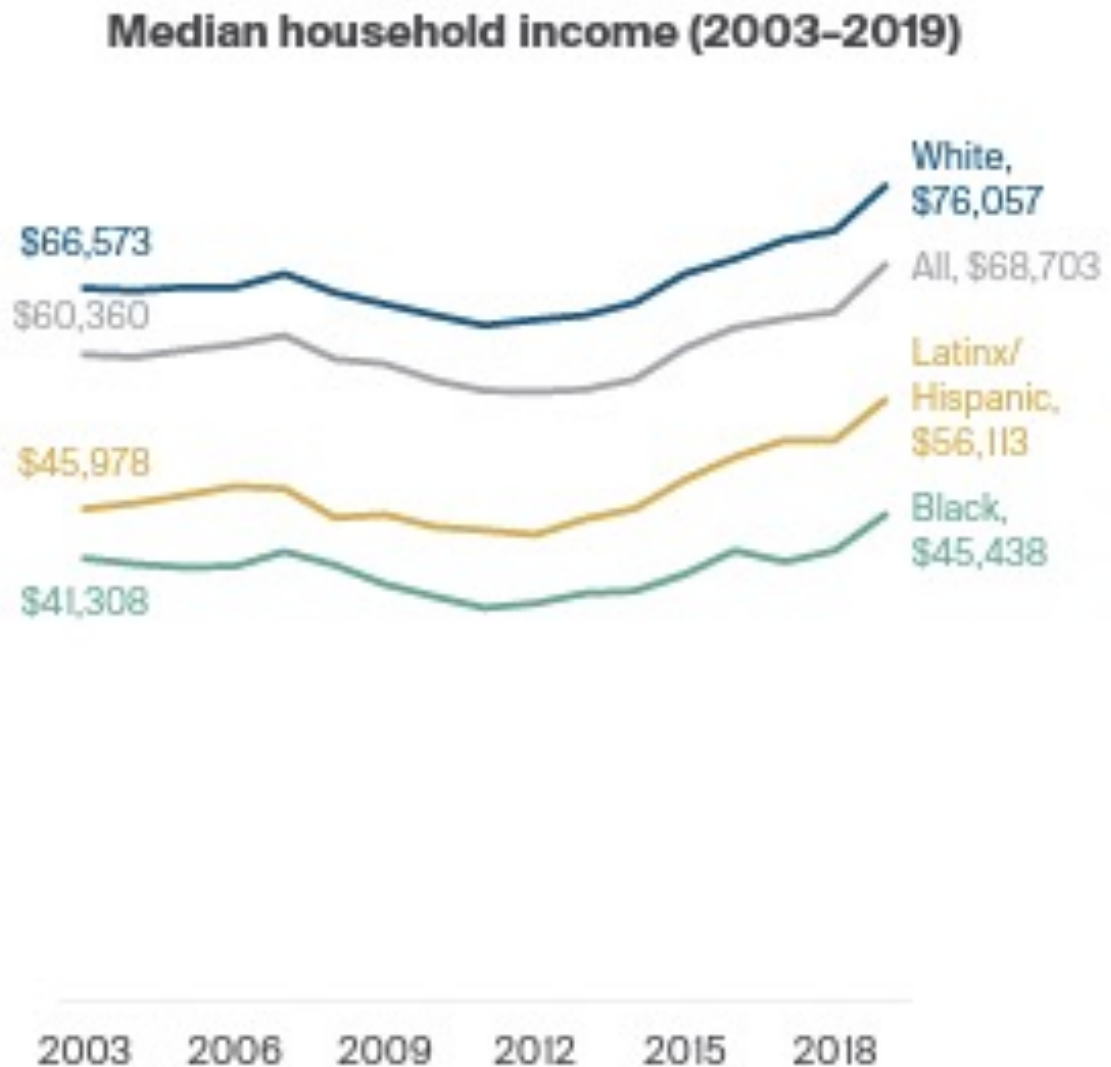
Latinx/Hispanic



Note: Bubbles are sized relative to the county population count for each race/ethnicity group; color density is based on the share of the county population in each race/ethnicity group.

Data: National Center for Health Statistics. Vintage 2019 postcensal estimates of the resident population of the United States (April 1, 2010, July 1, 2010–July 1, 2019), by year, county, single-year of age (0, 1, 2, . . . 85 years and older), bridged race, Latinx/Hispanic origin, and sex. Prepared under a collaborative arrangement with the U.S. Census Bureau. Available from: [https://www.cdc.gov/nchs/mvss/bridged\\_race/data\\_documentation.htm](https://www.cdc.gov/nchs/mvss/bridged_race/data_documentation.htm) as of July 9, 2020, following release by the U.S. Census Bureau of the unbridged Vintage 2019 postcensal estimates by five-year age group on June 25, 2020.

Income inequalities, which impact health and access to care, persisted over the past 15 years. **Black and Latinx/Hispanic** households live below the poverty level at around twice the rate of white households.



Note: 100% of the federal poverty level (FPL) in 2019 was \$12,490 for an individual and \$25,750 for a family of four.

Data: Median household income – Current Population Survey, 2003–2019 Annual Social and Economic Supplements (2019 dollars); Poverty distribution – American Community Survey, Public Use Microdata Sample (ACS PUMS), 2019.



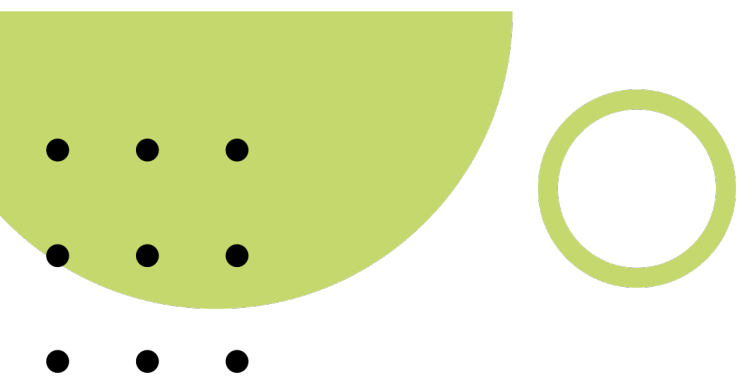


# THE MODELS DON'T LIE

Health Equity and Health Disparities

*Environmental Scan*

March, 2022; Office of Disease Prevention and Health Promotion



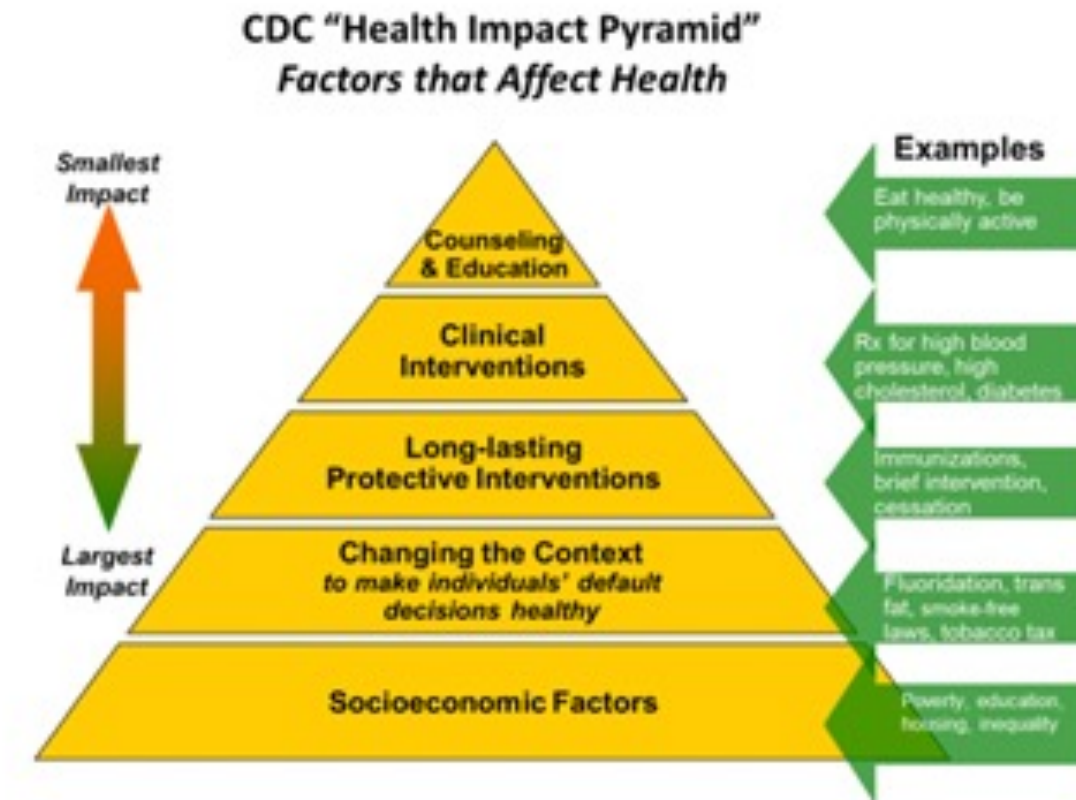
**Exhibit 27.** Graphic Depicting Social and Structural Determinants of Health (Washington, DC SHIP)



Figure 2.2: The Social and Structural Determinants of Population Health

District of Columbia Department of Health. (2018). Health equity report: District of Columbia 2018. <https://app.box.com/s/yspij8v81cxqyeb17gi3uifjumb7ufsw>

**Exhibit 30.** Health Impact Pyramid Depicting Factors that Affect Health (Massachusetts SHIP)



Frieden, T. R. (2010). A framework for public health action: the health impact pyramid. American journal of public health, 100(4), 590-595.



**Exhibit 15. Colorado Health Equity Model**

# Health Equity

## An Explanatory Model for Conceptualizing the Social Determinants of Health

NATIONAL INFLUENCES  
GOVERNMENT POLICIES  
U.S. CULTURE & CULTURAL NORMS

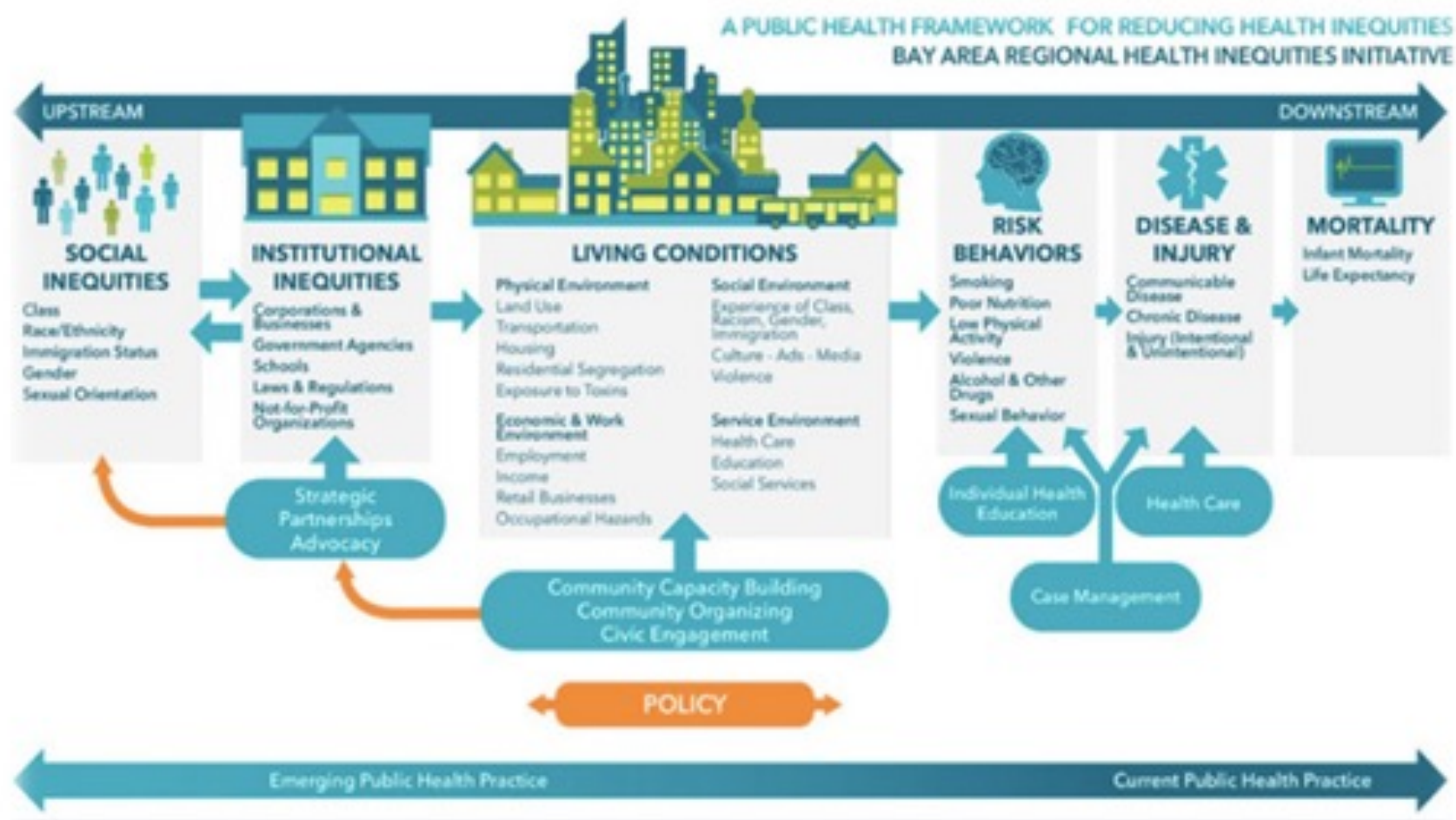


### Public Health's Role in Addressing the Social Determinants of Health

- Advocating for and defining public policy to achieve health equity
- Coordinated interagency efforts
- Creating organizational environments that enable change
- Data collection, monitoring and surveillance
- Population-based interventions to address health factors
- Community engagement and capacity building

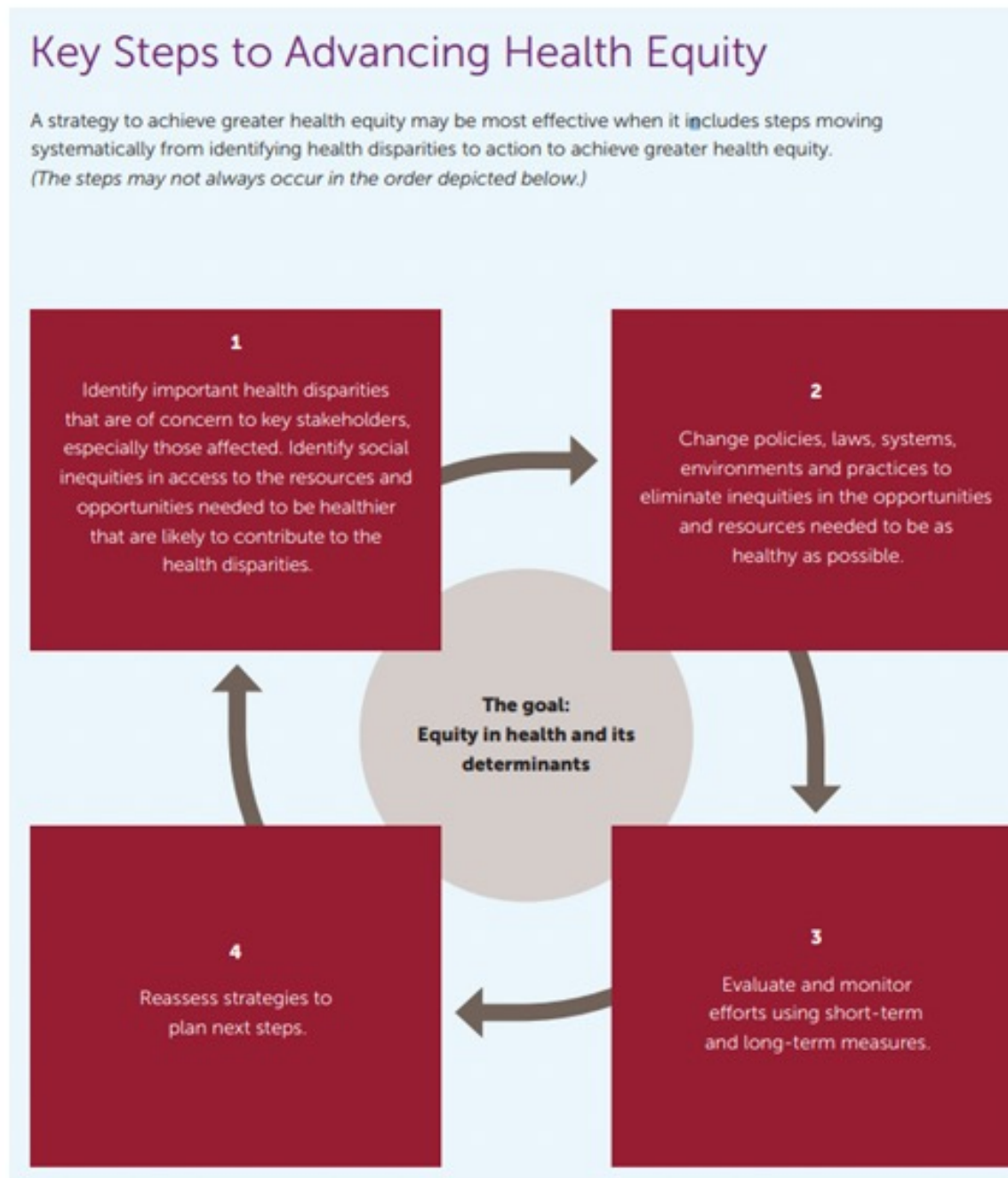
Colorado Department of Public Health and Environment. (2015). Healthy Colorado: Shaping a state of health—Colorado's plan for improving public health and the environment. [https://www.colorado.gov/pacific/sites/default/files/OPP\\_2015-CO-State-Plan.pdf](https://www.colorado.gov/pacific/sites/default/files/OPP_2015-CO-State-Plan.pdf)

**Exhibit 14.** Bay Area Regional Health Inequities Initiative (BARHII) Framework for Reducing Health Inequities



Bay Area Regional Health Inequities Initiative (BARHII). Framework for Reducing Health Inequities.  
<https://www.barhii.org/barhii-framework>

**Exhibit 20.** Key Steps to Advancing Health Equity (RWJF)



Braveman, P., Arkin, E., Orleans, T., Proctor, D., & Plough, A. (2017). What is health equity? And what difference does a definition make? Retrieved from Robert Wood Johnson Foundation website: [https://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/](https://www.rwjf.org/content/dam/farm/reports/issue_briefs/)



# PAVING THE ROAD TO HEALTH EQUITY

**Health Equity**  
is when everyone has the opportunity  
to be as healthy as possible



**Programs**  
Successful health  
equity strategies



**Measurement**  
Data practices to support  
the advancement of  
health equity



**Policy**  
Laws, regulations, and  
rules to improve  
population health



**Infrastructure**  
Organizational structures and functions that support health equity



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

**My Necessary Trouble**



**My Good Trouble**





Program of Research

# Qu**EEN** Savvy Lab

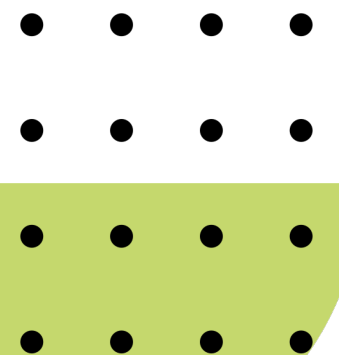
Quality  
**E**quitable &  
**E**lectronic  
**iN**terventions for  
Savvy Women

# Research Vision (Objective)

Develop, implement & test intervention studies that will employ innovative modalities intended to **promote behavioral change & facilitate optimal sexual, reproductive & maternal health outcomes**

**GOAL!**

Improve Health Equity among Racially Minoritized Communities by co-creating, with community, HIV Prevention & Sexual/Reproductive Health Interventions





# CURRENT PROJECTS:

## App specific



NIMH  
funded  
**Purpose**

To cultivate an effective, sustainable, and culturally relevant HIV prevention app for Black women (Savvy HER) to educate women about prevention, testing, and treatment for other STIs  
-in addition to HIV

For Black Women, By Black Women



Sponsors: J&J; Google/Fitbit  
**Purpose**

To engage new Black mothers in rural counties in Georgia, and provide them with the culturally relevant postpartum resources and information to eliminate barriers to equitable postpartum healthcare

# Principal/Co- Investigators: SavvyHER



**Rasheeta Chandler**  
**PhD, RN, FNP-BC, FAANP, FAAN**  
*Principal Investigator:* Associate Professor(t) in the Nell Hodgson School of Nursing at Emory University



**Andrea Parker, PhD**  
*Co-Investigator:* Associate Professor in the School of Interactive Computing at Georgia Tech; Founder & Director of the Wellness Technology Lab at Georgia Tech



**Sudeshna Paul, PhD, MS**  
*Co-Investigator:* Statistician & Assistant Professor in the Office of Nursing Research, Nell Hodgson School of Nursing at Emory



**Natalie Hernandez, PhD, MPH**  
*Co-Investigator:* Associate Professor at the Morehouse School of Medicine & Executive Director of the Center for Maternal Health Equity at Morehouse School of Medicine



Doctoral Research Associate  
**Dominique Guillaume**

**TOSAM**




Project Director  
**RASHIDAT AYANTUNJI**

Project Coordinator  
**MILLCIENT SMALL**

Tech Team  
Sherilyn Francis  
Nemath Shaik

Data Manager  
**ERIC XUE**



How are we able to address  
HIV/STIs & adverse maternal health outcomes  
from disproportionately affecting  
Black Women?



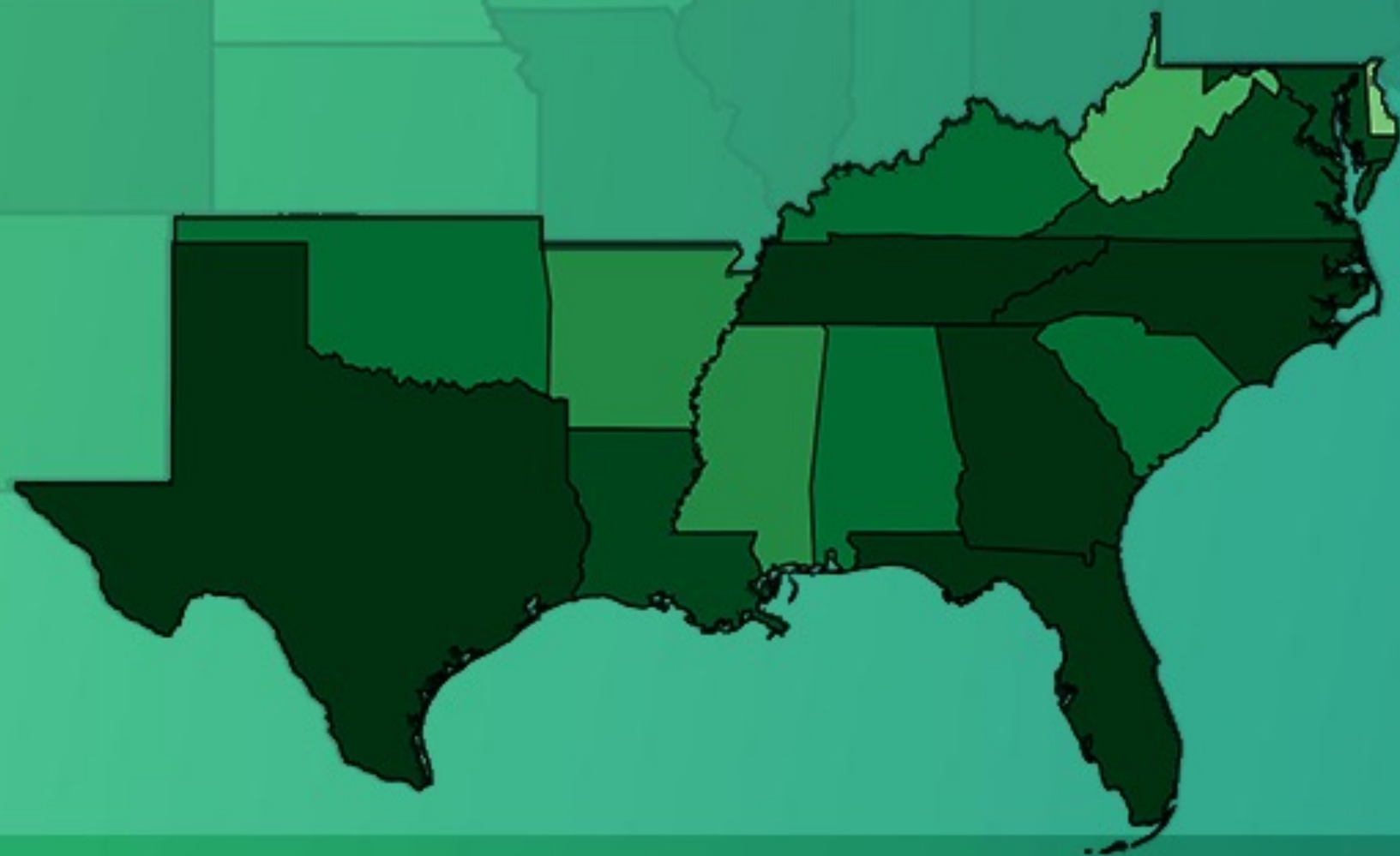


# Strategies: Community-Based Participatory Research

## Principles of CBPR

- Community Initiation
- Capacity Building
- Varied Methods
- Joint Data Ownership
- Social Action Outcomes
- Community Relevance
- Process Oriented
- Ethical Review

Utilizing approaches that center aspects of community and Black culture!



The **South** accounts for **more than half (52%)** of all new HIV diagnoses (2020), yet only represented **39% of PrEP users** in 2021.

There were only **7 PrEP users** for every new HIV diagnosis in the South, the **lowest of any region** and an **indication of unmet need for PrEP**.



**Number of Persons Using PrEP, 2021**

3 - 44

45 - 113

114 - 210

211 - 375

376 - 645

646 - 1,059

1,060 - 1,941

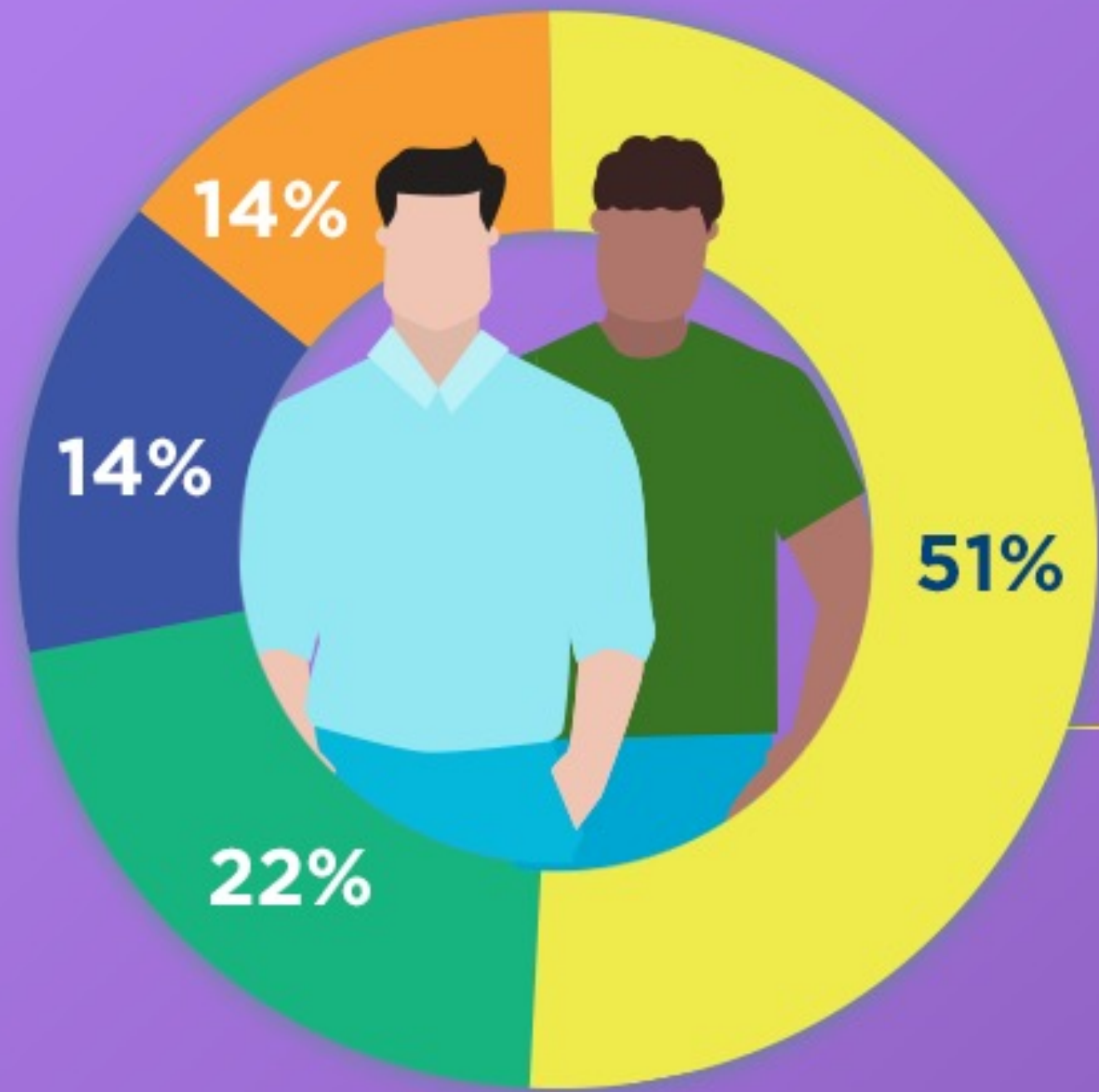
1,942 - 3,616

3,617 - 6,627

6,628+

*\*PrEP-to-Need Ratio (PnR) is the ratio of the number of PrEP users in 2021 to the number of people newly diagnosed with HIV in 2019. It is a measurement for whether PrEP use appropriately reflects the need for HIV prevention. A lower PnR indicates more unmet need.*





MALE

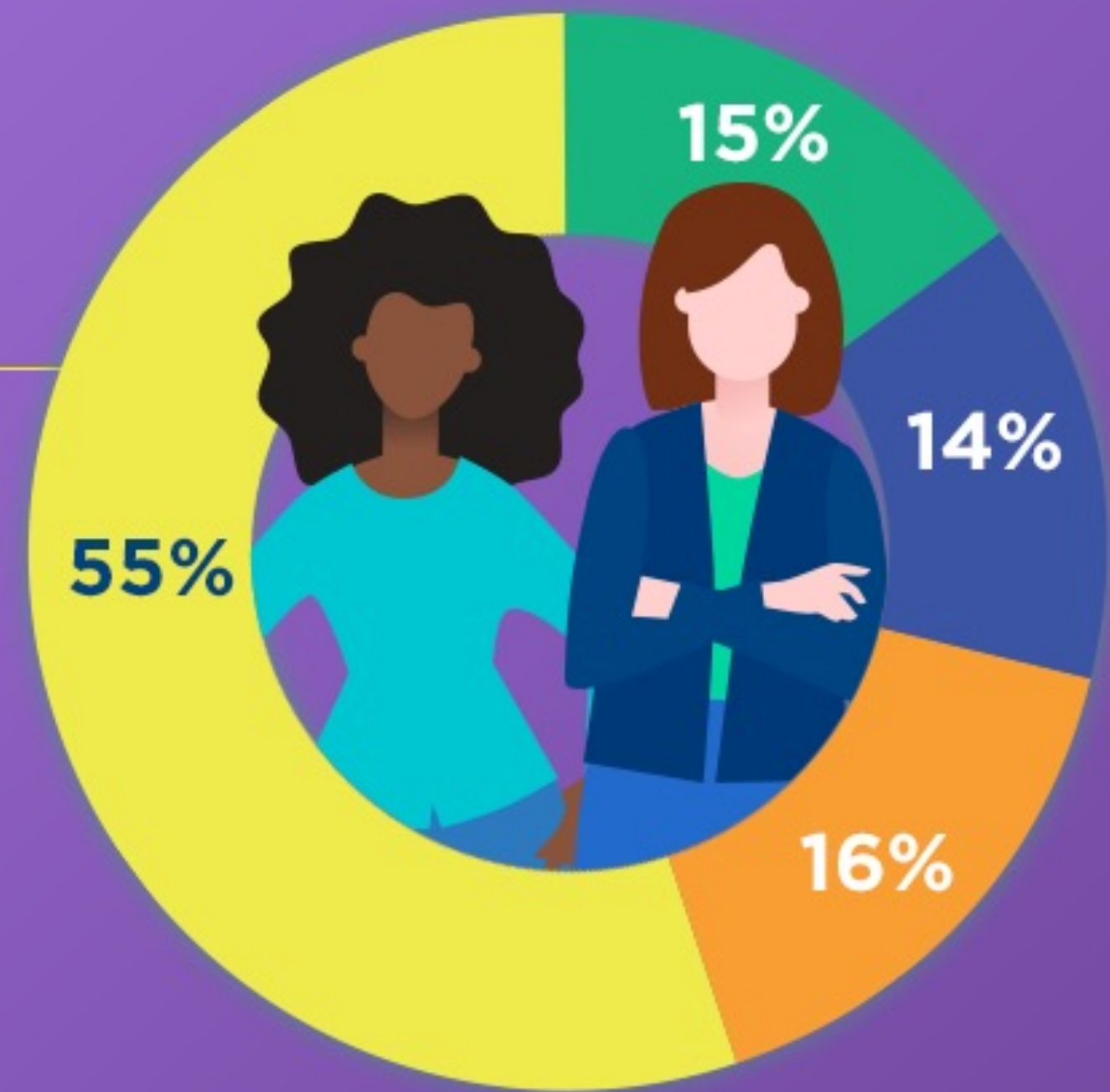
In 2020,

**over half of women (55%)**

and

**men (51%)**

newly diagnosed with HIV were living in the South.



FEMALE

Number of New Diagnoses, by Sex, by Region, 2020



MIDWEST



NORTHEAST



SOUTH



WEST

*\*Due to rounding, some percentages may not add up to 100%.*

**BLACK WOMEN ARE  
DISPROPORTIONATELY AFFECTED  
BY HIV**

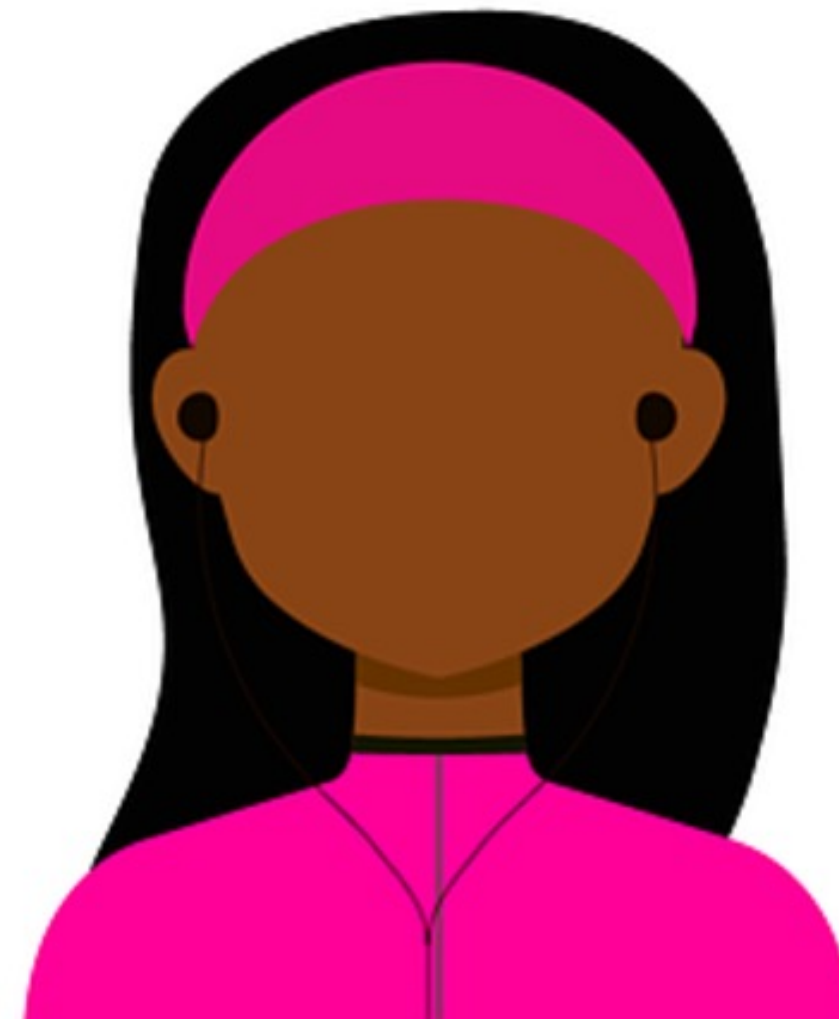
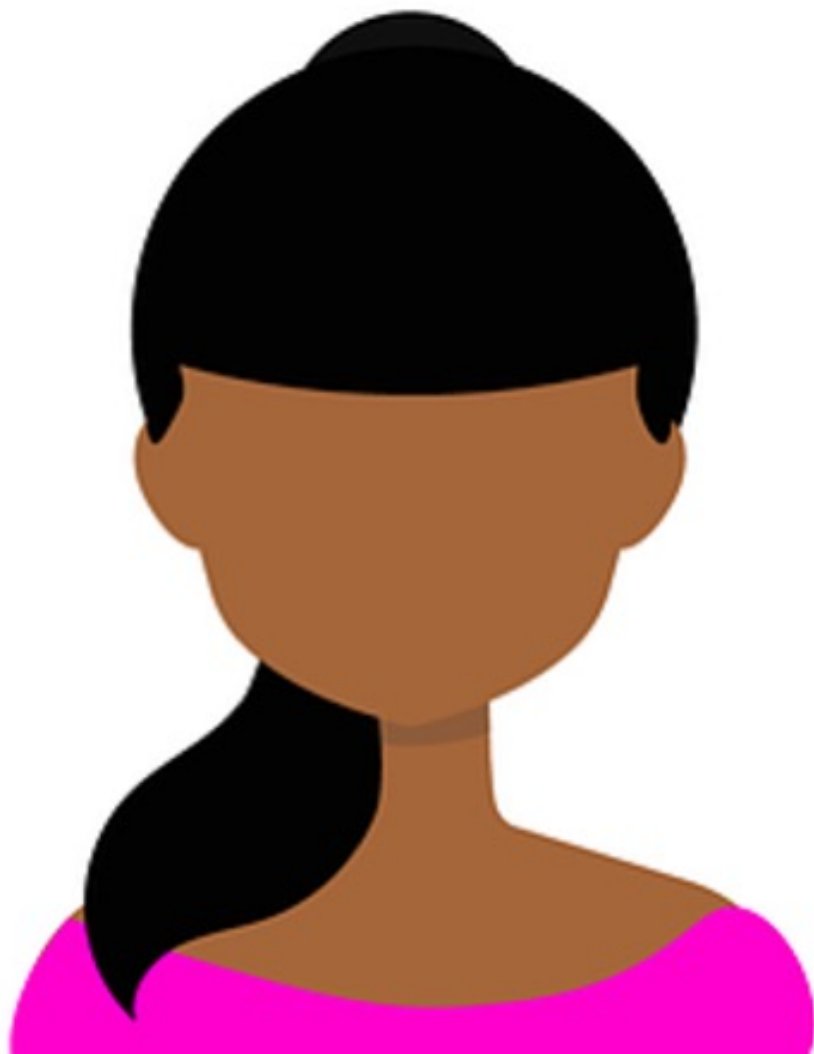
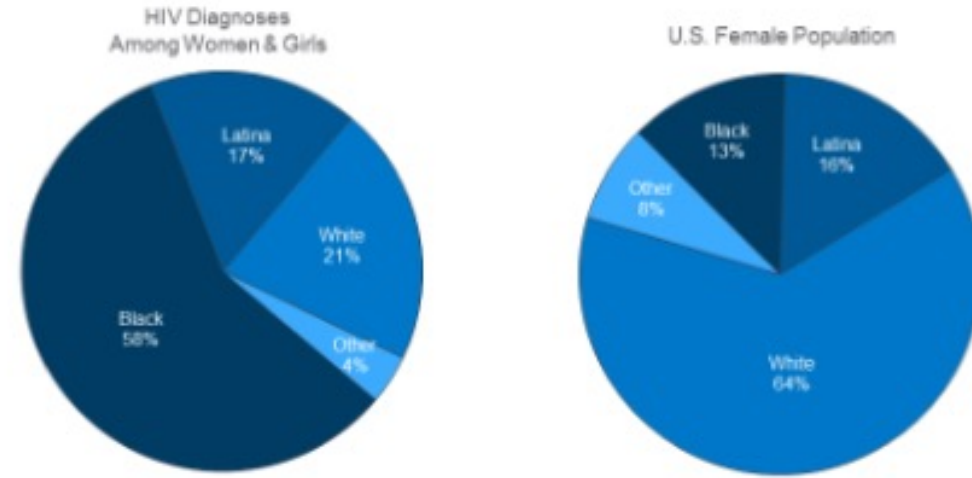




Figure 2

### HIV Diagnoses Among Women & Girls and U.S. Female Population, by Race/Ethnicity, 2018



NOTES: Data are estimates among those ages 13 and older and includes U.S. dependent areas. Percentages may not sum to 100 due to rounding. U.S. female population data is from the U.S. Census Bureau 2010 population estimates, the most recent year available.  
 SOURCES: CDC [NCHSTP Atlas Plus](#), Accessed March 2020. U.S. Census Bureau, 2010 Population Estimates.



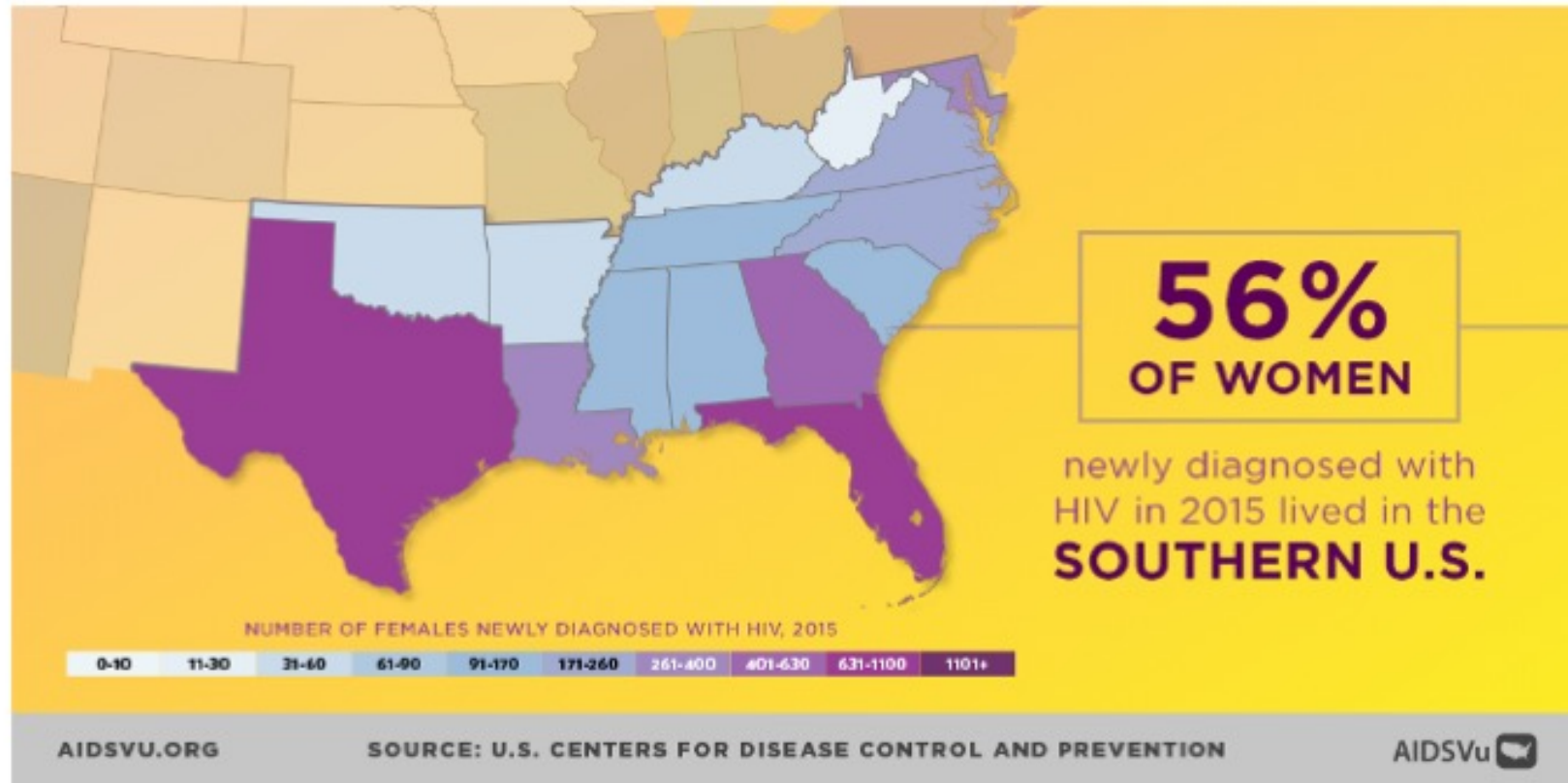
**42%**

While new HIV diagnoses among **BLACK WOMEN FELL 42%** between 2005 and 2014...

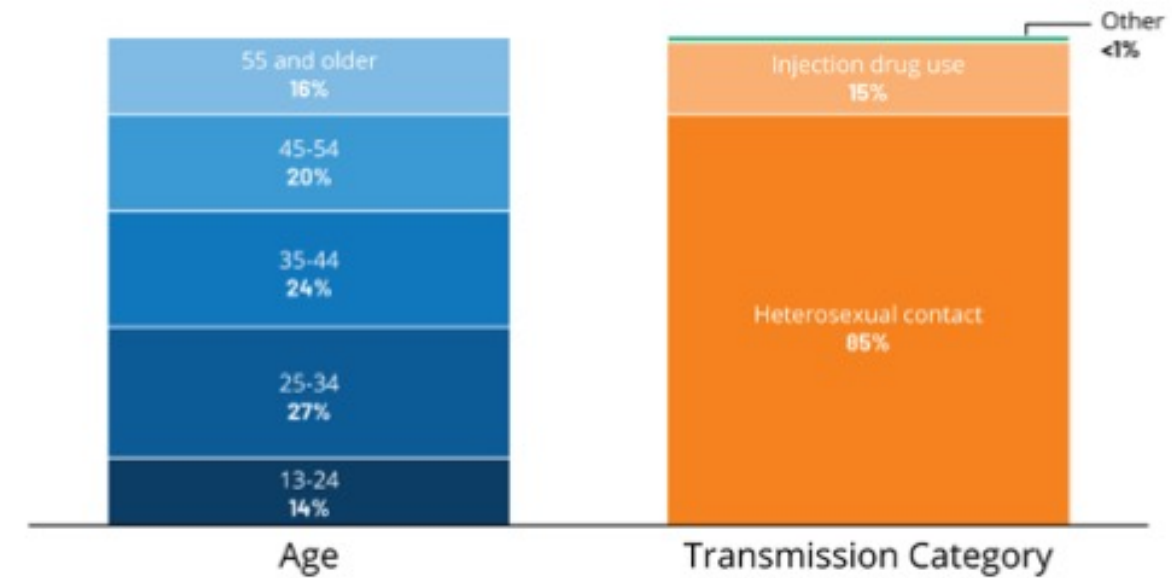
**64%**

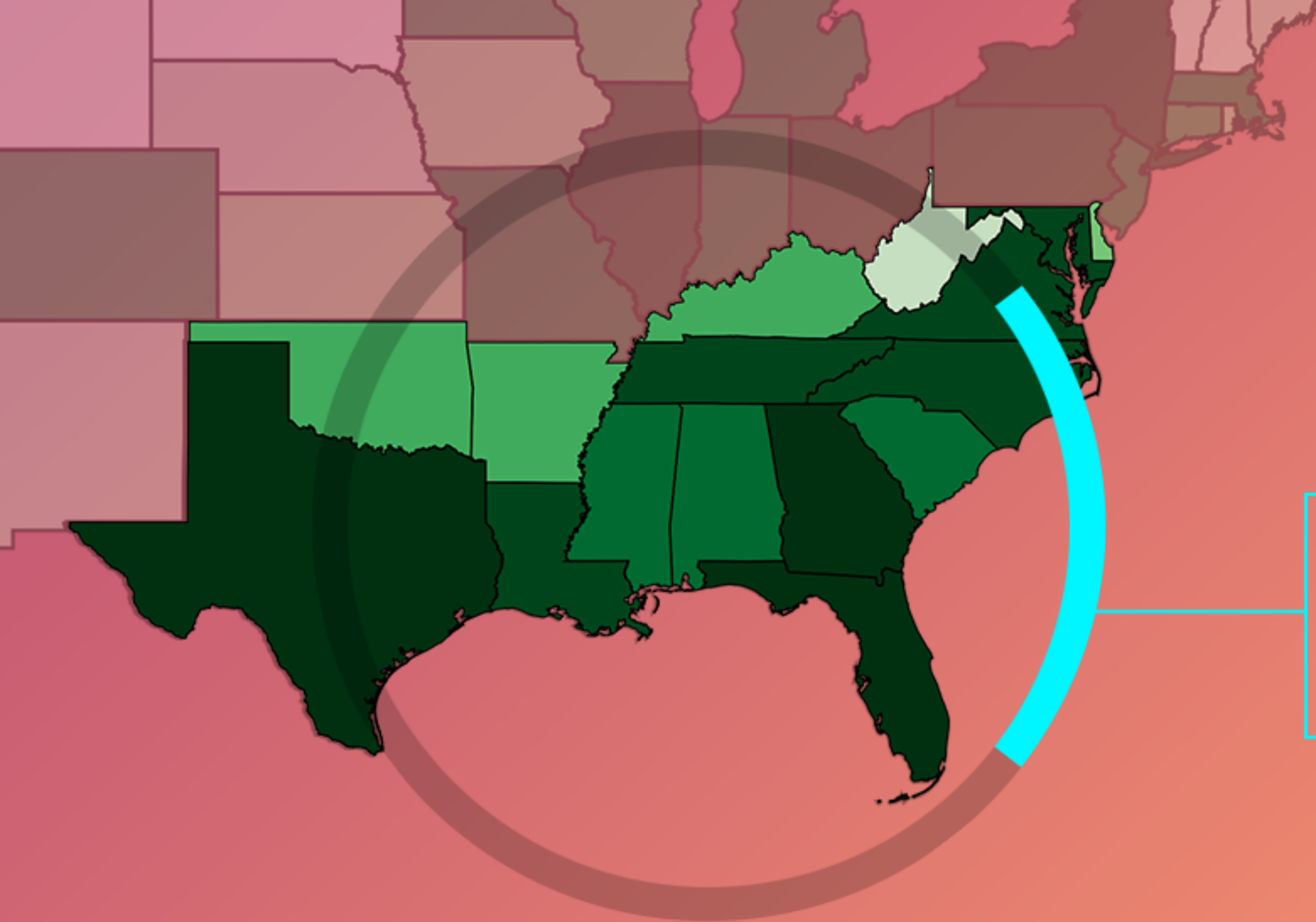
**BLACK WOMEN** are still **NEARLY 3X AS LIKELY** to be diagnosed with HIV than their white and Hispanic/Latina counterparts.

AIDSvU.ORG SOURCE: U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION AIDSvU



### HIV Diagnoses Among Women & Girls, by Age and Transmission Category, 2018





In 2020 Black people represented **52% of new HIV diagnoses** in the South, yet

**only accounted for 21% of PrEP users in the region in 2021.**

Number of Black People Using PrEP, 2021







# PrEP Barriers for Black Women

- Concerns associated with PrEP adoption among Black women
  - Structural barriers: Direct costs associated with sustaining PrEP adherence, limited availability of PrEP in communities with greatest need (PrEP-to-need ratio; PnR), Residential segregation
  - Contextual barriers: Disparities in PrEP prescribing and marketing
  - Personal barriers: Low knowledge and awareness about PrEP, misinformation regarding PrEP
- Increasing PrEP uptake will require careful attention to personal, structural, contextual barriers to PrEP awareness, access, and utilization



# Increasing PrEP Uptake for Black Women

- Developing and disseminating gender and culturally appropriate materials for women to
- Increase women's knowledge/awareness of PrEP and HIV risk.
- Creating/revising PrEP materials to be overtly inclusive of women (e.g., language, images).
- Conducting or supporting health services research to address barriers.
- Developing or strengthening existing partnerships to promote PrEP implementation for women.
- Develop and disseminate gender and culturally appropriate materials for women.

***How can digital health strategies fill these gaps?***





# Mobile Phone Use Among Black Women

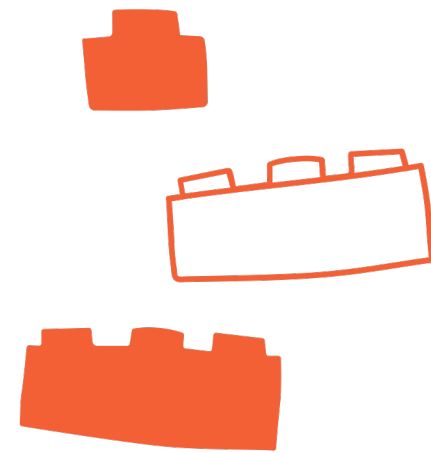
- Among Black youth, smartphone ownership exceeds 80% and plays a critical role in providing internet access, compared to laptops or desktop computers.
- The increasing popularity of smartphones along with smartphone apps have made the possibility of employing mobile phones and apps as a platform to provide HIV prevention information for Black women highly feasible
- HIV prevention interventions delivered through mobile apps have been largely aimed at MSM ; yet, they have failed to attract the attention of other audiences, particularly Black women.

# Human Centered Design

## Principles of HCD & Mobile App Development



The design is driven and refined by user-centered evaluation



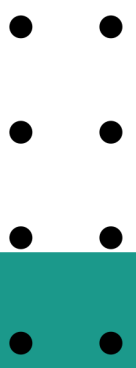
The process is iterative



The design addresses the whole user experience



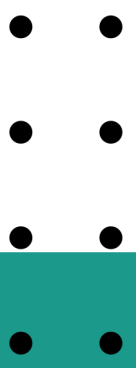
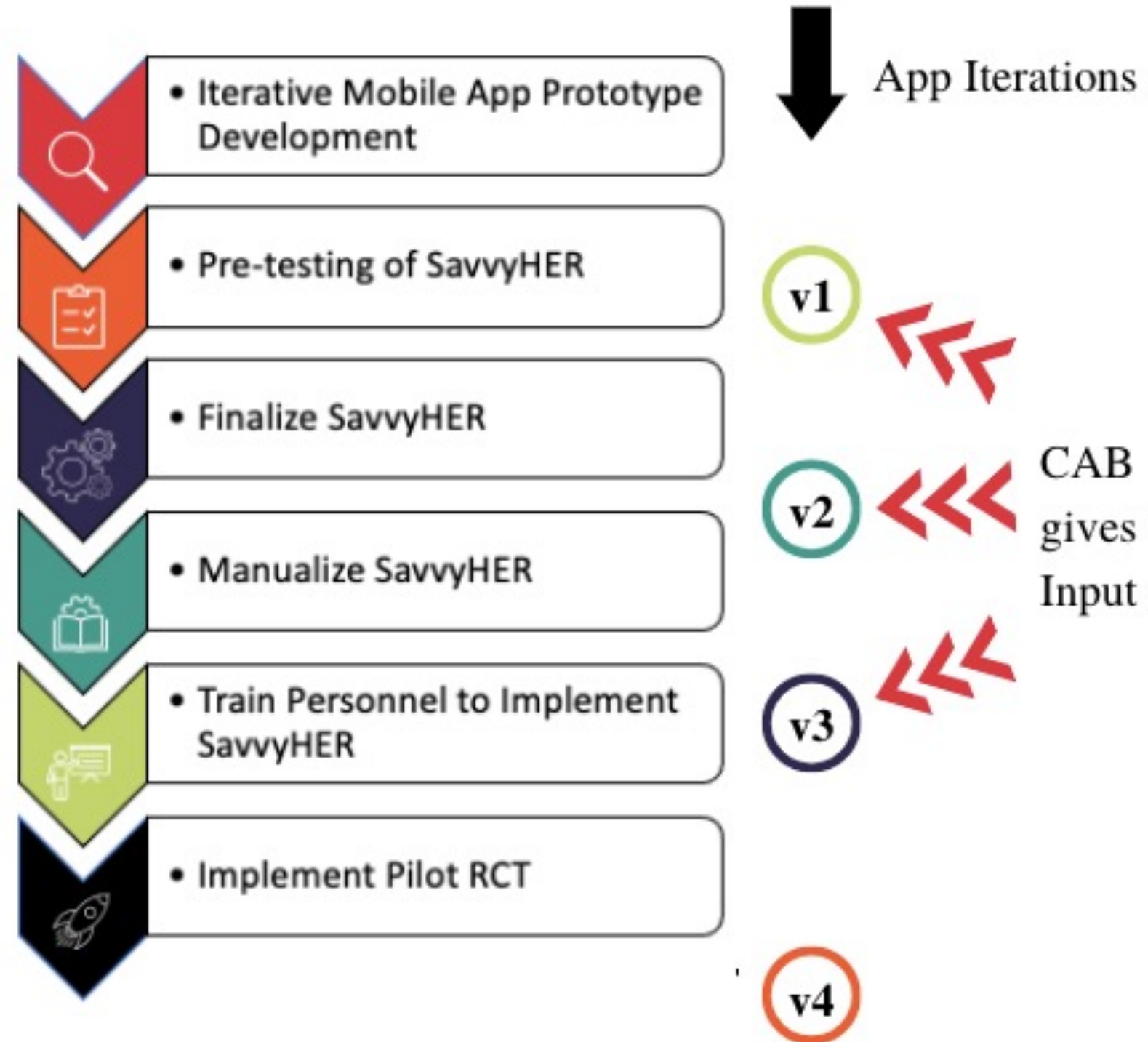
The design team includes multidisciplinary skills and perspectives.





# Human Centered Design

## HCD & Mobile App Development





# Savvy Her: Study Purpose

- There is a need for the development of mHealth interventions that target Black women.
- **The purpose of Savvy Her is to develop and test the feasibility, acceptability, and usability of a mobile HIV Prevention and Reproductive Health app for Black women in metro-Atlanta.**
- **Aim 1:** Refine the *Savvy Her* mobile app for PrEP-eligible Black women.
- **Aim 2a.** Evaluate the feasibility, acceptability, and usability of the refined mobile app.  
**Aim 2b.** Determine feasibility of collecting secondary outcome measures (e.g. PrEP Stigma)
- We have conducted single-arm technology usability pretest to optimize usability, technical functionality, and performance of the app.

[Chandler, R., Farinu, O., Guillaume, D., Francis, S., Parker, A., Shah, K., & Hernandez, N. (in press). A digital health application to address disparate HIV outcomes among Black women living in metro-Atlanta: A protocol for a multi-methods pilot feasibility study. *JMIR Research Protocols*; Chandler, R., Guillaume, D., Francis, S., Xue, E., Shah, K., Parker, A., Hernandez, N. (in press). "I care about sex; I care about my health": A mixed-methods pre-test of a HIV prevention mobile health app for Black women in the Southern United States. *PLOS ONE*].

- We are currently in the pilot RCT phase.





## Savvy Her: Methods

**Intervention:** Each participant will have 4 months to engage with the app, with e-reminders in time intervals preferred by the participants (a minimum of 3 times per week) via push notifications.

During the 4-month study period, participants will receive push notifications to encourage the use of all app domains: *Logger, Mental Health, Test (HIV.gov), Groups (synchronous/asynchronous) & Stories, Resources, and Commodity ordering (@ home STI/HIV testing).*

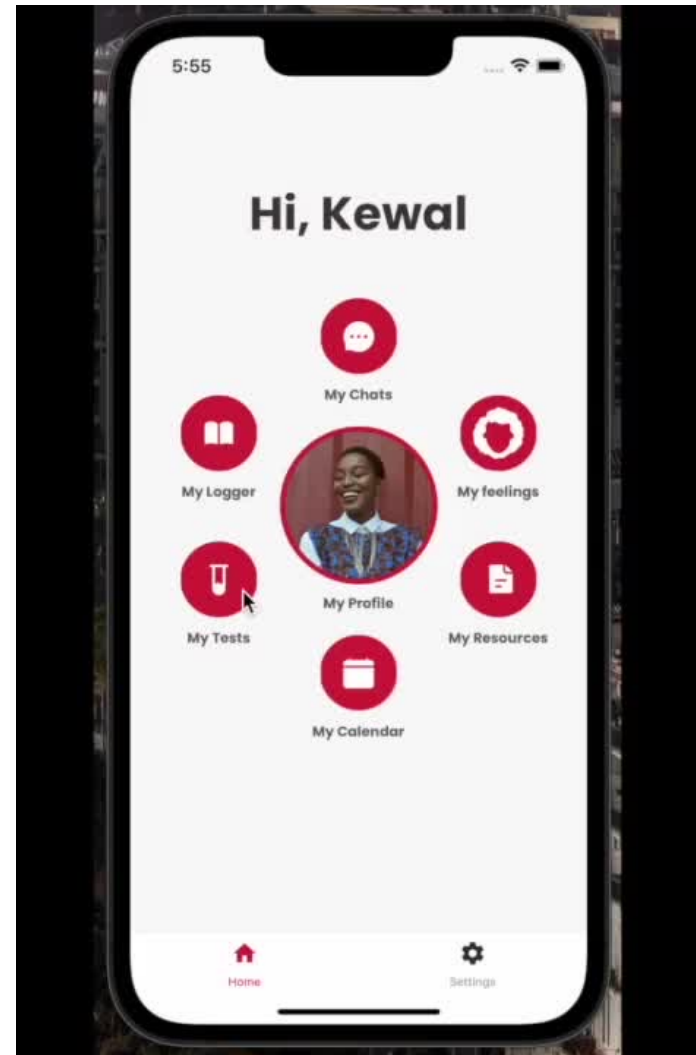
**Control:** The control condition will be a one-time virtual women's health counseling session with a healthcare provider. Content was finalized with input from the CAB.

Participants will be given information on: 1) STI/HIV prevention 2) Family planning 3) General health promotion (e.g., exercise and diet).

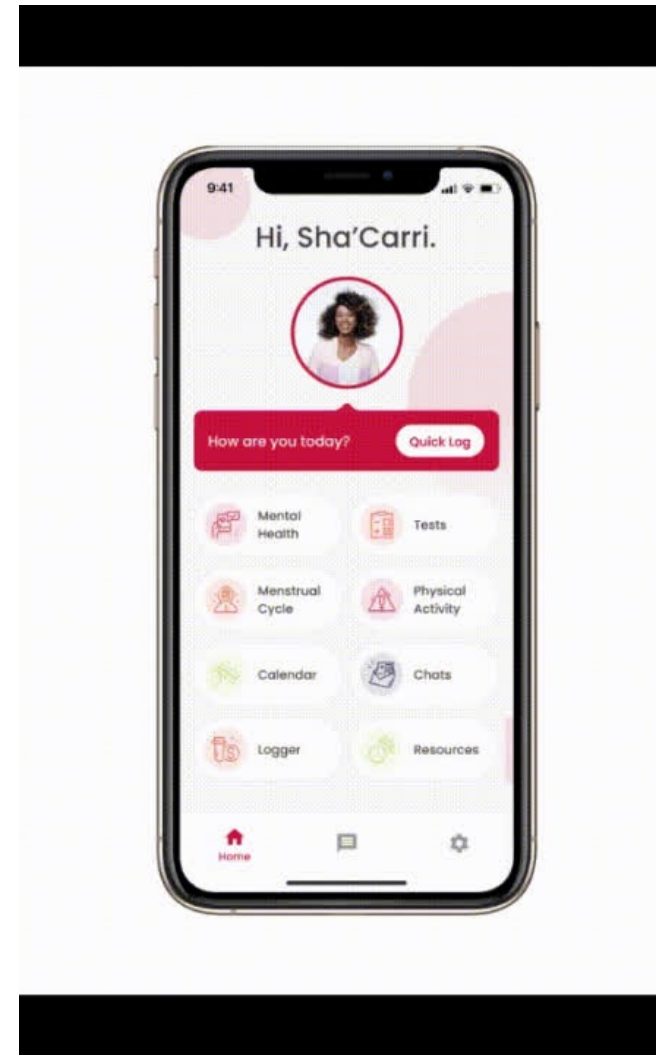
# A Look Inside the App



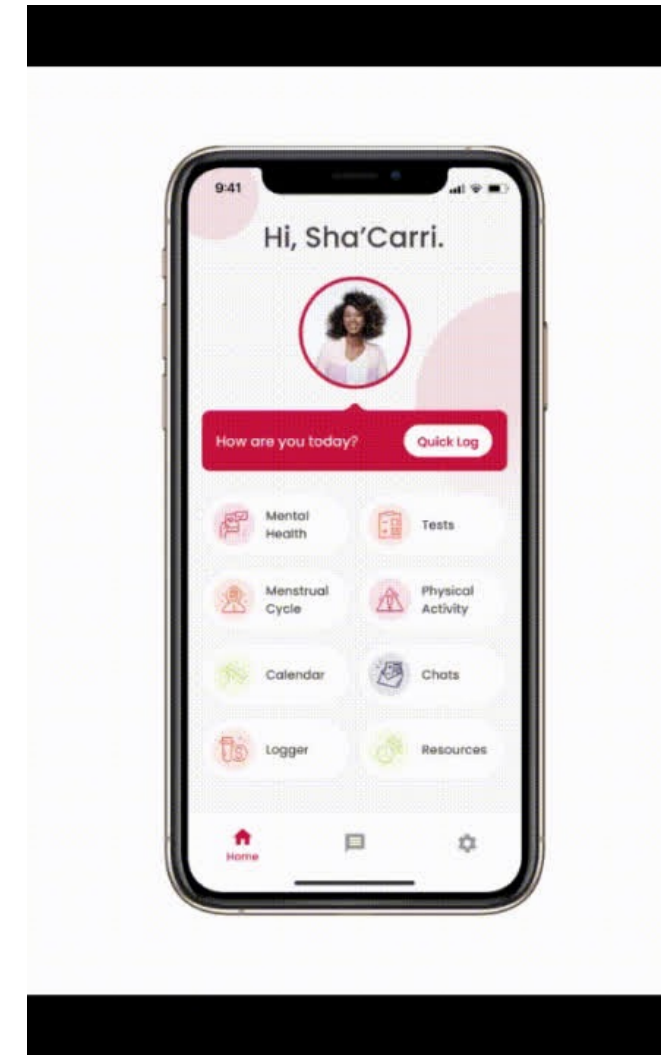
SIGN UP



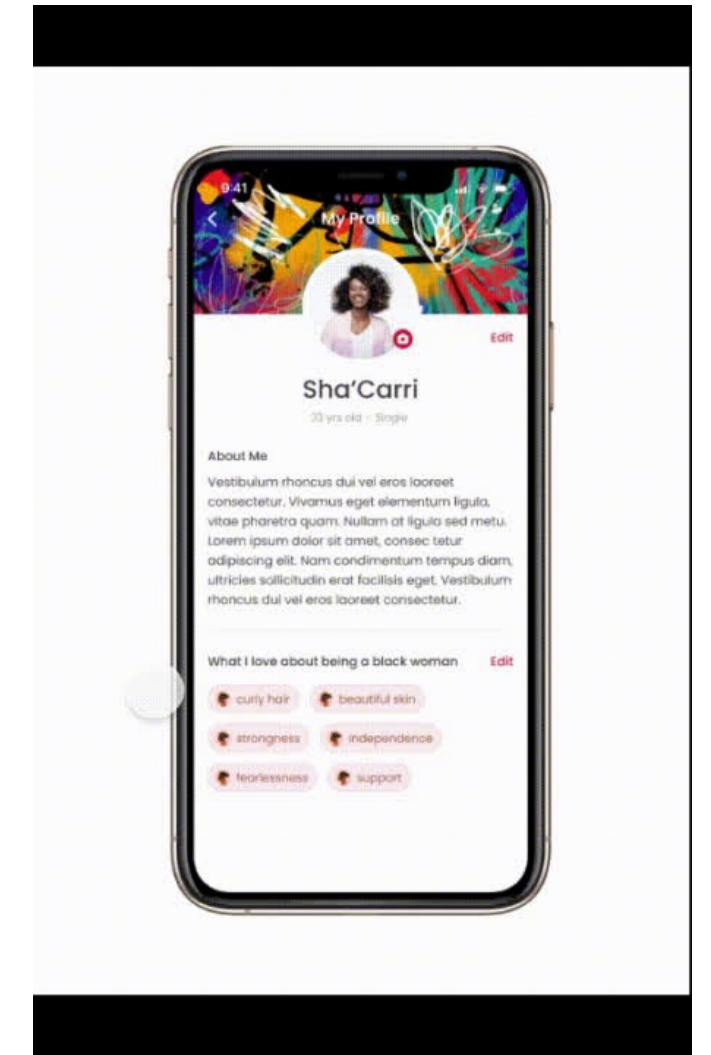
PROFILE



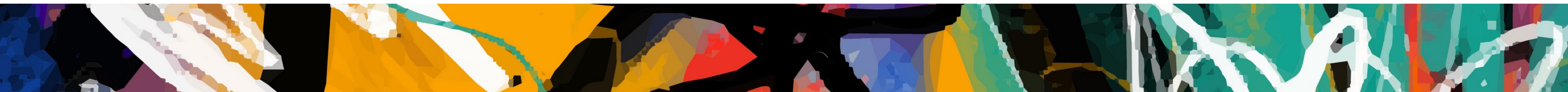
RESOURCES



WELLNESS



CELEBRATIONS





**THANK YOU!**



**To Learn More about SavvyHER**

**Email:** [savvy\\_her@emory.edu](mailto:savvy_her@emory.edu)

**Website:** [SavvyHER.me](http://SavvyHER.me)



**To Learn More about the PM3**

**Email:** [pm3.cmhe@msm.com](mailto:pm3.cmhe@msm.com)

**Website:** [pm3forme.com](http://pm3forme.com)



LET'S  
TALK



References upon request



contact me



[r.d.chandler@emory.edu](mailto:r.d.chandler@emory.edu)



404-727-  
8164



[www.savvyher.me](http://www.savvyher.me)  
[www.pm3forme.com](http://www.pm3forme.com)

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