

Keeping it LITE 1&2:

What we've learned and what we hope to do about it

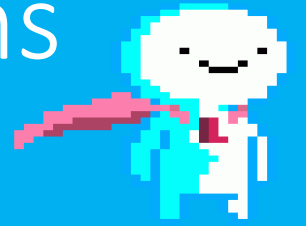


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LITE 1 Goals, Accomplishments and Lessons Learned



- To explore evolution of sexual identity, activity, risk behavior and HIV prevention behavior among young and very young sexual and gender minority individuals using Bioecologic Systems Theory and Limited Interaction Targeted Epidemiology
- > 2 million views, >720,00 clicks, 3446 participants enrolled
 - 16.5 % under 20, 82% under 30
 - 24.2% transgender/gender diverse
 - 47.3% non-white
 - 106 HIV recent infections or seroconversions-- 2.9%

Lessons Learned

- **Youth were more likely to be recruited on social media vs. dating apps, but dating apps identified participants with a higher HIV risk profile.** Participants <20 were 1.66 times as likely to hear about the study from social media than older participants. In addition, non-cisgender participants were 2.44 times less likely to hear about the study from dating apps than cisgender.
- *LITE 2 emphasizes social media recruitment to optimize youth enrollment*

LITE-1 Lessons Learned



- **Youth prefer an app-based study platform and more frequent contact.**

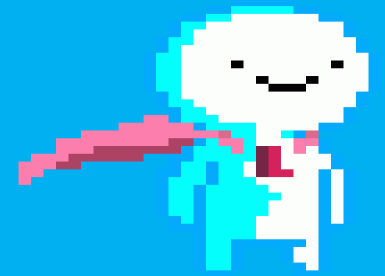
71.4% of participants reported they would have preferred an app-based study platform vs web browser-based study platform. 53.6% preferred more survey frequency vs q6 months.

LITE 2 uses the HealthMPowerment (HMP) app as the study platform to maximize engagement with frequent interactions

- **HIV testing requirement was a barrier for adolescent enrollment.** In a survey of eligible individuals who chose not to enroll, 80% of respondents <18 cited HIV testing as the primary barrier to enrollment, compared to only 25% of older participants.

LITE 2 allows those <18 years to enroll without a baseline HIV test.

LITE 1 Lessons Learned



- **Cohort participants loved responding to ad hoc surveys and provided valuable information about emerging health crises.** Surveys on the Truvada lawsuit, effects of COVID on sexual and mental health, COVID vaccine uptake and Mpox have been extremely popular and informative- in each case more than 50% of those invited responded within 2 weeks.

HMP “Newsfeed” will be used to seamlessly gather information from users in the form of “ad hoc” surveys, polls and discussions.

- **Newly diagnosed HIV+ youth need to be enrolled in limited interaction cohorts with their HIV- peers.** HIV+ youth were initially excluded from LITE-1. We found that only 51.7% of HIV+ youth enrolled reported having an undetectable viral load, and < 24 year old and POC less likely to be undetectable.

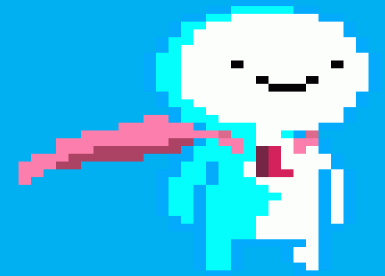
The HMP platform is status-neutral, involving HIV+ youth in this health promoting community

- **The Youth Advisory Board was invaluable**

Keeping it LITE 2:
Exploring HIV Risk in Vulnerable
Youth with Limited Interaction and
Digital Health Intervention



Keeping it Lite 2 AIMS: Paraphrased



Aim 1: Enroll and retain 5000 sexually active SGM 13-34 year olds using digital recruitment, engagement and retention strategies. We will:

- Optimize electronic recruitment strategies that attract young and very young diverse SGM .
- Explore uptake of HIV and STI self-testing among SGM participants <18
- Identify undiagnosed HIV-infected youth and monitor HIV incidence over the course of the study.
- Describe how engagement with HMP impacts cohort retention and interest in clinical trials using paradata throughout the study.

Aim 2 : Characterize sexual behavior, HIV transmission risk, and PrEP uptake trajectories of SGM youth to identify the most effective points of intervention.

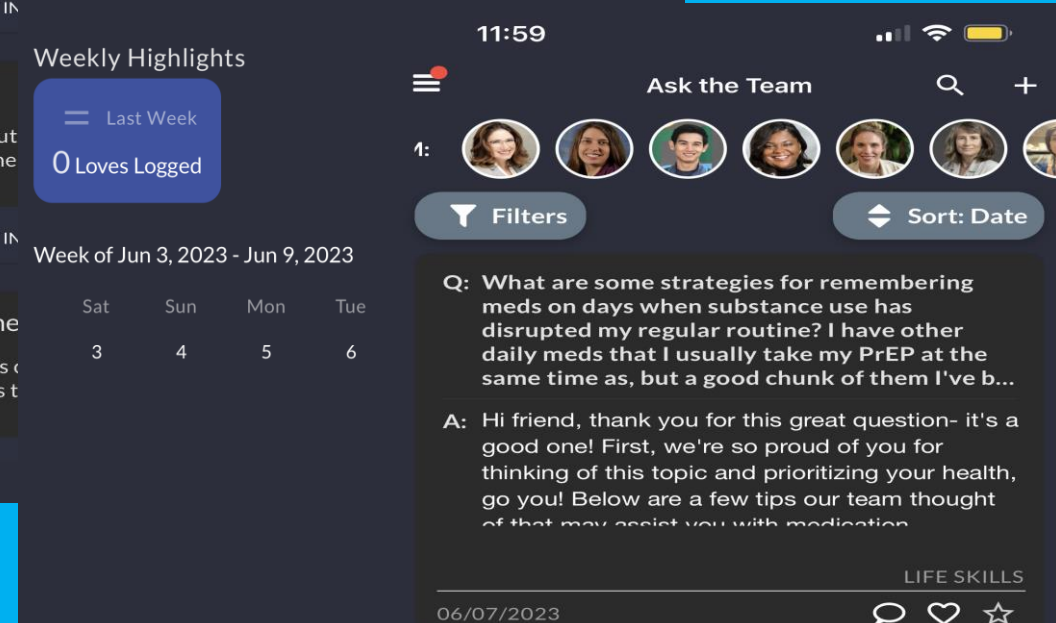
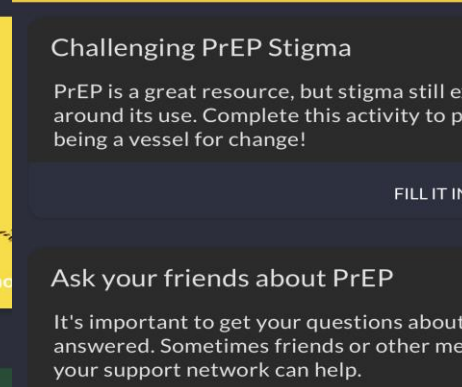
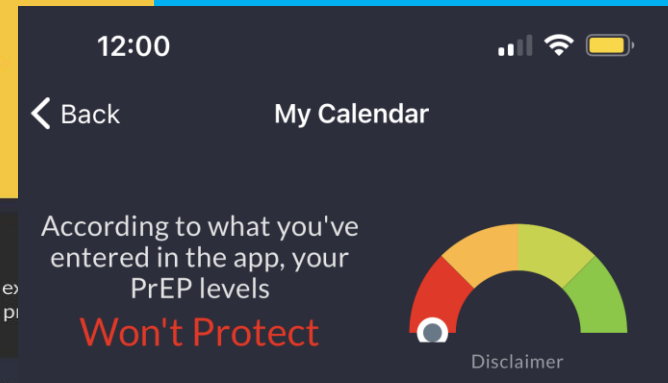
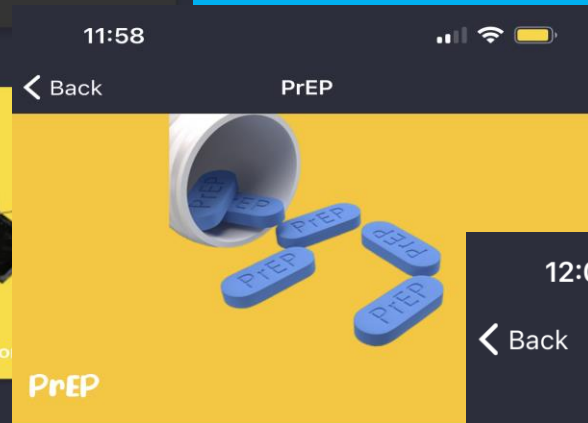
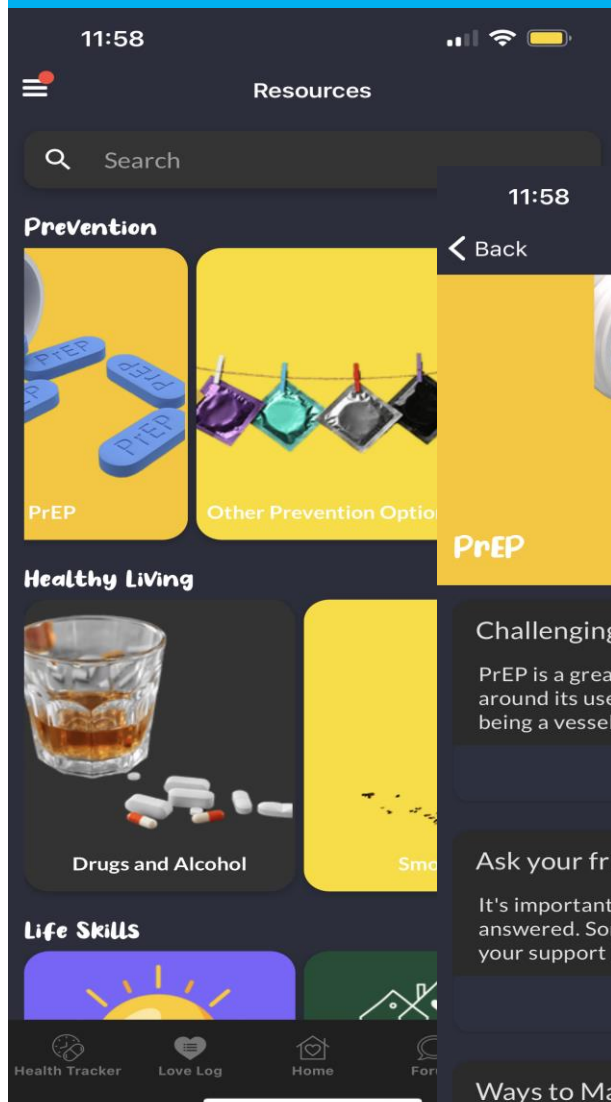
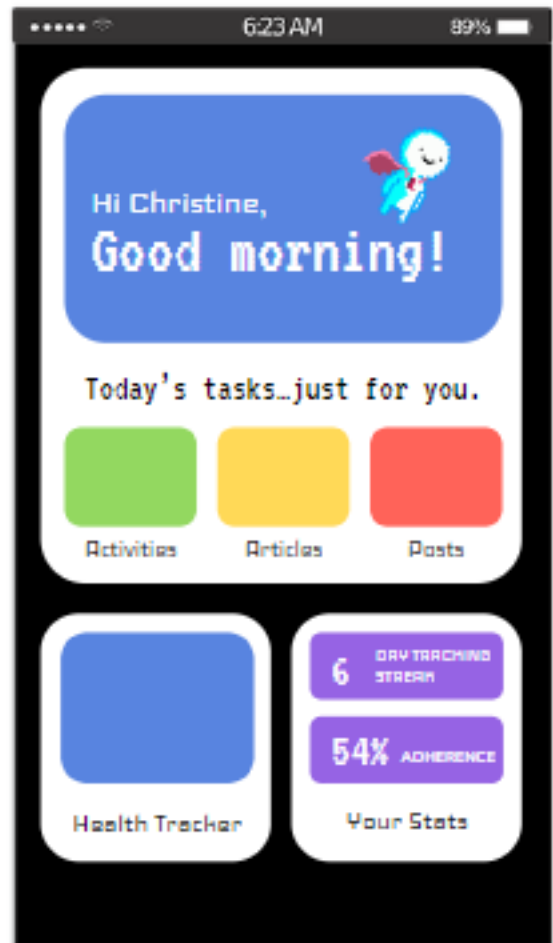
Aim 3 (UH3 Clinical Trial): Examine the efficacy of HMP Enhanced to improve PrEP adherence among HIV-negative youth ($n \geq 750$) and viral suppression among HIV-positive youth ($n \geq 150$) vs. HMP Basic

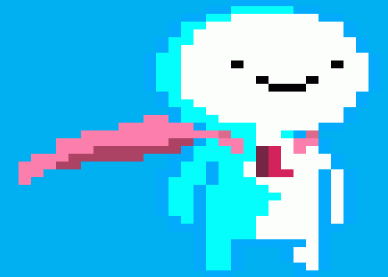
Aim 4 (Exploratory): To test new and innovative digital health devices, HIV/STI diagnostics and interventions, informed by the previous aims as well as emerging NIH prevention priorities.

HMP LITE App



- HMP was developed iteratively by Lisa's team using Bioecological Systems Theory and Integrated Behavioral Model as a highly interactive app optimized for health promotion among SGM youth.
- The app uses numerous evidence-based strategies to support participant engagement and retention. For LITE 2, participants use the app to order HIV/STI test kits, find links to PrEP or HIV care, respond to follow-up surveys and to send study-related questions to study staff via the secure-messaging portal.
- HMP has a game economy, awarding points that can be traded for milestone prizes and in-app rewards (badges, avatar customizations) based on user activities. HMP recommends content to youth based on user characteristics (e.g., age and initial HIV knowledge) and in-app behaviors.
- Staff update content (e.g., articles, activities, polls, etc.) continuously to ensure that HMP is relevant, dynamic and responsive to changes in science and to user needs.
- HMP is also optimized for low-bandwidth





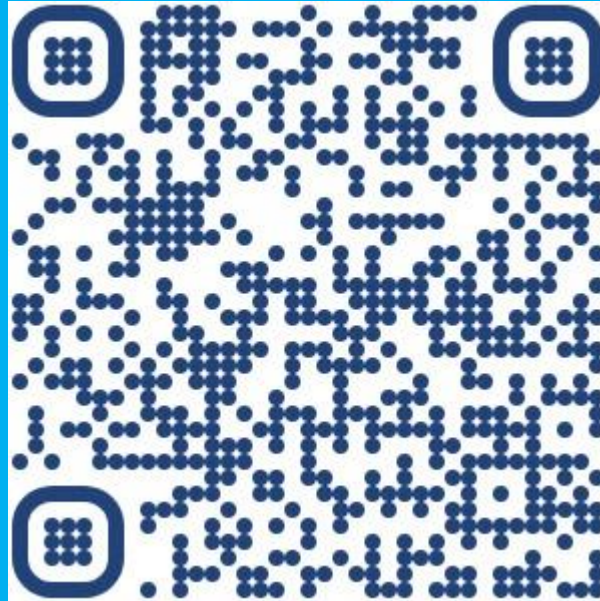
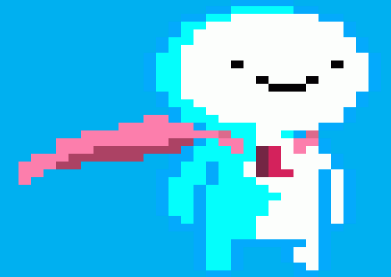
LITE 2 Progress Thus Far

- 593 fully enrolled and 1250 eligible participants in the pipeline
- 2.8% living with HIV, 27.5% not cis-male, 45.2% non-white
- Participants have been quite engaged in the app- asking questions, posting on the forum, exploring content
- Advertising success is increasing quickly as we learn from experience

Challenges:

- On-line recruitment is more complex and expensive than during LITE 1
- Enrollment of very young participants still low but increasing
- Because app engagement is necessary, enrollment requires several steps, we are losing some eligible participants in the pipeline

Please REFER!! HMP is FUN!



Gratitude to....

- LITE 1 and 2 Participants
- Our Generous Funders and kind Project Officers
 - NIAID
 - NICHD
 - NIDA
- Study Team
 - Cook County:
 - Meena Malhotra
 - Rashard Gordon
 - Raymond McPherson
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 - Carissa Crews
 - One Cow Standing
 - Nickie Buckner
 - Brian Yi
 - University of North Carolina
 - Kim Powers

