

**HIV PREVENTION TABLET FOR MINORITY-FOCUSED EFFECTIVE
BEHAVIORAL INTERVENTIONS
PHASE I**

NIH and CDC continue to prioritize efforts to decrease HIV transmission rates and increase care for people living with HIV, especially among minority populations that are disproportionately carrying the weight of the epidemic. Despite the success of effective behavioral interventions (EBIs) among diverse high-risk populations and significant resources dedicated to replicating them, many factors still obstruct the wide dissemination and sustained implementation of these EBIs, such as lack of technical assistance, organizational capacity, staff buy-in, program fit, and challenges to adaptation. Harnessing the recent proliferation of mobile tablet computers and their increasing use in pedagogy and healthcare, this project will leverage the specific benefits afforded by tablets (personalization, connectedness, mobility, and improved learning outcomes) to improve the implementation and diffusion of HIV prevention EBIs aimed at populations of special interest to NIH's National Center for Minority Health and Health Disparities (NCMHD). These population groups include "racial and ethnic minorities (African Americans, American Indians, Alaska Natives, Asian Americans, Hispanic Americans, Native Hawaiians and other U.S. Pacific Islanders), socioeconomically disadvantaged individuals, and medically underserved individuals residing in rural and urban areas" (NCMHD website). We will develop a self-contained application, Prevention Tablet (PTab), to help program facilitators overcome identified barriers to implementation. PTab will be the first mobile application to be designed especially for EBI facilitators working in real-world settings. Facilitators can use PTab on a tablet computer anytime, anywhere to access all program content as well as core features tailored for their current tasks, whether preparing for implementation, while running a session, or immediately after a session. PTab will have tools like digital note-taking, reminders to prepare materials, on-screen timers for session outlines to ensure coverage of core elements, and digital forms to streamline process evaluation. With an Internet connection, facilitators will have access to supplementary content, training refreshers, and strategies from other program facilitators through integrated links to an online community of practice. In Phase I, we will test the feasibility of the PTab concept by: conducting a needs assessment of EBI managers and implementers, building a prototype Prevention Tablet for one minority-focused HIV prevention program, and usability testing the prototype with representatives of PTab's target market. If PTab proves feasible and useful, we will submit a Phase II proposal to: improve the design and usability of PTab based on the Phase I usability study; conduct a field study to assess if and how access to PTab improves organizational adoption of EBIs, implementation fidelity, and sustainability; and develop PTab modules for 10-15 select minority-focused HIV prevention EBIs.

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