

From Adversity to Resilience: Three Innovative Text Messaging Interventions in the SPNS Social Media Initiative #15627

Katie Plax MD

Medical Director, Project ARK, Ryan White Part D program, Ferring Family Professor of Pediatrics,
Washington University School of Medicine in St. Louis

Cathy Reback, Ph.D.

Senior Research Scientist, Friends Research Institute

Scott Rhodes PhD, MPH

Professor, Department of Social Sciences and Health Policy

Director, Program in Community-Engaged Research, Wake Forest School of Medicine

Disclosures

Katie Plax MD has no relevant financial or non-financial interests to disclose.

Cathy Reback PhD has no relevant financial or non-financial interests to disclose.

Scott Rhodes PhD, MPH has no relevant financial or non-financial interests to disclose.

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Learning Outcomes

At the conclusion of this activity, participants will be able to:

- Describe three text messaging interventions designed to engage hard to reach populations.
- Determine pluses and minuses of the text messaging examples strategies.
- Recognize the importance of using text messaging to reach persons living with HIV and improve care continuum outcomes.

How To Claim CE Credit

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E-VOLUTION: Connect, Engage, Thrive

Special Project of National Significance (SPNS)

E-VOLUTION Project Team-

Jeff Glotfelty MPH – Project Coordinator

Stacey Slovacek LCSW – Assistant Project Coordinator

Kimberly Donica LCSW – Project Director

Julia Schlueter MPH – Evaluator

Maria Freshman MA – Data Manager

Donny Gerke PhD – Evaluation Consultant

Ellen Frank-Miller PhD – Qualitative Evaluation Consultant

Ryan White Part C/D Recipient

- *The St. Louis Region's Largest HIV Provider*

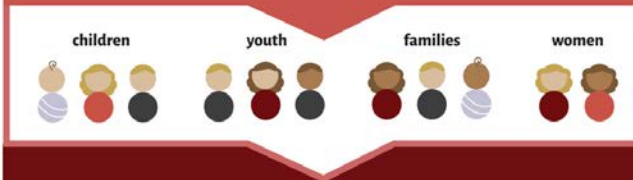


Project ARK...

coordinates with



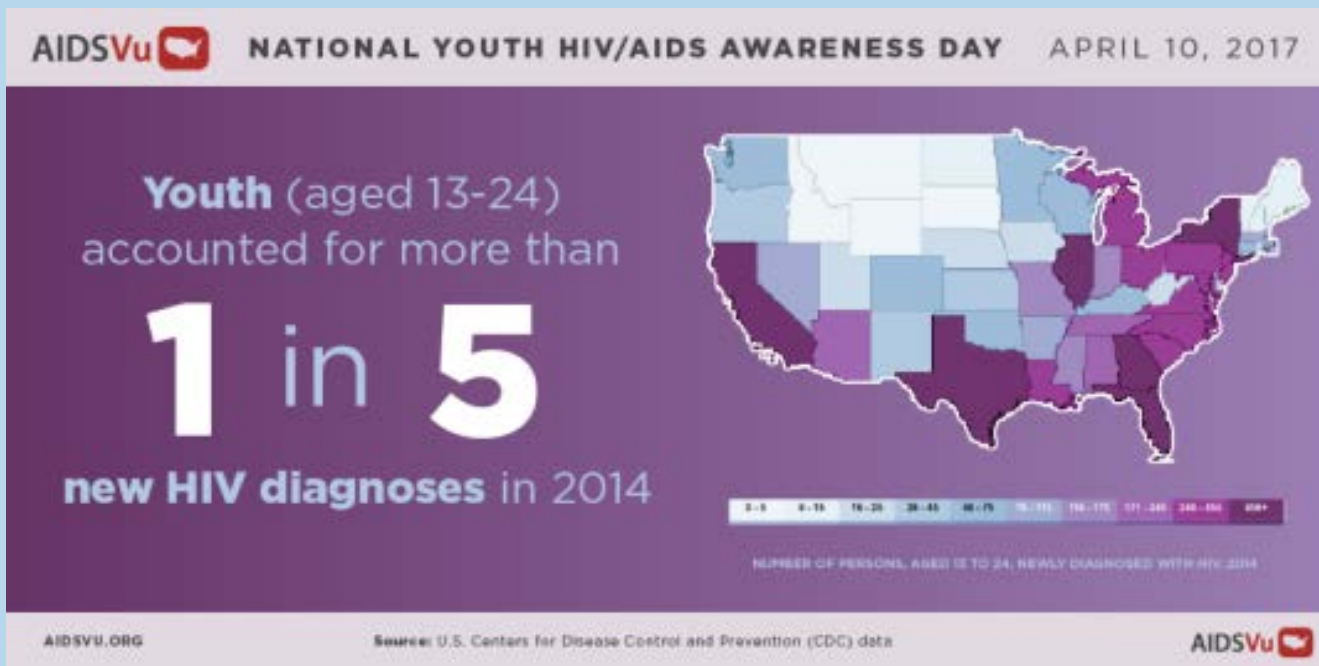
TO SUPPORT



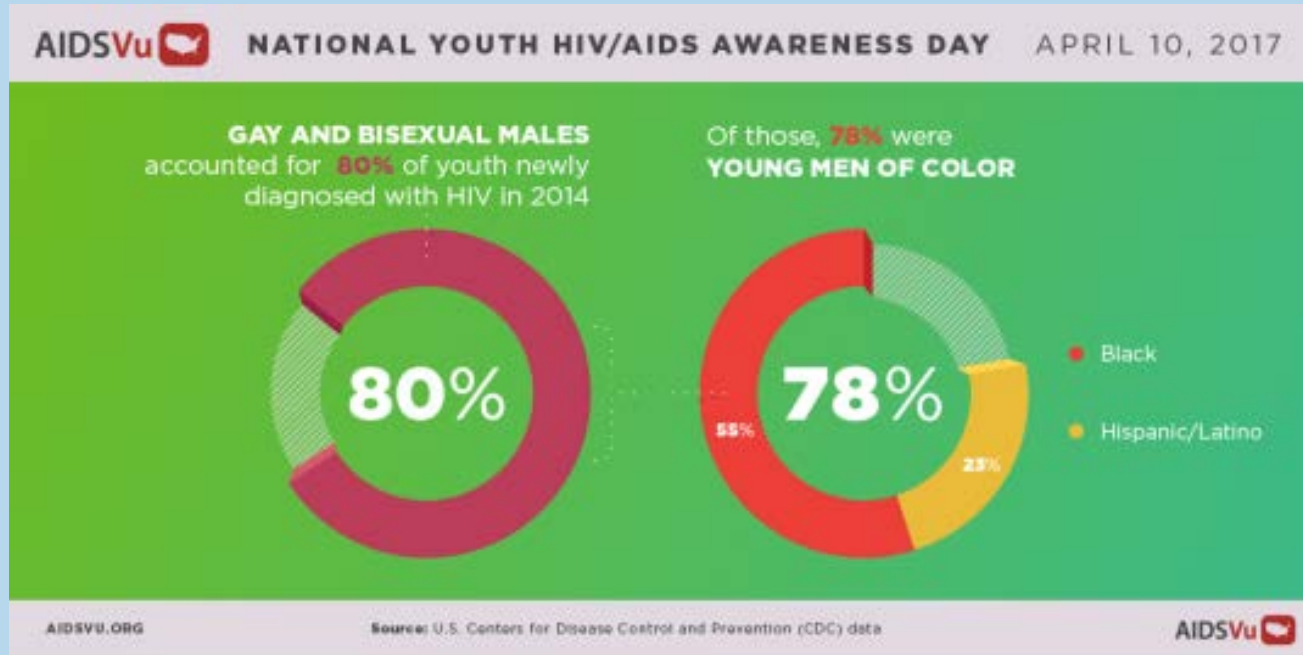
impacted by HIV

- The WU Part C/D Program, Project ARK, continues to be the largest HIV provider in St. Louis Region. Offering one-stop shop, multi-disciplinary services.

Background: HIV Epidemiology of Adolescent Infections



Background: HIV Epidemiology of Adolescent Infections



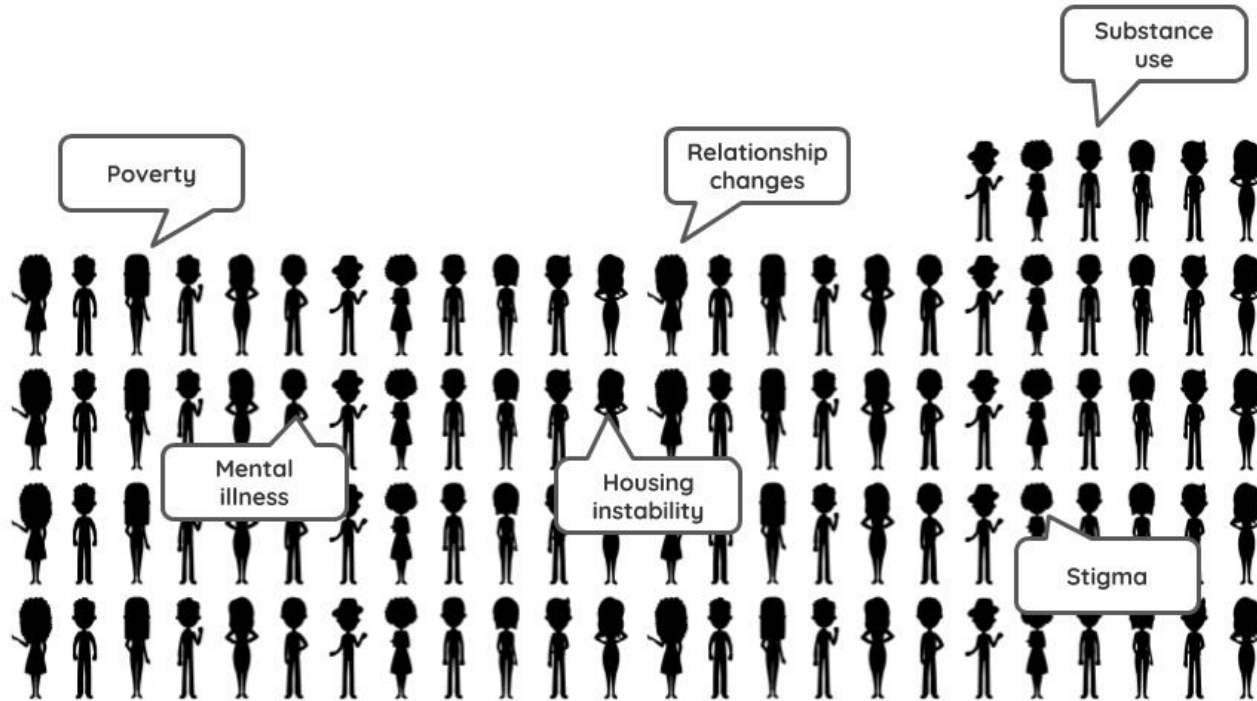
HIV Care Continuum

HIV CARE CONTINUUM:

THE SERIES OF STEPS A PERSON WITH HIV TAKES FROM INITIAL DIAGNOSIS THROUGH THEIR SUCCESSFUL TREATMENT WITH HIV MEDICATION



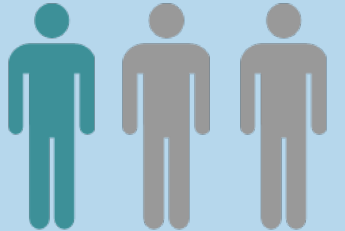
Barriers to Achieving VL Suppression



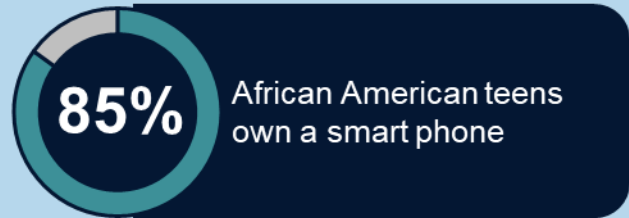
Background Mobile Health

Text messaging can be an effective tool to improve patient outcomes along the HIV care continuum.

Cell phones have become indispensable tools



1 in 3 adolescents
sends more than



Eligibility Criteria

Between the ages of 18 and 29; AND

HIV-positive; AND

Receive care from a Washington University Infectious Diseases Clinic; AND

Have access to a private mobile device with texting capabilities; AND

Meet **at least one** of the following additional criteria:

1. Newly diagnosed OR
2. Not linked to care OR
3. Out of care/not fully retained in care (6 month gap in last 2 year OR
4. Not virally suppressed (200 copies/mL at last lab test)

Demographics of Participants

Demographics	N = 100 (%)
Race, Black	93 (93) *
Race, White	7 (7)
Gender, Male	91(91) *
Gender, Female	9 (9)
Income Levels at or Below 100% of Federal Poverty Line	53 (53)
Income Levels at or Below 150% of Federal Poverty Line	63 (63)
Income Levels at or below 200% of Federal Poverty Line	71 (71) *
HIV Acquisition Category: Male-to-Male Sexual Contact	82 (82) *
HIV Acquisition Category: Male to Male Sexual Contact & Intravenous Drug Use	1 (1)
HIV Acquisition Category: Heterosexual Contact	10 (10)
HIV Acquisition Category: Perinatal	7 (7)
Age*	22.87 (2.30) *

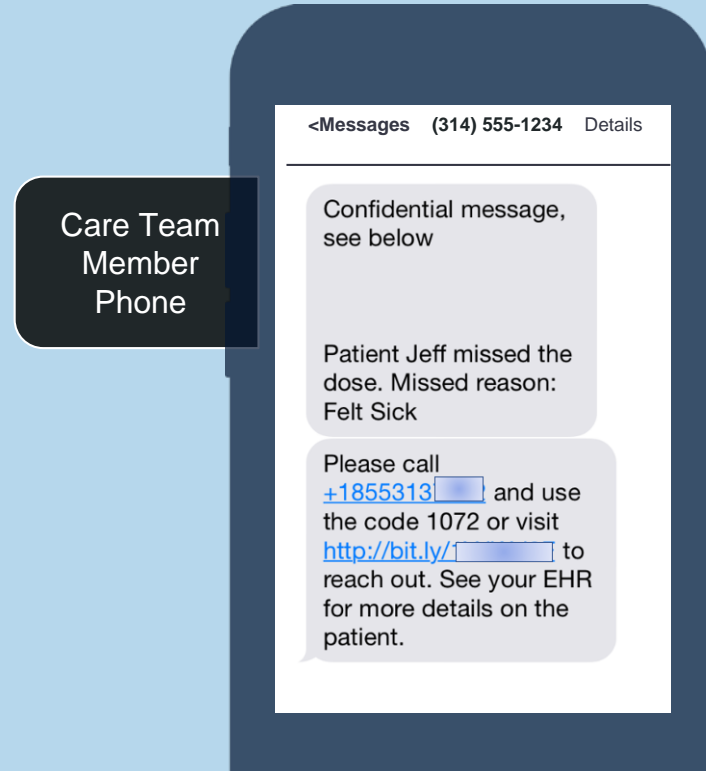
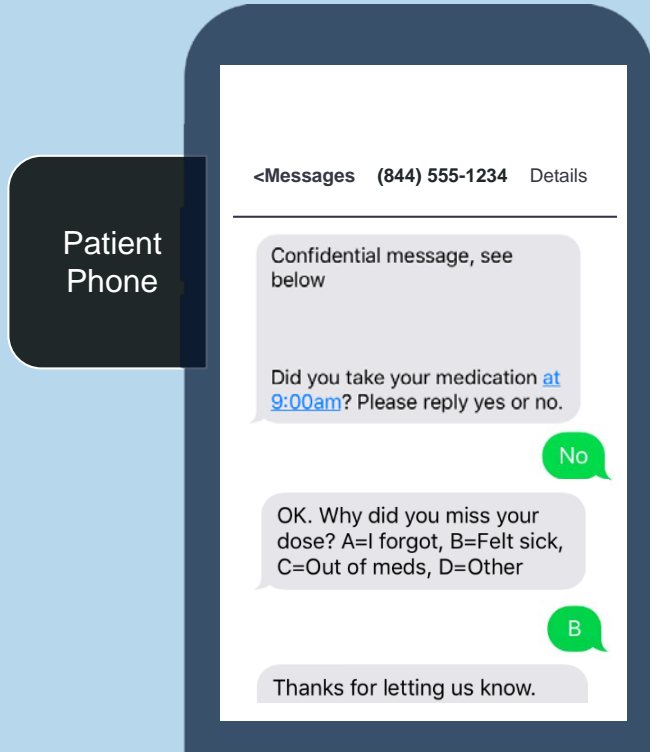
Psychosocial Risk Factors	N=100 (%)
Depression (PHQ-2 \geq 3)	26 (26)
Experienced Physical Intimate Partner Violence	28 (28)
Used Alcohol Several Times a Week (last 6 months)	18 (18)
Used Marijuana Several Times a Week (last 6 months)	44 (44)
Used Tobacco Daily (last 6 months)	28 (28)
Misused Prescription Painkillers/Opioids (ever)	13 (13)
Used Methamphetamine (ever)	9 (9)
Experienced Sexual Assault	34 (34)
Traded Sex	22 (22)
Received Payment for Sex	28 (28)
Paid for Sex	6 (6)
Spent Time in Jail or Prison	47 (47)

Medical Case Manager to Client

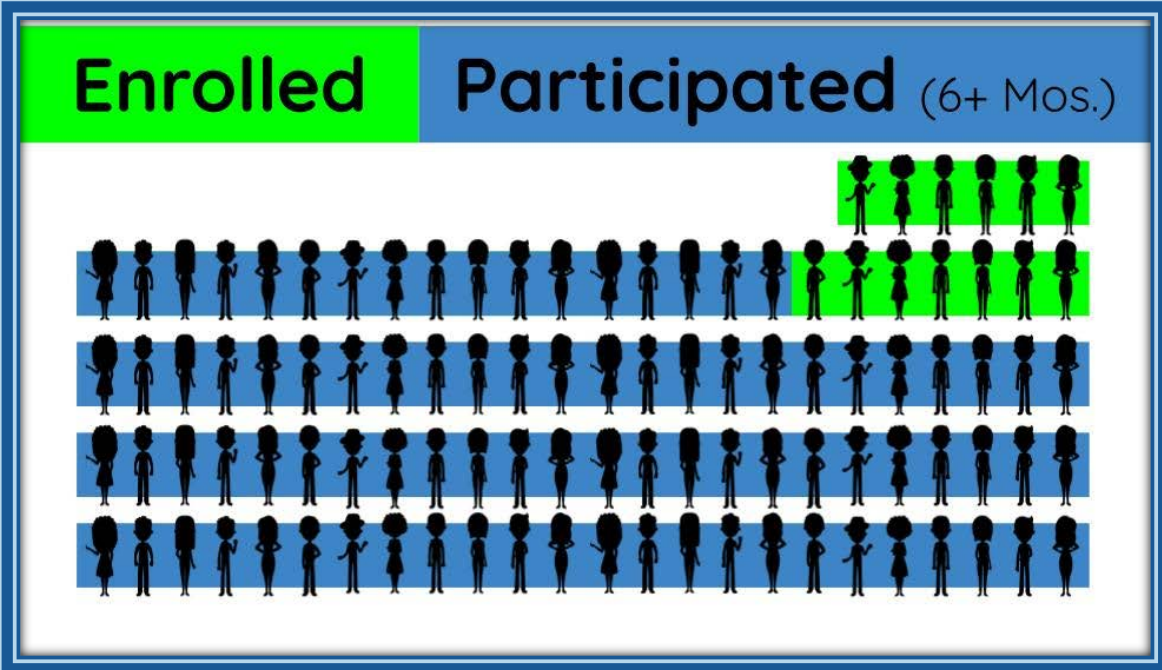
- Shift Communication to preferred method
- Built HIV-Specific Module which includes:
 - Medication Reminders (Daily)
 - Appointment Reminders (As Needed)
 - General Mood Check-Ins (Twice Weekly)
 - Housing/Bills Needs (Monthly)
- Needs trigger alerts
- Weekly collection of text dialogue and qualitative analysis of content



Medical Case Manager Cell Phone Demo



89 Out of 100 Participated at 6 Months Post Enrollment



Alerts

“Easy to talk to someone if I have a problem and response is usually pretty quick”

Number of Alerts

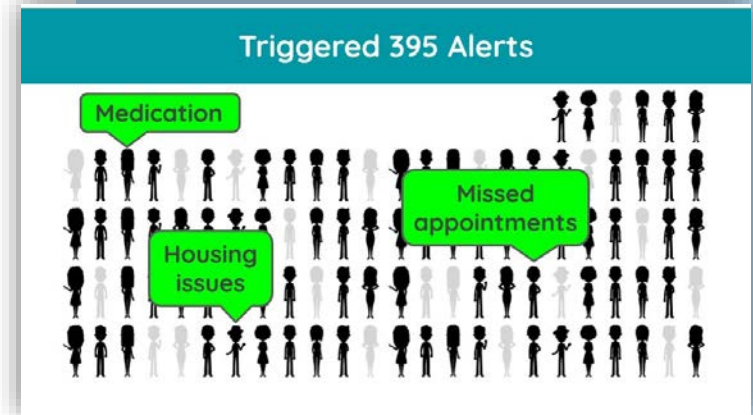
- Appointment Reminders = 115
- Medication Tracking (includes mood check ins and social service needs) = 280
- Total Alerts = 395

Top 3 Alerts for Medication Tracking System

- Need for help with housing/bills = 89
- Did not take medication (Reason: Other) = 64
- Did not take medication (Reason: Out of Meds) = 58

Top 3 Reasons for Missing Medical Appointment

- Miss due to work = 37
- Miss due to other reasons = 31
- Miss due to transportation = 15



Participant Feedback

Q: What did you like about this service?

- ***“They care that someone else cares for me and trying to make sure I’m on top of my needs.”***
- ***“All the help that I didn’t know was available to use for people with illness/sickness. How everyone is so caring and energized and the doctors are awesome.”***
- ***“It’s something I can rely on if I don’t have anyone else or if I forget.”***
- ***“The service was excellent. Thanks to [my case manager] and her keeping me updated with appointments and messaging me I received the treatment necessary.”***

Evaluation Results

Increased virologic
suppression



More HIV medical
visits kept



Improved CM
communication



Successes– Main Goals

HIV CARE CONTINUUM:

The series of steps a person with HIV takes from initial diagnosis through their successful treatment with HIV medication



Increased retention by 14%!

99% prescribed ART!

Increased suppression by 18%!

Quantitative Findings

Differences in Proportions of Virally Suppressed Participants at Consent and Follow-Up

Sample (N)	Suppressed v. Not Suppressed VL	X ²	p-value
Baseline (100) 6mo (82)	49 v. 51 58 v. 24	8.83	.003
Baseline (100) 12mo (74)	49 v. 51 52 v. 22	4.32	.038
6mo (82) 12mo (74)	58 v. 24 52 v. 22	-*	.581

Differences in Mean (SD) Viral Load at Consent and Follow-Up

Sample (N)	Mean Viral Load	z score	p-value
Baseline (100) 6 months (82)	23,151.55 (72,753.45) 8,651.63 (29,844.61)	-2.09	.037
Baseline (100) 12 months (74)	23,843.17 (72,753.45) 6,371.36 (17,697.30)	-2.62	.009
6 months (82) 12 months (74)	8,651.63 (29,844.61) 6,371.36 (17,697.30)	-0.29	.828

- Significantly greater proportion of virally suppressed participants at 6 and 12 months compared to baseline (McNemar's tests)
- Mean or community viral load was significantly lower at 6 and 12 months when compared to baseline (Wilcoxon signed rank tests)
- Intervention results maintained over 12 months.
- Cannot infer causation due to lack of control group.

Qualitative Results: Strengths

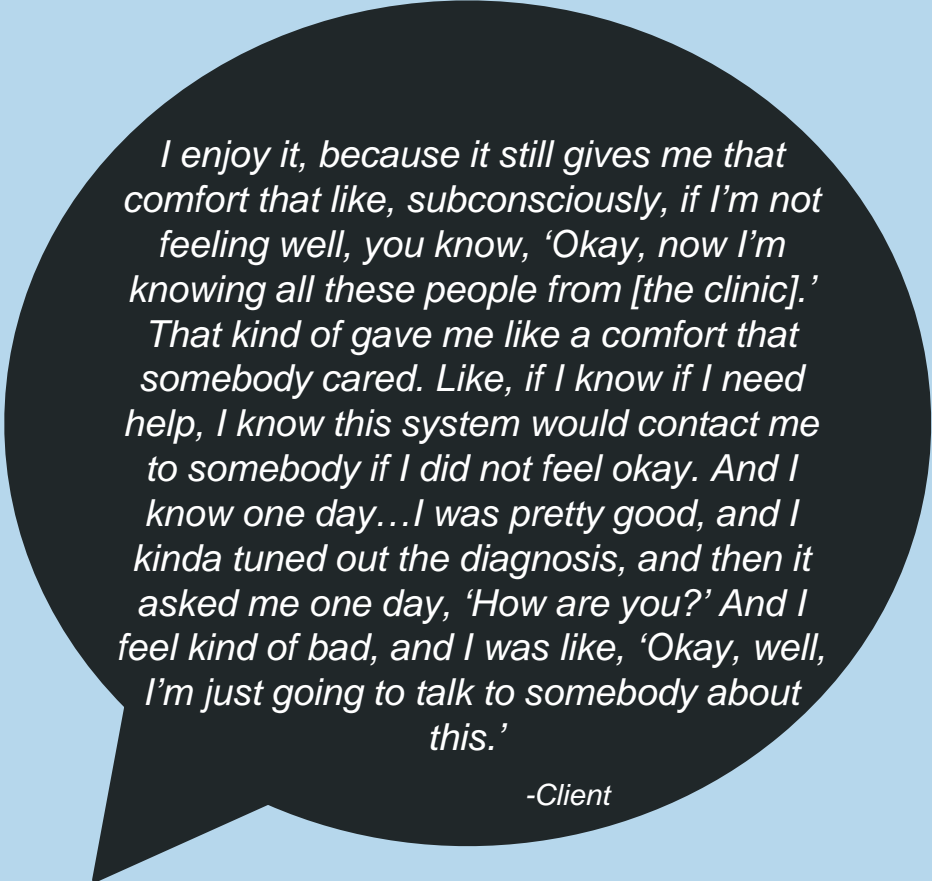
Two-way texting a powerful tool for case management:

- Managing appointments,
- Real-time problem solving, and
- Exchanging resources and documentation

Case managers reported increased productivity and effectiveness due to two-way texting and E-VOLUTION:

- Streamlining routine tasks
- Multi-tasking
- Greater accessibility/efficiency for clients
- Crisis intervention

Clients considered intervention a valued resource, especially medication reminders and check-in messages




I enjoy it, because it still gives me that comfort that like, subconsciously, if I'm not feeling well, you know, 'Okay, now I'm knowing all these people from [the clinic].' That kind of gave me like a comfort that somebody cared. Like, if I know if I need help, I know this system would contact me to somebody if I did not feel okay. And I know one day...I was pretty good, and I kinda tuned out the diagnosis, and then it asked me one day, 'How are you?' And I feel kind of bad, and I was like, 'Okay, well, I'm just going to talk to somebody about this.'

-Client

Lessons Learned: Qualitative Results: Challenges Identified

- Client concerns regarding privacy
- Providing emotional support or crisis intervention via text
- Setting boundaries with clients
- Unstable cell phone service and multiple phone numbers



If you were on a phone call with somebody and they're cussing you out, there is a certain point where we could ethically just disengage the call. When am I at the ethic[al] line where I can just disengage texting, too?

-Case Manager

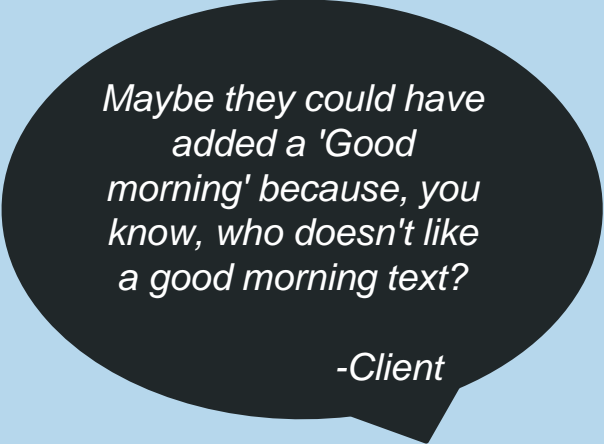
Lessons Learned Qualitative Results: Future Considerations

Relatable feel and supportive tone to messages

Establish protocols and train well for crisis intervention, boundary setting, and CM self-care

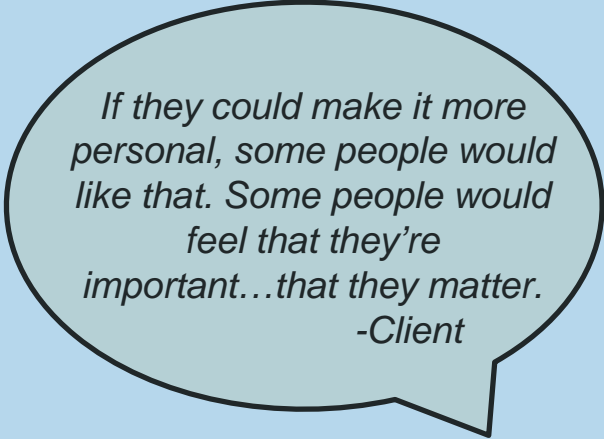
Know clients' service plans and texting practices/preferences

Regularly check in with clients about changes in service or phone number



Maybe they could have added a 'Good morning' because, you know, who doesn't like a good morning text?

-Client



If they could make it more personal, some people would like that. Some people would feel that they're important...that they matter.

-Client

Text Me

My voicemail message should say: You know good and well I'm not going to answer so please hang up and text me. I don't do phone calls.



somee cards
user card

Considerations

- Cell phones can be our friends for engaging and empowering youth, even youth who have faced a lot of adversity.
- Text messaging can help young people manage chronic disease and could be something to consider for helping older youth and young adults make transitions.
- Texting can help intervene in the social determinants of health.
- Texting can help reduce disparities.
- Advocating for our intervention to go statewide to all HIV programs.

Inspiration

“And so the voices at the margins get heard and the circle of compassion widens. Souls feeling their worth, refusing to forget that we belong to each other.”

- Gregory Boyle, Founder of Homeboy Industries, *Tattoos on the Heart*

“You are all leaders. Be bold. Be brave. In the face of inequities, persist.”

- Fitzhugh Mullan MD



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Text Messaging to Improve Linkage, Retention and Health Outcomes among Young Adult Transgender Women Living with HIV: Text Me, Girl!

Cathy J. Reback, Ph.D., Kimberly Kisler, Ph.D., MPH, Jesse B. Fletcher, Ph.D.

Friends Research Institute, Inc.

Text Me Girl



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TEXT ME, *Girl!*



Needs, Barriers, and Health Disparities

- Trans women are 34 times more likely to be living with HIV than other adult populations (Baral et al., 2013)
- High rates of HIV sexual risk behaviors including CAI, sex while intoxicated or high, and engagement in sex work (Herbst et al., 2008; Nemoto et al., 2004; Reback & Fletcher, 2014)
- Trans women are less likely to receive ART, be ART adherent, or be virally suppressed than cisgender persons (Baguso et al., 2016; Kalichman et al., 2017; Mizuno et al., 2015; Yehia et al., 2013)
- Trans women, particularly trans women of color, experience multiple psychosocial and structural disparities including:
 - Increased rates of homelessness, substance use disorders, sex work, incarceration, victimization/violence, mental health disorders, stigma, discrimination and transphobia
 - Reduced access to health care, unsafe/medically unmonitored gender-confirming procedures
- The synergistic and intersectionality of these health disparities place trans women at increased risk for HIV, and, for trans women living with HIV, greatly impact advancement along the HIV Care Continuum.

Eligibility Criteria

- **Eligibility:**
 - Gender identity as a woman (self-identified);
 - Assigned a biological sex of male at birth (self-reported);
 - Between the age of 18-34 years;
 - HIV-positive (verified); and,
 - The ability to receive daily text messages on either a personal cell phone or an email account.

Incentives

Assessment Schedule and Incentives:

- Baseline - \$25; 3-month follow-up - \$50 (\$20 bonus for completing +/- 5 days of the exact 3-month date); 6-, 12-, and 18-month follow-up - \$50

Targeted, Tailored, and Personalized

The text messages were targeted, tailored, and personalized specifically for young trans women living with HIV:

- Targeted: young trans women living with HIV along the HIV Care Continuum
- Tailored: Content (i.e., verbiage, content, delivery schedule, medium of delivery) specific to the needs of young trans women living with HIV
- Personalized: Participants could customize their 10-hour delivery timeframe (i.e., intervention time period), and could personalize their delivery platform to their cell phone or an email inbox

Along the HIV Care Continuum

Theories

- 270 scripted theory-based text-messages along the HIV Care Continuum
 - HIV positivity/physical and emotional health
 - Linkage/retention in HIV care
 - ART adherence/viral load suppression

- Theoretical Model / Conceptual Framework
 - Social Support Theory
 - Social Cognitive Theory
 - Health Belief Model

Text Message Intervention Design



Theoretical Foundation	Text Messages Along the HIV Care Continuum, HIV Positivity/Physical and Emotional Health	Text Messages Along the HIV Care Continuum, Linkage/Retention in HIV Care.	Text Messages Along the HIV Care Continuum. ART Medication Adherence/Viral Load Suppression.	Total:
Social Support Theory	30	30	30	90
Social Cognitive Theory	30	30	30	90
Health Belief Model	30	30	30	90
Total:	90	90	90	270

Text Message Intervention Design by HIV Care Continuum and Theoretical Foundation

Development of the *Text Me, Girl!* library

- Young adult trans staff adapted my text-message library, *Project Tech Support*, that was developed for methamphetamine-using MSM
- Initial revised text-message library for young adult trans women, *Text Me, Girl!*, went before the Community Advisory Board, resulting in several iterations
- Revised text-message library went back to trans staff and then back to the CAB
- Following consensus, the *Text Me, Girl!* library went to the research team for modifications to fit behavioral change theories and design structure.

Sample Text Messages



Social Support

HIV Positivity / Physical and Emotional Health: "Trans women, living positive, loving life."

Linkage / Retention In HIV Care: "When you stay in HIV care, you can expose your heart, not your partner."

ART Medication Adherence / Viral Load Suppression: "HIV meds work, your trans beautiful body is worth protecting."

Health Belief

HIV Positivity / Physical and Emotional Health: "One night Of fun, a lifetime With herpes."

Linkage / Retention In HIV Care: "Missing a HIV appointment can mean missing out on life."

ART Medication Adherence / Viral Load Suppression: "HIV meds can keep your trans body strong and healthy."

Social Cognitive

HIV positivity / Physical and Emotional Health: "Make no compromise. You can protect yourself, girl!"

Linkage / Retention In HIV Care: "Stay on top of your numbers with your doctor's help, now that's Trans Pride!"

ART Medication Adherence / Viral Load Suppression: "You can take care of yourself and your trans community, take your meds."

Automated and Unidirectional

- Text messages were delivered either via phone or email, of the 130 enrolled:
 - 79 (61%) chose to receive messages via cell phone text delivery
 - 51 (39%) chose to receive messages via email delivery
- Text messages were automated, unidirectional, and delivered with a graduated delivery system
- Messages were delivered 3 times/day, every 5 hours within a 10-hour period (default time period: 12:00 noon, 5:00 PM, 10:00 PM; the delivery time period could be personalized)
- 90-day intervention (3 messages/day x 90 days = 270 scripted messages); no repeat messages

Sociodemographic Characteristics (N=130)



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**Enrollment
from
December
2016
through
May 2018**

Income (Monthly)	N	(%)
< \$500	60	(46.2%)
≥ \$500	60	(46.2%)

Racial/Ethnic Identity	N	(%)
Hispanic/Latina	56	(43.1%)
African-American/Black	49	(37.7%)
Caucasian/White	14	(10.8%)
Multiracial/other	11	(8.5%)

Education	N	(%)
< High school	53	(40.8%)
High school/GED	45	(34.6%)
> High school	32	(24.6%)

Age	N	(%)
18-24	16	-12.30%
25-29	38	-29.20%
30-34	76	-58.50%

Housing Instability	N	(%)
Yes	57	(43.8%)

Substance Use and Sexual Risk Behaviors in the Past 6 Months at Baseline (N=130)



Substance Use	N or X̄	(%) or (SD)
Alcohol	46	(35.4%)
Marijuana	29	(22.3%)
Methamphetamine	27	(20.8%)

Serodiscordant Condomless Intercourse ^a (n = 121)	N or X̄	(%) or (SD)
Insertive Anal	13	(10.7%)
Receptive Anal/Vaginal	19	(15.7%)

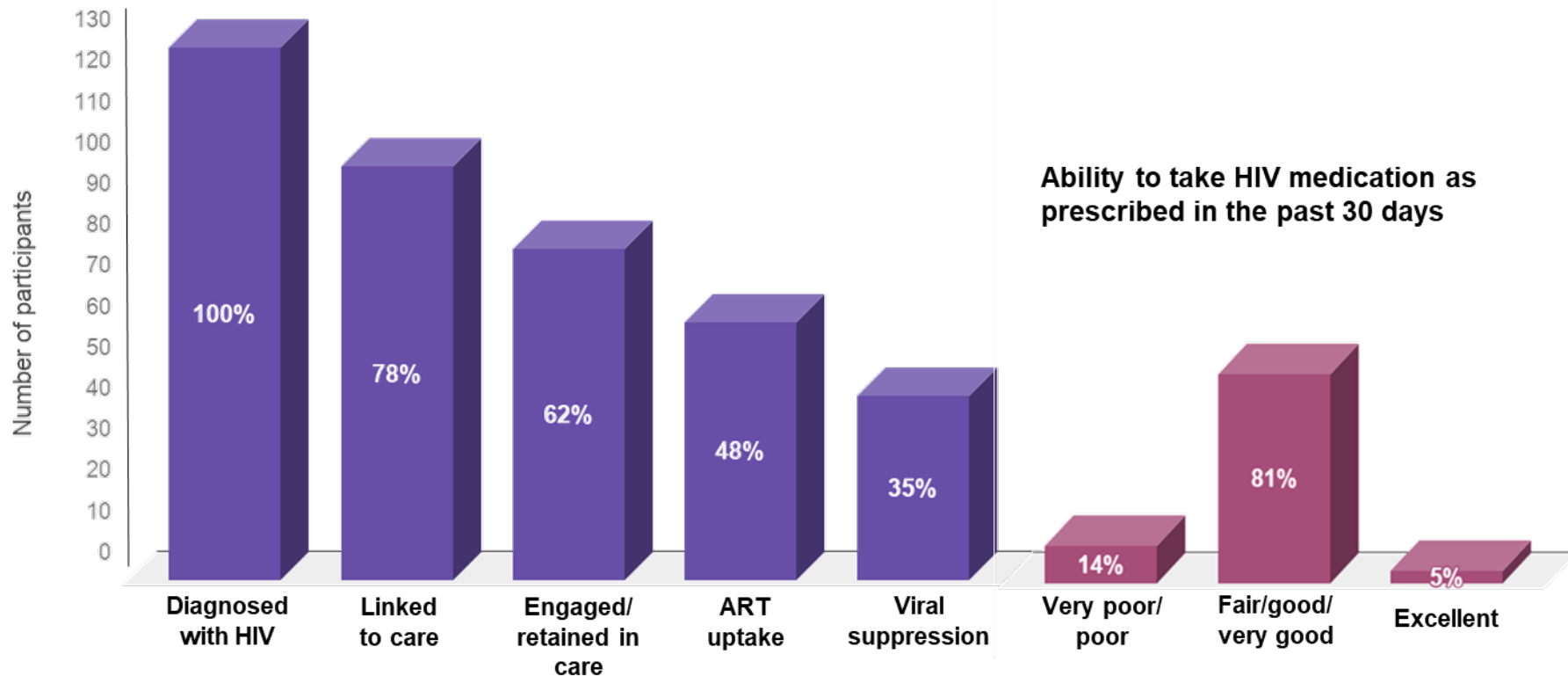
Sex work (n = 121)	N or X̄	(%) or (SD)
Yes	28	(23.1%)

^aDefined as condomless anal or vaginal intercourse with a HIV-negative partner and/or with a partner whose HIV status is unknown.

HIV Care Continuum at Baseline



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HIV Care Continuum Outcomes



	Baseline (N = 130) N (%)	6-month Follow-up (n = 116) n (%)	12-month Follow-up (n = 111) n (%)	18-month Follow- up (n = 73) n (%)	P (χ^2)
HIV Care Visit (past 6 months)	81 (62%)	79 (68%)	69 (62%)	45 (62%)	ns
ART Uptake	63 (49%)	78 (67%)	80 (72%)	56 (77%)	<.001
“Excellent” ART Adherence (past month)	3/63 (5%)	26/78 (33%)	19/80 (24%)	21/56 (38%)	<.001
Undetectable Viral Load	45 (35%)	58 (50%)	54 (49%)	38 (52%)	<.001

Promising Results

- At baseline, participants were heavily impacted by several health disparities, including low educational attainment, low income, housing instability, substance use, and sex work.
- Preliminary results are extremely promising; exposure to unidirectional, theory-based text messaging was associated with increased advancement along the HIV Care Continuum among this sample of young adult trans women living with HIV.
 - Specifically, *Text Me, Girl!* participants demonstrated significant increases in ART uptake, significant improvements in ART adherence, and significant increases in achievement of an undetectable viral load, and these improvements were ***durable through 18-month follow-up.***
- This intervention is highly scalable, replicable, and low cost.
- Supportive and informative intervention content delivered in a convenient, unobtrusive and culturally meaningful manner is a critical strength of SMS interventions, especially among highly impacted populations.

Thank you!



Questions?

Cathy J. Reback
reback@friendsresearch.org

Friends Community Center

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Use of social media to improve engagement in care among young GBMSM and transgender women with HIV: *weCare*

Scott D. Rhodes, PhD, MPH;¹ Amanda E. Tanner, PhD, MPH;² Jorge Alonzo, JD;¹
Lilli Mann-Jackson, MPH;¹ Manuel Garcia;¹ Elias Arellano Hall;¹ Jonathan Bell;³
Katherine R. Schafer, MD;¹ and Eunyoung Y. Song, PhD⁴

¹Wake Forest School of Medicine, Winston-Salem, NC; ²University of North Carolina Greensboro, Greensboro, NC; ³University of North Carolina, Chapel Hill, NC; and ⁴HQP, Doylestown, PA



Brief Background



- South is disproportionately affected by HIV.
- Young racial/ethnic minority GBMSM and transgender women are particularly at increased risk for HIV infection.
- Racial/ethnic minority young GBMSM and transgender women living with HIV have disproportionately lower rates of care engagement and viral suppression compared to other subgroups.



The *weCare* intervention



- An innovative, bilingual intervention designed to improve **care engagement** and **health outcomes**
 - Among underserved, underinsured, and hard-to-reach, racially and ethnically diverse GBMSM and transgender women, ages 16-34, living with HIV
- Implemented by **cyberhealth educators**
- It harnesses established social media platforms that GBMSM and transgender women commonly use, including
 - Texting
 - Facebook
 - GPS-based mobile applications (“apps”)
 - A4A/Radar, badoo, Grindr, Jack’d, & SCRUFF



Social cognitive and empowerment theories

TABLE 1. THEORY, ENGAGEMENT, AND CYBERHEALTH EDUCATOR-INITIATED ABBREVIATED SAMPLE MESSAGES

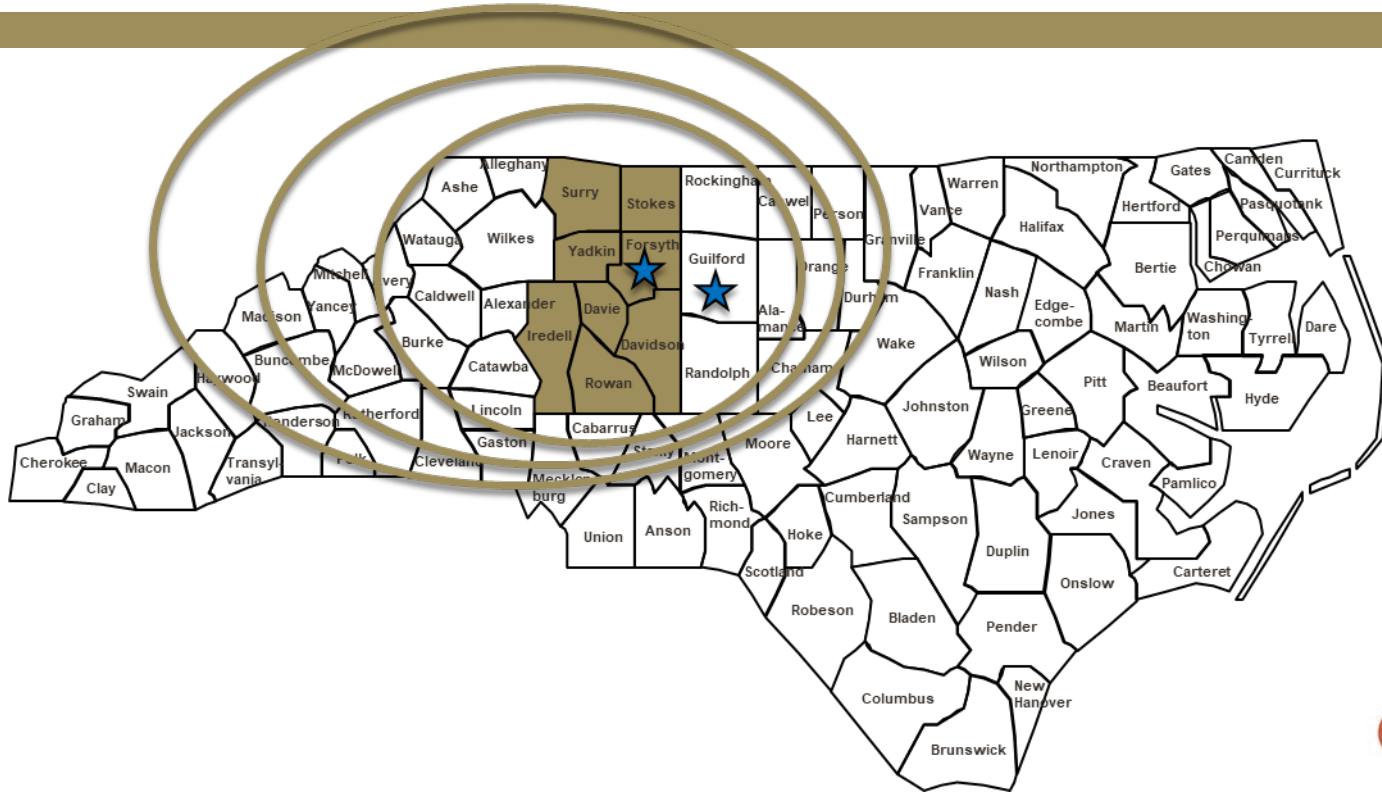
Theory	Construct	Linkage and retention			Retention			Linkage and retention		Retention
		Enrollment	Check-in	Following up on previous conversation	Missed appointment	Prescription reminder	Medication adherence	Overcoming barriers	Appointment reminder	Reinforcing
SCT	Information	Hi, we will use this (social media platform) to stay in touch. Is that still ok with u?	Remember, U can rely on me 4 help! That's what I'm here 4! Do U need any info?	Do u have any more questions 4 me? I'm here 4 u!	I think u missed ur appointment 2 day. Do u need the scheduler's phone #?	ur prescriptions r ready 2 pick up 2 day. Let me know when u have picked them up, ok?	It's important 2 take meds as directed to make sure they are the most effective.	U know that ur case manager can help you with housing and food, right?	Hi, did u have a good weekend? Don't 4get ur appointment 2morrow at 3PM. U gonna be there?	Is great that u r helping ur friends. Our friends often need the same info that we once needed.
SCT	Outcome expectancies	What is important to u? Reduced VL? U=U? we can get U closer to what u want.	How is it going today? What is important to U? UR health? Reduced VL? U=U?	Hi, how are u? Last time we talked u wanted to make ur appt & u did. Congrats! What does that mean to u?	I'm sad that u missed ur appt. How can I get u back here?	Get your meds together for this week, so u can slay! U hear?	It u want to get to U=U, u need to take meds as directed, without fail. How can I help u meet ur goal?	When a case manager starts working with you, it will be easier to connect you with services u want & need	ur doctor can help u meet ur goals, if u make it 2 ur appointment	How do u feel about today? Do you feel like u met ur objective? I am proud of ur progress.
SCT	Self-efficacy	I feel confident that u & I can work well together, don't u?	u have had a lot of success (add example here). u should feel good about ur next step. Do you think u'll be able 2 (next step here)?	Anything u want 2 talk more about? (Triggers about health, successes, challenges)	Hey, we missed u 2 day. We need to get you back n soon. I no u can do it. What do u need to feel u can?	U were able 2 get 2 your appt successfully, now u can get 2 the pharmacy. Do u think u'll b successful?	U have been so successful managing. U can do this too, don't u think so too?	U have been so successful managing, & while it won't be easy, u can overcome this barrier too, don't u think so too?	U made it 2 ur appt last time. Do u feel confident about making 2morrow's appt?	One more success that should help u feel more confident about managing ur health, right?
SCT	Direct experience	I am glad we were able to talk today. U took the first step for ur health & that is awesome. Let's build on this success!	Anything u want 2 work on? (Triggers about health, successes, challenges)	Sometimes I take ongoing communication for guys like u 2 feel comfortable asking 4 help. How do u feel about ur?	Last time u missed an appt, u called & got a new appt. Will u do that again?	Think of what u have overcome (example) how can u use those experiences to overcome this challenge?	Think of what u have overcome (example) how can u use those experiences to overcome take the meds as directed.	It was great that u made it 2 the clinic again. I am glad they were able to connect you with services that u needed	How was it 2day? Why do u think the visit went so well?	U did it! How do u feel?
SCT	Vicarious learning	I know it is scary 2 think about, but lots of guys just like u were scared but used this program so put urself on the back 4 being like them and taking care of yourself	Some guys like me to check n with them 2 help out. Anything I can do 4 u?	Sometimes it takes ongoing communication for people 2 feel comfortable asking 4 help. Do u need any help around (e.g., making appt, getting meds)?	Let's get ur missed appt rescheduled. Most people feel better when they get back in 2 a routine	Some people put their meds in different bottles so that no one knows that it is these meds. Does that sound like something u could do?	Try this app: Care4today, is free and helpful, and some people find it useful. Others find pillboxes make it easier to remember their meds. Let me know what u'll try, ok?	For some it is helpful 2 go 2 a support group; there is one every other Friday. Would you be interested? I know a couple people who go & they say they get a lot out of it. What do u think?	Sometimes people miss their appointments and then are less healthy. I don't want u to be one of them!	All the other people I talk to say that staying in care helps them stay healthy, & talking 2 me helps them 2!

(continued)

Tanner AE, Song EY, Mann-Jackson L, Alonzo J, Schafer KR, Ware S, Garcia JM, Arellano Hall E, Bell JC, Van Dam CN, Rhodes SD. *AIDS Patient Care STDS*. 2018;32(11):450-458



Catchment Area



Includes very rural communities



Eligibility



- Ages 16-34
- Identified as male or transgender
- Reports sex with men
- Living with HIV and
 - Newly diagnosed (within past 12 months),
 - Not linked to care,
 - Out of care, or
 - Not virally suppressed



Sample



- **N=198** Mean age=26
 - Intervention-control (usual care) group design
 - Randomized:
 - Intervention, n=100
 - Usual care, n=98
- 6-month follow-up:
 - n=181 (**91%**); I=89, UC=92
- 12-month follow-up:
 - n=164 (**83%**); I=80, UC=84
- 18-month follow-up:
 - n=169 (**85%**); I=82, UC=87

Characteristics, self-id	n (%)
Race: American Indian/AK Native	2 (1.0)
Race: Asian	3 (1.5)
Race: Black/African American	136 (68.7)
Race: White	31 (15.7)
Race: Multiracial	23 (11.6)
Race: Other	3 (1.5)
Ethnicity: Latinx	25 (12.6)
Gender identity: Cisgender male	186 (93.9)
Gender identity: Transgender	10 (5.1)
Gender identity: Other	2 (1.0)
Sexual orientation: Straight	6 (3.0)
Sexual orientation: Gay	147 (74.2)
Sexual orientation: Bisexual	37 (18.7)
Sexual orientation: Other	8 (4.0)

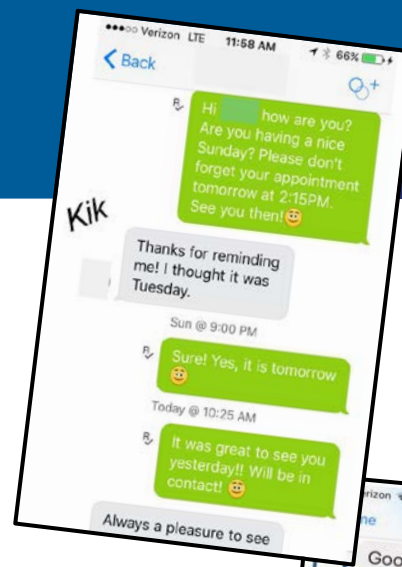
Implementation



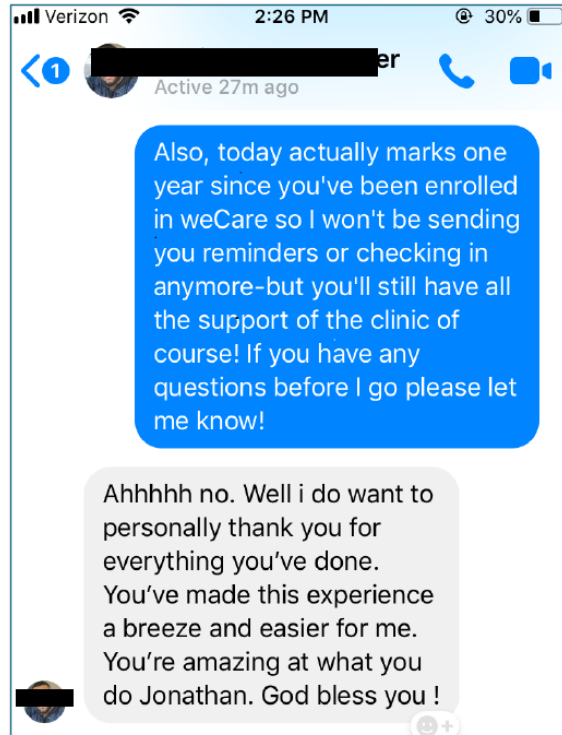
VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

- **Topics covered**

- Check-ins
- Appointment reminders
- Missed appointments
- Prescription/adherence reminders
- Problem-solving/overcoming barriers
- Other information/help
 - E.g., referrals to other agencies
- Greetings, celebrations... to build social support
- *Personalized to the participant!*



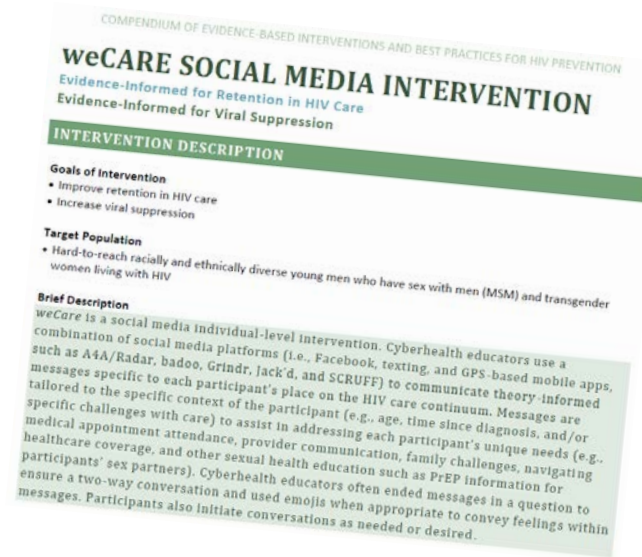
Implementation



Results



- Preliminary findings are promising
- https://www.cdc.gov/hiv/pdf/research/interventionresearch/compendium/lrc/cdc-hiv-weCare_LRC_EI_Retention.pdf
- Reduced missed appointments
- Viral suppression
- Analysis is ongoing... Stay tuned



Qualitative findings: Lessons learned



- The value of using existing social media platforms over traditional communication methods
 - More commonly used communication strategy
 - "I know, if anything, I'll always have Facebook. There are times when I won't be able to pay my phone bill, and I've had three different numbers since I've met [cyberhealth educator], so Facebook is the best way for me."*
 - Messages can be referred to later
 - Cyberhealth educators as “real” people who reflect participant demographics in several ways (gender identity, language, race/ethnicity, sexual orientation, and age)
 - "It's different coming from...somebody of my race, because I can connect with him more."*
 - Supportive clinical infrastructure
 - "I just think it's an awesome program...It's been a great addition to what we have here in the clinic. When we talk about wraparound services...I think this has been one of the biggest things we've done probably in about five years for our patients. So, we love it!"*
 - The importance of the messages being bidirectional and not automated
 - "A computer's not a person that cares... [A cyberhealth educator] is a person that cares!"*



Qualitative findings: Lessons learned



- The importance of a personal relationship between each participant and the cyberhealth educator to guide interactions

"I don't know if he knew, but some days he texted me, I was going through some things. So just having that person to text and check-up was real big. It was real helpful."
- The value of initially meeting the cyberhealth educator in person to get to know who is sending social media messages

"From a human standpoint it is so great for you to really connect with somebody face-to-face instead of somebody you have never seen before or don't know, because you're like, "Who the heck is this person and why are you asking me these questions?" You know? So, it's great that I actually get to put a face to the [messages]."
- Cyberhealth educators identify and address unique needs and priorities based on participants' place on the HIV care continuum and individual disease trajectory



Recommendations



- Potential adaptations
 - Tailoring frequency of social media communication more to participants' needs
 - Offering informational and instrumental support for non-HIV-related appointments
 - Ensuring content appeals to non-gay-identifying participants
- Expanding the intervention
 - Using a broader array of social media platforms (e.g., Instagram)
 - Introducing an anonymous interactive peer-to-peer social component (e.g., GroupMe)

Tanner AE, Mann-Jackson L, Song EY, Alonzo J, Schafer KR, Ware S, Horridge DN, Garcia M, Bell J, Arellano Hall E, Baker LS, Rhodes SD. *Health Promotion Practice*. In press.



¡Gracias!



Jorge Alonzo: jalonzo@wakehealth.edu
Manuel Garcia: jegarcia@wakehealth.edu
Lilli Mann-Jackson: lmann@wakehealth.edu
Scott D. Rhodes: srhodes@wakehealth.edu
Katherine R. Schafer:
kschafer@wakehealth.edu
Amanda E. Tanner: aetanner@uncg.edu

