

# THERE'S AN APP FOR THAT! PROMOTING ANTIRETROVIRAL MEDICATION ADHERENCE IN RURAL GEORGIA: THE MUSIC FOR HEALTH PROJECT

Marcia **Holstad**<sup>1</sup>, Igbo **Ofotokun**<sup>1</sup>, Eugene **Farber**<sup>1</sup>, Drenna **Waldrop-Valverde**<sup>1</sup>, Steven **Logwood**<sup>2</sup>, Rajiv **Hira**<sup>1</sup>, Derek **Jobe**<sup>1</sup>, Modupe **Adewuyi**<sup>1</sup>, Maya **Bauman**<sup>1</sup>, Howard **Pope**<sup>1</sup>, Julie **Zuniga**<sup>1</sup>  
<sup>1</sup>Emory University, Atlanta, GA; <sup>2</sup>Positive Records – Groovy Pyramid, Los Angeles, CA

Journal MTM 2:4S:18, 2013

DOI: 10.7309/jmtm.2.4S.15

www.journalmtm.com

## ABSTRACT

Consistent high levels of adherence to antiretroviral drug therapy (ART) are needed to sustain undetectable viral loads (VL) in persons living with HIV/AIDS (PLWH). The result is improved health and prevention of HIV transmission. Rural dwelling PLWH encounter barriers such as low health care resources, transportation, poverty, stigma, and depression that contribute to adherence challenges. The goal of the Music for Health smartphone app is to use technology to improve adherence to ART. The app consists of a music program called the LIVE Network that includes animated music videos specially developed and tailored for PLWH, a manual with web links, and a pill count survey. The program is designed to educate, motivate, and increase self-confidence in rural PLWH to adhere to ART. We are conducting a randomized controlled clinical trial to study the efficacy of this app compared to an equivalent educational app in 240 rural PLWH in Georgia. Eligibility criteria include: HIV infected, initiating ART for the first time or changing a regimen due to side effects or ART drug resistance,  $\geq 18$  years of age, English speaking, and willing to complete study activities. Once randomized at baseline, each participant will receive a smartphone loaded with the appropriate app and will have a supervised listening/viewing session. They will receive regular text message reminders to use the app and for monthly unannounced pill counts. Pill counts will also be collected via smart phone. All participants will be followed up at 3, 6, 9 months using computerized interviews, hair samples for ART drug levels, and lab values extracted from medical records. The app was pre-tested in 3 focus groups conducted in 3 different rural counties. Nine men and 4 women participated; 10 (77%) were African American. All reviewed the app and provided feedback. Only one person did not own a mobile phone and 7 (54%) owned a smart phone. After coaching all were able to use the smart phone and app. All songs and videos were rated  $\geq 7$  on a scale of 0 to 10 and 5 songs had a median score of 10. Participants found the songs relevant and many thought songs addressed a situation they were currently experiencing: "This is my first year living with HIV, so songs like that I can relate to... dealing with issues and questions that I have in my own head... that I don't talk to people about." Videos were edited to incorporate changes requested by the participants. Study recruitment will begin in 2014. If successful this app could transform the delivery of HIV adherence self-management care by overcoming barriers in this vulnerable group.