

WELTEL BC1: A QUALITATIVE INVESTIGATION ADAPTING THE WELTEL TEXT MESSAGING INTERVENTION TO IMPROVE HIV CARE IN BRITISH COLUMBIA, CANADA

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ABSTRACT

BACKGROUND Patient engagement in care and adherence to medication are critical to achieving the full benefits of antiretroviral therapy (ART) among people with HIV infection. A randomized controlled trial in Kenya, WelTelKenya1, showed that an interactive mobile phone text messaging intervention can improve adherence and viral load suppression. We conducted a pilot study among individuals taking HAART to assess the acceptability of the WelTel model in a Canadian setting.

PURPOSE (1) To adapt the WelTel intervention to a Canadian setting, and (2) Assess acceptability by health care providers (HCP) and HIV + clients taking HAART at the Oak Tree Clinic, a women and family centred HIV clinic.

METHODS Between April and June 2012, we recruited five participants each from five patient groups: “Youth” (14–24 years), “Mature” (≥50 years), “ESL”, “Remote” (≥3 hours travel time to clinic) and “CD4 < 200”. Participants were sent weekly “How are you?” messages, to which they were required to respond within 48 hours either that they were well or had a problem. Nurses responded to negative and non-responses. Focus group discussion and semi-structured interviews were conducted with health care providers (HCP) (n = 5), and participants at baseline (n = 25) and study end (n = 20). Questionnaires were also administered at baseline (n = 25) and study end (n = 17). Analysis was guided by two theoretical frameworks: The Technology Acceptance Model and the Theory of Reasoned Action.

RESULTS Of 25 client participants, 80% (20/25) were female, the median age of participants was 46 (range 16–60) and the median time since HIV diagnosis was 13.7 years (range 2.6–20.6 years). 76% (19/25) of participants completed the study. Client participants and HCP indicated high acceptance and satisfaction with the program. Client participants reported the intervention to be a convenient and useful method to engage in communication with their HCP, thus increasing their ability to access support services, report side effects and attend appointments. HCP reported improved contact with clients and a faster response time to clients' health

concerns. Challenges with the intervention included non-responses, cell phone functionality and lost/stolen phones. Recommendations to improve the intervention included varying message frequency, tailoring messages and sending clinical test results via text messages. At study end, all client participants asked (17/17) would recommend the intervention to a peer.

CONCLUSIONS Clients and HCP at a Canadian HIV care centre were enthusiastic about the WeTel intervention, believing that regular communication via text messaging was an acceptable and useful approach to maintaining engagement in HIV care.