

weCARE SOCIAL MEDIA INTERVENTION

Evidence-Informed for Retention in HIV Care

Evidence-Informed for Viral Suppression

INTERVENTION DESCRIPTION

Goals of Intervention

- Improve retention in HIV care
- Increase viral suppression

Target Population

- Hard-to-reach racially and ethnically diverse young men who have sex with men (MSM) and transgender women living with HIV

Brief Description

weCare is a social media individual-level intervention. Cyberhealth educators use a combination of social media platforms (i.e., Facebook, texting, and GPS-based mobile apps, such as A4A/Radar, badoo, Grindr, Jack'd, and SCRUFF) to communicate theory-informed messages specific to each participant's place on the HIV care continuum. Messages are tailored to the specific context of the participant (e.g., age, time since diagnosis, and/or specific challenges with care) to assist in addressing each participant's unique needs (e.g., medical appointment attendance, provider communication, family challenges, navigating healthcare coverage, and other sexual health education such as PrEP information for participants' sex partners). Cyberhealth educators often ended messages in a question to ensure a two-way conversation and used emojis when appropriate to convey feelings within messages. Participants also initiate conversations as needed or desired.

Theoretical Basis

- Community Based Participatory Research
- Social Cognitive Theory
- Empowerment Theory

Intervention Duration

- Ongoing for 12 months

Intervention Settings

- Social media
- Clinic setting

Deliverer

- Cyberhealth educator

Delivery Methods

- Discussion via combination Facebook messaging, text messaging and app-based instant messaging

Structural Components

- There are no reported structural components reported for this study.

INTERVENTION PACKAGE INFORMATION

An intervention package is available. Please contact **Scott D. Rhodes**, Department of Social Science and Health Policy, Wake Forest School of Medicine, Winston-Salem, NC 27157-1063.

Email: srhodes@wakehealth.edu for details on intervention materials.

EVALUATION STUDY AND RESULTS

Study Location Information

The original evaluation study was conducted in Guilford County, North Carolina between February 2016 to February 2017.

Key Intervention Effects

- Increased retention in HIV care
- Increased viral suppression

Recruitment Settings

- Referral by clinic and health department staff
- Facebook advertisements and other social media platforms
- Local LGBTQ newspaper
- Craigslist
- Flyers placed at clubs, bars, and coffee shops

Eligibility Criteria

Individuals between the ages of 16 and 34 years were eligible if they identified as gay, bisexual, or transgender, and were living with HIV.

Study Sample

The baseline study sample of 91 study participants is characterized by the following:

- *79% Black or African American, 13% Hispanic/Latino, 7% multiracial, 1% white*
- *Mean age of 25 years*

Assignment Method

Not applicable

Comparison

This study used a one-group, pre-post research design. Participants' data from the 12-month period before enrollment were compared to their 12-month data after enrollment.

Relevant Outcomes Measured

- Retention in care was defined as no missed appointments during 12 months of intervention implementation
- Viral suppression was defined as an HIV viral load <200 copies/ml

Participant Retention

Because participant retention is not a criterion for the Linkage to, Retention in and Re-engagement in HIV Care (LRC) chapter, the Prevention Research Synthesis project does not evaluate that information.

Significant Findings on Relevant Outcomes

- The percentage of participants with missed appointments decreased from 68.0% at pre-enrollment to 53.3% at end of the 12-month implementation period among the 75 participants with complete data ($p = 0.04$).
- The percentage of participants who achieved viral suppression increased from 61.3% at pre-enrollment to 88.8% at the end of the 12-month implementation period among the 80 participants with complete data ($p < 0.0001$).

Strengths

- None identified

Considerations

Additional significant positive findings on non-relevant outcomes

- None reported

Non-significant findings on relevant outcomes

- None reported

Negative findings

- None reported

Other related findings

- None reported

Implementation-related findings

- Theory-based messages were developed and refined in partnership with the *weCare* community steering committee comprising racially and ethnically diverse young MSM and transgender women (some of whom were living with HIV) and representatives from an AIDS-service organization, the health department, and HIV/infectious disease clinics.
- The intervention dose, including the number and content of messages, varied across participants and the messages addressed each participant's unique needs.
- The relationship between the cyberhealth educator and participant is critical. The intervention relies on the cyberhealth educator "getting to know" the participant, learning what the participant values are, and using this knowledge to design meaningful messages.
- The intervention also relies on the participant knowing who is sending the messages, that a real person is there who knows and cares whether the participant is engaged in his or her own HIV care.

Adverse events

- None reported

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