E-health video-group interventions for MSM living with HIV: Potential for increasing intervention reach

75% of participants were willing to join a group video-phone intervention

74% of participants were willing to join a group computer-based intervention

65% of participants were willing to join a group video-conferencing intervention from home

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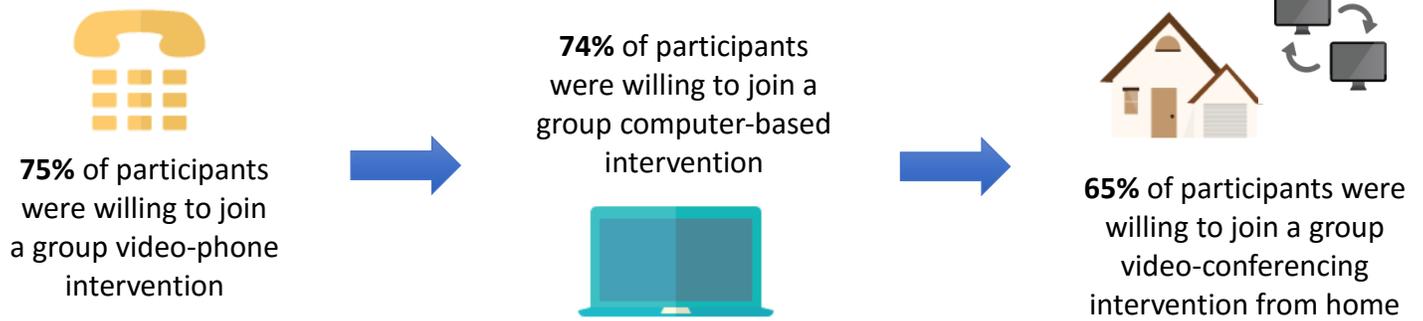
SALIENT FACTORS CONTRIBUTING TO WILLINGNESS TO USE EHEALTH PROGRAMS

Perceived usefulness: *"for someone to have a person to turn to... Someone who is newly HIV positive may not know where to go or who to talk to. I might be able to tell my story and provide guidance as a resource."*

Optimism: *"[ehealth groups would be] good places to meet other HIV positive [people] since it's not easy to find these people in bars etc."*

Innovativeness: *"[I] would love to try the technology."*

**SALIENT FACTORS INHIBITING WILLINGNESS TO USE EHEALTH PROGRAMS**

Discomfort: *"I just know about a computer, it's not as personal. You can see and hear people but I feel like it's just not that personal. I'd rather meet the people, actually talk to them."*

Insecurity: *"Too many people getting information. Computers not safe, [I] don't know who is listening."*

HIV-related privacy concerns: *Confidential, make sure that all participants have HIV and are respectable and keep status private."*

Group readiness: *"It's just too social. It won't stay focused"* *"Nervous about group members trying to hook-up"*

Figure 1. Adapted Technology Readiness and Acceptance Model (Original model Lin, Shih, & Sher, 2007)
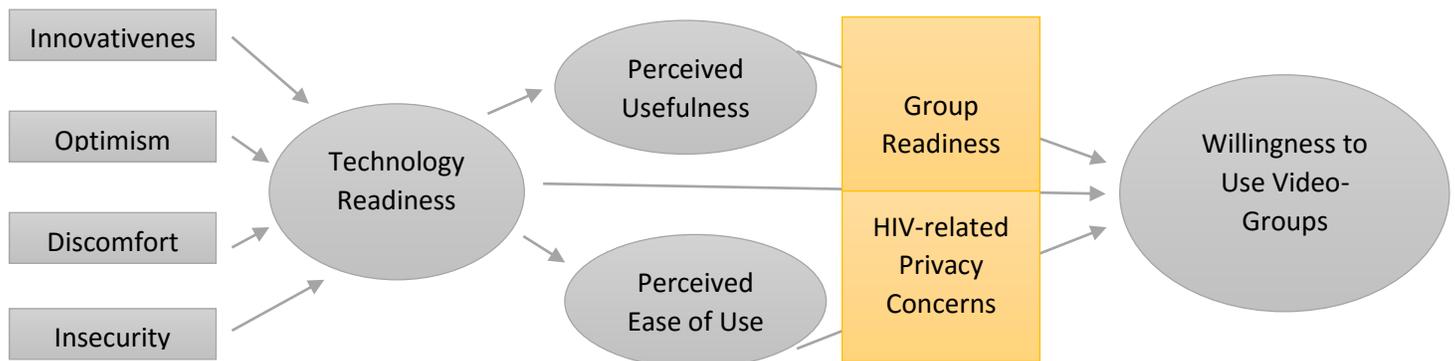
References

Lin CH, Shih HY, Sher PJ. Integrating technology readiness into technology acceptance: The TRAM model. *Psychology & Marketing* 2007; 24(7): 641-57.