

Using community engagement approaches within a digital health intervention to improve access and retention among people living with HIV (PLWH) in Cambodia

GeoOneHealth 2022 South-East Asia - 5 December 2022
Symposium on Geospatial Approaches in One Health Studies

Kennarey Seang
On behalf of the UHS and NCHADS teams

About the project

- Funder: The World Health Organization (Western Pacific Region)
- Part of the Community Engagement Research Initiative with four participating countries in the region
- Lead institution: University of Health Sciences
- Partner institution: National Center for HIV/AIDS, Dermatology and STDs (NCHADS)
- Extended activity of the previous community engagement research implemented across 4 participating HIV clinics
- This extended work is being implemented at 2 more HIV clinics

Our aims

1

Improve access and retention rates among PLWH through scaling an initially implemented digital health intervention (DHI) and corresponding relational community engagement trainings

2

Improve the quality of the interactions between patients and health care providers across selected OI/ART sites to ensure community trust and confidence remain at high levels

Our intervention

- 1.** Digital Health Intervention (DHI) – providing certain number of tablets installed with popular social network platforms for care providers at study sites
- 2.** Relational Community Engagement (CE) training – trust and relationship building with CE experts

Rationale of the relational CE

Communication is “bioactive” ¹

Every interaction is an intervention ²

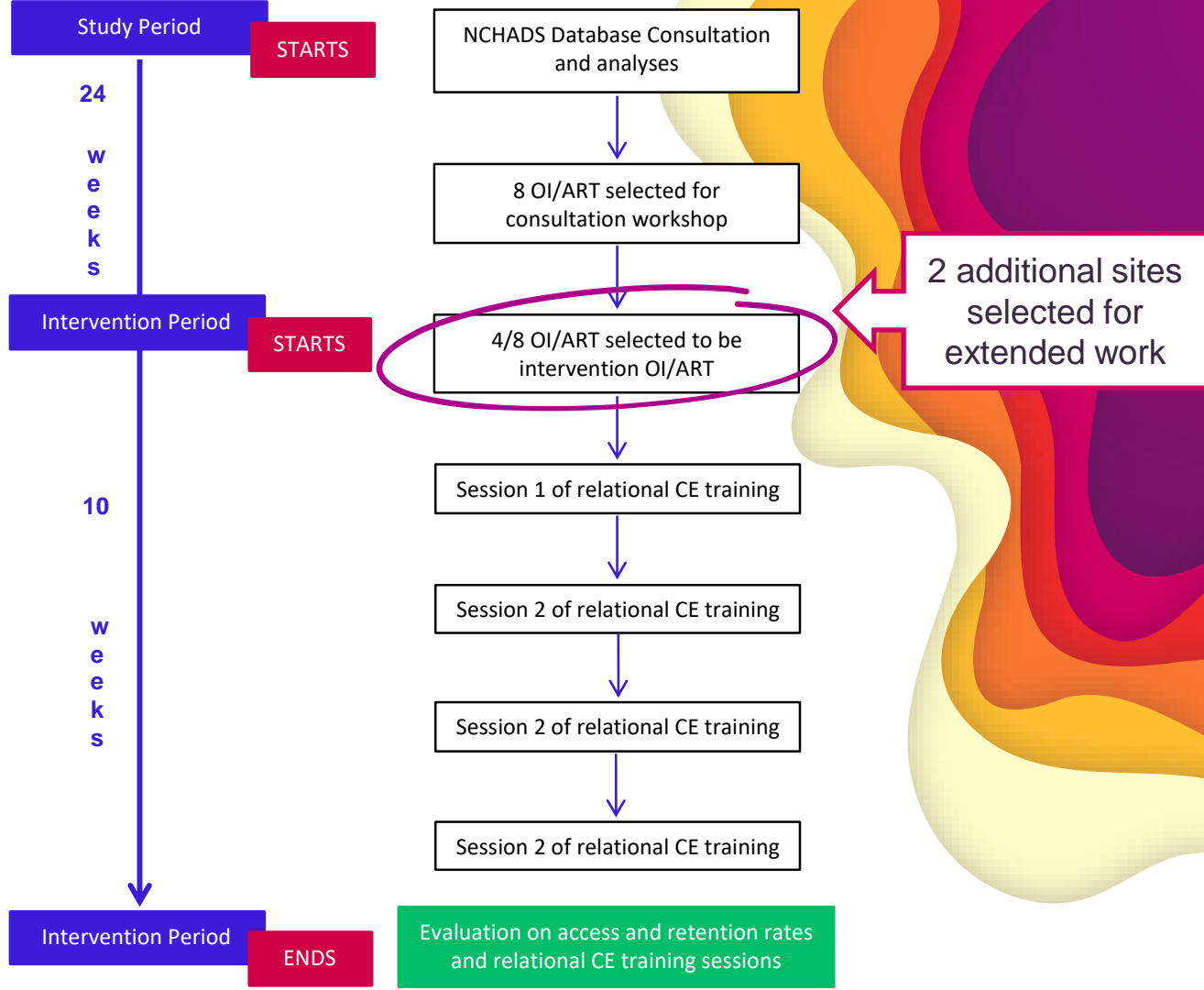
1. John Parrish-Sprowl, Ph.D. Dr., at the ChristianaCare Medical Grand Rounds: Parrish-Sprowl’s talk. 2022.
2. Treisman, 2017.

Approach

- Each intervention site was provided with several tablets for care providers to use for two main purposes:
 1. Communication – patients, other care providers, NCHADS and other partner organizations
 2. Capacity building
- **During the intervention period:**
 1. Tablets are prepaid with internet package
 2. All tablets are required to be turned on at all time and all activities and location are monitored
 3. A number of care providers are invited to undergo relational CE training sessions with the CE experts
- Evaluation

Our previous CE work

Once the intervention period is over, the tablets remain at the study sites, the relational CE training and internet package support stop.



Timeline of extended work implementation

Sept 29 2022

Training of DHI and first session of relational CE training

Nov 4 2022

Third session of relational CE training

January 2023

Final technical report (DHI usage, access and retentions rates, etc.)

Oct 24 2022

Second session of relational CE training

Nov 18 2022

Fourth session of relational CE training and **Evaluation** – feedback session on DHI and relational CE training

Results from the previous CE work in 2021



1

PLWH and care providers

- Some patients were less shy and more comfortable with providers when interacting digitally
- Providers found using DHI is efficient and flexible (both voice and text messages can be left for receivers)
- Patients' trust in their care providers appeared unwavering despite physical measures

Geographical approaches to our work?



Extent of DHI use across various study sites?

Use of various social network platforms for project purposes across various study sites?

What are the additional information to which we should pay attention?

Are their benefits in adding these additional analyses?

Comments/ suggestions?



Thank you!