

# Qualitative Analysis of Tele-Coaching Participants' Experiences in Physical Activity Results from the TEx Study (2020-2022)

## WHY EXERCISE AND HIV?

- Over 60,000 Canadians live with HIV, half over 50, facing comorbidities like cognitive decline. Exercise could benefit their health, but barriers hinder their physical and social engagement. Even our research methodologies are burdensome.
- Our research aim was to explore experiences engaging in an online tele-coaching community-based exercise intervention among adults living with HIV.
- Our strategy combined one physical rehabilitation intervention with a community-based approach (CBR). This poster illustrates this interdisciplinary approach's challenges for participants, the team, and outcomes.

## METHODS

From 2020 to 2022, We conducted a longitudinal qualitative descriptive sub-study involving participants in the online tele-coaching community based exercise study who conducted a series of online interviews at baseline (time 1), end of supervised online CBE intervention (time 2) and end-of self-directed independent exercise phase (time 3). Of the 32 initial participants, 22 completed the intervention, and 18 finished the entire study. Concurrently, we attempted a community-based research approach with 6 Ambassadors living with HIV and one national coordinator.

## Demographics and Baseline Characteristics

- Median age: 52 years (43-60 years), with 61% over 50 years
- Gender distribution: 67% males, 33% females
- Race/ethnicity: 46% White, 24% Latin American Hispanic or Latino, 24% Black or African Canadian, 24% South Asian, 9% First Nation (Indigenous) Inuit Métis
- Median number of comorbidities: 3 (range: 1-7), with 73% living with more than 2 comorbidities
- Physical Health and Lifestyle:
- Years since HIV diagnosis: Median 19 years (9-29 years)
- 91% had an undetectable viral load (<50 copies/mL)
- Employment status: 45% employed full-time or part-time
- 39% live alone, and 27% have children
- Exercise history: 18% reported exercising for more than 6 months
- General health status: 45% reported excellent or very good, 30% good, 24% fair or poor
- Intervention Attendance and Engagement: Response rate to bi-weekly personal online training ranged from 45% to 73%
- Weekly Physical Activity Questionnaires (WPAQs) completion varied across weeks, indicating fluctuating engagement in the study's physical activity component
- Goal Attainment Scale at Baseline: Main goals at the baseline included weight loss/body image (76%), cardio/endurance (45%), dietary/hydration (36%), and improving strength (33%)
- Physical Activity and Assessment Attendance: Variation in attendance at fitness and questionnaire assessments over the 6-month period, indicating differing levels of participant engagement over time.

## ACTIVITIES

Participants were expected to engage in

- Exercise 3X per week (aerobic, strength, balance, flexibility) supervised biweekly online by a personal trainer at the YMCA
- Monthly (6) online educational sessions on topics related to health and aging,
- Using a wireless physical activity monitor (Fitbit) throughout to track their physical activity.

## ANALYSIS

- Nine (9) participants out of 33 in total were interviewed at three stages of the study: firstly, to assess their expectations; secondly, at the midpoint following completion of tele-coaching sessions; and finally, after six months at the end of the independent phase to discuss outcomes, maintenance, and impacts.
- Seven (7) coaches, researchers and clinicians were also interviewed.
- Interviews were analyzed using Nvivo 14
- A list of 20+ codes and subcodes have been summarized here prioritizing most discussed aspects.
- The key themes have been reflected upon using current literature in health, sports psychology, and exercise.
- The key themes have also been examined through the lens of “lived experience” and iterative feedback from presentations.

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## QUALITATIVE ANALYSIS OF RESEARCH PROCESS.

### Care:

- Intervention perspective: Includes both medical and complementary care for PHAs, with difficult access to healthcare providers who seldom discuss exercise.
- CBR viewpoint: Excessive materials and activities may complicate the simple goal of exercising at home. For example, wearable devices should enhance self-care and mental health, with a user-friendly design to prevent misuse and reduce anxiety.

*Q: Well, okay. Have you been seeing a specialist or any other personal trainers or anything like that? Not at all because we did a couple of tests because my pain went away. So we just chopped it up to being you know I'm not stretching enough. So now that it's kind of come back in a different way where I'm meeting with my doctor in February. Unfortunately, it's a little close to the holidays, so I've got to wait until I'm figuring it out. Hopefully, I can get into maybe even to see a massage therapist or a chiropractor or something along those lines to kind of reset everything and seeing the physiotherapist at work and getting their like wink-wink feedback, nudge-nudge unsolicited opinions. P3 End Interview.*

### Comfort

- Coaches provided a non-judgmental space for PHAs; their resilience was evident despite accumulated depression and trauma. The CBR lens shows abundance of support may lead to socially desirable responses, not sustainable long-term feedback.

*Interviewer: Did you sense that there were any other factors, here I'm thinking about things like age or stigma or gender or race or time, that influenced your ability to engage in the exercise? No. No. I don't believe in ageism. I think stigma is horrible. But being at home in the privacy of my mini gym or whatever you want to call it, that erases all of that. The public gym is very youth oriented, and you must look this way, which is just crap. But no, I didn't think that... if anything it was the opposite. The pushing, the gentle pushing was good. P20. End Interview.*

### Costs:

- Intervention perspective: Highlights the privilege of regular exercise, not always accessible for diverse individuals aging with HIV.
- CBR standpoint: Notes the transient nature of pilot interventions and research limitations in making direct change.

*“Bringing it into out of research and into the real-world kind of thing, I mean working with ASOs so that clients who are accessing this service through ASOs don't have to worry about paying for it and still get the support of a trainer kind of thing. But that's all depending on the agency, what they can provide kind of thing. But it would be a good thing to have this benefit.” (P14)*

### Convenience

- Participants prefer activities that fit their schedules and do not solely categorize them as “patients” or “participants.”
- Minimal engagement with online workshops and resources.
- Desire for integrated, personalized exercise that aligns with daily life and routines, emphasizing flexibility in intervention design.

*“Yeah. It's a lot more work than just getting like some good exercise and nutrition and advice. Like there's a lot of mental aspect [mindset] that goes into it. Like you're doing a study every week and oh my God, the worry. I don't know if there's a way you guys can design two separate questionnaires and maybe a draw like one week you get this questionnaire because reading... I don't even read them anymore because I know the questions. I don't even have to look at what I'm reading. I just put it in because there's no change. It's the same. I'm like why. I get the why we must do it. Change up the order or something of the questions. That would be helpful because then somebody might read it and catch it off guard. Or just having like two separate ones and maybe for six months you get this one and then changing up to another one that is relatively the same thing. I know it's because it's a very scientific thing. But it's so dry. And already with work and everything else and constantly doing these kinds of things and it's just survey fatigue. Like people are sick of reading signs in the pandemic and now we've got to do this every week. It's very monotonous and very dry. P3. Mid Interview.”*

## LESSONS LEARNED

- Our research landscape is replete with pilot studies that seldom evolve into sustained programs, offering transient inspiration but ultimately leading to participant disillusionment when their circumstances hinder the adoption of demonstrated exercise routines.
- The complexity and demanding nature of these interventions place undue burdens on participants. They are overwhelmed with initial learning curves, incessant demands for metrics, and scant opportunities for introspection, realistic goal-setting, and fostering connections.