


Focus Group Evaluation of the LIVE Network—An Audio Music Program to Promote ART Adherence Self-Management

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Abstract

We present the results of 3 focus groups conducted to assess the utility, appeal, and feasibility of the LIVE Network (LN), a 70-minute audio music program developed to educate and motivate HIV-infected persons to adhere to antiretroviral therapy (ART) and self-manage medication-related side effects. Participants included 15 African American, 2 caucasian, and 1 race unknown HIV-infected persons who had been taking ART for at least 6 months. In general, the LN was well liked, relevant, educational, and motivational. It empowered and motivated participants to be responsible for their adherence self-care. One of the more surprising findings was how freely focus group participants shared the program with family and friends as a means of education and also as a means of disclosure. Moreover, the positive reception of the LN by individuals outside of the focus groups, especially children and adolescents, speaks well for the potential broad appeal of this type of program.

Keywords

HIV/AIDS, adherence, antiretroviral therapy, music program, self-management

Introduction

Despite the well-established efficacy of antiretroviral therapy (ART) in reducing HIV-related morbidity and mortality,¹⁻³ lifelong adherence rates among people living with HIV/AIDS (PLWHA) remain problematic.^{4,5} Commonly identified factors associated with poor adherence in HIV treatment include active substance use, depression, regimen complexity, decreased social support, side effect severity, and HIV-related symptoms.⁶⁻⁹ Side effects can render the regimen intolerable, thus posing significant, consistent barriers to ART adherence. Inability to self-manage side effects has also been associated with nonadherence.¹⁰⁻¹²

Because lifelong self-management forms the cornerstone of HIV treatment, behaviorally based ART adherence interventions have typically addressed at least 1 of the 3 key areas: (1) medical self-management (medication adherence and lifestyle modification); (2) improving self-confidence (self-efficacy) for medication taking; and (3) positive coping skills and problem solving. To date, interventions, ranging from educational programs to direct observation, have yielded mixed results.¹³⁻¹⁶ However, existing evidence, though limited, shows that HIV-infected participants with adequate self-management skills and higher adherence self-efficacy report better ART adherence and improved clinical outcomes.^{17,18}

Clearly, a mandate exists to “think outside the box” when developing sustainable HIV self-management programs, yet few behavioral interventions have incorporated alternative approaches. In response to this need for novel approaches to promote antiretroviral adherence, we developed the LIVE (pronounced liv) Network (LN), a simulated disc jockey (DJ) moderated “radio” talk show and music program designed to motivate, educate, and improve self-efficacy for both adherence and medication-related symptom management. Music served as the primary delivery vehicle because of its universal appeal and its potential to improve health by evoking transformational learning,¹⁹⁻²¹ stimulating emotions,²²⁻²⁴ focusing attention,²⁵ and increasing motivation.²⁶ Moreover persuasive music-based messaging enhances learning, retention, and recall.²⁵⁻²⁹ The LN’s music and lyrics were created to provide

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a personal, interactive learning experience meant to move the listener from passively receiving health care to actively pursuing wellness through optimal medication adherence and symptom management.

A pilot study, the Music Project, was conducted to develop LN and test its efficacy in accomplishing its goals. There were 3 phases to the study: (1) a music survey to determine the top genres of music preferred by HIV-infected patients at the selected site, (2) development of the music program in the top genres and development of the manual, and (3) conducting a randomized controlled pilot test of the program on the outcomes of ART adherence and symptom self-management. Focus groups took place during phase 2 and were used to obtain initial feedback of the program before conducting phase 3 of the pilot study. The purpose of this article is to report the results of these focus group assessments of the utility, appeal, and feasibility of the LN audio program and manual.

Methods

Ethnography was the guiding framework for this project. In developing the program, we wanted to reflect the culture of HIV-infected men and women who are taking ART. To do this, we drew from over 25 years of combined clinical experience of the researchers (M.M.H. and I.O.) who provide clinical care to HIV-infected patients. After LN development, we conducted focus groups to understand how the LN fits into this culture. In particular, we wanted to know whether it was useful, appealing, and appropriate and feasible to use within the context of their daily lives.

LIVE Network Program Development

The LN was created by Holstad, Ofotokun, and Logwood as part of an innovative National Institutes of Health/National Institute of Nursing Research-funded project (R21NR010862) to motivate and educate PLWHA to adhere to their antiretroviral medication regimen and manage medication-related side effects. In the first step of the development process we conducted a music survey of 135 HIV-infected clients who were on ART for at least 6 months at the research site to determine favorite music genres upon which to base our songs. The top 10 favorite music genres were Gospel, Rhythm and Blues (R&B), Oldies, Hip-hop, Motown, Smooth Jazz, Easy Listening, Soul, Blues, and House. The program and songs were written and produced by Mr Logwood and production colleagues at Positive Records based on these top musical genres and content modules written by Drs Holstad and Ofotokun. The DJ-hosted simulated radio show served as the platform for presenting the music and educational content. The talk format is a familiar format on both radio and television and was felt to be an entertaining way to convey health information for this program.

After development of a production plan and the “hook” for the program, “Every Dose Every Day,” instrumentals and lyrics were created to reflect the top genres. A typical song lyric structure contains an introductory verse, a first verse and

chorus, a second verse and second chorus, and a breakdown verse, and concludes with an outro section. The 10- to 30-second intro verse announces the main topic/topics of the song and can be delivered in narrative (spoken word), dramatic (skit based), or melodic (sung or rap) form. The chorus follows, comprising one or more ‘hook’ phrases that often include the song’s learning objective statements. Effective hook phrases can cause the listener to unknowingly repeat them multiple times during the day (even when the song is not audible). The second verse provides more detailed information (additional statistics, definitions, action items, cause-and-effect statements, and higher level explanations). A third (breakdown) verse normally lasts about 1 minute and can provide the listener with additional details about the subject. The last element of a typical song’s structure is the outro verse which may include one or more chorus iterations combined with vocal adlibs, supplemental lyric statements, and phrases that continue to provide points of emphasis and supplemental information. It often addresses the question, ‘What is the last point the listener should hear?’ For example, the last statement in Treatment Train is “viral loads should ideally be undetectable . . . if you know your numbers, you know the plan is working!” During the 4½-month production process, there was regular review of songs and segments with input and feedback from the researchers and project staff.

The LN Program

The LN is a 70-minute audio music program that employs a DJ talk show format to convey information about key issues that are important for PLWHA who are prescribed antiretroviral medications to treat their HIV disease. Throughout the simulated program, the DJ poses questions to 3 health care professionals (HCPs) and plays songs that are educational and motivational in entertaining genres. The experts incorporate motivational interviewing techniques³⁰ when responding to the callers and provide information and suggest strategies to enhance adherence and self-management skills. The program contains 23 tracks: 4 jingles (brief music interludes), 8 talk segments, 10 songs, and an outro (good-bye) segment. The primary messages conveyed throughout the songs are “you can do it” and “take every dose every day.” The songs, respective genres, and messages are described in Table 1. The program can be downloaded to an MP3 player or burned to a compact disc (CD). The accompanying reference manual provided song lyrics, supplemental information and self-help guides, and a listening diary. There was also an 800 number that the participants could call if they had content or technical questions. Overall, the dramatic setting of the music and narrative lends itself to listeners’ involvement in a vicarious experience and the believability of the situation fosters listeners’ identification with the material.

Setting and Eligibility

We employed purposeful sampling of typical persons who had been taking ART for at least 6 months and received care at the

Table 1. Songs in LIVE Network Music Program

| Song Title | Primary Genre | Message |
|-----------------------|---------------|---|
| LIVE Network | Rap/Funk | Introduction to the program; committing to live with HIV |
| I Will Overcome | Gospel | Overcoming adversity and barriers to treatment adherence |
| Treatment Train | Upbeat R&B | What a person needs to know to get on board with treatment (meds, lab tests, adherence to every dose every day) |
| It Ain't Easy | R&B/Soul | Struggles and side effects adjusting to antiretroviral therapy (ART) |
| A Shoulder to Lean On | Motown | Need for support from others including the treatment team |
| I Understand | R&B/Soul | Recognizing depression and stress and obtaining help |
| You Can Work it Out | Jazz/Soul | Pro and con of disclosure and how to disclose one's status |
| Keep on Climbing | R&B/Soul | Goal setting to overcome barriers and promote success in ART adherence |
| That's My Motivation | Hip-hop/Jazz | Reasons to adhere |
| All the Way | R&B/Soul | Importance of becoming educated and empowered about the disease, offers encouragement to stick with treatment |

site. Recruitment for the focus groups took place at an infectious disease clinic in a large metropolitan, Southeastern city. The clinic serves over 4000 men, women, and children with HIV/AIDS and was the site for all phases of the Music Project. About 78% of the persons served at this clinic are African American and 17% are caucasian. Most of the patients have very low incomes and are uninsured or have Medicaid or Medicare. The clinic receives Ryan White funding. Eligibility criteria were as follows: (1) HIV-positive; (2) taking ART for at least 6 months; and (3) at least 18 years of age. Although the target group for the LN is PLWHA who are starting or changing ART, we wanted to obtain feedback from those who have lived through that experience and could provide perspective on the LN in the context of their experiences. Potential participants received a screening evaluation for severe cognitive impairment, severe depression, and bilateral impaired hearing, which would exclude them from participating.

Procedures

The project was approved by the Institutional Review Board of Emory University on March 28, 2008. All participants signed an informed consent prior to enrollment in the focus group. Participants could choose which of 3 focus groups they preferred to attend. Once enrolled, each person received the LN program loaded onto an MP3 player and an accompanying manual. Initially, all participants listened to the program in the study office (either in one 70-minute session or two 35-minute sessions) and received an explanation of how to use the manual. After this listening session, participants were asked to listen to the program on their own for 2 weeks prior to attending their scheduled focus groups.

Focus Groups

Krueger and Casey's³¹ text on focus group research provided the guidelines for question development and focus group conduct. To ensure consistency across groups while still allowing for flexibility in individual responses, sessions were conducted using a semistructured interviewing approach. Questions were divided into several topics: DJ preferences, favorite and least

favorite songs, favorite and least favorite topics, manual ease-of-use, educational benefits of the program.

Three focus groups—1 with women only, 1 with men only, and 1 with both sexes—were conducted over a 1-week period in early January 2009. Participants received a meal and monetary incentive for attendance. Groups lasted between 1 and 2 hours and were facilitated by an experienced registered nurse who served as moderator and a health educator who was co-moderator. Both were trained in focus group techniques.

Before the group discussion, each participant completed a survey regarding their satisfaction with the music program, individual songs, and the manual. All sessions were audiotaped, and the tapes were transcribed verbatim to ensure systematic analysis of the discussions.

Data Analysis

Debriefing occurred after each session between facilitators and with the principal investigator (M.M.H.). Field notes with key comments, participant emotions, and nonverbal behavior were reviewed and documented. Comments from previous groups were compared to following groups. Data were then analyzed in essentially 3 passes.³² Two researchers reviewed all transcripts and field notes and then independently created an initial code list which they compared and reconciled differences. Finally, using QSR's NVivo 9 software package,³³ codes were applied to the data and refined into themes. Line-by-line coding was performed to identify the units of meaning (words or phrases), keeping as close to the text as possible. After the initial coding, more thematic units of meaning were explicated by reviewing and recoding as necessary across all transcripts. Once redundant codes were eliminated by collapsing them into other categories, the final list of codes were examined for "clusters" of meaning (eg, a common thread that unites all the codes). As these clusters became more apparent, themes emerged which described the global responses to the LN. To ensure validity of interpretation, throughout the analytical process, there were verification checks with other members of the research team. Findings were also compared (triangulated) with the objective responses on the evaluation survey for overall consistency.

Once the systematic coding process was completed, the data could be categorized around the 3 central questions: First, what is the utility of the LN? Second, what is the appeal of the music/talk format? Finally, what is the feasibility of the LN? The largest amount of data was collected for the first question, which was the main focus of this pilot study; however, lists of themes were generated for all other questions. For each category identified, a summary statement was written to illustrate how PLWHA talked about that subject. Main themes within each category were organized by levels, based on frequency/extensiveness. These themes are reported in descending order, with first-level themes representing the most frequently or extensively discussed factors pertaining to the overarching question. Quotes, which came directly from the transcripts, served to illustrate or highlight each point.

Results

Participants

The sample included 10 male and 8 female patients recruited from the infectious disease clinic where the original music survey was conducted. There were 15 African American (83%), 2 caucasians (11%), and 1 of unknown race (6%). The mean age was 45 years. Over half (55%) were male, and 39% self-identified as homosexual or bisexual. A high school diploma or general education diploma was the highest level of education for 61%, and 61% of participants fell within an income range of \$0 to \$1000 per month.

Survey Results

The results of the program evaluation questionnaire showed a positive response to the overall program. In the previous 2 weeks, 44% reported listening to the songs 1 to 5 times, 22% listening 6 to 10 times, and 33% listening more than 10 times. With respect to the music, the majority strongly agreed or agreed that they liked the style (94%) and felt the lyrics were easy to understand (94%). Participants rated each of the 10 songs on a scale of 0 (*hated it*) to 10 (*loved it*). With the exception of the introductory song (rated at 7.4), all songs received an average rating between 8.0 and 8.4. With respect to the manual, 12% reported not using the manual, 53% reported using the manual 1 to 5 times, 29% 6 to 10 times, and 6% more than 10 times. Eighty-eight percent of the participants felt the manual was easy to use. Although all felt the 800-number instructions were easy to understand, only 77% reported using it regularly.

Utility of the LN Music Program

The assessment of the LN's utility centered on 2 main questions: First, how can listeners benefit from the audio music program? Second, which of the audio program's messages provide motivation for listeners to actively engage in their own health care?

Benefits of the LN. Focus group participants unanimously agreed that the LN program provided important benefits to themselves, their families, and their friends. Several praised the quality and depth of information presented in the LN, and many learned new ways to manage their disease. Others expressed that the LN could be used as an educational tool for noninfected individuals.

Improved knowledge. Information delivery was primarily accomplished through the DJ talk segments, the songs, and the manual. Several participants, many of whom had been living with HIV for more than a decade, indicated that while the program's topics covered familiar territory, some of the information was new to them. Thus, new knowledge was acquired, and old knowledge was reinforced. This was especially true when discussing ART side effect recognition and management: "Me being the kind of person who's never been sick before . . . I don't know what side effects are. So, when I start listening to the tape, I realize that I do have some side effects . . . I think I got a lot more information about what's going on with me as far as the meds are concerned through the music than I probably had gotten from the sources that I had before . . ."

There was a consensus that the depth and scope of each topic presented could provide realistic, relevant information to newly diagnosed patients struggling with the implications of living with HIV: "If I could've had that MP3 player from the beginning before I started taking meds, it would've helped me a whole lot . . . When I found out I was HIV positive, it made me very depressed . . . If I would have had that book from the beginning . . . I would've known to go talk to somebody about it . . ."

Despite enthusiasm for the educational benefits of the music program's talk/music segments, reception of the manual was mixed. Some praised the manual's authoritative resources and extensive content: "It's a pretty big book. I mean everything in there's for a person to sit down and just read the book, and they'll get something out of it." However, others expressed intimidation at volume of information contained within each section of the 175-page document. In all focus groups, the manual was frequently described as having a textbook approach in size and in presentation: "When I'm first looking at this stuff [the manual], I was like, 'Man! I'm back in college.' What's up with that? I don't want to do that much reading, you know?"

Educating others. In each focus group session, participants enthusiastically shared how they used the music and manual as a means of educating friends and family members about HIV. For these, the music format served as a teaching tool to reduce stigma by dispelling many of the commonly held myths about the disease. Children and teens were especially receptive to learning about HIV through the LN: "My nephew—he'll be 16—said, 'This is fly. I never heard this on the radio . . . can I listen . . . for a minute?'"

In addition, there were lively discussions about how the program's outreach should be broadened to include the general public. Several talked about the importance of partnering the

LN with local media to spread the message about living with HIV to a larger audience: “But I highly suggest, recommend that this music is played more on the public radio stations. Let the word be heard.”

Motivational messages. During the focus group interviews, consistent themes emerged addressing how individual participants felt motivated by the LN to take active steps in managing their disease. Primary themes revolved around removing barriers to self-management through empowerment and self-acceptance. Secondary themes—combating depression and disclosing HIV status to others—focused on building positive emotional connections to self and to others.

Empowerment. Members in all focus groups expressed concern about being too dependent upon doctors and nurses, who had limited time during scheduled health care appointments, for information and advice: “I had questions that I wanted to ask the doctor, but by the time you . . . wait for an hour to see the doctor, you so glad to get in there that you forgot your whole purpose and you don’t get to go back . . . for two more months.” However, by using the LN and resources listed in the manual, several participants felt emboldened to proactively manage their disease by independently seeking reliable health information and eliciting dialogs with their health care providers. One woman talked about how she used the program to advocate for herself within the health system: “I can find the answers myself [in the program and manual], and then if I have any concern, I can take it to my provider. But it’s good to know that you can be your own provider—you gotta be.”

A popular section in the LN covered the topic of goal setting (how to identify attainable goals and take appropriate steps to achieve them). Several participants discussed how the program empowered them to go beyond their HIV status and set goals to plan for their futures: “I really liked that [goal section] because I dare to dream. I’ve had so many friends in the past that don’t get over it [HIV diagnosis]. So I was really impressed with how you can develop a goal.” To many, goal attainment was inextricably linked to maintaining a healthy lifestyle and normal laboratory results. Thus, adhering to ART became an increasingly important means to an end: “That song [‘Keep on Climbing’] had me relate to what was going on with me. I want to do something with my life . . . [But] I started realizing it wasn’t working because I wasn’t taking my medicine. And that [song] let me know I had to go through that change of adhering . . .”

Self-acceptance. Many participants credited the program with helping them embrace life and improving their self-image. These individuals talked about the self-recriminating, destructive effects of guilt over perceived lifestyle choices that led to HIV. The LN provided positive, nonjudgmental messages that encouraged listeners to forgive themselves and move on with their lives: “. . . once I listened to the music, it made me think about how precious my life is and that I’m worthy of taking this medicine and living.”

Combating depression. Virtually all focus group participants admitted suffering from varying degrees of depression at some point after their HIV diagnoses, and with few exceptions, they agreed that the LN’s overall tone and presentation made them feel upbeat: “Once I started listening to it [LN], then I broke up with depression . . . I’m jamming, bobbing, and all that stuff.” Some felt the messages in the LN helped them “purge” negative feelings: “I like ‘You [Can] Work It Out.’ When I get in the depression stage, and I listen to that right there, I can scream all I want to; I can shout all I want to—get all that angry and madness out of me.” Others credited specific songs with messages of hope and perseverance, especially within the context of taking medications: “I take a lot of antidepressants . . . and a lot of times when I get depressed, I would just listen to the music, and then I’d say, ‘I gotta take my medicine. I gotta take my medicine on time.’”

Disclosure of HIV status. The LN advocated neither for nor against disclosing one’s HIV status to others. Rather, it took a balanced approach to this topic by presenting the pros and cons of disclosure. It also offered suggestions on how to safely disclose to friends, family, and sexual partners. After listening to the LN, some participants chose not to disclose for fear of stigmatization; however, others used the program to initiate a discourse about their HIV status to family members. One man shared how the LN became instrumental in his decision to talk to his children: “It [LN] helped me to disclose . . . my HIV status [to my children] They would be like, ‘Daddy, Daddy, you feeling alright?’ You know . . . it’s real bad . . . this is a lot. I let them all listen [to the LN]. *They got a better understanding.*”

Appeal of the LN Music Program

Across all groups, participants universally praised the music program. The most appealing factors were the musical style and the lyrical content. The DJ talk format, while considered informative and interesting, was deemed by some as secondary to the songs themselves.

Musical style. The popularity of the musical genres included in the LN was a key determinant of the program’s overall success. In essence, music served as the “hook” to engage and reengage the listener. Many participants admitted to listening to the tunes and beat before actually listening to lyrics: “If you can get someone to listen to the music long enough, eventually the lyrics will kick in. With me it’s always about the beat before I hear what they are saying . . . That helps catch my attention first of all.”

When discussing musical style, songs with “catchy” choruses and a “good beat” consistently received the highest ratings from men and women. These songs typically fell within the R&B, rap, and hip-hop genres. For example, “Treatment Train,” one of the most popular songs in the program, employed an upbeat tempo and a short, easily memorized,

lyrical refrain that prompted some participants to sing and dance as they listened:

Get-ty Up, Get-ty Up, Get-ty Up, Get-ty Up, Get-ty Up, Get-ty
on board

Let's Go—On the Treatment Train—Switch It On and Let's
Roll

Don't You Wanna Go? Don't You Wanna Go?

Lyrical content. While musical styles formed the critical backdrop for the LN, participants generally agreed that the lyrics set the mood for the entire program. Women were particularly sensitive to how the lyrical messages were framed. One song, "It Ain't Easy," which focused on daily struggles living with HIV, was characterized by many of the female participants as depressing. These "negative" messages were criticized as unhelpful to the perceived intent of the music program—to provide hope for a successful life with HIV: "I'm already thinking I might die; then you mention the word 'death' in a song. You don't wanna motivate nobody with the word 'death.' I mean, we talking about 'live' here. LIVE Network. Isn't that a contradiction to our purpose?"

By contrast, "good" songs were generally described as "encouraging" and "uplifting." These songs focused on personal success, self-betterment, and spirituality. Favorite titles usually reflected lyrical content, "You Can Work It Out," "That's My Motivation," "A Shoulder to Lean On," "I Will Overcome." When describing the impact of these songs, one participant stated, "Music is a real important . . . source of information. It makes it personal, and you just keep going . . ."

Talk format. In addition to the music and lyrics, the DJ talk sections were also well received. Most participants enjoyed the portions of the program where ordinary people could "call in" questions to health expert "guests." The DJ and experts were positively portrayed as approachable, informative, and encouraging: "The radio interludes, like the DJ, really encouraged me a lot to get into the right mind set, and I just liked the way they talked . . . Maybe she [the participant's HCP] could apply some of it."

A common thread across all focus groups was the inherent frustration with limited office visits that foster abbreviated, superficial encounters with HCP. Several individuals, many of whom expressed difficulty interacting with their HCPs, appreciated the music program's straightforward detailed talk segments. For some participants, the topics set the stage for more focused future discussions with their own HCPs: "There's a lot of things I don't know. Like questions on the MP3 player . . . answered a lot of questions that . . . I didn't think to ask the doctor. So I got a lot of questions for my doctor."

Despite the popularity of the talk segments, playback value was limited for some, as opposed to the songs. At least one participant admitted to listening to the DJ segments less than

the music: "I can listen one or two times to the talk shows and stuff, but I like the music more. So I'm being honest about that."

Feasibility of the LN Music Program

Music delivery. Music delivery via an MP3 player was generally well received. Most of the participants appreciated the ease-of-use and compactness of the device; however, the player's battery life was short (only 1-2 days), especially during heavy use. In addition, some had a difficult time visualizing the display, which was small and dimly lit.

Organization. The audio program was divided into 2 main sections: the DJ talk/music program and music only. The manual was organized by topic in the same order as in the DJ talk show. Most participants had no difficulty accessing individual portions of the program and manual.

Confidentiality. Neither the cover of the manual nor the titles in the audio program explicitly mentioned HIV. None of the participants expressed concern that listening to program or reading the manual in public would expose their HIV status.

Discussion

In general, the LN program was well liked, relevant, educational and motivational. It empowered participants to be responsible for their adherence self-care. One of the more surprising findings was how freely focus group participants shared the program with family and friends as a means of dispelling myths by overcoming stigma and also as a means of disclosure. Moreover, the positive reception of the LN by individuals outside of the focus groups, especially children and adolescents, speaks well for the potential broad appeal of this type of program.

We believe the LN's musical platform is unique among current adherence-based programs; however, our findings mirror those of other studies with different research goals that employed music as an interventional medium. In their study of the effect of music on behavior, Lemieux, Fisher, and Pratto³⁴ found that a music-based HIV prevention program decreased risk behaviors among inner city teenagers. Similar to LN audio program, HIV-prevention themed music was written, recorded, and distributed as CDs by musically talented opinion leaders to urban youths. Results showed a positive correlation between listening to the music and risk reduction behaviors (increased condom use and HIV testing). In her ethnographic research examining the effects of music on the health behaviors and attitudes of chronically ill patients, Batt-Rawden³⁵ reported that *self-selected* musical genres improved disease self-management by improving coping skills, increasing self-reflection, and preventing social isolation, especially when favorite songs were shared with others. Thus, music became the vehicle through which health maintenance and health transformation occurred. Both studies

illustrate how preferred genres of music have the potential to move listeners to action.

Despite the positive focus group responses, the findings of this study pertain only to the setting where the preliminary music surveys, program development, and focus groups took place. The majority of individuals who participated in each of these phases were patients at an urban infectious disease clinic that serves a predominantly low-income African American population. Favored musical genres and motivational messages are reflective of this demographic. As noted in our findings, the LN's musical styles were crucial to the program's overall likeability; however, it may have a different appeal to patients in other settings (eg, rural areas). Personal preferences and cultural relevance play large roles in how music is perceived and processed³⁶⁻³⁸; therefore, future efforts to expand the availability of the LN must involve an expansion of preferred musical styles and motivational messages.

Based on these findings, we continued the pilot randomized controlled trial of the program and will await findings from that study before making any major program revisions. Once those results are available, consideration will be given to revising lyrics of "It Ain't Easy," which the participants felt was gloomy; length of the manual; and elimination of the 800 number due to low use.

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