

Poster

# Acceptability of Responsible Drinking, a Theoretically Tailored mHealth Intervention to Target Risky Drinking Among Employed Adults

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## Abstract

**Background:** A sizeable proportion of employed adults consume alcohol at non-dependent but risky levels, which is defined by the National Institutes of Health for men as drinking more than 14 drinks per week or more than 4 in a day and for women as drinking more than 7 drinks per week or more than 3 drinks in a day. Risky levels of drinking impact the health, well-being, and productivity of employees, with employers bearing the costs in lost employee productivity and increased absenteeism and health care costs. Behavior change programs targeting reduction in alcohol consumption can trigger resistance from end users.

**Objective:** The primary aim of this research is to evaluate the acceptability of a stage-matched and individually tailored behavior change mHealth intervention for employed adults who exceed the recommended weekly and/or daily limits for alcohol consumption. The intervention, delivered over 6 months, is based on the Transtheoretical Model of Change and consists of (1) computer-tailored intervention (CTI) sessions: three 15-20 minute sessions that include onscreen assessments and personalized feedback; (2) Personal Activity Center (PAC): an online activity center that includes stage-matched activities, information, testimonials, and resources designed to support the change process; and (3) tailored text messages: mobile-delivered stage-matched intervention ideas and tips to support change. This acceptability evaluation was conducted as part of a larger study evaluating the efficacy of the intervention in a randomized trial.

**Methods:** Participants were recruited online via an email invitation from Survey Sampling International, a survey research company. Treatment group participants who completed the final CTI session at 6 months were invited to complete a brief acceptability survey.

**Results:** A total of 399 out of 497 participants enrolled in the treatment arm of the randomized trial completed the 6-month CTI session and acceptability survey, indicating high program engagement. Data from the acceptability survey suggest that the intervention was well-received by study participants. For example, 94.8% agreed or strongly agreed with the statement that they learned new information by using the program, 92.4% said that the program helped them to make changes, and 87.5% said the program was designed for people like them. Most importantly, 95.8% indicated that they would recommend the program to someone else. In response to the question, "What did you like most about the program?" participants most often said that the program was informative and raised their awareness (38.1%), and that the program helped them to make changes (34.8%). In response to the question, "What did you like least about the program?" a majority (71.2%) either provided a positive comment regarding the program or did not supply a response at all. The most common concern raised by participants was that the program contacted them too much (7.3%) or that the program in general did not apply to them (5.5%).

**Conclusions:** Participant engagement and acceptability is a critical component of delivering effective mHealth programs. Responsible Drinking is a cost-effective, feasible, and sustainable offering for adults who exceed the low-risk drinking threshold. Acceptability data indicate that the program is viewed favorably by participants, which addresses an important hurdle in delivering effective programs.

**ClinicalTrial:** Clinicaltrials.gov NCT02126163; <https://clinicaltrials.gov/ct2/show/NCT02126163> (Archived by WebCite at <http://www.webcitation.org/6myhFUImY>).

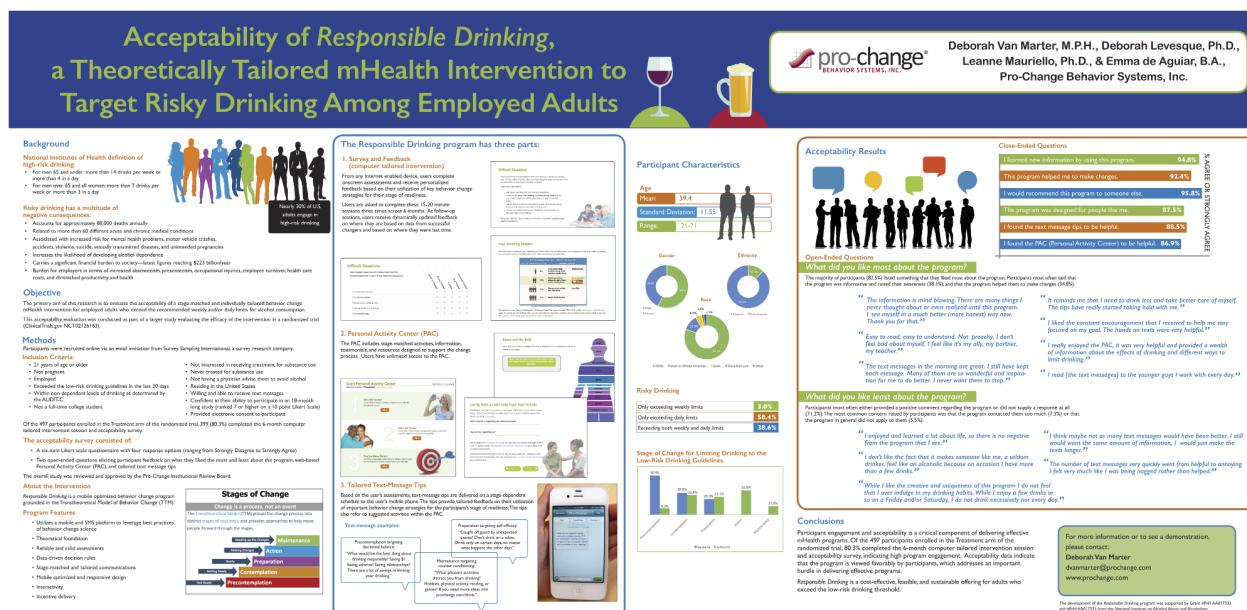
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## KEYWORDS

risky drinking; alcohol; behavior change; mobile health; theory based; transtheoretical model; tailored communications

This poster was presented at the Connected Health Symposium 2016, October 20-21, Boston, MA, United States. The poster is displayed as an image in [Figure 1](#) and as a PDF in [Multimedia Appendix 1](#).

**Figure 1.** Poster.



## Multimedia Appendix 1

Poster.

[\[PDF File \(Adobe PDF File\), 1MB-Multimedia Appendix 1\]](#)

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