



**Are you a woman living with HIV?
Do you have a computer and internet?**

If yes, you are invited to take part in the *e-wHEALTH* study

You can participate in this study from anywhere in Ontario!

If you volunteer to participate in this study, we will ask you to:

1. Attend 12 support sessions with a peer case manager (also an HIV+ woman) via videoconferencing. The confidential sessions will be focused on daily living, social support, meaningful activities, and general information about HIV. These one-hour sessions will happen every two weeks. You can access the sessions from the comfort of your home, whereby you and your peer case manager will interact via webcam and microphone in a secure online space.
2. Complete three online surveys (before your first session, in six months, and nine months). The surveys will ask questions about you, your needs, your general health and well-being and about other services you use. You may also be asked to participate in one additional interview (optional) at the end of the service about similar topics. It will take approximately 60 minutes.

What is *e-wHEALTH*?

Women living with HIV continue to be challenged by HIV-related stigma and fear of disclosure of their HIV status. For this reason we adapted the Women's HIV Empowerment and Life Tools for Health (*wHEALTH*) intervention and made it an internet-based service that will allow women to access support that otherwise would not be available or comfortable to them, while ensuring their privacy and ease. The *e-wHEALTH* model emphasizes assets over problems with a focus on individual strengths to obtain the needed and desired resources, empowering individuals to achieve their dreams and acquire the skills, resources, and confidence to fulfil them. This model has been used with many groups, including people living with HIV. Women receiving this intervention experienced increased mental health-related quality of life, increased perceived social support and decreased symptoms of depression. *wHEALTH* streamlined women's awareness of and connection to community-based services and reduced barriers to accessing support. HIV+ women who felt unable to access community-based HIV services due to stigma and fear could receive professional and confidential support in an informal setting. The relationship between the woman and the peer-case manager was a mutually empowering experience, facilitating a unique level of sharing.

To register for *e-wHEALTH*:
<http://whealthintervention.ca/register/>



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