National Gay Men’s HIV/AIDS Awareness Day
September 27, 2018
Research and Resources with Gay Men
Center for AIDS Prevention Studies (CAPS) 
UCSF Prevention Research Center (PRC)

Research & Resources

This brochure lists research projects with gay men and helpful resources produced by CAPS/PRC. You might use it to:

- Stay up-to-date on research and learn what we found out from research
- Provide materials in trainings/presentations
- Advocate for services/funding
- Write grants
- Develop new or modify existing HIV prevention programs
- Evaluate current programs
- Connect with CAPS/PRC to develop new projects. Lead researchers (PIs) are listed for each study.

Questions? Comments? Contact Daryl Mangosing at 415 502-1000 ext. 17163 (vm only) or Daryl.Mangosing@ucsf.edu

This brochure was prepared by the CAPS Community Engagement (CE) Core, which is previously known as the Technology and Information Exchange (TIE) Core.

**Acronyms**

**MSM:** Men who have sex with men

**PI:** Principal Investigator (lead researcher on the study)

**CO-I:** Co-Investigator (contributing researcher or research partner)
National Gay Men’s HIV/AIDS Awareness Day, first launched in 2008 by the National Association of People with AIDS (NAPWA), was intended to draw attention to the disproportionate impact of the epidemic on gay men. While inroads have been made, gay and bisexual men remain the population most affected by HIV. In 2016, they represented 67% (26,570) of all HIV diagnoses and 83% of diagnoses among males in the United States.¹

Today, September 27, 2018, on the 10th anniversary of this Awareness Day, the Center for AIDS Prevention Studies (CAPS) and the UCSF Prevention Research Center (PRC) commemorate advances in HIV/AIDS prevention research that over the years have effectively addressed the epidemic among gay men, locally, nationally, and internationally.

We are excited to share this current Research and Resource Booklet focusing on gay men. Recent research portfolios of faculty who have committed their life work to improve our knowledge and understanding of key HIV prevention issues, addressing and minimizing HIV among gay men, are featured.

Marguerita Lightfoot, PhD
CAPS/PRC Director
Division of Prevention Science Chief

African American

We Are Family: Testing, Linkage and Engagement in Care among African American Gay, Bisexual, and Trans youth in the House Ball Community

Investigators: Emily Arnold (PI), Parya Saberi, Susan Kegeles, Torsten Neilands, Lance Pollack, Michael Benjamin (CAL-PEP), Felicia Bridges (CAL-PEP), & Gloria Lockett (CAL-PEP)

This 4-year study is supported by the California HIV/AIDS Research Program (CHRP) to develop and do a preliminary test of intervention activities that build upon forms of social support already occurring among young people involved in the house ball and gay family communities, specifically related to HIV prevention and care. This is a collaboration between UCSF, CAL-PEP, and members of the house ball and gay family communities.

Research finding: Many bay Area houses and gay families already share HIV prevention information and support, with family members helping their children and siblings connect to services if necessary. Building on family connections provides a natural forum to bring up the most recent prevention and treatment advances, such as home testing and PrEP/PEP, and U=U.

Locating and Reaching HIV-Positive Black Men Who Have Fallen Out of HIV Care

Investigator: Wilson Vincent (PI)

If you want to help patients who have fallen out of care to re-engage in care, how do you find them? How do you reach them? These are two of the key questions this study aims to answer. To answer these questions, we interviewed a variety of key informants, including HIV+ Black MSM themselves and their service providers.

This study has helped us to determine some of the ways of locating and recruiting HIV+ Black MSM who have fallen out of care. We are using this formative data to identify the types of settings in which to develop and conduct an intervention to help HIV+ Black MSM re-engage in HIV care.

An Intervention to Increase Retention in Care among HIV-Positive Black Men

Investigator: Wilson Vincent (PI)

The National HIV/AIDS Strategy and the National Institutes of Health has emphasized achieving viral suppression among HIV+ persons in order to reduce HIV transmissibility, particularly for disproportionately affected groups such as Black men, including Black MSM, by retaining them in HIV care. However, critical psychosocial barriers to retention in care for HIV+ Black MSM, in addition to structural barriers that are typically addressed via case management or patient navigation, have not been sufficiently addressed.

Thus, this NIMH-funded study aims to develop an intervention that will (1) find HIV+ Black MSM who have left HIV care and (2) provide an individualized, combination in-person/mHealth approach that tackles psychosocial and structural barriers to care. This intervention will meet these men where they are, including clinical, community, and social settings as well as online/virtual spaces.

Home Testing Among Young, African American Gay, Bisexual, & other MSM

Investigators: Greg Rebchook (PI), Susan Kegeles, John Peterson (Georgia State University), David Huebner (George Washington University)

Encouraging young, African American gay, bisexual, and other MSM (YAAMSM) to know their current HIV status in order to reduce the number of undiagnosed HIV cases is an important part of the National HIV/AIDS strategy, but little data exist about YAAMSM’s experience with and attitudes toward home testing. To address this knowledge gap, we conducted an evaluation of an Mpowerment Project adapted for YAAMSM in Texas to learn more about their experience with and attitudes towards home testing for HIV.

Given the strong interest in home testing as an option for YAAMSM, the HIV prevention workforce should consider developing strategies to make home testing more widely available and affordable.

Research finding: Among the HIV-negative or status unknown participants, 61% said that they are either extremely likely or somewhat likely to use a home kit in the future. Home testing use increased significantly from 19% in ’13 to 27.5% in ’14.
A Community-Level HIV Prevention Intervention for Young Black MSM

Investigators: Susan Kegeles (PI); John Peterson (Georgia State University, Co-PI); Greg Rebchook (Co-PI); David Huebner (University of Maryland, Co-investigator)

This project involves adapting the Mpowerment Project for young Black MSM in Texas and testing its efficacy in reducing sexual risk behavior and increasing HIV testing. The adapted project is called United Black Ellument. The adapted intervention was first implemented in Dallas, and then it was implemented in Houston. The project also involves a qualitative study of young Black MSM who are being followed over several years to see the issues that they face within HIV prevention efforts.

Community Mobilization to Improve the HIV/AIDS Continuum of Care Among Young Black Gay Men

Investigators: Susan Kegeles (PI), Greg Rebchook (Co-PI), John Peterson (Georgia State University), David Huebner (George Washington University)

This project involves using a community empowerment and mobilization approach to help and motivate young black men who are living with HIV to engage in care and take ART medications regularly. This includes adapting the Mpowerment Project so that it focuses, in addition to risk reduction and HIV testing, on helping men deal with internalized and external HIV stigma, support men living with HIV to get support from friends in their social networks, and increase HIV treatment literacy.

The Bruthas Project: Sexual Health Promotion Counseling Sessions

Investigators: Emily Arnold (Academic PI), Gloria Lockett (Community PI), Susan Kegeles, Don Operario (Brown University), Tor Neilands, Lance Pollack, and Stephanie Cornwell (CAL-PEP)

Black men who have sex with men and women (BMSMW) are at high risk for acquiring and transmitting HIV, but few interventions exist to address their prevention needs. To address this, we developed the Bruthas Project, a series of four individualized sexual health promotion counseling sessions designed to build upon standardized HIV counseling and testing (HIV-CT) Publication(s) of findings is pending.

Research finding: Based on qualitative interviews, BMSMW are prioritizing their basic needs, such as food security and housing, ahead of maintaining their medical provider appointments and medications. Some participants are also stopping their HIV medical treatment medications because of side effects or interactions with other medications.

High Acceptability and Increased HIV-Testing Frequency after Introduction of HIV Self-Testing and Network Distribution Among South African MSM

Investigators: Sheri A. Lippman (PI), Tim Lane, Oscar Rabede, Hailey Gilmore, Yea-Hung Chen, Nkuli Mlotshwa, Kabelo Maleke, Alexander Marr, James A. McIntyre

This longitudinal HIV self-testing (HIVST) study among MSM in South Africa assessed participants’ HIVST experiences, preferences, acceptability, utilization, distribution, and changes in testing frequency over 6 months.

Research findings: Uptake of HIVST was high among this population; the majority preferred self vs. clinic-based testing and reported being likely to self-test again. Semi-annual testing increased significantly from baseline to follow-up (37.8% to 84.5%; P < 0.001). Fingerstick vs. an oral fluid test was preferred 2:1. Among participants, six seroconverted and 40 people who received test kits from participants were newly diagnosed during the study. Participants successfully distributed HIVST kits to people in their diverse networks, including sexual partners, friends, and family. These results indicate that HIVST has the potential to improve early detection among MSM and their networks.
Ability to use oral fluid and fingerstick HIV self-testing (HIVST) among South African MSM

Investigators: Sheri A. Lippman; Hailey J. Gilmore; Tim E. Lane; Oscar Rabede; Yea-Hung Chen; Nkuli Mlotshwa; Kabelo Maleke; Albert E. Manyuchi; James McIntyre

Investigators assessed usability of oral fluid (OF) and fingerstick (FS; blood) HIVST kits, among MSM with differing degrees of HIVST familiarity, using counselor-observed testing first among those who had never used HIVST and later with two groups who had HIVST experience. Frequency of user errors and reported test use ease, changes in error frequency by phase, and covariates associated with correct usage were measured.

Research findings: Among OF users (n=57), 15-30% committed minor errors in each group; however, observers consistently rated participants as able to test alone. Among FS users (n=100), observers noted frequent errors, most commonly related to blood collection and delivery. The proportion committing errors decreased from 37.5%, to 28.1%, and 18.2% over the groups as experience increased, however observer concerns remained constant with FS use. Study participants’ preferred FS to OF 2:1. Performance improved with exposure and instructional resources suggesting that continued efforts to provide accessible instructions are paramount.

Increasing HIV Testing and Linkage to Care for South African MSM: Translating Research into Practice

Investigator: Susan Kegeles (PI)

In prior research (Tim Lane, PI, NIH-funded R01), we developed and tested an HIV prevention intervention for MSM in South Africa called “Boithato”, which was based on the Mpowerment Project (MP). The MP has been shown in prior research in the US to impact HIV prevention among young MSM. Boithato was found to increase HIV testing among MSM. It was decided to implement Boithato in four large districts in South Africa, funded by PEPFAR. ANOVA, an NGO in Johannesburg, has been funded to implement Boithato.

Dr. Kegeles, the developer of MP and co-investigator with Dr. Lane on the NIH project, is working with ANOVA and the communities. Boithato is a community-level HIV prevention intervention that involves mobilizing communities of MSM to support each other around HIV testing, sexual risk reduction, and link into care if found to be living with HIV.

Multilevel HIV Prevention Intervention with MSM in Peru

Investigators: Susan Kegeles, Carlos Caceres (Cayetano Heredia University, Peru)

This project seeks to implement and test a multi-level HIV prevention intervention (Proyecto Orgullo or Project Pride) for MSM and transgender women focusing on the full HIV Continuum of Prevention and Care. It focuses on community mobilization and empowerment around sexual risk reduction, HIV testing, helping gay men and transgender women living with HIV to engage in care, and working with the health system to increase focus on prevention with people living with HIV. This includes treatment as prevention and sensitization of the staff to work with gay men and transgender women. This “combination intervention” addresses individual, interpersonal, social and structural level issues.

The ISHKonnect Study: Internet-based HIV prevention for MSM in India

Investigators: Johnny Wilkerson (PI, UT Health Sciences Center Houston), Maria Ekstrand (Co-PI), Simon Rosser (Co-PI, University of MN), Ashok Row Kavi (Co-I, Humsafar Trust, India), Shruta Rawat (Humsafar Trust, India), Pallav Patankar (Humsafar Trust, India), and Vivek Anand (CEO, Humsafar Trust, India)

The ISHKonnect study was the first study to examine sexual risk behaviors among MSM in Maharashtra, India, who were meeting male sex partners online. Following formative research, an online, cross-sectional survey was conducted among 449 MSM to determine the demographic characteristics, identities, attitudes, and sexual and substance use behaviors of this population and to develop recommendations for a future internet-based HIV-prevention intervention.

Research findings: The majority of MSM surveyed were not “out” but presented themselves as heterosexual to family and friends. While rates of unprotected anal sex among gay and bisexual men were similar, rates of unprotected vaginal sex were higher among married men. Prevalence of intimate partner violence and depression were high. Participants who reported illicit substance use were more likely to be out, have had more sexual partners, or experienced intimate partner violence. HIV status disclosure between MSM who met online was very low. The results confirm the need for an mHealth intervention for this population. Features for its content, interface, and retention are being developed.
The NURX Study: Convenient and Flexible Internet-Based Access to PrEP for Young MSM

*Investigators*: Kimberly Koester (PI), Shana Hughes, Hans Gangeskar, Edvard Engesæth, Janet Myers, Robert Grant

HIV pre-exposure prophylaxis (PrEP) uptake is increasing in the United States in communities with lower levels of HIV-related stigma and increased access to primary or sexual health care. Innovative delivery settings such as internet-based access to PrEP services may reach those who might not otherwise avail themselves to biomedical prevention technologies such as young gay and other men of color who have sex with men. Whether internet-based access to PrEP services are acceptable to this vulnerable population is unknown and was the focus of our study on the acceptability of online PrEP services offered by Nurx, a telehealth service in San Francisco.

**Research findings**: Online PrEP services were acceptable to participants, including young gay and other men of color who have sex with men for the following reasons: utilization of Nurx services allowed men to avoid the discomfort of approaching their own primary care provider (PCP) including those who had faced a PCP who was unwilling or was unable to prescribe PrEP; participants emphasized the convenience and accessibility of internet-based PrEP services; participants found it to be useful during times of transition between jobs, providers and/or insurance. Online PrEP services hold strong appeal to patients seeking convenient and non-judgmental healthcare providers and may be an optimal setting to reach vulnerable populations including young gay and other men of color who have sex with men.

DuoPACT: A couples-based approach to improving engagement in HIV care

*Investigators*: Mallory Johnson (PI); Adam Carrico, Monica Gandhi, Tor Neilands (Co-Is)

DuoPACT is a randomized controlled trial comparing virologic outcomes of HIV serodiscordant and seroconcordant positive couples randomized to a couple-level intervention or to an individual intervention. The study is currently ongoing.

**Research finding**: Social support, particularly in the context of primary romantic relationships, has consistently been documented as a predictor of health behaviors, including adherence to care for HIV and other conditions. As such, couples-based interventions have the potential to create a lasting effect on engagement in HIV care, uptake and adherence to pre-exposure prophylaxis (PrEP) for HIV prevention, and other health behaviors among MSM in primary relationships with other men.

The N’Gage Project: Creating a mHealth Tool for Enhancing HIV Care Engagement in the Dyadic Context

*Investigators*: Judy Tan (PI)

Black men who have sex with men are disproportionally impacted by HIV/AIDS. The primary romantic relationship provides an important context for understanding HIV care engagement among MSM in a primary romantic relationship with another man. Relationship factors such as communication, relationship satisfaction, and social support have been shown to predict health outcomes, including those in the HIV Care Continuum.

Mobile health (mHealth) holds tremendous potential for facilitating relationship factors conducive to HIV care engagement among Black men who are in a primary romantic relationship with another man.

The goal of this project is to develop a couples-focused mHealth tool that enhances relationship factors important to HIV care engagement among HIV+ Black men who are in a primary romantic relationship with another man.

Project T: MSM and HIV Self-Testing

*Investigators*: Marguerita Lightfoot (PI), Sheri Lippman, Nicholas Moss (Alameda County Department of Public Health)

Project T aims to enhance identification of undiagnosed HIV infection and increase linkage to HIV care among African Ameri-can and Latino gay and other men who have sex with men in Alameda County. The proposed intervention leverages a new technology, HIV self-testing, to increase testing among under-diagnosed African American and Latino MSM.
We enlisted 30 members of the African American and Latino MSM and Transgender communities to act as recruiters and ask 5 MSM peers they believe to be sexually active to complete a HIV self-test. A total of 143 tests were distributed to social and sexual network members. Compared with MSM who used the County’s sponsored testing programs, individuals reached through the peer-based self-testing strategy were significantly more likely to have never tested for HIV and to report a positive test result. The use of peer-driven HIV self-testing has the potential to reach young MSM who may be at high risk of infection and don’t normally test.

Use of Rapid HIV Self Test by High Risk Populations

Investigators: William Brown III (Co-I) & Alex Carballo-Diéguez (PI: Columbia University and NY State Psychiatric Institute)

This study aims to determine if high-risk MSM and transgender women (TGW) who have access to a rapid HIV-self test (ST) and learn how to use it with potential sexual partners engage in less sexual risk behavior than MSM and TGW who do not use ST. HIV-uninfected participants in New York City and San Juan, Puerto Rico who have a history of unprotected anal intercourse with serodiscordant or unknown status partners are randomly assigned to either receive an intervention orienting them to effective ways of screening partners using ST kits and they will be supplied ST kits, or they will receive neither the intervention nor the supply of kits.

Research finding: The study is ongoing. A prior study showed that participants were able to use the kits to test themselves and to test sexual partners.

Research finding: Significant differences on objective and subjective measures of alcohol use were observed. 30% of intervention bar patrons had BAC% levels over the legal driving limit, compared to 43% of control bar patrons. 78% of intervention bar patrons were above the AUDIT-C cut-off for hazardous drinking compared to 87% in control bars.

Replicating STYLE: Strength Through Youth Livin’ Empowered

Investigators: Greg Rebchook (PI), Janet Myers, Susan Kegeles, Emily Arnold (Co-Is), Reverend Rob Newells (AIDS Project of the East Bay)

This project is adapting and replicating STYLE in Oakland, CA with Black and Latino gay, bisexual, and other MSM who are living with HIV. STYLE is an evidence-based intervention that has been shown to improve engagement in healthcare among young MSM of color living with HIV.

The PACE Study: Pacing Alcohol Consumption Experiment for Gay Bar Patrons in San Francisco

Investigators: Edwin Charlebois (PI), Albert Plenty, Jessica Lin, Alicia Ayala, Jennifer Hecht (San Francisco AIDS Foundation)

Research has shown that drinking alcohol is linked to unsafe sex, less safer sex negotiation, condom failure, and HIV risk. The literature suggest that gay bar patrons are an important group to reach out to for alcohol and HIV risk interventions. The PACE Study implemented and tested a multi-level structural intervention among a sample of gay bars in San Francisco consisting of: 1) increased availability of free water, 2) messaging on pacing alcohol use by drinking water, and 3) normative feedback of blood alcohol concentration (BAC%).

Research finding: Significant differences on objective and subjective measures of alcohol use were observed. 30% of intervention bar patrons had BAC% levels over the legal driving limit, compared to 43% of control bar patrons. 78% of intervention bar patrons were above the AUDIT-C cut-off for hazardous drinking compared to 87% in control bars.

Prevention Research Center (PRC)

Investigators: Marguerita Lightfoot (PI), Greg Rebchook, Janet Myers, Susan Kegeles, Emily Arnold; George Rutherford (GHS); Rob Newells (AIDS Project of the East Bay or APEB)

This project addresses the significant HIV health disparities among African Americans by strengthening community engagement and supporting implementation of evidence-based strategies and approaches. The PRC will also translate and disseminate HIV science, train students, public health professionals and community members as well as continually evaluate its activities.

The PRC is collaborating with the AIDS Project of the East Bay to adapt, implement, and evaluate an evidence-based intervention to improve engagement in healthcare among HIV-positive African American gay/bi, and other MSM, with a focus on young men. In partnership with a community-based organization, we have developed a toolkit to assist in the implementation of an evidence-based intervention, called STYLE, for increasing the engagement of African American MSM in treatment and care.

The implementation toolkit can be found at style.ucsf.edu.
CAPS/PRC Resources

Research and publications with gay men:
https://prevention.ucsf.edu/library?title=&field_population_target_id=26

Fact Sheets: https://prevention.ucsf.edu/resources/factsheets-english-and-spanish

- What are men who have sex with men (MSM)’s HIV prevention needs? https://prevention.ucsf.edu/research-project/gay-men- MSM
- What are the HIV prevention needs of young men who have sex with men? https://prevention.ucsf.edu/research-project/young-gay-men
- What are Black men’s HIV prevention needs? https://prevention.ucsf.edu/research-project/black-men-2017
- What are transgender men’s HIV prevention needs? https://prevention.ucsf.edu/research-project/transgender-men

Survey Instruments & Scales:
https://prevention.ucsf.edu/resources/survey-instruments-and-scales/

- Topics include counseling and testing, healthcare providers, risk behavior, adherence, coping, substance use and knowledge/attitudes.

Evaluation Manuals:

- Good Questions Better Answers: A Formative Research Handbook for California HIV Prevention Programs
- Working Together: A Guide to Collaborative Research in HIV Prevention

Intervention Curricula: https://prevention.ucsf.edu/resources/intervention-curricula

- Programs for HIV+ and HIV- persons.

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