

## National HIV Testing Day June 27, 2017

Research and Resources on HIV Counseling and Testing





## Center for AIDS Prevention Studies (CAPS) UCSF Prevention Research Center (PRC)

#### Research & Resources

This brochure lists CAPS/PRC research focusing on HIV testing 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
- Use the 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 415-514-4590 or <a href="mailto:Daryl.Mangosing@ucsf.edu">Daryl.Mangosing@ucsf.edu</a>

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)

**VCT:** Voluntary counseling and testing

# Research with Men Who Have Sex with Men (MSM)

#### **MSM Self-Testing Project**

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

This study aimed to enhance identification of undiagnosed HIV infection and increase linkage to HIV care among African American and Latino gay and other men who have sex with men (MSM) in Alameda County (AC). The intervention leveraged HIV self-testing, to increase testing among underdiagnosed African American and Latino MSM. We enlisted recruiters to ask peers to complete a HIV self-test.

Research Finding: We reached African American and Latino MSM who were more likely to have never tested for HIV and more likely to report a (+) test result, compared to MSM tested in AC-funded programs. Peers reported positive experiences distributing test kits and that their friends mostly responded with enthusiasm to the idea of testing in privacy. A network-based intervention for self-test distribution is promising for increasing testing uptake and reducing undiagnosed infections among African American and Latino MSM.

### Use of Rapid HIV Self Test by High Risk Populations

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

This study aims to determine if high-risk men who have sex with men (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.

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

Investigator: Greg Rebchook

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-I)

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.



Photo: United Black Ellument

## Distribution of HIV Self-Testing Kits in a Gay Bathhouse Setting

**Investigators:** William Woods, Sheri Lippman, & Diane Binson

Gay bathhouses have been a venue where a high proportion of non-testers can be found, and bathhouse-based HIV testing programs usually operate only a few hours a week at best and only reach a limited number of men per hour of operation. To determine whether a HIV self-testing kit distribution program could reach those who never tested or who are infrequent testers and to characterize the testing behavior of those who accepted self-test kits, we distributed free OraQuick In-home HIV Test® kits to men at a gay bathhouse. Men were systematically selected to receive a coupon, which could be redeemed that night for a HIV self-testing kit.

**Research finding:** Men who had never tested or who last tested more than 6 months ago were among those most likely to take the free test kit. We found that bathhouse distribution could reach a MSM population most in need of improved access to HIV testing.

### Connecting Resources for Urban Sexual Health: The CRUSH

Investigator: Janet Myers (Evaluation PI)

Due to the local HIV/AIDS epidemic in Alameda County among young MSM, the overall goal of the CRUSH project is to demonstrate the feasibility and effectiveness of integrating and implementing comprehensive sexual health services within a youth clinic to support HIV prevention and care engagement. Specifically, the study seeks to enhance the services provided by an existing model program for HIV-infected youth to strengthen linkage and retention in HIV care.

Utilizing a broad range of scientific and community partners, patients can arrive for scheduled or drop-in visits, receive regular HIV testing, and much more.

Research finding: Since February 2014, CRUSH enrolled 262 HIV-negative participants, who were all screened and tested at baseline to receive pre-exposure prophylaxis (PrEP). HIV tests are conducted at recurrent study visits. www.CRUSH510.org



#### Youth

#### 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 newly funded 4-year study is supported by the California HIV/AIDS Research Program (CHRP) to develop 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: A number of Bay area houses already share HIV prevention information at house meetings, and many house parents connect members to services if necessary. Participants therefore felt that house meetings were appropriate venues for discussing the most recent prevention modalities, such as home testing and PrEP/PEP.

### Technology to Connect At-Risk Youth to Testing

**Investigator:** Marguerita Lightfoot

Peer education and outreach strategies have been successful at reducing sexual risk behavior and increasing the use of health resources in adolescents and other at-risk groups, including adults residing in census tracts where STI rates are high. A potential vehicle for outreach to adolescents is socially interactive technologies (e.g., text messages).

The goal of the Technology to Connect At-Risk Youth to Testing Project is to: 1) develop protocols and a theory-informed message guide for a peer-driven text message intervention for adolescents recruited from an adolescent health clinic, 2) examine the acceptability and feasibility of sending text messages related to obtaining HIV/STI testing, and 3) examine the efficacy of a youth generated messaging intervention to increase the number of high-risk youth seeking services and clinic volume. If successful, the youth generated text messages will encourage their friends to visit the clinic and get tested.

### Transgender

#### **HIV Self-Testing with Trans Women**

**Investigators:** Sheri Lippman (PI), Jae Sevelius, & Susan Buchbinder (Bridge HIV)

Transgender women represent the population most impacted by HIV in the United States with infection rates approximately 40 times higher than the general population. Despite elevated risk, the rates of HIV testing within the transgender community are particularly low.

HIV self-testing kits were made available over-the-counter in late 2012 and have the enormous potential to increase testing uptake and earlier diagnosis of HIV infection, thereby leading to improved health and decreased transmission. We are exploring the feasibility, acceptability, and supportive materials needed to offer home-based self-administered HIV testing for trans women in three phases. The pilot study includes following 50 HIV-negative trans women in San Francisco in a 3-month study of home test kits.

This represents the first attempt to systematically examine acceptability, feasibility, preferences, and support for home-based rapid HIV testing in the U.S. trans female community.



The UCSF Center of Excellence for Transgender Health (CoE) has developed a Transgender HIV Testing Toolkit, consisting of five modules designed to reflect the most current HIV prevention research and best practices for serving trans and gender non-binary people. Source: <a href="http://transhealth.ucsf.edu/trans?page=ev-nthtd">http://transhealth.ucsf.edu/trans?page=ev-nthtd</a>

## International Research: Africa

#### Self-testing with MSM in South Africa

Investigators: Sheri Lippman (PI), Timothy Lane, James McIntyre & Oscar Radebe (Anova Health)

MSM in South Africa do not currently utilize clinic-based HIV testing at a rate commensurate with their risk. We explored the feasibility and acceptability of self-testing among South African MSM in the Mpumalanga Province, including how, when, where, what kind, and with whom self-tests are utilized; how sexual risk behaviors may be modified by introducing self-test kits into this community; and strategies to ensure linkage to care following self-testing in this underserved and high risk population.

Research findings: All participants found sample collection and test instructions very easy or somewhat easy, and majority stated interpreting results was either somewhat or very easy. There was an overwhelming preference for the blood test kit vs. an oral fluid test. All trusted the test results and would be either somewhat or very likely to use an HIV self-test kit should they become available in South Africa in the future.

#### **HIV-testing Among Couples in Malawi**

Investigator: Amy Conroy

Uptake of HIV testing services is less than ideal in Malawi with about 75% of women and 50% of men having ever tested as of 2010. This project mixed methods study sexplored how couple dynamics could affect decisions to test for HIV in rural Malawi.

**Research finding**: Participants with higher levels of relationship unity were less likely to test for HIV. This was consistent with qualitative data in that an HIV test signified a breach of trust and breakdown of the relationship.



## Innovations in HIV testing to enhance care for young women and their peers and partners in South Africa

**Investigators:** Sheri Lippman (Co-I), Kathleen Kahn (PI, University of the Witwatersrand), & Audrey Pettifor (PI, University of North Carolina, Chapel Hill)

Young women continue to be at the epicenter of the HIV epidemic in South Africa. In 2012 over 30% of young women ages 20-34 were infected; young women are at risk due to multiple risk factors (behavioral, biologic and structural). We propose improving HIV prevention and care by expanding HIV testing options to include self-testing for young women, their peers and their sex partners, and by facilitating linkage to care.

We recently conducted formative qualitative research to understand perceptions of HIV testing and HIV self-testing in the study population. The second phase of the study is a randomized controlled trial where we will randomize young women to receive either 1) CHOICE of self-testing or clinic-based HIV Counseling and Testing (HCT) or 2) clinic based HCT.

#### **Past Research**

## Project Accept: Community-Based Intervention to Reduce HIV Incidence in Populations at Risk for HIV in Sub-Saharan Africa and Thailand

**Investigators:** Gertrude Khumalo-Sakutukwa, Stephen Morin, & Edwin Charlebois (CAPS)

Project Accept is the first community-randomized trial to test a combination of social, behavioral, and structural approaches for HIV prevention and to assess the impact of an integrated strategy for HIV prevention on HIV incidence as well as behavioral and social outcomes at the community level.

Research finding: Community mobilization, mobile HIV counseling and testing (VCT), post-test support services, and real-time performance feedback increased the number of people who know their HIV status, and reduced HIV risk behaviors, especially among people with HIV who might otherwise transmit the virus to others. The prevention strategy also resulted in a modest 14% reduction in HIV infection in the intervention communities compared to control communities.

#### **Personalized Cognitive Counseling**

Investigators: James Dilley, William Woods, & Willi McFarland

An RCT to evaluate a one-time cognitive intervention combined with standard HIV counseling and testing procedures, conducted with high-risk MSM to address to reduce risk behavior. Men receiving the intervention generally maintained reduced risk behavior over the year following the intervention compared to men assigned to a control group.

## Berkeley Health Steamworks Testing Program

**Investigators**: William Woods, Diane Binson, LeRoy Blea, Jeff Kant, & Paul Cotten

A collaborative intervention conducted by the health department on-site at a gay bathhouse and evaluated by UCSF CAPS to promote HIV and STI testing among MSM. The collaborative effort was very successful in meeting implementation goals and offering HIV and STI screening with high-risk men.

## Evaluating the Process of Developing and Implementing an Emergency Department (ED) HIV Testing Program

**Investigators:** Kimberly Koester, Sheri Weiser, Tim Lane, Janet Myers, & Stephen Morin

We evaluated the development and implementation process of routine testing for HIV in three urban Bay Area hospital EDs serving sizable racial/ethnic minority and socioeconomically disadvantaged populations: Alameda County Medical Center-Highland Hospital, Alta Bates Summit Medical Center, and San Francisco General Hospital.

Research findings: Discomfort among ED providers about disclosing a positive HIV test result was a barrier. Common facilitators were a commitment to underserved populations, the perception that testing was an opportunity to re-engage previously HIV-infected patients in care, and the support and resources offered by the medical setting for them.



Photo: Carlo Avila Gonzales, The Chronicle

#### **CAPS/PRC** Resources

#### **HIV Counseling/Testing Research and Publications**

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

- What is the role of disclosure assistance services in HIV prevention?
   www.caps.ucsf.edu/uploads/pubs/FS/pdf/revPCRSFS.pdf
- What Is the role of counseling and testing in HIV prevention?
   www.caps.ucsf.edu/uploads/pubs/FS/pdf/C&TFS.pdf (update upcoming)
- How is rapid testing used in HIV prevention?
   www.caps.ucsf.edu/uploads/pubs/FS/pdf/rapidtestingFS.pdf
- What is the role of rapid testing for US-Mexico border/migrant populations?
   www.caps.ucsf.edu/uploads/pubs/FS/pdf/borderrapidtestingFS.pdf

#### **Survey Instruments & Scales:**

https://caps.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:** <u>www.caps.ucsf.edu/resources/how-to-manuals</u>

- 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: <a href="https://caps.ucsf.edu/resources/intervention-curricula/">https://caps.ucsf.edu/resources/intervention-curricula/</a>

Programs for HIV+ and HIV- persons.

This information was compiled for you by the CAPS Community Engagement (CE) Core, previously known as the Technology and Information Exchange (TIE) Core.

Questions? Comments? Contact Daryl Mangosing at 415-514-4590 or Daryl.Mangosing@ucsf.edu

https://prevention.ucsf.edu



CAPS/UCSF PRC
Mission Hall Bldg
UCSF Box 0886
550 16th Street, 3rd Floor
San Francisco, CA 94143

Ph: +1 (415) 476-6288

Web: <a href="https://prevention.ucsf.edu">https://prevention.ucsf.edu</a>

Email: <a href="mailto:caps.web@ucsf.edu">caps.web@ucsf.edu</a>