



National HIV Testing Day June 27, 2019

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 Barbara Green-Ajufo via phone at 415-502-1000 ext. 17150 (vm only) or Barbara.Green-Ajufo@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)

VCT: Voluntary counseling and testing

Message from the Director

Knowing one's HIV status is the foundation for the HIV continuum of care. Researchers at the Center for AIDS Prevention Studies (CAPS) and UCSF Prevention Research Center (PRC) work to discover new and innovative strategies for those not currently reached by HIV testing efforts. If we want to reach our goal of ending the HIV epidemic (EtHE), it is clear that the extraordinary progress that has been made in HIV prevention research over the last three decades must continue, and those living with HIV but don't know their status are tested and enter into and remain in care.

However, latest estimates indicate that 14% (1 in 7) of the estimated 1.1 million people infected with HIV in the U.S. still don't know their status.¹ Now, more so than ever, it is paramount that diverse strategies to reach individuals for testing (e.g., social marketing, social networking, etc.) and testing approaches (e.g., routine testing, self-testing, etc.) be established.

On this National HIV Testing Day, we again share research accomplishments that focus on that first step for EtHE – people knowing their HIV status. We are committed to research that 1) addresses this need; 2) is community-engaged through the use of our community advisory board (CAB)² and other study-specific advisory boards; and, 3) is broadly disseminated and implemented among those who could most benefit from the research.

It is our hope that the self-testing, peer networks, community mobilization, testing in healthcare/clinical settings, and other research highlighted in this booklet will inform, inspire and empower people to be tested for HIV their way and share their testing stories. Sharing and implementing this research at the community level will no doubt help EtHE!



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

1. CDC. HIV Basic Statistics. <https://www.cdc.gov/hiv/basics/statistics.html>

2. UCSF Division of Prevention Science. Community Advisory Board. <https://prevention.ucsf.edu/about/community-advisory-board/>

Late diagnosis

Identifying Reasons for Late-Diagnosis of HIV: An Academic-Community Partnership to Improve Health Outcomes

Investigator: Will Vincent (PI), Marguerita Lightfoot (Mentor)

Late HIV diagnosis is associated with poor treatment outcomes and, in turn, less viral suppression, greater transmission of HIV to those who are not infected, and increased HIV-related morbidity and mortality. The goal of reducing HIV by increasing peoples' awareness of their HIV status cannot be achieved without addressing late diagnosis. Given the many individuals who are diagnosed late, the aim of this study is to elucidate the reasons for late diagnosis and to uncover strategies for increasing early detection of HIV.

We will interview 20 late-diagnosed individuals and 20 individuals who were not diagnosed late. We will work in partnership with the Alameda County Public Health Department to examine the individual-, social-, and structural-level factors that fuel late HIV diagnosis within a multilevel framework. This study will help us to develop public health strategies to address late diagnosis.

Research with Men Who Have Sex with Men (MSM)

Project T: MSM and HIV Self-Testing

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

Project T aimed to enhance identification of undiagnosed HIV infection and increase linkage to HIV care among African American and Latino gay and other MSM in Alameda County.

We enlisted 34 members of the African American and Latino MSM and Transgender communities to act as recruiters. Each was asked to identify 5 MSM peers they believe to be sexually active to complete a HIV self-test. A total of 165 self-test kits were distributed to social and sexual network members.

Research finding: Compared to MSM who utilized the health department's sponsored testing programs, individuals reached through the peer-based self-testing strategy were significantly more likely to have never tested for and to report a positive test result. Our findings suggest that a network-based strategy for self-test distribution is a promising intervention to increase testing uptake and reduce 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, 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 project has completed data cleaning and analysis. Two papers have been published and three papers, including the main findings, are under review. Read the newest publication from this project: [Brown W 3rd et al. A. Methods, system errors, and demographic differences in participant errors using daily text message-based short message service computer-assisted self-interview \(SMS-CASI\) to measure sexual risk behavior in a RCT of HIV self-test use. mHealth 2019. doi: 10.21037/mhealth.2019.06.01](#)*



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 involved 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 was called United Black Ellument. The adapted intervention was first implemented in Dallas, and then it was implemented in Houston. The project also involved a qualitative study of young Black MSM who were followed over several years to examine the issues that they faced related to HIV prevention.



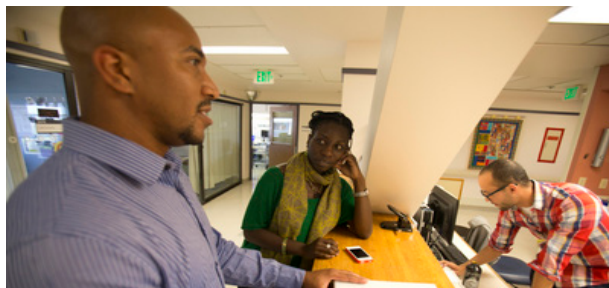
Photo: United Black Ellument

The CRUSH Project: Connecting Resources for Urban Sexual Health

Investigator: Janet Myers (Evaluation PI)

The CRUSH project demonstrated the feasibility and effectiveness of integrating comprehensive sexual health services in a youth clinic to support HIV prevention and care engagement. Learn more about intervention here: <https://www.hishealth.org/models-of-care/crush-project>

Research finding: Most young men in the CRUSH Project who initiated PrEP adhered at levels that protect against HIV infection. Adherence at protective levels was initially high with 87% demonstrating levels consistent with at least 4 doses per week at week 4, compared to 77% at the 48-week follow-up.



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), and Gloria Lockett (CAL-PEP)

This 4-year study was supported by the California HIV/AIDS Research Program (CHRP) to develop and test 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 to help one another 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.

Technology to Connect At-Risk Youth to Testing

Investigator: Marguerita Lightfoot (PI)

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).

Research Finding: *We found that text messaging between peers is a feasible and acceptable strategy and has the potential for impacting HIV testing. Given the low number of youth accessing health care services and STI/HIV screening, innovative strategies such as this one are needed to address the barriers that exist and encourage connection with the healthcare system and STI screening.*

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.

TRANS HIV TESTING TOOLKIT



MSR Capacity Building Assistance Partnership
National Center for HIV Prevention and Promotion
Center for AIDS Programs and Control • Center of Excellence for Transgender Health • #HIVHealthMatters



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: <https://prevention.ucsf.edu/transhealth/education/nthtd>

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: 127 HIV-negative MSM were provided with up to 9 test kits of their choice – oral fluid or blood fingerstick – to use themselves and distribute to their networks; six participants sero-converted during the study. 91% of participants self-tested and over 80% reported preferring HIVST to clinic-based testing. Fingerstick was preferred to oral fluid tests by approximately 2:1, and participants distributed 728 test kits to friends, family members, and sex partners. Frequent (semi-annual) testing increased from 37.8% before the study to 84.5% at follow-up and participants reported anticipated frequent testing of 100% if HIVST were made available, compared to 84% if only clinic-based testing were available in the coming year (both changes in testing proportions statistically significant).



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 explored 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.*



Photo: Amy Conroy (center) and Colleagues

Past Research

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.*

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.*



Photo: Steamworks - Berkeley

CAPS/PRC Resources

HIV Counseling/Testing Research and Publications

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

- What is the role of disclosure assistance services in HIV prevention?
<https://prevention.ucsf.edu/research-project/disclosure-assistance-pcrs>
- What Is the role of counseling and testing in HIV prevention?
<https://prevention.ucsf.edu/research-project/hiv-counseling-and-testing>
- How is rapid testing used in HIV prevention?
<https://prevention.ucsf.edu/research-project/rapid-testing>
- What is the role of rapid testing for US-Mexico border/migrant populations?
<https://prevention.ucsf.edu/research-project/rapid-testing-usmexico-border>

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>

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<https://prevention.ucsf.edu>



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