

Alameda AIDS Research Coalition (AARC) Research Compendium

African American HIV/AIDS Research Forum

February 28, 2013

The AARC African American HIV/AIDS Research Forum is the first step in developing a community participatory research agenda to address HIV/AIDS among African Americans in Alameda County. This compendium compiles research happening in Alameda County in order to strengthen networks and collaborations as well as identify the gaps and opportunities for researchers and community partners to more effectively work together. Research in this compendium are grouped according to each breakout session in today's forum.

Substance Use/Incarceration

Exploring Experiences of Disclosing HIV-Positive Status While in Prison

Investigator: Megan Comfort

Project Partners: Alex H. Kral, Lynn Wenger, Alexandra Lutnick, Joseph Bick (California Department of Corrections and Rehabilitation), AIDS Project East Bay, The Gamble Institute, Casa Segura

In order to receive HIV treatment while incarcerated, individuals who know they are HIV-positive must disclose their status either by consenting to HIV testing or by identifying themselves to correctional medical providers. Seroprevalence data suggest that a potentially large proportion of HIV-positive prisoners decide not to disclose their status and therefore do not receive HIV care while incarcerated.

Begun in January 2013, this 3-year study aims to develop an understanding of HIV-positive people's experiences disclosing or not disclosing their status while incarcerated. In-depth qualitative interviews with 100 HIV-positive people who have recently exited incarceration will be conducted. Potential participants will be referred by community-based organizations in Oakland that work with HIV-positive people, formerly incarcerated people, and people who use drugs. Study findings will provide critical knowledge to inform recommendations for facilitating HIV-positive people's disclosure of their status while incarcerated, potentially increasing the numbers of individuals linked to correctional HIV care.

Exploring HIV Risk Among Male Parolees and Their Female Partners - "The Relate Project"

Investigator: Megan Comfort

Project Partners: Olga Grinstead Reznick, Tor Neilands, Diane Binson, Philippe Bourgois, Samantha Dilworth, Jackie Ramos, Malcolm Hoover, Claudia Smith, Bill Stewart, John Weeks, Timoteo Rodriguez

The Relate Project explored HIV risk among men who were released from prison within the last year and were on parole at the time of study participation and their primary female partner. Between 2009 and 2011, 172 couples (344 individuals) were recruited from community sites in Oakland and San Francisco for participation in a cross-sectional quantitative interview. Couples came to their appointment together and each person was interviewed separately. A sub-sample of 24 people also participated in a qualitative interview to provide more in-depth contextual information about HIV risk and risk reduction among couples affected by incarceration.

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Findings from this research underscored the complexities of understanding how the context of a man's incarceration influences couples' decision-making processes involving HIV risk and risk reduction and compelled us to undertake couple-level research on this issue. Information can be used to develop population-appropriate and effective interventions for low-income people of color who experience their own or their partner's incarceration.

Urban Health Study II

Investigator: Alex H. Kral

Project Partners: Tazima Jenkins

Conducted by RTI International's Urban Health Program (formerly the Urban Health Study), which worked in Oakland from 1992-2006 providing community-based HIV testing and counseling to drug using populations, the Urban Health Study II focuses on HIV testing and treatment for people who use drugs in Oakland. As part of this project, RTI International will provide confidential rapid HIV testing and counseling at community field sites, to about 2500 people over 2 years. Since field work began in August of 2011 over 1700 eligible participants in West and East Oakland. The next field site will be in Fruitvale.

The study is especially interested in connecting with people involved in the criminal justice system and seeks to explore whether HIV testing can be delivered effectively to people on probation or parole when offered outside of prison or jail. Another purpose of the study is to learn more about the best ways to keep HIV care consistent when people on probation or parole are caught in the "revolving door" between community and correctional settings. The information extracted from the study will help those that are at risk for contracting HIV know their HIV status and connect to primary care and treatment, in addition connecting and/or re-connecting those who are already HIV+ to care.

Experiences of Substance Use Behavior Among Young Black MSM

Investigator: Austin Nation

This qualitative study will examine the unique experiences of substance use behavior among young Black MSM in the Bay Area. Black young adults between the ages of 13-25 are one of the largest populations of people being diagnosed with new infections of HIV/AIDS. The prevalence of HIV among young Black men who have sex with men (MSM) is three to four times higher than white MSM.

Young Black MSM are runaways and homeless, forcing them to survive on the streets by becoming sex workers, engaging in unprotected anal intercourse because either they or their partner is high or buzzed on drugs or alcohol. Studies cite crack cocaine use, sex while high on crack cocaine, marijuana and alcohol, or sharing needles for injection drugs as strongly associated with HIV infection among young Black MSM. It is often difficult for these young adults to negotiate safer sex practices with their partners, including discussion of their HIV-positive status

MSM, Bisexual and Transgender Populations

The Cultural and Relationship Context of HIV among Bisexually Active Black Men and their Female Partners

Investigator: Sonja Mackenzie

Project Partners: Craig Hutchinson

In The MASAI Project, a qualitative study with 60 HIV+ and HIV bisexually active Black men in the San Francisco Bay Area from 2009 - 2011, men reported having unprotected sex with their female partners more frequently than they did with male partners, with high concurrency of sexual partnerships with male and female partners. Men disclosed that they were bisexually active less frequently to female than to male partners, and described a range of disclosure to female partners. Ideologies of masculinity – or what it means to be a man - were described in the specific contexts of racism and poverty, and influenced men's sexual risk practices, sexual identities and levels of disclosure to women of their sex with male partners.

This five-year research study seeks to examine the cultural and relationship contexts of HIV among bisexually active black men and their female partners to generate knowledge for the development of HIV prevention interventions. The objectives of the five-year research study are: 1) describe the influence of cultural and relationship factors on HIV risk behaviors through qualitative interviews with women partnered with Black bisexually active men (N=15); 2) develop culturally-relevant quantitative measures of disclosure among men and levels of knowledge of partner's sexual risk with men among women; 3) assess the effects of disclosure, levels of knowledge of bisexual activity, and gender ideologies on sexual risk behaviors among bisexually active Black men (N=120) and female partners of bisexually active Black men (N=120); and 4) conduct an exploratory mixed methods study of partnerships of bisexually active Black men and their female partners (N=120), to explore how partners influence each other's sexual risk behaviors.

The SHINE Study

Investigator: Erin C. Wilson

The SHINE study is a 5-year longitudinal qualitative and epidemiological study of 300 transgender female youth ages 16-24 years which seeks to examine HIV-related risk behaviors and identify protective factors for resilience. The study will reach and retain participants by taking an innovative approach to adapting Respondent Driven Sampling (RDS) using socially interactive technologies. The study also seeks to adapt and refine measures of protective factors to identify resilience among transyouth, identify factors specific to their developmental stage to explain engagement in HIV-related risk, and to determine the effect of protective factors on the relationship between risk factors and risk behavior. The methods to be investigated, refined, and applied for this research are critical to the evidence base of HIV prevention for marginalized youth populations affected by HIV. The study will also fill important gaps in the literature by providing causal data to identify key risk and protective factors for trans-female youth. The sampling strategy will elicit a diverse, representative sample of transyouth from which will address both the challenges this population faces and build upon the strengths they possess.

A Randomized Controlled Trial of the Bruthas Program

Investigators: Emily A. Arnold (Academic PI) and Stephanie Cornwell (Community Co-PI)

Project Partners: Michael Benjamin, Raysean Ford, William Stewart, Shakema Snow, Elizabeth Bartmess, Stuart Gaffney, Susan Kegeles, Carla Dillard Smith, Don Operario, Tor Neilands, and Lance Pollack

This study is a randomized controlled trial of the Bruthas Program, an enhanced HIV counseling intervention, which involves HIV counseling and testing (HIV-CT) plus a series of individual sexual health promotion counseling sessions. The Bruthas Program will be compared to a standard program involving HIV counseling, testing and referral to general case management services. The enhanced counseling intervention sessions will address: (a) increasing comfort with one's personal identity, (b) building safer sex skills, and (c) increasing regular HIV testing for men who are negative. A sample of 400 African American MSMW who do not identify as gay will be recruited from the San Francisco Bay Area. After receiving HIV counseling and testing, half will be randomly assigned to the enhanced intervention condition and half randomly assigned to the standard program. All participants will complete baseline, 6 month follow up, and 9 month follow up behavioral risk assessments using an audio computer-assisted interview. A subset of participants will also complete post-intervention qualitative interviews to provide in-depth experiential insight into the intervention process. The effectiveness of the enhanced counseling intervention will be evaluated by the primary outcome, which is the reduction of sexual risk behavior among men participating in the enhanced intervention compared to men in a standard HIV-CT program. This work is a collaboration between the Center for AIDS Prevention Studies (University of California, San Francisco) and the California Prevention and Education Project (CAL-PEP) in Oakland, CA. The team works out of a shared understanding that service providers, researchers, and community members must collaboratively work together to create solutions that can mitigate the spread of HIV/AIDS in the African American community.

The Ballroom Community Project: Social Networks and Social Support for Young African American MSM

Investigator: Emily A. Arnold

Project Partners: David L. Williams and Edward Blount

This research investigates the relationship between social networks, social support, and HIV-related risk behavior among young African American MSM who participate in the Ballroom community. The Ballroom community consists of houses, figurative and sometimes literal homes, for queer youth of color, and the elaborate balls they host and compete in. The Ballroom community exists in urban centers across the US, and provides African American queer youth with support for same-sex desire and identity, along with multiple forms of support for HIV prevention.

This research looks at the forms of social support that young men receive through their involvement in the community, particularly with regard to HIV-related risk behavior. The study will be carried out in three phases: 1) an ethnographic phase to determine the forms social networks and social support take with young African American MSM in the Ballroom community; 2) a phase to develop and adapt appropriate scales of social networks and social support for a young African American MSM population; and 3) a cross-sectional survey of social networks within young African American MSM Ballroom communities to determine the association of social networks and social support with HIV-related risk behavior.

The data accumulated during this study will be used as the basis for developing an intervention tailored specifically to the Ballroom community. Approximately 300 young African American MSM will be recruited into the study, which will take place in the San Francisco Bay Area.

Three Projects for Transgender Women of Color in Alameda and San Francisco, Health Intervention Projects for Underserved Populations (HIPUP)

Investigator: Tooru Nemoto

Project Partners: Mariko Iwamoto and Elnaz Eilkhani

The Health Intervention Projects for Underserved Populations (HIPUP) aims to improve substance abuse and HIV/AIDS prevention and treatment programs for underserved populations, such as transgender persons, Asian and Pacific Islander men who have sex with men (MSM), and substance users. Through collaboration with targeted community members, community-based organizations, and public health departments, HIPUP strives to have a significant impact on health promotion and human rights for underserved communities locally and internationally.

Projects:

1. Team-I: Tooru Nemoto, Mariko Iwamoto, and Elnaz Eilkhani from the Public Health Institute (PHI); Alvan Quamina, Kevin Bynes and Andrea Horne from AIDS Project East Bay (APEB); Jose Armando Hernandez and Celia Gomez from Instituto Familiar de la Raza (IFR)

This collaborative project between PHI, APEB and IFR completed a randomized controlled study evaluating the efficacy of the Motivational Enhancement Intervention (MEI) and Brief Intervention (BI) to reduce HIV risk behaviors among African American and Latina transgender women. African American (n=66) and Latina transgender women (n=48) with a history of substance use were recruited through community outreach based on purposive sampling in San Francisco and Oakland. Participants were randomly assigned to BI (two-hour two counseling session), MEI (6 one-hour counseling sessions), or a control group (health promotion education). Participants' risk behaviors were assessed at baseline, 3-month and 6-month follow-ups using a structured questionnaire. Preliminary results showed that the MEI and BI programs were effective in reducing substance abuse and HIV risk behaviors for African American and Latina transgender women. The intervention curricula, sensitive to health issues of transgender women of color will be discussed in addition to challenges in conducting the follow-up interviews.

2. Mariposa Project: Tooru Nemoto, Mariko Iwamoto, Elnaz Eilkhani, Breonna McCree and Dee Ayap from PHI; Ragina Gibson and Carla Clynes from Health Right 360

The Mariposa project has been implemented to increase health promotion behaviors for transgender women of color in San Francisco and Alameda County in collaboration of PHI and Healthright360 since 2010. Our transgender Health Educators conduct daily outreach activities and recruit eligible participants in the Mariposa project. Participants are required to complete 3 to 5 motivational intervention counseling sessions after completing the intake assessment. The participants are followed up at 3-month after the intake. The project particularly aims to provide comprehensive referral services for transgender women to enroll in a substance abuse treatment program at Healthright360. Currently, a total of 98 have enrolled in the project and 19 enrolled in the substance abuse treatment program. Outreach and follow-up methods will be discussed. Also, preliminary findings will be presented.

3. Couple's Health Intervention Project (CHIP): Tooru Nemoto, Mariko Iwamoto, Elnaz Eilkhani and Sabrina Suico from PHI; Don Operario from Brown University

In collaboration with Brown University this research study aims to develop and pilot-test a couples focused HIV prevention intervention addressing transgender women and their male primary partners. In the U.S., transgender women are among the highest-risk group for HIV infection, and transgender women report most frequently engaging in unprotected sex with their primary male partners. Men who have sex with transgender women (MSTWs) have recently been identified as a high-risk population for the infection with and transferring HIV. Currently there are no evidence-based interventions to reduce HIV infection targeting the couple of transgender women and their male partners. This innovative study will adapt principles from empirically supported couples-focused HIV interventions in order to develop an intervention curricula to reduce HIV risk behaviors among transgender women and their male primary partners. Currently, we are conducting a pilot study, and plan to recruit a total of 60 couples comprising of transgender women and their primary male partners. Preliminary findings from the pilot study and focus groups will be discussed.

Moving Mountains: Engaging Faith Communities to Address the Three Primary Goals for the National HIV/AIDS Strategy

Investigator: [Minister Rob Newells](#)

The CDC, the U.S. Department of Health & Human Services, and the President of the United States all recognize the faith community's influence on knowledge, attitudes, beliefs, and behaviors about health. Engaging faith communities in HIV prevention is still a challenge, particularly among black churches. With the shift towards targeted, high-impact combination HIV prevention strategies and pending implementation of the Affordable Care Act, communities must prepare to provide more services with limited dollars. Using the three primary goals of the National HIV/AIDS Strategy and the HIV/AIDS treatment cascade as guides, Healing Faith offers practical strategies for engaging faith communities in HIV prevention efforts for their congregations and neighborhoods. Specific responses related to each of the NHAS goals will be presented, and additional strategies will be explored through group discussion and interactive brainstorming activities: 1) what can churches do to help increase the percentage of people living with HIV who know their serostatus?; 2) what can churches do to help increase the percentage of HIV-diagnosed people who are in continuous care?; what can churches do to help increase the proportion of HIV-diagnosed people with undetectable viral load?

Participants will better understand how to use the National HIV/AIDS Strategy and the HIV/AIDS treatment cascade as tools to effectively engage faith communities in HIV prevention activities. Actionable community-specific plans will be developed for local implementation based on theological imperatives focused on ethics, morals, and social justice. Local organizations will be better prepared to engage faith communities to support the spiritual needs of existing clients and to become community resources for HIV testing, prevention and treatment information. Faith communities will be better prepared to collaborate with local organizations and health departments on efforts to end the HIV/AIDS epidemic in their communities. Increased engagement of local faith communities will result in more people knowing their serostatus, more people living with HIV who are retained in treatment, and more people living with HIV who achieve viral suppression.

Clinical, Linkage to Care

Documenting Challenges for People Living with HIV/AIDS Transitioning Between Publicly-Supported Healthcare Payer Sources in California

Investigators: Wayne Steward, Emily A. Arnold, Patrick Hazelton, Shane Collins and Stuart Gaffney

Between October 2012 and February 2013, 37 interviews with respondents in 10 urban, suburban, and rural California counties. Interviews were conducted with 30 public health policymakers and clinic-level providers, as well as with 7 patients who experienced one or both of the LIHP (Low Income Health Program) and Medi-Cal managed care transitions. Interview topics included: continuity of patient care, integration of wrap-around support services, capacity to handle payer source transitions, administrative burden, and preparations for health care reform implementation in 2014. Preliminary data analysis reveals barriers to continuity of care include increased administrative burden for patients and providers and reduced access to HIV specialty clinics and pharmacies in certain counties. Conversely, facilitators to continuity of care include contracting Ryan White clinics and HIV specialty pharmacies into the LIHP and maintaining linkage to Ryan White comprehensive care services. California's LIHP and Medi-Cal managed care programs represent ambitious attempts to expand health coverage for low-income individuals. Lessons learned in responding to the challenges of maintaining quality HIV specialty care during Medicaid expansion may be useful to other states in anticipation of full implementation of the Affordable Care Act in 2014.

Community Based Participatory Research to Address Late Diagnosis of HIV Among African Americans and Latinos in Oakland

Investigator: Ifeoma Udoh

Project Partners: Jamila Shipp, Stephanie Cornwell (CALPEP); Christina Grijalva, Scott Carroll (La Clinica de la Raza); Meredith Minkler, Sandra McCoy (UC Berkeley School of Public Health)

To support the development of community driven responses to the problem of late diagnosis in Oakland, the Pangaea Global AIDS Foundation, in partnership with the University of California, Berkeley, and two well respected community based HIV programs in Oakland – the California Prevention and Education Project (CAL-PEP) and La Clinica de la Raza – will work in partnership on a study to explore the reasons for this phenomenon, and define solutions. Through the use of the innovative process of community based participatory research (CBPR), the pilot project will engage the Oakland community to understand the reasons for late diagnosis among African American and Latinos, and develop action-oriented solutions. By utilizing CBPR methods, the pilot project seeks to merge the science of public health with community insight and understanding to develop solutions that have never before been tried in Oakland.

The project objectives are: 1) to describe the individual and structural barriers to earlier detection of HIV through in-depth key informant interviews with individuals who are late diagnosed as well as key Oakland HIV/AIDS leaders who can give insight to understanding the HIV/AIDS socio-cultural factors affecting late diagnosis. A case-control chart review of all individuals who presented in Oakland with a late HIV/AIDS diagnosis within the last 5 years to assess “missed opportunities” for testing and entry into care; 2) to make existing county and state-wide HIV testing and AIDS case data available to local communities for better understanding of late diagnosis and improved programming; 3) to engage community and other HIV/AIDS stakeholders in reviewing findings from the activities described above and to identify and/or develop community-driven responses to increase early HIV detection and diagnosis, and; 4) to pilot test the most promising of these community-driven leading to recommended models of implementation in Oakland.

HIV Testing Feasibility and Acceptability with Low Wage Immigrant Workers (LWIW)

Investigator: Ifeoma Udoh

Project Partners: Jamila Shipp, Stephanie Cornwell (CALPEP); Christina Grijalva, Scott Carroll (La Clinica de la Raza); Meredith Minkler, Sandra McCoy (UC Berkeley School of Public Health)

In partnership with the Street Level Health Project - an organization that works to educate Day Laborers on occupational and sexual health and safety, promote civic engagement, and build community networks - the pilot project will provide regular HIV testing through weekly HIV testing visits from La Clinica de la Raza counselors. In addition, among low wage immigrant workers reached by Street Level, information will be collected among those who decide to test, and also among those who decline HIV testing services offered in order to better understand barriers and facilitators to testing among this group. The pilot project seeks to better assess the HIV services needs of this population with the aim of identifying effective strategies for tailoring and scaling up HIV testing access among this hidden and hard to reach population. The objectives of the pilot are: 1) to test a strategy focused on scaling up and improving uptake of HIV testing among low wage immigrant workers (LWIW) in the Fruitvale District of Oakland, CA between October 2012 and March 2013; 2) to assess risk behaviors, service delivery needs, and barriers and facilitators of HIV and other health services utilization among those who choose to test, and among those who do not; and 3) to develop and strengthen a process for linking LWIW who are HIV positive to care services at La Clínica.

Enhancing HIV Testing and Counseling for Men Recently Released from Jail or Prison in Oakland and their Sexual or Needle-Sharing Partners

Investigator: Ifeoma Udoh

Project Partners: Jamila Shipp, Stephanie Cornwell (CALPEP); Christina Grijalva, Scott Carroll (La Clinica de la Raza); Meredith Minkler, Sandra McCoy (UC Berkeley School of Public Health)

Given the high rates of infection in Alameda County among African Americans, as well as the convergence of sexual risk with HIV risks associated with substance use and needle sharing partners, we propose to conduct an innovative project offering HTC to men within a week of their prison or jail release, and to encouraging them, through different incentive strategies, to refer their sexual and needle-sharing partners for HTC. In this way, we will not only engage parolees with HIV prevention services, but also work to access their potential HIV risk partners who are also highly vulnerable to HIV infection. The objectives for this pilot study are 1) determine HIV testing uptake and HIV prevalence among recently released men in Oakland, California between November 2012 and March 2013; 2) describe the risk-taking behavior of parolees while incarcerated and in the week after release from prison or jail; and 3) assess the social & structural needs of parolees as they reintegrate into the community, and 4) pilot test three incentive-based strategies to increase the uptake of HIV testing among the sexual- and needle-sharing partners of recently released men.

Implementing Eban II: An Evidence-Based Intervention For Sero-Discordant Couples

Investigator: Gail E. Wyatt

Project Partners: Craig Hutchinson

The Eban II Project focuses on assessing implementation and effectiveness of an evidence-based HIV risk reduction intervention for HIV-serodiscordant, heterosexual African-American couples in two geographic areas (Oakland and Los Angeles, CA) that have a high prevalence of HIV and risk conditions among African Americans. The study builds upon the multi-site, NIMH-funded Eban randomized controlled trial, which resulted in the intended outcomes of increased condom use and reduced incidents of unprotected sexual intercourse among committed, serodiscordant couples. Now that efficacy has been established, it is appropriate to test the effectiveness of the intervention as delivered in community-based organizations (CBOs) that serve African American clients.

The primary implementation aims are: 1) to facilitate implementation of an evidence-based intervention for HIV serodiscordant African American couples; specifically, to employ a theory-guided strategy to partner with the CBOs to expose providers to the intervention, facilitate its adoption and delivery with high fidelity, and sustain its use for nine months following the active implementation phase; and 2) using mixed quantitative and qualitative methods, to document the implementation process and identify barriers and facilitators to adoption, fidelity, and sustainability. Our primary intervention effectiveness aim is to evaluate the effect of Eban II on behavioral and biological outcomes among 180 couples, specifically incidents of protected sex, proportion of condom use, and incident sexually transmitted infections. The project's secondary aim to determine the cost-effectiveness of implementation, based on implementation costs and potential cost savings. To achieve these aims, a protocol-based implementation approach will be developed and studied using process evaluation mixed methods with conceptual guidance from the Program Change Model, a model of phased organizational change from exposure to adoption, implementation, and sustainability. The study will produce in-depth information regarding an implementation approach that incorporates multiple strategies and tools for optimal uptake and sustainability of this couples intervention. The effectiveness of Eban II will be assessed using a randomized delayed enrollment (waitlist) control design to evaluate the impact of treatment on outcomes at posttest and 3-month follow-up. This study will produce important information regarding the value of this model and model-guided implementation tools and strategies for use in implementing Eban II and other evidence-based programs in diverse treatment settings.

This 5-year study will investigate processes and determinants of implementation in 10 community-based organizations (CBOs) in California, and real-world effectiveness of Eban II as it is delivered to 180 couples. Our goal will promote the availability of couple-based services by enhancing organizational capacity in CBOs, reducing risk-taking practices among serodiscordant couples, and contributing empirically to implementation science.

The HOME Study

Investigator: Hyman Scott

The HOME study is a home-based HIV self-testing and linkage to care prevention package for young (18-35) Black and Latino men who have sex men (MSM) in San Francisco and Oakland. HOME will support the development of a new multistage HIV prevention intervention, utilizing technology and peer-navigation, to facilitate and support home HIV self-testing as well as linkage to local HIV prevention and treatment services. A major component of this project will be collaboration with community partners and community based organizations that are a vital part of HIV prevention. The study will start with qualitative work to explore facilitators and barriers to HIV testing and linkage to care for HIV positive and HIV negative MSM, and will be followed by a quantitative survey of 500 Black and Latino MSM to explore the generalizability of the themes from the qualitative work. These findings will inform the development of an HIV testing and linkage intervention which will first be tested in a small pilot, then a larger randomized control trial.

Improving the Efficiency of HIV Testing With Peer Recruitment, Financial Incentives, and the Involvement of Persons Living with HIV Infection

Investigator: Sandi McCoy

This pilot study tested an HIV testing and counseling (HTC) approach using respondent-driven sampling (RDS), financial incentives, and persons living with HIV infection (PLHIV). Eligible participants were aged 30-60 years, African American or Black, and residents of Oakland, California. Participants were tested for HIV infection and asked to refer up to three others. The efficiency of RDS was compared to conventional outreach-based HTC with the number needed to screen (NNS). The study evaluated the effect of two randomly allocated recruitment incentives on the enrollment of high-risk or HIV-positive network associates: a flat incentive (\$20) for eligible recruits or a conditional incentive (\$10-35) for eligible recruits in priority groups, such as first-time testers.

Results: Forty-eight participants (10 PLHIV and 38 HIV-negative) initiated recruitment chains resulting in 243 network associates. Nine (3.7%) participants tested HIV-positive, of whom 7 (78%) were previously recognized. RDS was more efficient than conventional HTC at identifying any PLHIV (new or previously recognized; RDS: NNS=27, 95% CI: 14, 59; conventional: NNS=154, 95% CI: 95, 270). There was no difference between the two incentive groups in the likelihood of recruiting at least one high-risk HIV-negative or HIV-positive network associate (adjusted odds ratio (ORa)=0.89, 95% CI: 0.06, 13.06) or in total number of high-risk HIV-negative or HIV-positive associates (ratio=0.79, 95% CI: 0.23, 2.71).

Conclusions: social network HTC strategies may increase demand for HTC and efficiently identify PLHIV. The flat incentive was as successful as the conditional incentive for recruiting high-risk individuals. Unexpectedly, this method also re-identified PLHIV aware of their status.

Connecting Resources for Urban Sexual Health: CRUSH

Investigator: Janet Myers

The CRUSH project seeks to enhance and extend a response to the local HIV/AIDS epidemic in Alameda County with a set of innovative, evidence-based interventions across the continuum of HIV prevention and care targeting young men who have sex with men. The consortium of agencies and organizations that comprise the CRUSH Project are led by the East Bay AIDS Center in Oakland California and are uniquely positioned to leverage existing public health and community resources along with innovative new partnerships in order to expand sexual health services as part of a complete prevention package. CRUSH will also enhance the services provided by an existing model program for HIV-infected youth based on formative research findings from the pilot study conducted for this project, and will enhance linkage to and retention in this and other HIV care programs. The three primary aims of CRUSH are to 1) test and link young MSM of color to sexual health services; 2) enhance and evaluate engagement and retention strategies for young MSM of color infected with HIV; and 3) engage and retain HIV-uninfected young MSM of color in sexual health services, including PrEP.