

Feasibility of an HIV Self-Test Voucher Program to Raise Community-Level Serostatus Awareness, Los Angeles

Robert W Marlin¹, BS; Sean Young¹, PhD, MS; Claire C. Bristow², MSc; Greg Wilson³; Joe Montes⁴; Jeffrey Rodriguez⁵; Jose Ortiz⁶; Rhea Mathew⁶; Jeffrey D Klausner¹, MD, MPH

¹Department of Medicine, UCLA Medical Center, David Geffen School of Medicine at UCLA, Los Angeles, CA

²Department of Epidemiology, Fielding School of Public Health, University of California Los Angeles, CA; ³Reach LA, Los Angeles, CA; ⁴Bienestar, Los Angeles, CA; ⁵LA Gay & Lesbian Center, Los Angeles, CA; ⁶University of California, Los Angeles, CA

Summary

This study examined the feasibility of developing a voucher program to promote the use of OraQuick® In-Home HIV Tests. Voucher usage was tracked and qualitative and quantitative data was obtained from a follow-up anonymous phone survey.



Background

Increasing serostatus awareness may reduce the number of new HIV infections

- Of the estimated 1.1 million people infected with HIV in the United States, about 25% are unaware of their infection.
- Up to half of all new HIV cases may result from transmission from a sero-unaware individual

African Americans are increasingly becoming the most vulnerable demographic group affected by HIV

- In 2011, African Americans had the highest rate of HIV infections for any demographic group at 966 per 100,000 persons in Los Angeles (LA).
- In addition, African American men who have sex with men (MSM) in LA are 4 times more likely than white MSMs to not know they are infected with HIV.

Self-testing presents a new method of increasing serostatus awareness

- Of 75 MSM surveyed in LA, an at home, immediate, and free HIV test had the highest acceptability.
- In 2012, the FDA approved the OraQuick® In-Home HIV test, which allows for private, rapid self-testing at home, and helps to overcome stigma, which is a major barrier to testing.

Promotion of HIV self-test kits among African American MSM in LA may increase serostatus awareness and reduce the number of new infections

Methods

Criteria for Feasibility

- Establish a functional voucher redemption and third-party payment system.
- Use community-based organizations (CBOs) to disseminate vouchers.
- Collect and analyze data from an anonymous telephone survey on user demographics, sexual behavior, prior testing practices, and self-testing experience.



Redemption System

- We created paper vouchers for a free OraQuick® In-Home HIV Test redeemable at 12 local Walgreens using a third party payment system.
- Each voucher had a unique number that allowed us to track its time and location of distribution and redemption.

Voucher Distribution

- We supplied 641 vouchers in July 2013 to the three CBOs, three student distributors, and one clinic. CBOs reported distributing 292 of these vouchers to high-risk African American MSM in LA (Figure 1).



Follow-Up Survey

- Interviewers anonymously surveyed the participant regarding demographic information, sexual history, and experience with the voucher program.
 - Participants were over 18 years of age and had received the voucher for the OraQuick In-Home HIV Test
- The following survey response pattern was used to determine if the respondent was at high-risk for HIV infection: >1 sex partner, untested for HIV infection, and inconsistent condom use for the past 6 months
- Survey data was encoded using SurveyMonkey and analyzed with Microsoft Excel® and STATA® 13 (StataCorp, College Station, TX)

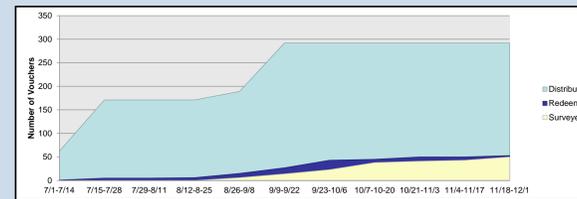


Figure 1: Cumulative number of HIV self-test kit vouchers distributed to clients, redeemed at Walgreens®, and cumulative survey responses

Results

- Survey respondents were young (90% under 35 years of age), primarily African American (82%), and MSM (66%). See Table 1a and Table 1b for additional information on subject characteristics.
- Following our set criteria, 24% were at high-risk for HIV infection
- Three (6.1%) of 49 reported a positive result and being linked to care, and an additional 2 (4.1%) wished not to disclose their test result but engaged in follow-up medical care.
- Respondents indicated the difficulty travelling to Walgreens, their comfort level during redemption, and other opinions on the voucher program using a Likert scale (Figure 2)
- Interviewers collected qualitative feedback: redemption was "easy" in some stores, whereas others took longer, had to involve the manager, and made participants feel uncomfortable

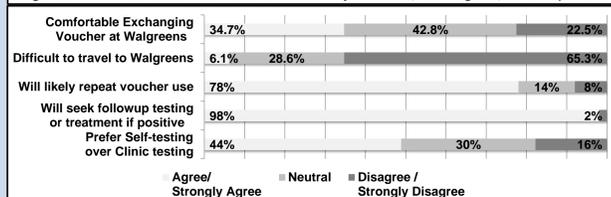
Table 1a: HIV In-Home Self-Test Voucher Use Survey Participant Characteristics (N=50), Los Angeles, 2013

Survey Response	Total (n=50)
Age (years):	
18-25	19 (38%)
26-35	26 (52%)
36+	4 (8%)
Race:	
White	4 (8%)
Black	44 (88%)
Other	3 (6%)
Population sexuality:	
MSW	1 (2%)
WSM	9 (18%)
MSM	33 (66%)
WSW	2 (4%)
TW	5 (10%)
Number sex partners past 12 months:	
0 to 1	17 (34%)
2 to 3	6 (12%)
3 to 4	13 (26%)
5+	14 (28%)
Condom Use	
Everytime	13 (26%)
Frequently or Usually (5-6/7)	29 (48%)
Sometimes or less (1-4/7)	8 (16%)
Last HIV Test:	
3 months or less	10 (20%)
3-6 months	7 (14%)
6-9 months	10 (20%)
9-12 months	8 (16%)
12+ months	15 (30%)
Population at	
Low Risk	38 (76%)
High Risk	12 (24%)
Voucher Redemptions:	
Redeemed	49 (98%)
Did not redeem	1 (2%)

Table 1b: HIV In-Home Self-Test Voucher Redeemer Characteristics (N=49), Los Angeles, 2013

Survey Response	Total (n=49)
Reported Test Result	
Positive	3 (6.1%)
Negative	44 (89.8%)
Don't want to disclose	2 (4.1%)
Activities Before taking the test:	
Engaged in Pre-Test Activity	44 (89.9%)
Activities After Taking the Test:	
Engaged in Post-Test Activity	37 (75.5%)

Figure 2: HIV In-Home Self-Test Voucher Use Survey Attitudes, Los Angeles, 2013 - Opinions



Discussion

It was feasible to create a voucher program for HIV self-test kits.

- Voucher usage could be tracked by cross-referencing serial numbers given to distributors and serial numbers that Walgreens redeemed.
- CBOs promoted vouchers during community meetings and outreach events and are a viable means of distribution.

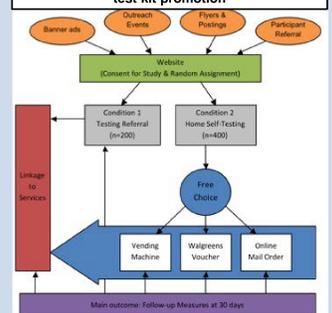
It was feasible to collect anonymous survey responses from voucher users.

- Respondents answered questions about sexual activity, HIV testing, and experiences with the vouchers and kit.
- Two to five respondents may have tested positive for HIV. Thus, it is possible to identify new HIV cases with a survey linked to a voucher system.
- We successfully used the survey to capture the positive testers' linkage-to-care activities after receiving their test result.

Limitations and future directions

- Because surveys were anonymous, there was no way to know how many individuals might have participated in our program more than once.
- Walgreens stores occasionally ran out of kits.
- Our team plans to compare multiple methods of delivering HIV self-test kits with conventional site-based testing to find the best place for HIV self-testing in the evolving HIV testing paradigm. (Figure 3)
- We are currently offering free HIV self-test kits through Grindr, an MSM networking app, and allowing interested users to receive their kits via mail, an automated smart-vending machine, or with a voucher. Participants will be asked to give feedback on their experience.

Figure 3: Design of Randomized Controlled Trial to Examine Different Methods of HIV self-test kit promotion



Acknowledgements

Special thanks to Else Henry, Keith Daniels, Greg Wilson, and Martha Chono Hensley

Research reported on this poster was supported by the UCLA Center for HIV Identification, Prevention, and Treatment under award number 5P30MH058107 and by the UCLA Center for AIDS Research under award number 5P30 AI028697