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

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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.

Methods

Criteria for Feasibility
1. Establish a functional voucher redemption and third-party payment system.
2. Use community-based organizations (CBOs) to disseminate vouchers.
3. 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.

Results
• Survey respondents were young (90% under 35 years of age), primarily African American (92%), 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.

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.

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.

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