

# iSTAMP Study: Protocol to Test a Mail-Out HIV Testing Intervention to Improve Linkage to HIV Prevention and Care among Minority MSM in Eleven US States

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## Background

- The HIV epidemic in the United States continues to disproportionately affect men who have sex with men (MSM), and particularly African-American/Black (BMSM) and Hispanic/Latino MSM (HLMSM)<sup>1</sup>
- Prior research has demonstrated the effectiveness of HIV self-testing among MSM to increase HIV testing, however insufficient data are available on BMSM and HLMSM<sup>2</sup>
- The Implementation of Rapid HIV Self-Testing among MSM Project (iSTAMP) study is based on the premise that 1) targeted online recruitment of and 2) engagement with testing promotion designed for, populations at increased risk for HIV can increase their likelihood of self-testing for HIV and being linked to the relevant care or prevention services

## Issue

BMSM and HLMSM may be challenging to recruit and engage into routine HIV testing and linkage to appropriate prevention or care services<sup>3,4</sup>

To increase follow-up testing and assist with linkage to HIV care or prevention services for these key populations, this project will utilize a strategy combining:

- Culturally-tailored marketing
- Provision of rapid HIV self-tests
- Internet- or smartphone-based interventions

## Study Population

The iSTAMP study aims to recruit:

- 1,800 BMSM and 1,800 HLMSM

### Inclusion criteria:

- Aged 18 or older
- Reported anal sex with a male partner in prior 12 months
- Assigned male sex at birth
- Current gender identity is male
- HIV-negative or HIV status is unknown
- Has an Android or Apple smartphone with active service
- Reside in one of the following 11 states:
  - BMSM:** NC, SC, GA, AL, MS, FL, LA
  - HLMSM:** CA, NV, MS, LA, TX, NY, FL

### Exclusion Criteria:

- Bleeding disorders
- Currently taking pre-exposure prophylaxis (PrEP) for HIV

## Objectives

This study aims to:

- Assess the effectiveness of strategies to recruit BMSM and HLMSM into an HIV self-testing study
- Provide mobile applications and websites to increase linkage to appropriate prevention and care services

### Aims:

- Develop culturally-appropriate materials for internet-based recruiting strategies, and linkage to care through discussions with Consultants:**
  - Community advisory board (CAB) members
  - HIV health care providers and researchers
  - Program implementers from state and local health departments, as well as community-based organizations (CBOs)
- Evaluate cost-effectiveness of three different online recruitment venue categories on study enrollment**
  - Costs associated with recruitment (e.g. cost of online advertisement, study staff to manage enrollment)
- Evaluate cost-effectiveness of three different online recruitment venue categories on HIV self-test results returned to study staff (all self-test results and positive self-test results)**
  - Costs associated with recruitment and cost of providing HIV tests
- Evaluate the effectiveness and costs of the intervention on linkage to HIV services**
  - Effectiveness of three strategies in linking participants to HIV prevention services
  - Costs associated with use of the app, materials provided to participants (condoms, lubricant, STI testing)

## Protocol

### Recruitment:

Participants will be recruited from three online sources:

- General online social networking sites (e.g. Facebook)
- MSM or LGBT-interest online social networking or social media sites (e.g. advocate.com)
- MSM-focused dating geospatial networking mobile applications (e.g. Hornet, Grindr)

### Enrollment & Follow-up:

Participants can receive up to \$70 for completing:

- Baseline and follow-up (4-month) surveys
- Reporting HIV self-test results
- Returning dried blood spot (DBS) for further testing

Participants will be randomized to one of three treatment arms (Figure 1).

### Arm 1 (Control):

- 1-5 rapid HIV self-tests mailed to participant
- Video prevention counseling available upon request through their app

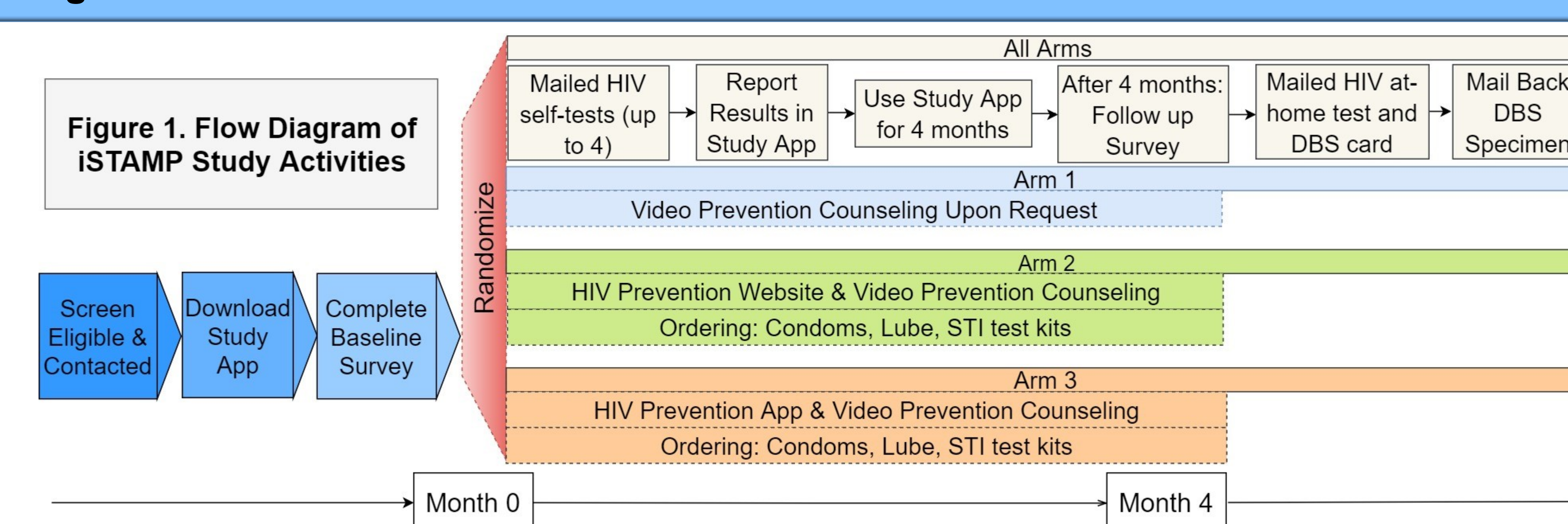
### Arm 2 (HealthMpowerment):

- 1-5 rapid HIV self-tests mailed to participant
- Video prevention counseling
- Access to HIV prevention website (HealthMpowerment)
- Ability to order free condoms, lubricant, & STI self-test kits

### Arm 3 (HealthMindr):

- 1-5 rapid HIV self-tests mailed to participant
- Video prevention counseling
- Access to HIV prevention mobile app (HealthMindr)
- Ability to order free condoms, lubricant, & STI self-test kits

## Figures



## Results

This project will generate public health-relevant data and outcomes that can inform strategies to:

- Reach BMSM and HLMSM to increase HIV self-testing and awareness of HIV infection**
- Optimize linkage to services among BMSM and HLMSM who use rapid HIV self-tests**
- Determine cost-effectiveness of different recruitment and testing promotion strategies with regard to:**
  - Follow-up survey completion
  - Return of HIV self-test results
  - New HIV diagnoses
  - Accessing appropriate care or prevention services

## Lessons Learned

- This project will demonstrate a multi-component approach, bringing together academic, governmental, and local partners to increase HIV testing and linkage to HIV treatment and prevention, and other social services for black and Hispanic MSM
- Provide relevant data and evidence for health departments and CBOs that seek to implement online self-testing programs, including:
  - Materials and strategies to recruit BMSM and HLMSM for HIV self-testing
  - The utility of apps for engagement and linkage to HIV treatment and prevention services, and other social services
- Explore technology driven testing promotion strategies which can be combined with an HIV self-testing program to improve linkage to care

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## Disclaimer

The findings and conclusion in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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