HIV Self-Test (HIVST) Awareness, Availability and Use, New York City, 2015-16

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Background

- The New York City (NYC) Department of Health and Mental Hygiene (DOHMH) conducted an HIVST Giveaway (HTG) to distribute free HIVSTs online
- Potential participants were recruited on MSM-centric dating mobile apps and LGBTQ-interest websites
- Eligible participants provided email addresses for HIVST redemption and a follow-up survey
- The HIV self-test (HIVST) can increase status awareness in domestic urban settings, but barriers to access exist along a proposed continuum from awareness, to pharmacy availability, to use
- The HTG follow-up survey presented an opportunity to explore the HIVST continuum among a large, urban sample of men and transgender people who have sex with men (MTHA)

Objectives

- To examine associations between sociodemographic and behavioral factors and:
  - Prior HIVST awareness
  - Exposure to HIVST in pharmacies
  - Ever using HIVST

Study population

Eligible HTG participants (≥18 years old, assigned male at birth or currently identified as a man, not previously diagnosed with HIV, living in NYC who completed a follow-up survey

Data collection

Self-administered online surveys at eligibility (11/2015-12/2015) and follow-up (3/2016-4/2016)

Outcomes

Self-report of the following prior participation to HTG ("Before the Home Test Giveaway, I had...":
- HIVST awareness ("I heard of the home HIV test")
- HIVST pharmacy exposure ("I saw the home HIV test at a pharmacy")
- HIVST use ("I used at least one home HIV test")

Characteristics examined

- Sex (man, woman), race/ethnicity
  - Other (non-Hispanic Black, Hispanic, non-Hispanic white, other)
  - Education (high school equivalent, some college, 4-year degree, graduate degree)
  - Annual income
  - Borough of residence
  - Doctor’s visit in the past year
  - Pharamcy exposure
  - Income and PrEP use since last HIV test

Methods

Factors associated with outcomes in bivariate analysis (p < 0.05) were assessed via multivariable logistic regression, adjusted for age, race/ethnicity, and income

Results

- Eighty-five, 57% and 23% of respondents were aware of, had seen, and had used the HIVST, respectively (Figure 1)
- Age and race/ethnicity were associated with pharmacy exposure and use, but not awareness (Table, Figure 2)
- Income and time since last HIV test were associated across the continuum (Table, Figure 2)

Limitations

- Data based on self-report and thus subject to social desirability bias, recall error, or misrepresentation
- Advertisement and email recruitment strategy introduces self-selection bias
- Convenience sample of those participating in a NYC HIVST giveaway and thus may not be generalizable to other settings or populations
- Continuum does not account for all possible methods of HIVST access, though data (not shown) suggest the impact of alternative access pathways is minimal

Discussion

- Overall, most respondents were aware of the HTG prior to HTG, but fewer had seen one in a pharmacy, and only 1 in 4 had ever used one

Associations with:

- Income across the continuum suggest that socioeconomic status may affect HIVST use through mechanisms beyond its cost
- Recent HIV testing across the continuum suggest that less frequent testers may not be adequately informed about the HIVST
- Recent CAS awareness suggest at risk may have greater access to HIVST

The lack of association with insurance status across the continuum suggests that self-testing can provide a viable alternative to those without adequate access to health care

Further research to assess residual confounding is warranted

- Ongoing HTG giveaways in NYC (6/2016-8/2016, 11/2016-1/2017) may increase HIVST awareness and use, with the ultimate goal of increased status awareness

References


Acknowledgments

- Jay Varma, Anima Khurana, Jay Bala, Reyes Garcia-Guzman, Grant Roth, Arjye Restar, Paul Santos, Nicholas Smith, Paul Koval, Burbak, Ben Tsai, Estela Yu, Jennifer MacGregor, Monica Gierada, Faiyaz Ahmed, Kathleen Weber, Rick Kula, Allison Miller-Coff тре, Grinard, Scuff, Facebook, Twitter, Gay Aid Network and HTG participants