

Integrating a Structural Level Intervention and Community Based Testing as an HIV Prevention Effort: The Top, Bottom, Vers Condom Distribution Campaign Kickoff Event

Introduction

It is estimated that 1.2 million Americans are living with HIV (CDC, 2012). In 2009, the number of new HIV infections was estimated to be 48,100, a small increase from the 2008 estimate of 47,800 (Prejean, et. al, 2011). Of all persons infected with HIV, men who have sex with men (MSM) are disproportionately affected, accounting for 61% of new infections in 2009. Among all MSM, young men ages 13-29 accounted for 44% of new HIV infections. Although young MSM (ages 18-29) make up a significant proportion of new HIV infections, MSM of color (Black/African-American and Hispanic/Latino) are greatly impacted by HIV, particularly young MSM of color. In 2009, MSM of color accounted for 57% of new HIV infections among MSM. Moreover, young MSM, ages 13-29, accounted for 45% and 48% increases in HIV infection in Latino and Black MSM populations, respectively (CDC, May 2012).

AltaMed Health Services Corporation, based in Los Angeles County and Orange County, CA, target its HIV prevention strategies to impact young Latino MSM (ages 13-29). AltaMed's HIV prevention programs include community, individual, and group level interventions. In addition to HIV risk reduction, HIV testing is a primary focus for AltaMed's HIV prevention team. It is estimated that 20% of persons infected with HIV are unaware of their infection and 33% of persons newly infected with HIV develop AIDS within in 1 year, indicating a late diagnosis of HIV (CDC, 2011). Because of this, HIV testing for MSM is vital in identifying HIV-positive persons and in linking HIV-positive persons to health care to ultimately decrease the development of AIDS and further transmission of HIV. Moreover, HIV testing is a CDC recommended health screening. The CDC recommends annual HIV testing for all persons aged

13-64. MSM are particularly encouraged to be tested for HIV annually, or 3-6 months dependent on risk (CDC, 2006).

According to the 2011 California State HIV/AIDS Surveillance Report, Los Angeles ranks number one in California for HIV and AIDS prevalence. Los Angeles County makes up 26.6% of the population in California, yet is estimated to account for 46.1% of those persons living with HIV/AIDS in California. In 2008, Los Angeles County had 2,413 new cases of HIV infection. Furthermore, it was estimated that 58% of new infections were in persons aged, 20-39 years and 80% of new infections were in MSM populations. Among this number, Latino MSM accounted for 93% of new HIV infections of all Latino men in LA County (HIV Epidemiology, 2012). Due to these statistics, the need is great for prevention programs that target MSM Latino communities throughout LA County. In 2009, a high prevalence HIV/STI cluster was identified in the West Hollywood, Silver Lake, Downtown LA, and Inglewood areas. This area made up 46.3% of all HIV cases in LA County (LA County Department of Health). Because of this high prevalence of HIV, these areas become of interest for prevention programs and HIV testing initiatives.

AltaMed's HIV prevention goals are to increase HIV testing utilization, to increase the number of positive HIV persons identified, and to link HIV positive persons to care at AltaMed clinics. These goals include conducting 2500 HIV rapid tests through the mobile testing unit (MTU) with a positivity goal of 24 persons testing positive, 800 tests at the AltaMed HIV prevention site with a positivity goal of 16 persons testing positive, 10,500 tests through universal testing in Orange County with a positivity goal of 5 persons testing positive, and 21,560 tests through universal testing in LA County with a positivity goal of 11 persons testing positive. With these goals for HIV testing, understanding testing behaviors among MSM may be

helpful in catering testing strategies to yield the greatest number of tests and to increase positivity rates.

In 2008, the National HIV Behavioral Surveillance System (NHBSS) surveyed MSM in 21 cities to assess HIV testing behaviors, HIV risk, and HIV prevention methods. In Los Angeles, 94% of survey participants reported having ever been tested for HIV while 64% reported having been tested in the past year. Of the participants that had been tested in the last year, 26% reported getting tested at a private physicians office, 23% reported getting tested at HIV counseling and testing programs, and 17% reported getting tested at public clinics or community health centers (CHC). Only 7% of participants reported being tested on a mobile testing unit (CDC, 2011). All of the aforementioned venues are places in which AltaMed utilizes to conduct HIV testing. Rapid HIV testing in community settings, using mobile testing units or stand-alone clinics, is successful in identifying large numbers of HIV positive persons within MSM and ethnic minority populations (Thornton et. al, 2012). Moreover, client attitudes regarding community testing are found to be positive. Testing in community settings may also be dependent on the relationships established with owners of venues where community testing may occur (ie gay bars/clubs). The support from owners of various venues and the encouragement of patrons to utilize the community testing services may make testing in community settings more effective (Thornton et. al, 2012).

In addition to community HIV testing programs, individual and group level interventions play a role in reducing HIV incidence and transmission. Individual and group level interventions address the personal risks among MSM and have been shown to increase condom use and reduce unprotected sexual encounters (CDC, 2010). These level of interventions are effective, yet structural level interventions (SLIs) greatly facilitate safe sexual behavior. SLIs are cost-effective

interventions that address external factors that impact personal risk for HIV (CDC, 2010). SLIs such as condom distribution campaigns address barriers to safe sex such as condom availability. A structural level condom distribution intervention (SLCDI) consists of three components—availability, accessibility, and acceptability—that may be implemented at varying levels—individual, organizational, and environmental. Making condoms available include having condoms available in condom bowls or condom machines in clubs and other HIV high-risk venues. Making condoms accessible include mass distributions of free condoms. Making condoms acceptable include providing promotional materials, presenting public service announcements, and establishing social marketing campaigns that spread a message about safe sex (Blankenship et. al, 2000). SLCDIs that are multi-componential and multi-leveled are found to be the most efficacious in increasing condom use. SLCDIs, in combination with individual and community level interventions, are also found to be effective in increasing condom use (Charania et. al, 2011).

AltaMed, in an effort to increase the efficacy of existing prevention programs, has begun a SCLDI. The theme for its condom distribution campaign is: Top, Bottom, Vers. The purpose of the campaign is to encourage the negotiation of condom use by building on the existing communication that takes place between male sexual partners in expressing their sexual position—Top, Bottom, or Vers. It is proposed that if men can discuss their sexual position, then they should use that as a convenient opportunity to discuss using a condom during sex. Condom use is particularly important for men who prefer the “bottom” position because persons engaging in unprotected receptive anal sex are at a greater risk for HIV (CDC, May 2012) than those engaging in insertive anal sex, or preferring the “top” position. The campaign includes customized AltaMed condoms that either read—Top, Bottom, or Vers. The condoms will be

distributed to local gay bars and clubs, to community based organizations (CBOs) with HIV prevention goals, in AltaMed clinics, and in partner community health clinics.

AltaMed's plan to begin the Top, Bottom, Vers SLCDI may be further supported by a community based HIV testing event—The Top, Bottom, Vers Condom Distribution Campaign Kickoff Event—that introduces the campaign to the community. Moreover, utilizing a public service announcement (PSA) may provide a message of acceptability to increase the impact of AltaMed's SLCDI. The objective of such an event and an accompanying PSA is to spread the message of the condom campaign, to influence attitudes on condom use, and to increase HIV testing utilization.

Methods

The multi-level intervention included a two-part community based HIV testing event and a PSA. The event served to officially introduce AltaMed's condom distribution campaign to the community.

Condom Distribution Campaign Kickoff Event

A local gay bar, MJ's, in the Silver Lake area of Los Angeles, was identified as a venue to host the Condom Distribution Campaign Kickoff (CDCK) Event. Contact was made with the owner to secure the venue for Friday, August 10, 2012. Discussion with the owner included negotiating the activities to be held at the event, negotiating the time for the event, and negotiating how the club will be decorated for the event. Following initial contact with the owner of MJ's, it was agreed to have a two-part event. Items promoting the condom distribution campaign were used to decorate the bar for the event. These items included: "Top, Bottom, and

Vers” condoms, small promotional cards with a QR code linking to the altamed.org/condoms url, a “Top, Bottom, Vers” Banner, “Top, Bottom, and Vers” stickers, hand flyers promoting AltaMed HIV prevention programs, and the “Top, Bottom, Vers” photo booth back drop. The first part of the event was scheduled from 5pm-9pm and the second part of the event was scheduled from 9pm-2am. The first part of the event was catered to AltaMed staff, CBOs, community leaders, and persons that patronize MJs during happy hour. The first part of the event included food, happy hour specials, explanation of the condom distribution campaign, the official unveiling of the condoms, a photo booth, games that test one’s ability to use a condom and sexual knowledge, a presentation of a PSA, and HIV testing. The second part of the event was catered to MSM of all ages. The second part of the event was a dance party co-hosted with a local party promotion group—The Gummy Bears of LA. The party was named, “The Top, Bottom, Vers Condom Release Party.” Activities at the “Top, Bottom, Vers Condom Release Party” included: a photo booth, games that test one’s ability to use a condom and sexual knowledge, a presentation of a PSA, and HIV testing. Over 2500 condoms were supplied in bowls around the club and distributed during both parts of the CDCK event. Condoms that were hand-given to persons were also provided with lube.

Promotion for the CDCK event included: the creation of a Facebook event, invitations to CBOs, a posting on MJs website, and the distribution of party hand flyers throughout the community within clubs and bars. Two online blogs were written to advertise the event, as well.

Public Service Announcement

A PSA was filmed to delineate the message of the Top, Bottom, Vers condom distribution campaign and to be used as a promotional tool for the campaign. A concept for the

PSA was agreed on prior to filming. The concept was to express silent communication between sexual partners utilizing either a “Top,” “Bottom,” or “Vers” condom to communicate both sexual preference and the desire to use a condom during sex. A tagline which states—“Speak up about your position on condom use: Top, Bottom, or Vers; wear a condom”—concluded the PSA.

Casting for the PSA was conducted through word of mouth requests to friends and staff members at AltaMed. The PSA was directed and filmed by a staff member at AltaMed. The HIV prevention site and locations in Downtown LA served as venues for filming. The PSA was edited by a local production studio—Kavich Reynolds Productions.

Evaluation of the Event

Event turnout was a primary evaluation of the event. This was determined in two different ways. Due to the expected intermittent attendance at the first part of the event, event turnout was measured by the number of CBOs, community leaders, and AltaMed staff who attended the event. Persons from these entities were required to sign-in at the welcome table. Event turnout for the second portion of the event was measured by a MJ's staff member. A counting tool was used to count the number of persons that came into the bar for the party. Surveys were another evaluation tool.

Surveys were created to evaluate outcomes of the CDCK event. Two surveys were constructed. Survey A targeted CBOs and community leaders that attended the first portion of the event. This five-question survey asked five-point likert scale-type questions to assess the attendees' opinions on the overall event, the effectiveness of the PSA, the likelihood of using the condoms at their respective organization, and the importance of the campaign. The second

survey targeted attendees of the second portion of the event—the party. Survey B was provided to testers and non-testers at the party. This survey assessed HIV testing behavior, condom use, and the effectiveness of distributing condoms at the event in altering condom use patterns. The first survey was distributed to representatives from CBOs, AltaMed staff, and community leaders when they signed-in at the welcome table. The second survey was given by HIV testing specialists to persons receiving an HIV test while being counseled on the mobile testing unit (MTU). The second survey was conveniently given to persons that decided not to get tested that may have been outside the bar, near the MTU.

Results

The number of persons that attended the CDCK event was measured separately for both parts of the event. Twenty-six persons signed in at the first part of the event and 343 persons were counted to have attended the second part of the event. HIV testing participation was low compared to the total number of persons that attended the event. 8 people were tested for HIV; there were no positive test results.

The survey response rates were 54% and 6% for the Survey A and the Survey B, respectively. The denominator for Survey A was the total number of persons that signed in at the welcome table during the first part of the CDCK event. The denominator for Survey B was the total number of persons, tested or not tested, that were counted to have attended the party.

Survey A—Effectiveness of Part I of the Top, Bottom, Vers CDCK event.

Out of the fourteen persons that completed the survey, seven people heard about the event by word of mouth and five people heard about the event through Facebook. In rating the

event overall, the majority opinions were favorable. Six people rated the event “excellent” while five people rated the event “very good” and three people rated the event “good.” Favorable responses for the effectiveness of the PSA and the importance of the condom campaign were provided as well. Six people responded saying that the PSA was “extremely effective”, four people responded saying the PSA was “very effective,” and three people responded saying the PSA was “effective.” An overwhelming number, eleven respondents, believe condom distribution campaigns are “extremely important.” The results for Survey A are provided in Table 1.

Table 1: Ratings of Condom Kickoff Event—Part I, 2012, n=14

	Facebook/Twitter	Blog/Website	Flyer/MJs Website	Word of Mouth	Regularly attend happy hour at MJs
Mode of Advertising*	5	–	2	7	1
	Excellent	Very Good	Good	Fair	Poor
Event rating	6	5	3	–	–
	Extremely Effective	Very effective	Effective	Somewhat effective	Not effective at all
Effectiveness of PSA	6	4	3	1	–
	Extremely important	Very important	Important	Somewhat important	Unimportant
Importance of condom campaigns in encouraging condom use	11	2	1	–	–
	Definitely likely	Very likely	Likely	Somewhat likely	Not likely at all
Likelihood of using condoms at organization	9	2	1	2	–

* Respondents selected all the ways in which they heard about the event

Survey B—Party Attendee Testing Behaviors and Condom Use Patterns

A total of twenty surveys were completed—eight surveys completed by all eight persons tested and twelve surveys completed by persons not tested. Half of respondents, ten people, heard about the party through word of mouth. Demographic information was taken in the survey.

Ages for survey respondents ranged from 23 to 45. Seventeen respondents were male, with fifteen reporting having had oral or anal sex with a man in the past year. Of male respondents, thirteen were Latino, two were White, one was Asian, and one was “other.”

All male respondents reported having been tested for HIV. Seven men reported their last test having been at a doctor’s office and five men reported their last test having been on a mobile testing van at club or community event. Consistent with the reporting of the last testing venue, nine men reported they will most likely receive their next test at a doctor’s office and four men reported they will most likely receive their next test on a mobile testing van.

Of the seventeen male respondents, six respondents reported always using a condom during anal sex while five persons reported never using condoms when engaging in anal sex. Despite the near equal numbers of persons reporting always using a condom during anal sex to the persons reporting never using a condom during anal sex, twelve respondents reported that receiving condoms at the event would increase their likelihood of using condoms the next time they have anal sex. Subanalyses indicated that of these twelve respondents, four respondents sometimes use condoms and one respondent never uses condoms.

Table 2: Testing Behaviors and Condom Use Among Tested and Non-Tested Men and Women at Condom Kickoff Event—Part B, 2012

CHARACTERISTICS	MEN TESTED (n=8)	MEN NOT TESTED (n=9)	WOMEN TESTED (n=0)	WOMEN NOT TESTED (n=3)
Age				
18-29	1	2	–	1
30-45	7	7	–	1
Race/Ethnicity				
White	2	–	–	–
Latino	4	9	–	3
Black/African-American	–	–	–	–
Asian	1	–	–	–

American Indian/Alaskan Native	–	–	–	–
Native Hawaiian/ Pacific Islander	–	–	–	–
Other	1	–	–	–
Mode of Advertising				
Facebook/Twitter	–	3	–	–
Blog/Website		1	–	–
Flyer/MJs Website	1	1	–	–
Word of Mouth	4	3	–	3
Regularly go to MJs on Friday nights	3	1	–	–
Previous HIV diagnosis				
Positive	–	–	–	–
Negative	8	12	–	3
Last Tested for HIV				
≥ 1 year	3	1	–	2
6 months ago	3	1	–	1
≤ 6 months	2	7	–	–
Venue of Last Test				
Mobile testing van	2	3	–	–
Doctor's Office	3	4	–	2
Other (Community Organization, STD clinic, etc)	3	2	–	1
Likely Venue of Next Test				
Mobile testing van	3	1	–	–
Doctor's office	4	5	–	2
Other (Community Organization, STD clinic, etc)	1	3	–	1
Oral or Anal Sex with a Man				
Yes	7	7	–	1
No	1	1	–	2
Frequency of Condom Use during anal sex				
Always	1	5	–	–
Sometimes	4	1	–	–
Never	2	3	–	2
Will likely use condoms next time during anal sex				
Yes	5	7	–	1
No	2	1	–	2
Never	1	–	–	–

Discussion

Based on evaluative surveys of the event, the results indicate overall favorable opinions on the event, claiming that the PSA was effective and that condom distribution campaigns are important. Results also indicate consistent HIV testing behavior and altered attitudes toward condom use.

The objective of this project was to establish a community-based testing event to increase HIV testing utilization. The overall opinion of the event as “excellent” is valuable information to be used in making a decision to replicate the event in the future. Moreover, the expressed effectiveness of the PSA lends to the role that PSAs play in establishing acceptability in SLCDIs. The Top, Bottom, Vers condom distribution campaign incorporates all three components of SLCDIs, with the Top, Bottom, Vers CDCK event being reflective of each component. At the event, free condoms were distributed, condoms were made easily accessible in bowls throughout the bar, and social marketing tools such as the PSA and small QR code cards were utilized. Although research has shown the effectiveness of utilizing all three components in altering condom use (CDC, 2010), further evaluation of the Top, Bottom, Vers condom distribution campaign is necessary to fully access expected results.

Compared to previous research, HIV testing uptake (the number of persons that accepted an HIV test when offered) at the Top, Bottom, Vers CDCK event was extremely low. The seropositivity rate at the CDCK event was 0%. At some community-based testing events targeting MSM and minority populations, seropositivity rates have been 2% (Thornton et. al, 2012). Of those persons that completed the survey, 100% reported having previously been tested for HIV, which is higher compared to other studies evaluating previous HIV testing (Thornton et. al, 2012; CDC, 2011).

Compared to testing in traditional settings such as physician offices, community-based testing has shown inconclusive results in increasing testing utilization and identifying positives (Thornton et. al, 2012). It is suggested that the location of the venue and the relationship and concomitant support from the venue's owner plays a role in the outcomes of community-based testing. In planning the Top, Bottom, Vers CDCK event, MJ's was identified as a venue within a high-risk area for HIV. Moreover, the expressed desire from the owner of MJ's to have the event and to provide HIV testing to his patrons is evidence of relationship building and owner support. However, other factors such as patron support of the testing may have had a greater impact on HIV testing utilization. The Top, Bottom, Vers CDCK event is the first time where AltaMed provided rapid HIV testing at MJ's. More consistent testing may have normalized the idea of HIV testing at parties hosted at MJ's, thereby making patrons more comfortable with idea of testing. Normalization and consistency of HIV testing at community venues may lead to patrons identifying MTUs in community venues as primary venues for testing, increasing the impact of community-based testing. Thus, regular testing by AltaMed at MJ's may lead to increased HIV testing utilization. Based on the results of the survey, respondents reported a history of HIV testing at physician offices and preferred future testing to take place at physician offices, as well. This suggests that testing utilization at the Top, Bottom, Vers CDCK event may have been low because participants at the event may prefer getting tested at doctor's offices, further supporting the supposition that participants may not have felt comfortable with testing on the MTU. Lastly, the phrase, "free HIV testing" was printed on the party flyer for the event. Adding this phrase, may or may not have contributed to HIV testing utilization, further evaluation should be conducted. However, adding a phrase such as, "free HIV testing," to promotional flyers for community based testing events may persuade participants to attend and feel more comfortable

to get tested at the event. Lastly, HIV testing utilization may have been low because persons may have already tested less than 6 months ago, or even less than a year ago. Recent testing may be attributed to increased availability of HIV testing and the ubiquity of prevention messages that encourage testing.

Considering the goals of SLCDIs in altering condom use behaviors, 75% of respondents expressed that receiving condoms at the event will increase the likelihood of using condoms during their next anal sex experience. Moreover, subanalyses revealed five of these respondents expressed a change in behavior. Four respondents reported sometimes using condoms during anal sex and one respondent reported never using condoms during anal sex, yet all said it was likely they would use condoms the next time. Thus, it seems that by making condoms accessible and available, condom use will be increased. This is consistent with research finding that SLCDIs that include accessibility and availability of condoms are most effective in increasing condom use (Charania et. al, 2011).

There exist limitations in this study that may have impacted the previously explained outcomes. First, the sample size was small. Only 20 persons participated in Survey B, while 14 participated in Survey A. However, the response rate for Survey A was much more acceptable than that for Survey B. The methods in which surveys were provided to attendees greatly impacted the response rate. The surveys were primarily dependent on the number of persons getting tested. Surveys were given to persons getting tested for HIV, which was convenient. Moreover, surveys were given to persons that may have been loitering outside the bar during the party; this is another example of convenient sampling. Convenient sampling was the method of choice because distributing surveys during the party would have disrupted the flow of the event and interrupted the “party experience” of participants. The survey questions may have affected

results as well. For the question on whether the respondent uses condoms when in engaging in anal sex, there should have been an answer option that stated, “I don't have anal sex with men” or “never had anal sex with a man.” Two male respondents indicated that they have not had oral or anal sex with a man in the past year, yet they responded to the question on condom use. One of these respondents reported never using a condom when having anal sex with a man, suggesting that he only selected “never” as an answer because he doesn't have anal sex with men. The other respondent did not select a choice at all. Lastly, underreporting is a limitation. Some survey respondents did not respond to one or more of the questions on Survey B.

In conclusion, integrating a structural level intervention with a community-based testing event is efficacious in encouraging and altering attitudes regarding condom use. It was not possible to determine if condoms provided at the event were actually used. While HIV testing utilization was found to be low in this study, it does not suggest that HIV testing at events such as the Top, Bottom, Vers CDCK event is unnecessary. Many factors play a role in HIV testing behaviors at community-based testing venues. Nonetheless, events such as the Top, Bottom, Vers CDCK event are vital for HIV prevention in MSM communities, particularly minority MSM populations. Moreover, the creation of the PSA provides sustainability of the message of the Top, Bottom, Vers condom distribution campaign, which supersedes the Top, Bottom, Vers CDCK event. The long-term effects of this event may not have been fully realized following evaluation, however events that integrate a structural level intervention with community-based testing may be effective as HIV prevention efforts and should be considered when implementing structural level interventions such as condom distribution campaigns.

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