

Self Testing Models within Community Based Organisations

GMI Partnership and Positive East
Community Self Testing Models

Phillip Wragg, Yasmin Dunkley

The Projects

- GMI Community Coaching Model (MSM)
- Positive East Self Testing as POCT (BME)



Rationale

1. Online transformation programmes: services are moving online. Self testing and self sampling rather than traditionally overstretched CASH and GUM clinics.
2. Self testing is legal, April 2014. People are using these kits already.

Priorities

1. Individuals who use these tests are aware of the implications of testing, (in the same way that they are made aware of this within post and pre-test discussions.)
2. Doesn't undermine existing models of community POCT, but rather enhances existing community delivery.

GMI Community Coaching Model

Background GMI

- GMI currently test in around 50 venues throughout London
- Consortium of Positive East, Spectra and METRO, representation across London.
- We run the LHPP which targets high risk MSM, providing level 1, 2, and 3 sexual health interventions (these are non-clinical, issue based interventions.)

GMI Community Coaching Model

Model

- Provide coaching on how to use self testing and self sampling in our current provision of community testing services:
 - Coach the individual on how to use both self-testing kits, and self-sampling kits
 - If desired, we then use the self-test kit as a POCT, and now through partnership work with external agencies, we will be able to distribute self-testing kits for clients to take away.

GMI Community Coaching Model

- We have only recently launched our community coaching model: anecdotal feedback remains positive but the data set is limited.
- Concurrently, however, we conducted an extensive online survey through Grindr over the last quarter (1357 respondents).
- The survey encompasses many aspects of self-testing, but relevant to our model, it also focuses on the acceptability of community coaching itself.
- Active learning process that will continue for another quarter.

GMI Community Coaching Model



3rd Survey for Gay and Bisexual Men in London

Thank you for taking the time to complete this short questionnaire. This is the 3rd wave of our quick and anonymous survey for gay and bisexual men in London, brought to you by the GMI Partnership in association with Do It London.

Your answers will help us explore what gay and bisexual men in London know about HIV, testing and related sexual health issues. It will help inform how we can better deliver services and information to the gay community.

You will find further information on all questions, along with links to other useful sites, at the end of the survey.

Please click the 'Continue' button below if you agree to complete the survey.

Continue »

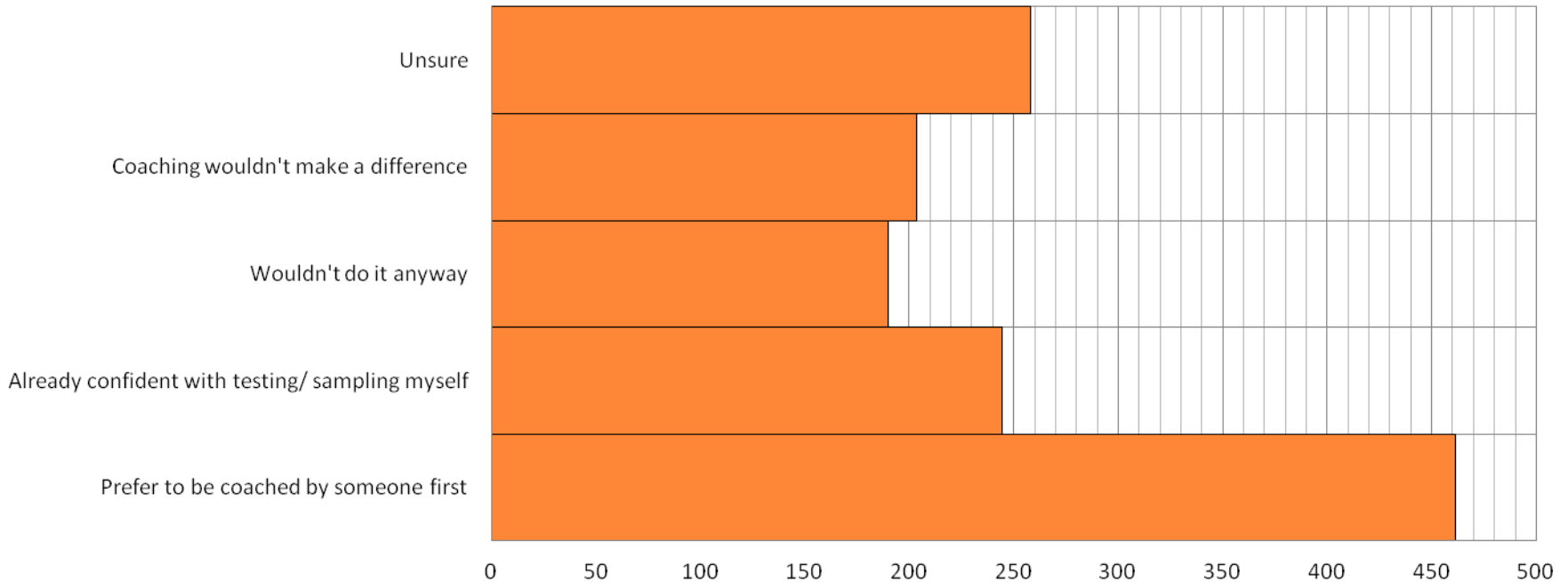

8% completed

<http://bit.ly/gmisurvey2015>

GMI Community Coaching Model

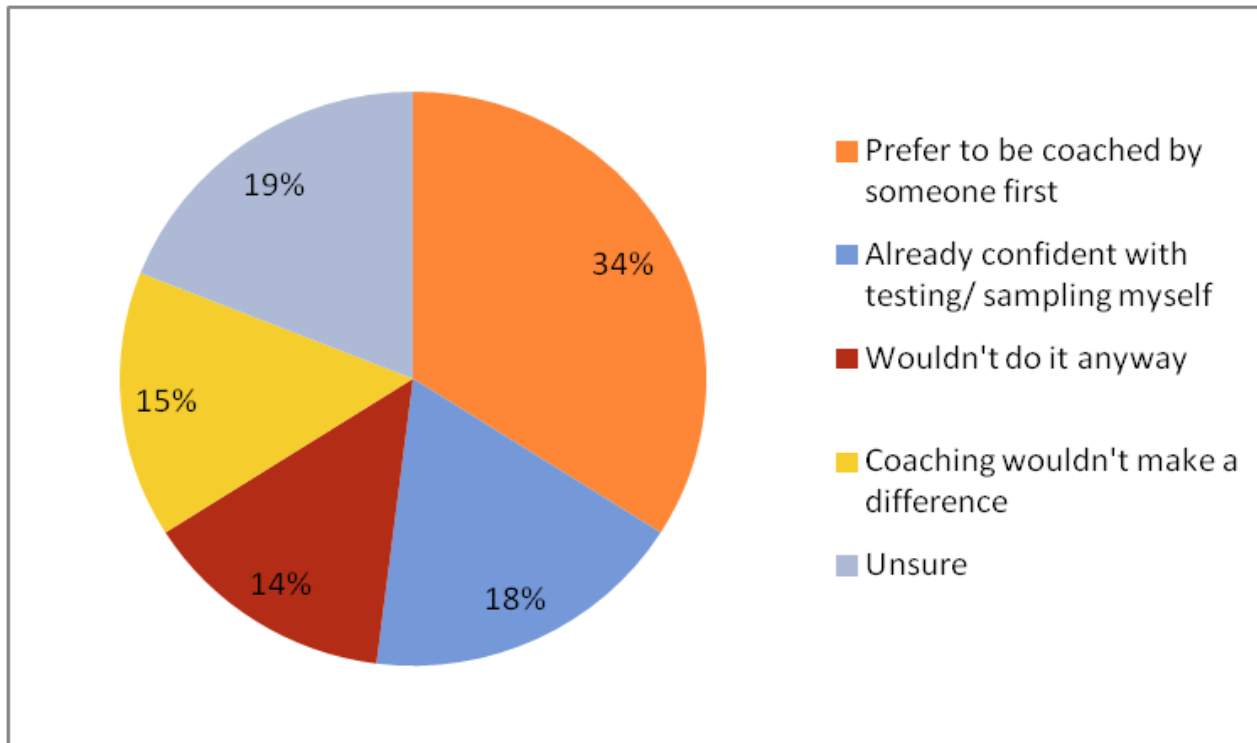
Results

Whether coaching would make a difference to uptake of self testing/ self sampling



GMI Community Coaching Model Results

Whether coaching would make a difference to uptake of self testing/ self sampling



GMI Community Coaching Model Further insights

Among a population who are relatively literate about sexual health:

73%

Heard of PEP

71%

Heard of
PrEP

67%

Testing at
least once a
year

GMI Community Coaching Model

Further insights

- However, this isn't to say that people would self-test:

30%

Had
considered
self-testing

23%

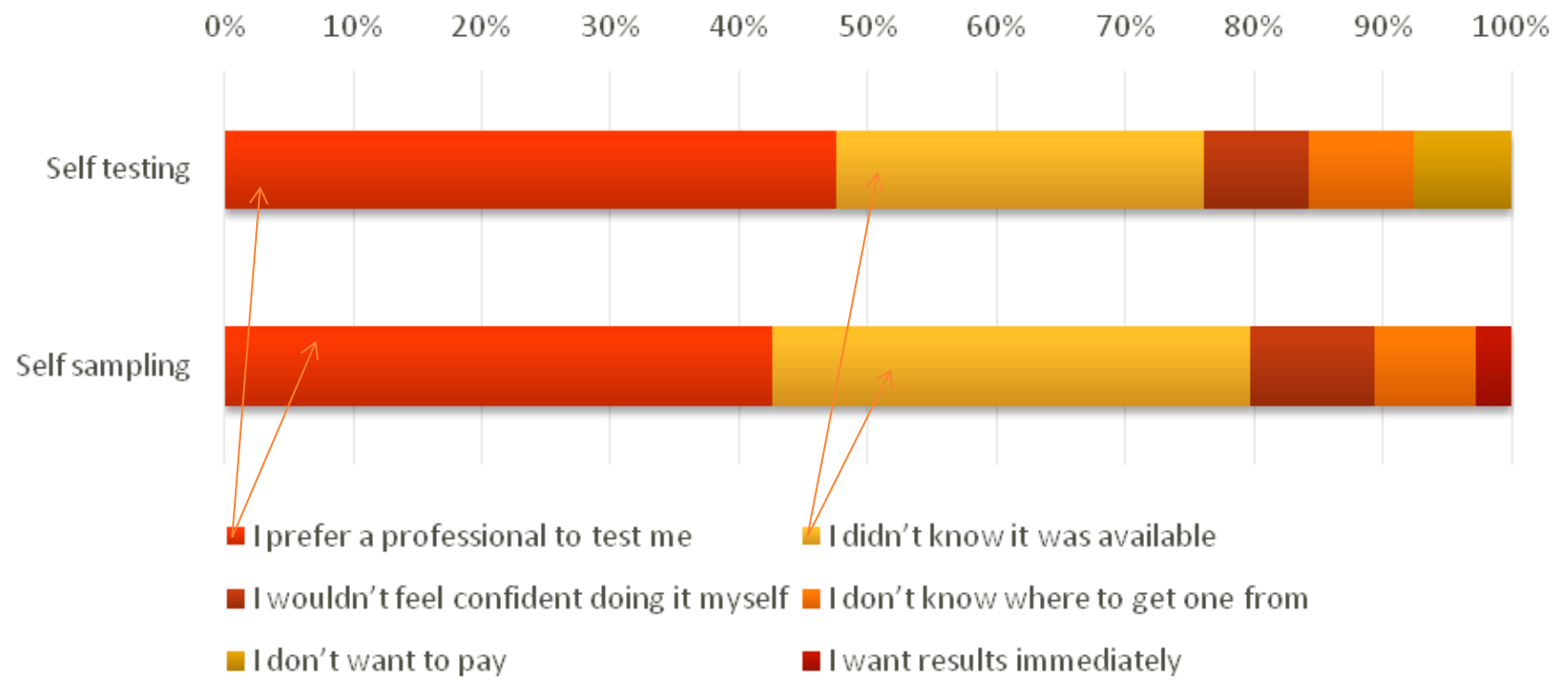
Had
considered
self-
sampling

14%

Wouldn't
self-test or
self-
sample
anyway

Barriers to self-testing and self-sampling

This is for respondents who stated that they had not considered doing either a self-test or a self-sample



GMI Community Testing Model

From a practitioners perspective

Within sex on premises venues, bars and clubs, we encounter:

- MSM who are not happy to be identified as Gay or Bi
- Married men, first time testers
- Often, encounter a lack of Sexual Health literacy, sexual anxiety, fear of testing process and its associations
- **In conversations with these men, the interaction and professionalism of clinical staff is integral to their testing uptake: self-testing cannot replace community provision.**

GMI Community Coaching Model

Further insights

- Nonetheless, even among sexually health literate MSM, there remains a low understanding of the difference between testing technologies.

19%

Fully understand
the difference
between self-testing
and self sampling

Positive East Self Test as POCT Model

- Given the apparent lack of awareness even within a relatively well-informed population evidenced through GMI, Positive East began introducing self-testing kits as POCT:
 - To inform clients of alternative testing technologies
 - To collect data on user acceptability of self-testing among different demographics

Positive East Self Test as POCT Model

Background

- Positive East is an HIV Charity based in East London. We carry out over 1,500 tests each year, of which more than 60% are from within BME backgrounds.
- A large proportion of our work is within African communities, including in FBO, and other venues where African communities frequent, including market spaces.

Positive East Self Test as POCT Model

- We created a simple 4Q survey focusing on user acceptability of the self-test, as well as likelihood to self-test. We test clients first with the self-test kit, and then ask them the survey questions as the test runs.
- The sample size that have currently responded is limited (*110*) so we are not drawing concrete conclusions from this work.
- However, high service user uptake, >95%

Positive East Self Test as POCT Model

1. On a scale of 1 -5 (where 5 is very good and 1 is very poor), rate this testing kit.
2. On a scale of 1-5 (where 5 is very likely and 1 is very unlikely), how likely are you to use this test yourself at home if it was free?
3. On a scale of 1-5 (where 5 is very likely and 1 is very unlikely), how likely are you to pay £29.95 to use this test yourself at home?
4. On a scale of 1-5 (where 5 is very likely and 1 is very unlikely), how likely are you to recommend self-testing to others?

Positive East Self Test as POCT Model Results

On a scale of 1 -5 (where 5 is very good and 1 is very poor) rate this testing kit.

4.8/5

Average test rating from all clients

85%

Clients gave 5/5 rating (no demographic differences)

*However, we recognise that many individuals may not necessarily distinguish between different POCT.

Positive East Self Test as POCT Model

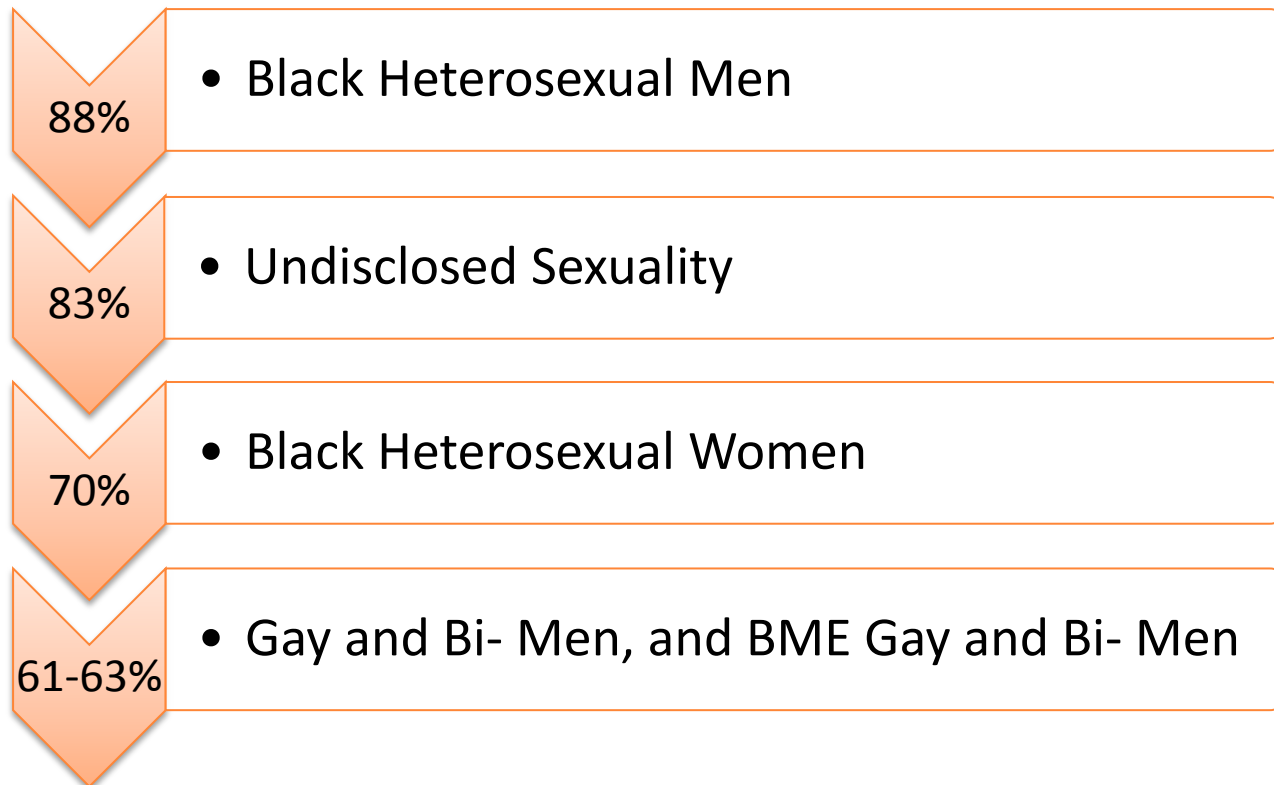
On a scale of 1-5 (where 5 is very likely and 1 is very unlikely), how likely are you to use this test yourself at home **if it was free?**

Pulled together different demographics:

- Heterosexual
- MSM
- Black Heterosexual Men
- Black Heterosexual Women
- BME MSM
- Undisclosed sexuality

Positive East Self Test as POCT Model

Percentage of respondents who declared they were likely or very likely to test themselves at home **if the test were free** (average 68%)



Conclusions and future research

- Even within the “most” sexual health literate populations, there is no clear distinction between self-testing and self-sampling: Clarity in the message that we are giving to people.
- Challenging assumptions about MSM.
- Future research on emerging communities and self-testing.

Conclusions and future research

- Both self-testing and self-sampling can be embedded within community based organisations, and enhance, rather than undermine, delivery:
 - We recognise that even the most sexually health literate clients want interventions around self-testing (community coaching) before they would test themselves.
 - Community insight work still needs to be done especially on targeting self-testing at ethnically diverse populations, who may potentially be more likely to take up self-testing.

Any questions?

With special thanks to **Dee Wang** for the GMI data analysis

Yasmin.Dunkley@positiveeast.org.uk

Phillip.Wragg@positiveeast.org.uk

Dee@spectra-london.org.uk

www.gmipartnership.org.uk

www.positiveeast.org.uk



www.redrun.org.uk