



Health4U: Dissemination Event

Main Intervention & Outcomes

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What were we interested in?

- **Main Outcome:**
 - Number who got an HIV test
- **Other Outcomes:**
 - Knowledge about HIV (6 items); “True” / “False” / “Don’t Know”
 - Attitudes towards HIV (8 items); Rated on 7-point scale;
where 1 = “Strongly Disagree” & 7 = “Strongly Agree”
 - Intention to get tested (1 item based on Stages of Change model)
 - Confidence to get an HIV test (1 item); 10-point scale;
where 1 = “Not at all confident” & 10 = “Very confident”
 - Know where to get tested (1 item); “Yes” / “No”
 - General Health/ Quality of Life (2 items)



Our Participants

- **Target 120**
 - Inclusion criteria: identify as being African; aged ≥ 18 years; HIV negative or doesn't know status
- **Successfully recruited 172 in 10 weeks**
 - 31 declined
 - 19 - Not interested
 - 11 - No time
 - 1 – Not happy getting a voucher
 - Further 15 interested but ineligible (nationality)



Who Recruited Participants?

- **Team of 11 Community Researchers**

- **Gender:** 6 female, 5 male
- **Mixed Ages:** 18-24 (2); 25-34 (2); 35-44 (7)
- **Mixed Religions:** Christian (7); Muslim (3); Prefer not to say (1)
- **Education:** All are College / University educated
- **Employment:** Studying (6); Working (6)
- **Languages:** 16, including: English, Swahili, French, Arabic



How we Collected Data

- Informed consent
- Baseline questionnaire survey
- Text messaging started approx. 3 week later
- Second to last message – *have you taken an HIV test in the last 12 weeks?* *n=27 (16%) replied to this message*
- Final message - link to online follow-up questionnaire
- Two text message reminders (weekly intervals)
- No response to online survey
- All participants contacted by telephone by a team of external researchers to complete a follow up questionnaire



Who took part?

	Health 4 U Total sample N = 169	National BASSLINE survey (2009)
	Number (%)	%
Gender		
Male	85 (50.3)	48.2
Female	67 (39.6)	51.8
Missing	17 (10.1)	
Religion		
Christian	102 (60.4)	76.9
Muslim	45 (26.6)	12.5
No religion	6 (3.6)	7.2
Other	4 (2.4)	3.5
Prefer not to say	5 (3.0)	
Missing	7 (4.1)	



Who took part?

	Health 4 U Total sample N = 169	National BASSLINE survey (2009)	
Age	N (%)		%
18-24	37 (21.9)	Under 20	9.8
25-34	60 (35.5)	20-29	32.8
35-44	50 (29.6)	30-39	32.2
45-54	15 (8.9)	40-49	19.5
Over 55	2 (1.2)	Over 50	5.8
Missing	5 (3.0)		
Education			
No education	6 (3.6)	Low (none / primary)	4.2
Primary	4 (2.4)		
Secondary	12 (7.1)	Secondary	21.5
College / University	133 (78.7)	College / University	74.3



Who took part?

	Health 4 U Total sample N = 169	National BASSLINE survey (2009)	
Employment status	N (%)		%
Studying	56 (33.1)		
Working	66 (39.1)		
Not working	16 (9.5)		
In the asylum process	17 (10.1)		
Country of origin (Region)			
Northern Africa	15 (8.9)	African Arab	1
Eastern Africa	31 (18.3)	Black African	73.6
Southern Africa	19 (11.2)		
Western Africa	46 (27.2)		
Central Africa	24 (14.2)		
Other	19 (11.2)		
Missing	15 (8.9)		



Prior HIV Testing Status

	Health 4 U Total sample N = 169 %	National BASSLINE survey (2009) %	
Yes, I have tested (in the last):	105 (62.1)	Tested	61.9
3 months	15 (14.3)	Last test positive	15.2
3 to 12 months	33 (31.4)	Last test negative	46.7
1 to 2 years	16 (15.2)		
2 to 5 years	17 (16.2)		
More than 5 years ago	8 (7.6)		
Tested, but time missing	5 (4.8)		
Answer not valid	11 (10.5)		
No, I haven't tested:	52 (30.8)	Never tested	38.2
I've actively looked into it	7 (13.5)		
I've thought about it, but am not planning to get tested yet	10 (19.2)		
I don't have any plans to get tested	35 (67.3)		
Missing:	12 (7.1)		



Main Outcome

- **8 out of 76 people (10.5%)** who were contacted by telephone said they got an HIV test after receiving Health4U messages.
- Previous testing history of these 8 individuals:
 - 2 had tested in previous 3 months
 - 2 tested in the previous year
 - 1 tested within last 2-5 years
 - 2 never tested before
 - 1 unclear
- Characteristics of these 8 'testers':
 - More men (6) than women
 - Range of ages (25-54 years)
 - Majority Christian (7)
 - Diverse nationalities
 - Relatively educated



Trends in Knowledge about HIV

High level of HIV-related knowledge (both time points)

Item	Before (% correct)	After (% correct)
With treatment, HIV is a manageable condition.	73	73
If I have an HIV test, I will have to wait more than a month to get my result.	58	71
If I have HIV, early testing will improve my chances of living a healthy life.	80	96
Health services in the UK will not pass on information about my HIV status without my permission.	79	82
HIV treatment is not free for everyone in the UK.	57	71
HIV testing is free to anyone in the UK, regardless of their immigration status.	63	88



Trends in Attitudes towards HIV

Item	Before (Md, Range)	After (Md, Range)
I am at risk of getting HIV.	1 (1 – 7)	1 (1 – 7)
I am at risk of passing on HIV.	1 (1 – 7)	1 (1 – 7)
I am less likely than the average person to get HIV	4 (1 – 7)	4 (1 – 7)
If I had HIV, I know I would get the support I need.	6 (1 – 7)	7 (1 – 7)
If I have HIV, early testing will help me protect others from infection.	7 (1 – 7)	7 (5 – 7)
I don't want to get tested because I am worried about the result.	1 (1 – 7)	1 (1 – 7)
If I am feeling healthy, I don't need to get an HIV test.	2 (1 – 7)	1 (1 – 7)
It is easy to get an HIV test at a time that is convenient for me.	6 (1 – 7)	7 (1 – 7)

Note: 1 = “Strongly Disagree” to 7 = “Strongly Agree”



Other Trends

- No clear pattern of change in intention to get tested
- High confidence to get an HIV test before and after intervention:
 - Before and After: average score: 9 (1 – 10)
- Increase in proportion knowing where to get tested:
 - Before: 71% knew
 - After: 90% knew
- High perceived general health before and after intervention:
 - Before and After: Average rating – “Very good” (“Excellent” – “Poor”)
- Small improvement in quality of life:
 - Before: Average score: 7 (1 – 10)
 - After: Average score: 8 (1 – 10)



Evaluation of Text Messages

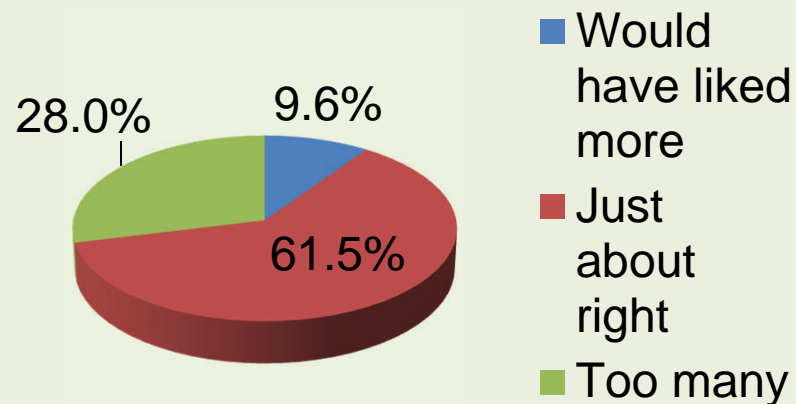
Item	Average (Range)	N
I was happy to receive HIV information on my mobile phone	7 (1 – 7)	52
I read all of the messages	7 (1 – 7)	53
I found the messages easy to understand	7 (1 – 7)	53
I found the messages personally relevant	5.5 (1 – 7)	52
I found the messages contained the right amount of information	7 (1 – 7)	53
I discussed the information in the messages with others	4 (1 – 7)	53
Text messages are a useful way of encouraging HIV testing	7 (1 – 7)	53

Note: 1 = “Strongly Disagree” to 7 = “Strongly Agree”

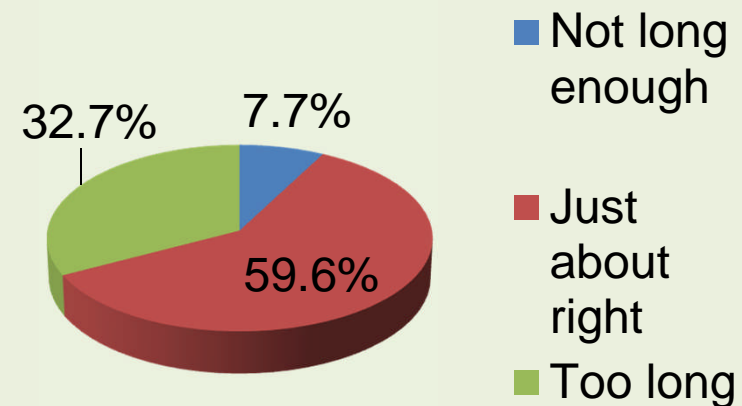


Evaluation of Text Messages

Number of messages
per week (N = 52)

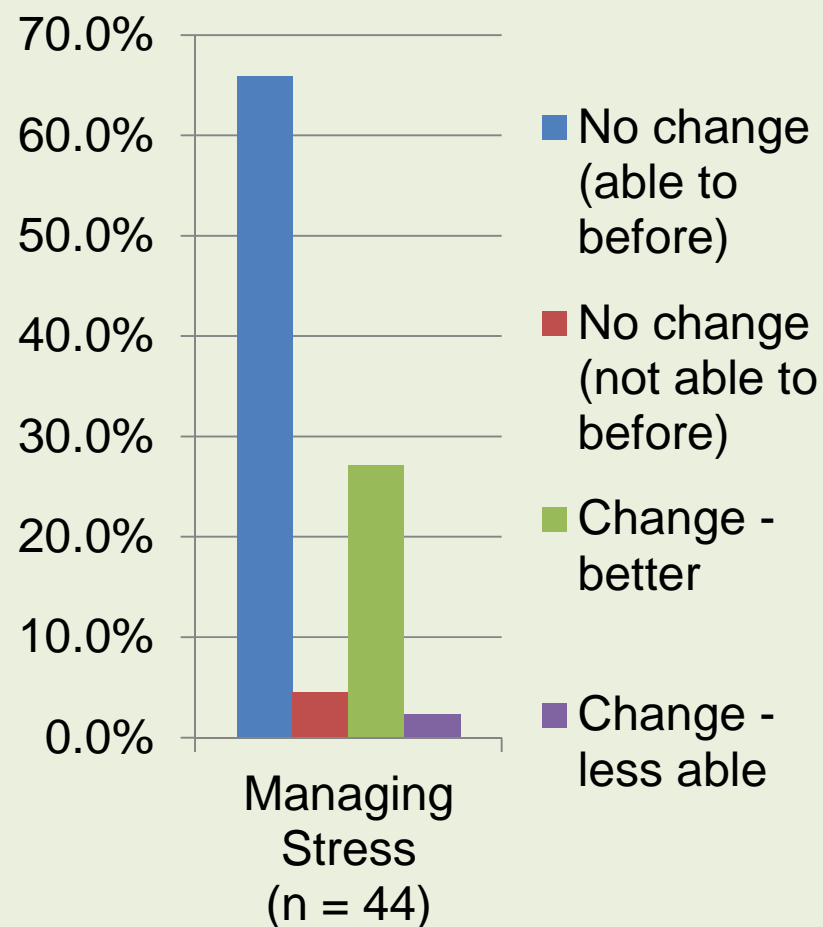
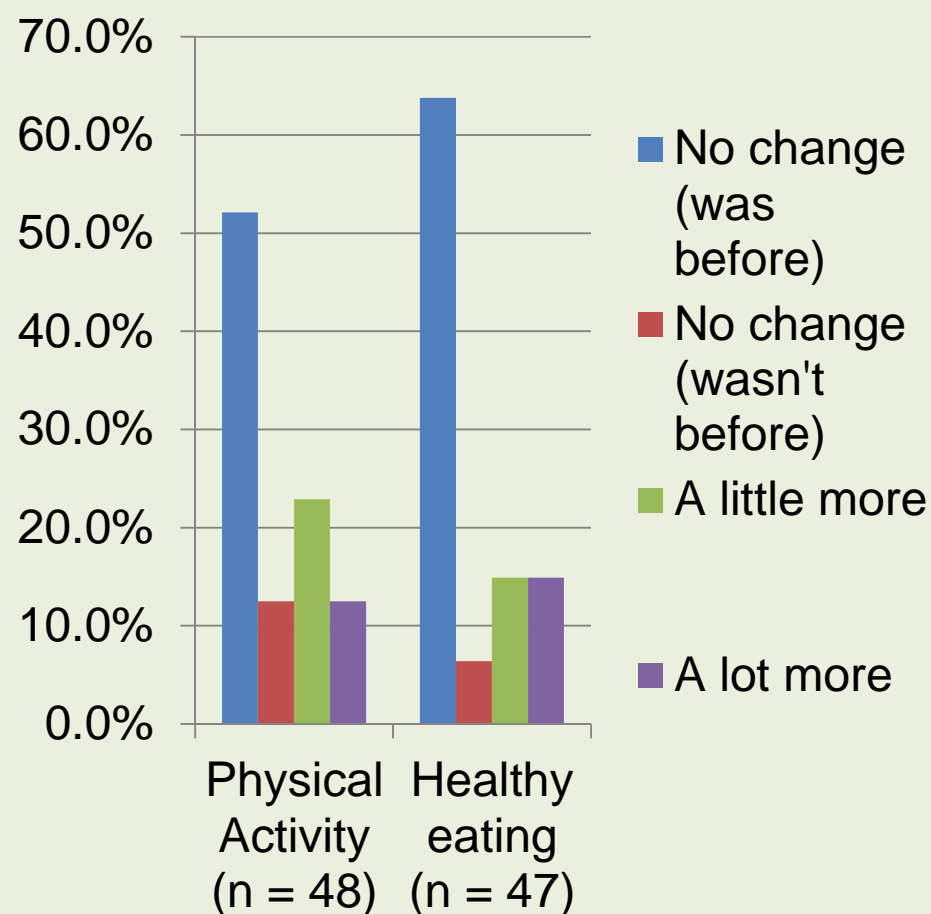


Receiving messages
for 12 weeks (N = 52)





Other Changes





How Did we Do?

- Systematic review of community interventions to increase uptake of HIV testing in resource-rich countries (Thornton et al, 2012). Included 45 studies (only 8 studies from the UK & none targeting African communities)
 - Uptake of testing varied between **9%-95%**. *“Difficult to compare due to diverse settings and diverse offer methods”* (p.420)
 - ***“The proportion of individuals tested in community settings who had never previously tested were small”*** (p.423)
 - *“Therefore, although it is clear that community settings are providing an important choice for individuals.....whether the services are diagnosing individuals who would otherwise not test until they are unwell is less clear”* (p.423)
- Community testing pilot for African communities in South & East London (part of DoH-funded HINTS studies): Implemented diverse community mobilisation & health promotion strategies (HPA, 2011)
 - 3,789 people were approached
 - **12.1% got tested (previous testing history of these testers is not known)**



Need for More Rigorous Evaluation

- “*There is a need for robust and independent evaluation of prevention efforts. We are concerned that even though this matter was raised by....the House of Lords Select Committee on HIV/AIDS.....it still seems that **evaluation outcomes are not in the public domain***”.....(NAT, 2014: 14)
- “*Robust monitoring and evaluation should be implemented where interventions seek to either establish or improve HIV testing*” (Public Health England 2014b)
- “*In evaluating HIV testing strategies, it is important that feasibility, acceptability, effectiveness and cost-effectiveness are considered, **and to allow for meaningful comparison of studies, there is a need for use of comparable measures***” (Thornton et al, 2012:423)