ISUM (I'LL SHOW YOU MINE)

Best Evidence – Risk Reduction
Evidence-Based Structural Intervention

INTERVENTION DESCRIPTION

Goal of Intervention
- Reduce sexual risk behavior

Intended Population
- Transgender women (TGW) and men who have sex with men (MSM) who are HIV-negative and not taking pre-exposure prophylaxis (PrEP) who engage in sexual risk behavior

Brief Description

ISUM (I'll Show You Mine) aims to reduce sexual risk behavior (e.g., condomless anal intercourse (CAI) with partners who are HIV discordant or of unknown status) by providing access to free HIV self-testing (ST) kits. Participants receive at no charge 10 rapid oral HIV ST kits and watch an instructional video that includes key points for consideration when using the tests to screen sex partners or clients (e.g., if and when to propose HIV testing to a partner; respecting partner's decision not to be tested). Participants are also given an information card with guidance on exercising good judgment when deciding which partners to ask to test. Participants can also obtain a re-supply of ST kits during the study evaluation period via the Short Message Service Computer-Assisted Self-Interviewing (SMS-CASI) system.

Theoretical Basis
- Fisher and Fisher's Information, Motivation and Behavioral Skills Model

Intervention Duration
- A single session and three months of access to free ST kits

Intervention Settings
- Clinic

Deliverers
- Bilingual (Spanish/English) and bicultural study staff
- Information card
- Video

Delivery Methods
- Printed materials
- Risk reduction supplies (ST kits)
- Video

Structural Components

- Access
  - Increased access to HIV testing by providing, free of charge, 10 or more ST kits

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Please contact **Rebecca Giguere**, HIV Center for Clinical and Behavioral Studies, NY Psychiatric Institute and Columbia University, 1051 Riverside Drive, Unit 15, New York, NY 10032, USA

Email: rebecca.giguere@nyspi.columbia.edu for details on intervention materials.

EVALUATION STUDY AND RESULTS

Study Location

The original evaluation study was conducted in New York City (NYC), New York and San Juan (SJ), Puerto Rico between 2014 and 2019.

Key Intervention Effects

- Reduced condomless anal sex

Recruitment Settings

In person at Lesbian, Gay, Bisexual, Transgender (LGBT) non-profit organizations, clubs, bars, and Pride events (e.g., marches); online through social media and dating sites/apps; email and phone, using registries of participants from prior studies; word-of-mouth through other participants who were given a $10 incentive for referring friends who enrolled in the study.

Eligibility Criteria

Participants were eligible if they identified as TGW or MSM, were aged 18 years or older, HIV negative, not currently taking oral PrEP, and reported two or more sex partners and three or more occasions of CAI with HIV discordant or unknown status partners in the prior 3 months.

Study Sample

The baseline sample of 272 TGW and MSM is characterized by the following:

- *57% Hispanic/Latino, 40% Black/African American, 30% White, 27% other/multiple race or ethnicity, 2% Asian, 1% Native American*
- *90% male, 10% TGW*
- *78% gay, 15% bisexual, 4% other, 3% heterosexual*
- *66% employed*
- *18% student*
- *Mean age of 34 years*
- *Mean annual income of $23,617*

Note: Percentages may not add up to 100% due to rounding and/or race/ethnicity are not mutually exclusive.

Assignment Method
TGW and MSM (N = 272) were randomized to 1 of 2 study arms: ISUM Intervention (n = 136) or Comparison (n = 136).

Comparison
During the study evaluation period (baseline to 3 months), the intervention group participants were given ST kits and shown the instructional video. The comparison group participants did not receive any ST kits and were not shown the instructional video. Both the intervention and comparison participants were offered condoms during the evaluation period. At the 3-month follow-up visit, the comparison group received six ST kits and were shown the instructional video.

Relevant Outcomes Measured
- Number of CAI occasions with HIV discordant or unknown status partners was measured from baseline to 3-month follow-up.

Participant Retention
- Intervention:
  - 100% retained at 3 months
- Comparison:
  - 99% retained at 3 months

Significant Findings on Relevant Outcomes
- Among NYC participants, intervention participants had significantly fewer CAI occasions than comparison participants from baseline to 3 months (Intervention mean = 14.12; Comparison Mean = 39.58, Rate Ratio (RR) = 0.38, 95% CI: 0.22-0.64, $p < 0.001$).

Considerations
Additional significant positive findings on non-relevant outcomes
- None reported

Non-significant findings on relevant outcomes
- There were no significant intervention effects on CAI occasions for the overall study sample. There were also no significant intervention effects on CAI occasions among SJ participants.

Negative findings
- None reported

Other related findings
- Participants in the SJ site may have been affected by Hurricanes Irma and Maria during the study evaluation period. Both hurricanes hit Puerto Rico in 2017, and residents were without electricity, water, and shelter for many months, which may have affected study recruitment and follow-up visits.
- The study also meets best evidence criteria for the Structural Interventions (SI) chapter of the *Compendium*.
- During the three-month intervention period, 100 (78%) intervention participants used the OraQuick® in-Home HIV test to test themselves. Seventeen (13%) of the control participants reported self-testing as well, using self-test kits from other sources (e.g., community-based organizations, HIV testing provider, friend).

- During the three-month intervention period, 114 (88%) of intervention participants used the OraQuick® in-Home HIV test to screen at least one potential sex partner, compared to 8 (6%) in the control group. Seventy-one (55%) intervention participants proposed using the test to at least one potential sex partner when they were not with them in person, such as through a chat, call or text.
- One hundred and eleven (86%) study participants proposed using the test to at least one potential sex partner in person.
    - Among those who asked a partner to use a test, 94% reported at least one partner took the test, 37% had at least one partner who refused to test, 34% had at least one partner who became angry or upset, and 6% had at least one partner who became physically violent.
    - Out of 870 partners who were asked in person to use the test, 16 (2%) became physically violent.
- Twenty-four potential partners received HIV positive test results.
    - At least 12 sought follow-up confirmatory testing.
- Four participants received HIV positive test results while testing themselves.
    - None sought confirmatory testing at a clinic or saw a healthcare provider.

Implementation research-related findings

- None reported

Process/study execution findings

- Participants were compensated between $30 and $50 for study visits. They also received $1 per day per completed SMS-CASI session and a 50% bonus if at least six SMS-CASI per week were completed.

Adverse events

- It is noted above that 2% of the 870 sex partners who were asked to test in person became physically violent. Participants are made aware of the possibility of a violent reaction during the intervention and are also given an information card with guidance on exercising good judgment when deciding which partners to ask to test. See Carballo-Diéguez, Giguere, Balan, Dolezal, et al. 2020 in References and Contact Information below for additional information about the experiences of violence in the sample.

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