

Local and Timely: High Risk Behavioral Surveillance for HIV Program Evaluation and Planning

Nana Pokuaa Mensah, MPH

Kathleen Scanlin, MPH

Paul Kobrak, PhD

Jennifer Medina-Matsuki, MPH

Zoe Edelstein, PhD MS

American Evaluation Association 2015

Friday, November 13, 2015

Local and Timely: ~~High Risk Behavioral Surveillance~~ for HIV Program Evaluation and Planning

Nana Pokuaa Mensah, MPH

Kathleen Scanlin, MPH

Paul Kobrak, PhD

Jennifer Medina-Matsuki, MPH

Zoe Edelstein, PhD MS

American Evaluation Association 2015

Friday, November 13, 2015

Local and Timely: Sexual Health Surveys for HIV Program Evaluation and Planning

Nana Pokuaa Mensah, MPH

Kathleen Scanlin, MPH

Paul Kobrak, PhD

Jennifer Medina-Matsuki, MPH

Zoe Edelstein, PhD MS

American Evaluation Association 2015

Friday, November 13, 2015

Overview

- Describe the Sexual Health Survey (SHS)
- Changes over time
- Data utilization
- Lessons learned and next steps

Disproportionate HIV Burden: Men who have Sex with Men and Women of Color

- NYC has one of the largest HIV epidemics in the United States
- Men who have sex with men (MSM) are a small proportion of NYC's population, yet accounted for 57% of all new HIV diagnoses and 71% of new diagnoses among men in 2013
 - new HIV diagnoses among MSM have been increasing since 2009
- Women of color (black women and Latinas; WOC) accounted for 88% of HIV diagnoses among women in 2013

To address the needs of these priority populations, the HIV Prevention Program established local surveillance to monitor trends, measure program impact and better understand factors placing MSM and WOC at increased risk for HIV

Introduction to the Sexual Health Survey

- Semi-annual cross-sectional surveys among MSM and women of color (WOC) in NYC
- Modeled off of CDC's National HIV Behavioral Surveillance
- SHS Objectives:
 - Engage at-risk populations underrepresented in traditional population-based surveillance
 - Monitor trends in behaviors that put people at risk for HIV and adoption of HIV prevention strategies
 - Quickly evaluate reach and impact of HIV prevention campaigns and initiatives

Eligibility and Recruitment

- Launched in 2010
 - Data twice annually per population; n≈600/cycle
 - 12 cycles completed; 9,988 surveys completed
- Study population/eligibility criteria

	MSM	WOC
Gender:	Born male/transgender	Born female
Age Range:	18 - 40 years	18 – 64 years
Residence:	NYC ZIP Code	NYC ZIP Code
Sexual Activity:	Self-reported <u>anal sex with a man</u> in past 6 months	Self-reported <u>sex with a man</u> in the past 6 months
Additional Criteria:	N/A	Self-reported Black/African-American or Hispanic/Latina

- Split recruitment: data collected in-person and online

In-Person Surveys

- Recruitment locations differ by survey
 - MSM
 - Late night (12-3am) street intercepts conducted outside bars, clubs and “cruising spots” frequented by gay men and other MSM
 - WOC
 - Street intercepts in neighborhoods with primarily black or Hispanic residents
- Interviewer administered
- Screened respondents for eligibility and obtain informed consent
- Provide incentive upon survey completion: \$15 gift card

Online Surveys

- Click-through banner/pop-up ads on sites frequented by target populations
 - WOC: Variety of sites with content geared towards black women and Latinas
 - MSM: Dating sites, social networking sites and “hook-up” apps (i.e., Grindr, Jack’d)
- Potential respondents click through, directed to Survey Monkey survey
- Screened respondents for eligibility and obtain informed consent
- No incentives provided for online participation



Instrument Development

- Core set of questions included in each cycle (2010-2015)
 - HIV testing/HIV status awareness
 - Risk behavior/sexual history
 - Health department-branded products and social marketing campaigns
- Instrument updated semi-annually through a structured question solicitation process
- Additional questions are developed as new needs emerge

SHS Data Collection and Major Changes 2010 – 2015: MSM

Spring 2015: New module to address biomedical prevention and healthcare engagement

Spring 2015: Launched “Ad-hoc” survey methodology to reach sub-populations

- Abbreviated survey launched with sex party participants and young MSM in house/ball scene

Spring 2014: Reduced frequency of in-person recruitment:

- In-person recruitment reduced to annual from semi-annual
- In-person data collected until target obtained

Fall 2013: Update online recruitment to include newest technology

- Banner and pop-up ads placed on “hook-up” apps

Fall 2012: Begin monitoring awareness and use of biomedical strategies (PrEP/PEP):

Spring: n= 684
Fall: n=579

2010

Spring: n= 641
Fall: n=525

2011

Spring: n= 549
Fall: n=574

2012

Spring: n= 417
Fall: n=537

2013

Spring: n= 654
Fall: n=381

2014

Spring: n= 662
Fall: (TBD)

2015

9/2010: HIV Testing Law Change:
Mandatory HIV test offer

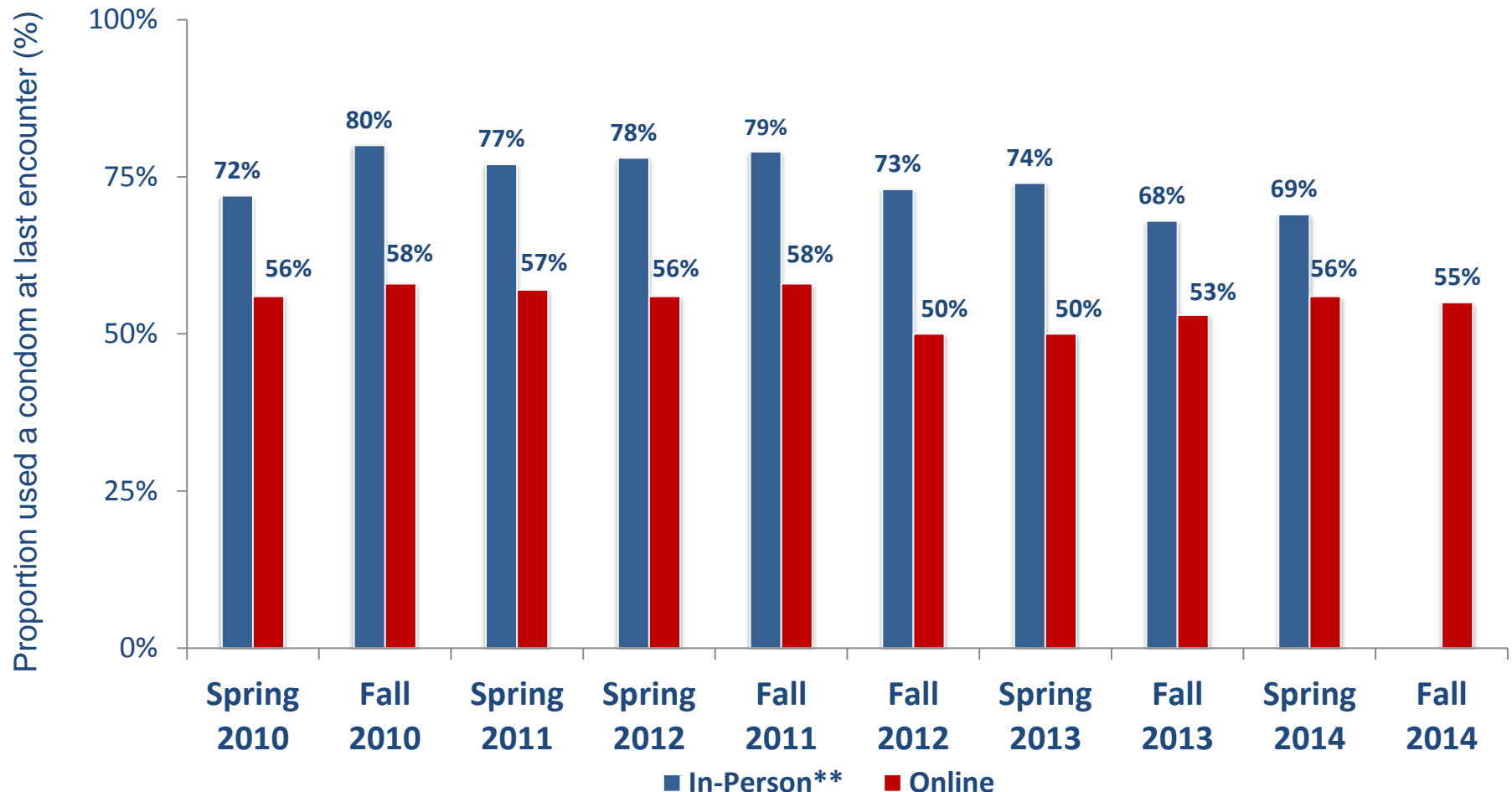
7/16/2012: FDA Approves Pre-Exposure
Prophylaxis. First drug approved for HIV prevention

Data Utilization: Monitoring Core Indicators

Data from SHS are routinely used for internal reporting:

- Monitoring progress of primary HIV prevention indicators:
 - Condom use has been monitored since beginning of SHS
 - Awareness and use of biomedical prevention strategies (pre-exposure prophylaxis PrEP) since 2012

Condom use at last sexual encounter among MSM in NYC, 2010-2014

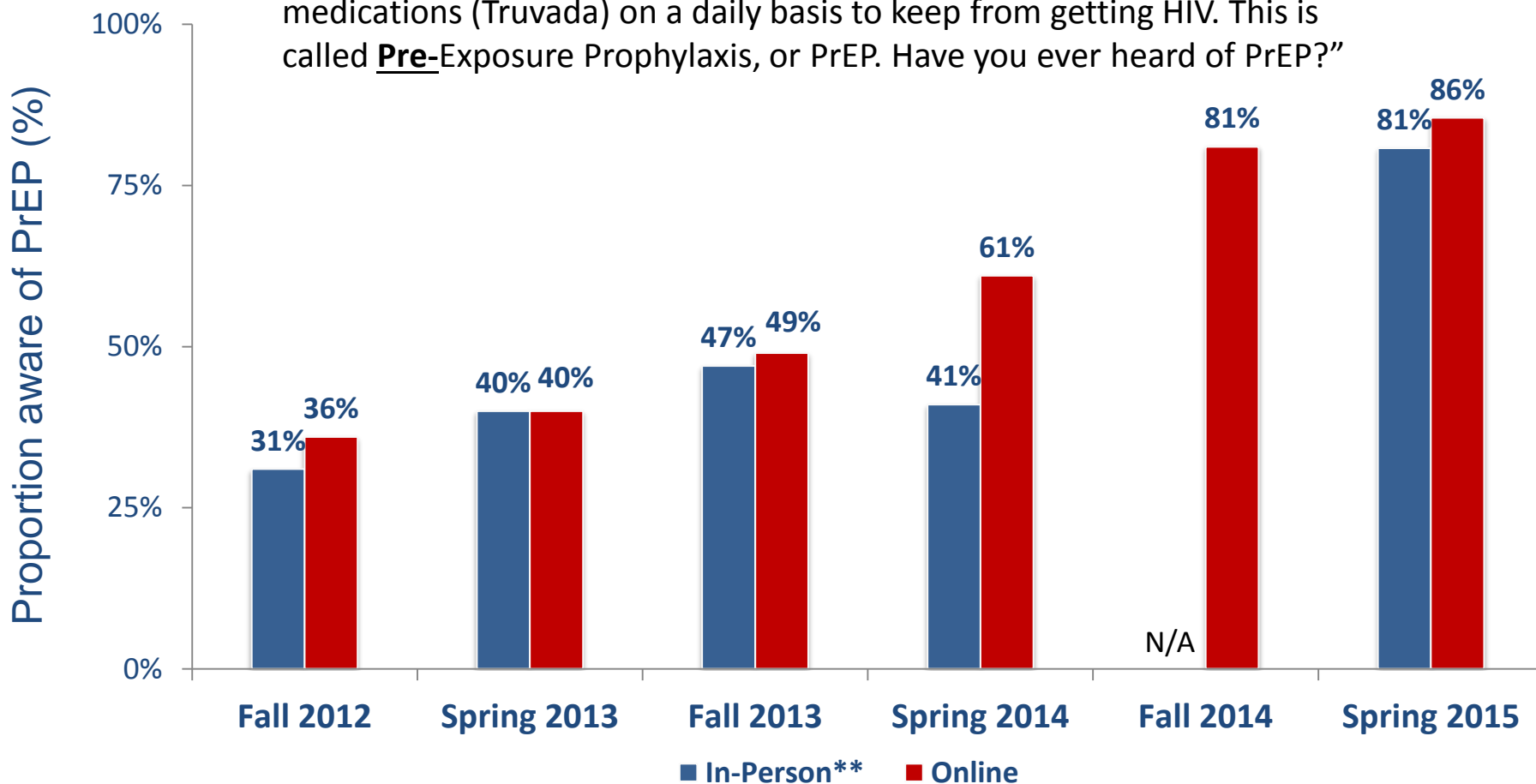


*Aged 18-40 years, sexually active, with self-reported HIV status as negative or unknown

** Data not collected In-person in Fall 2014

Awareness of PrEP among MSM in NYC, 2012-2015; *Preliminary Data**

Question: “Sometimes people who do not have HIV take HIV medications (Truvada) on a daily basis to keep from getting HIV. This is called Pre-Exposure Prophylaxis, or PrEP. Have you ever heard of PrEP?”



* Aged 18-40 years, sexually active, with self-reported HIV status as negative or unknown

** Data not collected In-person in Fall 2014

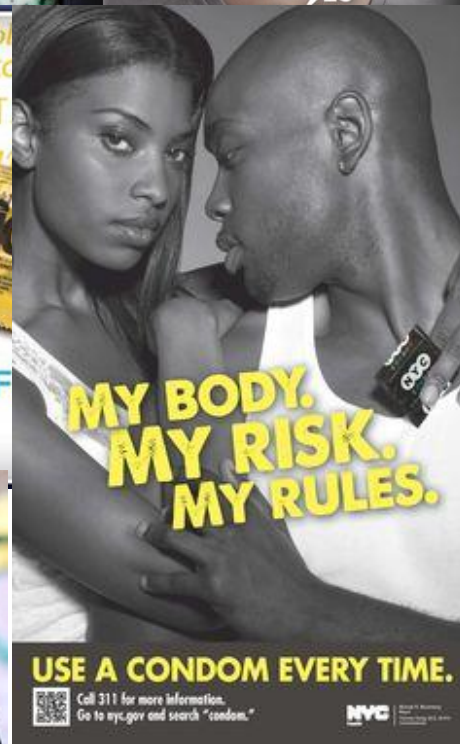
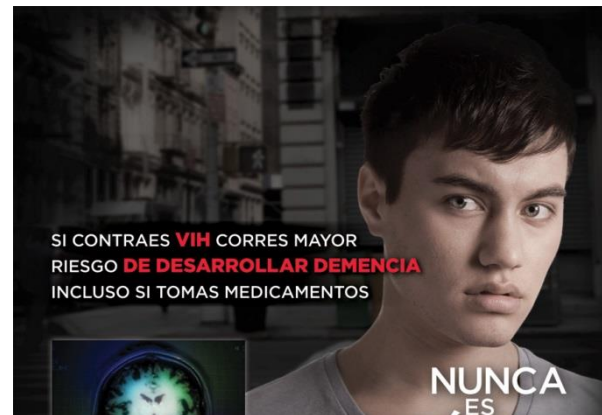
Data Utilization: Policy and Program Evaluation

HIV prevention Policy Evaluation: HIV testing Law

- Increase in percent of women offered an HIV test; 86% to 92% between 2010 and 2013

Health department branded HIV Prevention Campaigns

- Awareness and use of the NYC Condom
- Evaluated exposure and impact of 8 health department branded social marketing campaigns



Lessons Learned

- Necessary to sustain agency buy-in
 - Monitoring is not always interesting.... Until it is
- Focus on program objectives when updating instrument:
 - Strike balance between evaluation and research
 - Manage “mission creep”
- Build a solid, but flexible, protocol and hire dedicated staff
 - Well trained supervisor and staff allow for “on the ground” changes
 - Interest in subject matter reduces burn out among research team

Lessons Learned (2)

- Remain vigilant about incorrect data use/improper generalizations
 - Ensure consistent labeling
 - Insist on review before wider dissemination
- Difficult balance between data collection, analysis and dissemination
 - Manage time spent on field work versus time spent on analysis and reporting
 - Important to identify and routinely report on key indicators

Successes and Next Steps

- Over the past 5 years the SHS project has
 - Provided a stable mechanism to collect information over time from populations who are underrepresented in population-level behavioral surveillance projects
 - Used innovative methods to ensure participation by targeted populations
 - Provided feedback on programs and initiatives, allowing the health department to keep pace with the rapidly changing epidemic
 - Contributed to the HIV prevention literature
- Next steps:
 - Disseminate our results more widely, both internally and externally

Acknowledgements

SHS Co-Investigators

Kathleen Scanlin, MPH

Zoe Edelstein, PhD MS

Paul Kobrak, PhD

Jennifer Medina Matsuki, MPH

Rafael Ponce

Ilona Gale, MPH



Bureau of HIV Prevention and Control Leadership

Demetre Daskalakis, MD MPH

Julie Myers, MD MPH

SHS Field Research Assistants

Contact

Nana Mensah, MPH

Research and Evaluation Unit, HIV Prevention Program

Bureau of HIV/AIDS Prevention and Control

NYC Department of Health and Mental Hygiene

Phone: 347-396-7725

Email: nmensah@health.nyc.gov

Thank You!