

## **“What are they waiting for?": Evaluation of a health communication campaign promoting the uptake of new HIV testing technologies among gay men in Vancouver, British Columbia**

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### **Abstract:**

**Objectives:** An evaluation was performed to evaluate the gay community response to a health communication campaign promoting the adoption of two new HIV testing technologies: Point-of-Care testing and Nucleic Acid Amplification test (NAAT).

**Methods:** A cross-sectional survey was conducted online, in gay venues and at HIV testing clinics with high volumes of gay men clients. Frequencies and Chi-squared tests were performed.

**Results:** 599 gay men completed the survey and 35.4% recalled the campaign. Gay men who had seen the campaign were significantly more likely to be knowledgeable about new testing technologies and were slightly more likely to choose point-of-care testing as their preferred HIV test. There was no difference among those who had seen the campaign and those who did not in their preference of NAAT.

**Conclusions:** The campaign achieved its first objective of increasing knowledge of the gay community about new HIV testing technologies. The increased preference for point-of-care testing may be explained by its obvious advantages in terms of offering results within minutes, while NAAT's advantages may feel less tangible and more complex to gay men. Future communication campaigns would need to take into account the complexity of NAAT and would benefit by a more explicit appeal to advantages from the point of view of ordinary gay men.

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### **Introduction**

HIV is still disproportionately impacting gay men and other men who have sex with men (MSM) in Canada, particularly in the Vancouver metro area where more than half of new HIV infections are within the MSM population (BC Centre for Disease Control, 2009). While the rates of new infections have dropped in recent years among most at risk populations, gay men's annual HIV infections increased dramatically in 2000 and have now plateaued, maintaining large disparities.

Recent discourses have suggested that the intensification of HIV testing and treatment of those infected may be an effective strategy to reverse the HIV epidemic within this population (Hogg, Moore, Michelow and Montaner, 2010; Cambiano,

Rodger and Phillips, 2011). However, recent trends are showing that HIV testing may be falling behind, particularly among gay youth. Ongoing research in British Columbia has demonstrated that the proportion of men under thirty who have never tested for HIV has increased significantly in recent years (Trussler, Ferlatte, Marchand, Banks and Moulton, 2009). Nearly one in three men under thirty report never being tested for HIV suggesting a cultural reshaping which could lead to further decline in testing if unaddressed.

The development of new HIV testing programs using new testing technologies offers a new window of opportunity for increasing and maintaining the number of gay men currently participating in HIV testing programs. Those tests present benefits, which could be valuable to gay men and may help reduce some of the barriers they face in participating in routine HIV testing programs. Aside from the traditional Elisa antibodies test (third and fourth generation), few tests have been approved for diagnosing HIV infections in Canada when compared to other countries like the U.S. Point-of-care test is among them. Its main advantage is that it provides individuals with their results within minutes, with pre-and post-test counseling happening during the one visit in contrast with the traditional two visits with a one to two week delay between testing and receiving result.

Another test available to diagnose HIV in Canada is the Nucleic Acid Amplification Test (NAAT). This test has a significant shorter window period when compared to both, Elisa and point-of-care testing and allows individuals to present themselves earlier into testing after a risk event occurs. The NAAT test also allows for detection of HIV during the acute HIV phase, before the formation of antibodies and during the phase of high infectivity.

Both of these tests have recently been implemented within testing services offer to gay men in Vancouver. While point-of-care is more readily available in many parts of Canada, Vancouver is the only site to offer NAAT as a routine HIV test. This is done through a research pilot, where NAAT testing has been implemented in clinics that see high numbers of MSM clients, the group most affected by the epidemic, to try to detect acute HIV infections among this population in the hope that it will help reverse the epidemic.

To increase awareness and uptake of these new technologies, the Health Initiative for Men (HIM), a non-profit organization dedicated to gay men's wellness, in partnership with the British Columbia Centre for Disease Control (BCCDC) developed a health communication campaign. Developed within the context and the principles of diffusion of innovations theory, the objectives of the communication campaign were two fold: 1) Raise awareness and knowledge of new testing technologies; and 2) Promote the adoption of these technologies when appropriate to do so. The overall goal of the campaign was to contribute to the implementation of these new technologies and by facilitating its utilization among gay men, with the intention that its adoption would contribute to the HIV prevention efforts already in place.

With these objectives in mind, HIM and BCCDC developed a campaign which focuses on the time advantages of both tests and could read “What are you waiting for?”. The campaign emphasized that men do not have to wait three months after a risk event with the NAAT test and do not have to wait for the test results when getting tested with point-of care. Focus groups were conducted to refine the message and identify the most effective communication channels.

The health campaign was disseminated via online channels such as Internet dating sites and email blasts and via print advertising such as poster, urinal ads, postcard, condom packs and newspaper ads. A website was also developed to offer more detailed information about the new testing technologies and included testing locations. The campaign ran during a ten week period and focused on sexually active gay men in Vancouver.

## **Methods:**

### *Survey Recruitment*

To evaluate the effectiveness of the campaign, a convenience sample of male respondents were surveyed. Men either completed the survey online or a paper-based version. The paper-based version was given to men intercepted at local bars, coffee shops, stores or sidewalks within the gay neighborhood of Vancouver. Men who accessed two clinics with high volumes of gay clients were also invited to complete the paper version of the survey. The online survey was promoted through online dating sites.

### *Survey Instrument*

Respondents were asked questions regarding the campaign that included exposure to the campaign, sources and frequency of exposure, perceived key messages, and rating campaign on appeal and importance. These were followed by questions regarding knowledge of testing technologies. Respondents were also asked about testing practices including frequency and preferences, as well as being asked their number of sexual partners and unprotected anal intercourse partners for the last 12 months. Finally, respondents were asked basic demographic data, including age, partnership status, ethnicity and residence.

### *Survey Analyses*

Frequencies and Chi-squared tests were performed using PASW 18.0.

## **Results:**

599 surveys were completed and included in the analysis. 138 (23.0%) men were intercepted at bars, coffee shops, retail stores and sidewalks in the gay community neighborhood while 164 (27.4%) completed the survey when attending STIs clinics. The remaining 297 (49.6%) men completed the survey online after responding to promotion. The majority of respondents were from the Vancouver metro area (94.8%). Most participants identified as Caucasian (65.7%), while the remaining either identified as Asian (15.2%), Latino (5.4%), Mixed (4.6) or other ethnicities

(9.1%). Age of respondents ranged from 18 to 72 years old, with 39.4% being under 30 years old, 38.9% between the age of 30 and 45 and the remaining (21.8%) over 45 years of age. The majority of respondents reported an HIV-negative status (80.3%) followed by 8.5% reporting an HIV positive status, and 11.2% untested.

Of the sample, 35.4% (n= 214) recalled the “*what are you waiting for?*” campaign. Among those who had seen the campaign, most remembered seeing it on posters (51.7%), Washroom ads (49.8%) and Condoms pack (31.6%). Always among those who recalled the campaign, 26.1% stated they visited the campaign’s website. Forty-four percent (44.8%) said they were reminded to get an HIV test by the campaign, while 16.7 % mentioned they actually went and got an HIV test as a result of seeing the campaign. Most of those who saw the campaign did not discuss the campaign with anyone (60%) and 32.4% discussed the campaign with their gay friends.

We asked all survey respondents their perceptions of key messages of the campaign. The majority stated that the campaign’s main message was to get an HIV test (48.9%). In addition, respondents stated that the key message was about taking advantage of new testing options (25.3%), the availability of rapid HIV testing (22.8%), changes in the window period for HIV test (10.7%) or the availability of Early/ NAAT test (9.8%). A small minority was unsure of the key message of the campaign (5.8%). There were no statistical differences of the key messages perceived among those who recalled seeing the campaign previously and those who did not. The great majority of men surveyed agreed the campaign was appealing (82.2 %) and important (98%).

Respondents who recalled the campaign were significantly more likely to be knowledgeable about the Early and rapid HIV tests (Table 1). Recalling the campaign was also associated with having had an HIV test in the previous 6 months. Fifty-six percent (56.3%) among those who recalled the campaign tested for HIV within the last 6 months compared with 42.9% among those who did not recall it (p = 0.002). Those who recalled the campaign were also more likely to choose the rapid HIV test as the most effective test for them (see Table 2), while no statistical difference was noted for the NAAT test/Early test preference between those who recalled seeing the campaign and those who did not.

Table 1: Knowledge by Exposure

Statement	Recalled	Did not recalled	Pvalue
Early test can detect HIV 10 days after Infection	64.3%	47.5%	.000
Rapid HIV test shows results in minutes	73.5%	65.5%	.002
Window period is at least 3 weeks for rapid test	41.7%	34.3%	.004
Early test looks at HIV Virus (not antibodies)	49.8%	34.4%	.000

Table 2: Test preference by exposure

Test	Recalled	Did not recalled	Pvalue
Regular HIV Test	28.0%	28.1%	.988
Rapid HIV Test	42.5%	34.2%	.045
Early HIV Test	19.2%	21.7%	.474
Home HIV Test	8.2%	14.3%	.032

## Conclusions

This evaluation has shown that the “What are you waiting for?” campaign achieved a measurable exposure in the community; one in three men were aware of the campaign’s existence. Other campaigns in Vancouver, evaluated with similar methods have achieved as much as 60% (Trussler and Marchand, 2005). It seems that this campaign did not generate much word-of-mouth among gay men; the majority who recalled it had not discussed the message with anyone. Word-of-mouth is known to be particularly critical in moving the adoption of new technologies amongst peer networks according to diffusion of innovation theory (Haider and Kreps, 2004). In that sense, future campaigns might benefit from a more provocative message and imagery to increase reactive talk among possible adopters. Such a strategy could potentially also increase its recall.

While 49% who saw the campaign got the “get tested” message, relatively few understood the campaign’s main message promoting a new HIV test or technology. Nevertheless, respondents who recalled the campaign demonstrated more knowledge of the new HIV testing technologies than those who had not, suggesting that community awareness was raised.

The campaign did not appear to persuade individuals to adopt the NAAT test as their preferred test, but did slightly increase the number of men who see the point-of-care test as preferable technology. One hypothesis is that the relative advantage of the point-of-care test to offer results within minutes may hold more currency for gay men in comparison to a test with a shorter window period and a one week wait for results.

The stronger inclination of gay men towards point-of-care testing in comparison to NAAT may perhaps be explained in terms of its observable difference. Diffusion of innovation theory suggests that observable innovation advantages increase the chance of adoptions (Bertrand, 2004). Because the benefits of NAAT are less tangible for gay men its adoption may be challenged by its inherent complexity. To understand the advantages of NAAT test, gay men must possess a greater understanding of the nature of the different tests (antibodies and virus), but also of window periods.

The evaluation had some limitations. Although we attempted to recruit a diverse sample of gay men by using various recruitment strategies, our convenience sample may not be representative of this population and the results may not be fully generalized. The evaluation used a cross-sectional design. Therefore the results can only report association and cause-effect relationships cannot be inferred.

Overall, the results from the evaluation suggest that the campaign was effective in starting a process of increasing knowledge of new HIV testing options in Vancouver's gay community. Future communication campaigns would benefit by a more explicit appeal to advantages from the point of view of ordinary gay men. The advantages of Point of Care testing with results in minutes are obvious. The challenge for future campaigns promoting NAAT testing would be to translate its population level advantages to an individual benefit that can be easily observed.

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