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# Mobile testing to increase HIV-testing uptake in rural Alabama: a pilot implementation project (MOBILISE)

3<sup>rd</sup> National Ending the HIV Epidemic  
Partnerships for Research Meeting

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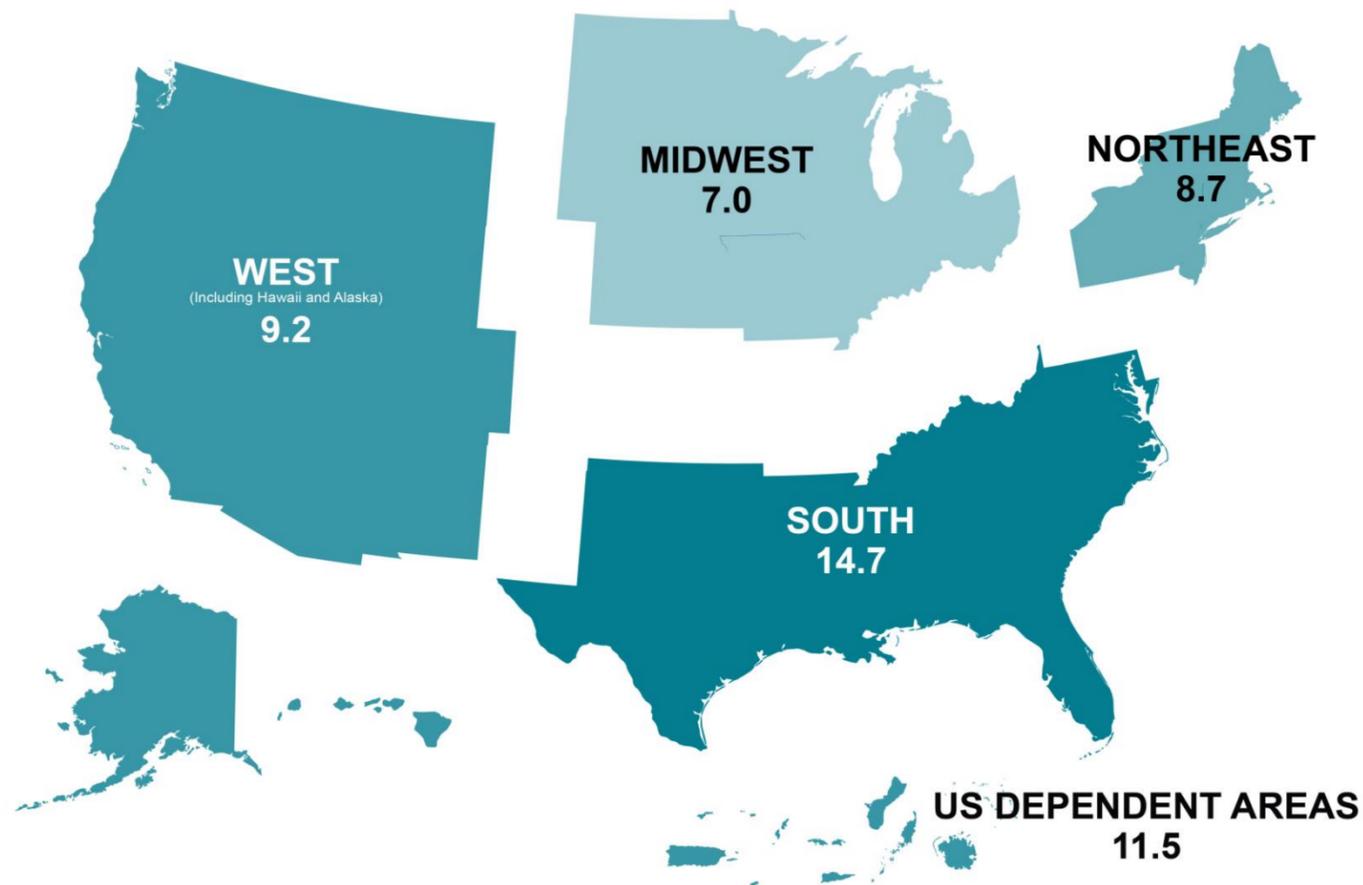
# Disclosures

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- None

# Southern, rural states are a focus of the U.S. plan to End the HIV Epidemic (EHE)

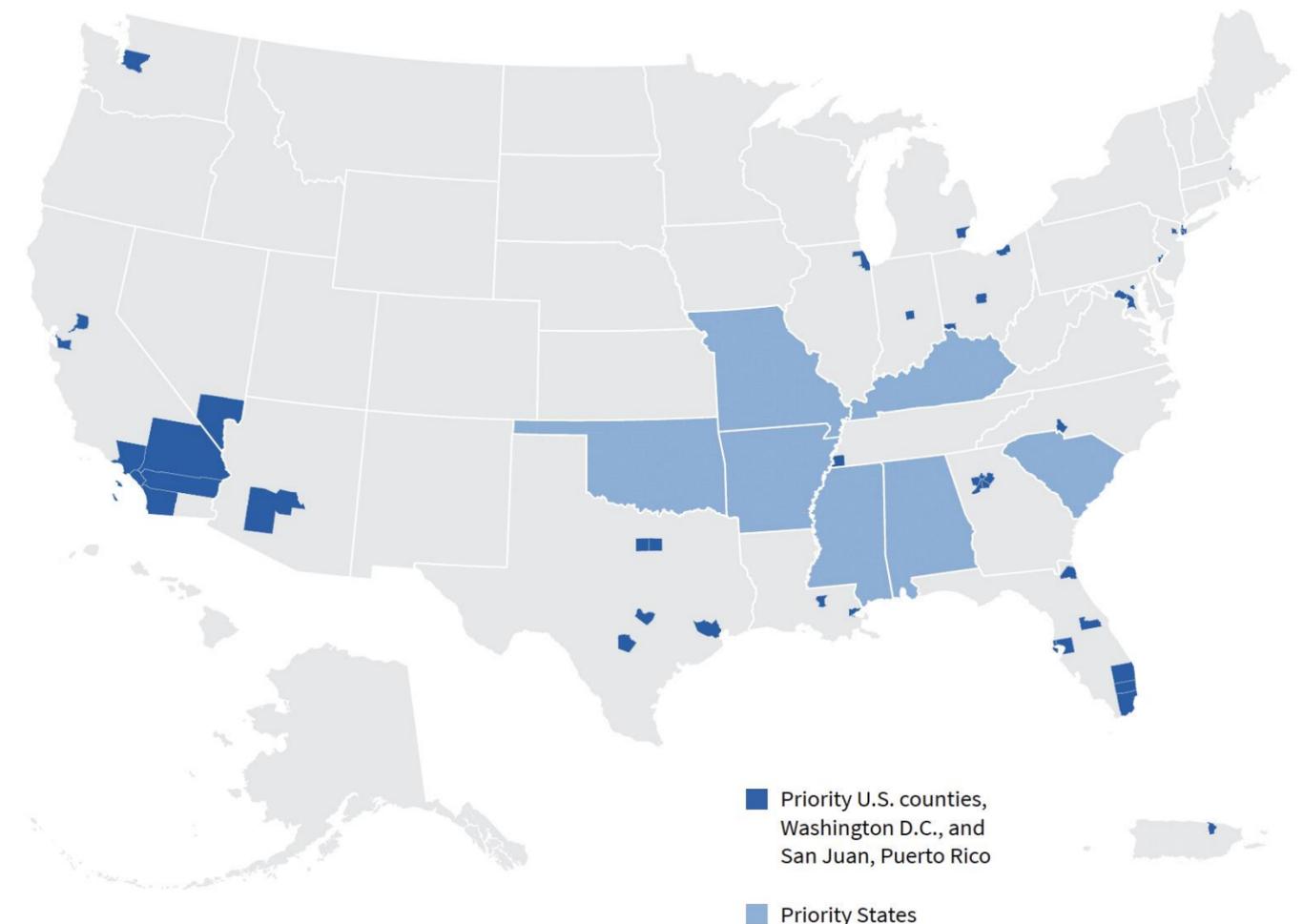
## Rate of New HIV Diagnoses in the Us and Dependent Areas by Region, 2021\*†



\* Rates are per 100,000 people.  
† Among adults adults, adolescents, and children under the age of 13.

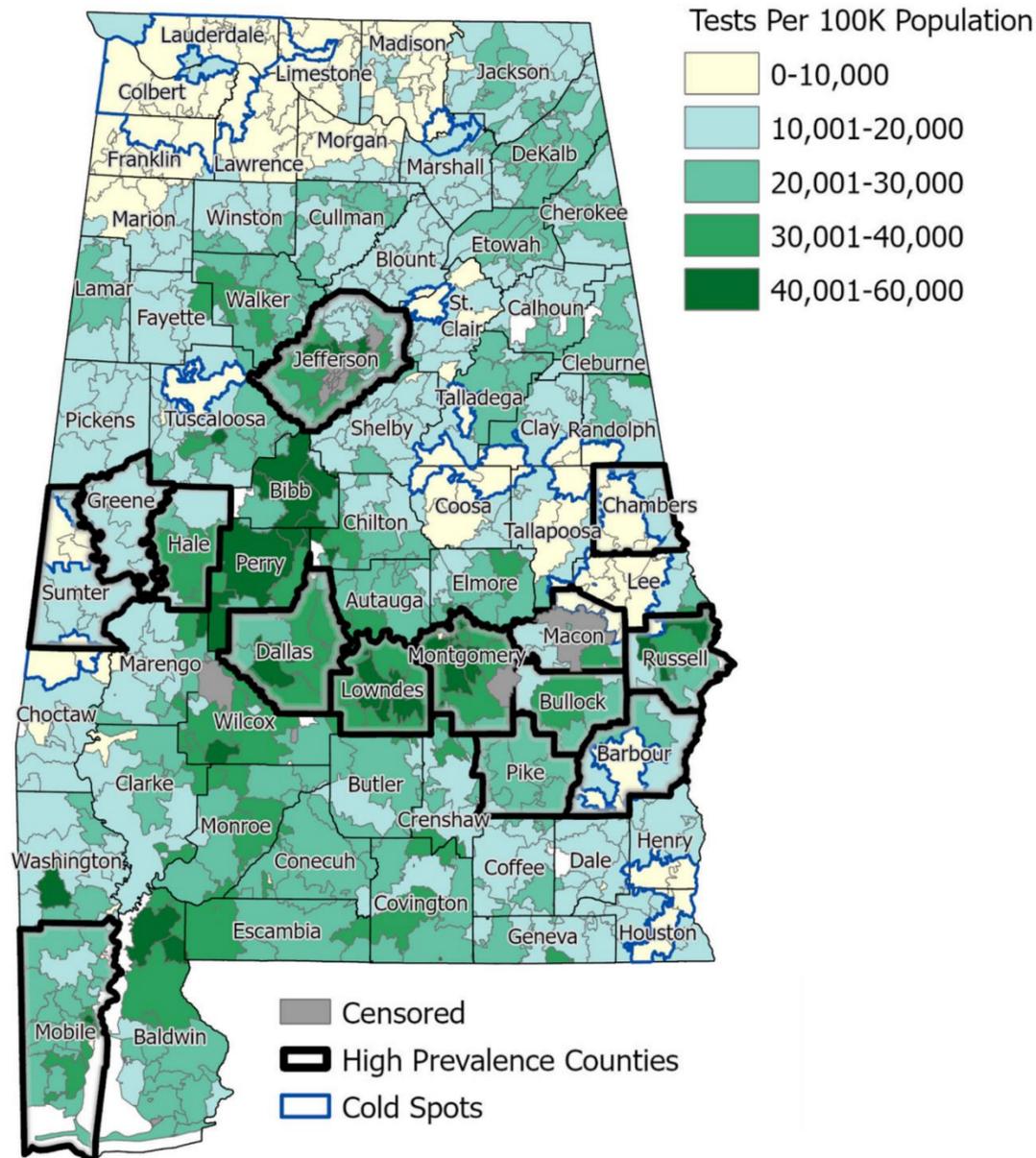
Source: CDC. Diagnoses of HIV Infection in the United States and dependent areas, 2021. *HIV Surveillance Report* 2023;34.

## EHE Priority Counties and States

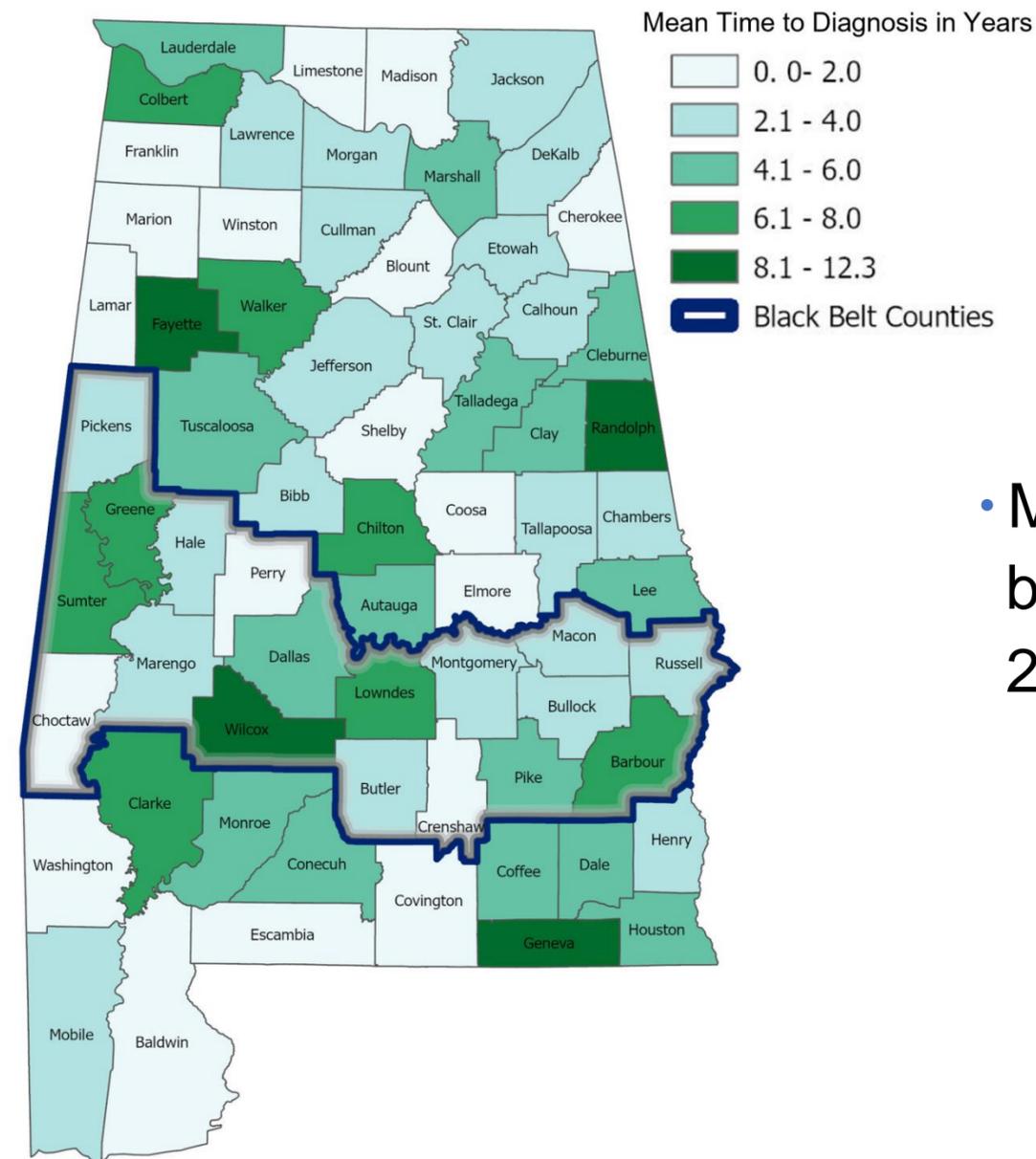


# HIV testing gaps in Alabama: 37% ever-tested for HIV

Tests per 100K population, by ZCTA, Alabama (2013-2017)



Mean years to HIV diagnosis, by County, Alabama (EHARS 2013-2017)



- Modelling time to diagnosis based on CD4 count (Song 2017 JAIDS)
- 3.7 (IQR 0-9.2) years across Alabama

Pitasi, *CDC MMWR*. 2019, Matthews, *OFID*. 2023

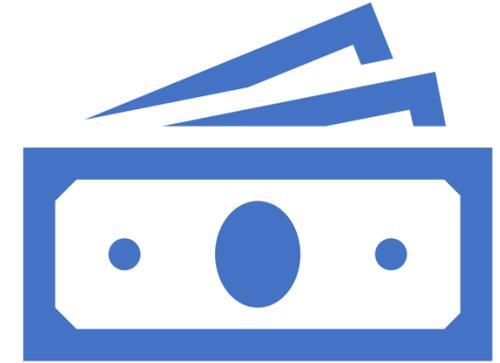
# Rural U.S. challenges accessing testing overlap with challenges in global settings



**Transportation  
needs**



**Provider discrimination  
and stigma**



**Financial  
constraints**



**Sparse, over-taxed clinics**



**Confidentiality concerns**

# Mobile HIV counseling and testing increases testing coverage

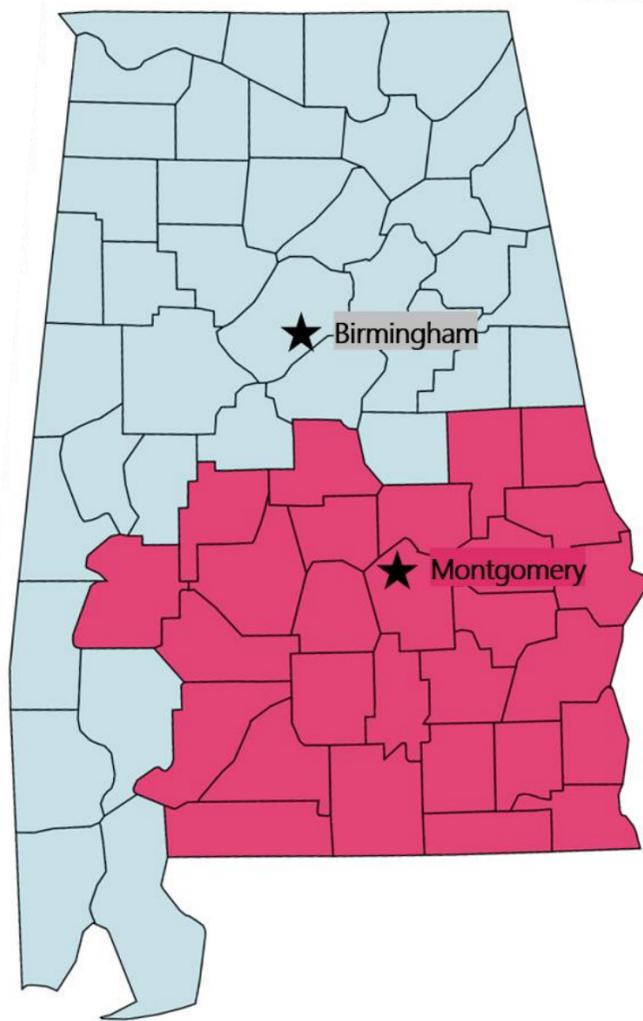
- WHO review, meta-analysis of community testing
  - Mobile HCT uptake 87%
  - Earlier Diagnoses
  - **Increased HCT coverage (RR 7.07) with a trend towards reduced HIV incidence.**
- Increased testing availability
- Reduced facility-associated stigmas
- Reach “hot spots”
- **Little is known about mobile testing in rural America.**



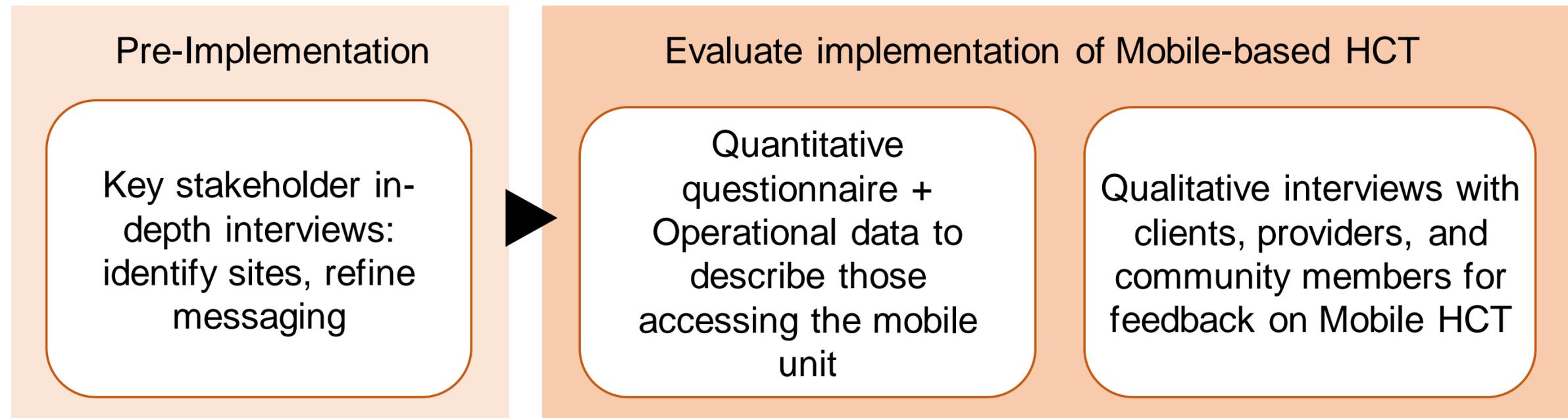
From AIDS Healthcare Foundation, South Africa.

Suthar *et al.* PLoS Med, 2013, Schafer *et al.* JAIDS, 2017

# Mobile Testing to increase HIV-testing Uptake in rural Alabama: A Pilot Implementation Project



Five Horizons Southern Region



Conceptual and implementation frameworks:  
Levesque model for healthcare access (Levesque *et al.* Int J Equity Health, 2013) and RE-AIM (Glasgow *et al.* Am J Public Health, 1999)

Funding: Ending the HIV Epidemic Supplement to UAB CFAR NIAD P30AI027767 (PI Heffron, PD Matthews)

# Pre-implementation Findings

## Opportunities for Linking Clients to Rapid ART / PrEP

- On-site intake
- Telehealth support
- On-site PrEP prescription

## Methods for Refining Key Stigma Reducing Messages

- Integrate HIV testing with other screenings
- Social media campaigns
- Emphasis on possibility of good quality of life when living with HIV

## Community Champions

- Church leaders
- Beauticians/Barbers
- Sororities/Fraternities
- Teachers
- Politicians
- Healthcare providers
- Activists



# Methods

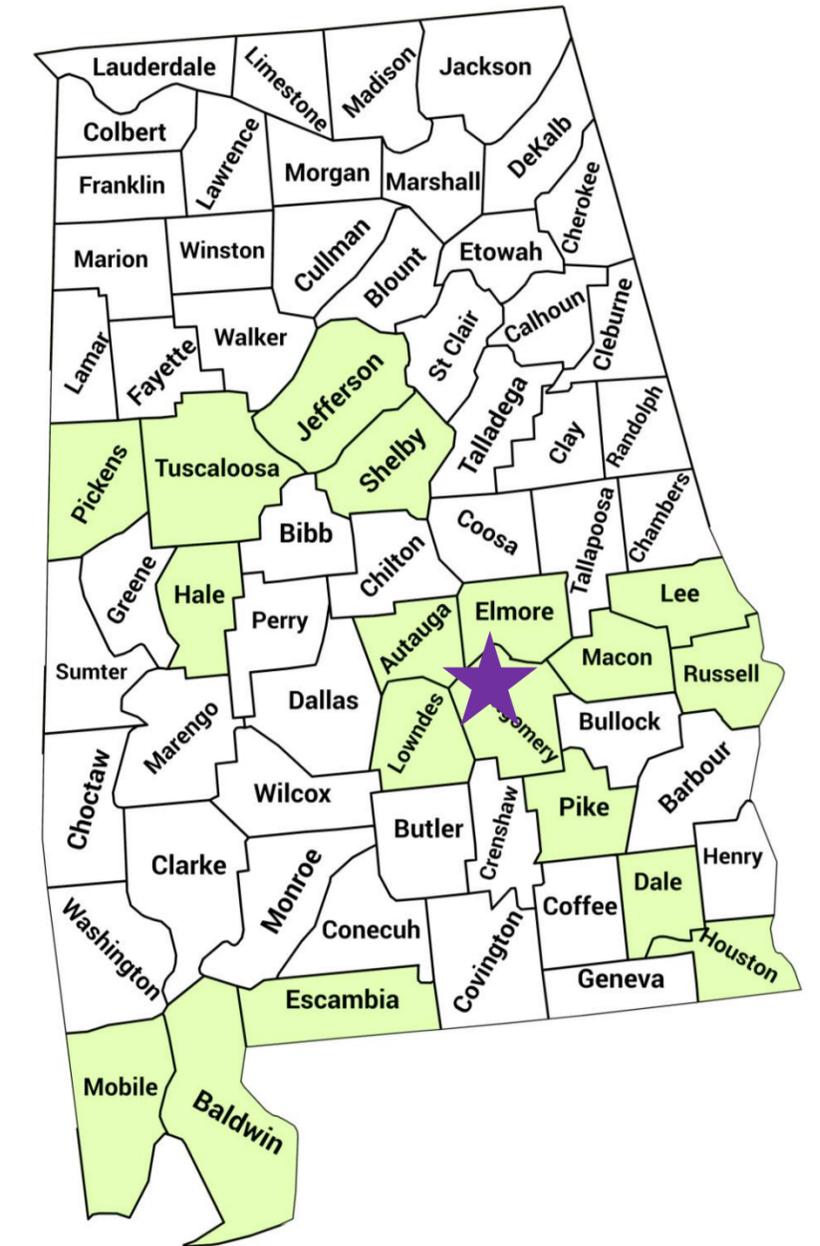
## Challenges & Adjustments

- Delays in deployment of mobile testing unit(s)
  - Procurement, Procedures, Personnel, Protocols
- Leadership changes and challenges at partner site
  - Community buy-in during transitions
- Shifted strategy to explore experiences with any form of outreach testing/care that occurred outside of the clinic.
- Length of survey was difficult for some people to commit the time to complete
- Recruiting for and conducting in-depth interviews remotely limits engagement of new participants



# Demographics, N=181

	N (%) or Mean (SD)	
<b>Age</b>	36.6 (11.4)	
<b>Gender</b>		
Cis-women	148 (78%)	
Cis-men	35 (19%)	
Gender diverse	6 (3%)	
<b>Race</b>		
Black or African American	173 (92%)	
White	11 (6%)	
<b>Counties represented</b>	18	
<b>HIV serostatus negative</b>	179 (95%)	
<b>HIV risk perception low</b>	128 (72%)	
<b>HIV stigma <sup>1</sup></b>	3.5 (0.9)	Score range 0-5 Higher score, greater perceived community stigma.
<b>Barriers to care score <sup>2</sup></b>	2.5 (1.3)	Score range 0-6 Higher score, more barriers to care.
<b>Medical mistrust <sup>3</sup></b>	27.2 (5.9)	Score range 10-50 Higher scores, greater levels of mistrust.
<b>Social support <sup>4</sup></b>	61.1 (22.6)	Score range 0 and 100 Higher scores, more frequent availability of support.



Counties of residence reported by participants

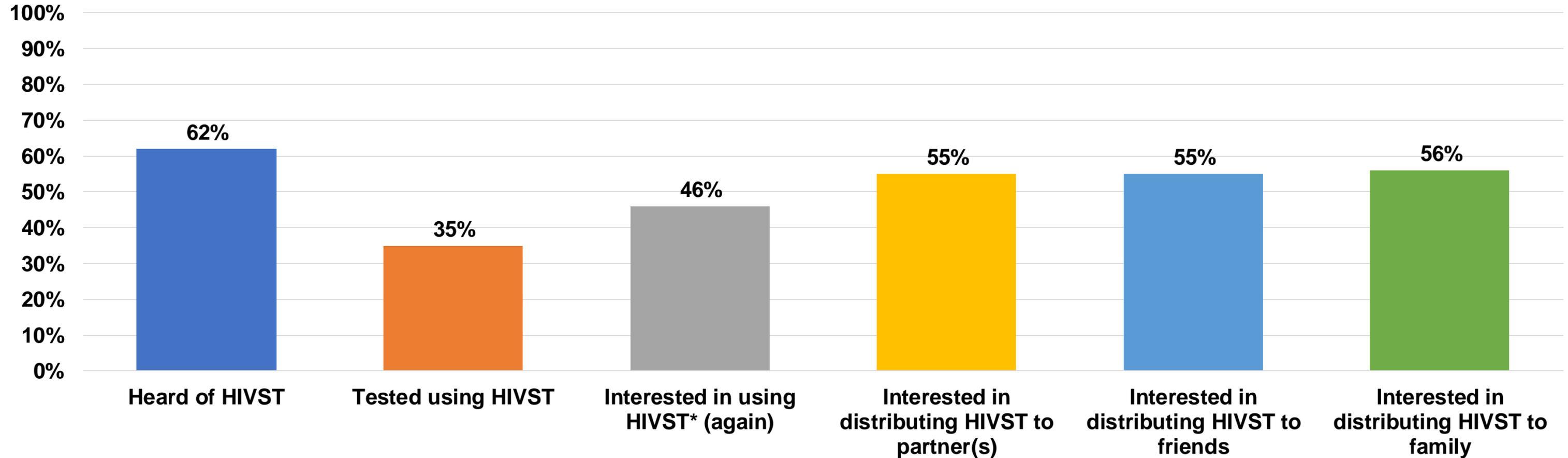
# Acceptability of Mobile-based HIV testing

	N (%) or Mean (SD)
Ever accessed mobile-based HCT	41 (22%)
Acceptability	3.9 (0.9)
Feasibility	4.0 (0.9)
Appropriateness	4.0 (0.9)

Score range 0-5  
Higher scores  
indicates greater levels  
of acceptability,  
feasibility,  
appropriateness.

People with more social support, higher perceived HIV risk, more barriers to care were less likely to rate mobile based HCT favorably in unadjusted models.

# Interest in HIV-self testing (HIVST)



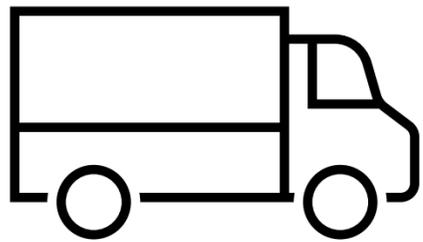
More perceived HIV risk, less likely to be interested in HIVST in unadjusted models.

- \*Top listed reasons for not wanting to pursue:
- Prefer to be with testing counselor (27%)
  - I have questions (5%)
  - Test may be difficult to use (2%)

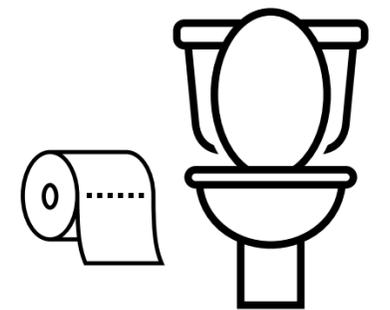
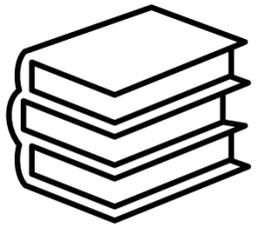
# Summary

- Clients across a rural EHE state are interested in non-facility-based testing: opportunities to reach people who are not accessing facility-based care
- HIVST is an option for many, requires clear avenues to link to a counselor and follow-up care
- 78% of survey participants were women
  - Successfully reaching women who are often left out of HIV prevention
  - Need to also reach men
- Implementation of mobile testing requires clear protocols and procedures to procure, maintain, secure, staff, and manage the unit. Steep learning curve.
- Resilience and creativity of ASO/CBO leadership in Alabama; passion for the work

# Subsequent activities



- One MGM Project
  - Work focused on Montgomery and surrounding counties to rebuild trust, build partnerships, mobile-based community outreach.
- Reaching broader populations through new partnerships
  - e.g., People experiencing homelessness, local library partnership, open-mic night
- Planning for maintenance and upkeep of the van, upgrade the mobile unit to include bathroom facilities – important especially if integrating STI testing, PrEP care, and reaching more rural spaces.



# Subsequent activities



- COAST-AL Study

- A type 2 hybrid effectiveness-implementation trial to evaluate a population health combination intervention to meet HIV testing, linkage, and viral suppression goals in coastal Alabama (COAST-AL). R01-AI69671, MPI Rana, Matthews
- One of three interventions is data informed testing outreach to expand testing reach

## Round table on mobile-based testing strategies

UAB CFAR SUPPLEMENT

# MOBILISE

WHO?	WHAT?	WHERE?
HIV/STI mobile testing and outreach teams in Alabama	An event to discuss mobile testing experiences, successes, & challenges	Five Horizons' Montgomery Learning Center 2530 Fisk Road Montgomery, AL 36111

**Lunch provided!**

A white mobile testing van is shown from a side profile. It has a red ribbon logo on the back and the text "FREE Testing!" on the side. The van's side door is open, revealing a blue interior.

# Acknowledgements



**UAB CFAR**  
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SINCE 1988

## UAB Co-Investigators



**Dustin Long**



**Ariann Nassel**



**Sonya Heath**



**Mirjam-Colette Kempf**



**Emily Levitan**

## Community Partners (Formerly MAO)



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**Ashley Tarrant**  
Former Chief Operations  
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Chief Executive Officer



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