

TakeMeHome Program Description

Building Healthy Online Communities (BHOC), in partnership with Emory University and NASTAD, has developed TakeMeHome, a National Home Testing program, for state and local health departments to offer confidential HIV and STD testing and have them delivered, securely and discreetly, directly to their constituents.

During our pilot phase, which began on March 31, 2020, TakeMeHome will target MSM who use dating apps. However, we anticipate that this program will be expanded to target other populations in the future.

The 2019 American Men's Internet Survey found that 22% of MSM who use dating apps reported that they had never tested for HIV.

There is significant customer demand for home tests among MSM who use dating apps: 77% of survey respondents wanted the apps to add this feature. Easy access to home tests was even more popular (83%) among those who had never tested.

Home testing is not meant to replace clinic-based testing. However, to reach individuals who are not testing consistently (or at all), and may not be accessing current testing options, home testing is a very effective way to reach those who aren't getting tested.

To make mailed HIV testing most efficient for public health, we created the following strategy:

1) Centralized system for HIV test kit ordering and distribution

We have developed a centralized HIV test kit-ordering and fulfillment system based on programs already being implemented by Emory and collaborating public health agencies. Public health agencies who opt in to using the system can choose the type and numbers of mailed tests, the duration of their participation, and the eligible populations they would like to target. Through this system, public health agencies can purchase kits via their NASTAD membership and can request increases to their purchases as needed. (Expansion to non-NASTAD members is now available.) They can also customize content on the platform to align with their own campaigns and information about their prevention and care resources and incorporate that information into the delivery system.

2) Testing options

For now, users will be sent an HIV oral rapid in-home test, with detailed instructions and information about confirmatory testing as well as HIV and STI prevention and care resources. In Fall 2020, we will expand the options to include STI testing swabs and dried blood spots, which users can send to a laboratory in the postage-paid return packet that will be provided.

3) Promotion

New jurisdictions will get a minimum of 2 messages per month for the first 4 months of participation. Dating apps will promote TakeMeHome through messaging and advertisements. Users of dating apps, like Grindr, can order by clicking on a link embedded within HIV-related content of their apps. Public health agencies can also include the ordering links in their other health promotion materials.

4) Results delivery

For now, users will get their results at home using an OraQuick self-administered swab. In the near future, we will also offer laboratory testing.

When STI testing is available and users select it, they will be able to access results of laboratory-based testing of self-collected specimens using a secure, self-service results portal. Users with positive test results will be sent links to geo-targeted testing and care services. All users will receive basic information about STI testing, PrEP, condoms, and U=U. Public health organizations may also choose to include specific information about services in their area. All positive results for tests with required reporting will be automatically reported to the health department. Public health agencies will have a secure self-serve data dashboard and may access all information on kit ordering, fulfillment and results.

Costs of participation:

The cost is calculated based on the number of tests purchased. This cost includes promotion through the apps test kits, delivery/fulfillment, program administration fees, and participant survey data. Health departments may also choose to do their own additional promotion. The current cost is \$46 per kit, so if a jurisdiction aims to send out 100 kits, they should plan to budget \$4600. We continue to work with manufacturers to get the cost reduced.

To participate in TakeMeHome, or if you have further questions, or wish to speak to a jurisdiction that is participating in TakeMeHome, please send an email to Jen Hecht at jhecht@sfaf.org or [sign up here](#).

Frequently Asked Questions:

Who are these tests targeting?

In its initial stage, TakeMeHome will focus on the 30% of all MSM who haven't tested for HIV in at least one year (based on CDC estimates).

We are looking to expand our target populations once the program is fully operational.

Have home test programs been tried before? What's the evidence that it works?

Virginia, Arizona, and New York City have piloted the delivery of home test kits and have found that this process enabled them to reach individuals who hadn't tested recently. In some cases, they have succeeded in reaching a higher positivity rate than traditional testing strategies.

- New York City: 28% of testers hadn't tested in the previous year and 14% hadn't ever tested. They reported a positivity rate of 0.3%
- Virginia: 29% of testers hadn't tested in the previous year and 21% hadn't ever tested; They reported a positivity rate of 1.3%; **88% of new positives were linked to care within 30 days.**
- Arizona reported a positivity rate of 1.2%.

For more information about home testing from the CDC, including study results from other home testing programs, go to: <https://www.cdc.gov/hiv/testing/self-testing.html>.

One of our main partners, Emory University, conducted a [study](#) in which they were able to find a high proportion of infections among an MSM social network using internet recruitment and self-testing using dried blood spots.

What happens with linkage to care and support for individuals who test positive?

Individuals will get information in their test kits about what to do in the case of a positive result. This will include how to obtain a confirmatory test at a local clinic, and the number of OraSure's hotline if needed. (Some states or jurisdictions may already have or want to create a hotline for this purpose.)

Following a preliminary positive result at home, when an individual comes in for confirmatory testing, they will be known to the jurisdiction's HIV care and surveillance systems.

Once dried blood spot testing is implemented, users can access their results through a client portal. The health department will also receive positive results through a secure file.

What happens to those who are not eligible?

If a user is ineligible, either because he does not live in a participating jurisdiction or because he has been tested within the past 12 months, TakeMeHome will link them to gettested.cdc.gov to find test sites near them. The site also has information regarding prevention strategies.

What data will be made available to participating health departments?

We will make the following data available:

- # of people from each jurisdiction who visited to the TakeMeHome website
- Client-level detail for each kit sent out, including:
 - Name
 - Mailing address, including zip code
 - Email
 - # of kits ordered
 - Age
 - Sex at Birth
 - Time since last HIV test
- # of kits sent out
- Follow-up client surveys include the following
 - Race/ethnicity
 - Gender identity
 - Number of anal and/or vaginal sex partners
 - Transmission category
 - Where their most recent HIV test was
 - Whether they took the test
 - Test result information
 - Linkage information
 - Access to PrEP information
 - Access to STI testing information
 - Feedback about their experience

We are currently building into the system additional metrics, including:

- # of ad impressions, clicks, and click-through rates
- Cost-per-click
- # of views of those sites provided to users and average session durations
- # of people who start to fill out the eligibility survey
- # determined to be eligible, by jurisdiction
- # STI or HIV DBS results returned for lab-based testing
 - % of lab-based testing samples returned properly
- positivity rate (# new cases identified), by jurisdiction
 - linkage to care among new positives
- # of people who complete the post-test survey
- completion rate for post-test survey

Can I also include STIs?

STI screening will be added in Fall 2020.

How are data protected?

We have worked closely with our Compliance Officer, IT, and legal teams to ensure the highest quality data security and compliance with HIPAA guidelines. Our lab testing partner, Molecular Testing Labs (MTL), has a secure lab portal for STI results (when this feature becomes available) and they ensure HIPAA protections are in place for all of their services. We have a signed Business Associate Agreement (BAA) in place with MTL that covers all participating jurisdictions. Each participating jurisdiction will be sent a copy of this BAA.

Can an individual order more than one test?

Yes, during our pilot phase, jurisdictions can opt between allowing participants to order just one test for themselves or one for themselves and one for a partner. In the future, we are open to expanding this more widely, based on requests from jurisdictions. [Evidence](#) has pointed to increased positivity rates among individuals who give test kits to their partners and peers.

Can this be paid out of our PS18-1802 HIV grant for the funding?

You can use PS18-1802 funds or other funds for this program. Payment is made through NASTAD.

For more information, visit our [webpage](#).

[Learn more about BHOC](#)