

Passport to Wellness

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Black men who have sex with men (BMSM) have the highest rates of HIV in Los Angeles County, California. There is compelling evidence that this health disparity is related to social, structural and cultural factors that interfere with their accessing early diagnosis and treatment for HIV and other sexually transmitted diseases. The proposed research study will focus on BMSM who have not tested in over a year and implement an innovative, culturally-informed, peer-based, and client-centered approach that is designed to increase their awareness of their HIV status and their timely entry into prevention, care, and treatment services. The research design compares the effect of an incentives-only approach to one that uses incentives, along with the involvement of peer mentors to support timely entry into prevention, care and treatment. The intervention is focused around a customized plan to address prevention goals and barriers to HIV prevention, testing and care through referrals for culturally appropriate social and medical services. The customized plan will be provided to each participant in the form of a “passport” that is incentivized through the provision of gift card dollars for accessing designated services. Intervention group participants are also each linked to a trained Peer Mentor who provides support that is designed to increase participants’ readiness to obtain services and reach risk- reduction goals. Opportunities for social support are further enhanced for intervention members by free access to group social and educational outings in supportive, culturally matched settings.

After a one-year development phase, during which the study team will refine the intervention, collect information and test the hypotheses on a small scale, 180 men will be recruited and enrolled during years 2 and 3 into a study that compare those who are assigned by chance to either the peer- supported or the non-peer supported Passport to Wellness intervention. It is expected that both groups of participants will report improvements in service utilization and prevention behaviors. However, significantly greater improvements are expected in the peer-supported intervention group. By successfully engaging peers in addressing HIV risks and working to reduce barriers that impede HIV testing and linkage in HIV negative and unaware status BMSM, this study will contribute to the use of cost-effective and impactful peer interventions.