What's the Best Way to Recruit Black Men With HIV Into Studies?

Recruiting gay and bisexual Black men living with HIV into clinical trials may be as easy as walking into a clinic.

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People who are seldom included in HIV clinical research sometimes say, "We're not hard to reach—we're hardly reached." Now, a new analysis published in the Journal of the International AIDS Society shows that many of the people researchers are looking for—particularly Black men living with HIV who have a detectable viral load—may be just under their nose.

In this cross-sectional analysis, Chris Breyrer, MD, of Johns Hopkins Bloomberg School of Public Health, and colleagues evaluated recruitment into the HPTN 078 trial, which was designed to better identify and re-engage gay and bisexual men with HIV in care. It's an important concern, since lack of engagement in care is associated with a higher viral load and worse health. HPTN 078 has already reported some findings on the best ways to do this.

Initially, in 2019, the researchers' success in finding participants was linked to their recruitment approach, called respondent driven sampling (RDS)—an approach that essentially asks ethnically diverse participants with large social networks to invite others to enroll in the trial. But in this new cross-sectional analysis of the larger study, that approach appeared insufficient.

So seven months in to the trial, in October 2016, the researchers changed course and began reaching out to people using a different approach—so-called direct recruitment (DR). With the guidance of a community advisory board, they started to reach out to people directly, recruiting men outside of gay clubs, in partnership with community groups and support groups, at HIV testing sites and clinics and via ads on apps like Facebook and Grindr.

In total, 1,305 men who have sex with men (MSM) were recruited for the study in Atlanta, Baltimore, Birmingham and Boston. More than 700 of them came into the trial via RDS and the other 584 came through direct recruitment. Most, 69%, were living with HIV, and 18% had a detectable viral load, defined as 1,000 copies or more. More than one in 10 participants were Latino, 68% were Black and 19% were white.

When the researchers compared the participants recruited via social networks and those recruited directly, they saw that direct recruitment yielded connections with many more people living with

HIV (84% in the direct recruitment arm versus 58% recruited via social networks). And while there were similar numbers of people with a detectable viral load in both arms, the absolute proportion was higher among those recruited through direct recruitment (20%) compared with RDS (15%).

Direct recruiting also yielded more Black participants than RDS (75% versus 72%)—a statistically significant difference. Going directly to communities also yielded more participants without a high school diploma (17% versus 13%).

"Study findings indicate that although RDS can be successful in identifying MSM living with HIV across diverse settings, RDS did not appear to be more efficient than DR in identifying MSM living with HIV wo were not virally suppressed," the researchers wrote.

They added that it was going into clinics, not outside of them, that really made a difference.

"Although researchers may search outside of a clinical setting to find MSM with unsuppressed viral loads based on the assumption that these MSM are not engaged in care, we primarily found MSM who were engaged in some form of HIV care but were still not virally suppressed," the authors wrote. "This is a lesson to consider MSM who are in varying stages of the HIV care continuum when searching for those with unsuppressed viral loads."

Click here to read the full study.

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