

The FACT Study: Using Unique Testing Codes as a Tool for Program Characterization and Evaluation

Background

Successful prevention planning and evaluation depends on meaningful data collection and utilization. The Focused Assessment of Counseling and Testing (FACT) Study was designed to improve the epidemiological usefulness of the HIV Counseling and Testing System (CTS) database. FACT explored methods to determine the number of persons tested rather than the tests performed, monitor testing patterns by frequency and location and describe one-time and repeat testers. FACT was conducted to better characterize people who use publicly funded counseling and testing, provide additional program evaluation tools and to observe incident infections (seroconversions). To achieve these goals a Texas Unique Testing Code (UTC) was developed for clients who test at publicly funded HIV prevention counseling and testing sites in the state of Texas. The UTC allows analysis by the number of people tested rather than the number of tests.

[FACT/UTC PowerPoint](#) presentation including data and results can be found here.

Methods and the UTC

The FACT Study used non-identifying personal information to construct a Unique Testing Code (UTC).

[Description of Benefits and Uses of the UTC](#)

[Creation of the Texas UTC](#)

[UTC Training PowerPoint](#) presentation

Data was collected on site by counselors during the initial counseling session and recorded on the State's HIV Counseling and Testing form. The UTC included the date of birth, race and gender codes, and numerical versions of the first letter of the first name and the last two letters of the last name (maiden name for women). FACT tested and evaluated the performance of the UTC at several test sites. Collection of the components of the UTC was instituted in 1999 for all Texas publicly funded HIV Counseling and Testing programs, in both anonymous and confidential testing.

The Texas CTS database includes self reported risk behavior, demographic, counseling and referral information, and HIV test results for each test session. The UTC is used to unduplicate these test sessions -- to determine how many people were served and how often. Repeat testers are compared with one-time testers on a diverse group of factors including gender, race/ethnicity, age, risk behaviors, testing settings and geographical location.

Summary Data from 1999

The analysis presented here includes data from calendar year 1999.

In 1999, 108,257 HIV tests were performed at publicly funded sites across Texas (excluding the City of Houston) and 70% of those test records included components to create complete UTCs.

In a total of 75,662 testing episodes, FACT found:

- Of 5,934 repeat tests, 89% tested twice, 9% tested three times and 2% tested four or more times.
- Males were more likely to test (54%) than females (46%).
- **Males were even more likely to be repeat testers (59%)** than females (41%).
- **Repeat testers as a whole were no more likely to be HIV positive** than one-time testers; each at 1%.
- Among repeat testers, 16 conversions to HIV seropositivity were observed.

Conclusion

In order to enhance the capacity of HIV prevention contractors to incorporate and utilize behavioral data, concerns and barriers must be addressed in any intervention. Analysis of data from both the questionnaires and the interviews support that the intervention strategies developed by the University of Texas Southwestern Medical Center and the Texas Department of Health should achieve this goal.

Participants in the FACT study include: Douglas Shehan, Eleni Digenis-Bury, Michael Kazda, Bradley Lengyel, Joseph Rush, Laila Ameer Ali and Anne Freeman.

Contact Information

For more information, please contact: Douglas Shehan, Research Scientist at Douglas.Shehan@utsouthwestern.edu or Charu Sharma at Charu.Sharma@utsouthwestern.edu