Test@Work: Implementation and evaluation of a multi-component workplace HIV testing intervention at construction workplaces in the UK

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Test@Work

Voluntary HIV testing is rarely offered in UK workplaces but could help to normalise HIV testing across the population. **Test@Work** was a multi-component workplace health intervention implemented at 16 construction sites in the UK (21 events, 10 companies).

It included (1) **an online toolkit** for managers on workplace health and HIV awareness, (2) **general health checks** for workers which included body composition, blood pressure, mental health screen, voluntary HIV consultation and testing (using 4th generation Alere Determine™ HIV-1/2 test kits) with tailored advice and health signposting; (c) **10-week follow-up text messaging intervention** on HIV awareness.

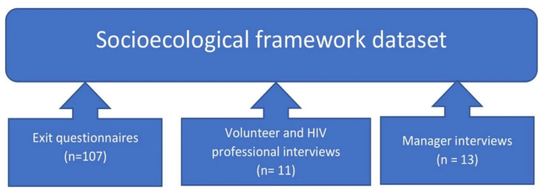
METHODS

Digital components:
The online toolkit was developed using 4-stage Agile methodology involving (a) online survey, (b) stakeholder consultation, (c) expert peer review, and (d) pilot testing to establish intervention fidelity. The text messaging intervention was developed using participatory design principles with message content informed by the COM-B model of behaviour change.

Implementation evaluation of Test@Work health checks:
Mixed-methods data were collected through registration and exit questionnaires with construction workers (n = 426), delivery partners (n=107) and site managers (n=15). Post-event qualitative interviews were conducted with workers (n=338, 79%), managers (n=13) and delivery partners (n=11).

The RE-AIM Framework was used for planning, Implementation and evaluation of Test@Work.

The Socioecological Framework informed thematic analysis



How the datasets were combined for use with the socio-ecological framework

RESULTS

Reach: 426 workers had health checks. Participants were broadly representative of the UK construction workforce.

Effectiveness: 97% of health check participants opted to have a consultation about sexual health (n=413) and 82% had an HIV test (n=348), of whom 78% had not previously been tested. All HIV tests were non-reactive. HIV testing at work was considered acceptable by most participants. Peer-to-peer encouragement, convenience, and rapid results maximised uptake. Participants learned new things about their health (74%), said they would make changes as a result (70%) and felt confident of success (median score 8/10).

Adoption: Recruitment of companies was challenging and time consuming. Seven companies were very large, employing >1000 workers, which is atypical of construction generally.

Implementation: All events were completed as planned and were considered successful by all parties. HIV professionals valued the opportunity to reach an untested population, many of whom had a poor understanding of their exposure to HIV (e.g., via needle stick injuries, condomless sexual behaviours). Managers valued the opportunity to offer workplace health checks to employees but some identified challenges with event planning, or provision of private facilities.

Maintenance: All managers would arrange further events if they were offered. Six managers incorporated sexual health awareness into their health programmes, but this was not possible when health agendas were set centrally by overarching organisations.

Digital components: Employers perceived the Test@Work toolkit to be useful, meaningful and appropriate for their needs (high fidelity and good implementation qualities). Text messages had high uptake (n=291 workers, 7726 messages), good engagement, and 1 in 5 (21.6%) workers reported attending a follow-up HIV test.

CONCLUSIONS

Opt-in HIV testing and consultation, when embedded within a general workplace health check, has high uptake and acceptability in the UK construction sector and reaches individuals exposed to HIV risk factors who may not otherwise attend for testing. Test@Work helped to normalise testing through workplace settings, encourage testing uptake, and reduce HIV-related stigma. This approach is highly acceptable to the workforce and managers in the construction industry. Delivery of health checks in the workplace setting removes barriers to healthcare access.

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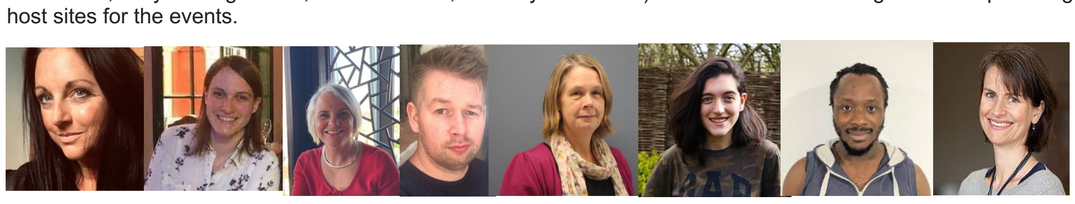

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