Current clinical research related to the health of ethnic minority populations is essential to eliminate health disparities. Readers of *Ethnicity & Disease* may be interested in the progress and results of the following clinical trials. These trials describe only some of the research performed in ethnic minority health; other current trials may be found at www.clinicaltrials.gov. The information below was accurate at press time; the study researchers should be contacted for more information.

### IMPLEMENTING TOBACCO USE TREATMENT GUIDELINES IN DENTAL PUBLIC HEALTH CLINICS

Sponsored by the New York University School of Medicine

System-level strategies for implementing tobacco use treatment guidelines exist but are insufficiently put into practice, particularly in dental care settings. Closing the gap between research and practice is stymied by the limited research on systems changes necessary to implement tobacco treatment in routine dental care. Drawing from a burgeoning dissemination science literature, the proposed study compares the cumulative benefit of the following 3 systems-level strategies: 1) staff training and clinical reminders, 2) provider feedback, and 3) pay-for-performance (financial incentives). The primary outcome is improvement in provider delivery of tobacco cessation treatment. The secondary outcome is postintervention patient-reported quit rates. The study will also examine implementation processes to assess the degree to which the interventions are integrated into practice as intended and to clarify the mechanisms through which the intervention influences provider behavior.

Inclusion criteria: selection of performance sites is guided by our desire to ensure that our findings would be generalizable to real-world dental health care settings serving diverse populations of smokers; site randomization will be conducted by the random permuted block method.

Exclusion criteria: pediatric dental clinics and clinics with <2 dental providers.

Study start: September 2012
Study end: September 2017

This study is not yet recruiting participants. Contact Deanna Jannat-Khah, New York University School of Medicine, New York, NY; 646-501-2523; djk8@nyumc.org.

### HOME SELF-TESTING FOR HIV TO INCREASE HIV TESTING FREQUENCY IN MEN WHO HAVE SEX WITH MEN (THE iTEST STUDY)

Sponsored by the University of Washington

HIV counseling and testing remains one of the most effective HIV prevention interventions because many people newly diagnosed with HIV infection will alter their behaviors to reduce the risk of HIV transmission to others. In the United States, men who have sex with men (MSM) have the highest risk for HIV, despite high rates of testing, in part because their frequent exposures and infrequent testing can result in long intervals between HIV infection and diagnosis. Efforts to prevent HIV transmission among MSM must therefore increase the frequency of HIV testing and thereby decrease the time interval that infected people are unaware of their status and their potential for transmission. Home self-testing for HIV may increase the frequency of HIV testing, but there are concerns that it may also have negative consequences, including decreased access to risk-reduction counseling.

This study will randomize 246 MSM at high risk of HIV infection either to have access to home self-testing for HIV using the OraQuick ADVANCE Rapid HIV-1/2 Antibody Test or to standard, clinic-based HIV testing for 15 months to determine the effects of home self-testing availability on HIV testing frequency and markers of risk for HIV acquisition and to assess the acceptability and ease of use of home self-testing. After screening to determine eligibility, study visits will occur at baseline and at 15 months. Both visits will include HIV/STD screening and surveys regarding HIV testing and risk behaviors. During follow-up, participants will be asked to complete brief online surveys after testing for HIV.

Inclusion criteria: age ≥18 years, men who have sex with men, HIV negative, meet program
MULTI-VITAMINS, HAART, and HIV/AIDS IN UGANDA

Sponsored by the Harvard School of Public Health

Antiretroviral therapy, gradually becoming the standard of care in developing countries, confers enormous benefits and yet death rates remain high among HIV-positive patients. Multivitamin supplements have immune-enhancing effects, and supplements were found to improve immunologic status and reduce death rates among HIV-positive Tanzanian women.

This study will enroll 400 men and women in the Kampala district of Uganda, who are receiving or have recently begun highly active antiretroviral therapy (HAART). At baseline and monthly thereafter, research physicians and nurses at study clinics will assess each participant’s clinical status and undertake study procedures. Each participant will be followed for 18 months or until death or loss to follow-up. Home visits will be conducted if participants miss their scheduled clinic appointments. Investigators will perform nutritional assessments (anthropometry and dietary intake) at enrollment and several follow-up points, and laboratory measurements (CD4 cell counts and complete blood counts) every 6 months. All study participants will continue receiving the standard of care according to national guidelines for the entire study period. Multivitamins could be a low-cost adjunct therapy for helping to alleviate disease burden and elevate quality of life in HIV-infected people on HAART. At the same time, their efficacy could preserve limited drug regimens in developing settings by postponing the need for switching to second-line regimens of HAART.

Inclusion criteria: age ≥18 years, HIV-positive, initiating antiretroviral therapy at the time of randomization or have been on HAART for no more than 6 months, have no intention of migrating or relocating ≥20 km outside the Infectious Disease Institute or Kiswa Health Center within the next 18 months.

Exclusion criteria: pregnant or unable to provide written informed consent.

Study start: April 2010
Study end: August 2013

This study is currently recruiting participants. Contact Wafaie W. Fawzi, Harvard School of Public Health; 617-432-5299; mina@hsph.harvard.edu.