

Integration of HIV Testing into Public Sites: Experiences from the Department of Motor Vehicles and Income Maintenance Centers in Washington, DC

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BACKGROUND

Increasing the percentage of individuals who know their HIV serostatus is a key component of the National HIV/AIDS Strategy and essential to ending the HIV/AIDS epidemic. Washington, DC has an estimated HIV prevalence rate of 2.5% and many individuals are unaware of their HIV status. Individuals who know their HIV status may be less likely to engage in high-risk behaviors that transmit HIV.

Family and Medical Counseling Service, Inc. (FMCS) implemented a novel program to provide HIV testing at the Department of Motor Vehicles (DMV) which provides driver's license and automobile tag services to over 150,000 residents annually and recently replicated the program at two Income Maintenance (IM) Centers in Washington, DC. Income Maintenance Centers are the government offices that provide residents with public benefits including food stamps, financial assistance, and health insurance. The primary goal is to promote and increase access to HIV testing.



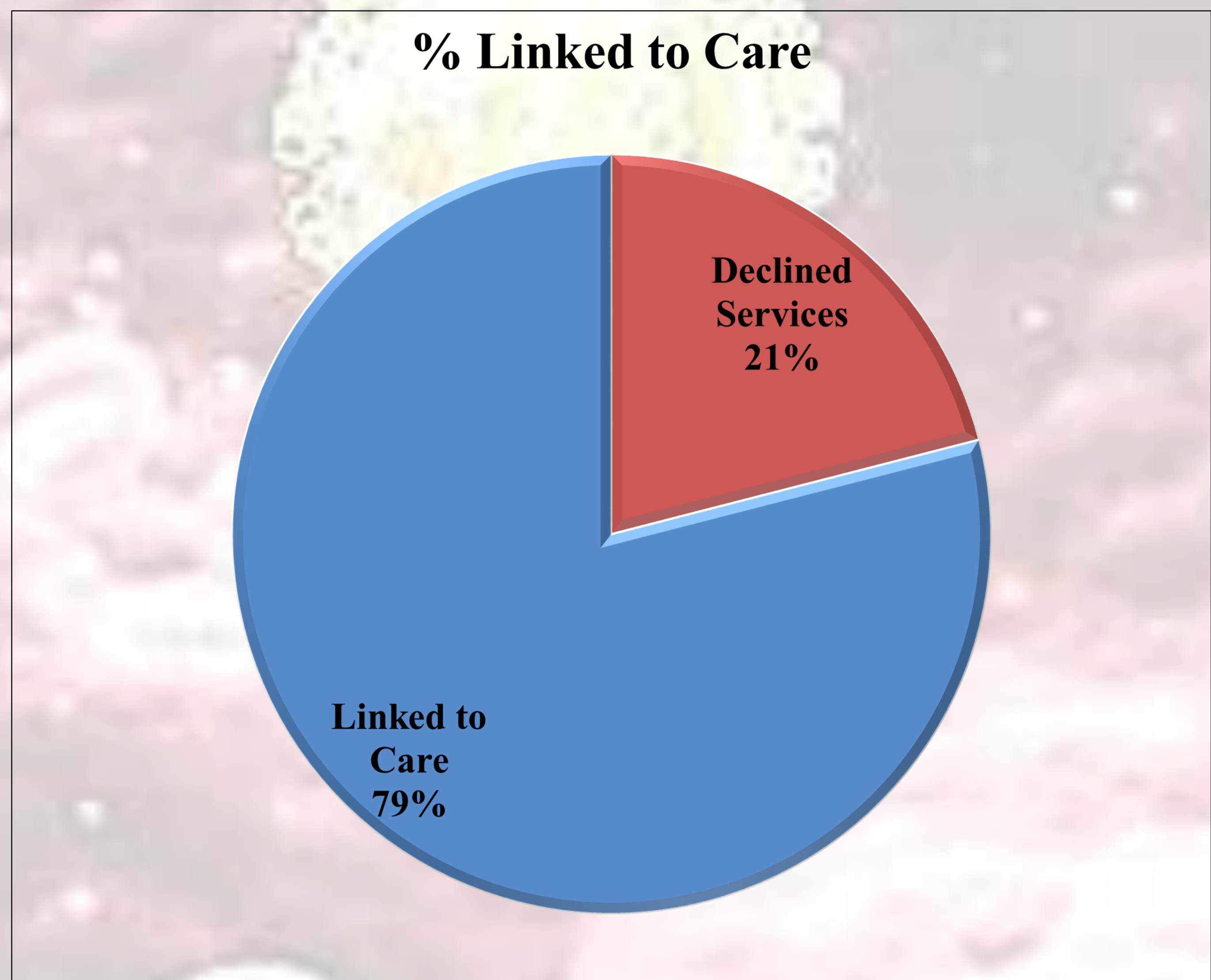
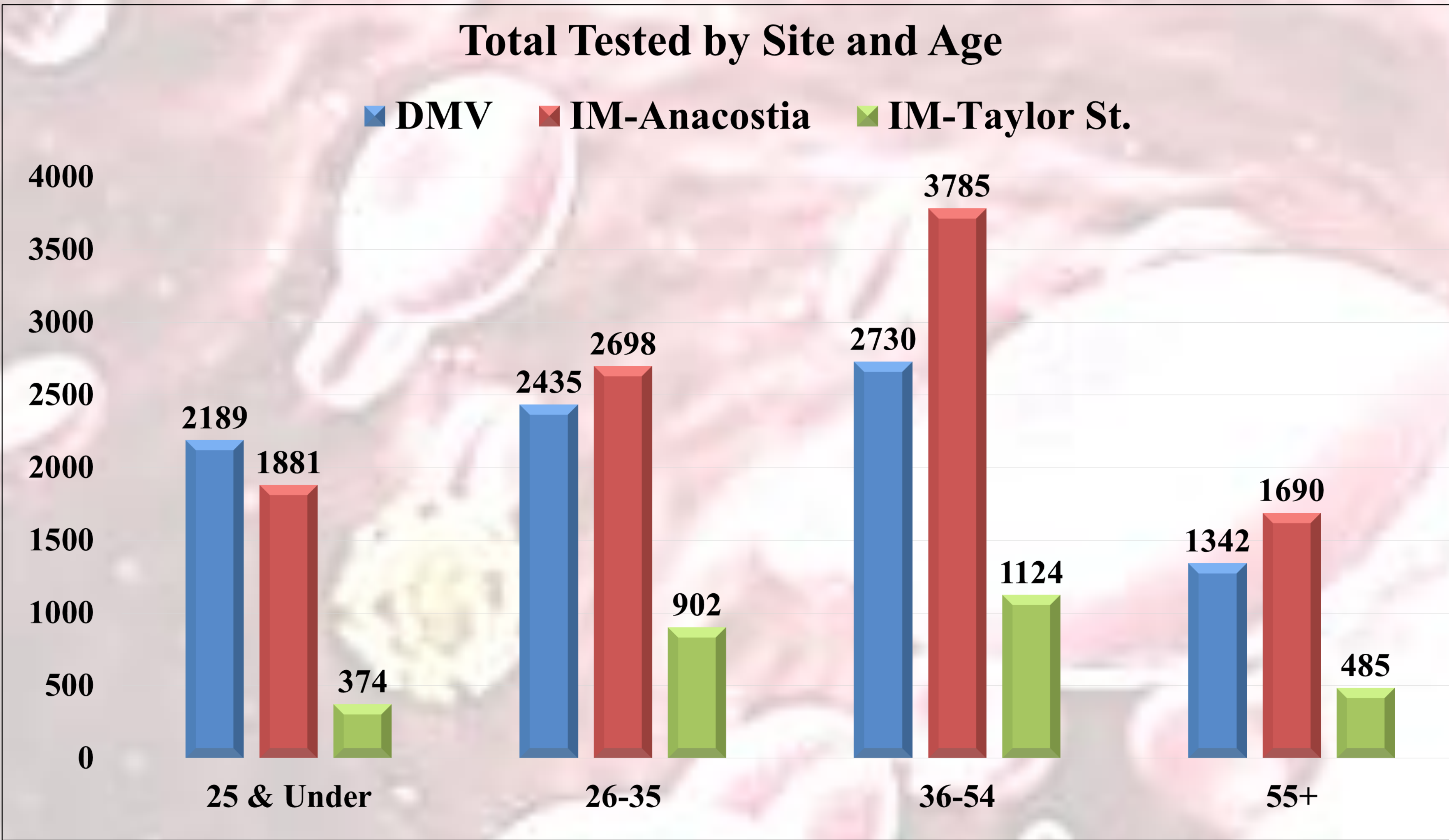
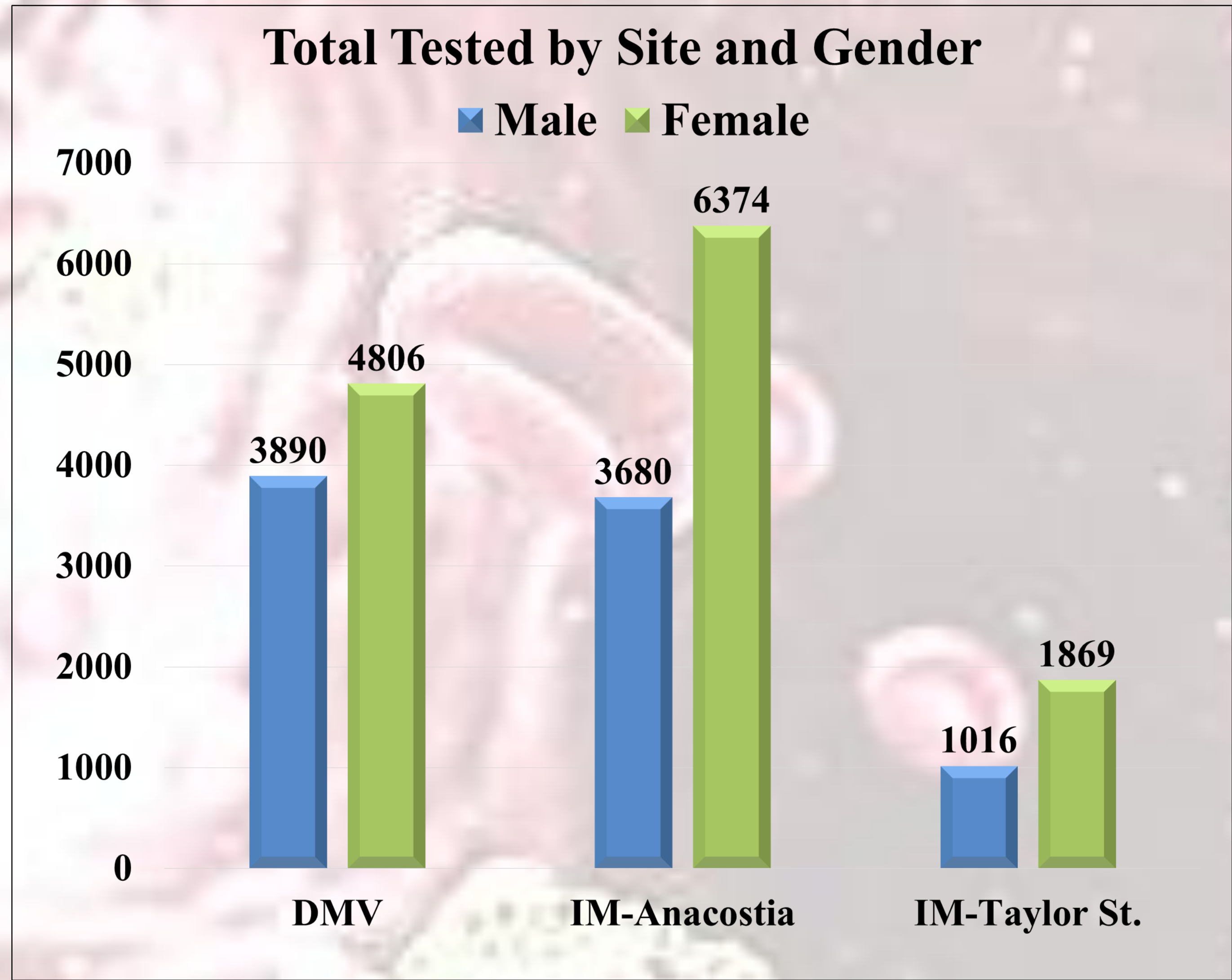
METHODS

This fully integrated HIV testing program operated inside a private office at the DMV. Testing services are available during normal business hours. Dedicated project staff implemented the program using the following approach:

- **Promote** HIV testing using a combined health and incentive-based offer strategy, providing a good starting point for effectively engaging individuals in HIV testing at a non-clinical site such as the Department of Motor Vehicles.
- **Offer** 100% of individuals accessing services at the DMV immediate on-the-spot testing while they wait to complete DMV services.
- **Provide** testing to 100% of those who volunteer to receive HIV testing
- **Link** 100% of those who test preliminary reactive to HIV care and support services

RESULTS

- Between January 1, 2013 and December 31, 2014, 21,635 individuals received HIV testing services at all of our non-clinical testing sites.
- Of the individuals tested, 60% were female.
- The majority (35%) was between the ages of 36-54.
- 31% were first-time testers.
- The testers were effective at reaching young people; 21% of those tested were under the age of 25 and 28% were between the ages of 26-35.
- The positivity rate for the program is <1%, and 79% of new positives were immediately linked to care and support services.



CONCLUSIONS

- HIV testing in high-volume non-clinical settings is feasible and may reach those who have never been tested before.
- Replication is possible at similar public sites, taking into consideration:
 - The HIV prevalence in the area
 - The number of people that the organization serves
 - The average wait-time (30 minutes is ideal) to receive needed services
 - Available space that is appropriate for providing HIV testing services
 - A controlled entrance and exit process
- A well-developed linkage-to-HIV-care process is essential to ensure successful enrollment in primary care for newly diagnosed individuals and those returning to care.