

# Routine HIV Community Testing and Partnership in High Prevalence Urban Areas

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## Background

- 1 in 5 HIV+ Americans are unaware of their HIV status
- Identifying those undiagnosed and linking them to ARV therapy can reduce HIV transmission & improve health outcomes
- Expanded testing in *non-clinical* settings can help identify those individuals unaware of their HIV status and increase HIV care access

## Methods

- Develop a community public-private partnership
- Data analysis was conducted using SPSS Statistics V 20. A cut-off of  $p > 0.05$  was used to determine statistical significance.
- Use HIV surveillance and census tract data to identify high-risk community neighborhoods
- Develop a social marketing campaign
- Offer HIV screening & linkage to care services
- Evaluate impact

**Table 1. Client demographics**  
N= 12,898

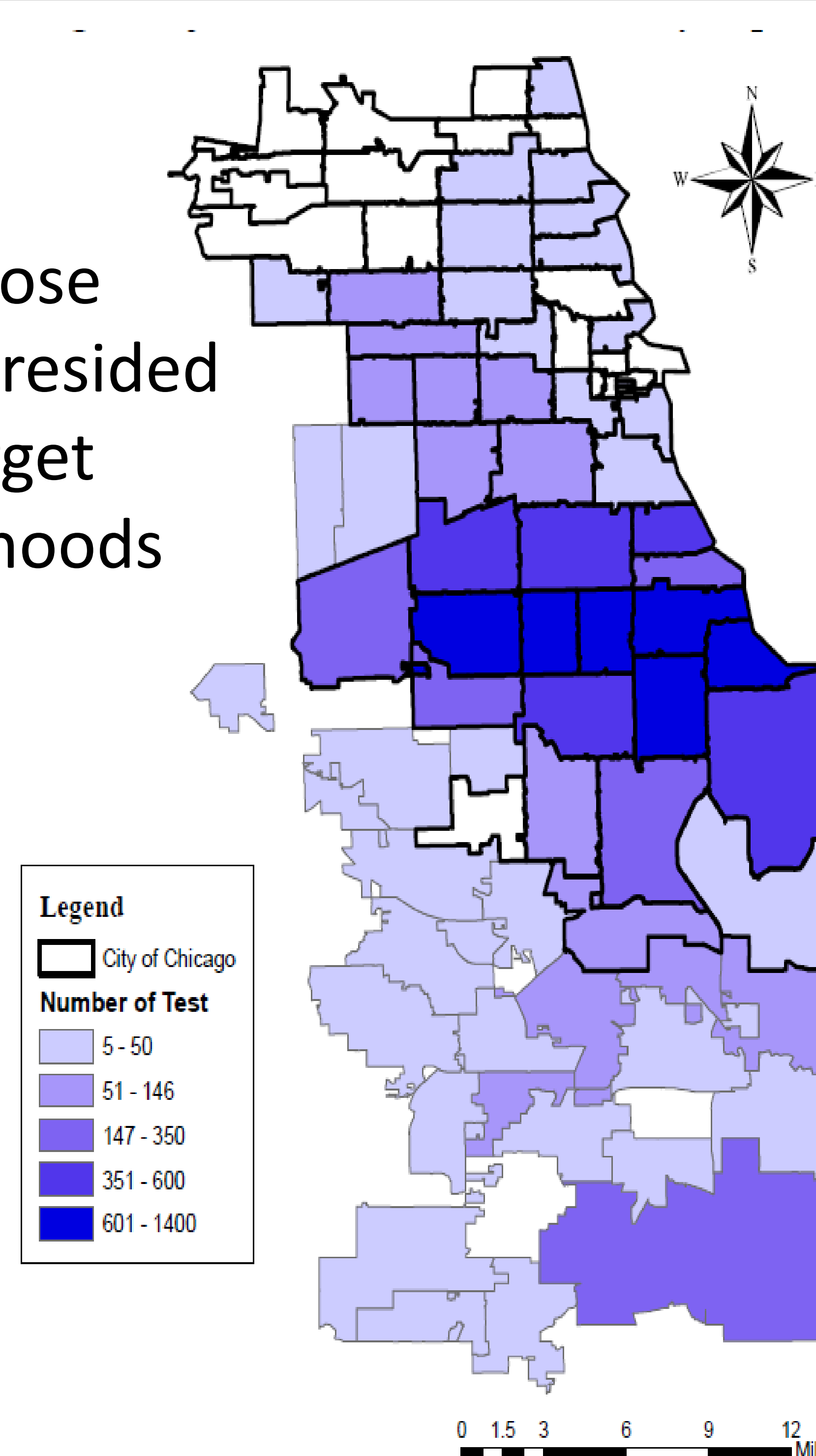
<b>Age (Median)</b>	34 SD 12.8
<b>Gender</b>	
Male	38%
Female	62%
Transgender	.1%
<b>Race/ethnicity</b>	
Black	84%
White	4%
Hispanic/Latino	11%
Other	1%
<b>Previous HIV Test</b>	
Newly diagnosed	38%
Lost to care	62%

**Table 2. HIV Testing Numbers by Project Year**

	Number Tested	Positives Found	Linked to Care	Linkage to Care Rate
<b>Year 1</b> 05/11 - 01/12	4637	27	14	52%
<b>Year 2</b> 02/12 - 02/13	3923	20	16	80.0%
<b>Year 3</b> 03/13 - 03/14	4338	21	15	71.4% * Data is still pending
<b>TOTAL</b>	12898	68	45	66.2% * Data is still pending

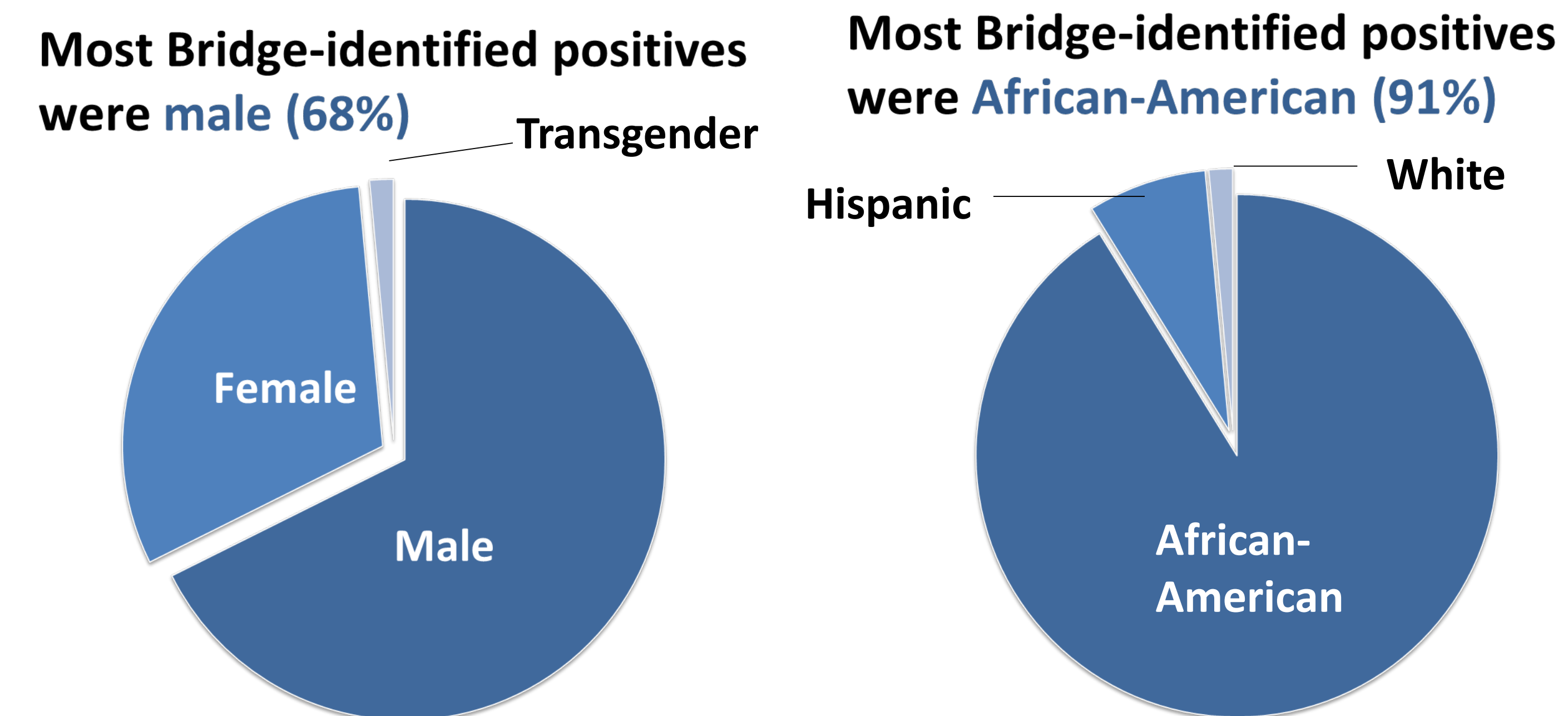
**Figure 1. Reach of HIV Testing in Chicago, by Zip Code**

61% of those screened resided within target neighborhoods



## Results

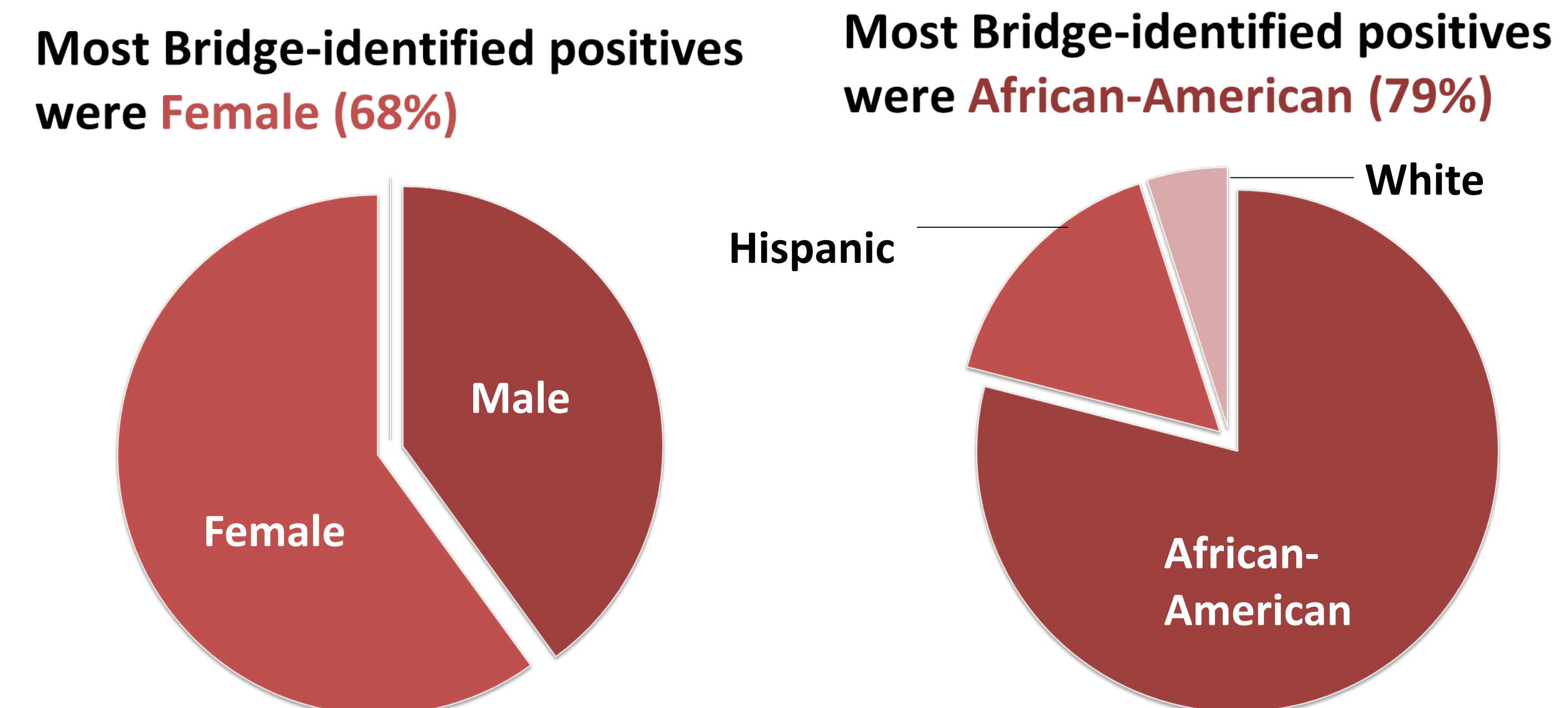
**Figure 2. HIV Positive client demographics**



Largest age category of HIV positives is **21-30**

**68 HIV positives identified (0.5% serpositivity)**

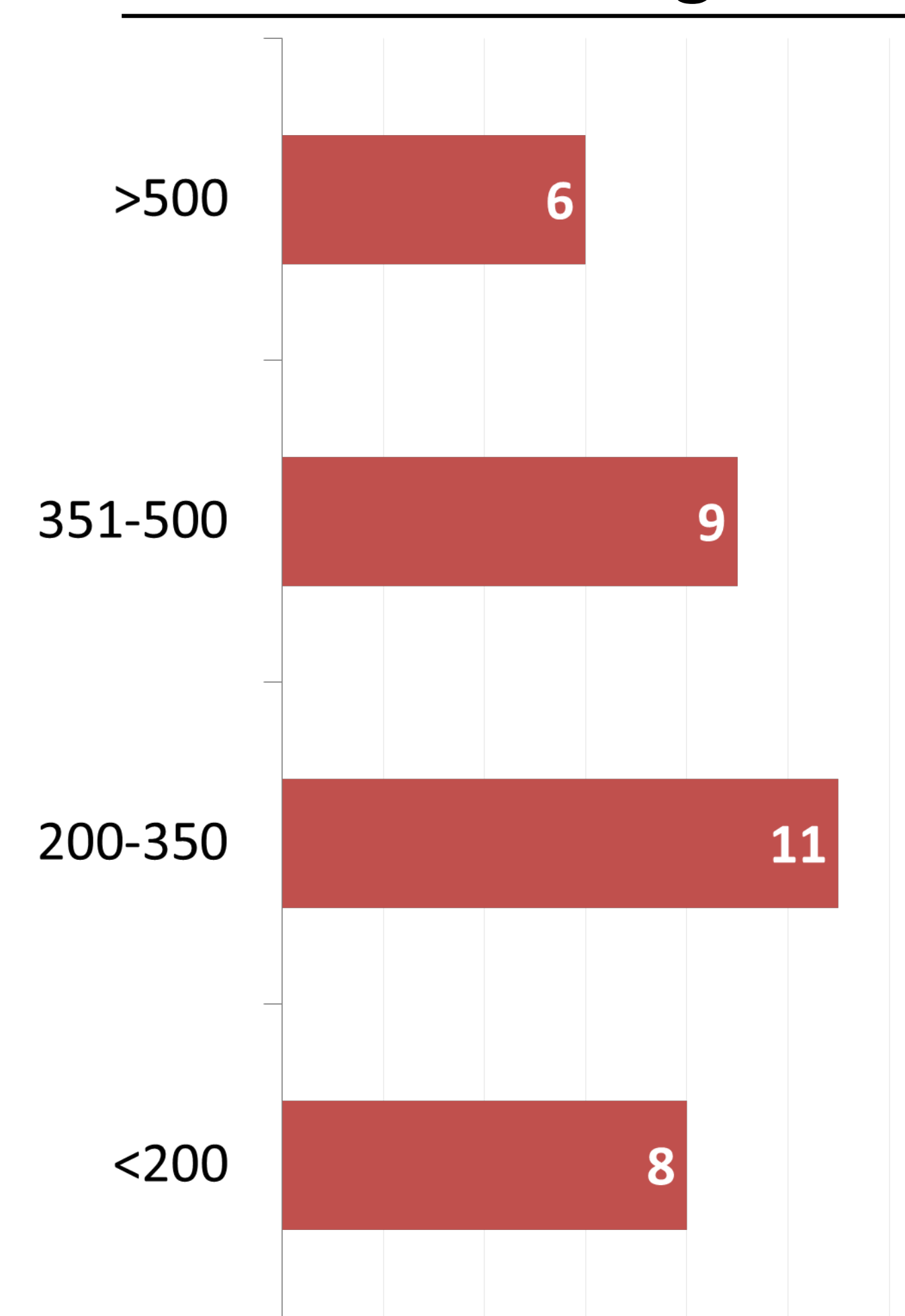
**Figure 3. HCV Positive client demographics**



Largest age category of HCV positives is **41-50**

**21 HCV positives identified (2.8% serpositivity)**

**Figure 4. HIV positives' CD4 count categories**



## Discussions

- The HIV-VIP program provides a useful strategy for linking individuals to medical care. The program utilizes standing medical appointments, medical homes with HIV specialist, transportation and incentives.

## Conclusions

- Routine HIV screening and linkage to care programs offered in non-clinical settings within high risk communities can reach previously undiagnosed HIV+ individuals
- Services can increase access for those not accessing routine health care services
- Linkage to care processes should be in place and piloted to ensure successfully linkage to HIV care