

Building Organizational Capacity and Innovation to Address Acute HIV Infection in San Francisco Through Expanded Outreach and Testing

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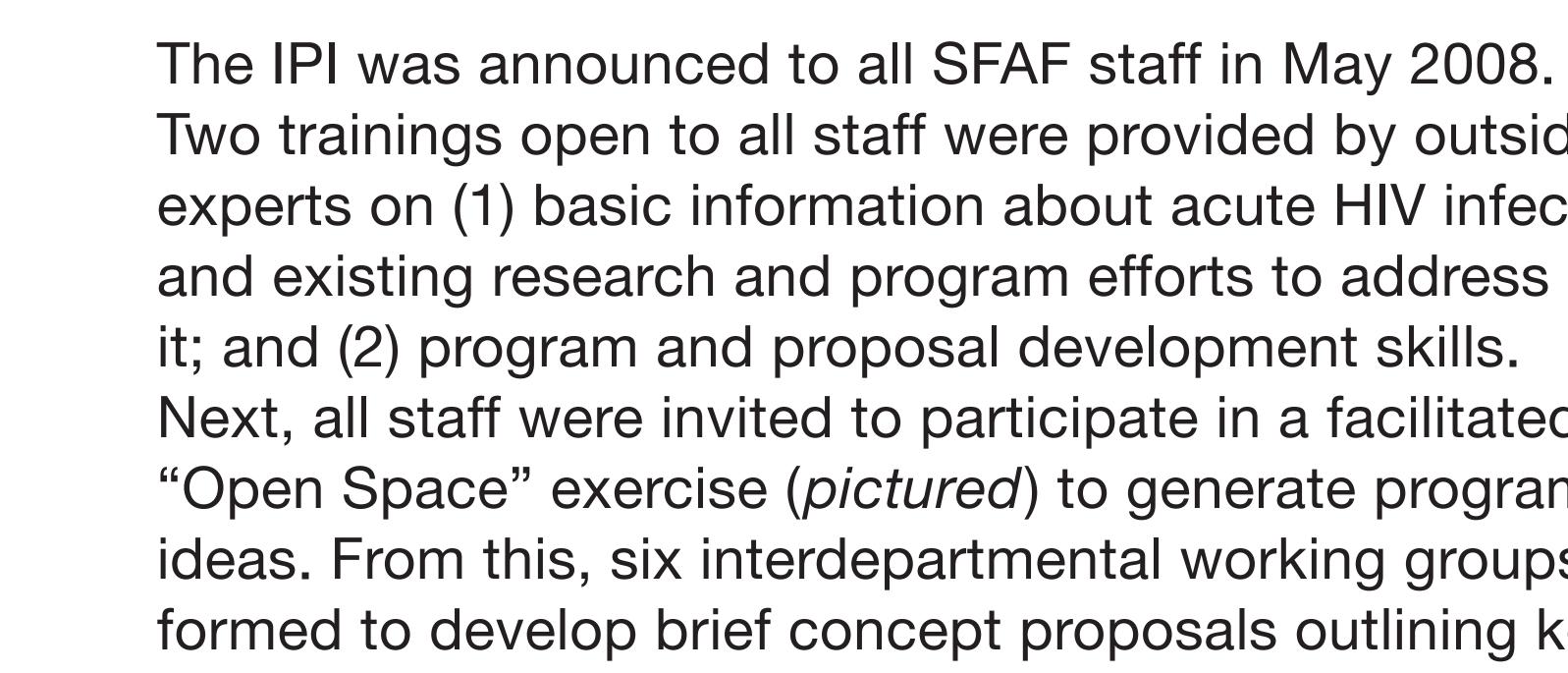
To strengthen the capacity of a community-based organization (CBO) to reduce the number of new HIV infections in San Francisco by designing, implementing, and evaluating innovative, evidence-based strategies to enhance HIV testing and improve detection of acute HIV infection (AHI).

It is estimated that approximately 21% of HIV-positive people in SF do not know they are infected. Individuals are at exceptionally high risk of transmission during the acute infection stage. Finding people at this stage and providing appropriate treatment and prevention services is essential for reducing new HIV infections in the city.



METHODS:

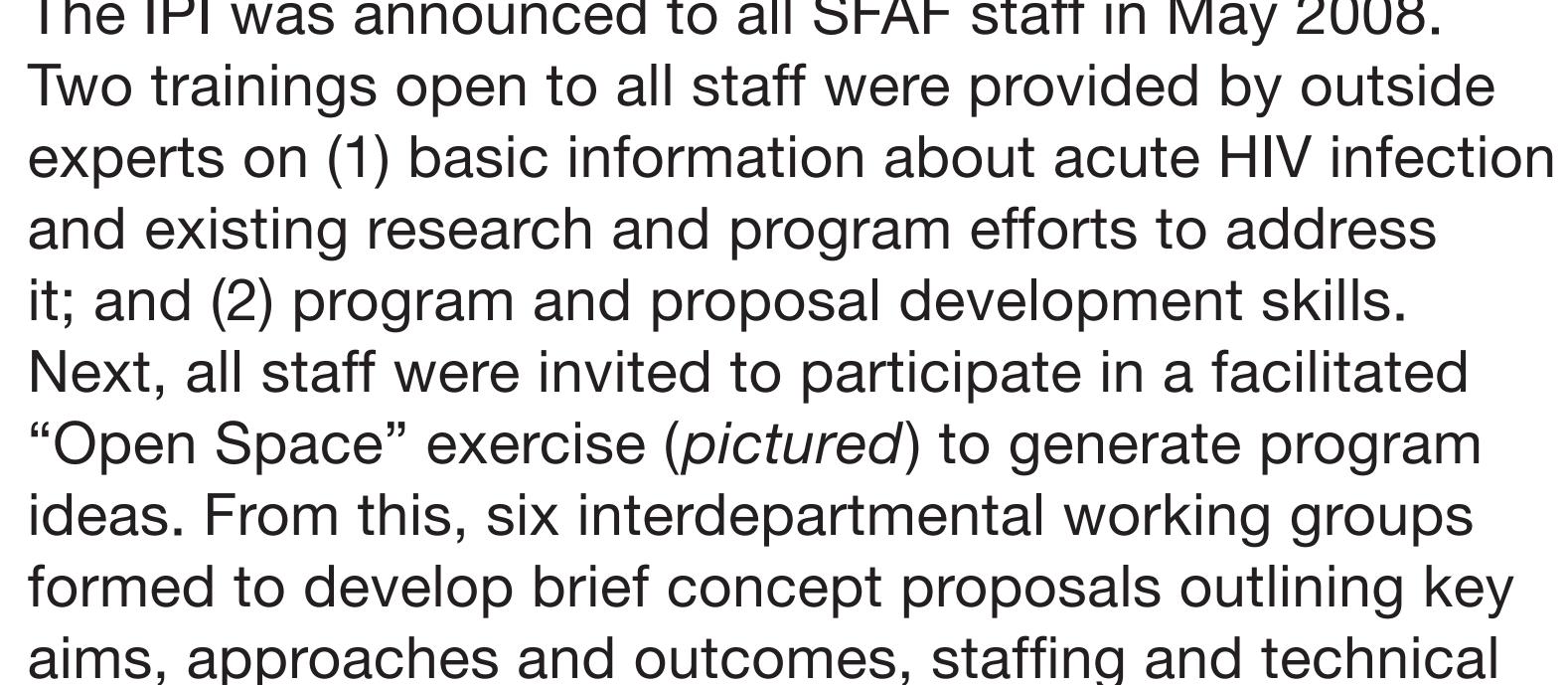
SFAF launched an internal Innovative Projects Initiative (IPI) allocating up to \$200,000 per year for two years to: (1) increase staff knowledge regarding acute HIV infection; (2) fund innovative projects that address barriers to HIV testing during the acute infection stage; (3) build agencywide program and proposal development skills; (4) strengthen organizational partnerships with researchers and the link between evidence and programs; (5) enhance interdepartmental collaboration; and (6) expand staff expertise in monitoring and evaluation.



assistance needs, and budgets. Over one-third of all SFAF staff—from front-line service providers to policy analysts—attended these sessions.



Eight innovative concept proposals were submitted and reviewed by SFAF's Leadership Team on merit and feasibility. Four proposals were selected for development into full project plans on Expanding HIV Antibody and RNA Testing Services and Enhanced Counseling Opportunities at Magnet/SFAF, a gay men's health center in S.F.; Social Marketing Campaign that includes novel communication technologies to create community derived messaging about AHI; Targeted Outreach using novel strategies to reach day laborers, drug users, and sex workers in specific neighborhoods for expanded HIV testing and detection of AHI; and Transgender Empowerment Project, using train-the-trainer methods to reach MTF transgender women at risk for HIV infection with education abut AHI and access to testing. The Leadership Team is providing additional technical assistance to project teams for proposal development, and will make funding decisions, based on explicit review criteria (embedded in the proposal template), in late November. Preliminary results of, and reflections on this process will be presented at the Summit.



CONCLUSIONS:

A novel approach to building CBO internal capacity to address acute HIV infection through enhanced HIV testing that includes appropriate staff training, technical support, and funding is feasible and acceptable. Concept proposals submitted to SFAF's IPI exhibited acquisition of content knowledge, project development skills, and an outcomes orientation among CBO staff at all levels of the organization.





