# Blocks: An Innovative Community-Based, Block-by-Block Approach to Rapid HIV Testing in New York City

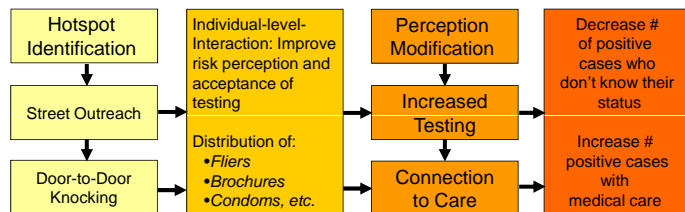Sara Gillen, MPH, Zoon Naqvi, EdM, Patrick J. McGovern, Vince R. Mojica

Background

Historically, HIV prevention efforts have focused on risk-based approaches, targeting high risk groups and specific behaviors, such as men who have sex with men, injection drug users, and sex workers. While this model has been effective, it may be less so in high-prevalence communities that are experiencing a generalized epidemic. In Central and East Harlem, for example, prevalence rates are as high as 1 in 37 (2. 7%) residents[1]. Moreover, at least 1 out of 4 positive persons does not know her status[1].

0.9 %

Reported Prevalence   **Prevalence if 25% are Counted**

2.7%   **3.6%**

- Known
- Unknown
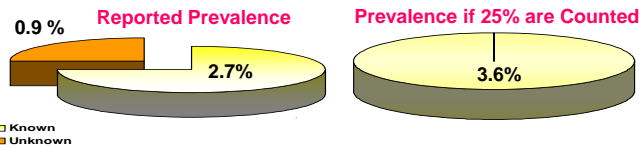
In this context, geographic-based approaches that promote routine testing of all residents, regardless of risk, may be required. With seed funding from the MAC AIDS Fund in 2007, Harlem United, a community-based service provider, established a block-by-block rapid HIV testing campaign. Its primary aims were two-fold: 1) eliminate barriers to testing (e.g., HIV stigma, homophobia, etc) through guerilla marketing and provide routine HIV testing to all residents and 2) gather data to assess the impact of this innovative, geographic-based testing approach.

Intervention method: Using epidemiological and program data, we identified two 10-block, high-impact zones within the Harlem community. We trained eight part-time peer educators and two community organizers to conduct systematic outreach to the area. These staff became a routine presence in the zone, working diligently to blanket the area with HIV prevention messages using both non-direct (e.g., posters and flyers), as well as direct means (e.g., street outreach, rallies, and health fairs). The program also set up mobile HIV testing in the area for **20 hours each week.** Every fourth months, the Blocks team moved to zones to further expand our geographic reach. We return periodically to existing zones to reinforce messages and make testing accessible.

Hotspot Identification	Individual-level-Interaction: Improve risk perception and acceptance of testing	Perception Modification	Decrease # of positive cases who don't know their status
Street Outreach	Distribution of: •Fliers •Brochures •Condoms, etc.	Increased Testing	Increase # positive cases with medical care
Door-to-Door Knocking		Connection to Care	

Determining Targets

HIV in Harlem, New York City 2006

	Total Dx per 100,000	Reported PWHA % of population	Death Rate Per 1,000 PWHA
East Harlem	105.5	2.7	26.7
Central Harlem	124.4	2.7	29.1
New York City	46.8	1.3	20.6

Approximately 1 in 100 New Yorkers is infected with HIV

Approximately 1 in 37 Harlem residents is infected with HIV

Trouble with Risk Targeting

% of HIV Diagnoses

- MSM
- IDU
- Hetero
- Unknown

% of new diagnoses   % concurrent w/AIDS
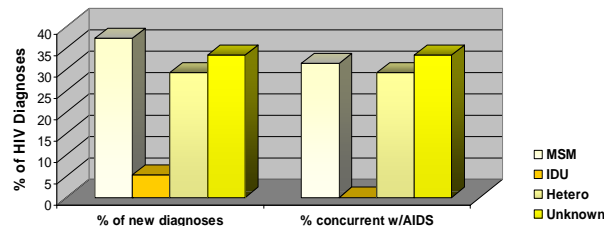
Outreach Activities

Materials Provided 2008	Totals
Promotional Materials	2,073
English Literature	146
Safe Sex Kits	909
Dental Dams	75
Male Condoms	490
Female Condoms	47
Lubricant	46

GENERAL OUTREACH 2008		TOTALS
	Sessions	46
	Clients	1,637
GENDER	Male	725
	Female	907
	Trans (M-F)	4
	Trans (F-M)	1
	Total	1,637
RACE ETHNICITY	White	115
	Black	1,160
	Hispanic	362
	Total	1,637
AGE	13 - 18	183
	19 - 24	481
	25 - 34	468
	35 - 44	378
	45 +	117
	Total	1,627

Acknowledgements

Testing Services

It's all about access to testing!

Zone A   Zone B

2007 2008   2007 2008

- In-house Testing
- Mobile Testing
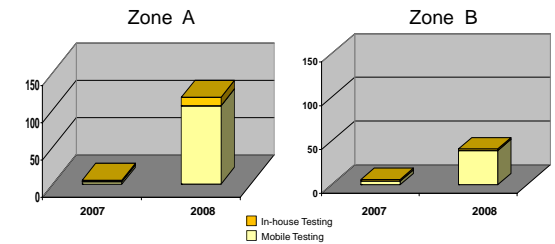
Preliminary Results: 1.1% New Diagnoses

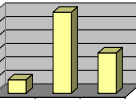| Total Outreached (N)	1627
Outreached but Not Tested	965(59%)
Total Tested	662(40%)
Seropositivity	7(1.1%)
Newly Diagnosed (Seropositivity Rate)	7(1.1%)
Previously Diagnosed (Seropositivity Rate)	2(0.3%)
Total Connected to Care	4 (44% of positives)

Gender Distribution   Age Distribution   Race Distribution
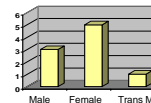
Male Female Trans M-F   13–19 30–39 50–59   White Black/AA Hispanic
                           19–29 40–49
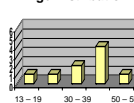
* One (1) African American 48 years old Female was a known positive
* One (1) 55 years old Hispanic male was a known positive

Recommendations.

- Continue geographic-based testing approach
- Focus on targeting women during street outreach, rallies, and health fairs

Further Information

1. New York City Department of Health and Mental Hygiene HIV Epidemiology and Field Services Program. Rates of HIV diagnoses, PWHA, and deaths among PWHA by United Hospital Fund (UHF) neighborhood, NYC 2006. October 2007. Available at: http://home2.nyc.gov/html/doh/downloads/pdf/dires/dires-report-special-16.pdf

2. Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report. June 2, 2006. Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5521a2.htm.