



Albert Einstein College of Medicine



Implementing a Rapid HIV Testing Program in a New York City Hospital-Based Dental Clinic

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Project BRIEF is a multi-media rapid

Results

HIV Testing Outcomes (8/01/2011 to 5/01/2012)



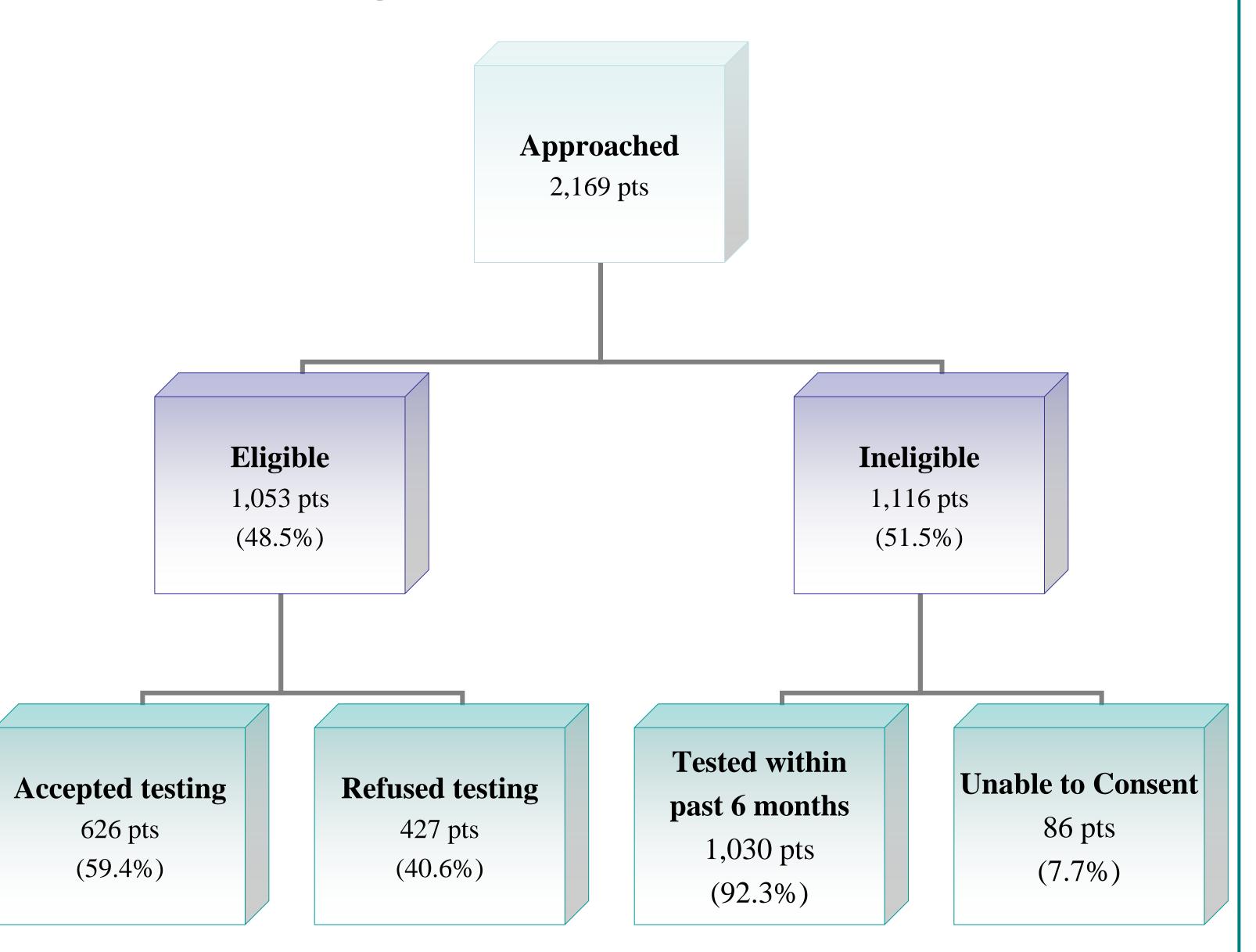
HIV testing and counseling model that has resulted in increased acceptance of HIV testing and improved HIV knowledge among ED patients at an urban, Trauma Level 1 hospital.

Project BRIEF was adapted to implement routine testing in two urban hospitalbased dental clinics. HIV testing in the dental unit offers the opportunity to engage patients at another throughput in the health care system, further routinizing the offering of HIV testing.

Objective

Implement and assess patients' acceptance of rapid HIV testing within urban, hospital-based dental practices in an effort to make HIV testing a routine part of all medical care.

Methods



Risk Factors of	%
Patients Tested	(n)
Condom use described as Never, Almost Never, or Sometimes	82.7% (518)
Reported to previously had an STD	3.2% (20)
Sex with Partner with HIV	0.2% (1)
SEX with known MSM	2.2% (14)
Limitations	
Staffing limitations precluded	patients

A prospective cross-sectional study was conducted on a convenience sample of patients seen at the dental clinics of two urban hospitals in the Bronx, New York from 8/01/2011 to 5/01/2012.

HIV Testing Model

Individuals aged 13 years and older were recruited by trained HIV counselors while in the dental clinic waiting room. Patients received both pre- and post-test counseling in a private area of the dental waiting room. Data on demographics, risk factors, HIV knowledge and sexual history were collected for patients who agreed to be tested.

Subjects

Inclusion Criteria:

-Medically stable patients ages 13 and above
-English or Spanish-speaking *Exclusion criteria:*-Unable to understand consent process
-HIV testing within past 6 months

Outcome Measurements

Primary outcome was acceptance of HIV testing. Secondary outcomes included identified HIV infections, reasons for refusing testing, and identification of high risk behavior.

Table 1: Participant Demographics* (n=626)

36.4 ± 12.1 years
64.1%
38.8%
47.9%
5.6%
4.5%
77.2%

*Self-reported Data

Reasons for Refusing Testing [n=427]

- who speak a language other than English or Spanish from participating.
- Eligibility criteria were based on patient's self-reported information.
- More research into patients' reasons for refusing is needed.

More research is needed to demonstrate the efficacy and acceptance of this model in other ethnic, racial and socioeconomic groups.

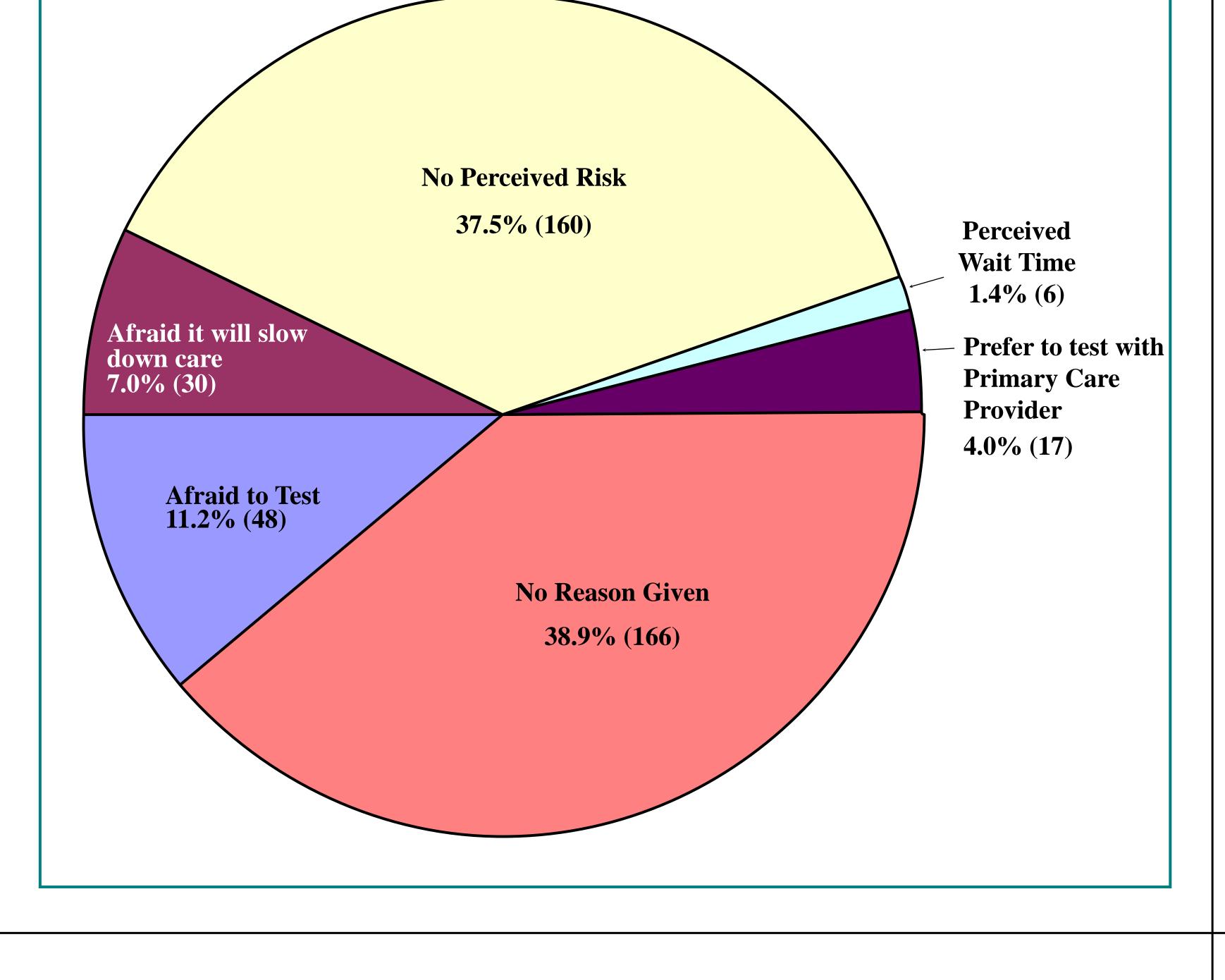
Conclusions

Rapid HIV testing in a New York
 City hospital-based dental clinic is
 feasible with significant patient
 acceptance.

Statistical Methods

Means and standard deviations were calculated for continuous variables and proportions for categorical variables. Group comparisons were made using chi-square and Student's t-tests on SPSS v14. Standard bivariate methods were used to compare acceptability of HIV screening by race, ethnicity and gender.





who refuse to be tested in the dental clinic setting.

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