

Back to Basics

A model for ensuring consistent HIV screening & testing in a multi-service CBO

David Lopez, Expedito Aponte, Sherry Estabrook, MA



Background

The burden of HIV morbidity within Central and East Harlem is among the highest in the United States. New HIV diagnoses are the second- and third-highest respectively in Manhattan, far above the national and New York State averages¹.

Founded in 1988, Harlem United Community AIDS Center is a multi-service community-based organization (CBO) providing Health Care, Housing, and Prevention Services for individuals and families living with HIV/AIDS and those most at risk for transmission.

Harlem United provides prevention and healthcare services to high-risk members of our community — most notably homeless and substance using clients — through our :

- Federally Qualified Health Center (FQHC)
- Dental Clinic
- Holistic Community Healthcare Program
- Substance Use Recovery Programs

Although the offer of HIV and STI screenings is standard throughout Harlem United's programs, some of our highest risk clients are inconsistently screened at intake to new services.

*The goal of the **Rapid Testing Integration Project** is to ensure all clients are offered HIV screening at every entry point to the agency, regardless of their presenting need.*

Testing Integration Efforts

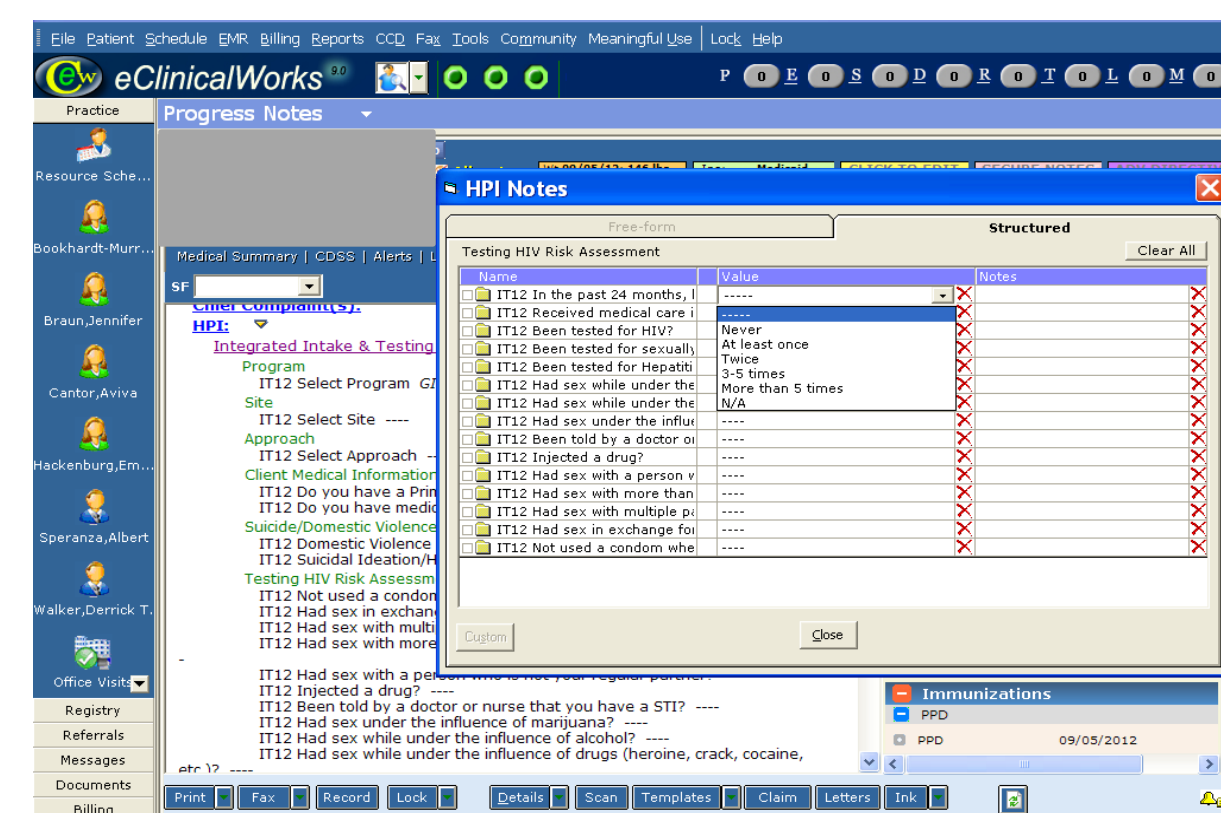
To engage individuals at the highest risk, Harlem United is taking a safety net approach:

- Offering an HIV test to all people who test STI-positive
- Systematically integrating HIV testing into our clinics through a behavioral screener in the Electronic Medical Record (EMR) at intake to flag high-risk clients for immediate testing
- Providing ongoing training on HIV screening, testing procedures, and HIPAA regulations for non-traditional providers, such as dental staff and medical office assistants
- Launching a multi-pronged testing awareness campaign, including flyers and palm cards in clinics and testing-themed scrubs and white coats for medical providers



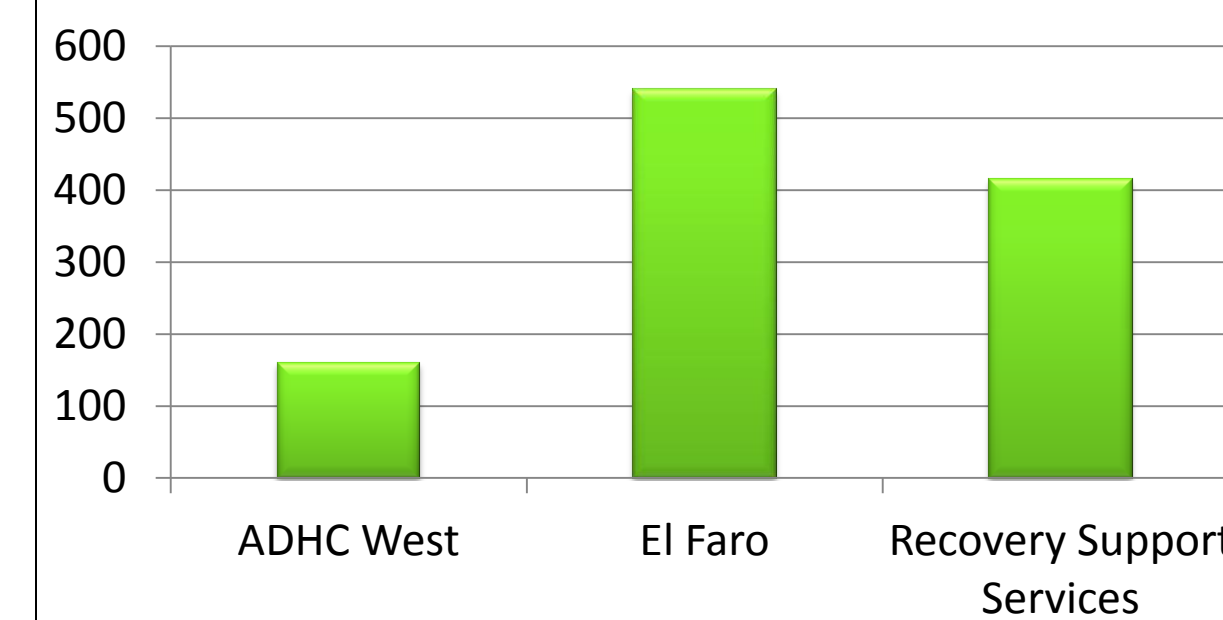
Results

Since January 2012, Harlem United has tested an additional 1115 clients who would not ordinarily have been serviced through our traditional in-office or mobile testing programs.



Tests By Entry Site

Jan-Sep 2012



Conclusion

As HIV/AIDS CBOs grow to address the full constellation of risk factors and an ageing HIV-positive population, it is easy for complementary programs to become atomized, allocating responsibility for testing to testing programs.

To avoid this hazard while still offering a wide spectrum of services, Harlem United has created a safety net for its most vulnerable clients by standardizing HIV screening and testing as a universal service imperative.

Future steps for this initiative include:

- Incorporating an HIV risk behavioral screener in the Dental EMR;
- Identifying "Dental Testing Champions" to provide on-site support for Dental staff in testing and counseling clients;
- And providing HIV education to Dental clients via video in the waiting room and the Voices/Voces intervention.

References

1. Avert. "AIDS Statistics by City." Available at: <http://www.avert.org/usa-states-cities.htm>

Contact

David Lopez, Managing Director, Testing Services: dlopez@harlemunited.org

Expedito Aponte, Vice President, Prevention, Education, & Supportive Services: eaponte@harlemunited.org

Sherry Estabrook, Director of Program Evaluation, Community Health Services: sestabrook@harlemunited.org