Routine HIV testing and linkage to care services offered at public aid offices can help identify undiagnosed HIV infections and facilitate linkage to HIV care in urban high risk minority communities

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Background:

1 in 5 HIV+ Americans are unaware of their HIV status and as a result are at greater likelihood for transmitting HIV. Identifying undiagnosed individuals and linking them to ARV therapy will improve their individual morbidity and mortality, while also reducing transmission rates**.**

Innovative strategies to expand HIV testing and facilitate linkage to care services are needed, particularly in high risk communities. Expanded testing in *non-clinical* settings is one approach that may increase access, normalize the HIV testing process, and identify individuals unaware of their HIV status who are not routinely accessing health services.

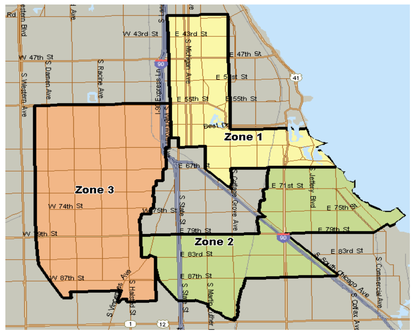
We evaluated the impact of offering HIV testing and linkage to care at public aid offices in minority neighborhoods in Chicago with high HIV prevalence rates. Our primary objectives are to: 1) describe implementation methods, 2) review key components of our intervention model, 3) report process and outcome evaluation findings, and 4) summarize lessons learned.

Methods:

As part of a national initiative (HIV Focus Program), we formed a community public-private partnership (1 lead agency, 3 minority based community organizations) to coordinate and offer HIV screening and linkage to care services through a program model entitled the Bridge Project.

We used HIV surveillance data, community needs assessment, and census data to identify high risk community neighborhoods. High HIV prevalence neighborhoods were classified by zip code, resulting in identification of 3 target zones on the Southside of Chicago (See Figure 1).

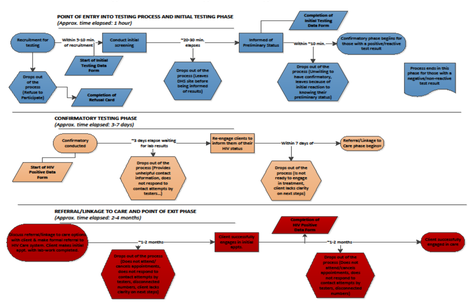
Figure 1: Target Zones



We then conducted a feasibility assessment to identify potential non-clinical HIV testing sites. We selected public aid offices within each of the target zones.

We secured buy-in from the Illinois Department of Human Services and individual site administrators to develop an implementation protocol (See Figure 2).

Figure 2: Testing & Linkage to Care Processes



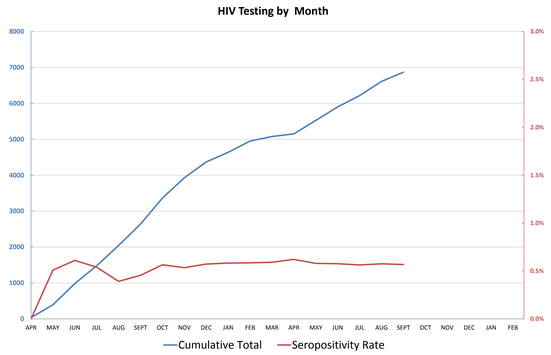
We also developed a small marketing campaign to raise project awareness (Say Yes to the Test).

Over a 17 month period (May 2011 -September 2012), we provided 330 days of HIV testing at 3 public aid offices in the target zones. We administered 6,720 screenings, averaging 20.4 HIV screenings per day.

Results

Of those screened, 63.5 % were female. The average age was 34 (SD ±12.8). The majority tested were African American (86%) followed by Hispanic (11%), white (1%) and other (1%). 61.4% of those screened resided within the target neighborhoods.

Figure 3: Testing & Seropositivity Rate



46% were first time testers. Of the remaining individuals who had previously been tested, 47.7% had not been tested with the last year. 38 individuals screened positive, for an HIV seropositivity rate of **0.57**% (See Figure 3).

60% of those who screened positive were living within the 3 target zones.

We conducted confirmatory HIV tests on 63.2% (23/38) of those with a preliminary positive screening. Of those 23 positive, 10 self-reported being first time testers, 7 reported testing negative in the past, 3 reported a previous HIV+ test result, and there were 3 cases with missing data. We were able to successfully link 55.2% (21/38) to HIV care (defined as kept first medical appointments).

We also collected data on 1411 individuals who refused testing and found that more women refused testing than men (65% vs. 34%). The primary reasons for declining to be tested were: recently tested (51%), not perceived to be at risk (10%), and already screened (4.3%).

Other factors observed to impact HIV testing acceptance rates include: 1) Facilities layout and testing space; 2) Administrative and front line buy-in; 3) Recruitment methods; and 4) Agency volume.

We found that the linkage to care component of our model was challenging to implement in a non-clinical setting without established triage mechanisms. We also learned that offering HIV testing in these settings can serve as a source of "re-linkage to care" for clients who are already HIV positive.

Conclusions

We found that offering HIV testing and linkage to care services in public aid offices located in neighborhoods with high HIV prevalence is a feasible strategy that can reach high risk target groups, first time testers, and identify previously undiagnosed HIV+ individuals.

Prior to implementation of such a program, it is important to develop and pilot test clear and streamlined operational processes for conducting HIV confirmatory tests, and for offering linkage to care triage services.

Routine HIV testing at non-clinical settings can also increase access for those individuals who are not accessing routine health care services, and may help to destigmatize HIV testing in high risk neighborhoods.

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