

Preliminary Results from "Do One Thing:" A comprehensive neighborhood-based HIV and HCV testing, prevention and media campaign in Southwest Philadelphia

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Objective

Philadelphia's HIV infection rate is five times the national average. African Americans represent 70% of new infections and 2% of African Americans in Philadelphia live with HIV/AIDS. Limited HIV testing and care services in Philadelphia neighborhoods with the highest infection rates may contribute to racial disparities in HIV infection, including in Southwest Philadelphia. Home-based HIV testing programs in Africa have successfully diagnosed and linked individuals to HIV care services early in the course of their infection. We developed a neighborhood-based HIV and HCV testing, awareness and media program entitled "DO ONE THING" to stimulate demand for and provide HIV and HCV testing across zipcode 19143 in Southwest Philadelphia.

Methods

- DO ONE THING's primary components include:
- 1) routinely offering HIV testing at the Health Annex, a federally qualified health center (FQHC), and maintaining those who test positive in care;
 - 2) a door-to-door HIV testing and linkage to care campaign in four census tracts in zipcode 19143;
 - 3) a large-scale social marketing campaign promoting testing that includes billboards, texting, digital media, business posters, yard signs, door knockers, phone apps and other media;
 - 4) massive mobilization of community leaders, block captains, clergy and businesses;
 - 5) training health professional students and local residents in community outreach and HIV counseling and testing protocols.

Results

We more than quintupled HIV testing rates at a FQHC in six months by transitioning from risk-based to routine testing; 850 individuals were tested at the Health Annex, of whom four tested positive. All have been retained in care. Thirty new health professional students and local volunteers have been trained in HIV testing and counseling. In the first six weeks of door-to-door and community-based testing, we tested 212 individuals, of whom two tested positive and are currently being linked to care. In winter 2012-2013, we will begin offering HCV testing along with HIV testing in non-clinical settings.

Conclusions

We have expanded HIV testing in this neighborhood over 7-fold by combining routine HIV testing in clinical settings with a media campaign, door-to-door outreach, community mobilization and HIV testing in non-clinical settings. Pairing HCV testing with our HIV testing model may also help diagnose HCV in this neighborhood with high rates of HCV infection. This comprehensive, neighborhood-based testing and linkage to care program is a novel model for addressing racial disparities in HIV and HCV infection and may provide important lessons for other urban areas.

