



INTRODUCTION

- 2.7% of adults and adolescents in the District of Columbia are living with HIV/AIDS.
- 4.3% of Black residents and 6.3% of Black males are diagnosed with and living with HIV/AIDS.
- The typical individuals presenting for late testing in the District is Black, male, infected through heterosexual contact, over 40, with no insurance, and part of the racial/ethnic group with the second highest proportion of individuals progressing from HIV to AIDS in less than 12 months (36%)(DC DOH HAHSTA, 2011).
- 43% of individuals living with HIV/AIDS reside in Wards 6, 7, 8. These three wards are also characterized by high rates of poverty, other chronic health conditions, substance abuse, unemployment, and of individuals with less than a high school diploma.

The National HIV/AIDS Strategy (NHAS) embraces "treatment is prevention" as one of its strategies to reduce new infections. As a gateway to HIV treatment, counseling and testing is a critical element in both improving health outcomes of people living with HIV/ AIDS and the prevention of transmission. In addition to early identification, successful implementation of NHAS includes linking and retaining individuals in HIV care; and accessing the impact of the intervention (Morin, S. 2011).

OBJECTIVE

In Washington DC's Wards 6, 7 and 8, the Community Education Group (CEG) faced the challenge of addressing service gaps for a community of African Americans suffering from 5 times the US national per capita rate of HIV/AIDS. Researchers questioned if CEG's intervention using the social networks and skills of community health workers (CHW) with histories of incarceration and substance abuse could increase counseling, testing and linkage to care outcomes in Wards 6, 7, and 8?



LITERATURE CITED

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- Government of the District of Columbia Department of Health (2011). Annual Report: 2011: HIV/AIDS, Hepatitis, STD, and TB Epidemiology in the District of Columbia, 13-16, 59. • Morin, S.K., Kelly, J.A., Charlebois, E.D., Remien, R.H., Rotheram-Borus, M.J., & Cleary, P.D. (2011). Responding to the National HIV/AIDS Strategy – setting the research agenda. Journal of Acquired Immune Deficiency Syndrome, 57(3), 175-180.

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WHO BETTER THAN US? RECRUITING INDIVIDUALS WITH HISTORIES OF INCARCERATION AND SUBSTANCE ABUSE TO INCREASE ACCESS TO HIV AND HCV TESTING AND LINKAGE TO CARE.

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Guidelines for improving entry into and retention in care and antiretroviral adherence for persons with HIV: Evidence-based recommendations from an international association of physicians in AIDS care panel. Annals of Internal Medicine, 156(11), 817-294.

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