

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

A. Toni Young

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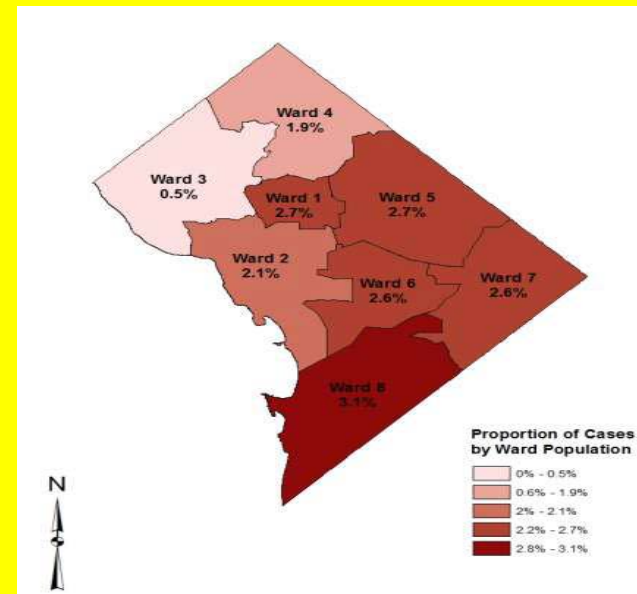
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Introduction

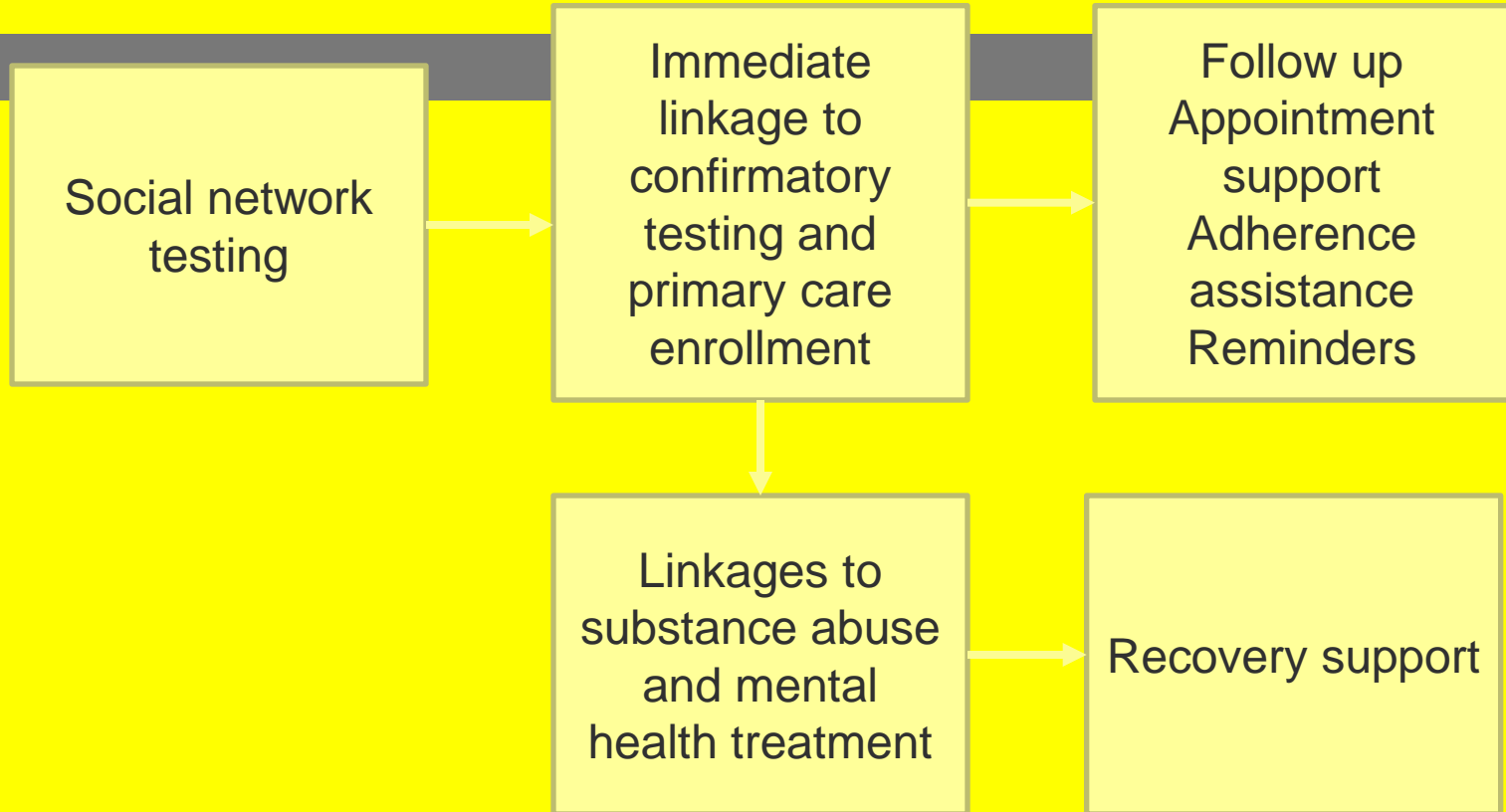
- 2.7% of adults and adolescents in the District of Columbia are living with HIV/AIDS.
- 4.3% of Black residents and 6.3% of Black males are diagnosed with and living with HIV/AIDS.
- The typical individuals presenting for late testing in the District is Black, male, infected through heterosexual contact, 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.



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Methods

Recruit and train health workers indigenous to community



Form and maintain multiple partnerships with community agencies and organizations

Methods

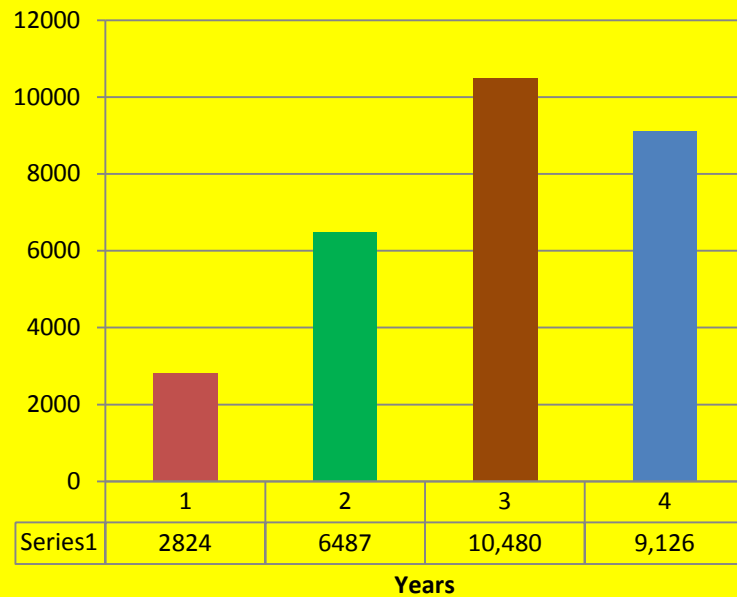
Classroom Training

- HIV 101/HCV 101
- Face to Face Outreach
- Fundamentals of Prevention Counseling
- Risk Reduction Counseling
- Motivational Interviewing
- Referral to Support Services
- Social Network Testing
- Linkage to Care
- Treatment Adherence Counseling
- Client Follow Up

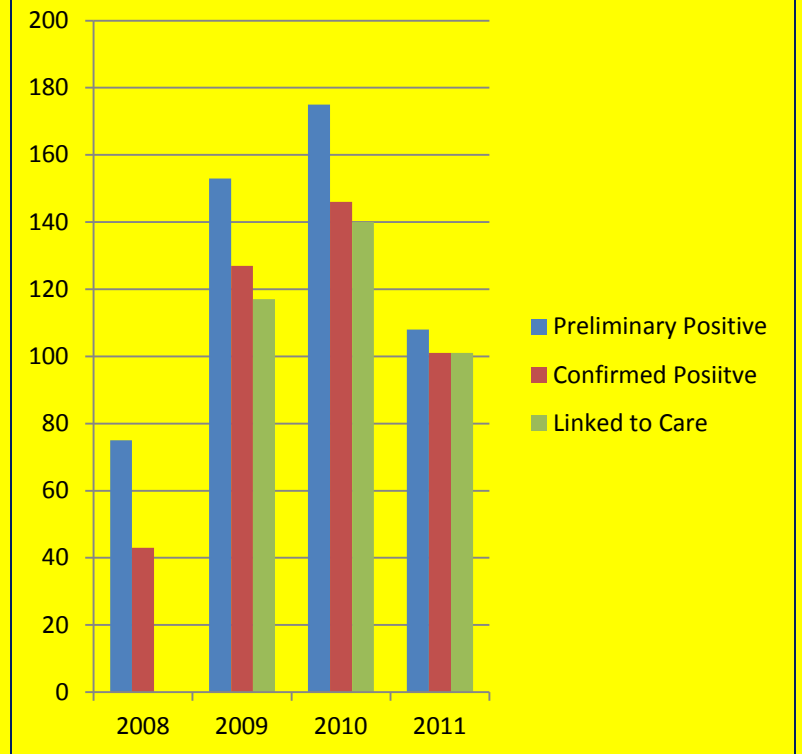
In Field Training

- Venue Based Outreach
- Condom Distribution
- Support Service Referrals
- Venue Based HIV/HCV Testing
- Risk Reduction Plans
- Linkage to Care
- Treatment Adherence Counseling
- Client Follow Up

Individuals Tested



■ 1 ■ 2 ■ 3 ■ 4



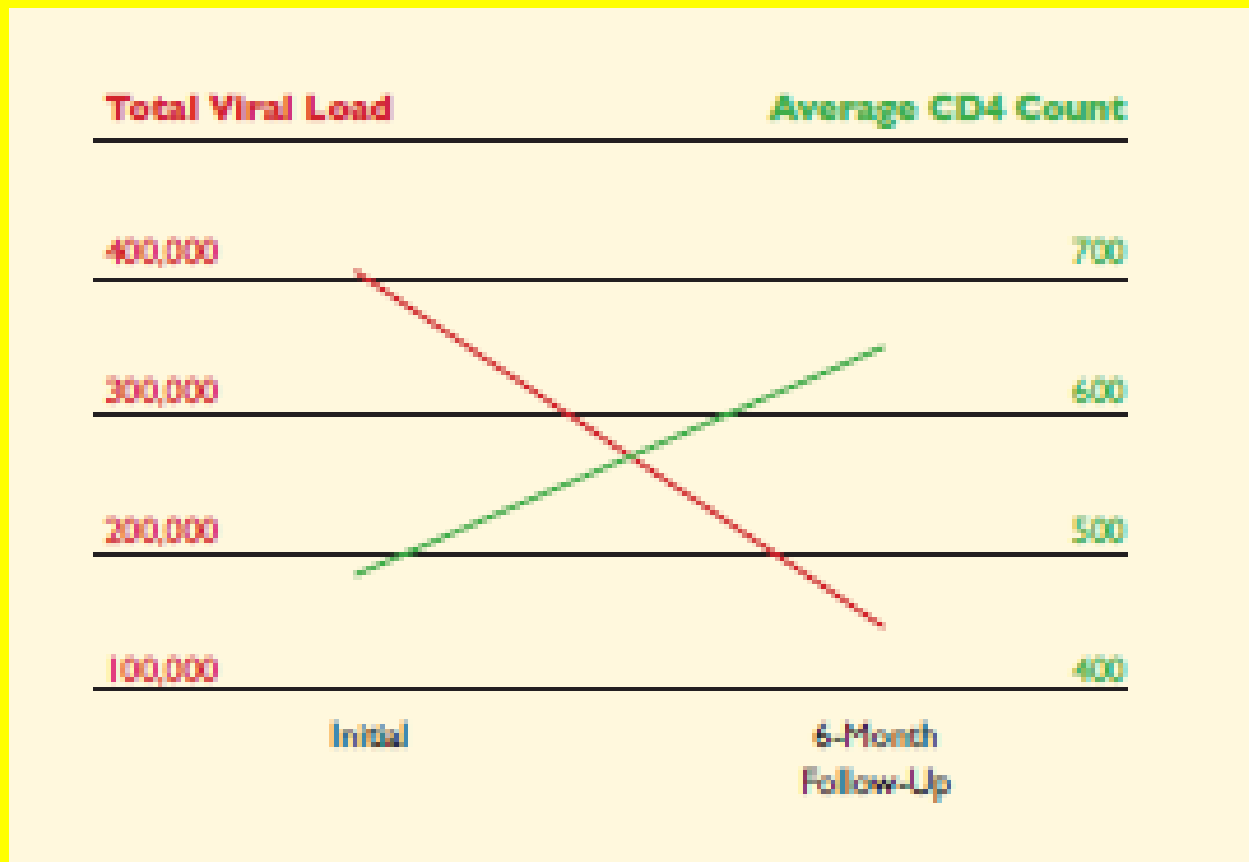
Results

- Number of individuals tested in target communities increased 223% from 2008 to 2012 with notable increases in the numbers of individuals tested in year 2 (129.7% increase from year 1) and year 3 (61.6% increase from previous year).
- The number of preliminary reactive results increased 104% and 14.4% respectively in year 2 and 3
- 80.7% were linked to primary care in year 2 and 90.3% were linked in year 3, and 94% were linked in year 4.
- The proportion retained in care increased by 42% in the second year and 81% in year 3
- Average positivity rates decreased over time – Baseline 2.7%, Year 2: 2.4%, Year 3: 1.7%, Year 4: 1.2%



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Results



Conclusion

The results of this targeted yet holistic approach add clarity to the surmounting efficacy evidence supporting CHW strategies and emphasize the need for dual targeted programs such as this reentry and HIV/AIDS and HCV intervention. As in most multifaceted approaches, the relative strength of any individual strategy can't be enumerated. Yet, engaging disadvantaged groups in the community to use their community knowledge and social networking skills has shown to drastically increase HIV/AIDS and HCV counseling, testing and linkage to care outcomes among high risk African American in Wards 6, 7, and 8 of Washington, D.C. These outcomes are attributed to a comprehensive strategy that was developed to address community health disparity in an innovative way.



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Next Steps

- Public private partnerships
 - ❖ 20/20/20 project within 12 cities
- Expansion of HCV screening and linkage to care
 - ❖ Local and federal government grants
- 7 common core indicators for monitoring funded HIV services
 - ❖ Operational and implementation plans

Thank You

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