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[TITLE:] DESIGNING A MOBILE HIV TESTING PROGRAM TO MORE EFFECTIVELY REACH PEOPLE OF COLOR

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BACKGROUND: New strategies are needed to reach the 200,000 people in this country who are unaware that they are infected with HIV, and unknowingly transmitting HIV to others. People of color are hardest hit by the epidemic and less likely to seek HIV testing in existing clinic venues. To reach these populations we developed a mobile HIV counseling and testing program targeting venues where those at risk congregate and meet sex partners (parks, drug treatment centers, bars, shelters, day laborer sites). Methods used to enhance the effectiveness of the program include culturally similar recruiters, rapid HIV testing and incentives. A simple Computer Assisted Self Interview (CASI) was developed so that peer recruiters could easily enter recruitment and risk data in order to track clinical results and conduct program evaluation. We conducted an evaluation of the program to determine: 1) whether the program reached a different population than the existing health department program; and 2) whether using incentives of \$10 with rapid testing improved the effectiveness of the program.

METHODS: We compared the characteristics of people reached through one year (April 2001-April 2002) of testing between the POCAAN mobile program and the Public Health Seattle & King County HIV testing program. We compare the rates of testing and receipt of test results for the program before (2003) and after (2004) we began offering incentives of \$10 for people who received rapid HIV test results.

RESULTS: During the initial evaluation period, POCAAN tested 610 people while the Health Department tested 1,838. The comparison showed that POCAAN was more likely to reach people of color (84% vs. 29%, $p<0.001$), people who have never tested before (40% vs. 22%, $p<0.001$), people less than 20 years old (19% vs. 3%, $p<0.001$), people with a high school education or less (65% vs. 19%, $p<0.001$), substance users (91% vs. 24%, $p<0.001$), binge drinkers (36% vs. 31%, $p<0.05$) and people who had unprotected

anal/vaginal sex since their last test (72% vs. 54%, $p < 0.001$). After incentives were offered routinely for people receiving rapid HIV test results, the number of people POCAAN was able to test with the same budget and staffing more than tripled. In 2004, POCAAN reached 1,156 patients, up from 360 in 2003, identifying over five times more new cases of HIV (16 in 2004 vs. 3 in 2003). Today the mobile teams encounter large lines in the park with people waiting hours to be tested. Staffs screen out the small number of people who want to repeat test for the incentive.

CONCLUSIONS: The design of an effective HIV testing program to reach people of color includes: 1) Mobile outreach to high-risk venues; 2) culturally similar recruiters; 3) monetary incentives; 4) rapid HIV testing; and 5) the use of CASI technology to enhance evaluation and targeting capabilities. With this model we can effectively identify people of color with HIV who have not sought out HIV testing in existing clinical settings.



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