



The Basics: Effective Community HIV Testing and Outreach via a Mobile Unit

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Program Design

- More vigorous outreach to hard-to-reach populations
- Introduced new mobile unit
- Distributed safer sex kits (included two condoms, one water-based lube, and one palm card detailing agency services)
- Every person that was tested was given a \$20 gift card



Program Implementation

- Used new mobile unit to provide outreach and make testing available to hard-to-reach populations (e.g., outdoor summer basketball league, the only grocery store in Ward 8, and low-income neighborhoods)
- Had HIV Counselors/Testers get venipuncture training
- Hired more outreach workers to conduct outreach in hard-to-reach communities

Program Accomplishments

- Broke record for the number of tests conducted in one month by testing 487 people
- Increased the rate of confirmatory samples
- Decreased the amount of preliminary positives that did not return for confirmatory testing
- Increased the ability to reach broader and more diverse populations
- Was able to get more people to access care

Program Accomplishments (Cont.)

- Increased the number of partnerships and collaborations with CBOs and enhanced current partnerships and collaborations
- Empowered staff and increased their skills through venipuncture training
- The grant also allowed CVC to fill gaps in service and strengthen other grants and service categories

Program Challenges

- More previous positives getting tested for incentives
- Hard to track transitional clients
- Stigma and denial
- Clients who had confirmatory tests not returning for results
- Clients who had a positive confirmatory test not coming in for first appointment
- Not able to reach African immigrant population
- Security and safety issues

Case Study 1


Newly diagnosed client was referred in May to CTR department through community partnership agreement. CTR Coordinator set up the client's initial primary care appointment within the first week they were referred. Client attended the appointment and reported to referring agency that he was satisfied with the services. To-date the client is still in care and is actively accessing CVC's services.

Case Study 2

Client was previously positive and out-of-care and was tested at one of the local shelters. Client received a confirmatory test and came in for results. The CTR Coordinator made the client's first primary care appointment. The client attended his first appointment and was actively accessing CVC services. After a month the client stopped coming to the center and went back to his old habits. The CTR Coordinator was notified of the client's disappearance and went looking for the client. When she found him she convinced him to come back. The client is now in an inpatient drug rehabilitation facility and is doing well.


Lessons Learned

- The more people you have and the more trained and equipped they are the better they can service the community
- Minimizing the challenges and barriers your clients have, help them to better access care
- Choose outreach activities wisely



Next Steps

- Seek additional funding to keep progressing at this capacity
- Continue to keep community commitments
- Get HIV Counselors/Testers STD and some addiction training
- Hold a large community event with a focus in educating the public about STDs and HIV



Thank You!

Questions?
