Organizational factors associated with participation in a city-wide HIV-testing campaign

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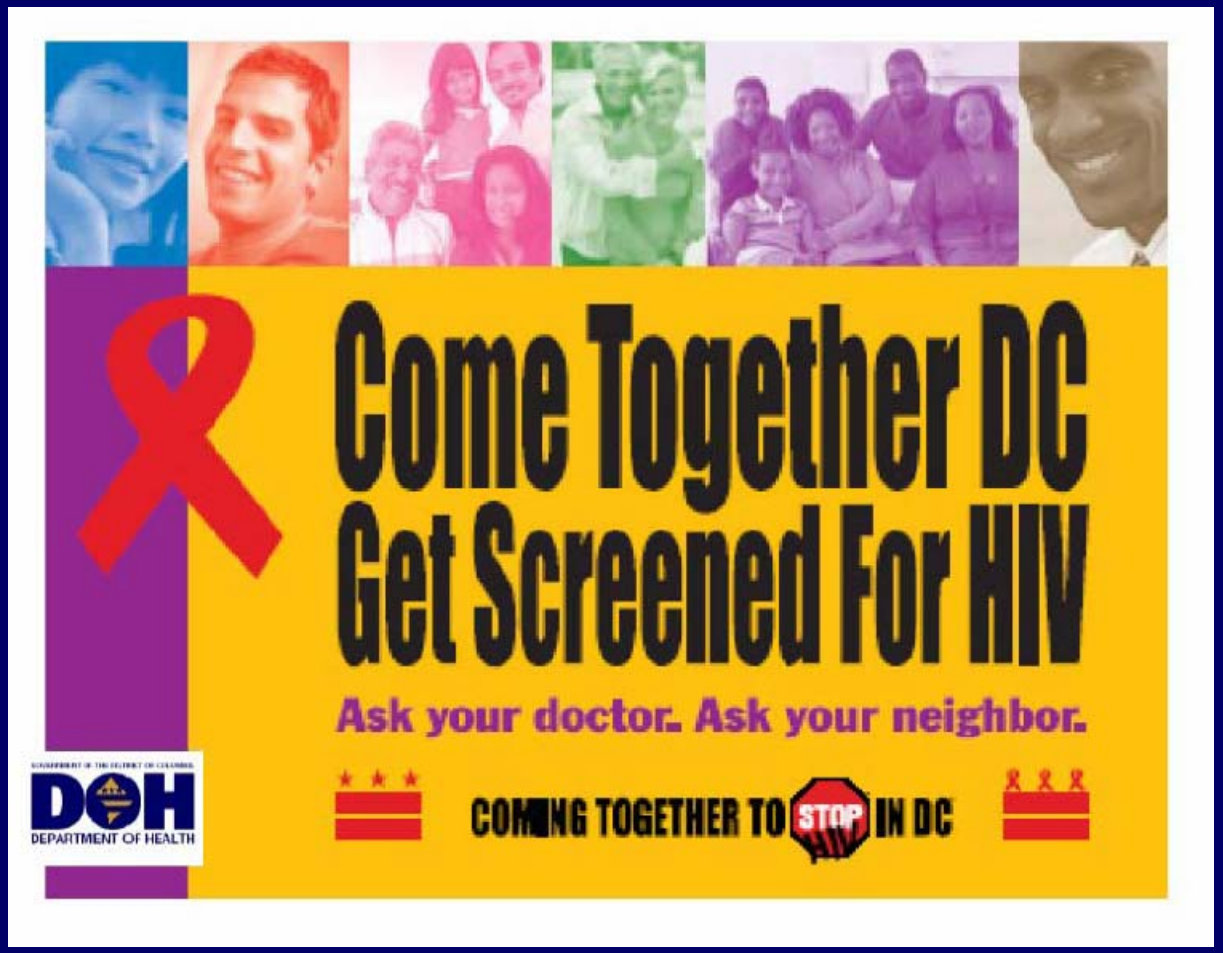
Outline

- The routine screening campaign
  - Background
  - Objectives
- Methods
- Results
- Discussion

Background (1)

- Elevated HIV/AIDS rates in Washington, DC
- In June 2006, the DC Department of Health/HIV/AIDS Administration (HAA), announced its campaign to screen every resident between the ages of 14 and 84 for HIV infection
  - This innovative approach was the first of its kind in the United States
  - In September 2006, the CDC released its routine screening recommendations

Background (2)



Background (3)

- The initiative had three goals:
  - Raise awareness about the HIV epidemic in the District, by reinvigorating the District's response and reaching not only targeted communities, but the entire population to stop the spread of HIV
  - Reduce HIV transmission by people who are unaware of their infection and by encouraging individuals who are aware of their HIV status to make healthy decisions in their own lives and in their intimate relationships
  - Routinize screening for HIV in all medical and community healthcare settings

Background (4)

- The HIV screening initiative increased availability of rapid HIV tests throughout Washington, DC
- 75,000 OraQuick Advance test kits were distributed free of charge to organizations conducting routine screening and facilitating linkage into care
  - OraQuick Advance is a preliminary screening test that is FDA approved, CLIA-waived, rapid HIV test that screens for both HIV-1 and HIV-2 in oral fluid, blood, and plasma

Methods (1)

- Following completion of standardized paperwork, participation organizations were provided with free OraQuick tests
- Inventory and organizational data between 7/26/06 and 6/8/07 were analyzed
  - Correlates of deliveries and form submission described, using uni-, bi-, and multivariable methods
  - All analyses conducted in Stata Version 9se (College Station, TX)
  - All protocols and materials approved by GWU and DC DOH Institutional Review Boards

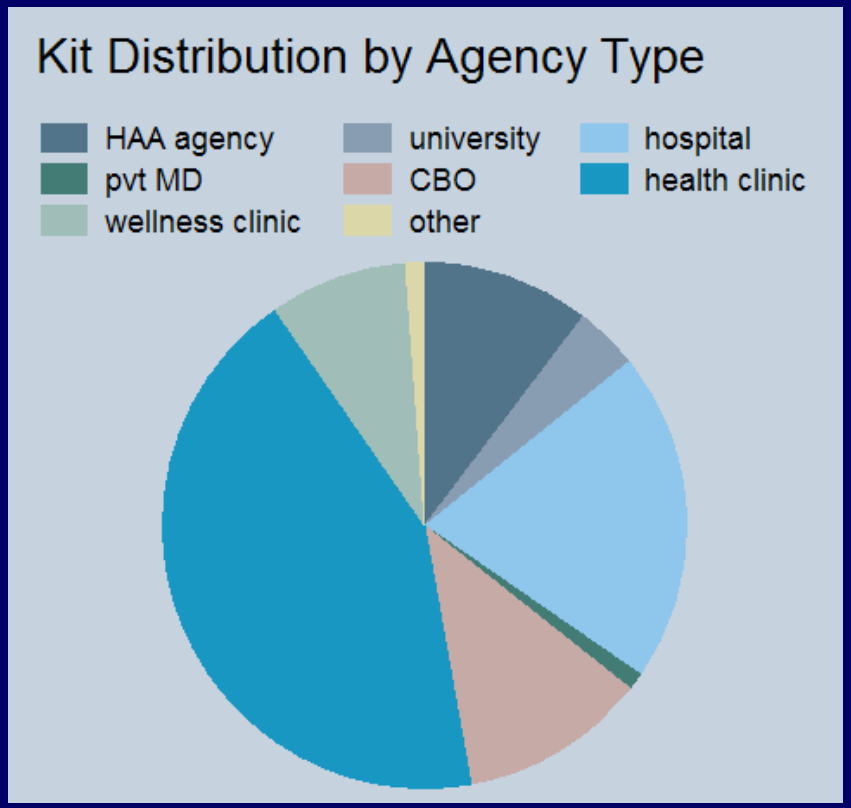
Methods (2)

- Excludes ~12,122 jail kits delivered
- Does not include returns/re-distributed kits
- Client-level data from confidential form submission previously reported (11/5/07)
- Qualitative
  - Ethnographic work
  - Key informant interviews with staff, key stakeholders, and community members

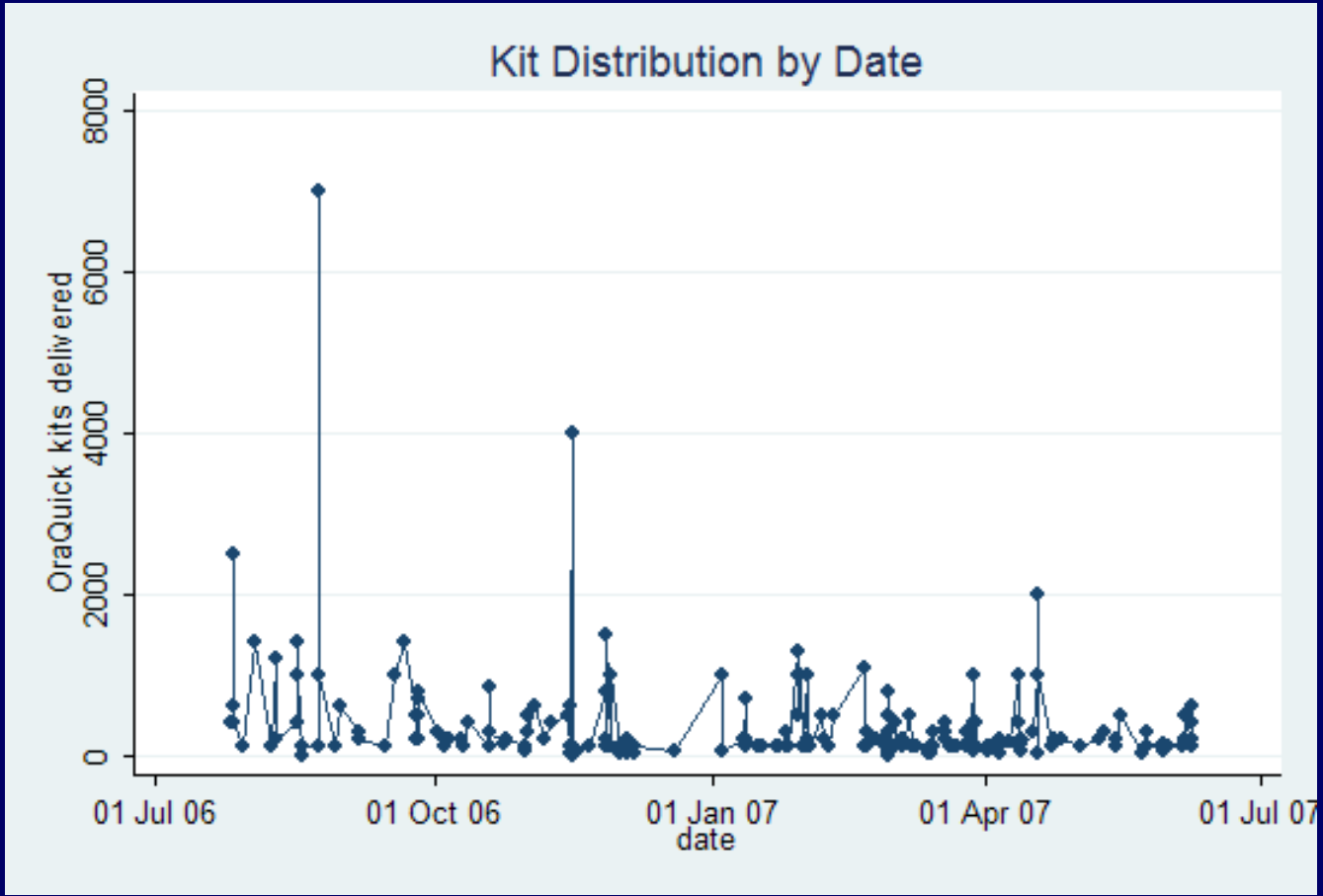
Results (1)

- Total kits distributed: 83,604
- Providers: 49
- Zip codes represented: 18
- Distinct distributions: 238
- Year delivered 2007 63.9%
- Submit confidential forms: 52.9%
- Provider types:
  - Medical providers 60.5%
  - Community-based organizations 28.6%

Results (2)



Results (3)



Results (4)

- Mean units per delivery 351.3 (sd 621.8)
  - 2006 > 2007 [498.3(928.4) vs. 272.9(337.9), $p<0.05$]
  - Non-medical < medical [488.8(763.4) vs. 140.6(122.6), $p<0.01$]
  - Form submitters > non-form submitters [158.0(197.0) vs. 455.4(781.2), $p<0.01$]

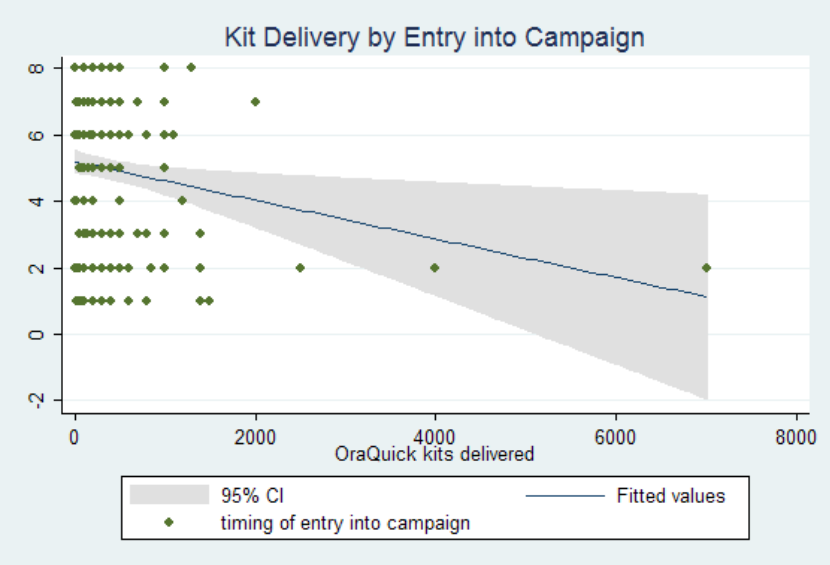
Results (5)

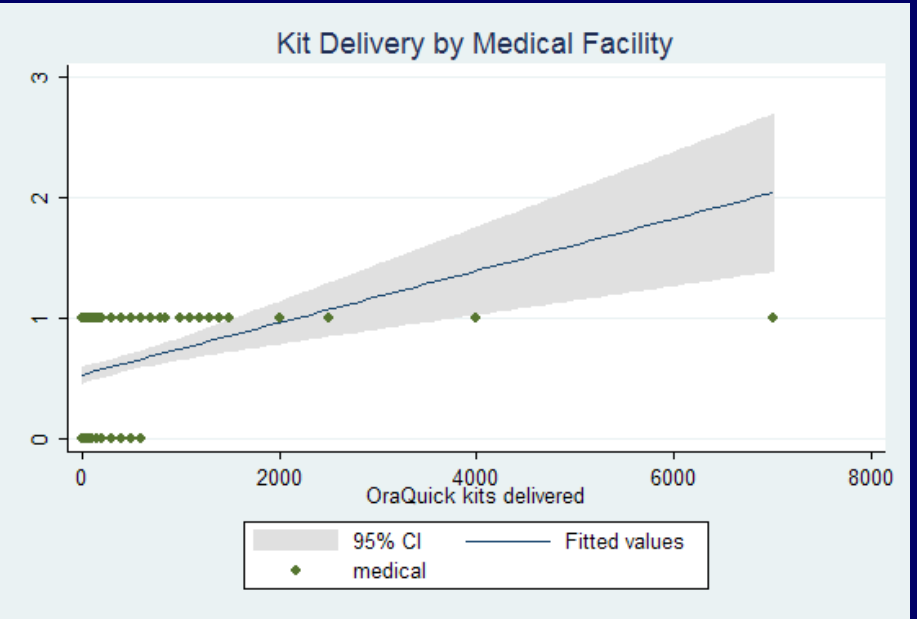
Characteristics Associated with Kit Receipt*

Variable	β	se	95% CI		*p*
Quarter of entry into campaign	-49.2	21.1	-90.9	-7.5	<0.02
Provider	60.2	30.9	-0.85	121.3	NS
Medical agency	271.9	60.4	152.8	391.1	<0.001
Forms	234.4	68.5	99.3	369.6	<0.01
Constant	18.6	101.1	-180.7	217.9	NS

*Adjusted for all other variables in model

Results (6)





Results (7)

Characteristics Associated with Form Submission*

Variable	OR	95% CI		*p*
Quarter of entry into campaign	0.98	0.85	1.11	NS
Provider	0.92	0.79	1.07	NS
Medical agency	3.05	1.65	5.63	<0.001

*Adjusted for all other variables in model

Results (8)

- Over first 5 months of campaign, only 25.2% participated in the survey, doubling in Year 2.
  - Non-participation was not associated with kit request, delivery, or return of kits
- In Year 2, those participating in survey conducted increased testing
- Request of confidential forms did not discourage participation

Results (9)

- Organizations in 4 zip codes were more likely to receive test kits than those in the rest of the zip code combined
  - Higher prevalence of hospitals, clinics, with mass routine screening
- During first 5 months*, 8.4% of organizations ordered more test kits than they needed (range 50-4,200), while 2.8% needed more (range –100 to –350)

*During which return data were systematically collected

Results (10)

- Qualitative findings
  - The test kits were made a major focus of the screening campaign from a service rendering agency perspective
  - Besides the media, many of the HAA and CBO staff interviewed stated that the test kits were one, if not the key, to their being engaged in the HIV screening campaign process
  - The free kits continuously emerged and were mentioned as a motivating factor for some campaign partners to stay engaged in the campaign
  - Some interviewees mentioned the perception that for-profit organizations should contribute to the purchase of test kits

Results (11)

- Qualitative findings
  - However, the medical community was perceived as vital to the screening effort
  - One concern raised (to be further evaluated) is the sense that OraQuick was being “advertised” via the campaign
  - Service providers favored the 20 minutes or so to receive the results and use that as an opportunity to talk/counsel the clients while screening participants
  - Simultaneously, an important issue is relaying the message to the client that the OraQuick is a screening tool requires a confirmation before a diagnoses can been made

Strengths/Limitations

- Inventory data source
- No individual level results
- Biased by “public health champions” (also a strength)
- Re-distributed kits not calculable from data source

- First analysis of its kind
- Important to identify correlates of participation in campaign and survey dissemination

Discussion (1)

- The campaign successfully distributed screening technology to community, improving access to rapid HIV tests
- Medical facilities requested most test kits, but CBOs represented an important diffusion of technology to the community
- Requirement of client-level evaluation data was not associated with reduced utilization of free test kits but rather increase

Discussion (2)

- Reductions in requests over time likely due to increased awareness of actual needs
- The program offers the potential to increase HIV testing, reduce prevalence of unrecognized infection, as well as to ultimately increase the proportion of HIV+ persons receiving services

Questions?

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