

Lessons Learned from the District  
of Columbia's Initiative to  
Implement Routine Screening for  
HIV

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**Leo Rennie  
HIV/AIDS Administration  
Department of Health  
District of Columbia**



# Background on the Testing Campaign

- DC has highest AIDS case rate in country
- CDC recommendations for routine screening released in September 2006
- Campaign launched in June 2006
- Free testing was offered to DC residents ages 14-84
- OraQuick Advance Rapid Test Kits were provided to participating sites

# Long-Range Strategy

- Ensure that all District residents know their HIV status
- Raise awareness about the importance, availability, and ease of HIV testing
- Expand access and availability of HIV screening, with goal of making HIV screening routine in all medical settings
- Assess and coordinate the medical, governmental, health insurance, and community resources necessary to sustain an ongoing HIV routine screening program

# Long-Range Campaign Goals

- Identify previously undiagnosed persons living with HIV and connect them to immediate care and treatment and prevention services
- Dramatically reduce transmission of HIV in the District
- Track and monitor the HIV epidemic in the District
- Routinize HIV screening
- Establish a model for other cities to emulate throughout the world
- Reduce the stigma associated with HIV testing by equating the test with other routine medical screenings such as blood pressure and cholesterol

# Key Stages of Implementation

- **Purchasing and storing OraQuick Advance Rapid HIV test kits**
- **Developing tools & trainings**
- **Establishing partnerships**
- **Holding public events to engage community**
- **Distributing test kits**
- **Collecting data**
- **Providing linkages to care**
- **Monitoring and evaluating the campaign**

# Purchase & Storage of Rapid HIV Test Kits

- Purchased 75,000 OraQuick Advance Test Kits
  - delivered in 3 installments
  - 25,000 kits in each installment
- Received an additional 2,600 rapid test kits from CDC
  - Part of HAA's participation in the CDC Rapid Test Kit Distribution Program
  - Total inventory was 77,600 rapid test kits
- Stored test kits in existing office space, within HAA
- Stored controls in the HAA refrigerators

# Lessons Learned: Inventory control

- Successfully managed inventory
  - Due in part to a collaborative agreement with the test manufacturer
- Ensured that 64,929 tests kits were distributed and utilized between 2006-2007
- Remaining test kits are currently being used for training purposes
- HAA modified its purchases of kits by
  - Shipping larger monthly quantities (500+) directly to providers
  - Eliminates agency inventory responsibility

# Tools & Trainings

- Offered monthly OraQuick Advance trainings to participating organizations
- HAA CTR continues to expand on various training opportunities regarding testing and counseling
- Six months of advanced scheduled monthly trainings are provided to approximately 35 test operators from campaign community partners
- Created various documents including: the OraQuick Advance Distribution Protocol, Emergency Department Implementation Tool Kit, and a Quality Assurance Template, which are posted on the HAA website

## Lessons Learned:

- Trainings on how to inform an individual of a preliminary positive would be very helpful for providers
- HAA should continue to revise and improve all written tools

# Establishing Partnerships

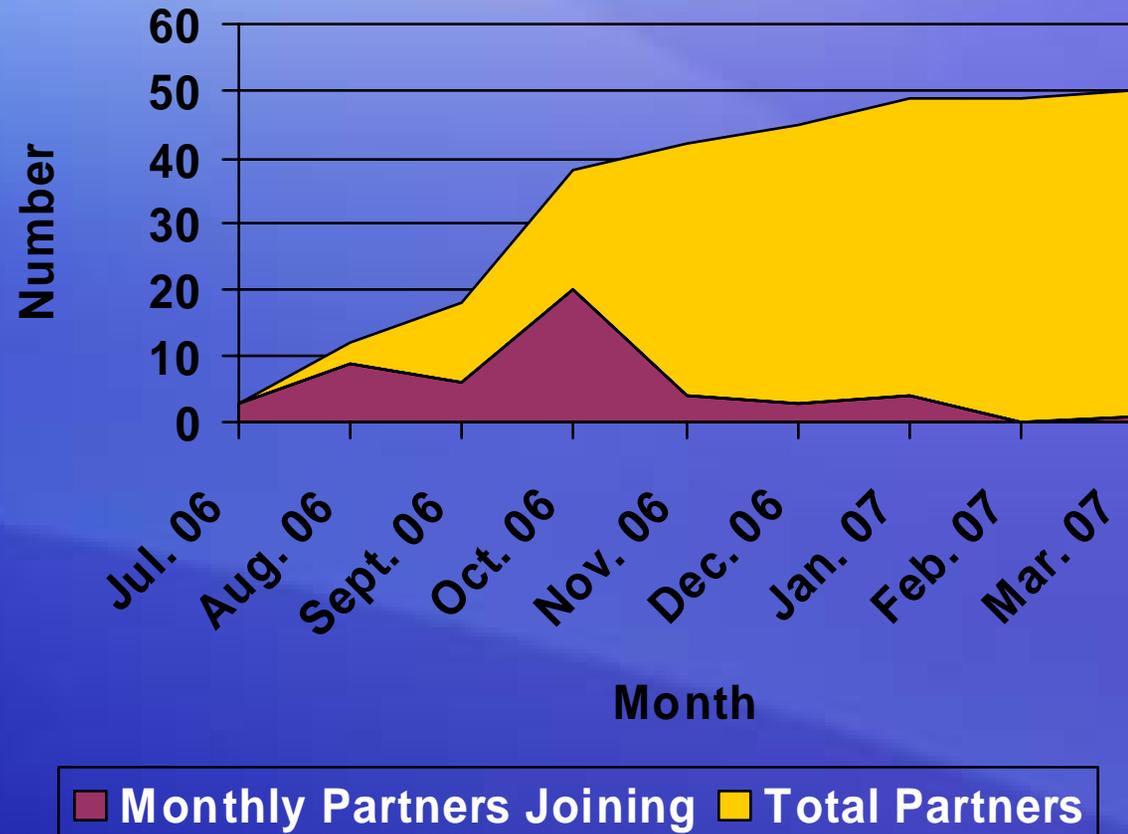
- 23 partners were local community based organizations (CBOs)
- 26 partners were
  - hospitals (8)
  - student health centers (5)
  - private physicians (5)
  - public health facilities (5)
  - and other sites (3) which included innovative, yet challenging, locales such as a small neighborhood HIV pharmacy, a methadone clinic, and an HIV specialist outreaching to local churches.

# Lessons Learned: Participation Barriers

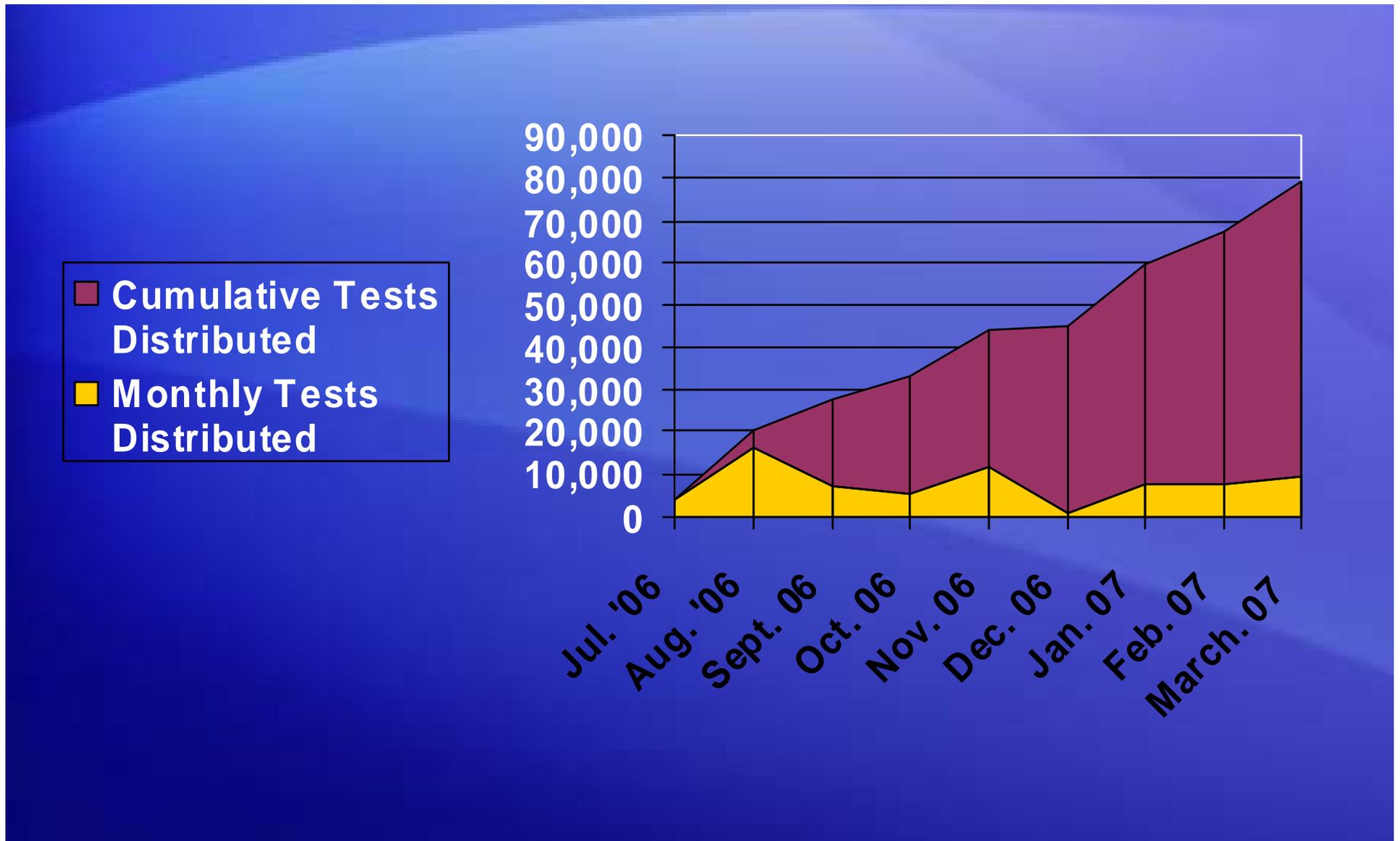
- Agencies not specifically funded or too busy for HIV screening
- Agencies not having trained staff to perform the screen or counsel patients
- Agencies' fear of finding HIV positive individuals
- Agencies' concerns about counseling and liability with regards to linkage to care

# Lesson Learned: Partnerships

HAA built upon its existing network of community partners to increase testing at diverse medical (e.g., hospitals, public health facilities, primary care centers, private physicians) and non-health community-based organization sites.



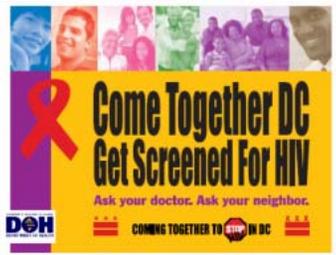
# Distribution of Rapid HIV Test



# Public Events to Engage

- Summer 2006 Clinical Update Conference for health care and community providers
- Summer and Fall 2006 Public Kick Off and weekly visibility events at “City Hall”
- Palm card distribution city wide through Metro stations and community providers
- Extensive earned and paid local and national media

# Lessons Learned: Public Outreach Strategy



- In 2006, public outreach strategy handled between HAA and public relations firm
- Independent contractor hired to provide strategic messaging including
  - radio and print ad creation
  - related media buys
- HAA communications staff crucial in gaining earned local and national media for various stages of the campaign

# Data Collection and Surveillance

- Created a standard Confidential Client Data Form
- Self- administered form or administered by testing staff while awaiting rapid test results
- Collected information including:
  - Test date
  - Demographics
  - Previous testing history
  - Reason for testing
  - Test result
  - Site name and site type
- Forms sent monthly to HAA by participating sites
- Entered data into ACCESS database

# Lessons Learned: Data Collection

- **59.4% response rate (38,596 forms from 64,929 kits)**
- **Data entry was labor intensive**
- **HAA is moving to Scantron form for future data collection efforts**
- **Integration of various data collection efforts can be burdensome to the provider**

# Linkage to Care

- “Linkage to Care” issues created many challenges for participants.
- Individual testing agencies have established links to providers that can provide confirmatory testing and post-test counseling
  - George Washington University Hospital Emergency Department established a relationship with Whitman-Walker Clinic to provide confirmatory tests and additional counseling
  - Howard University decided to send preliminary positives to their Infectious Disease Unit for Western Blot confirmatory testing

# Lessons Learned: Linkage to Care

- More work is needed to enhance connections from testing to care and treatment
- Improved linkage to care and support to HIV screening providers
- Created a document to assist providers with linkage to care issues
- Grant approved in High Risk DC Wards (7 and 8) to provide linkage to care support for hospitals and other testing agencies

# Monitoring and Evaluation

- **Partnered with George Washington University to provide technical assistance in:**
  - **Monitoring and evaluation**
  - **Database development**
  - **Data analysis**
  - **Qualitative analysis**

# Lesson Learned: Monitoring and Evaluation

- Constant program monitoring and evaluation gives HAA and community stakeholders a means of tracking the effectiveness and outcomes of individual testing programs and services throughout the District.
- Conducting additional qualitative research to measure knowledge, attitudes and behaviors of HIV care providers, medical partners, and members of the community.

# Overall Milestones

- At the end of 2006, HAA saw a 60% increase in overall HIV screening in the District, yielding a 2.4 percent positivity rate
- As of September 30, 2006, more than 16,700 residents had been tested with 580 preliminary positive results (approx. 3.47 %)
- Strengthening of HAA and DOH testing and training systems
- Over 550 persons trained to offer HIV screening in public health and hospital settings

# Overall Milestones - continued

- **Establishing new relationships with providers, HIV specialists, and hospitals beyond existing HIV network**
- **Improvement of surveillance data collection and epidemiology**
- **More HIV positive individuals receiving care and treatment**
- **Agency wide collaboration created various documents including a distribution protocol, draft Quality Assurance, and implementation toolkit**
- **Provided training on consent, surveillance, and counseling**

# Co-Authors & Acknowledgements

## Co-Authors

- Leo Rennie
- Amanda D. Castel, MD, MPH
- Donald Hitchcock

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# Questions?

For more information please contact:

**Dr. Shannon Hader**  
**Shannon.Hader@dc.gov**

**Dr. Amanda Castel**  
**sphaxc@gwumc.edu**

**Mr. Donald Hitchcock**  
**Donald.Hitchcock@dc.gov**

**Ms. Tiffany West**  
**Tiffany.West@dc.gov**

