

SPECIAL TOPICS

ORIGINAL RESEARCH: FEATURED ABSTRACT FROM THE
19TH NATIONAL CONFERENCE ON CHRONIC DISEASE PREVENTION AND CONTROL

An Alternative to Identifying and Engaging the Underserved, Out-of-Care, HIV High- Risk Population

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PEER REVIEWED

Track: Health System Change

The objective of this project was to provide and assess the effectiveness of a mobile screening and referral program for the medically underserved, high-risk, and difficult-to-reach population of Dutchess County, New York. By U.S. Census 2000 population estimates, 80% of the population of Dutchess County is white, 9.3% is African American, and 6.4% is Hispanic. However, African Americans are 15 times more likely and Hispanics almost 11 times more likely than whites to have HIV. We used an outreach van for HIV screening and referrals at nontraditional service hours and at high-risk venues in two low-income neighborhoods with the greatest burden of HIV disease.

Mobile van outreach workers surveyed each individual screened, and results were reviewed to assess the needs of the HIV-positive out-of-care clients. Outreach service forms and screening forms were analyzed to quantify the number of clients served. Lastly, follow-up phone calls to designated service providers verified whether clients referred made medical visits.

In 2003, the outreach van screened 179 individuals and identified 35 (19.5%) HIV-positive individuals. Of the 35 HIV-positive individuals, outreach workers linked 22 (62.8%) to primary care. Of these 22, 17 (77.3%) were African American and 5 (22.7%) were Hispanic. Dutchess County has an estimated 657 HIV/AIDS-positive individuals out of care; the outreach van identified and provided services to 5.3% (35/657) of this population.

Two of the biggest challenges the program faces are the need to contact high volumes of people to identify the individuals with HIV infection and the issue of safety of the outreach staff and security of the van in high-risk neighborhoods. The success of the mobile screening program can be attributed to the following factors: 1) basic primary care services are brought to the client; 2) the outreach van is staffed with racially diverse peers, outreach workers, and a nurse; 3) the program does not label the van as an HIV-care provider only but provides various other low-threshold screenings, education, and support services; and 4) over time, trusted community leaders referred others in the community to use the van services.

This initial evaluation indicates that the mobile van outreach program is successful in keeping the minority, out-of-care population in underserved neighborhoods engaged in primary care. In addition, the outreach van provides an opportunity for surveillance of HIV and the general health status of high-risk communities; it also increases access to primary care through unique partnerships among service providers.

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