



Know Your Status HIV Testing Program Lessons Learned in Community-Based HIV Testing Services

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[Community Health Partnership](#) (The Partnership) is an association of ten community health centers (CHCs) and Santa Clara Valley Health and Hospital Systems (SCVHHS), the County-operated public hospital and outpatient community health services systems for Santa Clara County. The Partnership was formed in 1993 by its member agencies as a collaborative among public and private health care providers that make up the “safety net” of medical care for Santa Clara County. In addition to the Partnership’s work with clinical services and health care policy and advocacy, the Partnership provides direct programs and services to underserved communities. These include HIV training, technical assistance, and clinical consultations to providers throughout the South Bay Area, and education and prevention services to transgender community members and their partners in Santa Clara County.

Evidence continues to suggest that new infections are largely caused by persons unaware of their HIV infection status. Rapid HIV testing enables clients to receive their test results during the testing visit, making this test ideal in both clinical and non-clinical settings for addressing ongoing challenges with clients not returning for their results. The Partnership supports the implementation of rapid HIV testing through clinical trainings and technical assistance for medical providers on implementation of the CDC’s revised HIV testing guidelines, as well as by providing direct HIV testing services to high risk individuals, many of whom have never been tested for HIV. The Know Your Status HIV testing program promotes and provides rapid testing services to clients to effectively reach high risk people of color and to reduce new infections of HIV disease by expanding local HIV Alternative Testing Sites (ATS).

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I. BACKGROUND

The success of the Know Your Status program is largely attributed to the ground-breaking efforts of the County of Santa Clara Board of Supervisors when they approved the Public Health Department's HIV Testing Expansion Implementation Plan on August 29, 2006. Community Health Partnership was one of three agencies approved through the subsequent request for proposals (RFP) process to provide community-based rapid HIV testing sites from December 1, 2006 through November 30, 2007. In addition, Kaiser helped to sustain the program with augmentation funds through August 30, 2008. Finally, grassroots fundraising efforts were applied as unrestricted funds to sustain testing activities through September 30, 2008.

The purposes of this report is to provide lessons learned through implementation of this pilot program in order to support and encourage further strategic sustainability planning for local community-based HIV testing sites in Santa Clara County.

II. PREPARING FOR IMPLEMENTATION

The Partnership subcontracted with Asian Americans for Community Involvement (AACI) as a strategy toward leveraging resources and improving the ability to reach target populations. Further explanation of these strategies is provided in section IV.

Both the Partnership and AACI worked closely with County of Santa Clara Public Health Department's HIV/AIDS Prevention and Control Program through ongoing collaboration meetings, strategy sessions around a county-wide social marketing campaign, and to receive training opportunities for staff, technical assistance on quality improvement, and test kits. Both agencies also operated under their CLIA certification and sent all tests to the HIV/AIDS Prevention & Control Program for data processing. Preparations for implementation were extended and delayed, however, due to a lengthy approval process for formal protocols and procedures. Despite these early challenges, the County's HIV/AIDS Prevention and Control Program staff were helpful in expediting this process, and providing training and certification opportunities for test counselors.

For the purposes of this report, further outcomes reported here will be relative to Community Health Partnership program implementation specifically, whereas AACI may choose to report their program outcomes at a later time.

The Partnership's Know Your Status HIV testing program included four certified HIV test counselors, all of whom worked only part time on this project and had other program responsibilities in the HIV Services department. Trained and certified test counselors are demonstrated in Table A. Most of these staff members were also involved in early discussions, strategy sessions, and grassroots advocacy efforts prior to the August 2006 Board of Supervisors meeting at which the Expansion Plan was institutionalized.

In order to fully implement the program, additional staff support was needed from a Program Director to oversee administrative issues, track program outcomes, and implement contractual agreements with four Community Health Outreach Workers.

Table A. Test Counselor Certification

Test Counselor	Tracking Initials	Certification	
		Basic I	Basic II
Danielle Castro	DC	Sep-06	Oct-08
Nori Herras-Tejero	NHT	Sep-06	Oct-08
Omar Nunez	ON	Sep-06	Oct-08
Lori Salmieri	LKS	Aug-07	Nov-07

When possible, a minimum of two test counselors were on site during testing hours. In cases where a preliminary positive test result arose, test counselors built a relationship with the client that enabled a warm hand-off to the confirmatory testing process and eventually into care.

III. CHOOSING A TESTING SITE

The Know Your Status program initially proposed at three community-based sites with extensive efforts at maximizing access for high risk community members.

The proposed Alternative Testing Sites initially included:

- a) Central San Jose at the AACI building located at 2400 Moorpark Ave.
- b) East San Jose at the Partnership’s office (formerly its headquarters) located at 614 Tully Ave.
- c) Downtown San Jose at Carla’s Boutique and Salon located at 124 Race St.

“I got tested for HIV several times at the Crane Center, but I haven’t been back for 2 years because I would run into people I know and I didn’t want to be seen doing it there.”

All sites would be established in non-clinical settings in a space where clients would feel comfortable accessing services. Choosing sites that served multiple purposes to the community (i.e., office suite with several different services centrally located) also served to reduce the stigma commonly associated with accessing HIV services. All sites operated as drop-in/walk-in and by appointment. Testing by appointment was necessary in order to arrange translation services for monolingual non-English speakers. A direct telephone line was established by the Partnership with an outgoing message and voicemail box related to local HIV testing services in English, Spanish, and Vietnamese. A website at www.chpscc.org/hiv/testing was also established with testing hours and locations.

The Central San Jose site has remained consistent through the duration of the pilot program. However, due to the relocation of the Partnership’s primary offices to Santa Clara, the program moved to AACI’s mental health offices at **2183 Tully Road in the Tiger Plaza**. This location was ideal to remain within the target region in East San Jose; however, clients often claimed the office was difficult to locate on the second floor of a business complex with poor program signage. As outreach strategies were improved over time to reveal an increase in tests, staff determined that the benefits of consistency outweighed the barriers and this site remained open through the completion of the pilot project.

In addition, although Carla’s seemed like a comfortable setting in theory because it is socially frequented by transgender community members and their partners, after only four months at Carla’s (including 3 months of Orasure under the County’s direction and 1 month of Oraquick rapid testing as an establish testing site), clients of the TransPowerment program revealed that community members refused to test at that site for fear that their friends or partners would make assumptions about their status. Due to this unexpected barrier to services, the site was closed after June 2007.

IV. PROGRAM DESIGN AND TARGET POPULATIONS

Community Health Partnership and AACI worked together to primarily target Asian and Pacific Islander (API) and Latino men who have sex with men (MSM) and transgender community members, which were identified by the Public Health Department as priority populations. Secondary target populations included high risk heterosexual men and women who are identified by the primary target group and included substance users, female partners of MSM, and sex workers. The involved agencies are uniquely positioned to reach these specific target populations due their years of experience and strong reputations of having built trusting relationships and effective programs with these groups.

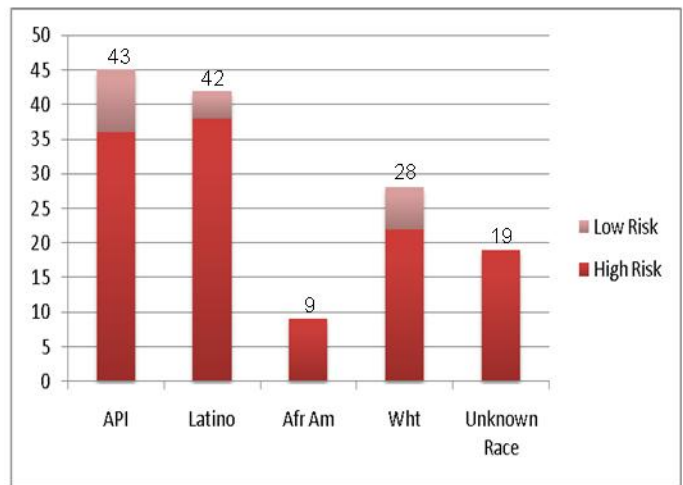
These populations were also chosen for targeted prevention and testing activities because they are at disproportionately high risk for HIV/AIDS due to stigma, language and cultural barriers to accessing services, and a lack of trust in clinical and other institutions. According to the Santa Clara County Comprehensive Plan for HIV/AIDS Services (2006-2008), these populations have been cited as needing special consideration when planning and implementing prevention and care programs. “Latinos have been representing an increasingly higher proportion of the HIV/AIDS epidemic... Monolingual

Spanish speakers may be particularly at risk. The recent needs assessment found that they were overrepresented among the out of care population... Like Latinos, Asians and Pacific Islanders are representing an increasing proportion of new AIDS cases, and they are the most underrepresented group among CARE Act clients.”

Out of 143 tests provided by the Partnership, 124 (87%) were to high risk clients. High risk is intended to include clients who thought they had potentially been exposed to the virus through unprotected sex or who have had a condom break, had multiple partners, had sex with a sex worker or were a sex worker themselves, and/or had a sexually transmitted infection.

Table B demonstrates the number of tests provided to Asians and Pacific Islanders (API), Latinos, African Americans (AfrAm), and Whites or Caucasians (Wht). Because Community Health Partnership staff provided 19 Orasure tests at the San Jose LGBT Pride festival in June 2007 under the direction of the County of Santa Clara, demographic data is unavailable for those clients.

Table B. Tests by Race and Level of Risk



Transgendered individuals who engage in high risk behaviors such as unsafe sex, sex work, and needle exchange have specifically been targeted as well. However, this group has traditionally been left out of targeted prevention and testing services because transgender status has been inconsistently collected and report in HIV/AIDS surveillance data. This is largely due to the fact that clients who are female-to-male, male-to-female, gender queer, gender variant, or are cross dressers may present and/or identify themselves to test counselors as male or female, using the traditional binary gender model. Despite efforts to capture more accurate data by gaining the trust of clients and normalizing the ability to discuss issues related to gender and sexuality, this issue continued to be a challenge for staff.

Table C. Tests by Gender/Sexuality and Level of Risk

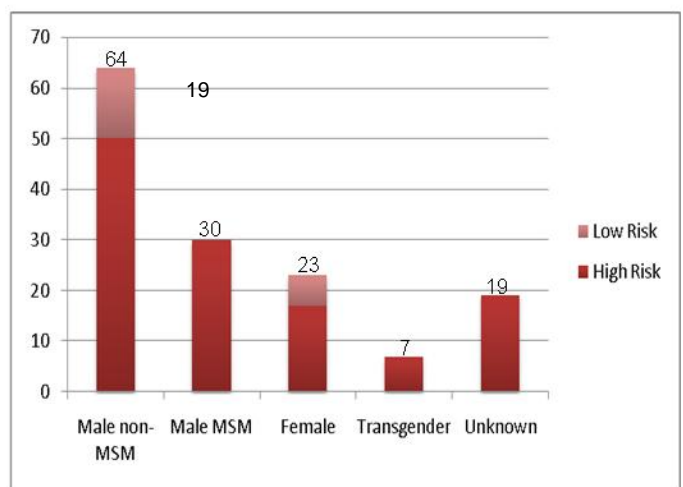


Table C demonstrates the number of tests provided to clients by gender. Of the 7 clients who agreed to be marked as transgender when they tested for HIV, 1 was female-to-male and 6 were male-to-female; 4 identified as heterosexual, 2 as bisexual, and 1 as other sexual orientation. These clients also made up a diverse racial group including 3 Asians or Pacific Islanders, 2 Whites or Caucasians, and 1 Latino.

Staffing sites with community members who represent the target populations and/or are particularly sensitive to language and cultural needs also proved to be not only beneficial, but important in gaining quality feedback on effective programming.

V. ESTABLISHING A TESTING SCHEDULE

The Know Your Status testing schedule was determined to work in tandem with days and times during which other community-based sites at AACI, the Crane Center, EHC Lifebuilders, and the Billy DeFrank Center were available. (Current HIV testing services can be obtained by visiting www.chpscc.org/hiv/resources, and reflect information obtained through a provider service assessment for HIV/STD services in FY 2007-08.) Based on an assessment of trends, feedback from clients, and availability of program funds, the Community Health Partnership testing schedule changed during the duration of the pilot program.

“My wife and I drove thirty minutes to get here today because you are the only site open on a Saturday.”

The program struggled to balance the need to determine the most effective and accessible days of the week with recognition of an inherent variance in the number of tests that may peak during particular months, holidays, or seasons. Testing was available by appointment in order to accommodate language-specific needs; however a defined service schedule was necessary for promotional and accessibility purposes. For this reason, grayed cells in Table D indicate a day of the week in which regularly scheduled testing hours were not available unless by appointment. Services were available for 3 days per week for 4 months during June 2007 – Sept 2007 on Tuesdays, Wednesdays and Thursdays (4:00 – 8:00 p.m.). Saturday afternoons (1:00 – 5:00 p.m.) were added to this schedule for the 5 months that followed during Oct 2007 – February 2008. For the duration of the pilot program, there was a final revised evening and weekend schedule in place that again put the agency in a unique

position to provide services to high risk communities who would have otherwise been unlikely to get tested due to work and other life responsibilities, especially in light of the fact that no other agency provided Friday evening or Saturday testing in Santa Clara County.

Table D. Trends by Weekday and Month

Date	Tues	Wed	Thurs	Fri	Sat	TOTAL	# days per week	Average tests per month	# positive tests
Jun-07	1	0	0	1	20	22	3	7.33	2
Jul-07	2	0	0			2	3	0.67	
Aug-07	2	1	2			5	3	1.67	
Sep-07	1	1	0			2	3	0.67	
Oct-07	3	3	1		1	8	4	2	
Nov-07	3	3	7		2	15	4	3.75	
Dec-07	4	3	3		3	13	4	3.25	
Jan-08	1	1	3		4	9	4	2.25	
Feb-08	0	0	3		4	7	4	1.75	
Mar-08	1	1	1	1	3	7	3	2.33	
Apr-08			2	6	3	11	3	3.67	
May-08			3	3	8	14	3	4.67	
Jun-08			0	4	2	6	3	2	1
Jul-08		1	4	2	2	9	3	3	
Aug-08			2	5	2	9	3	3	
Sep-08			0	3	1	4	3	1.33	
TOTAL	18	14	31	25	55	143	53		3
# months offered	9	9	16	7	12	16			
Average tests per day of the week	2	1.56	1.94	3.57	4.58				

Table E. Average Tests per Week Day
With consideration to changes in testing schedule

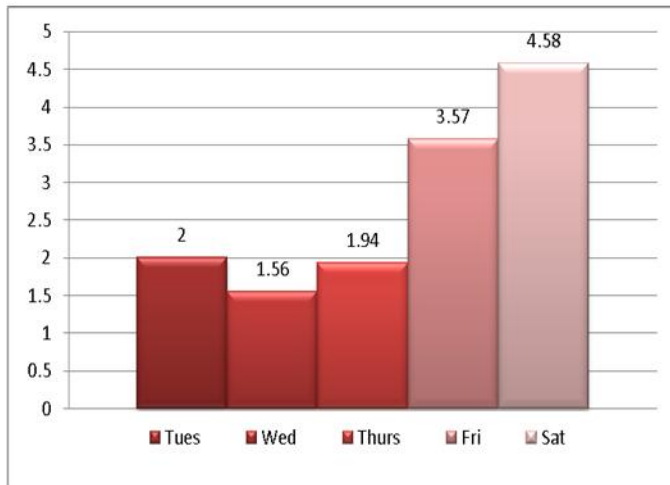
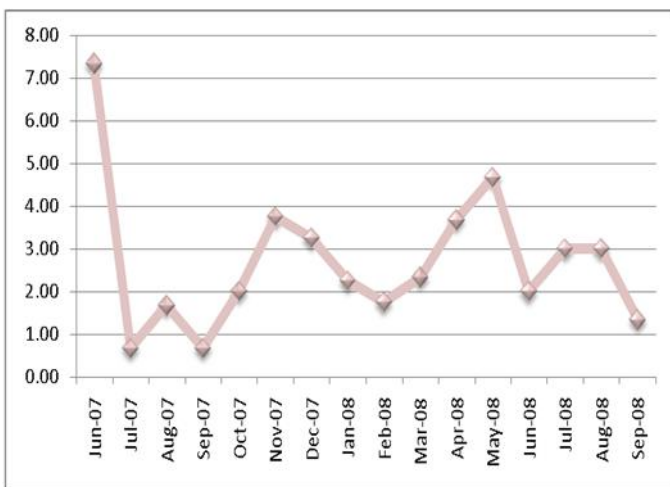


Table F. Average Tests per Month
With consideration to changes in testing schedule



Based on the data available and as indicated in Tables D and E, it was determined that Friday evenings and Saturday afternoons were most frequented by clients. Table F shows that November, April, and May were peak months in testing as well, excluding June 2007, which represented 19 Orasure tests that were provided at the San Jose Pride event. Investigation has shown that there was an increase in internet outreach services during these months. Further explanation of the effectiveness of this strategy will be provided in section VI of this report.

VI. EFFECTIVE OUTREACH AND PROGRAM PROMOTION

Community Health Partnership utilized multiple innovative strategies to recruit clients, including collaborative efforts at social marketing, printed promotional materials, online outreach and targeted prevention strategies at events and venues at which the target populations frequented.

A concerted effort was made to participate in a coordinated county-wide social marketing campaign. Because limited funding was available to support current, targeted promotional materials aimed at behavior change, a planning group of service organizations agreed to collaborate in order to reduce costs and to maintain the integrity of the messages and information being utilized to promote county-wide testing services. Milagro Marketing was chosen by the County’s HIV/AIDS Prevention & Control Program to assist with concept, image, and media development. A campaign slogan “Easy, Fast, Free: What Were You Thinking? Get HIV Tested” was agreed upon by the group, with guidance from Milagro Marketing. Due to a short timeline, several obstacles

to an effective campaign surfaced, including the following issues:

1. A formal contract was not executed between the County of Santa Clara and Milagro Marketing, which eventually lead to a lack of legal ownership of the corresponding concepts and images.
2. Print materials were produced with an 800 telephone number and the specific hours and days of each community-based testing site without consideration for long-term accuracy of the printed information. As a result, thousands of these printed materials went unused and recycled.
3. Considerable efforts were made to publicize the images on public VTA busses and in movie theaters, which were blocked by existing corporate policies that banned public service announcements related to HIV testing.

However, printed retractable banners and .JPG images of the concepts have continued to be useful in program outreach. In addition, the Know Your Status program also printed its own small promotional materials in the form of cards that were inserted into condom packets. Outreach services through the Partnership’s RWCA Education & Prevention grant were leveraged, which enabled distribution of condoms and testing, education, and prevention information in bars, night clubs, and community events frequented by the target populations.

Conducting outreach at Eastridge Shopping Center in San Jose was also effective at targeting API and Latino individuals, particularly youth and families. However, it is the policy of Eastridge Shopping Center that the location of the outreach booth is predetermined, making targeted prevention challenging. Although the program reached many people and directed them to the HIV services, it was not the best medium to reach what is truly our priority population.

There was an extreme increase (87%) in tests in the month of November 2007 when, following the completion of the local service assessment and [resource directory](#), staff solicited the national website www.HIVTest.org to update its site to include the Know Your Status testing schedule. This site allows users to enter their zip code and immediately find the nearest location of both medical and community based testing services.

Some of the most successful efforts at recruiting high risk clients to testing services, however, included online outreach using websites such as [Craigslist.org](#), [MySpace.com](#), and [NBC Channel 11's](#) community posting site. Online outreach included posting ads, participating in chat rooms, creating unique interactive social websites (i.e., MySpace or Facebook groups and pages), providing referrals and harm reduction information using instant messenger programs. During the months of April and May where the outreach team intensified online outreach efforts, the number of tests increased dramatically. These trends are demonstrated in Tables D and F above.

VII. LESSONS LEARNED & RECOMMENDATIONS FOR AGENCIES PROVIDING COMMUNITY-BASED TESTING

Based on the experience and expertise gained through programmatic implementation of the Know Your Status HIV rapid testing program, Community Health Partnership is in a unique position to be able to make recommendations to partners interested in implementing effective community-based HIV testing. A summary of the lessons learned is provided here.

- **Preparing for Implementation**
 - When possible, staff sites with a minimum of two test counselors during testing hours.
 - Certify test counselors prior to implementation and allow time for shadowing and modeling counseling techniques with seasoned counselors.
 - Build systematic and personal relationships with partnering agencies such as the Crane Center and the Ira Greene PACE Clinic that will enable a warm hand-off to the confirmatory testing process and eventually into care.
- **Choosing a Testing Site**
 - Make active efforts at reducing the stigma commonly associated with accessing HIV services by choosing sites that serve multiple purposes to the community (i.e., office suite with several different services centrally located).
 - Use consistent messages, slogans, and/or logos in all marketing materials and signage to improve client ability to recognize the location and prominence of the site.
 - Establish a direct telephone line and/or a website with testing hours and locations so that information is readily available when staff is not.
- **Program Design and Target Populations**
 - Staff sites with community members who represent the target populations and/or are particularly sensitive to language and cultural needs
 - Use quantitative and qualitative evaluation systems and tools to assess effectiveness of programming on an ongoing basis, rather than afterward, and be willing to augment and/or change availability of services as needed.
- **Establishing a Testing Schedule**
 - Determine the testing schedules of other community-based testing services in Santa Clara County prior to establishing a new site schedule. Give special consideration and preparation to the availability of services on evenings and weekends.
 - While a defined service schedule is necessary for promotional and accessibility purposes, it is equally as important to create a programming structure that allows for testing by appointment in order to accommodate language-specific needs.
 - Be aware and prepared for variance in the number of tests that may peak during particular months, holidays, or in preparation for special annual events.
- **Effective Outreach and Program Promotion**
 - Execute a formal contract with all agencies who develop marketing concepts and images in order to gain legal ownership of the corresponding messages.

- To maximize cost effectiveness, print only sustainable information when developing print materials (i.e., flyers, posters, banners). Consider omitting pilot programming schedules that may change based on an assessment of trends and other temporary marketing strategies.
- Consider printing vertical, retractable banners as a key strategy to increasing visibility at community events and at sites that do not act as a full-time testing site.
- Develop .JPG and video advertisements and images that can serve multiple purposes for print and online outreach tools.
- Once a schedule is established and determined to be sustainable, contact www.hivtest.org to post service and contact information.
- Maximize online outreach when possible including:
 - Posting ads
 - Participating in chat rooms
 - Creating unique interactive social websites (i.e., MySpace or Facebook groups and pages)
 - Using instant messenger programs to provide referrals and harm reduction information

VIII. NEXT STEPS

While the Partnership's team of staff continues to strongly advocate for and support local community-based testing services, effective October 1, 2008, Community Health Partnership will no longer offer drop-in HIV testing services. Referrals for community members to non-clinical HIV testing services will be made to www.hivtest.org, the Crane Center, Billy DeFrank Center, and AACI. Referrals to HIV testing services in the medical setting will continue to be made to Community Health Partnership member clinics.

Community Health Partnership will continue to provide training, technical assistance, advocacy and referrals to support both community-based and medical HIV testing services in Santa Clara County. We will also continue to serve as a reliable resource for local community services and programs. A resource directory of local HIV and STD services can be found at www.chpscc.org/hiv/resources and we invite our friends and colleagues to help us keep this directory updated and current.

We also invite our colleagues to contact us, as the Local Performance Site for the RWCA AIDS Education & Training Center, for free and low cost skills development trainings for health and HIV professionals. For more information on HIV Services provided by Community Health Partnership, visit us online at www.chpscc.org/hiv.