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Assessing the Feasibility of A Mobile HIV Screening Unit in Vermont: A Community Survey



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Background

20% of the 1.2 million HIV-infected people in the U.S. are unaware of their HIV positive status [1, 2].

Current targeted screening:

- ineffective at reaching a substantial proportion of individuals with unknown serostatus,
- delays initiation of treatment and counseling, critical to prevent disease complications and transmission [3].

Rapid HIV testing methods:

- more efficient than traditional, time-intensive methods,
- widely available and cost effective,
- reduce number of patients lost to follow-up [4,5].

Challenges to community-based HIV testing:

- maintaining confidentiality,
- perceived cultural and social stigma,
- logistical barriers (distance in rural settings) [6],
- may be overcome by non-traditional testing and counseling avenues.

Community-based approaches:

- increase portion of the population aware of their HIV status
- lead to earlier diagnosis and connection of patients to quality counseling, medical treatment and prevention services [7, 8].

Methods

16-question survey

- to assess the feasibility of implementing mobile testing unit services in Vermont.

Four (4) counties in Vermont

- distributed on-site at hospitals, practices, and other health organizations.

Target population:

- medical professionals: physicians, nurses and nurse practitioners, mental health counselors and social workers.

Data were reported on a scale ranging from strongly agree (6) to strongly disagree (1) towards a presented statement.

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7. Mimiaga, M.J., et al., Poly-substance use and HIV/STD risk behavior among Massachusetts men who have sex with men accessing Department of Public Health mobile van services: implications for intervention development. *AIDS Patient Care STDS*, 2008. 22(9): p. 745-51.
8. Isler, M.R., et al., Acceptability of a mobile health unit for rural HIV clinical trial enrollment and participation. *AIDS Behav*, 2012. 16(7): p. 1895-901.

Results

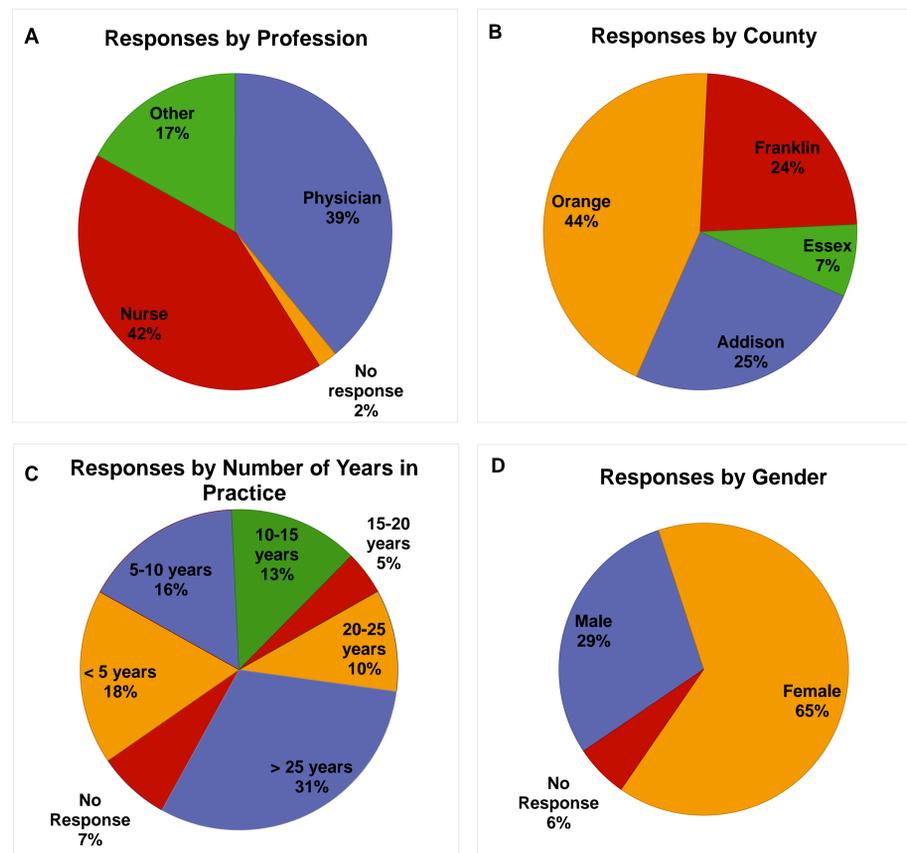


Figure 1. Responses by Demographics A) Percent of survey responses by profession B) Percent of survey responses by county C) Percent responses by number of years in practice D) Percent responses by gender



Figure 2. Vermont Counties Surveyed Addison, Essex, Franklin, and Orange

Most Desired Additional Services

- STD Testing - 76%
- Hep C Testing - 69%
- Contraceptives - 69%
- Needle Exchange - 62%

Figure 3. Additional Services Recommended Percent of total responses for the top four additional services providers suggest should be included in the implementation of a mobile HIV testing unit.

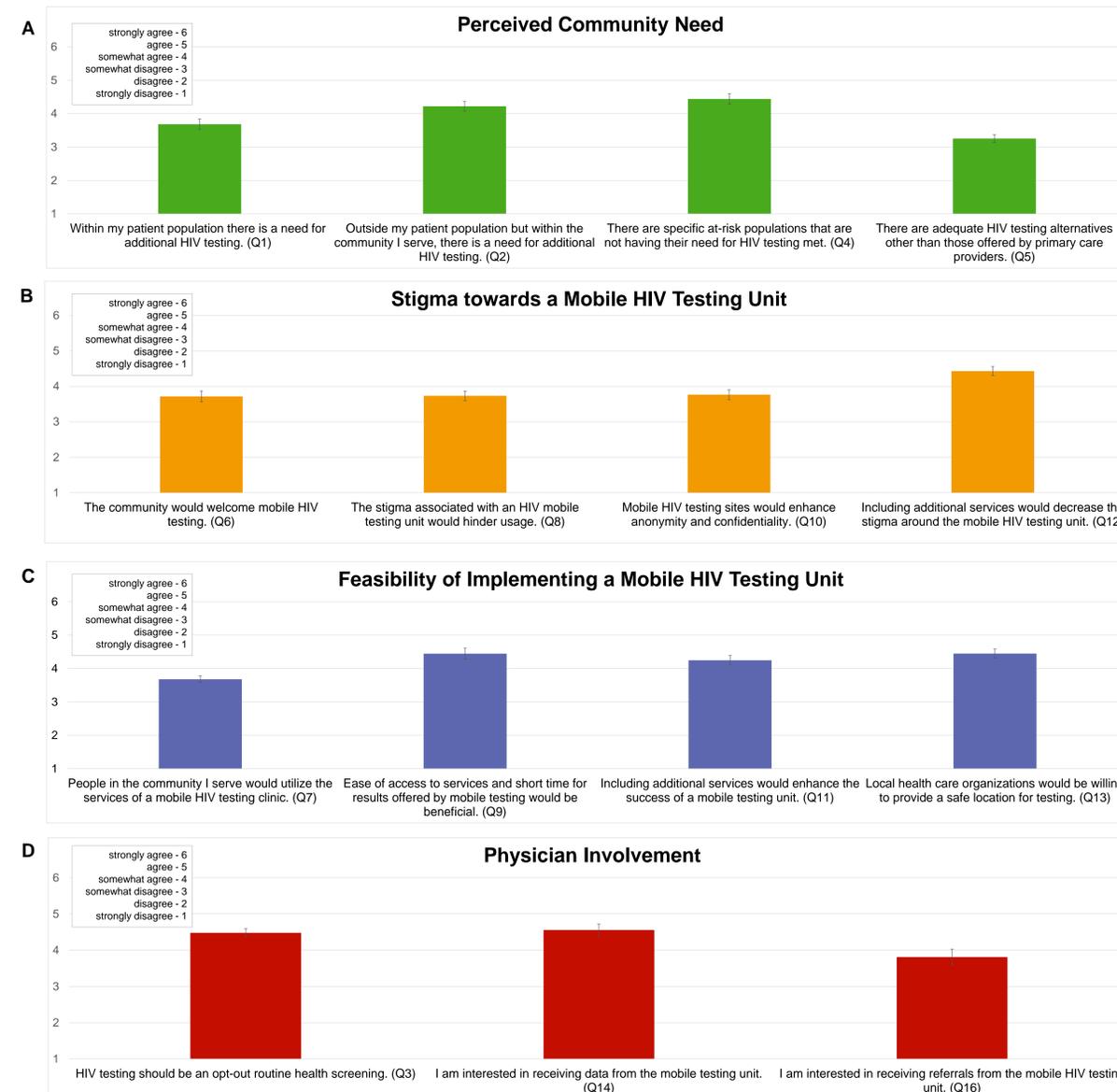


Figure 4. Mean Provider Survey Responses Mean provider responses to questions about A) Perceived Community Need towards a mobile HIV testing unit and B) Perceived Stigma that may exist around HIV testing and the implementation of a mobile HIV testing unit C) the feasibility of implementing a mobile HIV testing unit and D) future physician involvement with general HIV screening and with specifically a mobile testing unit.

Discussion

- Data gathered from the four targeted counties indicated that there are perceived unmet needs in the realm of HIV testing and services.
- Survey responses indicate that providers perceive a need for additional HIV testing. Providers believe there is an at-risk group in their community with unmet needs in HIV testing and services. Furthermore, providers feel that the communities would benefit from mobile HIV testing services. There was, however, uncertainty regarding community acceptance of such services, due to stigma.
- Providers also recommended providing additional services beyond HIV testing in a mobile unit to maximize acceptance and utilization.
- Additionally, providers indicated an interest in joining a referral network that partners with the mobile testing unit to minimize gaps in care due to patients lost in follow-up.
- **We recommend that mobile HIV testing unit be instituted in the identified counties.**