1-22-2014

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

Kelsey Preston
Daniel Haddad
William Thompson
Sarah Ebert
Kevin Saiki

See next page for additional authors

Follow this and additional works at: http://scholarworks.uvm.edu/comphp_gallery

Part of the Community Health and Preventive Medicine Commons, and the Health Services Research Commons

Recommended Citation
Preston, Kelsey; Haddad, Daniel; Thompson, William; Ebert, Sarah; Saiki, Kevin; Wenning, Leslie; Balise, Stephen; Martir, Janel; Jacobsen, Peter; and Larrabee, Jerry, "Assessing the Feasibility of a Mobile HIV Screening Unit in Vermont: A Community Survey" (2014). Public Health Projects, 2008-present. Book 197.
http://scholarworks.uvm.edu/comphp_gallery/197

This Article is brought to you for free and open access by the Public Health Projects, University of Vermont College of Medicine at ScholarWorks @ UVM. It has been accepted for inclusion in Public Health Projects, 2008-present by an authorized administrator of ScholarWorks @ UVM. For more information, please contact donna.omalley@uvm.edu.
Assessing the Feasibility of A Mobile HIV Screening Unit in Vermont: A Community Survey

Kelsey Preston\(^1\), Dan Haddad\(^1\), William Thompson\(^1\), Sarah Ebert\(^1\), Kevin Saiki\(^1\), Leslie Wenning\(^1\), Stephen Balise\(^1\), Janel Martir\(^1\), Peter Jacobsen\(^2\), Jerry Larrabee, MD\(^1\)

\(^1\)University of Vermont College of Medicine, Burlington, VT, \(^2\)Vermont CARES, Burlington, VT

Background

20% of the 1.2 million HIV-infected people in the U.S. are unaware of their HIV positive status [1, 3].

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, 6].

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 [4, 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.

Results

Most Desired Additional Services

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

Figure 3. Additional Services Recommended

Figure 4. Mean Provider Survey Responses

Discussion

- 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.