



# “It Takes a Village”: Targeted, Integrated Sexually Transmitted Infections, Hepatitis, and HIV Prevention Services at Summer Outreach Events - Chicago, 2009

Cathy Yanda, MPA<sup>1,2</sup>, Mila Verdugo, MPH<sup>2</sup>, G. Simone Koehlinger, PsyD<sup>2</sup>, Laurie Anderson<sup>1</sup>, Michael Hunter<sup>2</sup>, William Wong, MD<sup>2</sup>  
<sup>1</sup>Centers for Disease Control and Prevention, Atlanta, GA; <sup>2</sup>Chicago Department of Public Health, Chicago, IL



Richard M. Daley  
Mayor



Bechara Chouchair, MD  
Commissioner

## Background

- Men who have sex with men (MSM) account for approximately half of HIV diagnoses among men in Chicago.
- Expanding STI/HIV testing and Hepatitis vaccination campaigns among high-risk groups can make a significant impact on the health of a community.

## Objectives

- To provide on-site targeted STI and HIV testing and hepatitis vaccinations services for MSM during summer events in Chicago
- To increase awareness and to promote routine testing and health-seeking behaviors among MSM

## Methods

- Chicago Department of Public Health (CDPH), in collaboration with community partners developed the “Testing Village” model at several summer events.
- Testing Village features:
  - Large, self-contained areas with tents
  - Free, on-site HIV tests, syphilis tests, and hepatitis A/B vaccinations
  - Innovative recruitment strategies
  - Incentives

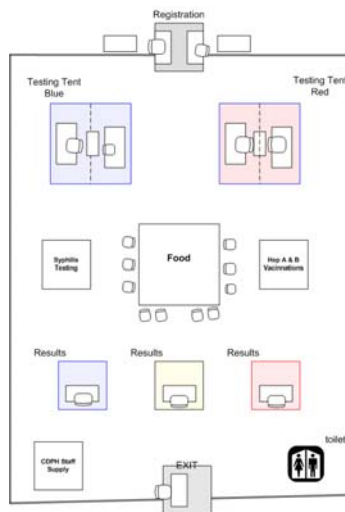
## Acknowledgements

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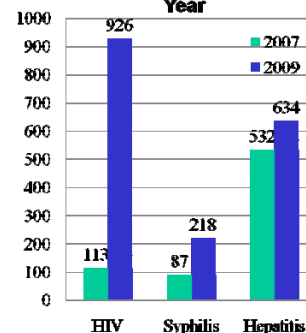
## Results

- In 2009, 1,778 encounters for STI/HIV testing and Hepatitis vaccination occurred.
- The volume of services increased between 2007-2009:
  - Syphilis tests increased by 150%
  - Rapid HIV testing increased by 719%
  - Hepatitis vaccinations increased by 19%
- In 2009, four new syphilis and 14 new HIV infections were identified.
- MSM participation varied by event (estimated 5-10%).

Testing Village Site Plan



HIV and Syphilis Tests, Hepatitis Vaccinations By Year



## Recommendations

- In 2010, CDPH plans to expand the prevention services offered in the testing village to include tuberculosis and tobacco control information and resources.
- CDPH will continue to collaborate with community partners to increase testing and vaccination services to decrease the incidence of HIV, syphilis, HAV & HBV infections among MSM.

## Limitations

- Participation in the testing village was voluntary which may have led to selection bias.
- Information on refusals for participation, repeat testing across events, and follow-up vaccinations received outside of the village were not collected.

## Conclusions

- An integrated, non-traditional testing approach is feasible and was effective in reaching a high-risk population.
- Local health department program collaboration among STI/HIV, Immunization, and community partners can provide large scale, on-site testing and vaccination services at outdoor events to reach traditionally hard-to-access populations.

STI/HIV Prevention and Control Services, Division of STI/HIV/AIDS  
 Chicago Department of Public Health  
 333 S. State Street, Room 200 Chicago, IL 60604  
 phone (312) 747-9656; fax (312) 747-9663  
[www.cityofchicago.org/health](http://www.cityofchicago.org/health)

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