

Testing Committee

Immediate Outcomes

- Communicate to medical community of legislation changes.
- Incentives for high risk individuals to get tested.
- EPI based planning and program design part of standards.
- Use strict PCR procedures.
- Baseline data collection.
- Baseline evaluation.
- Research for existing testing frameworks.
- Begin lobbying process for policy change.
- Provide testing upon exiting from prison and jails and don't forget about the window period to be part of the discussion.
- Meet them where they are at – churches, etc.
- Increase coordinated outreach to high risk online sites (intervention strategy).
- Advertise on websites – make it more visible (when people see the information they see the importance or at least are aware).
- Create window period poster.
- Literature in waiting rooms.
- Pros/Cons of testing poster.
- Social marketing basis for all message design.
- Cultural competency in all communications.
- Increase availability of drop in testing outside of Sacramento city limits.
- Better collaboration of online services to/for rural areas.
- Free convenient sharps disposal.
- Form a testing task force to strategize quarterly.
- Communication with all providers to: identify who is testing/not testing, methods to increase testing, identify and address problems implementing testing.
- Get buy in from providers to make routine HIV testing a part of their annual visit.
- Increase social network testing by all HIV providers including county funded testing sites, Mercy, Kaiser, UCD, Sutter and CARES.
- Develop a script that finds out if a person is in need of HIV/STI testing.
- HIV/STI focused literature in waiting rooms.
- Collaborate with mainstream community organizations (i.e. churches)
- Coordinate referrals and follow up testing.
- Found out if clinics are testing properly.
- On-going recruitment and relationship maintenance with churches and communities of faith.

Intermediate

- Educating providers to provide proper education including referrals and prevention counseling.
- Huge youth focused element of testing and prevention activities.
- Work with people being released from prison (being tested when going through orientation of being introduced back into society).
- Engage sports and music figures to challenge stigma and encourage testing.
- Identify additional funding to provide free HIV/STI testing throughout the region. Both public and private settings.

- Report fact (epi) based results of short term interventions.
- Evaluate existing programs, build off successes, develop local best practices, and share data with providers.
- Find out what all medical providers do when it comes to HIV/STI testing.
- Find out what the emergency room referral procedures are.
- Increase testing in the emergency room setting.
- Provide CEU's at professional conferences.
- Make HIV as part of STI testing/screening.
- Have the ability to schedule HIV/STI testing on-line or via automated telephone.
- HIV testing leads to STI testing. STI testing leads to HIV testing.
- Remove the barriers from tester training and testing process.

Long Term

- Work with policy makers who can do policy changes.
- Testing sites to allow free testing for people who don't have insurance.
- Screen HIV+ individuals for new reinfections.
- Change peoples mind set: HIV is an STI
- All mental health and detox facilities provide routine HIV/STI testing.
- HIV test routine during a routine doctors visit.
- Universal testing.
- Ability to waive co-pay for HIV test.
- Adapt policy to HIV test done just like DNA done.
- Policy changes that will require HIV testing to annual without any information being provided to employer. Patient should have choice to go to any provider for HIV/STI tests.
- Continuity of care linkages improved.
- Comprehensive provider education.
- Integrate accurate, compelling sex/risk education to all ages in schools.
- Enforce education codes that talks about what is required for HIV/STI education in schools.
- End AIDS.