

HIV Testing in a Large Community Health Center Serving a Multi-cultural Patient Population: A Qualitative Study of Providers

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Supported by the National Institutes Health (K23 MH100978, R01 AI042006), Harvard University Center for AIDS Research (P30-AI060354), CFAR Adelante (P30AI050409 and P30AI117970), CEPAC US (NIAID R01AI0042006), and the MGH SRTP program

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Background and Objective

- In 2006, the CDC recommended all individuals 13-64 years old be tested at least once.
- Our objective was to assess providers' perspectives on HIV testing at a large urban community health center serving a predominantly racial/ethnic minority population of low socio-economic status

Methods

- Focus groups and semi-structured interviews were conducted in English, digitally recorded, and transcribed.
- Two researchers independently reviewed transcripts, without any pre-formed hypotheses, and used thematic analysis to identify recurrent subthemes and themes.
- Themes were compared and refined with a third study team member
- To validate findings we presented the data to a group of representatives from each clinical unit.

Study population for focus groups conducted across clinical units

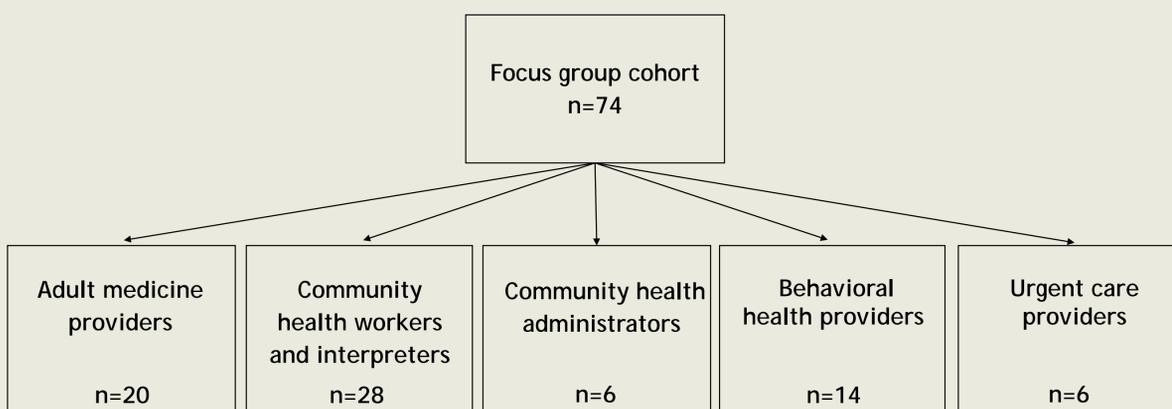


Table 1. Qualitative protocol for understanding barriers and facilitators associated with HIV testing in a large community health center serving a multi-cultural population.

Theme	Question example
Current system in place for HIV testing	<ul style="list-style-type: none"> What is your understanding of how HIV testing occurs at the health center? What aspects of the existing HIV testing protocol work well? Why?
Barriers and facilitators to HIV testing and counseling	<ul style="list-style-type: none"> What are the major barriers and facilitators to HIV testing in your job as it is currently arranged? How does the patient's language, ethnicity, or cultural background affect or not affect your ability to provide HIV testing?
Potential solutions to overcome barriers	<ul style="list-style-type: none"> What would make patients more willing to receive an HIV test? How should we identify patients who have never received an HIV test or those who need repeat screening?

Provider-generated themes on barriers to HIV testing

1. Provider perception of patient attitudes and beliefs

"For HIV . . . I think [for the patient] it just automatically goes to 'death' . . . it's a hard thing to think about."

- Community health worker

"How do we give the key information on [safer] sex [to people] from different cultures . . . and how we can talk about it?"

- Adult medicine provider

2. Time and the prioritization of medical and social issues

"[The] urgent care environment is not the right environment to have these long, prolonged discussions . . . We have like 50 or 60 other patients waiting to be seen."

- Urgent care provider

"I'm really concerned that everything we add is going to push something out."

- Adult Medicine provider

3. Interprofessional communication

"[We] only deal with the issue the provider wants [us] to."

- Community health worker

"[Primary care providers are not] 'passing them along for HIV-related issues.'"

- Behavioral Health provider

4. Clinical indications for testing

"I bet you that there are a lot of people in our clinic who I've never screened because they're low risk and I forget about it."

- Adult medicine providers

"I just [ran an HIV test], and she said it had been six or seven months, she had a new partner. I said, 'Okay, well we're gonna do it today.'"

- Urgent care provider

5. Knowledge about the importance of routine HIV testing

"Is it prevalent, HIV, still?"

- Community health administrator

"I was seeing [patients] more frequently than their primary care doctor and certainly didn't think about testing them and just doing their labs."

- Behavioral health provider

Conclusions

- At an urban community health center, providers' willingness to perform HIV testing was determined by their perceptions of patients' attitudes towards HIV testing, logistical barriers, and providers' HIV testing knowledge.

Implications

- Training to improve provider comfort with HIV testing, integrating CHWs into routine medical practice, and a focus on patients' cultural beliefs may all increase HIV testing in a diverse community health center population.