

HIV Self-Screening Tool: Assessing Attitudes and Barriers to Testing

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BACKGROUND

- HIV/AIDS first gained public notoriety in the 1980's and a decade later more than 307,000 cases have been reported with an estimate number being closer to a million (1)
- BY 1996, highly active antiretroviral therapy (HAART) was the standard of care due to the discovery of multiple drug classes and combination therapy (2)
- In 2019, the estimated number of HIV infections went down to 34,800 (3)
 - o highest rate (per 100,000) being for Black/African American persons (42.1), followed by the rates for Hispanic/Latino persons (21.7) and multiracial persons (18.4)
 - Black/African American males had a rate (68) of HIV infection 8 times higher than white males (8.3) and nearly double the rate of hispanic/latino males (38.3)

BARRIERS TO TESTING

• Although the estimated number of HIV infections has been greatly reduced, there is still a major concern for HIV testing and barriers to HIV care

Importance of HIV Testing

- Currently, there are two types of rapid tests most commonly used in practice:
 - Antigen/Antibody finger prick test with efficacy 18-90 days post exposure
 - Antibody finger prick test with efficacy 23-90 days post

PCP Barrier to HIV Testing

Anal Intercourse

Inject Drugs

Multiple sex

Anal Intercourse

Inject Drugs

Multiple Sex

Patient Education Barrier to HIV Testing

Goal and Objectives

Goal: To investigate the utility and effectiveness of an HIV self screening tool to increase routine HIV testing in the general population

Objectives:

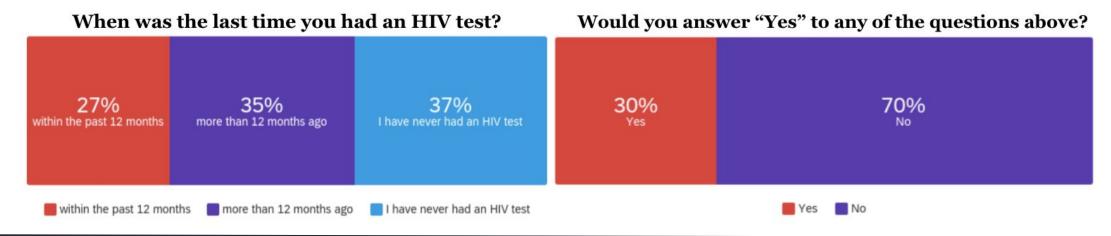
- 1. Distribute the survey to the general public through social media and receive 200 survey responses.
- 2. Evaluate data on how many people in the general public will be recommended for an HIV test based on the self screening tool in the survey.
- 3. Assess patient attitudes towards HIV testing to uncover the most common barriers that discourage patients from requesting or accepting HIV testing.

METHODOLOGY

- Attitudinal questions adapted from CDC HIV Evaluation Toolkit
- Want to target general population
- Only 16 questions included to keep response time short
- Respondents were kept anonymous (no identifying information was collected) and responses were voluntary
- Survey published on Qualtrics platform and distributed online through social media and Howard Brown communication email
- Open from June 15 July 6th, 2021
- Data analyzed by Howard Brown Health staff using SAS and Excel

RESULTS

- 68 survey responses
 - Only 60 responses used for data analysis
- Privacy during testing and cost-free testing were the most important aspects of HIV testing to the respondents (4.45, 3.95)
- Respondents were more confident in their current knowledge on HIV than HIV testing (4.18; 3.86)



DISCUSSION CONCLUSION

- 1/3 of respondents had never been tested for HIV before
 - Possibility of unknown diagnosis
- Not enough survey respondents for detailed analysis
- Sample bias from our distribution process could have skewed survey responses
 - Personal social networks and Howard Brown Health social networks
 - weakens generalizability of study results and recommendations

RECOMMENDATIONS

- Repeat survey distribution to larger audience for longer amount of time
- 2. Further exploration into general population knowledge of HIV and HIV testing
 - a. Explore relationship between knowledge and willingness to get tested / how often respondents get tested
- 3. Further exploration in to general population knowledge of HIV treatment and management
 - a. Might make respondents more open to testing
- 4. Routine HIV testing in primary care environment should be considered for standard of care
 - a. Treatment as prevention
 - b. Privacy and free testing should be implemented to try to increase testing rates

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Percentage of Patients Who Denied Testing

Percentage of PCP's who did not offer a HIV test

Believed Infection Rate is Low No Particular Reason













