

Facilitators and barriers to routine HIV testing among Massachusetts community health centers

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OBJECTIVES

- Since 2006, the Centers for Disease Control and Prevention (CDC) has recommended universal, routine, and voluntary HIV testing for all persons aged 13 to 64 in all health care settings. Community clinics are an important site for HIV testing of vulnerable populations.
- The current study evaluated HIV testing efforts in primary care settings among Massachusetts community health centers (CHCs), to determine the extent to which the CDC recommendations have influenced routine HIV testing in these environments and to identify the barriers and facilitators to routine HIV testing.
- For this study, **routine HIV testing** is defined as, "Voluntary HIV testing performed for *all* patients in a setting unless the patient specifically declines HIV testing, i.e. 'opt out' testing."

METHODS

Design

- 32 CHCs, representing 62% of the state's health centers, were enrolled:
 - 16 were recipients of funding from the Ryan White Treatment Modernization Act.
 - 16 received no Ryan White funding.
 - Ryan White and non-Ryan White CHCs were matched on geographic location, community and patient demographics, and rates of HIV/AIDS.
 - An anonymous survey was administered to a maximum of 5 personnel from each CHC; a confidential interview was administered to 1 senior personnel from each center.
 - Between April - October 2008, 115 individuals completed a survey; 24 completed an interview, representing 29 unique CHCs.
- ### Eligibility criteria
- Eligible CHCs were members of the Massachusetts League of Community Health Centers.
 - Survey participants were eligible if they were a senior administrator, medical director or medical provider; interview participants completed a survey and were either a senior administrator, medical director or senior medical provider.
 - All project activities were approved by the Fenway Community Health IRB.
- ### Recruitment
- Each participating CHC identified a staff member to assist in implementation.
- ### Study Instruments
- The survey and interview guide were adapted from instruments used by the National Coalition of Community Health Centers and the National Alliance of State & Territorial AIDS Directors.
- ### Data Analyses
- Survey data were examined using t-tests and chi square analyses. Interview responses were examined using on-going content analysis.

HIV services among Ryan White supported and non-supported CHCs (n=29)

	Ryan White (n=14)	Non-Ryan White (n=15)	Total Sample (n=29)
HIV services			
Mean number of HIV+ patients served by health center in past 12 months**	173 (range 27-327, SD=104)	25 (range 0-125, SD=42)	108 (range 0-327, SD=110)
Mean percentage of HIV+ patients receiving care			
Male	64%	58%	62%
Female	35%	42%	38%
25-44 years of age	50%	50%	50%
45-64 years of age	42%	37%	40%
White	29%	27%	28%
Non-White	71%	73%	72%

HIV testing

Health centers providing HIV testing	100%	93%	97%
Dedicated HIV testing program**	92%	31%	62%
Mean annual HIV tests performed**	835 (SD=480)	286 (SD=251)	683 (SD=491)
Mean annual funding for HIV testing**	\$109,450 (SD=\$68,950)	\$15,200 (SD=\$26,400)	\$62,323
Testing provided			
On-site by medical staff	92%	77%	85%
On-site by non-medical staff**	92%	31%	62%
Off-site referral	23%	46%	69%
Type of testing used			
On-site conventional blood test	92%	85%	85%
On-site conventional oral test*	69%	31%	50%
On-site rapid test*	69%	31%	50%

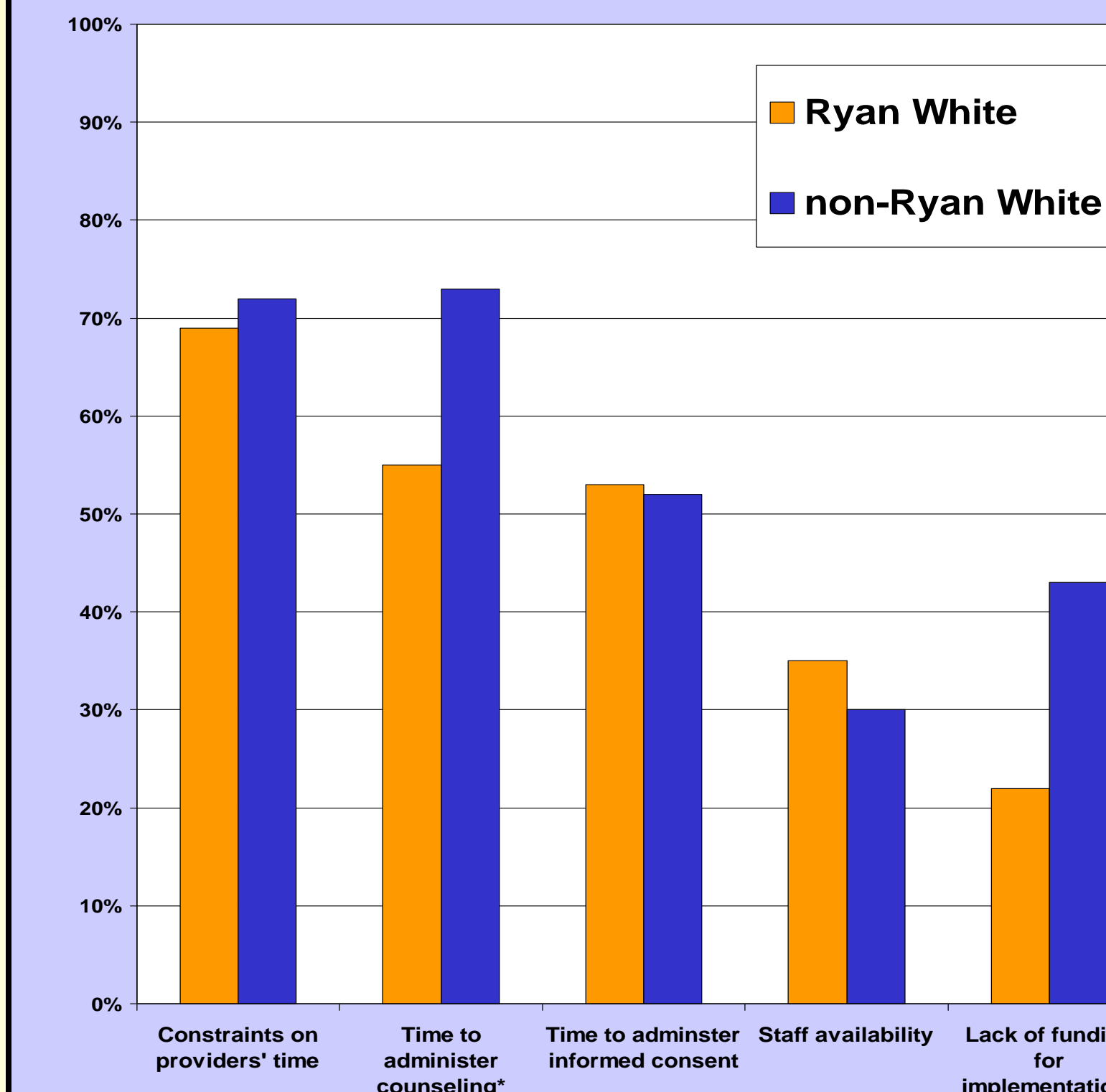
Routine HIV Testing

Health centers aware of CDC 2006 recommendations*	69%	23%	46%
Routine testing implemented			
Per administrators	62%	39%	50%
Per medical providers	33%	26%	29%
CHC settings in which routine HIV testing has been implemented			
Prenatal/Obstetrical care	31%	39%	35%
Dedicated HIV testing program	39%	15%	27%
Family Medicine	15%	31%	23%
Family Planning Clinic	15%	31%	23%

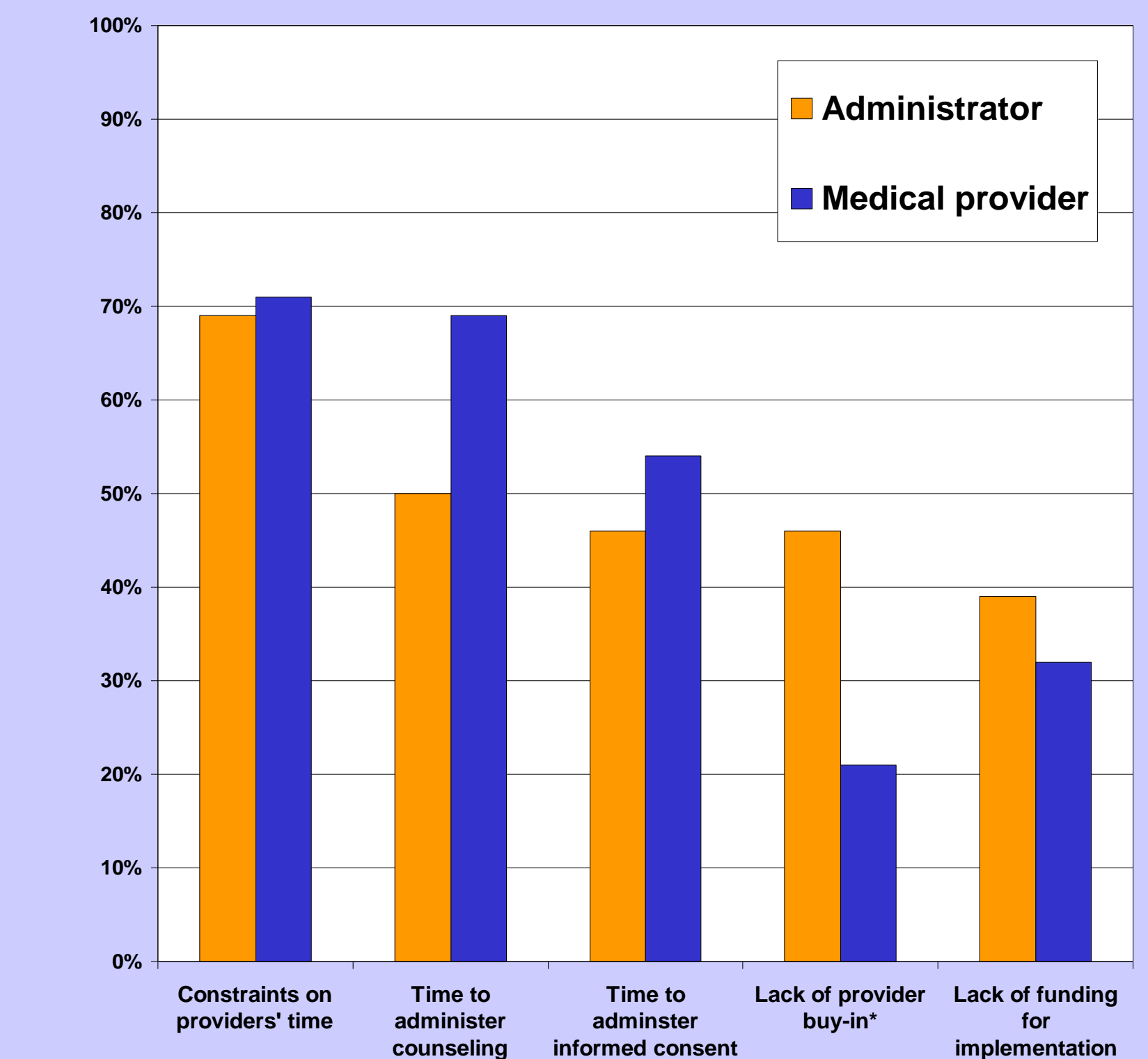
*P<.05, **P<.01

RESULTS

Top 5 barriers to routine HIV testing implementation by Ryan White vs. non-Ryan White CHCs



Top 5 barriers to routine HIV testing implementation by health center staff (n=115)



*P<.05

Qualitative findings (n=24)

- During interviews, participants reiterated that barriers to routine HIV testing included time to administer separate, written informed consent and counseling. For testing programs funded by the Massachusetts Department of Public Health, potential barriers also included mandated testing objectives and reporting requirements.
- CHCs that were proactive and comprehensive in adopting routine HIV testing most often had a senior-level manager advocating for policy adoption and implementation, with support from executive leadership.

CONCLUSIONS

- The current study demonstrates that routine HIV testing is not currently being implemented uniformly among Massachusetts community health centers.
- Future efforts to increase implementation should consider addressing concerns regarding time, by streamlining ways to obtain informed consent and to provide counseling, increasing availability of staff, and funding.
- Development of a revised testing protocol addressing these concerns and tailored to the expressed needs of individual health centers is warranted.

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