
Strategies to Improve HIV Testing in African Americans

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Only 17% of Miami-Dade County residents are African American, yet this population accounts for 59% of the county's HIV-related mortality. The Centers for Disease Control and Prevention recommend annual testing for persons at increased risk for HIV, but 40% of African Americans have never been tested. OraQuick® (OraSure Technologies, Inc., Bethlehem, PA), the first US Food and Drug Administration-approved home-based HIV rapid test (HBHRT), has the potential to increase testing rates; however, there are concerns about HBHRT in vulnerable populations. We conducted focus groups in an underserved Miami neighborhood to obtain community input regarding HBHRT as a potential mechanism to increase HIV testing in African Americans. We queried HIV knowledge, attitudes toward research, and preferred intervention methods. Several HIV misconceptions were identified, and participants expressed support for HIV research and introducing HBHRT into the community by culturally appropriate individuals trained to provide support. We concluded that community health workers paired with HBHRT were a promising strategy to increase HIV testing in this population.

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HIV rates in Miami, Florida, are more than double the national rates, and Miami-Dade County has the highest HIV rate per capita in the United States (Centers for Disease Control and Prevention [CDC], 2011). Over the past 2 decades, widespread adoption of HIV testing and advances in therapeutic treatment have significantly extended the life span of people living with HIV (PLWH) and reduced HIV-related mortality (Rubin, Colen, & Link, 2010). Despite progress, the HIV-related death rate in Miami is four times the national average (Miami-Dade County Health Department, 2012; Murphy, Xu, & Kochanek, 2013). This elevated mortality rate suggests that HIV testing and access to treatment is not occurring early enough to achieve optimal outcomes.

Within the county, the burden of HIV is unequal, and Miami experiences some of the largest racial disparities in HIV in the entire United States

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(Miami-Dade County Health Department, 2013). Although only 17% of the Miami-Dade population is African American, they account for 59% of HIV-related deaths (Miami-Dade County Health Department, 2013). Geographically, the burden of HIV is concentrated within certain African American communities. One of these highly vulnerable communities is Overtown, a predominantly African American neighborhood where 53% of residents live below the poverty level (City-Data.com, 2011). Overtown's location within Miami-Dade is depicted in Figure 1.

Although 3 out of 5 African Americans nationwide have been tested for HIV, this population suffers from the worst HIV outcomes (CDC, 2010). Thus, the CDC (2010) recommends annual testing for adults in high-risk communities. Although two clinic-based testing sites exist in Overtown, key informant interviews with the testing staff revealed that fewer than 10 individuals have been tested per month at these sites.

Community-based, on-site HIV rapid testing has been shown to significantly increase testing in communities highly impacted by HIV in multiple populations around the world (Metsch et al., 2012; Sullivan, Lansky, & Drake, 2004). A recent development in HIV rapid testing has been the FDA approval of OraQuick®, a commercially sold home-based HIV rapid testing (HBHRT) kit. Evaluation of home-based HIV testing in developing countries shows that it leads to higher uptake in testing compared to clinic-based testing (Baiden et al., 2007; Helleringer, Kohler, Frimpong, & Mkandawire, 2009; Nelson et al., 2012). Despite its benefits and potential to increase HIV testing, there are several concerns related to this approach (Bateganya, Abdulwadud, & Kiene, 2010; Pai & Klein, 2008; Paltiel & Walensky, 2012). Although the kit can be purchased at any major pharmacy for about \$50, the acceptability of this testing approach in highly vulnerable communities has not been explored (Pai, 2007). In addition to cost, testing without pre- and posttest counseling and lack of referral to relevant HIV care is a potential major limitation of HBHRT (Pai & Klein, 2008; Paltiel & Walensky, 2012). This concern is especially accentuated in high-risk populations that lack experience interacting effectively with health care systems. To our knowledge, there are no studies on the acceptability of HBHRT by African Americans in vulnerable communities.

We describe here a formative study that was conducted prior to a randomized controlled trial (RCT) to test the feasibility of HBHRT in an underserved, predominantly African American community. The goal of our research was to obtain community input about the feasibility and acceptability of a potential HBHRT intervention and to conduct four focus groups with residents of Overtown, our target neighborhood. We were specifically interested in (a) identifying HIV knowledge gaps that should be considered in developing an effective HBHRT testing strategy for Overtown, and (b) determining a method that would likely be accepted by the target population. For example, it was important to gauge whether the population would prefer to complete testing with a lay person from a similar cultural background or with a clinician specifically trained in HIV treatment. We present qualitative data that were generated in focus groups and used to develop a culturally tailored, HBHRT investigation in Overtown.

Methods

Community Wellness Coalition

Our research approach was informed by community-based participatory research (CBPR) strategies (Israel, Schulz, Parker, & Becker, 2001). CBPR invites community participation throughout the research process and has recently emerged as an important method to help investigators develop an understanding of cultural and social norms regarding disease prevention in underserved populations. In the Overtown community, our CBPR efforts were governed by the Community Wellness Coalition (CWC), a private-public-academic partnership that was founded in 2010 by the study Principal Investigator (PI) and several community members who lead community-based organizations in the target neighborhood. CWC supports community-based initiatives designed to improve health outcomes, education opportunities, and quality of life in Overtown. The partnership involves the active participation of community leaders from Overtown, as well as an interprofessional team of students and investigators from the University of Miami. The priorities of the CWC are determined through meetings between

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