

Testing the Waters:

Are Health Education Specialists Willing to Conduct Rapid HIV Testing?

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Abstract

Approximately 1 in 5 people with HIV are not aware of their infection; access to testing is an important part of public health. In a national study, Health Education Specialists with high HIV knowledge and favorable attitudes towards persons with HIV/AIDS were more willing to be trained to conduct rapid HIV testing (RHT)

Background

Health Education Specialists (HES) are a viable workforce option to provide increased access to HIV testing

Over 63,000 HES working in the United States (U.S.); the field is expected to grow 37% by the year 2020

Offering RHT fits with the National Commission for Health Education Credentialing (NCHEC): Responsibilities and Competencies for HES

Five RHT devices approved for use in non-clinical settings that provide results within 20 minutes

Relevant Literature

Recommendation for HIV testing expanded to all aged 15 to 65, including those at low risk (U.S. Preventive Services Task Force, 2013)

Patient Protection and Affordable Care Act (ACA) mandates HIV testing be included in covered preventative screenings

Evidence suggests persons most at risk for HIV, or who may present with early infections, are not being reached (Girardi, Sabin, Monforte, 2007)

Problem

Approximately 1.1 million people are living with HIV in the U.S.; 16% are unaware of their status (CDC, 2013)

National HIV/AIDS Strategy Goals: decrease new HIV infections by 25% and increase knowledge of HIV status from 79% to 90%

More opportunities for HIV testing need to be offered to meet these goals

Purpose

Grounded in the theory of reasoned action, data were collected and analyzed to study knowledge of HIV, attitudes toward HIV, and willingness to conduct rapid HIV testing among HES in the U.S.

Objectives

Evaluate the associations between knowledge of and attitudes toward persons with HIV/AIDS, and willingness to conduct RHT

Describe characteristics of health education specialists willing to conduct RHT programs

Procedures

National, cross-sectional survey data collected from 1,421 HES identified through the NCHEC database

Three email reminders were sent

Eligibility criteria included:

- 18 years of age and older
- Earned the Certified Health Education Specialist (CHES) or Master Certified Health Education Specialist (MCHES) credential
- Currently work (full- or part-time) in the health promotion and education field

Respondents were eligible to receive a \$5 Starbucks gift card for their participation

The online survey assessed:

- HIV knowledge
- Attitudes towards persons with HIV
- Willingness to be trained and conduct RHT

Data Analysis

High HIV knowledge was defined as answering at least 12 of 13 questions correctly

Attitudes were assessed on a 5-point Likert scale from Strongly Disagree to Strongly Agree

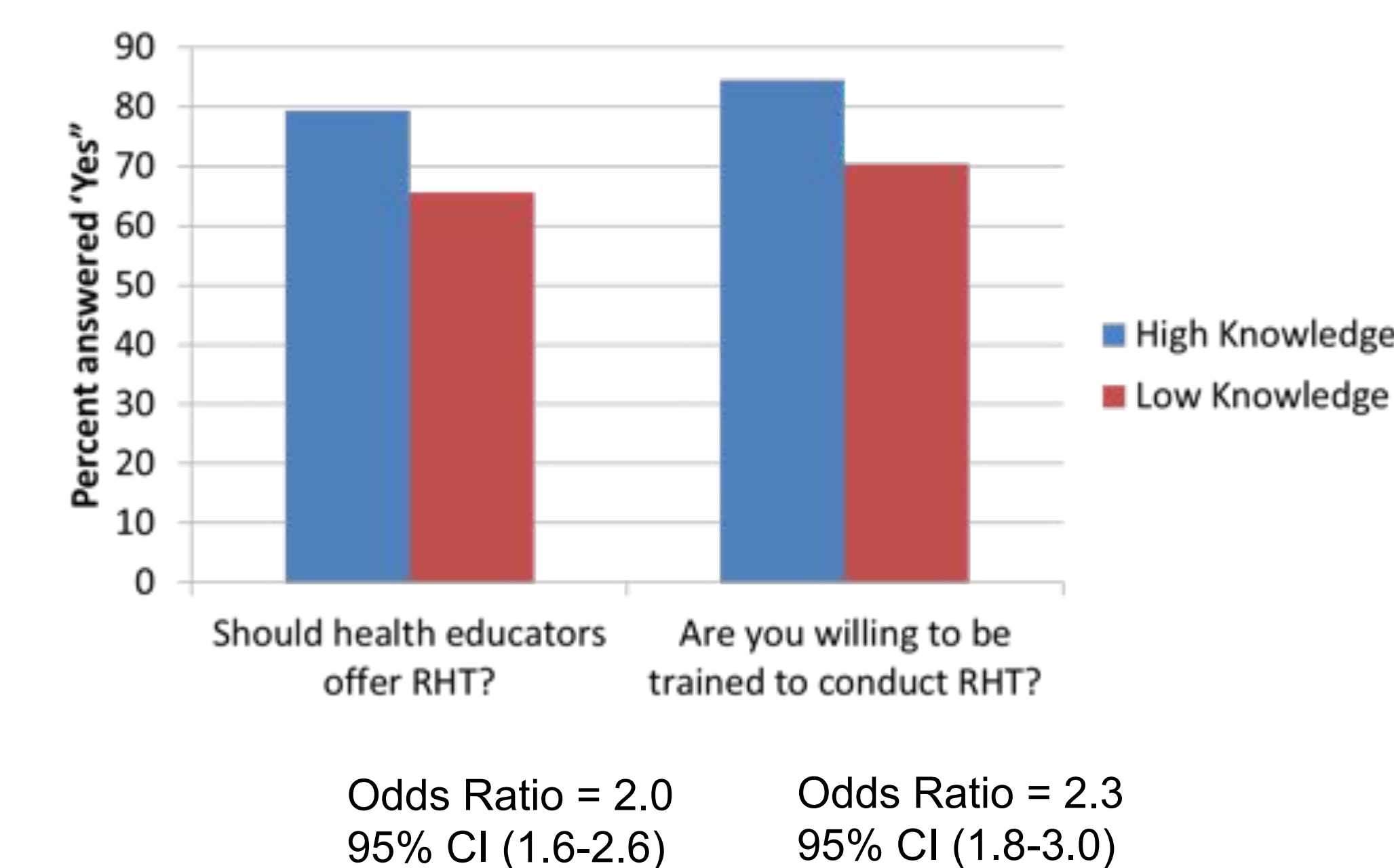
Descriptive statistics, chi-square and logistic regression analyses were conducted to assess the associations between HIV knowledge, attitudes towards persons with HIV/AIDS, and willingness to be trained and conduct RHT

Findings

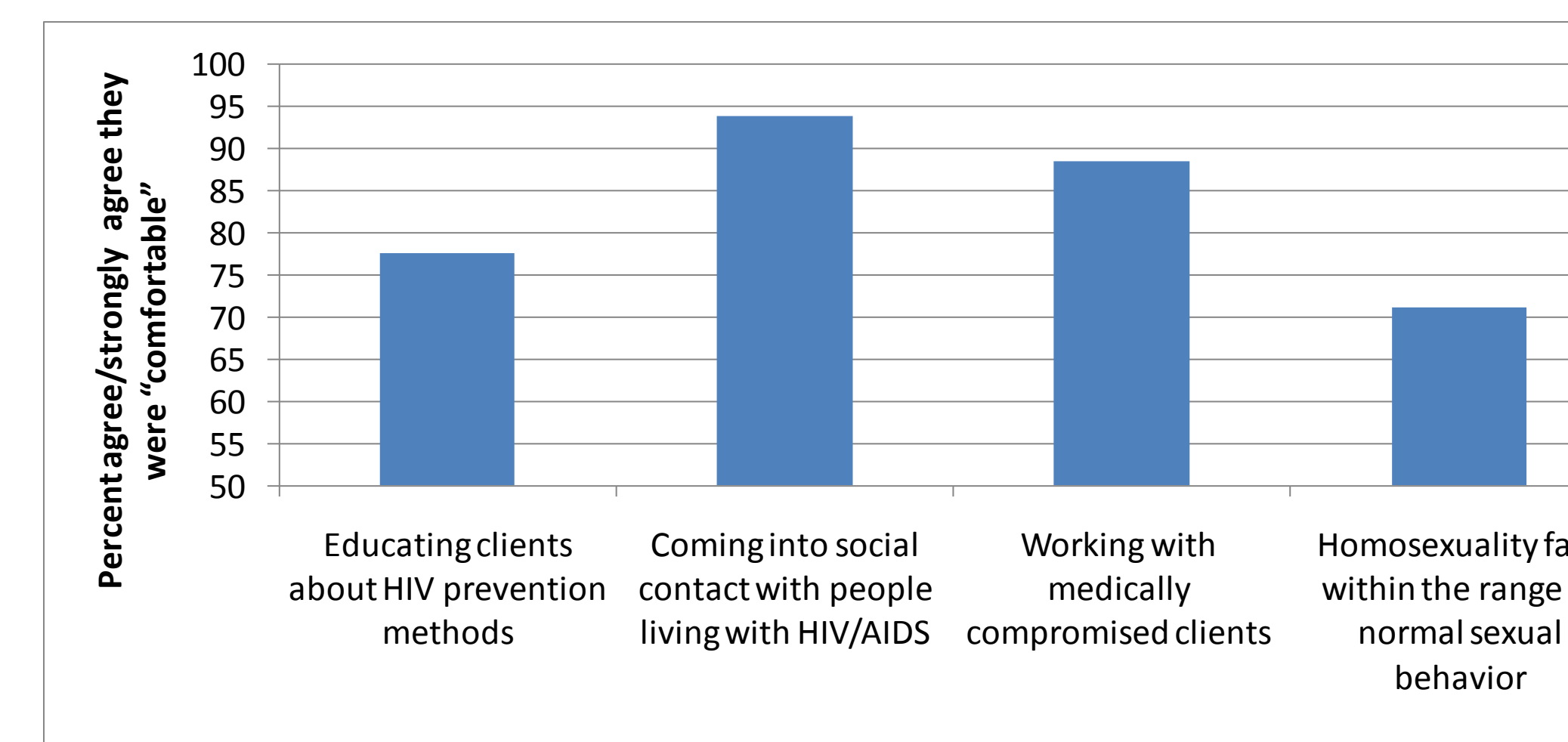
Participants ($n = 1,421$, 15.8% response rate)

- A typical participant was a white non-Hispanic woman under 40 years of age who had been working as a HES less than 10 years, had a master's degree, and lived in the Southern U.S.
- 70% had high HIV knowledge
- The majority had favorable attitudes towards persons with HIV/AIDS
- 80% were willing to be trained to conduct RHT

Willingness and Knowledge



Select Attitudes toward HIV Issues



Barriers to Conducting RHT

Factor	Frequency	Percent
Knowledge of HIV pre- and post-testing counseling	494	34.8
Knowledge of HIV testing technology	355	25.0
Fear/negative attitudes toward people living with HIV	143	10.1
Time	98	6.9
Other barriers	233	16.4
No barriers	97	6.8

Conclusions

The majority of HES have high HIV knowledge (70%) and willingness to conduct RHT (80%)

However, some HES were lacking basic knowledge of HIV and its prevention and/or had unfavorable attitudes towards persons with HIV/AIDS

Training and implementation barriers for RHT were identified and need further investigation

The possibility of piloting HES RHT training should be considered to further evaluate the optimum ways in which this can be achieved

Limitations

Cross-sectional surveys are only used to gather information at a single point in time

Sample size lower than anticipated

Did not collect data on non-responders which may bias results

Social Change Implications

HIV is a controllable disease, but people need to be aware of their status

Because of the populations they serve, HES have the potential to play a significant role in increasing HIV testing

Increasing the opportunities for people to be tested will potentially allow for earlier diagnoses and treatment

Acknowledgements

This research was funded through a Walden University Faculty Research Initiative Grant (FRIG)

CHES/MCHES database was purchased from NCHEC for recruitment of participants