



Capacity-Building in HIV/AIDS
for Medical Providers (CHAMPs)

Medical Providers'
Perceptions and Expressed
Need for Training on
HIV/AIDS Related
Issues & Communications



Association of Asian Pacific Community Health Organizations



CHAMPs Project Staff:

Tida Violante, MPH - *Program Coordinator*

Melinda Martin - *Program Assistant*

Daniel Toleran, MS - *Project Director*

Jeffrey B. Caballero, MPH - *Executive Director*

CHAMPs National Advisory Committee Members:

Ignatius Bau, JD - *Asian & Pacific Islander American Health Forum*

John Chin, MS - *Asian & Pacific Islander Coalition on HIV/AIDS*

Chwee Lye Chng, PhD - *University of North Texas*

Esther Lee, RN - *South Cove Community Health Center*

Andrew Ma - *Asian Pacific Health Care Venture*

Michael Reyes, MD, MPH - *Pacific AIDS Education & Training Center*

Merina Sapolu - *Kokua Kalihi Valley Health Center*

Lance Toma, MA - *Asian & Pacific Islander Wellness Center*

Ho Tran, MD, MPH - *Illinois Department of Public Health*

Margaret Hurd West, MPA - *Papa Ola Lokahi*

Joann Wong, MPH - *Asian Health Services*

Resource Persons:

George Sonsel, LCSW - *Health Resources & Services Administration*

Francisco Sy, MD, MS, DrPH - *Centers for Disease Control & Prevention*

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EXECUTIVE SUMMARY

A survey on HIV-related issues and the training needs of medical providers serving Asian American and Pacific Islander communities

Authors: Tida Violante*†, Daniel Toleran* and Melinda Martin*

Objectives:

The main objective of this study is to set up program priorities for the Capacity-Building in HIV/AIDS for Medical Providers (CHAMPs) Project by understanding the training needs of primary care providers who work in Asian American and Pacific Islander (AAPI) communities in the U.S. and the Pacific jurisdictions on HIV/AIDS related issues and services.

Methodology:

A 5-page (50 items) questionnaire was adapted from a needs assessment instrument developed by The Measurement Group for Health Resources and Services Administration (HRSA). A draft of the instrument was pilot-tested for content validity with CHAMPs Advisory members (n=14) and revised for validity and brevity after being tested on medical providers (n=5). In July 2000, a packet with the questionnaire was sent to 13 members of the Association of Asian Pacific Community Health Organizations, 4 U.S. affiliated community health centers (CHCs) and 6 CHCs in the US that serve more than 2,000 AAPI clients in 1998. A cover letter was included with each questionnaire packet explaining the two needs assessment surveys being conducted by the team, and that returning these questionnaires by the specified date would qualify centers to apply for a HIV mini-planning grant. Follow up phone calls, letters and emails were sent out at the end of August 2000. The deadline for returning the questionnaire was September 1, 2000.

Results:

Repeated questions for content reliability and analysis was performed using a Pearson's correlation test ($r = 0.886$) showing significance ($p=0.01$). Thirty males and 38 females in 12 CHCs responded to this survey. They were 46 physicians, 13 nurses, four physician assistants, and one medical assistant. The average professional experience was 11.6 years and 5.10 years in HIV/AIDS. About

* Association of Asian Pacific Community Health Organizations (www.aapcho.org)

† School of Public Health, University of California, Berkeley

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75% of providers agreed that they were completely comfortable when talking to clients about sexuality, substance abuse, and mental health issues. All providers felt comfortable working with women. 82% felt comfortable working with HIV+ clients while about the same number of providers (84%) felt comfortable working with HIV-related topics. In regards to language and cultural issues, 87% of the providers are at ease. Despite the high comfort level, 78% of the respondents believed that they would benefit from more training in communications regarding HIV in sexual health education, and encouraging HIV testing and treatment. They also perceived that cross training in the expertise of AIDS service organizations (ASOs) would make CHCs more effective in serving clients. Open-ended questions also showed that providers want specific updates on HIV-related issues and referrals as well as training in communications.

Discussion:

Although most providers felt comfortable with HIV-related issues and working with clients of different language and cultural backgrounds, most want to improve their clinical and communication skills, and knowledge of HIV-related issues. They expressed a desire for having additional training on HIV/AIDS. They also stated that they were “lacking the information needed to make outside referrals,” i.e. to ASOs in their area. In order to increase HIV-related knowledge and skills of these providers working with medically underserved AAPIs, we recommend that CHCs set up an HIV planning group and prioritize the training needs of their medical staff. We also suggest that CHCs utilize free consultation and training services provided through funds of HRSA and collaborate with local ASOs.



Medical Providers' Perceptions and Expressed Need for Training on HIV/AIDS Related Issues & Communications

BACKGROUND

Medical providers from twenty-three (23) community health centers in the United States and the associated Pacific Islands who provide health care to medically underserved Asian Americans and Pacific Islanders were asked to complete a questionnaire in August 2000. Sixty-nine (69) respondents returned the surveys from twelve (12) different centers. As HIV/AIDS incidence continues to rise in AAPI populations, providers view HIV/AIDS as a “less than average or an average problem” in their communities. In general, respondents feel comfortable working with clients who may be at risk for HIV or are infected with HIV. They see themselves capable in addressing cultural and language issues they face in dealing with patients who may be different from them. However, the results reflect inconsistencies in the infrastructure of the health centers to handle HIV/AIDS. For example, not all CHCs' intake forms have guidelines for HIV risk assessment. Within the same clinics, respondents differ in their responses to questions regarding testing and counseling, intake questions, and the integration of HIV prevention services. Many providers feel that they could use additional training on HIV/AIDS and that they often lack the information to make outside referrals to AIDS service organizations in their area.



METHODOLOGY

Instrument

A five-page questionnaire (50 items) was adapted from a needs assessment instrument developed by The Measurement Group (Metro DC Collaborative for Women) for the Health Resources and Service Administration's HIV/AIDS Bureau. Along with the questions used in the referenced instrument, AAPCHO included additional questions to identify the needs unique to community health centers serving Asian Americans and Pacific Islanders. A draft of the instrument was pilot-tested for content validity with members of the Capacity-Building in HIV/AIDS for Medical Providers (CHAMPs) Advisory Committee (n=14) made up of researchers, evaluators, program administrators, clinicians and community leaders. It was revised several times and tested on medical providers (n=5) for succinctness and brevity. The final version incorporated feedback from all testers.

Sample

All 13 AAPCHO member centers, four U.S. affiliated Pacific Island community health centers, and six community health centers in the U.S. serving more than 2,000 AAPI clients in 1998 were sent questionnaires. A total of 23 questionnaire packets were sent out to potential respondents throughout the U.S. (Table I)

Procedure

A packet of 10 questionnaires, a cover letter, and a self-addressed return envelope was sent to the Medical Directors of each center included in the sample. A separate letter was also sent to the Executive Directors of these centers advising them of the questionnaires sent to their Medical Directors and encouraging their center's participation. A cover letter was included with each questionnaire packet explaining the two needs assessment surveys being conducted by the CHAMPs program, and that the return of these questionnaires by September 1, 2000 will make the centers eligible to apply for a HIV/AIDS mini-planning grant. The cover letter and the questionnaires were sent on July 31, 2000. For the Pacific Jurisdiction community health centers, electronic copies were also emailed to the Executive Directors. To involve more people in the field, CHAMPs Advisory Committee members were asked to encourage participants to complete the questionnaires. Follow up phone calls and email reminders were completed in August 2000. A reminder packet was sent to all 23 center's Medical Directors regardless of whether they had already turned in the surveys. The packet included an Executive Summary of a CHAMPs manuscript regarding the HIV/AIDS testing and screening needs in AAPI communities, and a physician handbook from the Asian & Pacific Islander Wellness Center on working with AAPI living with HIV/AIDS. Final follow up calls were made in late August 2000 to the medical directors who had not responded to questionnaires or correspondence.

**Table I. Health Centers Responding to Survey by Location**

Location of Health Centers by State/ US Jurisdiction	Number of Health Centers Receiving Survey	Number of Health Centers Responding to Survey
California	4	3
Ebeye, Republic of Marshall Islands	1	1
Guam	1	1
Hawaii	5	2
Massachusetts	2	0
Minnesota	1	0
New Jersey	1	0
New York	2	1
Oregon	1	1
Palau	1	1
Pohnpei, Federated States of Micronesia	1	1
Washington	2	1
West Virginia	1	0
Total	23	12

CHARACTERISTICS OF RESPONDENTS

The average age of the respondent is 41.6 years (range 29 – 69 years). There were 30 male and 38 female respondents. Forty-six providers have a medical degree, three have a doctoral level degree, eight have a bachelor degree, and three have a community college degree. The respondents' clinical training background includes 46 physicians, 13 trained in nursing, four trained as physician assistants and one is a medical assistant (Table II). The average professional experience working as a health care provider is 11.6 years (range 0.2 to 34 years). The average time working in HIV is 5.10 years (range 0 – 26). Repeated questions for content reliability and analysis was performed using a Pearson's correlation test ($r = 0.886$) showing statistical significance ($p=0.01$).



Table II. Characteristics of Respondents

Job Function	Number of Respondents
Physicians	46
Nurses	4
Nurse Practitioners	9
Physician Assistants	4
Nurse Midwives	4
Medical Assistant	1
Total	68

PROVIDERS' PERCEPTIONS OF HIV/AIDS SERVICES

Eighty-two percent (82%) of the providers surveyed feel confident in the work that they do in the area of HIV/AIDS, which includes working with special populations such as children and women. Secondly, 87% of the respondents report feeling comfortable in their abilities to address cultural and language issues they face in dealing with patients. They feel that HIV/AIDS services are regarded with relative importance in the community they work in, and they also perceive that the Board of Directors of the community health centers hold similar views (Table III). Providers vary in their knowledge of AIDS service organizations (ASOs). Twenty-six percent of the providers are not aware of what services could be provided by ASOs or how to refer patients. Integration of services (mental health, social services, family services and drug and alcohol treatment) needs more attention. Twenty-five percent of the providers feel that at-risk patients who need assistance may be missed by their clinical system. Lastly, 83% of the providers want more training on sensitive issues surrounding HIV/AIDS and on testing and counseling, and more cross-training on HIV care and services (Table IV).

TRAINING NEEDS

Although providers, in general, feel comfortable in dealing with sensitive issues relating to HIV/AIDS, they also state that they want more training. This is consistent with responses to the open-ended questions of the questionnaire. Providers are eager to obtain more skills in communications, addressing sensitive issues of risk assessment, testing and counseling, as well as obtaining updates on HIV/AIDS, and getting cross-training on HIV care and services.

**Table III. Scenario from Questionnaire**

A 22 year-old Asian female who speaks limited English wants information on HIV & also wants to be tested for HIV.

Number in boxes is number of respondents (percentage of total)

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
1. Our clinic does not have funding for the services requested.	37(62)	14(23)	4(6)	2(3)	0	2(3)
2. Our Board of Directors does not see HIV as a top priority.	19(32)	18(3)	11(18)	5(8)	0	6(10)
3. Our community does not want to have these services provided.	27(46)	26(45)	4(6)	2(3)	0	0
4. The services requested are too expensive for the client.	29(49)	20(34)	3(5)	2(3)	2(3)	3(5)
5. I am comfortable with the language & cultural issues.	0	3(5)	4(6)	29(49)	23(38)	0
6. I am comfortable working with women.	0	0	0	20(34)	39(66)	0
7. I am comfortable working with HIV+ persons.	0	2(3)	8(14)	31(53)	17(29)	1(1)
8. I am comfortable working with HIV related topics.	0	1(1)	7(11)	35(59)	15(25)	1(1)

**Table IV. Providers' Perceptions**

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
1. Our HIV/AIDS programs can be more effective in serving AAPIs by cross-training health care providers in the expertise, knowledge, and operating methods of ASOs.	0	1(1)	9(15)	30(51)	19(32)	0
2. We need to bring together social, family, health, drug treatment, & mental health services to better serve high risk/HIV-infected persons.	2(3)	2(3)	10(17)	20(34)	25(42)	0
3. It is too easy for high-risk and HIV-infected persons to "slip through the cracks" at this clinic.	5(8)	23(39)	16(27)	11(19)	3(5)	1(1)
4. We can benefit from more training in communicating regarding HIV, sexual health education and encouraging HIV testing & treatment.	1(1)	3(5)	9(15)	30(51)	16(27)	0
5. I am completely comfortable talking about sexuality, substance abuse, mental health issues and HIV to my clients.	1(1)	3(5)	11(19)	27(46)	17(29)	0
6. I am aware of and often refer clients to the ASOs in this area.	3(5)	15(27)	17(30)	14(25)	1(1)	6(11)
7. Providers involved in HIV services need to be better trained on issues related to AAPIs so that problems will not continue.	0	5(9)	18(31)	24(41)	7(12)	3(5)
8. Good coordination exists here between HIV prevention services provided by the health educators/outreach workers and HIV-related medical services.	1(1)	10(17)	10(17)	24(41)	7(12)	7(12)
9. I am comfortable with my clients when discussing sexuality and other "tough" issues like substance abuse.	0	2(3)	4(6)	33(56)	20(43)	0



CONCLUSIONS & RECOMMENDATIONS

*I*n summary, many providers responding to this questionnaire are comfortable with HIV-related issues but most want to improve their clinical and communication skills, and knowledge of HIV related issues. They expressed a desire for having additional training on HIV/AIDS. They also expressed that they were “lacking the information needed to make outside referrals,” i.e. to AIDS service organizations in their area. Further, health center providers participating in our survey expressed an interest in exploring the standardization of their health center’s procedures regarding HIV screening, counseling, and testing and in integrating HIV services into existing medical services to improve service to clients. AAPCHO’s program, Capacity-Building in HIV/AIDS for Medical Providers, aims to support community health centers in these areas. In order to increase HIV-related knowledge and skills of these providers working with medically underserved AAPIs, we recommend that health centers utilize the consultation and training services provided by local AIDS Education and Training Centers.



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