Localizing a Structural Intervention to Improve HIV Test Counseling and Client Data Collection

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Forensic AIDS Project

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**HIV COUNSELING INFORMATION FORM**

**Unique Office of AIDS Client Number**

### Counseling Dates

- **First letter of last name:** [Client's last name]
- **Second name:** [Client's second name]
- **Initials:** [Client's initials]

### Risk assessment

- **Follow-up contact:** [Client's contact information]
- **Disclosure session:** [Client's disclosure information]

### Client Information

- **Date of birth:** [Client's birth date]
- **Gender and pregnancy:** [Client's gender and pregnancy information]

### HIV Testing History

- **Number of prior HIV tests:** [Number of prior HIV tests]
- **Date of last test result:** [Date of last test result]

### Risk ReductionSteps

- **Risk assessment:** [Client's risk assessment information]
- **Immediate risk reduction steps:** [Immediate risk reduction steps]

### Referrals

- **Client referrals:** [Client's referral information]

### Residence

- **Residence zip code:** [Client's residence zip code]

### Client's reason for testing:

- **Has the client ever had an HIV test?** [Yes/No]
- **Has the client ever been diagnosed with HIV?** [Yes/No]
- **Was the test performed in a clinical setting?** [Yes/No]

### Counselor

- **Counselor Review/Assess Introduction Issues:** [Counselor's review/assessment]
- **Counselor Review/Assess Testing Issues:** [Counselor's review/assessment]

### Counselor Notes:

- **Client's perception of HIV:** [Client's perception of HIV]
- **Client's understanding of HIV:** [Client's understanding of HIV]

### Substance Use History

- **Substance use:** [Client's substance use information]

### Other Risk Factors

- **Other risk factors:** [Other risk factors]

### Optional Data

- **Item 1:** [Optional data item 1]
- **Item 2:** [Optional data item 2]
- **Item 3:** [Optional data item 3]
- **Item 4:** [Optional data item 4]

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**Department of Health Services**

**State of California—Health and Human Services Agency**

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**Sexual Risk History**

- **Total number of sex partners:** [Number of sex partners]
- **Frequency of barrier use:** [Frequency of barrier use]

### Male sex partner(s)

- **Frequency of barrier use:** [Frequency of barrier use]

### Female sex partner(s)

- **Frequency of barrier use:** [Frequency of barrier use]

### Transgendered partner(s)

- **Frequency of barrier use:** [Frequency of barrier use]

### Other risk factors

- **Behavior resulting in other blood-to-blood contact:** [Behavior resulting in other blood-to-blood contact]
- **Job exposure blood-to-blood contact:** [Job exposure blood-to-blood contact]

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**Substance Use History**

- **Substance use:** [Substance use information]

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**Other Risk Factors**

- **Other risk factors:** [Other risk factors]

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**Counselor Review/Assess Drug and STD Issues**

- **Pre-treatment meds:** [Pre-treatment medication information]
- **Prophylactic medications:** [Prophylactic medication information]

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**Counselor Review/Assess Basic Issues**

- **Counselor's review/assessment:** [Counselor's review/assessment]

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**Counselor Review/Assess STD and Drug Issues**

- **STD and drug issues:** [STD and drug issues]

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**Sexual Health History**

- **Sexual Health History:** [Sexual Health History]

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**Counselor Review/Assess Drug and STD Issues**

- **Pre-treatment medics:** [Pre-treatment medication information]
- **Prophylactic medications:** [Prophylactic medication information]

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**Counselor Review/Assess Basic Issues**

- **Counselor's review/assessment:** [Counselor's review/assessment]

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**Counselor Review/Assess STD and Drug Issues**

- **STD and drug issues:** [STD and drug issues]

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**Sexual Health History**

- **Sexual Health History:** [Sexual Health History]
Single Session Counseling Timeline
(AHP Training Manual)

Introductions and Informed Consent

Sample Collection

Risk Assessment (at least 20 minutes)

Result Disclosure

Confirmatory Results if Prelim. Positive

20 minutes for the test to develop

Introduce the CIF so client knows what it is

Refer to the form to ensure all needed info has been gathered
Goals of the PART Study
(Process Analysis of Rapid Testing)

- Explore counselors’ strategies during the session
- Examine clients’ responses to these strategies
- Ask how clients would like to use the session
- Develop a structural intervention to separate data collection from counseling and streamline data management
- Evaluate the impact of the intervention on the structure of the sessions and the quality of the interaction
Process Analysis triangulates five methods to analyze digital recordings of 52 rapid HIV test sessions.
Process Analysis

1. Time Charts of recorded sessions
2. Conversation Analysis using transcripts
3. Focus Groups with counselors
4. Follow-up Interviews with Clients and Counselors to review session recording
5. Focus Groups with Clients to test the PalmIT interface
Method 1: Time Charts of Recorded Test Sessions

- What happens, when and for how long
- Validate patterns we hear by providing a visual representation of the session timeline
- Time charts are made with Transana software
Three Communication Formats

Health Education & Risk Assessment
Counselor is talking

Data Collection
State is talking

Counseling
Client is talking
Rapid Test Sessions at Magnet with CIF

Counseling
Health Education
Risk Assessment
Data Collection
Sample Collection
Rapid Test Sessions at Magnet with CIF

- Health Education
- Risk Assessment
Rapid Test Sessions at Magnet with CIF
Rapid Test Sessions at Magnet with CIF
Rapid Test Sessions at Magnet with CIF

- Counseling
- Health Education
- Risk Assessment
- Data Collection
- Sample Collection
Phase 1 vs. Phase 2 Sequence Map
Phase 1 vs. Phase 2 Percent Graph
Method 2: Conversation Analysis of Session Recordings

- CA is the Sociology of language use focusing on turn taking in talk

- Detailed transcripts include pauses and overlaps to focus on how people construct accounts for risk behavior collaboratively

C: WOULD you say that when you drink alcohol (0.4) that you uhm never sometimes (0.4) never RAREly sometimes or always combine drinking alcohol with sex

(4.6)

P: Rarely never?

C: Rarely or never?

P: Yeah

C: Okay (0.7)((writing)) more on the rarely side or

P: Yeah
Two publications using CA


Comparison of CIF Question Design in Phase 1 vs. 2

- Two patterns of CIF use in Phase 1: Survey *versus* Conversation
- In Phase 2 all counselors switched to more open ended, conversational question design
- In Phase 2, clients elaborated and situated their responses within a conversational narrative
Rapid Test Sessions at Magnet with CIF
Phase 1: Using CIF like a survey

C: Okay. •hh And did you engage in oral sex with any of them, P: Mm hm?
(.)
C: •hh And when you engaged in oral sex did you never sometimes or always wear a condom,
P: [Never
(1.8)
C: And (0.2) did you engage in anal top sex with any of them, P: Mm hm?
(0.5)
C: And when you topped did you never sometimes or always use a condom.
P: I’ll say that I sometimes use a condom.
(1.4)
C: U:m a:nd did you ever b- bottom for any of your twenty four partners.
P: U::m (0.4) I would say:: two.
C: Okay. •hh And when you did did you never sometimes or always use a condom.
P: Always.
C: Okay.
C: •hhh How u:mm how do you feel about condom:ss=and like
your:mm your history of using them,
(1.0)
P: You know (0.2) I:- (0.2) would say ninety nine: (0.5)
percent of the time, I use them.
C: Okay,
(0.5)
P: So: that's where I- (1.4) I guess par:t of it is just
looking back at that: (0.2) situation that I ha:ed back
in: (0.5) February, (0.5) u:mm (0.5) w- why: did I le:t
(0.6) that point (1.4) happen?
Designing and Implementing Structural Interventions

1. **Evaluate and describe the situation or issue**
   *(PART study examined the role of the HIV6 form in counseling)*

2. **Identify what should be changed and why. Determine the values that will make the change possible and worthwhile**
   *(Should eliminate the form from the session because it inhibits the counseling both parties desire)*

3. **Design an intervention geared towards these values decided upon in #2**
   *(PalmIT self-administers the form before the session, increasing client privacy, increasing client and counselor satisfaction, and improving the overall efficiency of HIV CTL at the site)*
Structural Change

4. In the original situation there was a structure with a particular set of values attached to it. Implementing a structural change should lead to a new set of values. (Using PalmIT instead of paper forms shifts the value away from data collection and toward the personal interaction)

5. Continue evaluation and description to see whether the change works to shift values (Counselor focus groups, client satisfaction surveys, input from coordinators, and continuous tweaking)

6. Reproduce 1 - 5 in each setting where you apply the intervention (As we will see in the case examples from Magnet in the Castro and the Forensic AIDS Project in the San Francisco jails, survey language is different, clinic flow is different, certain elements are specifically tailored based on site and population needs)
Concerns about not having the form

- I use the CIF to do my counseling. [If] I see some red flags...would you like to talk about this?
- No longer having the ability to clarify form questions in the moment of them being asked
- Sometimes it does allow you to fill time...if you’ve got somebody who’s very knowledgeable.
- This form allows us as the counselor to engage the person.
- I do think that this new procedure assumes that there’s a good way to spend that 20 minutes.
How do you know when you’ve done a good job?

- When the client comes in with concerns and we’re able to give them some answers.
- They feel like they’ve been invested in coming here; it’s not just a drill they do every 6 months.
- A lot of my favorite sessions have been those where we hardly talked about HIV but talked about something that sort of seemed peripheral but was really related to their experience.
- I think the more successful sessions have this element of helping to identify the larger cofactors that are at work and putting them at risk – homophobia, loss. Larger things that are not necessarily tangible but are wearing them down, and they’re not necessarily conscious of it wearing them down.
PalmIT at Magnet

- Wanted it to be site-wide
- Had input to the design
- Data would improve
- Administrative time would be freed up
- Training for counselors would focus on counseling, not data collection
PalmIT comes to Magnet
Demographics

Health Insurance Status of Magnet HIV CTL Customers, Feb - July 2006

- Private: 69%
- None: 25%
- Public: 4%
- Refuse to Answer: 2%

n=970

HIV CTL @
What do customers really think?

How would knowing you have to fill out this survey on this device before your next HIV test influence your decision to be tested again at Magnet?

- 53% No more or less likely to come back to Magnet
- 44% More likely to come back to Magnet
- 3% Less likely to come back to Magnet

n=970

HIV CTL @
What do customers really think?

Did you find the length of time this took you to complete...

- Just Right: 92%
- Much Too Short: 7%
- Much Too Long: 1%

n=970

HIV CTL @ m
What do customers really think?

Did you find completing these questions on this device...

- Very Easy: 85%
- Not very Easy but Not too Difficult: 14%
- Very Difficult: 1%

n=970
Forensic AIDS Project

- Rapid HIV testing in the jails
- Preparations began in July 2007 and rollout happened in September 2007
- Initial challenges and setbacks to implementing computerized data collection
  - Politics of the Sheriff’s Department
  - Electronics and inmates
  - Safety and security
Kiosk at County Jail 8
Language

- Magnet version was designed for gay men in Castro.

Version #1: How frequently have you used condoms while topping with men in the last two years?

- How to use language that would be easy to understand for inmates.
Experimental phase

- We experimented with making the language more graphic and descriptive.

  Version #2: In the last two years, how frequently did you use condoms when you were having sex in the butt (when your dick was in his butt)?
Feedback and Revision

- Focus group at CAPS
- User feedback in the jails
- Positive and negative aspects to the more graphic speech
- Humor
Balanced Language

- In its final form we tried to avoid offensive speech and still convey the meaning of each question.

- Version #3: In the past 12 months, did you have anal sex with a man, when you put your penis in his butt?
Spanish Language Version

- First version was done by a professional translator
- We revised this line by line using a team of bi-lingual staff from FAP
Spanish Language Version

- In Version #1 by professional translator:

¿En los últimos dos años, Con qué frecuencia ha usado condones cuando los hombres que lo/la penetran a usted?

- In Version #2 revised by the FAP team

¿En los últimos 12 meses, tuviste sexo anal con un hombre (metiste tu pene en su ano)?
Computer Voices

We also considered what kind of voice we would use on the computer for reading the survey questions.

- Alberto: 🎧
- Paulina: 🎧

“¿En los últimos 12 meses, tuviste sexo anal con un hombre (metiste tu pene en su ano)?”
PalmIT at the Forensic AI DS Project

- Counseling flow
- Client issues
- Confidentiality and disclosure
Future directions at FAP

- VOICE study
- Pod testing: challenges and rewards of testing in the population at the jail
Future directions at Magnet

- Expansion of services
- Integration of PalmIT into a larger electronic system for customer services overall
Old Flow of Data

Entry of paperwork

State OA

QA of paperwork

Review of paperwork
Flow with electronic data collection

- Records are prepped and transmitted daily.
- Devices synced daily.
- Data imported to main database monthly.

State OA
Customers Reporting Drug Use, Ever (n=369)

- Alcohol: 58.5%
- Marijuana: 51.2%
- Poppers: 37.1%
- Ecstasy: 30.6%
- Viagra: 29.3%
- Speed: 29.0%
- Hallucinogens: 23.6%
- GHB: 23.3%
- Ketamine: 15.2%
- Barbiturates: 14.9%
- Crack: 13.6%
- Heroin: 6.0%
- Other Drug: 2.7%
- Other Drug: 1.4%

Legend:
- □ In last 6 months
- ■ Within 2 years (not within 6 months)
- □ More than 2 years ago (not in last 2 years)
Where to go from here?

- We need scalable technology, which likely means a web-based application that can support multiple users.

- Integration will be key.

- We’re interested in collaborative development of a software tool that will meet these needs:
  - Expensive (shared cost is good)
  - Flexible (multiple needs will force flexibility)
Thank you!!

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