

A Formative Study of the Role of Gender, Ethnicity and Sexual Orientation in the Provision of Prevention Counseling with HIV+ Patients

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Project Description

We will conduct formative research to inform the design of a discrete choice experiment (DCE) that will quantitatively assess the relative importance of gender, ethnicity and sexual orientation in providers' decisions to provide Prevention with Positives (PWP) counseling. In the DCE, providers will be presented a variety of scenarios in which factors that impact provision of PWP counseling are varied. Information from their responses will be used to quantitatively assess the relative impact of each of the factors included in the scenarios on providers' decisions to provide PWP counseling.

This study involves three critical steps:

1. To develop preliminary versions of the questions to be used in clinical scenarios that involve decisions to offer HIV prevention counseling to an HIV+ patient.
2. To pilot test the preliminary questions and scenarios with a sample of 20 providers of HIV care in order to finalize the language used in the scenarios.
3. To obtain preliminary information from the 20 provider interviews on responses to DCE scenarios in order to estimate the number of scenarios and participants required.

The first aim will be accomplished by convening three focus groups of key informants with expertise of relevance to PWP counseling. Investigators will present broad outlines of potential scenarios and will ask informants to critique and help refine language that will become part of the information presented in the scenarios, of the questions to be asked during the scenarios, and of the potential response options.

For the second and third aims, we will conduct 20 formative interviews with HIV providers in the greater San Francisco Bay Area. Specifically, we will employ cognitive interviewing techniques, in which we present the scenarios, questions, and potential answer options to participants, and ask them to explain their understanding of the items and the thinking that goes into their selection of a response. Providers will also complete a short assessment of their beliefs about clinical care and about their personal characteristics (e.g., race/ethnicity, gender, sexual orientation, professional training). Information from the cognitive interviews will be used to finalize response options, scenarios and sample size to be used in a full DCE study.

Significance

Previous research by the UCSF AIDS Policy Research Center has consistently found disparities in the provision of PWP counseling based on the gender, ethnicity and sexual orientation of HIV+ individuals. However, it is possible that these differences may be due to differences in where HIV+ patients receive care and in how these sites differ in their structure of care, the situational triggers for PWP counseling, and the attitudes of providers toward PWP counseling. It is not possible to disentangle the effects of these highly-correlated factors in a real-world setting. Therefore, we plan to conduct a DCE experiment to assess the effect of each of these factors on providers' decisions to provide PWP counseling.

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