

**Title:**

Healthcare Provider Barriers to HIV Screening Among Older African Americans: An Integrative Literature Review

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**Session Title:**

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African Americans, Aging and HIV/AIDS

**References:**

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**Abstract Summary:**

This poster will highlight the findings of an integrative literature review which examined the degree to which published research has explored healthcare provider barriers to HIV/AIDS screening among older African Americans.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
<p>Verbalize healthcare provider perceptions of sexuality and HIV/AIDS risk among older adults.</p>	<p>Introduction: A. Literature findings have suggested that healthcare providers (HCPs) underrate the importance of aged sexual health, as they perceive sexuality to be insignificant to their older adult patients, ultimately avoiding discussion of sexual health such as HIV and STIs. Body: A. Main Point #1: A majority of the articles included in this review measured HCP attitudes and/or perceptions of aged sexuality or HIV risk of older adults. a. Varying attitudes of aged sexuality were presented among the articles as many findings reported HCPs to hold a positive or permissive attitude towards sexuality and sexual health of older adults b. Many studies reported that HCPs found sexuality and sexual health to be important in their older adult patients. B. Main Point #2: Alongside articles reporting HCPs having</p>

	<p>favorable attitudes, some studies also reported ageist perceptions and stereotypes of sexuality and older adults. a. HCPs expressed presumptions that older adults are no longer sexually active, an ageist stereotype prevalent within many societies. b. HCPs identified sexual health as not being relevant to older people thus sexual health priorities of contraception, safe sex, STIs, and risky behavior were not initiated with their older patients. C. Main Point #3: HCPs also hold ageist stereotypes that older adults are not at as much risk for HIV infection compared to their younger counterparts. a. HCPs often believe that HIV risk is not relevant among older adults. It is viewed that older adults are in committed and monogamous relationships, ultimately decreasing their likelihood of partaking in risky sex behaviors and developing HIV.</p>
<p>Identify professional barriers influencing discussions of sexuality between healthcare providers and older adults.</p>	<p>Introduction: Knowledge and training of HIV and sexuality among older adults was a common theme presented among the articles selected for the literature review. A. Main Point #1: Several studies found that HCPs perceived themselves to have inadequate knowledge and training of aged sexuality. a. HCP have identified that their HIV prevention practices for older adults had been impacted by the limited formal education and training of HIV/AIDS they received in medical school. b. Several studies also quantitatively measured HCPs and medical students' knowledge of HIV and aged sexuality reporting decreased knowledge in elderly sexuality B. Main Point #2: Many institutional factors have been identified within the research as barriers to HCPs providing sexual health screening and counseling for older adults. a. Time constraints were identified by 2 articles as HCP barriers to talking about sexual health in primary care settings. b. HCPs report that there is not enough time to explore the sexual health history of older adults unless sexual health issues are the purpose of the healthcare visit.</p>

Examine personal factors influencing healthcare providers' attitudes of aged sexuality among healthcare providers.

Introduction: Among the articles personal factors have been reported by HCPs as being a barrier to sexual health screening among older adults A. Main Point #1: Many HCPs have reported being uncomfortable discussing and/or initiating sexual health history due to factors such as age differences, communication challenges, and a lack of confidence to manage care B. Main Point #2: Socio-cultural views were also found to influence attitudes of sexual health among older adults. a. Some health providers have identified sexuality as a taboo and private subject within their society thus bringing up the topic with older adults may be considered offensive and inappropriate.

**Abstract Text:**

**Problem Statement:**

Although generally associated with young adults, of the 50,000 new HIV infections reported annually in the United State nearly 11% are among adults age 50 older (Brooks et al, 2012). Within this percentage older African Americans (AAs) are disproportionately affected by HIV infection. Older AAs experience a 12 times greater prevalence of HIV infection compared to their racial counterparts (Kirk & Goetz, 2009). In attempting to understand HIV testing of older AAs, research concludes that although rates of HIV testing are higher among AAs than any other racial group, 21.4% of AAs remain undiagnosed (Center of Disease Control, 2011). Some literature contributes this deficiency in diagnosis to a lack of screening occurring among the older adult population (Adekeye, Heiman, Onyeabor, & Hyacinth, 2012). Findings have suggested that healthcare providers (HCPs) underrate the importance of aged sexual health, as they perceive sexuality to be insignificant to their older adult patients, ultimately avoiding discussion of sexual health such as HIV and STIs (Gott et al, 2004; Grant & Ragsdale 2008).

**Purpose:**

Although individual studies have suggested HCP influences on decreased screening among the older adult population, there has been no literature reviews examining these influences as barriers to HIV/AIDS screening among older AAs. The purpose of this integrative literature review is to examine the degree to which published research has examined HCP barriers to HIV/AIDS screening among older AAs (age >50 years).

**Methods:**

Literature was searched using electronic databases PubMed, Web of Science, CINHALL, and Google Scholar using a combination of key terms and MeSH terms consisting of *'healthcare providers OR physician OR primary care providers', 'healthcare staff', 'perceptions OR attitudes OR views of aged sexuality', 'discussions of sexuality', 'older adults OR adults aged 50 and older OR aged', 'older AAs OR Blacks', 'HIV OR HIV knowledge OR HIV training', 'communication' and 'screening'*. Initially the search only focused on identifying articles assessing healthcare provider perceptions of HIV and sexuality among older AAs, however this search approach continuously yielded no articles. As a result, the search was expanded to ascertain articles identifying HCP knowledge, perceptions and attitudes of aged sexuality

and HIV among the general older adult population, removing the older African American variable. Inclusion criteria for articles included the following: (1) study sample consisted of HCPs whose patient population consist of older adults (age 50 and older) (2) studies reporting outcome variables of HCP knowledge, perception, or attitudes of sexuality and/or HIV/AIDS of older adults. Exclusion criteria consisted of the following: (1) literature reviews, (2) opinion papers, (3) conference abstracts, (4) articles not written in English, and (5) articles focused on prevalence of HCP HIV screening among older adults and HCPs perception of sexuality in relation to younger populations. After applying these criteria, 12 articles were identified for inclusion for the analysis of the literature review.

**Results:** Findings from the literature review were synthesized into the following themes: (1) HCP perceptions of older adults and sexuality; (2) HCP perceptions of older adults and HIV/AIDS risk HCPs; (3) HCP professional barriers influencing discussions of sexuality with older adults, (4) personal variables influencing attitudes and practices of aged sexuality among HCPs. Researchers have identified that many HCPs hold ageist stereotypes of older adults being sexually inactive which in return prevents them from discussing sexual health. There seems to be a presumption that conversations of HIV and sexual health history are more relevant to younger patients. Additionally, HCPs often vary in their opinion as to who is responsible for initiating sexual health discussions—patient or provider. Some studies have identified that HCPs prefer a more reactive where in which they will only provide sexual health information if it is brought up by the patient. Another major finding in the literature was the HCPs self-reported level of knowledge and training of elderly sexuality as being inadequate. HCPs believe their formal medical training did not provide them with the appropriate skills to initiate the conversations with older adults. Furthermore, many HCPs report discomfort and a lack of confidence in taking a sexual history, as many don't want to offend their patients with this sensitive topic.

**Implications:** Although the literature is fairly non-existent for understanding how HCP barriers impact HIV screening for older AAs, research has identified many HCP barriers for the general older adult population. Further exploration of the HCP barriers preventing HIV screening among older AA is imperative for the health of older African American adults as exponential growth is expected for this population. Early identification of HIV infection may help to prevent transmission among older adults resulting in decreased rates of HIV infection among older AAs.