Healthcare Provider Barriers to HIV screening Among Older African American: An Integrative Literature Review

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Purpose
Examine the degree to which scholarly literature has investigated healthcare provider (HCP) factors preventing HIV/AIDS screening among older African Americans (age 50 and older).

What We Learned
There is an absence of research exploring HCP barriers to HIV/AIDS screening among older African Americans.

HCP factors identified in the literature and conceptualized as barriers to HIV/AIDS testing among the general older adult population include:
- HCP Perceptions and Attitudes: ageist perceptions of older adults’ sexual activity and HIV/AIDS susceptibility
- Professional Barriers: limited HCP knowledge of older adult sexual health and HIV/AIDS and HCP time constraints
- Personal Barriers: HCP discomfort discussing sexual health with older adults

Background
As a racial/ethnic group, African Americans are the most affected by HIV.

For adults 50 and older, African Americans are 12x more likely than white elders to have HIV.

Latinx elders age 50 and older are 5x more likely than white elders to have HIV.

Although the HIV/AIDS epidemic is generally associated with youth populations, its presence within the older adult population is steadily growing.

In 2014 the older adult population accounted for 17% of all new HIV/AIDS infections.

 Older AAs experience a 12 times greater prevalence of HIV infection compared to their racial counterparts.

Although rates of HIV testing are higher among AAs than any other racial group, 21.4% of AAs remain undiagnosed and thus screened.

Methods
A literature search was conducted in September 2016 using the electronic databases of PubMed, Web of Science, CINHAL, and Google Scholar. The following key terms and MeSH terms were searched: healthcare providers, primary care providers, perceptions, attitudes, views of sexual activity, older adults, adults aged 50 and older, African American, HIV/AIDS knowledge, HIV communication. Inclusion criteria consisted of articles discussing HCP barriers in HIV/AIDS communication, testing, and education with older AAs. Due to an initially low yield of articles the search was expanded to ascertain articles identifying HCP knowledge, perceptions and attitudes of older adults and HIV among the general older adult population, removing the older African American variable. International articles were included in the review.

Findings
Fig 1. Flow diagram of study selection

Records identified through database search (n=203)
Duplicate records removed (n=72)
Abstracted screened (n=130)
Abstracts excluded based on not meeting the modified inclusion criteria (n=80)
Full-text articles assessed for eligibility (n=50)

Studies included in synthesis based on study population and study variables of interest (n=12, 10 articles excluded)

Discussion
- There is a lack of literature exploring HCP barriers to HIV/AIDS screening among the older AA population.
- The following findings have emerged as potential HCP barriers to HIV/AIDS screening among the general older adult populations:
  - Perceptions that older adults are not sexually active thus not engaging in risky sexual behaviors, compared to younger adults.
  - Limited knowledge in HIV/AIDS and sexual health as it relates to older adults.
  - Time constraints.
  - Discomfort in addressing sexual health with older patients.
- Further investigating is necessary to determine if these HCP factors are also relevant for HIV/AIDS screening in the AA older adult patient population.