RESULTS: INTERVIEWS

• Analysis of factors that patients and PCPs identify as important for receiving quality HIV & COVID prevention and/or care yielded the barriers and facilitators to CRC in Figures 1 & 2.
• PCPs are largely unaware and/or unfamiliar with patient experiences and perceptions.
• PCPs attend to individual-based, institutional-based, and policy-based facilitators to care (i.e., overlapping interprofessional and community-based facilitators). Patients and PCPs align on the community-based barriers to care.

RESULTS: SCOPING REVIEWS

COVID
• Full-text review complete. Data extraction and analysis underway.

HIV
• Data extraction and initial analysis complete. Protocol published in PLOS ONE.

IMPLICATIONS & LIMITATIONS

Implications: Our theory-based research will inform: 9 one-hour CME-bearing virtual lectures, an asynchronous CME-bearing online course module, 4 advocacy-based vignettes, a PCP tool, and a set of policy recommendations.

Limitations:
• This is a 18-month pilot project that inevitably limits the scope.
• There are a range of health system barriers to routinizing HIV screening that education alone will not address. These include perceived and real time constraints, strained PCP-patient relationships, strained financial resources, and difficulty in measuring adherence to clinical policies.
• There are also some populations who will not accept the COVID vaccine despite education. This reality must be accepted as an ongoing exercise to practice empathy and continue to do no harm.

FUNDING/REFERENCES/CONTACT

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Cited References

METHODS

Qualitative Interviews:
• From August 2022 to Dec 2022, the team conducted semi-structured interviews with 11 patients and 6 PCPs representing diverse professional and patient perspectives across the US. Critical linguistic analysis guided analysis of transcripts. Barriers and Facilitators are presented in Figures 1 and 2.

Scoping Reviews:
• Two scoping reviews are being conducted to map existing literature regarding culturally responsive HIV screening and preventative care and COVID vaccination screening in the primary care setting. Critical linguistic analysis is guiding analysis of literature. Resulting themes will inform training content, PCP toolkit and policy recommendations.

Guiding Questions:
○ How is culturally responsive communication between patient and provider related to COVID vaccination and booster screening occurring for marginalized populations?
○ What factors influence culturally responsive HIV and PrEP screening for historically marginalized populations?

BACKGROUND

• With a global focus on COVID, HIV prevention efforts are being deprioritized, harming BIPCO and LGBTQIA+ patient populations disproportionately impacted by both pandemics.
• Physician Assistants (PAs) must provide HIV screening, COVID vaccination screening, and regular preventative care to all patients, but especially communities of high risk.
• Culturally responsive communication (CRC) refers to PA’s ability to engage with patients “based on views of culturally diverse patients rather than the views of health care professionals” (Tucker, et al. 2011). Cultural responsiveness includes valuing diversity within the community; institutionalizing cultural awareness; and adapting to best serve the community by creating policies, systems, administrations, and protocols that allow for cross-cultural.
• Correspondingly, the Dimensionality and RAP Health Equity Frameworks, Social Ecological Model, Critical Race Theory, Queer Theory and design-based research, inform the concurrent data collection informing the design of training and subsequent practice recommendations for Primary Care Practitioners (PCPs) to promote CRC related to HIV and COVID screening.

PURPOSE

• Our research informed national training model for PCPs (e.g., PAs in family/internal medicine) aims to routinize HIV and COVID vaccine screening for all patients.
• The training module, PCP toolkit, and subsequent practice recommendations, will build capacity around screening all patients for HIV status and COVID status.
• Specifically, we support PAs by providing education on culturally responsive communication (CRC) on HIV and COVID vaccines to racial, ethnic, sexual and gender minorityed patients.