

Engaging Health Care Providers in HIV Vaccine Research: Findings from In-Depth Interviews

AUTHORS | Bonny Bloodgood¹, MA, Elyse Levine, PhD², Willis Shawver³, Carol Schechter, MA⁴, MPH, A. Cornelius Baker⁵ for the NIAID HIV Vaccine Research Education Initiative
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Introduction/Summary

Every 9 ½ minutes, someone in the United States becomes infected with HIV. There is no cure for AIDS, and there is no vaccine to prevent HIV. An HIV vaccine would offer the best hope to end the global AIDS pandemic. HIV vaccines would add a powerful new tool to the fight to prevent HIV infections and AIDS.

The National Institute of Allergy and Infectious Diseases' (NIAID) HIV Vaccine Research Education Initiative (NHVREI) aims to increase knowledge about and support for HIV vaccine research among U.S. populations most heavily affected by HIV/AIDS. Previous NHVREI research findings among populations most impacted by HIV revealed that health care providers are one of the most trusted sources of information. However, additional informal research activities indicated that many health care providers have little awareness of HIV vaccine research.

NHVREI researchers conducted nine in-depth interviews to test HIV vaccine research educational materials for health care providers. The research aimed to (a) determine health care providers' needs and preferences regarding HIV vaccine research; (b) assess health care providers' perceptions of their patients' interest in HIV vaccine research; and (c) pretest HIV vaccine research fact sheets designed for health care providers and mini-brochures for the public.

The results of these interviews guided the development of new materials to increase awareness of and support for HIV vaccine research.



Participants

The interviews were conducted with representatives from three health care backgrounds (general physicians, trained volunteers or professionals in HIV and/or STD screening settings that offer counseling/education related to sexual health, nurses/physician assistants).

These three types of providers were selected because they are the types of providers from which NHVREI priority populations (African Americans, Hispanics/Latinos, and gay and bisexual men from all racial/ethnic groups) would be most likely to receive health care services.

All participants were located in United States cities/regions with ongoing HIV prevention research. Locations with existing HIV vaccine research were chosen to increase chances that participants have either already been asked about this research or they would be able to employ the information they received through the research.

Participants worked in a variety of health care settings, including clinics, schools of medicine, and private or group practices. HIV counseling was part of six of the nine participants' core professional activities.

Methods

Nine interviews were conducted in United States cities/regions with ongoing HIV prevention research. Interviews were led by a trained

interviewer and all were observed by a researcher associated with the project.

Audio recordings were made of all interviews. The recordings were used, along with notes taken by the observer, to develop the findings reported. The interviewer used a semi-structured guide to lead the discussions.

Instrument & Procedures

Participants reviewed a package of materials in advance of the interview.

- Materials included a informed consent form, a worksheet for prioritizing formats for educational materials, a fact sheet for health care providers, and a mini-brochure for priority populations.
- This research was conducted through a contract with AED and approved by AED's Human Subjects Review Board.

Each interview:

- Explored current HIV vaccine research knowledge and attitudes.
- Explored preferred formats for HIV vaccine research educational materials for health care providers and their patients/clients.
- Examined content for a fact sheet for health care providers.
- Examined a mini-brochure for priority populations.

An undercurrent of the research was to determine if different educational materials were required for each type of health care provider.

¹Bonny Bloodgood, MA, ICF International: Strategic Communications & Marketing Division; ²Elyse Levine, PhD, Booz Allen Hamilton; ³Willis Shawver, Center for Health Communications, FHI 360; ⁴Carol Schechter, MA, MPH, Health Communication, Abt Associates; ⁵A. Cornelius Baker, Center for AIDS & Community Health, FHI 360

CONTACT:

A. Cornelius Baker, FHI 360: Center on AIDS and Community Health
cbaker@fhi360.org

Bonny Bloodgood, ICF International: Strategic Communications & Marketing Division
bbloodgood@icfi.com

Recruitment

Participants were selected from a pool of personal and professional contacts of NHVREI staff and NHVREI partners that have not been engaged in NHVREI activities (i.e., have not attended a NHVREI meeting, have not requested or been sent NHVREI materials in the past, have not engaged in discussions of HIV vaccine research with NHVREI staff).

A \$75.00 incentive in the form of a gift card was offered, with the option of waiving the incentive.

Limitations

- The study was limited in geography and types of providers.
- Recruitment was achieved through snowball sampling based on existing contacts of NHVREI staff and partners, rather than a random sample of health care providers.
- The results should be viewed as descriptive, based on the responses of a non-generalizable sample, and cannot be projected to health care providers as a whole.

Findings

With the exception of one physician assistant, participants had little or no knowledge of specific HIV vaccine research studies and expected the same for their colleagues that do not work in the field of HIV.

Two-thirds of the participants perceived that an HIV vaccine was possible, while at the same time acknowledging that the process would be difficult. Those who did not think it was possible had concerns that there would be challenges due to HIV mutations.

"I think that would be great... Biggest concern that we would have is that patients would have questions that we wouldn't have answers to, in regards to safety."

~ Tester/Counselor

"My hope for that has waxed and waned over the several decades. At the moment it is just open in a wait-and-see sense."

~ Physician Assistant

HIV vaccine research was perceived as an important and necessary activity. Providers had a number of questions about HIV vaccine research. Questions ranged from general inquiries about the current state of HIV vaccine trials, to more specific questions about the vaccines being tested; short- and long-term safety implications; risks and benefits of participation; and ethical concerns about what would happen if an HIV vaccine was created.

Findings from this research confirm the need for educational materials and resources for health care providers. The research demonstrated that information needs of HIV testers/counselors, nurses, physician assistants, and medical doctors about HIV vaccine research are relatively similar and specific materials for each group are not necessary.

Multiple formats, including fact sheets (electronic fact sheets that could be printed by the reader), Web sites, webinars, and CME opportunities, should be created for health care providers. All materials should be clear and concise, with repetition eliminated. Outreach activities must be conducted with associations to reach health care providers.

Participants identified Web sites as the most preferred format for materials about HIV vaccine research.

Format Preferences (n=9)	
Format	Frequency
Web Sites	7
Fact Sheets	5
Webinars	5
CME Opportunities	5
Brochures	4
Promotional Materials	3
Posters	2
DVD	2
Online PowerPoint Presentations	2
Social Media (Facebook, Twitter)	1
Podcasts	1

When asked what source they would consult to learn more about HIV vaccine research, participants would consult the following Web sites:

- NIAID
- National Institutes of Health (NIH)
- Centers for Disease Control and Prevention (CDC)

Participants expressed that associations should be asked to send information to its membership through publications and email listservs. Providers are interested in making social media, Web sites, brochures, posters, and fact sheets about HIV vaccine research available for patients.

Conclusions

Findings indicate that the information needs of HIV testers/counselors, nurses, physician assistants, and medical doctors about HIV vaccine research are essentially the same. This finding holds true for HCPs in and out of HIV specialties. Although some highly technical information was not understood by HIV testers/counselors, nurses, and physician assistants, the same information was not understood by medical doctors. Thus, it appears that different types of health care providers do not require different educational materials.

- Almost all health care providers had limited awareness and knowledge of HIV vaccine research and would be uncomfortable answering their patients' questions.
- Most providers were interested in learning more and receiving information about HIV vaccine research.
- When interested in a topic, providers frequently go to the internet or consult coworkers with subject matter expertise to find out more about that topic.
- Multiple formats, including Web sites, fact sheets (electronic fact sheets that could be printed by the reader), webinars, and CME opportunities, should be created for health care providers.
- All materials should be clear and concise, with repetition eliminated