

# Cultural Awareness Survey Program (CASP): An Innovative Tool to Evaluate Stigma Impacting Care at Public Health HIV/STI Clinics

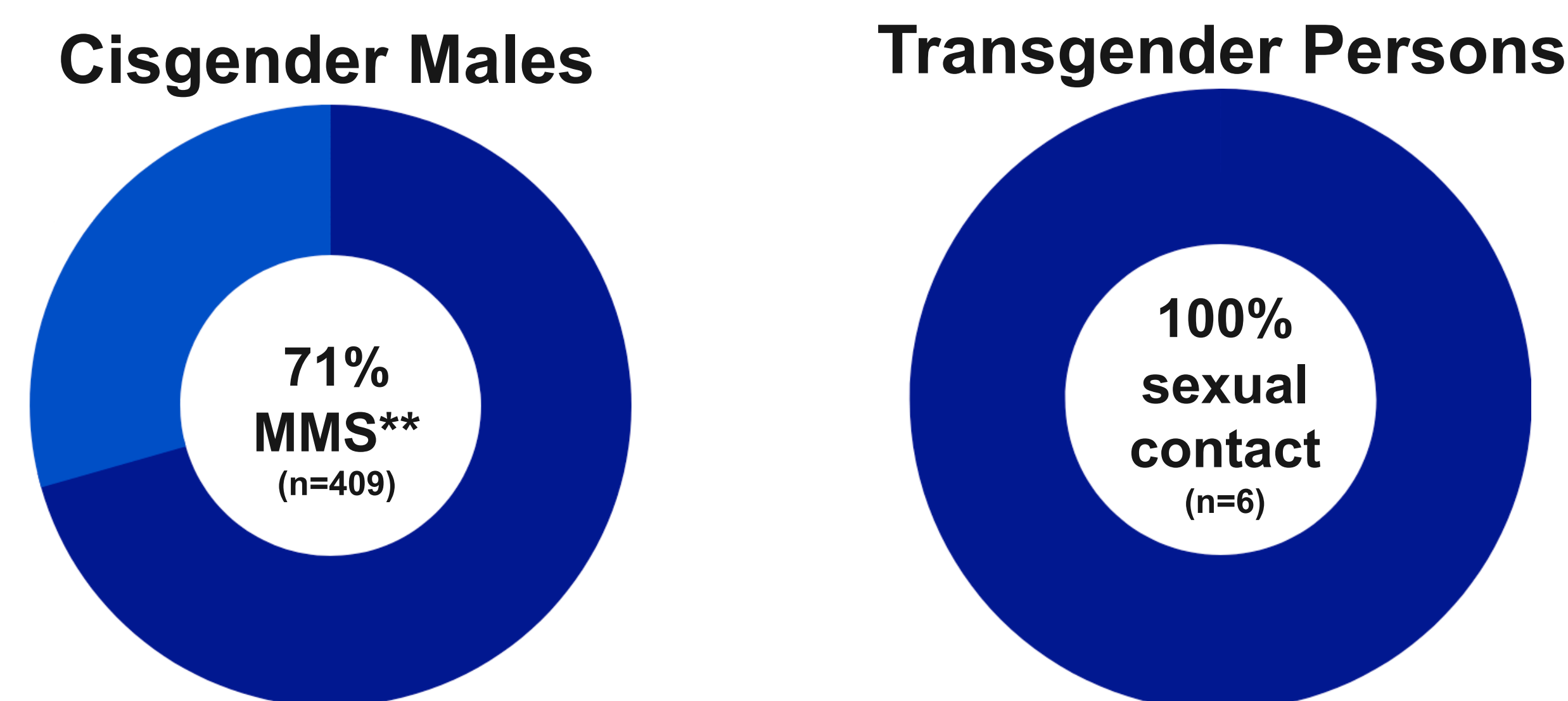
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## Background

- Men who have sex with men (MSM) and transgender persons remain at greater risk of HIV and other sexually transmitted infections compared to the general population

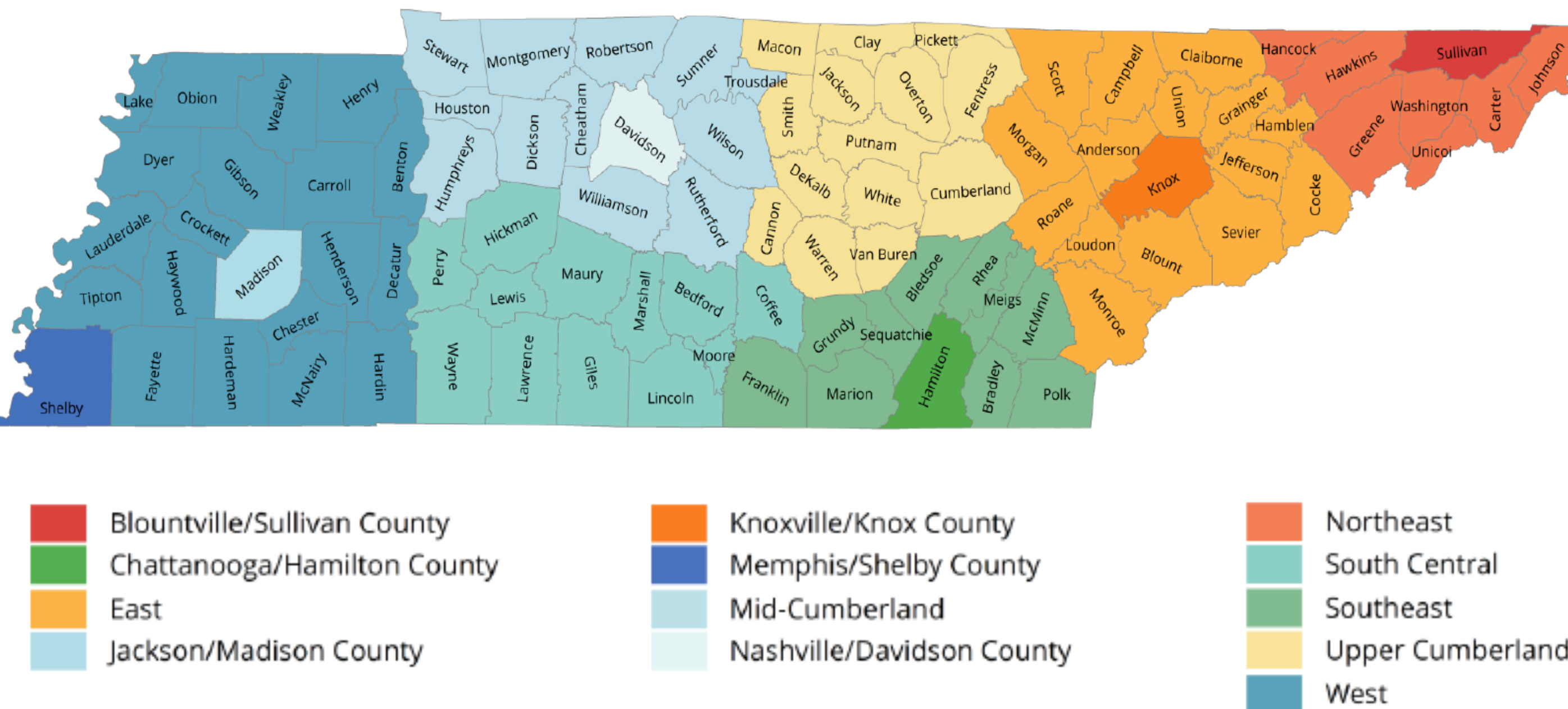
Figure 1. Persons newly diagnosed\* with HIV, by gender and transmission risk, Tennessee (2017)



\*Newly diagnosed refers to persons diagnosed with HIV during January 1-December 31, 2017 and resided in Tennessee at the time of diagnosis.  
 \*\*MMS refers to Male-to-male sex.  
 Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed July 20, 2018.

- Delivery of effective HIV prevention and care for these often stigmatized populations requires strong cultural awareness and sensitivity
- Cultural awareness is an understanding of the differences between oneself and people from other backgrounds, especially differences in attitudes and values about health
- To understand and improve cultural sensitivity practices at local health department HIV/STI clinics in Tennessee (TN), the TN Department of Health developed the Cultural Awareness Survey Program (CASP)

Figure 2. Tennessee public health regions (13) and counties (95)



## Methods

- During 2016–2019, four health departments participated in CASP, providing opportunities to assess cultural awareness and sensitivity among clinic staff
- Local volunteers representative of priority HIV prevention and care populations (e.g. young MSM and transgender clients of color) were identified and trained (N=12) to evaluate cultural sensitivity among health department staff delivering HIV/STI testing services

## Methods

- Three volunteers visited each site, documenting experiences using a CASP tool with 40 questions; domains included:
  - Interactions with healthcare staff
  - Waiting room and clinic environment
  - Sexual behavior risk assessment
  - Risk modification counseling
- Survey results and follow-up interviews with volunteers were used to identify strengths and areas of possible improvement specific to each site

Figure 3. Section of CASP survey evaluating public health clinic PrEP knowledge and client eligibility

PrEP questions continued	YES	NO
36. Were they comfortable discussing PrEP with you?		
37. Did they assess you for PrEP eligibility? If NO, skip to question 38.		
a) Were you told you were eligible for PrEP? If YES, skip to question 38.		
b) If you were not eligible for PrEP, why not? Reason: No reason was given. (circle if applicable)		
38. Were you referred to a PrEP Navigator? If NO, skip to question 39.		
a) If you were referred to a PrEP Navigator, who were you referred to? Name:		
b) How were you referred to the PrEP Navigator? (Circle all that apply.) Given PrEP referral card      Provider called Navigator for you      Referred to GetPrEPTN website Verbal referral      Other:		
39. Were you referred to a PrEP Provider? If NO, skip to question 40.		
a) If you were referred to a PrEP Provider, who were you referred to? Name:		
b) Were you able to make an appointment with the PrEP Provider?		
40. Were you referred to a PrEP Provider at the Health Department?		
a) If you were referred to a PrEP Provider at the Health Department, who were you referred to? Name:		
b) Were you able to see the PrEP Provider at the time of your appointment? If YES, skip to comments section.		
c) If NO, were you able to make an appointment with the PrEP Provider?		

## Results

- Majority of responses were positive overall; however, two individuals experienced negative events during their appointments
- Nursing staff were the primary contact, demonstrating moderate knowledge about gay, bisexual and transgender (GBT) terminology and local HIV resources
- Opportunities for improvement included visibility of culturally diverse images, asking appropriate sexual history questions, and understanding the condom distribution process in TN
- PrEP counseling and information was not uniformly provided at one site
- CASP facilitated site-specific recommendations, including action steps towards addressing barriers to care experienced by MSM and transgender patients, best practices for sexual histories, and implementation of PrEP training in HIV/STI clinics

## Results

Figure 4. Example of site-specific recommendations after review of survey results and volunteer end-of-survey interviews

### Cultural Awareness

- Discuss common positive and negative experiences GBT clients may have encountered with health department and private healthcare providers
- Discuss common barriers to healthcare experienced by GBT patients
- Review ways to help GBT patients feel welcomed and comfortable using health department sexual health services

### Clinic Protocols and Procedures

- Review appointment options and scheduling, and consider using walk-in appointments as options for patients
- Revise patient and clinical paperwork to reflect transgender identity
- Consider additional locations in the clinic for condom distribution

### HIV/STI Counseling and Education

- Ensure that extragenital testing is done for all clients screened for HIV/STIs
- Ensure that sexual history questions elicit the most comprehensive and accurate responses to obtain a full picture of clients' sexual health
- Remind nurses and DIS to assess all HIV/STI testing patients for PrEP

Figure 5. Example of several volunteer responses related to clinic experiences

“I do wish there were more visible posters about trans people and sexual minorities.”

“[The nurse] made me feel more comfortable because she was comfortable talking about sex in general.”

“\_\_ asked me about PrEP before I even asked! I was impressed with her knowledge and demeanor.”

“Overall it was a great experience, I didn't feel judged or looked down on...”

“I should not have waited two hours for a literal ten-minute visit.”

“[The health provider] didn't offer swabs – oral or anal...”

## Conclusions

- CASP results indicated variability in HIV/STI clinic sites' cultural awareness and consistency in sexual health services offered, with each site showing areas of strength and potential education
- CASP may be used as a uniform tool to evaluate cultural awareness and sensitivity, enabling tailored recommendations to address stigma impacting sexual healthcare at health department clinics
- Next steps include expanding use to other regions of TN and repeating surveys for previous participants to assess impact of training and policy changes

## Acknowledgments

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