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Perceived Barriers Preventing and Treating HIV/AIDS among Public Health Workers in Florida

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ABSTRACT

In 2015, Florida moved from being ranked second to first nationally in total number of HIV diagnoses. To combat this statistic, public health workers were interviewed to understand perceived perspectives about available resources and practicable solutions to barriers that may inhibit the use of testing and treatment services to reduce overall health disparities and inequalities among individuals with HIV/AIDS. Ten public health workers from rural counties in Florida were interviewed, and then qualitatively analyzed using the constant comparison method. Public health workers found that multiple barriers, lack of education and knowledge of resources available among health workers, and a need for continuing education on HIV/AIDS have an impact on how preventive services and treatment are carried out. Along with highlighting key issues among public health workers, in this paper, we hope to provide feasible solutions at a time where public health funding is decreasing.

BACKGROUND

In 2015, Florida moved from being ranked second to first nationally in total number of HIV diagnoses, with the highest occurrences in Miami-Dade and Broward County (Centers for Disease Control and Prevention [CDC], 2017; Florida Charts, 2016). Despite being ranked first nationally, there are only two sterile syringe exchange programs in the state, with both programs occurring in the Miami area (NASEN, 2017). Florida is also among 26 states that have no mandate on sex or HIV education in schools (Guttmacher Institute, 2017). When sex and HIV education occur in Florida, the topic of contraception cannot be covered, and only abstinence can be stressed as well as sex should only occur within marriage, and the negative outcomes of teen sex (e.g., STDS, and teen pregnancy) (CDC, 2012; Guttmacher, 2017). The lack of preventative services, and the use of non-evidenced based educational interventions, shows a large gap between current public health knowledge and implementation of evidenced-based preventative services in the state of Florida.

To address this gap, a comprehensive community needs assessment across medically underserved areas (MUAs) was launched by the Rural South Public Health Training Center (RSPHTC), in a collaborative effort between the University of Florida (UF) and the Florida Agricultural and Mechanical University (FAMU). During this collaboration, the RSPHTC focused on cultural and geographic sub-regions of the American South which has been disproportionally affected by HIV/AIDS (CDC, 2017; Florida Charts, 2016). In this specific project, we reached out to community key informants to understand their perceptions about available resources and practicable solutions to barriers inhibiting the use of testing and treatment services to reduce overall health disparities and inequalities among individuals with HIV/AIDS. The purpose of this study was to understand skills, qualities, and community resources the public health workforce and key community leaders believe are important for preventing and treating HIV/AIDS in rural areas of Florida.

METHODS

Key informant interviews of public health workers in rural counties of Florida were conducted in 2015 through the RSPHTC. These interviews were used to identify perceived training needs in public health and skills related to prevention and treatment of HIV/AIDS within three medically underserved counties in Florida.

Recruitment

The researchers used purposeful sampling, augmented by snowball sampling techniques, to create an ongoing directory list of target health professionals within Bradford, Taylor and Union counties in Florida. The list included constitutional officers, school board members, county department leaders, county board members, and public health and medical professionals as identified through RSPHTC and University of Florida networks. Researchers sent out emails and/or phone calls to the persons identified. Interested parties were then scheduled for a 30-60 minute in-person or telephone interview based on availability. Recruitment and interview scheduling ceased upon content saturation revealed through concurrent data analysis.

Key Informant Interviews

Researchers used a University of Florida Institutional Review Board approved semi-structured interview guide to conduct one-on-one interviews. Interviewers used interview guides were used to ensure consistency thus yielding more reliable and comparable data. Participants were asked to answer questions about community resources, including but not limited to: HIV/AIDS prevention, testing, treatment efforts in the community, skills needed to work in this field, and issues related to workforce training. Key informants were compensated with a $30 gift card for their participation. Interviews were audio recorded and transcribed verbatim.

Data Analysis

Researchers used qualitative content analysis methods to assess any underlying themes and categories engendered during the key informant interviews. To ensure the reliability of the coding process, two trained qualitative researchers (NS and FL) coded 10 interviews together and established a codebook. The researchers then analyzed the complete set of interviews individually and compared their results to establish connections among the larger themes and categories. Using the constant comparative method to categorize the data, the researchers were able to generate manageable units and obtain a theory grounded in the raw data.

RESULTS

The thematic analysis of the interview transcript revealed three primary themes and several sub-themes (Table 1).

Table 1. *Primary and sub-themes of key informant interviews*

Primary Theme	Sub-Theme
Barriers	Religion and culture
	Stigma and stereotypes
	Age
	Lack of funding
	No local services or resources
	Abstinence only sex education/teaching morality
	Transportation
	Privacy and small community
	Affordability and price of medications
Lack of Education and Knowledge	Education of what resources are available
	Working with local churches to disseminate HIV/AIDS information/testing
Additional Training	Cultural competence training
	Gaining the trust of the community/Learning the "language" of specific age groups
	Belief that teaching abstinence and morality are the key to prevention

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Barriers

The key informant revealed nine barriers to prevention and treatment: (1) Religion and culture, (2) Stigma and stereotypes, (3) Age, (4) Lack of funding, (5) No local services or resources, (6) Abstinence only sex education/teaching morality, (7) Transportation, (8) Privacy and small community, and (9) Affordability and price of medications.

Religion and culture. The three counties analyzed are located in the "Bible Belt," making religion a large part of the culture which in turn, heavily influences the decision-making of individuals when deciding to get tested or pursue treatment (Kremer, Ironson, & Porr, 2009; Zou et al., 2009). Although research shows that religion can be beneficial to healing and provides a means of social support, in the context of HIV it creates a barrier for prevention and treatment (Fallot , 2007).

> *Surprising number of people that believe their faith will get them through it. Surprising number, which there's nothing wrong with faith, don't get me wrong. But they think that's the only means they need to do.*

> *I think that we're in a small town, we are very religious, there a lot of religious people here. You don't talk about things like that. I know growing up, I wasn't taught and nobody talked to me about things like that. So, I think, that they kind of, let's just "if we don't talk about it, it doesn't exist and the kids aren't doing any of it.*

Stigma and stereotypes. The barrier of religion compounds the barrier of stigma/stereotypes creating a fear that if an individual is seen being tested or treated for HIV, they will be labeled as a "homosexual."

> *Um, our homosexuals are probably the stigma for HIV, um, because it was quote unquote a gay man's disease. So, our homosexual population would probably be targeted if somebody was, if a male was homosexual they would probably think he would have HIV before a straight man or anything like that so that's the target population.*

Along with homosexual stigma/stereotype with HIV, these counties also show a socioeconomic stigma, that individuals using health department resources are "poor."

> *There's a stigma attached to this health department and I don't know if it's there for other small communities. But, that's where poor people go and if you have insurance, you're not getting seen. That's where you go if you don't have money. That's just how the community is as a whole for the health department.*

Age. The varying generational knowledge and stigmas of HIV, create a barrier for HIV prevention and treatment. Specifically, older individuals do not think that HIV is a concern as contraceptive use is more associated with pregnancy prevention (vs. STD prevention) and HIV is stigmatized towards the LGBTQ community.

> *But for people to see that it really affects others because like I said that bisexual activity that is then coming back in the heterosexual community . . . and again for them, for people in that age group that are not worrying about protection, because they can't get pregnant anymore.*

> *I know that as I teach it, a lot of kids don't realize... they don't think of gays. But with my age group and older, they think it's just gays. So as you talk about it they think it's all that it's gonna effect.*

Lack of funding. Before Florida became the leading state in the U.S. for new HIV cases, continual budget cuts occurred for the Florida Health Department over the past four years (Florida Charts, 2016; Florida First, 2016).

> *I think most government is like that, at the Florida state level, we've cut budgets for seven years straight now I think, so, funding's down everywhere, staffs down everywhere, there's just not that ability to go out and find issues.*

> *I mean it's always going to be linked to some volunteers that are going to continue to maintain programs if they can, for as long as they can. But because funding isn't available then it's going to be difficult to have these outreach efforts.*

> *Money runs out before the information and services get to the people.*

No local resources or services. As funding has decreased, so have the local resources and services for HIV prevention and treatment, which creates a heavier burden on small rural counties that are already struggling to provide services and treatments.

> *But we don't have a lot of local resources, so we have to refer them to Alachua. One of the problems again of being in a small county is not having all of the resources. So, we have to refer them.*

> *I think that's it and I think we don't have enough, um, you know if you're in a larger city there's a lot of public service announcements, there's the public transportation and all that with ads telling you to get tested, you know, where to go yada. We don't have a lot of that in our county.*

Abstinence only sex education/teaching morality. Forty-six percent of high school students in the U.S. have had sex and are at risk for contracting HIV and STDs (CDC, 2012). It is recommended that educating adolescents about HIV and STDs before they begin engaging in these behaviors is the best way to reduce the risk of HIV and STDs (CDC, 2012). Unfortunately, the three counties are limited to teaching abstinence-only sex education and teaching morality versus a comprehensive sex education, creating a barrier to reducing the risk of contracting HIV.

> *Because we cannot talk about contraceptives, I feel like we just confuse them more because all we can say is they are not 100%. That is not enough information for them to understand, and it's hard to keep their attention anyway.*

> *I have found when a student asks me a question that is beyond the parameters of which I can discuss its really detrimental to me to not be able to answer that question. I find that it just burns that bridge with the student and they become very complacent. More education here would be fantastic.*

> *We aren't allowed to go in and talk about STDs or teen pregnancy. That's kind of much a no-no subject here in our community. I think it's unfortunate because we have one of the highest teen pregnancy rates in the state and one of*

> *the highest STD rates for teens in the state.*

Transportation. A large barrier to healthcare access is transportation (Syed, Gerber, & Sharp, 2013). Lack of, or limited transportation increases the risk of missed or rescheduled appointments, delayed care and missed medication use (Syed, Gerber, & Sharp, 2013). In small rural counties, transportation is a huge barrier, especially when the next closet treatment center outside of their county is an hour or more away.

> *So, getting them actually, cause you know one of the things that is a hindrance is transportation, a lot of people don't have transportation, and they don't want to go and look for places where they can get transportation to and from wherever the facility is.*

> *Transportation, I think it could be a potential problem but people getting to their location. Although we have shuttle services here that drop off at different locations. At the same time, I know that we're getting in as many areas as possible. You'll only have a shuttle or two shuttles, so, it's not like it could cover the whole town and not like you can cover anybody that needs a ride.*

Privacy and small community. With the Health Insurance Portability and Accountability Act (HIPAA), sensitive patient data is kept confidential and secure (U.S. Department of Health and Human Resouces , 2016). Unfortunately, in a small community privacy can be a barrier. Many times, those working in the health department or organization are also well known members in the community and patients fear that their health information is not really confidential.

> *Another challenge and this is a detriment of small town, for men on men sex and our lesbian population, we're very good with HIPAA here but then again, there's a natural fear among us and among individuals about coming into a health department or any doctor's office here. In fact, there's a fear of going into a bank! You are going to be critiqued and your family, the repercussions, your family.*

> *Oh yeah, that's the um, the barriers are its long scale people telling other people's businesses not keeping it confidential um when we say it's*

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confidential. If they are HIV positive everybody in town knowing that they're HIV positive um those are always risk factors that would get a lot of people or just you know I'm the HIV lady and I walk up to you ask you for an HIV test and we walk up again and give you your results somebody in the background talk about "Oh they must be sick." Or you know spreading rumors gossip could always be a factor.

Affordability and price of medications. The Affordable Care Act (ACA) opened the door for many Americans to be able to access health care, unfortunately even with the increased rate of Americans with health insurance, the price of HIV treatment and medication is still a significant barrier for many in rural counties.

> It's the option of paying this expensive light bill or this $500 month for insurance that I need for my family. So now your kind of stuck in between what you need to do.

> Now it's probably, the cost wise its very very expensive to treat. And the cost aspect of it, and when I say they cost aspect of it I'm talking about the meds, has been a growing concern. Not that we're giving them the meds but how much its cutting into other medical issues because the prices just keep going up.

> You know it's a lot of people here, have to make a decision whether to buy groceries or buy medicine.

Lack of Education and Knowledge

Key informant interviews revealed that public health officials believed that there is an education and knowledge deficit on HIV among public health workers. Two sub-themes emerged: (1) Education about the resources that are available and (2) Working with local churches to disseminate HIV/AIDS information/testing.

Education of what resources are available. Although budget cuts create a barrier and limit resources available to individuals there are still resources available to those that need testing and treatment. Unfortunately, these resources are not widely known about.

> I don't know that they are aware of what specific resources are available, but they are aware of where to go to get those

resources as far as the health department. Typically, people think anything involving health, we can call the health department they'll know the answer. So typically, they probably don't know what resources we have but they know to call.

> Again awareness, and people just being aware of where they can get and how simple it is to get it.

Working with local churches to disseminate HIV/AIDS information/testing. Although religion creates a barrier among these counties, when churches support and promote HIV testing it can break down the barriers and stigmas (Griffith, et. al., 2010; Kendrick, 2017).

> Well if you end up doing it through the churches then you can do the youth pastors, you could do the pastors that type of thing. If you can get them on board. Again, it would have to be something sensitively done, and let them understand that . . . yeah, I think they could definitely be a big catalyst.

> We have great health ministries and they invite us into their churches and we can talk about any topic.

Additional Training

A major theme that emerged among the interviews is that additional or more training is needed for local health professionals that work on HIV/AIDS. Three sub-themes emerged: (1) Cultural competence training, (2) Gaining the trust of the community and learning the "language" of specific age groups, and (3) Belief that teaching abstinence and morality are key to prevention.

Cultural competency training. Cultural competency training has been proposed to improve patient outcomes and reduce health disparities (Lie , Lee-Rey, Gomez, Bereknyei, & Braddock III, 2011).

> It has to be something that we talk about with cultural competence. Being able to get to the root of how you would approach and how you would speak to someone that you know might be possibly HIV positive.

> You've got to be able to bring other people that they may not know and then train them how to engage you know the community they need to be able to reach and I found that that's an art.

Gaining the trust of the community and learning the "language" of specific age groups. Whereas cultural competency training is the first step of gaining trust of community, learning specific cultural aspects and/or rituals and the specific "language/lingo" can bridge the gap between the community and health professionals.

> *The best approach is going to be with link with the gatekeepers or people you know that they already trust you and start building that relationship...*

> *They need to know that you care about them before you do anything else. And I'm not saying be their friend, you know develop a relationship such that you're able to communicate with them, that they know you care about them and that you're determined that they learn the things they need to.*

> *You know trust is never given, its earned. So how you communicate to the community about what it is you want to do in that community is going to give you credibility that's going to bring the trust level that you need to effectively work in the community.*

Belief that teaching abstinence and morality are the key to prevention. Compounding the barrier of religion, many of the health professionals working on HIV prevention and treatment methods believe that teaching individuals abstinence and morality is the key to prevention, despite that research shows the opposite.

> *I will say, have more morality in school and teach people to keep their drawers up, you know, not just be so casual.*

> *You know it really goes back to the basics of what morals and values are being taught in homes. Goes down to character, you know, whether or not children are being raised in that kind of environment. Goes back to basic biblical beliefs. Those kinds of things I think need to be the foundation for any change that we might see that might be sustained and lasting.*

DISCUSSION

Overall, the key informants found that multiple barriers, lack of education and knowledge of resources available among health workers, and a need for continuing education on HIV/AIDS have an impact on how preventative services and treatment to MUAs is carried out. With Florida now being ranked first in the United States for HIV diagnoses, it is vital these barriers and issues begin to be addressed. The easiest solution to address these needs is to increase funding for public health, unfortunately despite the statistics, increased funding for these types of public health services is unlikely. Along with highlighting key issues among public health workers this study hopes to provide feasible solutions alongside its' results.

Barriers

One of the largest, and most sensitive, barriers among these communities is religion. Religious beliefs about sexuality and sexual behaviors associated with HIV (non-monogamous and/or same sex relationships, sex work, and drug use) can perpetuate HIV stigma and homophobic stereotypes (Kendrick, 2017). Religion can also create "cultures of silence" around sex, leading to poor sexual health, by discouraging getting testing, receiving care for HIV, and disclosing one's HIV status to partners (Kendrick, 2017). Religion can also cause feelings of shame and guilt among those diagnosed with HIV, in turn increasing the risk of depression, anxiety, suicide, and poor quality of life (Kendrick, 2017). Despite being seen as a barrier in these communities by local public health workers, religion is a huge cultural aspect of these communities and must be embraced by public health workers in order to make a difference. (Griffith et. al., 2010; Kendrick, 2017). Religious communities can provide individuals with HIV social support (Kendrick, 2017). This social support can provide emotional resources such as stress reduction, but also material resources such as transportation (Kendrick, 2017). Public health workers need to look to past interventions that have been successful working with churches to promote positive sexual health and STI testing and treatment (Griffith et. al., 2010; Kendrick, 2017).

Even after religious organizations "buy-in" to HIV prevention and treatment approaches the size of the community itself is a huge barrier. Public health workers are also well known members in the community, and patients fear that their information may not be confidential. Even with HIPAA, these small communities, pose issues of privacy in different ways such as a patient's car may be recognizable at the clinic that is in the center of town. It is crucial local public health workers provide HIV patients with alternative resources. Today there are many online support groups for individuals with HIV/AIDS (Coursaris & Liu, 2009; Mo & Coulson, 2010). These online support groups provide individual living with HIV/AIDS informational and emotional support, something they may not feel comfortable receiving from their local social networks (Coursaris & Liu,

2009; Mo & Coulson, 2010). The Rural South Public Health Training Center in Florida, has created the HIV/AIDS Avatar Project (Canidate & Hart, 2017). The HIV/AIDS Avatar Project provides relevant and accurate information on the most common questions about HIV/AIDS as well as relevant health care services nearby (Canidate & Hart, 2017). These types of resources do not call for additional funding and help empower MUAs.

Education of Available Resources/Additional Trainings

Despite working on the prevention and treatment of HIV/AIDS in Florida, many public health workers are not aware of what resources are available to them as health care workers and what is available for individuals living with HIV/AIDS. Overall these findings point to a need for additional training among public health workers. Specifically training that emphasizes what resources are available but also continuing education trainings that emphasize cultural competency, community interventions, and sessions teaching workers that their belief systems (abstinence and morality) are not key HIV/AIDS prevention and treatment strategies. With limited funding these trainings should be supplemented with already existing trainings. Ryan White, AIDS Education & Training Center Program (AETC) National Coordinating Resource Center, and the U.S. Department of Health and Human Services – AIDSinfo, provide free online information, trainings and other resources to meet these deficits among public health workers in Florida (AETC, 2017; Ryan White, 2017; U.S. Department of Health and Human Services , 2017).

Limitations

There are two potential limitations to our study. The first limitation is that this study only examined public health workers in three of the 67 counties in Florida. Although three counties is a relatively small sample, but each county was chosen in a different area of Florida (Northern, Central and Southern) to get a generalized picture of the state. The second limitation of the study is that we only examined rural counties in Florida, where urban counties may have completely different barriers and needs. Rural counties remained the focus of the study, as these areas that receive the least amount of public health funding but are more likely to contain MUAs.

IMPLICATIONS FOR PUBLIC HEALTH

As Florida begins to tackle its new rank of being number one in new HIV diagnoses, it must do so under limited funding. To provide the best preventative and treatment services to individuals, public health workers need to be creative and work with already existing resources as well as turn to free technological resources to meet its needs. This paper provides specific solutions for public health workers in Florida, but with the current political climate, Florida is not unique, in that many states are underfunded and public health funding is continually being overlooked and cut. Public health workers in general need to become adaptive and creative in providing training and services, to provide the best quality of care for the individuals and communities it serves.

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