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[TITLE:] COMPUTER ASSISTED RAPID TESTING FOR HIV

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BACKGROUND: The most powerful motivator for behavior change is knowledge of HIV status, yet 25% of people in the United States remain unaware of their infection. National recommendations promote expanded access to rapid HIV testing. However, many clinics are unable to offer HIV testing routinely because of lack of trained counselors or time constraints. To make rapid HIV testing feasible in these clinic settings we have developed an interactive multimedia computer counseling tool (Computer Assisted Risk Education or CARE) that uses a tablet pc with earphones and a privacy screen to provide consent for rapid HIV testing to low literacy populations. While the rapid test is incubating, the tool leads clients through a risk assessment, provides individualized feedback, skill building videos, and allows them to create a personal risk reduction plan. Printouts of the consent, risk assessment summary, risk reduction plan and recommended referrals are generated that can be shared with health care providers to facilitate care. The objective of this study was to determine the potential for use of the CARE tool with rapid HIV testing in an urgent care clinic.

METHODS: We conducted a usability study among staff (n=6) and clients (n=20) at a public urgent care setting in Seattle, Washington, which currently does not offer HIV testing. A focus group was held among staff to consider implementation issues. The tool was tested among 20 urgent care patients to assess ease of use and counseling preferences.

RESULTS: The clinic staff believed many of their clients to be at risk for HIV and acknowledged that few likely follow up for referrals to the STD clinic for HIV testing, when offered. They were concerned about using the CARE tool for rapid testing in urgent CARE because they did not believe that their clients would be able to use the tool, and that it would put additional demands on clinic staff. Among urgent care clients, participants ranged from 21 to 64 years of age, 80% were male, 50% were African American, 60% had a high school education or less, and only 35% used a computer more

frequently then monthly. The vast majority (95%) of clients did not have difficulty with the language in the tool and 87% found the tool useful. Among those voicing a preference (n=14), 64% preferred computers over face-to-face counseling because of greater comfort responding to questions about risks. Among those preferring computers 67% did not report frequent computer use and 80% had high school education or less.

CONCLUSIONS: Although staff were concerned about clients' ability to use interactive computer counseling tools for HIV pre-test counseling, the preliminary usability data suggest that computer assisted rapid testing may be a useful and preferable method for HIV counseling and rapid testing consent among patients in urgent care settings. We are now conducting a phase 2 evaluation to determine the acceptability, feasibility and effectiveness of using the CARE tool for rapid HIV pre-test counseling and consent in an urgent care clinic.



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