Acceptability and Feasibility of Screening Men for Chlamydial Infection

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Acceptability

- **Why is it important to study acceptability?**
  - Assess translational outcome of an intervention: from possibility to practice
  - Assess process: define obstacles to screening; may exist at multiple levels
    - Individual: acceptance of test
    - Provider: offering test
    - System: support of the effort
      - institution (clinic, hospital, program, laboratory)
      - insurance coverage

How can acceptability be measured?

- **Quantitative measures**
  - **Measure % of men who accept offer of screening**
    - **requires accurate measure of denominator; difficult in many settings**
    - **may not account for variability in methodology of offering the test (provider, setting-specific)**
  - **Compare those who accept to those who refuse testing**
    - **requires collection of data on refusers; same denominator issue**
  - **Measure % of providers who offer screening**
    - **must account for systems-level constraints**
- **Qualitative measures**
  - **Determine obstacles to screening at the individual, provider, and systems level using surveys, interviews**

Acceptability: Methods

- **Baltimore, Denver, San Francisco, Seattle:**
  - **measured rates of testing at all sites by counting or estimating number of eligible men as denominator**
- **Baltimore**
  - **Subjects: acceptability logs completed by study or site staff**
  - **Providers: telephone survey with providers at all sites**

Acceptability: Methods

- **Denver**
  - **Subjects:** acceptability logs completed by study or site staff on 2 occasions/site; 36 observations in 19 sites
  - **Providers:** 5-minute telephone survey with 16 providers, 12/01
- **Seattle**
  - **Subjects:** self-administered survey measured acceptance or refusal; compared characteristics
  - **Providers:** telephone or in person survey with 8 providers, 10/01

Acceptability to Subjects

Rates of Testing: Baltimore

Detention Center (3 / 2000 - 10 / 2001)		**Per Week**
Estimated Eligible	10,800	180
Approach Interviewer	1506 (14%)	25.2
Accepted Screening	1380 (92%)	23.2
Schools (2 / 2000 - 01 / 2002)		
Estimated Eligible	2108	31
Offered screening	1841 (87%)	27
Accepting Screening	1364 (56%)	20
Teen Clinic (2 / 2000 - 01 / 2002)		
Estimated Eligible	550	6
Not Offered or Refused	75 (14%)	1
Accepted Screening	475 (86%)	5

Acceptability to Subjects: Baltimore

- **Adult Detention Center**
  - no clear significant obstacles (93% acceptance once they approach staff; less acceptance if consider overall response to announcement)
- **Teen Clinic**
  - Questionnaire: time and privacy considerations
  - Asymptomatic nature of infection reduces urgency of self-perceived need for testing

Acceptability to Subjects: Baltimore

- **School based health center**
  - Questionnaire: time and privacy considerations
  - Confidentiality: Subject must carry urine from bathroom to exam room – stigma, confidentiality
  - Asymptomatic nature of infection reduces urgency of self-perceived need for testing
  - Concern that urine is being tested for drugs not an issue, largely due to trust between staff and subjects

Rates of Testing: Denver

	Eligible	Approached	Accepted	%
Youth Detention	90	66	40	61
School-based	77	60	9	13
CBOs	112	80	26	33
Outreach	50	45	8	18
Drug Rx	8	7	6	86
Community Clinics	21	19	16	84
Total	**358**	**277**	**105**	**38**

Range of Acceptance among Eligible: 13-86%

*Subjects' Reasons for Refusal: Denver**

- **N = 876 subjects**
  - **Not sexually active: 50.6%**
  - **Recently tested (within 3 months): 21.7%**
  - **Did not consider themselves at risk: 27.7%**
    - **Use condoms all the time**
    - **Partners not at risk: "My girl friend is a virgin"**
  - **Only 2 listed fear of drug testing as reason**

*Only some sites (mostly juvenile detection) routinely collect demographic/behavioral data on refusers, so findings may not be representative of all sites/subjects

Acceptability to Subjects: Denver
As reported by providers

- **Fear of drug testing**
- **Denial of risk behaviors**
- **Discomfort in discussing sexual and drug using behaviors**
- **Fear of test results**
- **Embarrassment in front of peers, especially in street outreach settings**

Rates of Testing: Seattle

- **Juvenile Detention 62 / 159 (39%)**
- **Teen Clinics 45 / 72 (63%)**
- **Street outreach 7 / 33 (22%)**

Range of acceptance: 22%-63%

Characteristics of Tested vs. Not: Seattle

Characteristic	Tested	Not tested	P
White	65 (36)	117 (64)	<0.001
Hispanic	12 (71)	5 (29)	0.02
Previously tested	41 (43)	54 (57)	0.06
Last health care			
Prior 6 mos.	59 (43)	77 (57)	<0.05
6-12 mos.	14 (33)	28 (67)	
Over 1 year	14 (74)	5 (26)	
Can't remember	30 (48)	33 (52)	

Not different: age, report of prior STD, new sex partner, no. sex partners, thinks partner has STD

Characteristics of Tested vs. Not: Seattle

- More likely to be tested were:
  - non-white men
  - men not previously tested for chlamydia
  - men who reported less recent health care

Acceptability to "Subjects": Seattle
As reported by providers

- ***Juvenile Detention***
  - not at risk; 80-90% report monogamy, condom use
  - not sexually active
  - tested recently
- ***Street Outreach***
  - no time –catch bus, finding a place to sleep
- ***Teen Clinics***
  - reluctant to accept testing if asymptomatic
  - tested recently
  - not sexually active

Rates of Testing: San Francisco

- Juvenile Detention:
  - 2083 / 2367 (88%) of eligible, approached men accepted testing
- School-Based Clinic:
  - 303 / 600 (50%) of eligible, approached men accepted testing

Range of Acceptance: 50% - 88%

Acceptability to Providers

Acceptability to Providers: Denver

- **Most (81%) felt that offering testing wasn't difficult**
- **Barriers**
  - Time to complete paperwork
  - Discomfort in discussing sexual behavior
  - Having access to all clients who might benefit
  - Not always remembering to offer test when busy
  - Location / Setting: especially street outreach

Acceptability to Providers: Denver

- **Facilitators (outreach)**
  - **More time to interact with clients to**
    - **Explain risks of CT infection**
    - **Benefits of testing**
    - **Assure confidentiality**
  - **Better training for providers**
  - **Reminders to offer testing on intake forms and client's charts**
  - **Incentives for clients (e.g., McDonalds' coupons)**
  - **Incentives for providers (books, movie tickets)**

Acceptability to Providers: Baltimore

- **Adult Detention Center**
  - no clear significant obstacles
- **Teen Clinic**
  - Convincing medical assistants and clinic support staff of importance of targeting males, especially if they have no symptoms

Acceptability to Providers: Baltimore

- **School-based Health Center**
  - Convincing medical assistants and clinic support staff of importance of targeting males, especially if they have no symptoms
  - Time and scheduling; 15-30 minute pre-test counseling required; impromptu screening rare
  - Nursing staff discomfort with informing student of necessity of partner management if he tests positive

Acceptability to Providers: Seattle

- **School-based Health Center**
  - Clinician concerns about adding time out of class to the clinic-based encounter
  - Difficult to persuade students of need for screening when they are asymptomatic; incentives
- **Teen Clinic**
  - Difficult to persuade students of need for screening when they are asymptomatic
  - Incentives make it easier

Acceptability within Systems

Acceptability: Systems Level

- **Baltimore: Adult Detention**
  - limited staffing and space to handle volume and provide confidentiality during initial processing
  - exam performed at 14 days
  - announcement over intercom does not communicate importance of screening
  - access to inmates limited: public health concerns not detention's primary focus, particularly in asymptomatic
  - Health Dept is external to detention center system

Acceptability: Conclusions

- **Assessment of acceptability complicated by need for**
  - **accurate definition of number of 'eligible' men**
  - **consistent method for 'approaching' men (offering testing)**
    - **varies by site, infrastructure**
    - **varies by person offering the test**
- **Conclusions about acceptability may need to account for variability in above**

Acceptability: Conclusions

- **Testing accepted by 13% - 92% of men**
  - **highest in community-based teen clinics; variable in detention and outreach**
- **While they intersect, concerns of providers, clients, and system (support staff / infrastructure) need to be measured and addressed individually**
- **Clients' concerns are common across venues and cities, suggesting a common educational approach**
  - **perception that asymptomatic = uninfected, no need to test**
  - **questionnaires may be perceived as intrusive; limit**

Acceptability: Conclusions

- **Providers' concerns vary by type of venue, but are similar across cities**
  - **time; system support**
  - **major role for education of providers**
- **Clients' concerns do not always reflect what providers perceive to be clients' concerns**
- **Feasibility of screening is strongly affected by the addition of data collection to 'opportunistic' encounters; human subjects requirements also a consideration**