Cultural Awareness Survey Program (CASP):
Health Department STD clinic experiences of
MSM and transgender patients

A “secret shopper” program in Tennessee

Kimberly Truss, HIV Prevention Director | 3 December 2019
Overview

• Goal & Purpose
• Why implement the CASP program?
• Timeline
• Process
• Volunteer experiences
• Outcomes
• Challenges & Limitations
Why do the Cultural Awareness Survey Program?

Our goal is to improve MSM and transgender individuals’ trust in and use of health department (HD) clinics for sexual health needs, including HIV/STD testing.

The purpose of the “secret shoppers” project is to identify and address issues of cultural sensitivity or lack of knowledge about MSM and transgender sexual health among clinic staff, and improve clinic services for MSM and trans patients.
Why do the Cultural Awareness Survey Program?

• 2010 focus groups for MSM strategic planning indicated that reluctance to use local STD clinics was prevalent among participants
  – Previous negative experiences or fear of negative experiences
  – “Local” factor- fear of exposure within the community by clinic staff
• Incomplete PRISM records on current gender (44%) in 2015
CASP Timeline:

2015
- CASP Survey developed

2016
- Buy-in from HD STD clinic directors in Memphis and Nashville
- Surveys conducted in Memphis and Nashville by 6 volunteers
- Feedback and recommendations offered to each HD

2018
- Buy-in from HD STD clinic director in Knoxville
- Surveys conducted in Knoxville by 3 volunteers at 2 locations
- Feedback and recommendations offered to Knox County HD

2019
- Buy in from HD STD clinic directors in Jackson and Chattanooga
- Survey conducted in Jackson by 3 volunteers
- Feedback and recommendations offered to Jackson-Madison Co. HD
- Survey will be conducted in Chattanooga in fall/winter, 2019
What is the CASP process?

- Implementation is preceded by approval from local HD leadership
- Identify MSM and transgender volunteers
- Train volunteers
- Volunteers complete HIV/STD screening and survey tool
- Community Engagement Director conducts follow-up phone calls with volunteers
- Community Engagement Director summarizes survey results and makes recommendations
- Provide feedback to local HD leadership
  - Feedback is accompanied by recommendations and technical assistance, as required
Buy-in from STD Clinic Directors for CASP

• Collaborating with clinic directors allows us to offer post-survey training/resources to address challenges
  – Avoids the appearance of a “gotcha” scenario
  – Clinic directors agreed not to tell HD staff about the upcoming secret shopper visits
  – TDH confirmed that they would share site-specific results only with clinic directors
  – TDH committed TA, training, resources, consultation, etc. after surveys were evaluated
Volunteers

• Due to budget constraints, the project began with 3 volunteers in each location
  – Incentives
  – Lodging
  – Mileage
  – Food & Per Diem
• Volunteers were invited to participate based on their:
  – Willingness to participate
  – Eligibility (MSM or transgender identity)
  – Ability to be objective of their experience at the HD
• In total, there have been 12 volunteers
• CASP has been conducted at 5 sites
What information does the survey tool collect?

- Reception/front desk interactions
- Staff interactions
- STD/HIV testing experience
- Risk Reduction Counseling
- PrEP/Condoms (resources and/or materials offered)
- Knowledge about MSM and transgender sexual health issues
Training

- Describe the purpose of CASP
- Sign acknowledgment form
- Address potential health department bias
- Overview of what health departments do, and how a typical STD/HIV screening visit is conducted
  - e.g. rectal swabs!
- Review survey tool
- Develop each volunteer’s “character”
- Role play
Volunteer Feedback

Positive experiences

• Most volunteers reported friendly interactions with clinic staff
• Many volunteers said that clinic staff were knowledgeable about LGB language/health needs
• Most nurses were described by volunteers as “welcoming,” “comfortable talking about sex,” “friendly”
• PrEP posters and posters/pamphlets with LGB representation were displayed in many reception areas and exam rooms
Volunteer Feedback

Recommendations

• Review of SOGI (sexual orientation and gender identity) terminology
• Discuss common barriers to health care that LGBTQ patients frequently experience
• Adapt patient forms to acknowledge transgender identity
• Review best practices for taking sexual histories
• Ensure that three-compartment testing is done for all patients (based on sexual history)
• Remind staff to assess all STD/HIV testing patients for PrEP
• Consider accessible locations in clinics for condoms
Outcomes

- Consultation on “women’s clinic” name change to more inclusive name
- Patient forms changed in one clinic to be inclusive of transgender identity
- Requests for LGBTQ and other cultural awareness trainings
- Requests for repeat CASP projects to evaluate progress
- Increased self-awareness of clinic leadership regarding the significance of providing culturally sensitive care to patients
Challenges & Limitations

- Volunteers usually visited clinics within a day or two of the training, thus limiting the generalizability of outcomes
- No volunteer was referred to a DIS during their appointment
- Most volunteers were active in HIV work through either volunteer or professional ties
- There was no “control” patient to compare with the volunteers’ experiences
- Time and funding limited the number of volunteers recruited for each site
Thank you!

Kimberly Truss
HIV Prevention Director
Kimberly.truss@tn.gov

Katherine Buchman
Community Engagement and Special Projects Director
Katherine.buchman@tn.gov

LaToya Antoine
CDC PHAP
Latoya.antoine@tn.gov