The treatment of HIV has had significant advancements since Zidovudine, commonly known as AZT, was introduced in 1987 (1). One major advancement in 1996, when researchers found that highly active antiretroviral therapy (HAART) could significantly suppress HIV replication in blood cells, marked the beginning of the “era of cure” (2). The introduction and advancement of Antiretroviral Therapy (ART) has given HIV and AIDS patients the chance to live a lifetime similar to those without HIV, without significantly increasing side-effects (3).

The virus has become a manageable chronic illness and the population of people with HIV/AIDS (4)(5) (2). The virus has become a manageable chronic illness and the population of people with HIV/AIDS (4)(5).

Increased survival rates have led to an increased number of HIV+ people living beyond the age of 45, well beyond the age of 50, and into the guidelines set by the United States Preventative Services Task Force (4). In 2018, approximately 400,000 people aged 50 and older accounted for 17% of the 37,968 new HIV diagnoses in the United States (6). By 2021, the federally funded Health Resources and Services Administration (HRSA) recognized this need (6).

In 2021 the team identified 5 things that needed to be addressed to make the project successful: (1) Identify how to protect the confidentiality of program participants, (2) Identify ways to reach PLWH to increase screening, (3) To address a lack of safe and trusted resources, (4) The list was created by a partnership between the Cancer Section and HIV/STD Division of MDHHS, and (5) To provide cancer screenings for all services provided.

In 2021, the Cancer Screening Project (CaSPr) was established as a way to make the cancer screening process more accessible for people living with HIV.

Methods of Action

To better understand why HIV+ people have lower cancer screening rates and to discover ways to reach HIV+ people, CaSPr conducted 22 key informant interviews. The interviews included 13 people living with HIV, 2 providers, and 7 people who fall in both categories. Categories range from age 20 to 80, race, with 40% of participants having at least some college education and 59% of participants are female. The interviews were transcribed and analyzed (7).

They shared how they learned that they were eligible for cancer screening and what informed their decisions to get screened including, but not limited to, information from cancer screening in prior visits at primary care, seeing other family members die of cancer, and waiting for results. They talked not only about what they did but also what they were thinking and feeling at each stage of the process.

In a qualitative analysis, we used key informant data and data from these interviews to develop personas that represent the experiences, behaviors, and motivations of people living with HIV.

The only equipment needed is a laptop or cell phone, email, and phone. The website fosters cross departmental collaboration, and patients can be tracked and shared at the state level.

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