Readiness for HIV Testing among Midlife Women
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Background
Midlife and older women have the lowest levels of HIV testing and are more likely to be diagnosed late and to die earlier from HIV (CDC, 2013). Among women in the US with new HIV infections, an estimated 38% were age 40 or older (24% ages 40-49 and 14% age 50 or older) with 79% of new infections attributed to heterosexual transmission (Prejean et al., 2011). Despite this, women past reproductive years have seldom been included in studies of HIV testing. The purpose of this study was to identify predictors of the readiness of midlife women to have an HIV test to inform interventions to increase the rates of HIV testing and early treatment among this population. Most studies of HIV testing use a single dependent variable (DV) such as intention to test, interest in testing, willingness to accept a test if offered, or report of having had an HIV test. Testing multiple dependent variables has been suggested as a way to "increase the methodological and conceptual strengths of studies" of health behavior (Noar & Zimmerman, 2005, p. 284).

Methods
This cross-sectional study used a survey mailed to a sample of 1,500 women ages 50-60 randomly selected from the 2008 resident census from 10 Massachusetts (MA) cities with high prevalence of HIV among women and/or high proportion of Black or Hispanic women ages 40-49.

The survey used a newly developed 50-item Health Belief and HIV Belief (HBH) instrument based on the Health Belief Model (HBM). Development and psychometric testing of the instrument have been reported previously (Hamilton, 2012; Hamilton & Mawn, 2009). This poster presents results of an analysis of data from four measures of readiness to have an HIV test, sociodemographic data, and HIV testing history.

Measures of Readiness for HIV Testing
Readiness for HIV testing was measured by four survey items using a Likert scale with a 5-point response set (very likely, likely, neither likely nor unlikely, unlikely, very unlikely). If I had the opportunity to have a screening test for HIV today, I would have the test today. (Opportunity) If I had a routine visit to my primary care provider (doctor, nurse practitioner) today, and he or she recommended I have a screening test for HIV today, I would have the test today. (PCP recommends) If I were starting a new sexual relationship today, I would plan to have an HIV test before having sex with a new partner. (New partner) I intend to have an HIV test sometime within the next 12 months. (Intend)

Results
Women were significantly more likely to have an HIV test if one was recommended by their PCP (M = 3.83, SD = 1.27) than if they had the opportunity to have an HIV test (M = 2.69, SD = 1.47), t = 13.74, p < .001, or than intend to have an HIV test in the next 12 months (M = 1.96, SD = 1.18), t = 24.76, p < .001. Excerpt when recommended by a PCP, readiness to have an HIV test varied significantly based on income, education, race/ethnicity, marital status, and prior HIV testing (Table 2).

Discussion
Women who might not otherwise seek or accept an HIV test appear to be ready to have an HIV test if one is recommended by their PCP during a routine visit. Each DV appears to measure a different dimension of the construct readiness to have an HIV test. Using multiple indicators helped to demonstrate the importance of a provider recommendation that would not be as compelling without the contrast to a similarly framed statement of opportunity to test.

Limitations
This research was conducted in MA, a state with high rates of health insurance coverage and primary care access and findings may not be applicable to midlife women in states where access to care is more limited. Although representative of midlife women in MA, the sample is largely White, middle income, and well educated.

Conclusions & Recommendations
Readiness to have an HIV test among midlife women appears to be at least partly situational or contextual, with 75% of women likely or very likely to consider having an HIV test if one is offered, and those with higher income, education, race/ethnicity, marital status, and other variables more likely to have had an HIV test. The rates of HIV testing among midlife women and other population groups at low perceived risk for HIV may increase if PCPs actively recommend, not just offer, routine HIV testing to all patients. Future research of HIV testing may benefit from multiple dependent variables (Noar & Zimmerman, 2005). Multiple outcome indicators may provide a more complete and contextual understanding of readiness to participate in health screening.