PROVIDER WILLINGNESS TO IMPLEMENT HRA
KEY DETERMINANTS ACROSS CLINICAL SPECIALTIES

Christopher W. Wheldon, PhD, College of Public Health, Temple University

Purpose: Guided by Normalization Process Theory (NPT), this study examined barriers to implementing HRA training among untrained providers in four specialties.

STUDY AT A GLANCE

Cross-sectional online survey, Reckner Panel July–September 2025

87 U.S. clinicians without formal HRA training
- 20 Colorectal surgery
- 26 OB/GYN
- 21 Gastroenterology
- 20 Infectious diseases

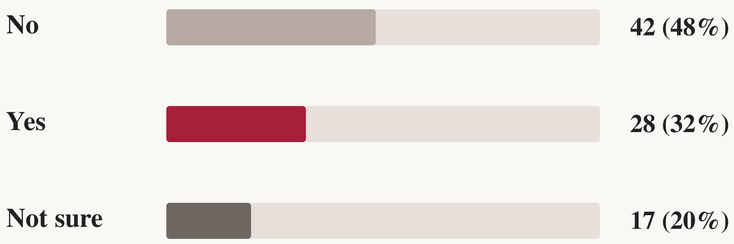
Measures: Normalization Process Beliefs (NPB) to implement anal cancer screening.

Analysis: For comparsisons across specialities we used Kruskal-Wallis or Fisher's exact tests. Variables associated with willingness at $p < .10$ were entered simultaneously into a multivariable linear regression.

1 Guideline awareness

Aware of anal cancer screening guidelines

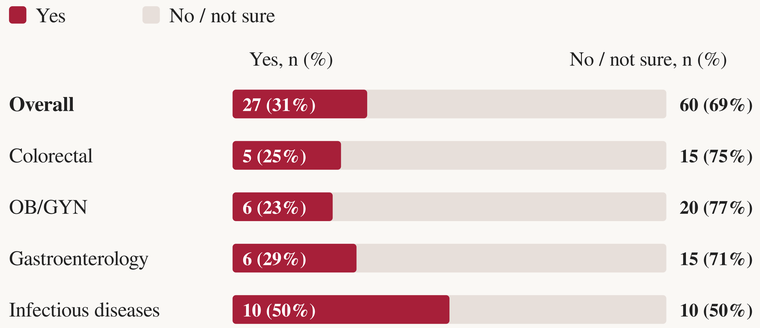
Overall N = 87



No significant specialty difference (p = .100).

2 HRA availability

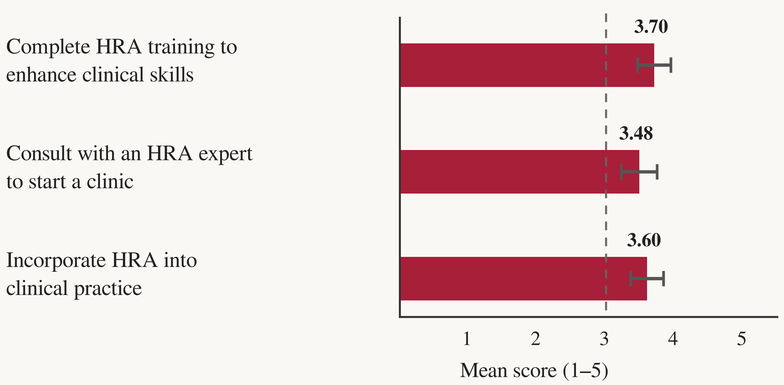
Available in practice / organization



No significant specialty difference (p = .236).

3 HRA willingness

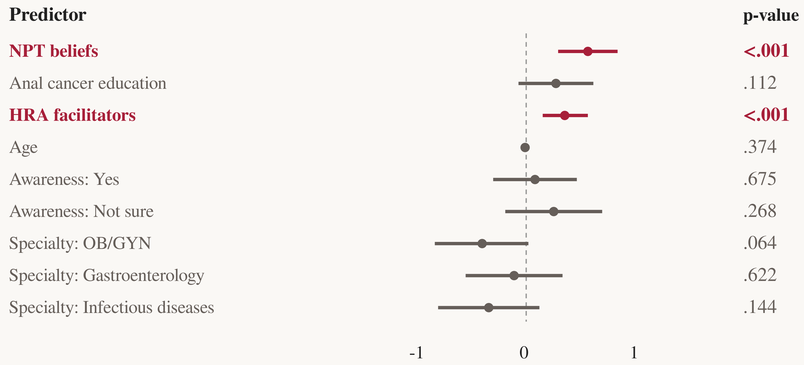
Three items • N = 87 • Overall index mean = 3.59



Error bars = 95% CI; dashed line = scale midpoint.

4 Predictors of HRA willingness

n = 86 • R^2 = .635 • Adjusted R^2 = .592



References: awareness = No; specialty = Colorectal surgery.
B = unstandardized coefficient; lines = 95% CI.
Entered at bivariate p < .10; one excluded for missing age.

IMPLICATIONS

The problem of HRA implementation is a legitimacy challenge, compounded by a confidence gap among specialists not directly dealing with anal health issues or specific high-risk populations

SCAN ME

Greater willingness to adopt HRA was linked to seeing its value, fit in clinical practice, and having support for training.

Supported by the TUFCCC/HC Regional Comprehensive Cancer Health Disparity Partnership • NCI/NIH U54 CA221704(5)
Contents are the authors' responsibility and do not necessarily represent official NCI/NIH views. • Chris.wheldon@temple.edu