

Awareness of pre-exposure prophylaxis for HIV prevention among black men in a moderately rural midwestern city.

P-1

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Abstract

Background: Despite recent biobehavioral advances in HIV prevention, black men continue to bear a disproportionate burden of the epidemic. Pre-exposure prophylaxis is an efficacious intervention to prevent HIV acquisition; however, despite the promise of pre-exposure prophylaxis, uptake among black men remains low.

Purpose: The purpose of this study is to examine awareness of pre-exposure prophylaxis among black men in a moderately rural midwestern city to determine barriers and facilitators to pre-exposure uptake and access.

Methods: Black men who live in Bloomington, Indiana (mean age category 25-34) were asked to participate in a cross-sectional survey, consisting of 67 closed-ended questions. 111 surveys with >90% completion were eligible for analysis, using logistic regression procedure of SPSS.

Conclusions, and Results: A logistic regression analysis was performed on knowledge of pre-exposure prophylaxis as the outcome variable and five predictor variables: comfort using birth control other than a condom, accepting diversity in sexual orientation, sexual identification, comfort practicing sexual abstinence, and satisfaction with health care provider. Overall correct classification rate was 75%. Two predictor variables examining sexual health self-efficacy: accepting diversity in sexual orientation ($p = .008$); comfort using birth control other than condom ($p = .02$); one demographic predictor variable: sexual identification ($p = .01$); and one health care satisfaction predictor variable: satisfaction with health care provider ($p = .003$); yielded significant results. Black men who identify as a man who has sex with other men are 4.59 times more likely to be aware of pre-exposure prophylaxis, while black men who are not comfortable accepting diversity in sexual orientation are 4.44 times less likely to be aware of pre-exposure prophylaxis. Black men not satisfied with their health care provider are 4.02 times less likely to be aware of pre-exposure prophylaxis. Finally, black men who are comfortable using birth control other than condoms are 3.69 times less likely to be aware of pre-exposure prophylaxis.

Implications for Practice: Findings may assist health practitioners to address gaps in HIV prevention education. Our findings also suggest by improving the degree of acceptance of diversity in sexual identification among black men may strengthen results in HIV prevention interventions.

Objectives

- The purpose of this presentation is to enable the audience to understand how sexual identification impacts PrEP awareness among black men

- Another goal of this presentation is to explain how acceptance of sexual diversity among black men may impact awareness of PrEP and ultimately willingness to adopt a PrEP regimen.

Group Differences of Main Partners on Ecological and Syndemic Factors and Situational Sex among US Black MSM: A Secondary Data Analysis

P-2

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Abstract

Threats to sexual health (i.e. transactional sex and drug use during sex) can heighten one's vulnerability to HIV infection. Among US men who have sex with men (MSM) having a main partner can exacerbate these threats. Few studies explore the influence of ecological and syndemic experiences of Black MSM on threats to sexual health and in the context of a main partnership. Understanding the pathways which exacerbate threats to sexual health and the role of main partnerships can inform interventions among Black male couples. Couple-based approaches can address threats to sexual health by optimizing uptake of HIV prevention strategies such as PrEP and couple's HIV testing.

We conducted a secondary longitudinal analysis using a subsample of the HIV Prevention Trials Network (HPTN) 061 data (July 2009 -December 2011) which involved 1472 Black MSM recruited in 6 US cities. Multi-group (main partner [n = 681] vs. no main partner [n = 791]) structural equation modeling was used to test group differences in a mediation model specifying direct and indirect effects of latent ecological variables (i.e., experiences of anti-black stigma/violence, childhood trauma, economic vulnerability) at baseline and syndemic mediator variables (i.e., depression, present reactivity to past violent events, drug use) at 6 months on drug use during sex at 12 months, adjusting for selected covariates.

The outcome, drug use during sex, was endorsed by 308 [60.3%] reporting a main partner and 333 [57.1%] not having a main partner. Goodness of fit measures indicate similar and reasonable fit for both groups (χ^2 (386 df) = 740.697, $p < .001$), CFI (.884) and RMSEA (.035 [90% CI = .031, .039]). Measurement properties were similar across groups. Structurally, group differences involved the covariances among the mediator residuals. There were no significant group differences in the structural paths or in the latent variable means. Across groups economic vulnerability and anti-Black stigma/violence had an indirect effect while childhood trauma had a direct effect with the outcome. We found that being partnered did not protect or exacerbate drug use during sex. Further analysis will examine group differences with transactional sex as the outcome.

Objectives:

The purpose of this presentation is to enable the learner to gain knowledge of the ecological and syndemic factors that influence threats to sexual health among Black MSM who may or may not have a main partner in order to inform interventions for this population.

The Lived Experience of Young Adults with Perinatally Acquired Human Immunodeficiency Virus Living in South Florida

P-3

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Abstract

Title: The Lived Experience of Young Adults with Perinatally Acquired Human Immunodeficiency Virus Living in South Florida

Background: Human Immunodeficiency Virus (HIV) continues to be a global health issue. Since the start of the epidemic in 1980, approximately 77.3 million people have been infected with the virus and 35.4 million have died from AIDS-related illnesses globally. In 2017, an estimated 36.9 million people were living with the disease globally; and 940,000 thousand people died from AIDS-related illnesses. At the end of 2016 there were 11,915 individuals of all ages with Perinatally Acquired HIV (PAHIV) living in the U.S., and not much was known about them.

Purpose: The purpose of this qualitative study was to explore the lived experience of emerging adults with PAHIV living in South Florida by answering the questions: What is the emerging adults' lived experience of perinatally acquired HIV (PAHIV)? What benchmarks of the developmental stage are the emerging adults with PAHIV meeting?

Methods: The Heuristic Research Method guided the study. The purposive sample consisted of 15 young adults (18-25 years) with PAHIV from South Florida. Data was collected between January - June 2018 and demographic data; individual depictions; composite depiction explication of the themes and sub-themes; exemplary portraits; and aesthetic renditions were used for data analysis.

Results: The young adults' essences of the experience of PAHIV includes their structured meaning of *Panorama of Living with HIV; Consciousness* and sub-themes *Kinship, Concealing, and Paradox*. Participants' essences of the experience also includes their cocreated rhythmicity in the *Realities of Living with HIV*; and their cotranscending *Affirming Milestones*.

Conclusions: Emerging adults with PAHIV encounters physiological, psychological and sociological challenges. Understanding these challenges will facilitate their integration into mainstream society.

Implications for Practice: The results of the study provides directions for improving nurses' HIV care knowledge; and inform evidence-based healthcare and social services for this population, through nursing education, practice, research health and public policy.

Objectives:

- The learner will be able to describe three characteristics of the sample participants.
- The learner will be able to identify three areas of challenges that participants may encounter.

- The learner will be able to state the research method and design utilized for the study; and the four processes used for data collection and analysis and list the four themes and three sub-themes that emerged from the study.

Asian American College-Aged Women's Experiences Talking with Mothers about Puberty

P-4

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Abstract

Background: The Asian American population is the most rapidly growing ethnic group in the United States with a 72% increase from approximately 12 million in 2000 to 21 million in 2015. Between 2010-2016, there was a 35% increase in new diagnosis of HIV among Asian Americans.

Many studies with minorities have shown the effectiveness of parent and youth sexual communication as a significant protective factor to reduce sexual risk behavior in adolescence. However, communication about sex is rare in Asian American families because of the extreme cultural taboo of discussing sexually related topics. Seventy percent of Asian youth reported they never have had sexual health-related communication with their parents. While acculturated Asian Americans have adopted unsafe sexual behaviors, they maintain a strong cultural stigma to avoid open communication about sexual health topics. They refrain from discussing those topics even with their healthcare providers.

Purpose: To explore Asian American college-aged women's experiences about their puberty and sexual communication with their mothers.

Methods: Qualitative research design was used. Purposive and snowball sampling methods were applied to recruit the participants in California and Boston. IRB approval was obtained from the PI's institution. Semi-structured interviews were audio-taped and transcribed verbatim. Twenty women participated in an hour interview. Constant comparative analysis was employed. The analysis was performed using the NVivo software.

Results and Conclusions: The majority of the participants reported that even when they were close to their mothers, they did not talk openly about women's health issues including puberty. Although most of the mothers did not talk to daughters, some daughters reported when mothers were aware of women's health concerns, there were more likely to take their daughters to women's health providers. Most of the daughters said they did not have direct communication with mothers; however, mothers often used euphemisms when talking to their daughters about puberty and only focused on hygiene.

Implications: Future research should focus on mothers' perspective about parenting daughters through puberty. This may add insight into the development of an intervention to help increase open communication between mothers and daughters at this critical life stage.

Objectives:

- Discuss the rates of HIV among Asian Americans.
- Articulate the circumstances surrounding pubertal education for this sample of Asian American women.

Diminished Functional Capacity in People Living with HIV

P-5

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Abstract

Background: People with HIV (PWH) are twice as likely as people not living with HIV (PNLWH) to develop cardiovascular disease, a leading cause of death among PLWH. Increasing physical activity is a key global health goal, and is a promising, cost-effective self-management strategy to reduce cardiovascular risk. Recent data suggest that PLWH engage in less-than-recommended levels of physical activity. This may be due, in part, to diminished physical capacity related to HIV infection, higher rates of fatigue and sleep disturbance, and sedentary lifestyle, which are common in this population.

Purpose: To compare to compare physical activity and functional capacity (estimated VO₂Peak) between a group of PWH (n=51) and a group of age and gender-matched PNLWH (n=49).

Methods: Cross-sectional cohort design to compare physical activity measures in PLWH with a gender and age (± 3 years) group of PNLWH. Participants completed a supervised six minute walk test (6MWT) and a 7-day physical activity recall to estimate light, moderate, and vigorous physical activity engagement (min/week). We used Ross's equation to estimate VO₂Peak from the total distance achieved on the 6MWT (VO₂Peak (ml/kg/min) = 4.948 + 0.023 x 6 MWD [meters]; SEE=1.1 ml/kg/min). We used descriptive statistics to report on demographic data and test assumptions, Spearman's Rho correlations and linear regression models to determine relationships between key variables, and Lambert's et al. Feasible Solution Algorithm to test for interaction effects between variables.

Results: Participants were predominantly African American (85%), men (52%) mean age of 52.26 years. There were no significant differences between groups for age, gender, race, total 6MWT distance, or vigorous physical activity (min/week). PWH had significantly lower BMI than PNLWH (p<0.05). In our regression model, we found a significant interaction effect between HIV status and minutes of vigorous physical activity on VO₂Peak when controlling for BMI, F(4, 94)=6.456, p<0.01. PWH achieved significantly lower VO₂peak than PNLWH despite comparable physical activity engagement.

Conclusions: PWH may require greater engagement in physical activity to yield the same results as PNLWH. Interventions are needed to promote physical activity in this population.

Objectives

- Discuss the risk of cardiovascular disease in PWH
- Discuss the potential of physical activity to mitigate cardiovascular risk
- Define functional capacity as defined by VO₂Peak
- Describe the results of a cross-sectional cohort study examining physical activity and functional capacity in PWH compared to PNLWH.

- Discuss avenues for future research in the areas of physical activity and comorbidity prevention in PWH

Multi-Site Sexually Transmitted Infection (STI) Screening: Increasing Access to Care

P-6

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Abstract

Background: According to the Centers for Disease Control, incidence of STI's continue to steadily rise. In an effort to screen as many patients as possible who are at risk for STI's, nurses have an opportunity to create policies that increase the availability and access for patients to come in for screening and subsequent treatment.

Purpose: Historically at the Center for Special Studies (CSS) – an outpatient HIV clinic of New York Presbyterian Hospital, patients were being screened for rectal and pharyngeal gonorrhea/chlamydia only by the physicians. This limited the availability for patients to get screened, as physicians are often either with scheduled patients or off-site. The purpose of this presentation is to describe the development and evaluation of two policies for nurse screening of STI's.

Methods/Practice: First, a nursing policy was created to expand the specimen collection policy to include rectal and pharyngeal screening for RN's to perform the test, as well as an option for patients to self-collect. Second, a nursing standing order policy was created for RN's to use a non-patient specific standing order for STI screening, as long as patients did not need treatment, under the authorization of the medical director as well as the New York Nurse Practice Act.

Conclusions/Results: Following the implementation of both nursing policies, the number of STI screenings exponentially increased. In 2015, prior to the implementation of the nursing policies, there were a total of 369 rectal and pharyngeal swabs performed. In 2016, that number grew to 865. In 2017, the number grew to 1474. And in 2018, that number grew to 1889, a 511% increase in screening since implementation.

Implications for Practice: The STI screening policy for nursing was expanded from CSS to the rest of the hospital, including other ambulatory care clinics as well as the Emergency Room. Based on the standing order created for STI screening, another opportunity for an RN screening standing order was developed for PPD screening.

Objectives:

- Following the presentation, the reader will be able to create nursing policy for STI screening at their respective facilities.
- Following the presentation, the reader will be able to identify opportunities to create standing order policies at their respective facilities based on the Nurse Practice Act in their respective states.

Does Speed of Processing Training Improve Cognitive Efficiency in Adults with HIV-Associated Neurocognitive Disorder? Findings from the THINKFAST Study.

P-7

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Abstract

Background: Approximately 50% of adults with HIV experience HIV-Associated Neurocognitive Disorder (HAND). Despite such well-documented neurocognitive problems, nurse clinicians require treatment strategies to protect and improve cognition in this vulnerable population. Unfortunately, few medical or behavioral strategies are effective in abating HAND. In fact, given the complexity of multiple system impairments (e.g., renal and hepatic insufficiency) and polypharmacy observed in this population, non-pharmacological strategies to ameliorate the effects of HAND are preferred. The good news is that speed of processing (SOP) training, a particular computerized cognitive training program, has been shown to improve the cognition of both older adults and adults with HIV.

Purpose: The aim of this study was to examine if adults with HAND administered SOP training improved their rate of visual information processing.

Method/Practice: Examining the efficacy of SOP training in an ongoing clinical trial, HIV+ adults 40 years and older were administered a cognitive battery to determine if they had HAND or borderline HAND. If so, they were randomized to one of three-treatment: 1) 10 hours of SOP training ($n=52$); 2) 20 hours of SOP training ($n=54$); or 3) 10 hours of Internet (control) training ($n=53$). Assessments were made at baseline and post test to determine participants' rate of visual processing using the Useful Field of View (UFOV) test.

Conclusions, and Results: Controlling for baseline UFOV performance, there was a significant ($p<0.001$) improvement in visual SOP for those who were randomized into the 20-hour SOP training group, followed by those that were randomized into the 10-hour SOP training group.

Implications for Practice: There was a significant improvement on UFOV for participants in the training groups. Other studies in older adults without HIV have also observed improvements in locus of control, driving safety, health-related quality of life, and self-rated health after receiving SOP training. As it is hypothesized that this cognitive training provides wide spread neural activation in the brain that provides these transfer effects, the aim of the THINKFAST study will also examine whether improvements in these other therapeutic benefits are observed.

Objectives:

- To highlight the cognitive vulnerability many adults with HIV face, especially as they grow older and are experiencing comorbidities that may further compromise brain health.
- To provide information about the advantages and disadvantages in which various cognitive interventions may be used in this clinical population.

- To provide the first study results of a novel longitudinal clinical trial using speed of processing training to improve cognition in adult with HIV-Associated Neurocognitive Disorder.

Mapping Disparities: Socio-Economic Inequalities of Adults Aging with HIV in Rural North Central Florida

P-8

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Abstract

Background/Purpose: Disproportionately, the South is unevenly impacted by HIV/AIDS, poverty, and substance use. With a widening pandemic of *adults aging with HIV (AAWH)* in the era of effective antiretroviral therapy (ART), changes in resource distribution are critical to support the needs of this new emergent population. The purpose of this exploratory study is to describe the disproportionate rates of wealth among racial/ethnic groups of AAWH residing in rural, North Central Florida.

Methods: As part of a pilot mixed-method study, adults 50+ who self-identified as HIV positive, living in rural, North Central Florida were included. From January 2018 – April 2018, face-to-face interviews were performed using a Socio-demographic and Geographic Information System Survey. Geo-coordinates, latitude and longitude, of participants' current residence and HIV Care locations were retrieved using Google Maps. Using ArcGIS, ArcMap, participant and U.S. Census data were mapped to display county and tract level (neighborhood) statistics by population density, poverty, and racial/ethnic distribution.

Results: Of 30 participants, 70% identified as male, 46.7% homosexual, and 50% White/Caucasian American and 46.7% Black/African American. Neighborhood spatial data revealed "pockets of poverty," regional areas scattered throughout counties with disproportionate rates of persons who identified as Black/African Americans and made less than the federal poverty level for a one-person household. Similarly, 53.3% of the sample made less than \$15,000 annually. Although 100% of the sample was linked to care, a large percentage of participants commuted lengthy distances to the sub-urban county for HIV care.

Conclusion: Despite population density and county averages, heterogeneity of poverty was found within and across geographic counties, with a disproportionate burden on Black/African Americans. This study challenges the current methods of resource allocation of HIV related resources by Census statistics (aggregated by counties), which may contribute to missed interventions critical to AAWH. Implications of this study are to: 1) integrate nurses into process of community needs assessment and care engagement; 2) re-conceptualize current resource allocation methods to better target and assist disenfranchised sub-populations of AAWH; and 3) inform policy and public health officials of the current disparities among AAWH.

Objectives:

- Describe regional disparities among Adults Aging with HIV in rural, North Central Florida.
- Assess current methods of evaluating socioeconomic demand and resource distribution.
- Discuss alternative strategies to survey economic need and allocate health-related services.

Factors Associated with HIV and Syphilis Screenings during First Antenatal Visit in Lusaka, Zambia

P-9

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Abstract

Background: Antenatal HIV and syphilis screenings are not universal in Zambia and greater sub-Saharan Africa. Exploring factors associated with antenatal HIV and syphilis screenings can better describe the current situation and assist with creating more targeted interventions to increase the frequency of screening.

Purpose: We explored characteristics of pregnant women associated with obtaining HIV and syphilis screenings at first antenatal visit in Lusaka, Zambia.

Methods: We conducted a cross-sectional study of pregnant women participating in the baseline period of a cluster randomized controlled trial in Lusaka, Zambia. Log-binomial and Poisson regression models with robust variance were used to investigate predictors of participants obtaining the following outcomes at first antenatal visit: HIV and/or syphilis screenings, HIV screening, and syphilis screening.

Results & Conclusion: Among participants (N=18,231), 95% obtained HIV screening, 29% obtained syphilis screening, and 4% did not obtain antenatal HIV or syphilis screenings. Divorced/Separated women were associated with decrease in prevalence of obtaining HIV (adjusted prevalence ratio (aPR) 0.88, 95% confidence interval (95% CI) 0.82, 0.95) and syphilis (aPR 0.51, 95% CI 0.27, 0.96) screenings compared to married women. Women with previous pregnancies were associated with decrease in prevalence of obtaining HIV screening (aPR 0.97, 95% CI 0.95, 0.99) compared to women without previous pregnancy. Older women were associated with decrease in prevalence of obtaining HIV screening (aPR 0.96, 95% CI 0.92, 0.99) compared to younger women. There are gaps in coverage of antenatal HIV and syphilis screenings at first visit among pregnant women in Lusaka, Zambia according to individual-level factors.

Implications for Practice: The findings of this study should also be used to inform antenatal health staff trainings, patient education, and future interventions that focus on scaling up antenatal HIV and syphilis screenings.

Objectives:

To identify characteristics of pregnant women associated with obtaining HIV and syphilis screenings at first antenatal visit.

Knowledge, Attitude, Practice and Belief of HIV Positive Women to Retroviral Treatment in a tertiary Hospital in Nigeria.

P-10

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Abstract

Background: Human Immunodeficiency Virus is prevalent amongst pregnant women in our environment. Nigeria, ranks second to South Africa on the fact sheet of countries with people living with Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) worldwide.

Purpose: To determine the knowledge, attitude, practice and belief of Human Immunodeficiency Virus among positive mothers attending antenatal clinic in Ahmadu Bello University Teaching Hospital, Zaria, Nigeria.

Methods/Practice: This was a cross sectional descriptive study. The Health Belief Model was used as the theoretical Framework. Structured questionnaires were self-administered to randomly selected women at Nassara Clinic of the hospital. Analysis was by the use of Statistical Package for Social Sciences Version 21.

Results: Majority (98.8%) of the respondents were knowledgeable about retroviral therapy. Most (93.8%) had good attitude to the therapy and will encourage others with similar condition to take the drugs. Almost all (98.1%) the respondents were on antiretroviral therapy. Out of these, majority (98.8%) did not like taking the drug and 6.2% did not adhere to treatment. Reasons for non-adherence to the drug were; non availability of sufficient nutritious food (40%), 30% had no means of transportation to the hospital, and 30% did not follow prescription due to home challenges. Although most respondents believe that antiretroviral drugs promote their health (93.8%), 13% still take the drug with other local medications. Factors that prevent the women from taking their drugs are; stigmatization (31.5%), depression (26.5%), home challenges (12.9%), misplacing the drugs (10.5%), forgetting to take the drugs (10.5%), and lack of food (8%).

Conclusion: More awareness should be carried out to enlighten the women about the need for adherence to drugs. Enlightenment of the public to avoid stigmatization of HIV positive patients should be encouraged and assistance given to them when necessary.

Implications for Practice: Antiretroviral therapy help to prevent mother to child transmission of HIV to the unborn fetus. Having a positive attitude and belief by Human Immunodeficiency Virus positive mothers to retroviral treatment will help commence treatment early, adhere to the drugs and reduce the spread of Human Immunodeficiency Virus in the society.

Objectives:

To assess the knowledge of HIV positive pregnant women to retroviral treatment.

To identify the attitude of HIV positive women towards adherence to retroviral treatment.

To assess practice that influence adherence to retroviral treatment.

To identify beliefs / factors that influence adherence to retroviral treatment.

A Quality Improvement Project to Increase Patient Portal Enrollment and Utilization in At-Risk Women Living with HIV

P-11

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Abstract

Background: Women living with HIV are less likely to be retained and engaged in consistent care, have lower rates of virologic suppression, and suffer from poorer health outcomes. The National HIV/AIDS Strategy emphasizes the need to address the unique barriers and disparities faced by women living with HIV. mHealth, or the use of mobile technology as a means to promote health and deliver healthcare, has been shown to increase disease self-management and improve clinical outcomes for people living with HIV.

Purpose: To implement a quality improvement DNP project at an HIV primary care clinic to increase the enrollment and utilization rate of the clinic's patient portal by at-risk female patients living with HIV to improve engagement and retention in care.

Methods/Practice: At-risk females attending clinic during a four-week period were identified, informed of the benefits of the patient portal system, and offered on-the-spot education and enrollment. Nurse case managers granted immediate access and provided hands-on portal navigation education. Patient portal utilization, appointment adherence, viral load, and CD4 count were evaluated for 90 days after portal enrollment. Screening and process data were collected. Electronic chart reviews and portal audit queries were conducted at 90-days post-enrollment. Descriptive statistics and two-tailed student *t*-tests were used to evaluate process and patient outcomes.

Results and Conclusions: A total of 22 out of 33 (82%) at-risk female patients approached agreed to enroll in the patient portal. Eight-two percent of enrolled patients accessed the portal at least one time in the 90-day period. The aggregate appointment adherence rate improved from 68% 90-days prior to enrollment to 78% 90-days post-enrollment. Viral suppression and CD4 counts improved, but these were not statistically significant ($p= 0.539$; $p=0.687$).

Overall results indicate improved utilization and engagement through the use of a patient portal system is feasible in this population. In one case example, a patient demonstrated life-saving clinical improvements in immune system function and virologic suppression after consistent care engagement facilitated by patient portal utilization.

Implications for Practice: Increased clinical support of mhealth technologies may improve engagement and retention in care for at-risk populations and enhance clinical outcomes.

Objectives:

- Explore the feasibility of utilizing a patient portal system with at-risk women living with HIV.
- Demonstrate the use of mHealth technology to promote engagement and retention in care for vulnerable populations.

Pre-licensure BSN Students' Attitudes, Beliefs, and Willingness to Provide Nursing Care to Transgender Clients: A Pilot Study

P-12

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Abstract

Background: Previous research has indicated that transgender clients may experience discrimination and differential treatment by healthcare providers in clinical settings. This may be related to the fact many healthcare providers, including nurses are willing to provide care for transgender clients, but lack the educational preparation to provide competent care to these clients.

Purpose: The purpose of this education research study was to collect baseline data on pre-licensure BSN students' attitudes, beliefs, and willingness to provide care to transgender clients.

Methods: After IRB approval, a Qualtrics® survey was sent to ($n=245$) pre-licensure BSN students enrolled in an adult health nursing course. The survey included questions on attitudes, beliefs, and willingness to provide care to transgender clients. Participants completed a demographic questionnaire, the Transgender Attitudes and Beliefs Survey (TABS), and a willingness to provide care checklist based on clinical skills performed in an adult health nursing course, such as psychomotor and sexual health counseling skills.

Results and Conclusion: A survey response rate of 23% ($n = 56$) was obtained. The majority of the sample was female, but almost 25% identified as a member of the LGBT community. One third of the participants reported providing nursing care to a transgender client as a student. Nearly all participants reported positive attitudes towards transgender clients. All participants were willing to perform sexual health counseling, including HIV risk reduction and safer sex practices counseling. All of the participants reported a willingness to provide nursing skills with the exception of a small number of students who were unwilling to perform genital or anal-related assessments or procedures.

Implications for Practice: The results require cautious interpretation because of small sample size. However, it appears that the majority of the sample of pre-licensure BSN students are willing to provide nursing care for transgender clients. More research is needed with a larger sample of students that would also assess self-reported competency in providing nursing care to transgender clients.

Objectives:

- Describe the gaps in transgender health content in undergraduate nursing education programs.
- Discuss ways to improve undergraduate nursing students' attitudes, beliefs, and willingness to provide care for transgender clients.
- Develop opportunities for future educational research to improve undergraduate nursing students' transgender health knowledge and competence.

Antiretroviral Selection During Bedaquiline-based MDR-TB Treatment in HIV Co-Infected Patients in South Africa

P-13

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Abstract

Antiretroviral Selection During Bedaquiline-based MDR-TB Treatment in HIV Co-Infected Patients in South Africa

Background: Bedaquiline (BDQ), a potent new treatment for multi-drug resistant tuberculosis (MDR-TB), reduces morbidity and mortality, yet for HIV co-infected patients, bedaquiline use complicates HIV management. In South Africa, the mainstay of antiretroviral therapy (ART) is efavirenz (EFV), which reduces concentrations of bedaquiline. Clinicians are advised to change the ART regimen prior to starting BDQ, yet other ART options are currently limited.

Purpose: The purpose of this study is to examine how the ART change has been operationalized in South Africa and highlight the difficulties that clinicians face when making decisions regarding ART during MDR-TB treatment.

Methods/Practice: Cross-sectional evaluation of ART use during BDQ initiation among patients 13 years and older beginning MDR-TB treatment in an ongoing cluster randomized trial of nurse case management in Kwa-Zulu Natal and Eastern Cape, South Africa.

Results and Conclusions: 1,312 participants were enrolled between November 2014 and December 2018, 702 (54%) male, median age of 34.5 years (IQR: 28.1-42.4). The majority (988, 75%) were HIV positive, with 853 (86%) on ART and 747 (88%) of those receiving EFV at MDR-TB treatment initiation. Seventy-one (10%) participants' MDR-TB regimen included BDQ. EFV was changed to nevirapine (NVP) in 57 (80%) with a median wash-out period between EFV and BDQ of 8 days (IQR: 5, 21). Forty-one (72%) had a viral load prior to the NVP substitution, of which 14 (34%) were detectable with a median viral load of 142,000 copies/mL.

Implications for Practice: Thirty-four percent of patients switched from EFV to NVP had a detectable viral load on ART, suggesting either non-adherence or NNRTI resistance. Another 28% did not have a viral load prior to ART substitution. In a resource-limited setting, ensuring that viral suppression is achieved and maintained during any ART switch is challenging but crucial. While BDQ is a promising new MDR-TB medication, clinicians face difficult decisions related to ART changes in HIV co-infected patients.

Objectives

- To understand a cross-sectional analysis detailing how antiretroviral changes have been operationalized during treatment for multi-drug resistant tuberculosis.

- To discuss challenges that clinicians face when selecting an alternate antiretroviral to replace efavirenz during bedaquiline-based treatment for multi-drug resistant tuberculosis.

Title: Caring for HIV positive key populations & those at risk for HIV acquisition in a criminalized environment – A case of Botswana Family Welfare Association (BOFWA).

P-14

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Abstract

Background: Penal code section 164 criminalizes same sex relationships whilst 167 criminalizes sex work, these create barriers to service access by Key Populations (KPs). Behavioural and Biological Surveillance Survey of HIV/STI among key populations (BBSS I, 2013 & BBSS II, 2018) indicate that key populations are disproportionately affected by HIV and other sexually Transmitted Infections (STI). Per BBSS I, Female Sex Workers (FSW) had HIV prevalence and incidence of 61.9% and 12.5% and Men who have Sex with other Men (MSM) 13.1% and 3.6% respectively. BAIS IV, 2013 showed general population HIV prevalence and incidence of 18.5% and 1.5% respectively. BBSS II, 2018 indicated that FSW HIV prevalence and incidence were 42.8% & 2.9%; MSM 14.8% & 2.1% and Transgender people 16%, HIV incidence was not performed.

Purpose: While key populations' had three times HIV prevalence and double the incidence of the general populations, they faced barriers to service access; criminalization, negative provider attitudes and stigma and discrimination. BOFWA undertook a project to increase service access to HIV and related co-morbidities by key populations. Facilitation included increasing nurses' capacities through training as antiretroviral therapy prescribers and dispensers.

Methods: BOFWA provides nurse-led, user-responsive integrated HIV services. KPs mobilised communities and created demand for service uptake. Antiretroviral nurse prescribers provided HIV testing, counselling and treatment, screening and treatment for Tuberculosis, Gonorrhoea and Chlamydia. Volunteer HIV specialists and public hospitals received referrals.

'BOFWA in a box' was an approach to provide confidential services from safe spaces; drop in centres and homes. KPs initiated on antiretroviral therapy increased from 33 in 2016 to 526 in 2018. Data showed under 1% loss to follow up and 95% viral load suppression rate. Challenges included costly follow up, adherence issues and resistance to continue care from government facilities.

Conclusions: Despite challenges, more KPs accessed HIV and related services. Factors including confidentiality, services in safe spaces, demand creation and intensive follow up contributed to retention in care.

Implications for Practice: Government providers were sensitised to KP compliant approaches and trained on values clarification and attitude transformation to reduce stigma and discrimination while data was used for policy advocacy.

Objectives:

- The participants will be able to identify similar contexts and replicate the methods used for the benefit of criminalized communities.

- The participants will be able to analyze legal environment and its implications for practice

Data Search Tool Implementation, Patient EHR Root-Cause Analysis, and Coordinated Outreach Activities Dramatically Improve Retention in Care for PLWH at a Hospital Based HIV Clinic

P-15

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Abstract

Background: The Cooper Early Intervention Program (EIP) Expanded Care (CEEC) Clinic is a Ryan White funded clinic providing primary care for people living with HIV (PLWH) in the city of Camden, NJ. The Gap in HIV Medical Visits, HIV AIDS Bureau performance measure is defined as percentage of HIV infected patients who did not have a medical visit in the last 6 months of the measurement year.

Purpose: To reduce the gap between medical care appointments to assure ongoing retention in HIV medical care services.

Methods and Practice: January, 2019, the CEEC Clinic began a data driven initiative to reduce this gap measure and increase retention in care from the 2018 year end percentage of 85% or 15% of PLWH having > 6 month gap between medical care appointments. A list of patients considered in the gap is derived from a custom search tool based on performance measure search filtering criteria scanning the Ryan White CAREWare database. Each patient's chart history in the hospital's electronic medical record (EMR) system EPIC is manually scanned for contact information, last contact content and appointment status by the Quality Assurance staff. The gap database is updated with a comment cell describing the circumstances surrounding the patient's gap status and the patient's status is prioritized as to the need for outreach. This database is distributed to the outreach staff, Medical and Non-Medical Case Management (MCM and NMCM), Screen/Identify/Linkage to Care (SILC) staff and clinical staff in a comprehensive effort to contact, screen and schedule patients for primary care medical visits.

Conclusions and Results: In a span of 3 months, the gap measure was reduced from 15% to 10.7% demonstrating retention in care statistics at CEEC have improved from a baseline of 85% to 89.3%.

Implications for Practice: CEEC's enhanced outreach effort with the goal of reducing the gap measure to <10% and consequently driving Retention in Care performance above the HRSA gold standard of 90%. Reducing the gap between medical care visits will lead to improved health care outcomes for prescribing of antiretroviral therapy (ART) and viral load suppression (VLS).

Objectives:

- Participants will understand utilization of a data tool to identify persons at risk for lost to care.
- Participants will identify processes for root cause analysis of the patients medical file to improve targeted performance measures.
- Participants will be able to demonstrate improved healthcare outcomes of PLWH through monitoring performance measurements.
- .Participants will be able to define the HIV AIDS Gap in Care Performance Measure.

Culturally Responsive Care for Patients Living with HIV

P-16

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Abstract

There is a lag in providing stigma-free care, by health professionals, for people who live with HIV. There is evidence that professional experience and training, empathetic understanding of people with HIV and or those who use drugs will diminish the level of discrimination and fear. Caution needs to be taken not to alienate patients, in cultures where mistrust is prevailing.

Problem: In the nurse-led Linkage to Care Plus (LTC+) program of the JACQUES Initiative at the Institute of Human Virology of the University of Maryland School of Medicine, serves clients who historically/currently members of marginalized populations: 82% are African American, 50% are women, and 75% have substance use disorders. Our clients are engaged in HIV care.

Intervention: LTC+ connects with PLWH in the hospital and transitions them safely to the community, linking clients to HIV care via care coordination, wrap-around services, and psychosocial peer support.

Successes so far:

- 76% of clients linked to care (goal 60%)
- 60% of clients referred for substance use treatment (goal 70%)
- 82% of clients referred for mental health treatment (goal 50%)
- 89% of clients referred for housing (goal 90%)

Challenges: After LTC+ successfully transitions patients to outpatient settings, many are not retained in care.

Lessons Learned: Patients need culturally responsive care and staff need to understand how to responsively deliver that care. We have implemented strategies that will increase the likelihood our clients engage in care, including training on trauma-informed care, motivational interviewing, and integration of SBIRT staff development; while utilizing a collaborative and inclusive delivery model.

Recommendations:

To further our model, we need to:

1. engage more partners to root out stigma and discrimination in more settings
2. set our sights on sharing our process for client engagement through a focus on equity, inclusion and collaborative leadership by assessing and intervening on provider attitudes, perceptions, and behaviors with evidence-informed strategies such as trauma-informed care and motivational interviewing techniques
3. assess and strengthen our partnerships with more care organizations across the city

4. invite collaboration with our partners through root causes analysis meetings to focus on eliminating barriers for clients

Objectives:

- Explain social justice definitions and how these impact attitudes, perceptions and ultimately health outcomes of PLWH
- Identify clients system barriers to the LTC+ program and what we practice we use to overcome them
- Understand downstream, midstream and upstream approaches utilized in the LTC+ program to increase equity for PLWH
- Explore collaborative leadership as a framework to addresses structural racism and that uses inclusive practices to eliminate inequity
- Recognize how organizations and healthcare institutions can affirm culturally responsive care

Trauma-Informed Care for Hospitalized People Living With HIV

P-17

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Abstract

Background: People living with HIV (PLWH) are 1.5 - 2 times more likely to report childhood sexual or physical abuse and up to 91% of PLWH report at least one traumatic experience in their lifetime. Trauma contributes to worse behavioral, psychological, and physiological health outcomes for PLWH. Nurses and other health care professionals implement trauma-informed care interventions (TIC) in community and primary care settings to improve health outcomes and quality of life. However, despite an estimated 250,00 hospitalizations among PLWH in the US each year, few interventions exist to address implementation of TIC in inpatient medical settings.

Purpose: To describe a trauma-informed care educational program for nurses providing inpatient care to PLWH that will be implemented in May 2019.

Practice: The setting for the intervention is a 23 – bed general medicine unit at a large, urban, academic, tertiary care setting. Approximately 50% of beds are dedicated to PLWH. Intervention components include: (a) one 15-minute in-person educational presentation; (b) a poster; and (c) electronic educational materials. Content of the in-person presentation and poster will be developed according to the SAMSHA key assumptions and principles of trauma-informed care and will include epidemiological data, screening tools, and practical strategies for responding to trauma and resisting retraumatization. The electronic materials will include more in-depth TIC resources and relevant research articles about Trauma and HIV.

Conclusions: Based on a brief introduction to this program, nurses on the unit agreed that TIC aligns with principles of patient-centered care, thus supporting current nursing practice on this unit. They have also stated that information about the prevalence of trauma among PLWH and context-specific strategies for implementation would be most beneficial. A thorough evaluation of this program will be performed in May and will inform the next steps in implementing TIC on the unit such as identifying unit champions to provide education on updated evidence-based practices and advocate for trauma-informed policies and protocols.

Implications: Nurses in the inpatient setting should have a foundational understanding of trauma and trauma-informed care in order to build upon existing resources, policies, and procedures and address any barriers to implementing TIC in their setting.

Objectives:

- To identify evidence-based Trauma-Informed strategies for nurses caring for PLWH on inpatient units
- To describe the intersection of trauma on HIV and AIDS health outcomes.

Innovative Curricular Design Utilizing the National HIV Curriculum

P-18

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Abstract

Background: HIV is now a manageable chronic condition for the 1.2 million people living with HIV (PLWH) in the U.S. due to the success of antiretroviral therapy (ART) (CDC, 2019). The increase in life expectancy of PLWH has led to a growing population of older adults with HIV and comorbid chronic conditions such as hypertension and diabetes. This increase, combined with the ease of prescribing pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis to prevent HIV, has shifted HIV care from the specialist domain to primary care (HHS, 2019; Antiretroviral Therapy Cohort Collaboration, 2017).

As the workforce of HIV providers ages and retires, the number of clinicians trained in HIV-related medical care is insufficient to meet the need (Gilman et al., 2016). In light of the national shortage of physicians, NPs will play a greater role in caring for this population. By providing high-quality care to the underserved communities they reach, which are disproportionately burdened by HIV, NPs can play a critical role in maintaining recent gains in the fight against HIV.

Purpose: To demonstrate a curricular design strategy for advanced practice nursing HIV education.

Methods: The NHC enables us to deliver most HIV courses using a flipped classroom approach to accommodate busy schedules. Students complete self-paced online learning throughout the term, then meet in-person for 1-3 full days to apply what they learned in an interactive group setting with sessions led by experts in the field of HIV. This format decreases faculty workload associated with continuous updates to content. Full integration of the NHC and HIV competencies has also provided curricular standardization.

Conclusions: There is a need to train more primary care providers in HIV prevention, testing, and treatment, and NPs are contributing the most growth to the primary care workforce (Barnes, Richards, McHugh, & Martsof, 2018). By integrating the NHC into the HIV courses at UCSF School of Nursing, we are building capacity to meet this need.

Implications: Integrating the NHC is a free, convenient strategy that other NP programs can replicate to ensure their graduates are prepared to meet the HIV and viral hepatitis needs of the populations they will serve.

Objectives

- Nursing faculty will advocate for increased HIV and viral hepatitis training to build workforce capacity to care for our aging population of people living with HIV, and to promote preventive and screening services.
- Faculty in advanced practice nursing programs will be able to replicate our process of integrating the national HIV curriculum at their institutions.

Transitional Care Coordination from Jail to Community-based care: The Nurses' Role

P-19

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Abstract

Background: HIV positive inmates in the Camden County Correctional Facility (CCCF) are adequately cared for while incarcerated, but without transitional care coordination (TCC) that ensures that these individuals are linked to care upon release they become lost due to the behavioral issues of mental illness, substance abuse and resulting homelessness and cycle of incarcerations.

Transitional Care Coordination from Jail Intake to Community HIV Primary Care is a Special Project of National Significance (SPNS) initiative funded by Health Resources and Service Administration (HRSA) and administered by AIDS United (AU). The Cooper Early Intervention Program (EIP) Camden New Jersey was funded to work in partnership with Camden County Jail (CCJ)

Purpose: To provide linkage of incarcerated individuals living with HIV (PLWH) to community-based care and treatment services upon release.

Practice: The staff consisted of a program manager, 2 transitional care coordinators and a data manager. The program manager is an advanced practice nurse (APN) responsible for administration of the project, staff supervision, and backup data manager. The transitional care coordinators are an RN and a social worker who are certified HIV counselors responsible for patient engagement, education, health liaisons to the court and coordination of care upon release.

Integration into Cooper's EIP provided an opportunity to reengage individuals lost to care and to link individuals diagnosed but never linked. RN TCC and social worker meet with clients during incarceration to determine their community needs, formulate a discharge plan and work to identify community resources to meet identified needs.

Conclusion and results: The linkage to care project has encountered both successes and challenges including the turnover of the warden, and a newly implemented bail reform program. The greatest challenges to engagement in care are addiction, mental illness, homelessness and recidivism. Successful integration of the project required staff to think outside the box to develop strategies for linkage and retention.

Enrolled: 85

Released Community: 72 85%

Linked to Care: 53 74%

Virologically Suppressed: 35 69%

Implication for Practice: The successful in linkage from jail to community by educating, individualizing the plan of care, and developing strategies to overcome challenges faced by incarcerated individuals.

Objectives:

- Identify strategies to link and reengage incarcerated individuals in community-based care
- Demonstrate the ability to work within a correctional setting
- Demonstrate strategies developed to overcome challenges facing individuals with a history of incarceration

Advocacy in Action: Nurses in Washington, DC

P-20

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Abstract

Issues: Nurses have expertise in health policy advocacy, as we witness the intersection of health care access and barriers, wellness, human rights and social justice in the experiences of our patients and clients. Yet, nurses are often under-represented in health policy advocacy efforts.

Description: Four ANAC members attended AIDSWatch in April 2019 and participated in Capital Hill visits, partnering with People Living with HIV (PLWH) to educate Congressional leaders and staff about the issues facing PLWH in 2019. AIDSWatch is the nation's largest annual constituent-based national HIV/AIDS advocacy event, bringing together hundreds of people living with HIV and their allies to meet with members of Congress and to educate them about the important issues at stake for people living with HIV in the United States. This year, more than 600 people attended and made visits to 272 Congressional offices.

Lessons Learned: The full day training in preparation for advocacy day was important as we developed our advocacy teams and received updates on current policy related to HIV. This information was very helpful for those of us who work in a clinical, community or educational space and these updates will be shared in this session. They include: full funding of HIV programs including the importance of stable housing, comprehensive sexual health education, and civil rights for PLWH, LGBT individuals and other affected communities. Personal narratives, such as the stories of advocates who are also living with HIV and who have overcome personal fears to share their stories with elected representatives, senators and staff members is very effective and powerful to pair with the relevant policy issues and legislative asks.

Recommendations: Nurses and other ANAC members can have a powerful voice in advocacy efforts. The US public consistently rates nurses as the most trusted profession (Gallop poll) and this trust extends to messages and education delivered to policy makers and key decision makers. Nurses should be provided the resources, mentoring and encouragement to bring their unique perspective on health policy issues to legislators and other key decision makers.

Objectives:

- Learners will identify different ways nurses can impact HIV policy and advocacy on a national level.
- Attendees will be able to discuss the impact of advocacy on HIV funding on both local, state and national levels.
- Attendees will identify ways to become involved in HIV policy work that impact healthcare of PLWH.

