PREVENTING HIV TRANSMISSION

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AETC-Capitol Region Telehealth Project
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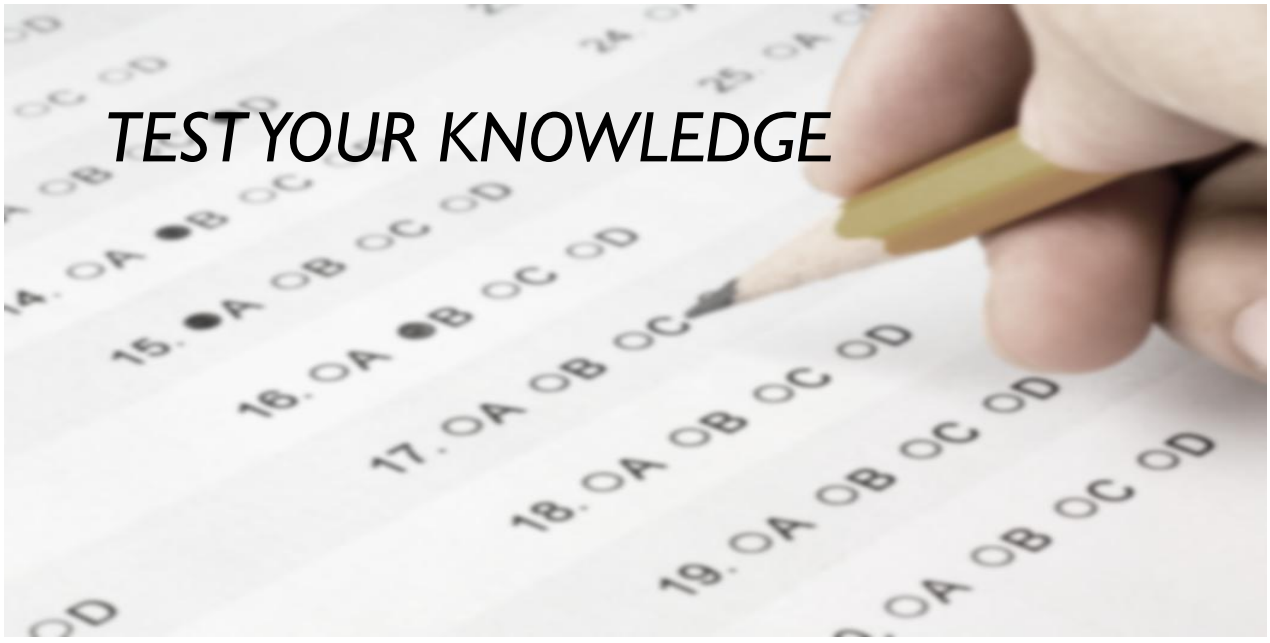


6

Test Your Knowledge
Question #1

All but one of the following are included in Secondary HIV Prevention:

A. Promote early testing among everyone
B. Testing offered as a routine office visit
C. Biomedical Prevention
D. Risk Assessment

Test Your Knowledge
Question #2

HIV-related stigma includes all but the following :

A. Instrumental HIV-related stigma
B. Fundamental HIV-related stigma
C. Symbolic HIV-related stigma
D. Courtesy HIV-related stigma

Test Your Knowledge
Question #3

Patient-Centered Care includes:

A. Physical comfort
B. Involvement of family and friends
C. Implementing hospital policies to improved care
D. Access to care

PREVENTING HIV TRANSMISSION

LEARNING OBJECTIVES

1. Discuss Stages of Prevention
2. Discuss the Impact of HIV Stigma on Prevention
3. Discuss Behavioral and Biochemical Prevention
4. Discuss Patient-Centered Care

ROUTES OF TRANSMISSION OF HIV

- Sexual
  - Homosexual between men
  - Heterosexual from male to female and female to male
- Exposure to blood
  - Drug user needle sharing
  - Transfusion of blood, plasma
  - Occupational needle-stick injury and other blood exposures
- Perinatal
  - During pregnancy, intrapartum and postpartum (via breastfeeding)

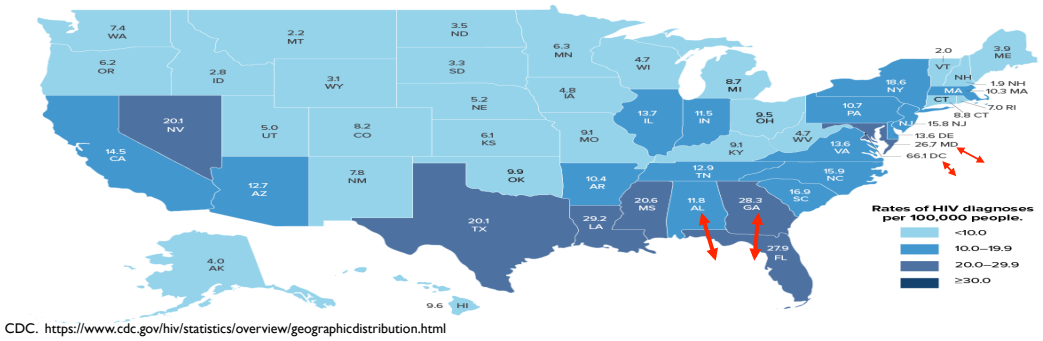
www.austincc.edu/mlt/ser/serhiv101

HIV DIAGNOSES, BY RACE/ETHNICITY, REGION, AND STATE

Most HIV diagnoses in 2015 were among blacks/African Americans,[a] Hispanics/Latinos,[b] or whites, reflecting the majority population groups of the United States.

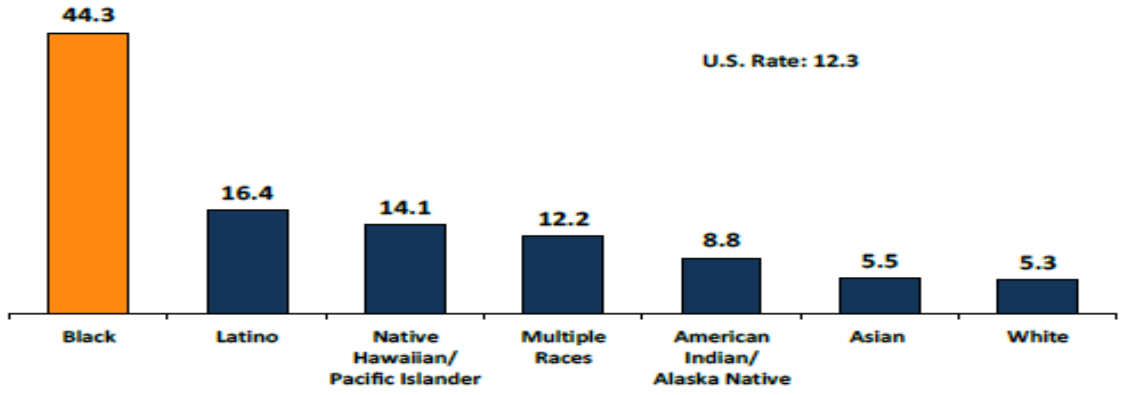
The rates (per 100,000 people) of HIV diagnoses in 2015 were 16.8 in the South, 11.6 in the Northeast, 9.8 in the West, and 7.6 in the Midwest.[c]

Rates of HIV Diagnoses Among Adults and Adolescents in the US in 2015, by State



CDC. https://www.cdc.gov/hiv/statistics/overview/geographicdistribution.html

Rates of New HIV Diagnoses per 100,000, by Race/Ethnicity, for Adults/Adolescents, 2015



NOTE: Data are estimates for adults/adolescents aged 13 and older and do not include U.S. dependent areas.
SOURCE: CDC. *HIV Surveillance Report, Diagnoses of HIV Infection in the United States and Dependent Areas, 2015*, Vol. 27; November 2016

http://kff.org/hivaids/fact-sheet/

HIV RATES IN H2P REGION

State/City	# of people living with diagnosed HIV (2013)	# of New HIV Diagnoses (2014)
Alabama	12,025	699
District of Columbia	15,173	381
Georgia	42,067	2,247
Maryland	31,890	1,388

https://aidsvu.org/state/alabama/birmingham/ ; https://aidsvu.org/state/district-of-columbia/; https://aidsvu.org/state/georgia/; https://aidsvu.org/state/maryland/

TOP TEN U. S. CITIES WITH THE HIGHEST RATES OF HIV INFECTION

- Miami, Florida.
- New Orleans–Metairie–Kenner, La.
- Baton Rouge, Louisiana.
- Jackson, Mississippi.
- Washington, D.C.
- Baltimore–Towson, Maryland.
- Memphis, Tennessee.
- Atlanta–Sandy Springs–Marietta, Georgia.
- New York City
- Jacksonville, Florida

http://agscientific.com/blog/2016/05/top-10-u-s-cities-with-highest-rates-of-hiv-infections/

STAGES OF PREVENTION

PRIMARY PREVENTION

- Implemented before the development
  - Decrease risk factors
  - Prevent the exposure
    - example: Reduce Health Risk Behavior
- Increase in preventive factors
    - example: Reinforcement of Positive Health Behaviors
- Psychological and Social Health Support Systems
  - Risk Assessment

PRIMARY PREVENTION

- Involve people living with HIV, in the design, implementation and evaluation of prevention strategies, addressing the distinct prevention needs
- Be an advocate to combat stigma and discrimination and protect the rights of people living with HIV or at risk to HIV
- Develop workshops to educate members of the community (involve men and boys in these workshops)
- Promote the links between HIV prevention and sexual and reproductive health
- Educate adolescents on strategies that will promote abstinence
- Develop peer education programs which involves training representatives among youths to convey information

SECONDARY PREVENTION

- Implemented after the development
  - Risk Assessment
  - Early diagnosis
    - HIV Screening
- Proper Utilization of Diagnostic Tools
- State of the Art Treatment Regimen
- Adherence Based on Informed Choices
- Reduction of Health Risk Behaviors
- Physical, Psychological and Social Health Support Systems

SECONDARY PREVENTION

- Promote early testing among everyone
- Testing offered as a routine office visit
- Provide patient and community education biochemical prevention
- Provide information and locations for PrEP and PEP

TERTIARY PREVENTION

- Decrease the Progression to AIDS
- Reduction of Health Risk Behaviors
- Reduce the Development of O.I.s
- Proper Utilization of Diagnostic Tools
- State of the Art Treatment Regimen
- Adherence Based on Informed Choices
- Physical, Psychological and Social Health Support Systems
- Reduce the Constellation of Effects on Family and Community

IMPACT OF STIGMA ON PREVENTION

DEFINITION OF STIGMA

Stigma as it relates to HIV arise from a dynamic process in which community and/or society perceives that there has been a violation of shared attitudes, beliefs and values by the stigmatized individual, his/her group, significant others and associates.

The Impact of Stigma on HIV Care Access in the African American Community David P. Lee, MSW, MPH, LICSW; African Americans Reach and Teach Health Ministry and Northwest AIDS Education and Training Center Seattle, Washington

STIGMA MANIFESTATIONS

There are two basic forms of stigma manifestations:

- **Institutionalized stigma** is when an institution, such as a hospital or church, practices stigma either actively or passively. For example, a church that makes HIV testing a precondition for consummating marriage or a hospital that has specific areas designated for patients who are HIV positive for preferred service provision and the general public is aware of it.

- **Individualized stigma is** the acting out of stigmatizing attitudes directed towards an individual. Individualized stigma is two-fold in that it can be done by one person or a group of people directed at an individual or done to oneself based on negative societal attitudes and perceptions.

HIV/AIDS STIGMA

HIV-related stigma has been further divided into the following categories:

- **Instrumental HIV-related stigma**—a reflection of the fear and apprehension that are likely to be associated with any deadly and transmissible illness.

- **Symbolic HIV-related stigma**—the use of HIV/AIDS to express attitudes toward the social groups or "lifestyles" perceived to be associated with the disease.

- **Courtesy HIV-related stigma**—stigmatization of people connected to the issue of HIV/AIDS or HIV-positive people.

SPECIFIC CONSEQUENCES OF HIV/AIDS-RELATED STIGMA

- Deterioration of interpersonal relations
- Negative emotions
- Rejection of the HIV antibody test
- Stress related to the hiding of the condition
- Anxiety
- Depression
- Guilt
- Loss of support
- Isolation
- Difficulties with family dynamics
- Emotional or physical violence
- Deterioration of relations with health care providers.

Zierler S, Witbeck B, Mayer K. Sexual violence, women and HIV infection. Am J Prev Med. 1996;12:304-10.

STRATEGIES FOR COMBATING HIV-RELATED STIGMA

- **Challenge the social acceptability of stigma and create a welcoming environment**
- **Provide knowledge and education to the public**
- **Provide contact with the stigmatized population**
- **Develop tools for people impacted by stigma**
- **Develop legal and regulatory responses to protect people from the enacted manifestations of stigma**
- **Provide care and treatment**

CASE STUDY # 1

Karen, a 22- year-old married woman from Suriname, a Dutch speaking Caribbean island, and the mother of two-year old **Ana** decided to accompany her best friend Betty to the student health center to get an HIV test after they both attended a health and wellness program on campus. Karen believes that accompanying Betty will help dispel her fear that she is ill because Sammy**,** her husband of six years has possibly given her one of *those nasty diseases* again. Karen knows that her husband, Patrick is a one-woman man and is confident that neither she nor Patrick is positive. She has never had a medical exam outside of her pregnancy and believes she can also get a glucose test since her mom suspects she is diabetic because the urine she left in the cup outside last week was full of ants.

CASE STUDY # 1

After 1 ½ hours of waiting for the test, Karen went to inquire why individuals who had come in later than she and Betty had already left and they were still sitting there. Almost 2 hours after their arrival, Karen and Betty were still waiting on their names to be called. Betty was about to inquire for the second time when the receptionist announced that, "the Lab Tech is here to do your HIV test now, you can just follow him through that door." Karen quickly glanced around and was mostly relieved that only about two persons had remained to hear what was said; the majority of the people having already left the waiting area.

CASE STUDY # 1 (CONT' D)

After donning two pairs of gloves, Scott, the lab tech, directed Karen first to remove her jacket then proceeded with conducting the test. Betty took the test and inquired of Scott when she could return to get the results. Without looking up to answer Scott replied, "Why are you so concerned now? Who did you sleep with or was it drugs? I guess you will have to sweat it out for a while uh? We' ll call you and let you know. Good afternoon ladies." "I should not worry, Betty announced as she left the clinic. Sammy is not a bad person. He is not a sex worker, drug user, or homosexual; only they get that disease".

CONSIDER……..

- What type of stigma is presented in this case study?
  - Instrumental?
    - Example
  - Symbolic?
    - Example
  - Courtesy?
    - Example
- Did you find any other?
- What strategies can we utilize to reduce or remove these stigmas?
- Why are these strategies important?
- Why is the reduction and/or removal of the stigmas of paramount importance?

BEHAVIORAL AND BIOCHEMICAL PREVENTION

Effective HIV prevention programmes require a combination of behavioural, biomedical and structural interventions

http://www.avert.org/professionals/hiv-programming/prevention/overview

CURRENT HIV PREVENTION STRATEGIES: PROMOTING BEHAVIORAL CHANGE

- Delay first sexual act
- ART for Individuals who are HIV-Positive
- Daily Pre-Exposure Prophylaxis (PrEP) for Individuals who are HIV-Negative
- Serosorting for persons who are HIV-Negative
- Circumcision of Adult Males
- Treatment of sexually transmitted infections

https://www.cdc.gov/hiv/risk/estimates/preventionstrategies.html

CURRENT HIV PREVENTION STRATEGIES: PROMOTING BIOMEDICAL INTERVENTION

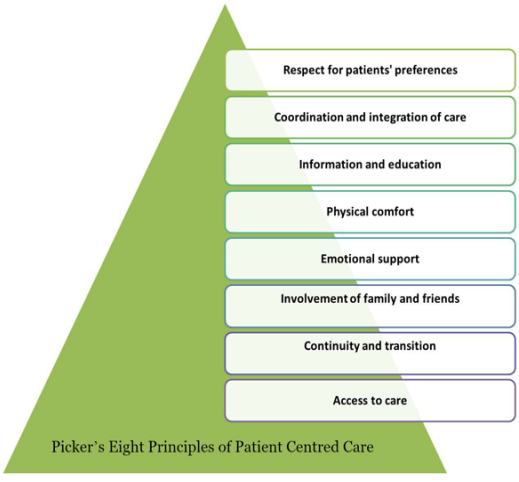
- Treatment as Prevention
- Pre-Exposure Prophylaxis
- Post-Exposure Prophylaxis

PATIENT-CENTERED CARE

PATIENT-CENTERED CARE

Defining Patient-Centered Care

- **Respect for patients' values, preferences and expressed needs**
- **Coordination and integration of care**
  - Coordination of clinical care
  - Coordination of ancillary and support services
  - Coordination of front-line patient care
- **Information and education**
  - Information on clinical status, progress and prognosis
  - Information on processes of care
  - Information to facilitate autonomy, self-care and health promotion



Picker's Eight Principles of Patient Centred Care

http://www.oneviewhealthcare.com/the-eight-principles-of-patient-centered-care/

http://www.oneviewhealthcare.com/the-eight-principles-of-patient-centered-care/

PATIENT-CENTERED CARE

- **Physical comfort**
  - Pain management
  - Assistance with activities and daily living needs
  - Hospital surroundings and environment
- **Emotional support and alleviation of fear and anxiety**

  Fear and anxiety associated with illness can be as debilitating as the physical effects. Caregivers should pay particular attention to:
  - Anxiety over physical status, treatment and prognosis
  - Anxiety over the impact of the illness on themselves and family
  - Anxiety over the financial impact of illness
- **Involvement of family and friends**
  - Providing accommodations for family and friends
  - Involving family and close friends in decision making
  - Supporting family members as caregivers
  - Recognizing the needs of family and friends

http://www.oneviewhealthcare.com/the-eight-principles-of-patient-centered-care/

- **Continuity and transition:**
  - Understandable, detailed information regarding medications, physical limitations, dietary needs, etc.,
  - Coordinate and plan ongoing treatment and services after discharge
  - Provide information regarding access to clinical, social, physical and financial support on a continuing basis
- **Access to care**
  - Access to the location of hospitals, clinics and physician offices
  - Availability of transportation
  - Ease of scheduling appointments
  - Availability of appointments when needed
  - Accessibility to specialists or specialty services when a referral is made
  - Clear instructions provided on when and how to get referrals

CASE STUDY #2

A white female physician in her early 30s provides information on HIV prevention (in English) to a 19-year-old college student from Cameroon (French-speaking) whose second language is English. The doctor provides pamphlets about safe sex, having just diagnosed and treated the patient for Chlamydia. The patient doesn't look at the doctor and only slightly nods as she takes the pamphlets and tucks them into her back pocket.

The doctor is careful to acknowledgement the patient's challenge of bringing up the subject with her on-and-off boyfriend, especially in light of a known volatile relationship between the two. The doctor is most concerned about the risk of HIV and opens up to the patient about her concerns. The patient continues to nod, but does not make eye contact with the doctor or provide any feedback. After several minutes of receiving no verbal communication from the patient, the doctor ends the encounter and the patient leaves with the educational pamphlets, written treatment instructions, a prescription for antibiotics, and a gentle reminder to abstain from sex until a week after she takes the azythromycin.

AETC
CAPITOL REGION TELEHEALTH PROJECT

CONSIDER……..

- The patient discloses enough information about the illness to lead to an accurate diagnosis;
- The provider, in consultation with the client, selects a medically appropriate treatment acceptable to the client;
- The client understands her condition and the prescribed treatment regimen;
- The provider and the client establish a positive rapport; and
- The client and the provider are both committed to fulfilling their responsibilities during treatment and follow-up care

CONSIDER……..

- Because of the limited patient-provider face-to-face time, the training of medical support and administrative staff in inter-personal communication cannot be overstated, but not just in medical school and not just for providers.
- Medical assistant's recognition that words, speech acts, metaphors, or other cues are being misunderstood or missed can assist the provider in altering communication strategies.
- "The culture of an individual has a profound effect on the perspective from which they deal with health and illness." (Todd and Baldwin, 2006)
- "Patients who understand the nature of their illness and its treatment and who believe the provider is concerned about their well-being, show greater satisfaction with the care received and are more likely to comply with treatment regimens." (Negri, Brown, Hernandez, Rosenbaum, and Roter, 2009)
- Mastery of IPC should be a greater emphasis during medical training and staff orientation and training.

CASE STUDY # 3
(A continuation of case study #1)

Both Karen and Betty returned two weeks later for their result. Both agreed to provide support for each other. Betty, on receiving the result that she was HIV + jumped up from her chair screaming "No!" and inadvertently knocked over the chair in which Karen was seated. Karen hit her head on the edge of the table which resulted in a gnash; then she passed out. Karen was subsequently hospitalized. Karen's parents brought her a change of clothes and were still in the room talking in their native language with her the next morning when three residents accompanied the attending, Dr. Sampson during rounds entered Karen's room. The attending read Karen's chart and explained to the residents that Karen is HIV positive. Overhearing this, Karen began to sob. Uh, replied Dr. Sampson, I did not realize that you spoke English. "She is an American," her father said, "she was born and raised here."

CONSIDER……..

- Immigrants who are bi-or-multilingual
- How Karen's HIV status was revealed

"It is more important to know what person has the disease than what disease the person has."

Sir William Osler

QUESTIONS???

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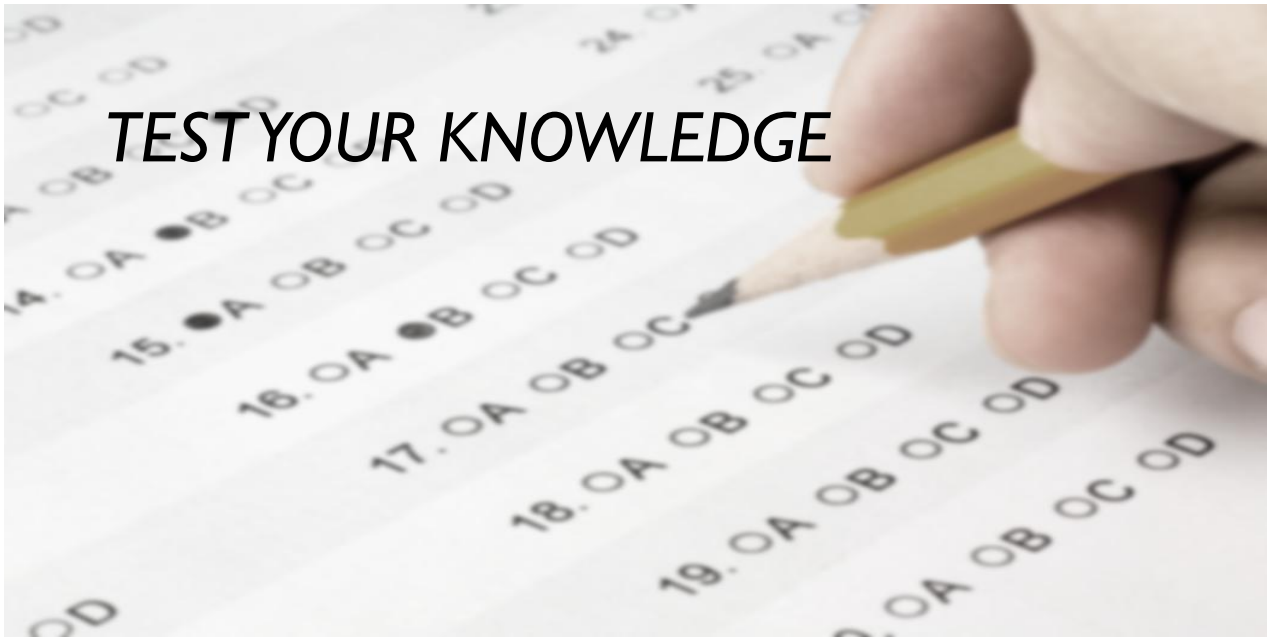
College of Medicine

RESOURCES

- CDC. *HIV in the United States: At a Glance;* December 2016.
- CDC. *HIV Surveillance Report, Diagnoses of HIV Infection in the United States and Dependent Areas, 2015,* Vol. 27; November 2016. HIV diagnosis data are estimates from 50 states, the District of Columbia, and 6 U.S. dependent areas. Estimates for 2015 are preliminary and are not included in trend calculations.
- CDC. *Fact Sheet: HIV Among African Americans*; September 2016.
- CDC. HIV in the United States by Geographic Distribution; November 29, 2016
- CDC. *HIV Surveillance Report, Diagnoses of HIV Infection in the United States and Dependent Areas, 2015,* Vol. 27; November 2016. HIV diagnosis data are estimates from 50 states, the District of Columbia, and 6 U.S. dependent areas. Estimates for 2015 are preliminary and are not included in trend calculations.
- Black Americans and HIV/AIDS: The Basics. Fact Sheet. The Henry J. Kaiser Family Foundation, 2017
- **https://aidsvu.org/state/alabama/birmingham/ ; https://aidsvu.org/state/district-of-columbia/; https://aidsvu.org/state/georgia/; https://aidsvu.org/state/maryland/**
- http://agscientific.com/blog/2016/05/top-10-u-s-cities-with-highest-rates-of-hiv-infections
- https://www.cdc.gov/hiv/risk/estimates/preventionstrategies.html
- Zierler S, Witbeck B, Mayer K. Sexual violence, women and HIV infection. Am J Prev Med. 1996;12:304-10.



48

Test Your Knowledge
Question #4

All but one of the following are included in Secondary HIV Prevention:

A. Promote early testing among everyone
B. Testing offered as a routine office visit
C. Biomedical Prevention
D. Risk Assessment

Test Your Knowledge
Question #5

HIV-related stigma includes all but the following :

A. Instrumental HIV-related stigma
B. Fundamental HIV-related stigma
C. Symbolic HIV-related stigma
D. Courtesy HIV-related stigma

Test Your Knowledge
Question #6

Patient-Centered Care includes:

A. Physical comfort
B. Involvement of family and friends
C. Implementing hospital policies to improved care
D. Access to care

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