

The Effects of HIV Disease Progression, Barriers to Care, Social Network, Depression, and Substance Abuse on Medical Appointment Adherence of HIV-infected Adults

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Background: Research evidence has implicated numerous factors as predictors of HIV medical appointment adherence. However, little to none of this research has focused on understanding the complex relationships among HIV disease progression, barriers to care, social network, depression, and substance abuse or their combined effect on retention in HIV care.

Purpose: The study was designed to test a causal model of theoretical relationships of the proposed variables in medical appointment adherence among HIV-infected adults.

Methods: The correlational study obtained data from the UAB Center for AIDS-Research 1917 HIV Clinic Cohort Database. Three hundred and thirty eight clients entering care during the period from 1 July 2009 through 30 June 2011 who met specific criteria were included in the secondary analysis. The following hypothesized relationships among the causal model variables were supported by the findings: (1) distance to treatment facility and depression were found to have direct positive effects on adherence to medical appointments; (2) substance abuse was found to have a direct negative effect on adherence; (3) social network had a direct positive effect on substance abuse; and (4) HIV disease progression had a direct negative effect on substance abuse. The fully trimmed structural equation model provided a good fit to the observed data, with a $\chi^2(21, N=338) = 22.31, p = .38$; GFI = 0.99; RMSEA = 0.03, and CFI = 0.99. However, the model only accounted for eight percent of the variance in adherence to medical appointments ($R^2 = 0.08$).

Conclusion: This study provide further evidence of the complexity of the relationships among factors that are associated with HIV medical appointment adherence, and that multiple factors are implicated in such adherence. Further research is needed to explore and identify those factors that are most relevant to medical appointment adherence within the context of HIV/AIDS. Such information is essential to the development of interventions that are predictably effective in promoting adherence to HIV/AIDS medical appointment adherence.

Implications: Understanding of medical appointment adherence is critical to planning care to ensure continued engagement in care. Nurses must be aware that multiple factors may influence patient adherence to appointments.

Objectives: The learner will be able to:

- Discuss factors that may contribute to poor adherence to HIV medical appointments;
- Identify 2 factors found to be significantly associated with HIV medical appointment adherence in the current study;
- Identify areas of future research needed to support the development of interventions supportive of HIV medical appointment adherence.

Every Dose Every Day: A New e-Learning Training Toolkit for HIV Care Providers to Improve Patient Adherence to Antiretroviral Treatment

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Background: Despite improvements in the potency and tolerability of antiretroviral treatment (ART), more than 800,000 of the estimated 1.2 million people living with HIV in the U.S. do not have a suppressed viral load. In order to prevent drug resistance and achieve the full benefits of treatment, patients must have optimal adherence levels. Thus, an important challenge for clinicians is to counsel and encourage patients living with HIV to attain maximum possible adherence to all medications.

Purpose: This presentation will provide nurses with an overview of the CDC's Division of HIV/AIDS Prevention Capacity Building Branch medication adherence e-learning training toolkit - "Every Dose Every Day". This e-learning toolkit features four evidence-based behavioral intervention strategies that were found to improve HIV adherence among ART naïve and/or experienced patients. The four strategies include - Project HEART (Helping Enhance Adherence to Anti-retroviral Therapy); Partnership for Health - Medication Adherence; Peer Support; and SMART (Sharing Medical Adherence Responsibilities Together) Couples.

Methods/Practice: Each of the four medication adherence strategies will be carefully described - including theoretical underpinnings, strategy components, staff roles and responsibilities, and videos demonstrating the strategy in action. Finally, downloadable brochures, manuals and posters will be showcased to assist providers with successful implementation.

Conclusions: CDC's e-learning training toolkit gives providers evidence-based strategies that will help them to assess patients' risk of non-adherence and accurately monitor and support adherence throughout their therapy.

Implications for Practice: At the conclusion of this presentation, the participants will have practical evidence-based strategies to support ART-naïve and ART-experienced patients in achieving viral suppression, improved health, longer life, and reduced HIV transmission.

Objectives: The learner will be able to:

- Demonstrate an understanding of four evidence-based medication adherence interventions to help HIV-patients reach viral suppression;
- Learn problem-solving methods to address adherence barriers that will build the patient's commitment to adherence.

A Peer-led Intervention to Enhance Antiretroviral Adherence among Adults Failing HIV Treatment

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BACKGROUND: Effective and practical behavioral interventions are urgently needed for the vulnerable population of HIV-infected individuals who are not ready for the rigors of lifelong antiretroviral (ARV) therapy and are failing treatment. *Ready* is a novel, theory-driven, and peer-led (i.e. delivered by lay individuals living with HIV) intervention that targets adults who are failing ARV therapy and enhances their treatment readiness by creating strategies to overcome barriers to adherence and facilitating the incorporation and maintenance of healthful adherence behavior.

PURPOSE: The purpose of this study was to examine feasibility, acceptability and impact of the peer-led *Ready* medication adherence intervention.

METHODS: We conducted a prospective, randomized pilot study of 20 ARV experienced adults receiving care in an urban, safety-net, community-based HIV clinic. Participants in this study had ARV failure due to non-adherence and were assigned to either the peer-led *Ready* adherence intervention consisting of 6 weekly one-hour sessions and one 30-minute booster session or a time and contact-matched equivalent control arm. Evaluation was done of the feasibility of *Ready* with impact on adherence measured by MEMS, HIV viral load, and pharmacy refill logs. Other outcome measures were quality of life, readiness, depression and social support.

CONCLUSIONS: *Ready* was found to be feasible and highly acceptable to both participants and their health care providers. *Ready* was well received by the target population and fidelity to the intervention was high: 100% of participants in the *Ready* arm attended all intervention sessions while participants in the control arm attended only 60% of sessions. Results indicated that 90% of the *Ready* arm participants were adherent to their ARV regimen at the 6-month follow-up time point, compared to 30% of control arm participants ($p < .01$). 100% of *Ready* participants were retained in care, compared to 60% in the control arm. **IMPLICATIONS:** Results suggest that *Ready* is a promising cost-effective intervention that can be easily implemented in real world clinical settings. A larger controlled study is indicated to examine efficacy further.

Objectives: The learner will be able to:

- Learn about the problem of non-adherence to HIV medications;
- Consider novel approaches to HIV treatment adherence.

A-4 - Symposia

Strengthening HIV Nursing in Nigeria: The National Nursing Curriculum for Care of PLHIV and Application of NIMART in Nigeria

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Background: Implementing scale up of HIV prevention, treatment and care through PEPFAR projects in Nigeria without engaging and strengthening nursing participation would have been a difficult challenge. Nurses, Midwives and Community Health workers (CHWs) remain the largest groups of healthcare professionals in Nigeria. Prior to the PEPFAR, the quality of care for HIV infected and affected persons were very poor due to lack of HIV knowledge among health workers. Although PEPFAR implementers were instrumental to reducing the knowledge gaps, there was a critical need to engage the regulatory agencies for a more sustainable approach.

Purpose: To develop and implement a comprehensive HIV curriculum for care of PLHIV and PABA using evidence based interventions which are sensitive to the sociocultural and religious needs of Nigerians.

Methods/Practice: The process involved stakeholder sensitization and awareness creation, identification of existing curriculum gaps and specific needs for technical assistance, Pre- and In-service HIV curriculum development meetings between 2007 and 2009 with leadership/active participation of Nursing and Midwifery Council of Nigeria. These activities were sponsored by the Institute of Human Virology, Nigeria (a CDC PEPFAR implementing partner). A draft Nursing Manual was produced and used to rapidly train national trainers for in-service and pre-service settings which were also adapted for community health practitioners. The expansion of nurses' roles in HIV care was also incorporated to address physician shortages and the need for task sharing at lower level health facilities.

Conclusion: PEPFAR implementation provided an avenue to engage nursing and community health practitioner regulatory agencies and the ministry of health in Nigeria to collaborate and develop a national curriculum for in-service and pre-service education. Nurses, Midwives and CHW currently initiate ART in PMTCT and maintain ART for stable HIV infected patients in Nigeria. This is the foundation for the national ART decentralization to improve access to HIV service.

Implications for Practice: A systems approach to address HIV knowledge gaps enhances country ownership and participation. It is a cost-effective investment that retains the positive impacts of PEPFAR on health workers and the entire health system.

Objectives: The learner will be able to:

- Identify the steps in engaging regulatory agencies for HIV curriculum development;
- Outline the benefits of using a systems approach in global nursing interventions.

A-5 - Symposia

Nurse Initiation of MDR-TB Management – A New Frontier for Nurses in South Africa

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Background: MDR-TB care in South Africa is transitioning from a hospital-based system of care to a community-based management structure. This necessitates greater involvement of primary healthcare nurses in the diagnosis and management of MDR-TB patients, yet no program exists to prepare competent nurses for such management.

Purpose: This innovative program, developed and implemented, by the Johns Hopkins University School of Nursing will detail challenges, success and infrastructure requirements to establish the world's first nurse-led MDR-TB program.

Methods/Practice: Primary healthcare nurses with HIV treatment experience were trained using didactic, case-based, clinical mentoring and experiential learning methods in Ugu District of KwaZulu-Natal, South Africa to diagnose and treat MDR-TB.

Conclusions: Nurses have successfully been trained and have begun to manage MDR-TB patients in KZN. This session will review preliminary patient outcomes and address health system factors to improve treatment success.

Implications for Practice: This session will provide attendees practical implications of establishing a new scope of practice for nurses related to MDR-TB management. This practice will increase access to care for many patients with MDR-TB who have substantial treatment delays awaiting physician-managed care due to shortages of this cadre of healthcare worker in South Africa.

Objectives: The learner will be able to:

- Identify the complexities of establishing a new scope of practice for nurses in South Africa;
- Outline plans to overcome anticipated challenges with implementing nurse led MDR-TB program.

A-6 - Symposia

SEED Global Health (Previously known as Global Health Service Partnership): Faculty Volunteer Program

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Background: In many parts of the world, particularly in developing countries, nurses deliver up to 90% of all primary health care. It's well documented that there exists a shortage of qualified nurses in many of these countries which is a major barrier to delivering basic care let alone respond to emerging health priorities. The lack of faculty in nursing academic institutions is a key impediment to effectively addressing essential human resource scarcity. In response SEED Global Health, in partnership with the Peace Corps, was launched in March of 2012.

Purpose: SEED is a public/ private partnership, funded by PEPFAR, designated to help meet the "US fair share" of 140,000 new health care workers in developing countries. In collaboration with the host countries (Malawi, Tanzania and Uganda), the appropriate Ministries, USG agencies and educational institutions, SEED/Peace Corps in July 2013 placed 32 physicians and nurse educators in twelve academic sites for one year. The purpose is to address up to 60% faculty shortages with the goal of promoting and supporting a new generation of faculty and health care professionals.

Methods/Practice: The academic needs of each institution were identified by the host. A competitive volunteer application process was initiated and volunteers were selected based on qualifications in relationship to the site requests. Volunteers were required to become in-professionally licensed in host countries and received 4-week orientation and term of reference. Educators are responsible for classroom and clinical instructions; enhance existing curricula and teaching methodology as appropriate. A five year commitment is made to each institution with a focus on filling the recognized specialty gaps.

Conclusions: The first cadre of volunteers is presently in their 4th month of service. This session will assess progress toward the stated goal and the lessons learned.

Implications for Practice: SEED offers a potential multiplier effect to expand impact of global health capacity building by strengthening nursing (and medical) education in resource-limited countries. A long term commitment to enhancing the role of qualified nurses requires an increase in the numbers, a strategy that considers pre-service models of education, and the development of a pipeline of future faculty.

Objectives: The learner will be able to:

- Identify the process involved in setting up a faculty volunteer program;
- Assess progress made towards the goal of the program and lessons learned;
- Identify potential multiplier effects of global health capacity building by strengthening nursing (and medical) education in resource-limited countries.

Feasibility of Using an iPod Touch Device to Deliver a Stigma Reduction Intervention to HIV-infected Women

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Background: HIV-related stigma remains a major problem for infected women living in the Deep South, impacting their willingness to insist that male sexual partners use condoms and interfering with their ability to take antiretroviral medications in front of others, fearing that either of these will signal their infection to others.

Purpose: The objective of this study was to determine the feasibility of a stigma reduction intervention for HIV-infected women. Ninety-nine women participated in a 12 week study examining the feasibility and efficacy of a video intervention that was viewed by each woman on an iPod Touch device, which the women were able to keep at the conclusion of the study.

Methods: Women were recruited from clinics and an AIDS service organization over a 3 month period, and were randomized by site to either the experimental or control group. All women received an iPod Touch device; the women in the experimental group had a 45 minute video on stigma and disclosure for HIV-infected women on their devices. The script for the video was derived from a qualitative metasynthesis that was developed as part of a methods project. Women were asked to watch the video at least once a week for 4 weeks; they were asked to record in a viewing log how many times they watched it over the 12 weeks that they were in the study. Data were collected at baseline, 30 days, and 90 days. We collected data on stigma, self-esteem, and self-efficacy.

Conclusions: In the experimental group, mean self-esteem scores were 19.0 at baseline, 20.2 at 30 days, and 20.6 at 90 days (higher scores indicate higher self-esteem); mean stigma scores were 66 at baseline, 54.1 at 30 days, and 48.8 at 90 days (lower scores indicate less stigma) (90-days: 2×2 chi-square: $\chi = 10.40$, $df = 1$, $p = .0013$). Based on adjusted means, 90 day Cohen d effect size for total stigma scores was 0.81.

Implications for Practice: The results of this study are promising for an intervention that is cost-effective and that empowers the woman who can watch the video at her convenience and when she can view it in private.

Objectives: The learner will be able to:

- Describe the development of the stigma reduction video developed for women with HIV infection;
- Describe indicators of feasibility and usability for this technology-driven intervention.

Relevance and Acceptability of a Web-based HIV Prevention Game for African American Rural Adolescents

Comfort Enah

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Background: African Americans in the rural Southern United States continue to experience a disproportionate increase in new HIV/AIDS infections despite the availability of HIV prevention interventions with demonstrated effectiveness. Recent advances in neuroscience have added to the understanding of adolescent brains and suggest that electronic gaming interventions are particularly appropriate in adolescence. However, research involving the use of such strategies in HIV prevention is quite limited. The potential impact of gaming interventions is enhanced by the inherent attractiveness to the adolescents and the potential to increase access to a geographically disperse rural populations.

Purpose: The purpose of the study was to assess the acceptability and relevance of a web-based HIV prevention game for rural African American adolescents. The study represented necessary step in a user-centric approach which involves identifying user needs and using a rapid iterative prototyping process in which components are reviewed by samples of potential users; their feedback is then used to develop the next iteration until all components are judged adequate.

Methods: We conducted four focus group sessions with 42 participants from two rural counties in Alabama to assess the relevance and acceptability of an existing freely downloadable United Nations Educational Scientific and Cultural Organization HIV prevention electronic game. The game was originally developed for adolescents in low socioeconomic countries. Participants played the game and participated in focus group discussions about their perceptions of the game and components that need to be changed to make the game suitable for African American rural adolescents.

Conclusions: In general, participants described the game as useful, educational, and somewhat entertaining. However, participants did not like the lack of player control, cartoon-like graphics, speed of presentation of some game components, and had specific recommendations on changes that needed to be made to enhance relevance.

Implications: Nurses and health professionals can use web-based gaming interventions in HIV prevention efforts but need to assess relevance to the target population to enhance effectiveness. Findings informed the ongoing development of a new HIV prevention game for rural adolescents that is in progress.

Objectives: The learner will be able to:

- Discuss gaps in HIV prevention efforts among adolescents;
- Describe two major study findings and implications.

B 4 U Get Down: Utilizing Mobile Technology and Social Networking to Recruit High-Risk Patients for HIV/STI Screenings

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Background: Social media outlets and advancements in mobile technology have changed the way we communicate. With the increasing popularity of smartphones, developers have created a variety of applications [apps] that are used for entertainment, hobbies, communication, and other purposes. Apps that are geared toward men who have sex with men connect users and provide them with the opportunity to chat, make friends, date, or locate potential sex partners. These social media outlets have relocated a large portion of MSM networking from bars and clubs to cyberspace, where users fall outside the scope of traditional education and HIV/STI testing initiatives. In Boston, a mobile health program has incorporated new and innovative outreach strategies to address this need.

Purpose: To demonstrate the utility of location-based cell phone apps in recruiting high risk patients and offering education, counseling, and screening for HIV/STIs.

Methods/Practice: A pilot program was launched in 2011, where a staff nurse used a profile on popular MSM networking apps to engage nearby users and offer free screenings at a mobile health clinic. Users that presented to the clinic were enrolled as patients and offered a variety of services at no cost: one-on-one risk assessment with a registered nurse, lab testing (rapid HIV, syphilis, gonorrhea, chlamydia, and/or Hepatitis C), vaccinations (Hepatitis A & B, T-DaP, Gardasil®, Pneumococcal, Influenza, etc.), and safe sex education.

Conclusions: Preliminary data from the pilot show that patients recruited from MSM networking apps had a higher incidence of STIs and reported riskier sexual behaviors than those recruited via traditional outreach methods. In the mobile setting, the location-based cell phone technology allowed clinic staff to efficiently target outreach efforts to users in close physical proximity. Many MSM networking apps lack formal safe sex resources, and users responded positively when engaged by the clinic nurse.

Implications for Practice: Outreach through mobile technology is a low-cost and efficient supplement to existing MSM engagement strategies. Programs can utilize this technology to engage in the vast online MSM community, identify patients with risky sexual behaviors, and connect them to appropriate services.

Objectives: The learner will be able to:

- Learners will gain a basic understanding of the role of social networking applications for mobile devices and how they are used within the MSM community;
- Learners will be able to identify the pros and cons of using mobile social networking applications for outreach, safer sex education, and recruitment of patients for clinical services;
- Learners will be able to identify the resources and programmatic support necessary to implement and evaluate these outreach methods.

Integrating National HIV/AIDS Strategy Throughout Curricula of a Major U.S. University School of Nursing

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Background: Around the University of Maryland Baltimore, the HIV prevalence is 1 in 23. The JACQUES Initiative of the Institute of Human Virology at the University of Maryland School of Medicine (JI) developed *Preparing the Future (PTF)* to engage the UMB academic (law, medicine, dentistry, pharmacy, social work, and nursing) and clinical campus to implement The National HIV/AIDS Strategy (NHAS) through curricula, practice, and community engagement.

Purpose: School of Nursing (SON) community/public health students and faculty participated in JI's "PTF-HIV-101" training and special HIV testing and counseling certification. Mentored by JI staff, to date, 200 students and faculty have tested hundreds of Baltimoreans, and linked people to care. Students and faculty attest to applying *PTF* competences into practice regardless of the presence of HIV. Based on this success, we now aim for SON students and faculty at *all* levels to competently offer HIV testing and linkage to care via JI's coordinated and integrated model.

Methods/Practice. To integrate *PTF* across nursing study programs the SON and JI

1. Reviewed HIV content in curricula to identify gaps.
2. Gathered input from Department Chairs and advanced practice specialty program directors.
3. Strategized with the entry level curriculum and the masters/DNP curriculum committees.
4. Presented findings to the institutional leadership at the Administrative Council.

Conclusions: Due to an overwhelmingly positive response, within one year, we have: a) identified areas for integration of *PTF* at undergraduate level; b) planned didactic and clinical experiences with pediatric, family and adult-gero nurse practitioner specialties; c) implemented the first *PTF* rotations for FNP students (Summer 2013); and d) garnered institutional support for planning an HIV-NP certificate program.

Implications for Practice: Given compelling statistics, a proven method (*PTF*), and strong support of leadership, HIV competencies can be integrated at all levels off nursing education. Where we study, live, or work, engagement in reducing HIV infections and assuring linkage to care is not just a nice thing to do, it is necessary for the health of our community. Nursing, the largest component of the health care workforce, must play a major role in implementing the National HIV/Aids Strategy.

Objectives: The learner will be able to:

- Recognize need to engage schools of nursing to implement National HIV/AIDS Strategy in high prevalence U.S. setting;
- Identify strategies to gain buy-in to address gaps in undergraduate and graduate nursing curricula related to HIV content;
- Discuss the role of students, faculty, and HIV care/treatment partners to expand implementation of NHAS in a high prevalence community in U.S.

**Building Faculty Research Capacity to Support a Nursing
Master's Program in HIV/AIDS in India**

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Background: Bel-Air College of Nursing is collaborating with the University of Illinois at Chicago College of Nursing to develop a master's level program preparing nurses to meet HIV/AIDS care and prevention needs in India. A key element of this program is building student capacities to conduct research and evaluate evidence-based practice. However, Bel-Air faculty need to strengthen their own research capacity and experience to support the program.

Purpose: To develop an innovative program of research to enhance faculty readiness to mentor nursing master's students in research and evidence-based practice projects.

Methods/Practice: Master's level nursing programs in India must include basic research methods and statistics and an individual master's thesis. To rapidly build the college's research capacity and contribute to the HIV-related research in this region of India, we will model the research component after the "Detroit Area Studies" used by University of Michigan Sociology Department for over 50 years. In this model, faculty conduct a study with graduate students as junior co-investigators. Each student identifies an individual research question for his/her master's thesis. Faculty publish articles from the overall study, often with student co-authors. Bel-Air faculty will focus their program of research on HIV/AIDS related stigma, because they encounter stigmatization daily as it affects health professionals, clients, families and communities. Cultural and class-related beliefs about contact with body fluids uniquely affect HIV/AIDS stigmatization in India. However, few studies of stigma have occurred in India, and none where Bel-Air is located. Although smaller in scope, this research is inspired by the International Nursing Network of HIV/AIDS. Initially a UIC faculty member will model teaching of the research/statistics courses by leading Bel-Air faculty through the courses, integrating the first stigma study as course-related practical learning. This active learning builds faculty capacity to teach research and to involve incoming students in faculty research.

Conclusions: This promising strategy has the potential to promote faculty career development, engage students in research and use limited faculty resources effectively.

Implications for Practice: Nursing faculty in low-resource settings have difficulty integrating research into heavy teaching loads. If successful, this model may have widespread relevance globally.

Objectives: The learner will be able to:

- Identify the faculty research capacity-building model developed based on the Detroit Area Studies for use in India;
- Describe the specific research focus that faculty have decided upon and how this focus will contribute to HIV/AIDS research in India;
- Identify the process that will be used to initiate this model, and potential strengths and limitations of the implementation plan.

Collaborating in the Development of an HIV/AIDS Master's Level Curriculum for Advanced Practice Nurses in India

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Background: India has over 2,000,000 persons living with HIV, and prevalence continues to increase in some areas and target groups. However, no master's level programs exist to prepare nurses to meet HIV care and prevention needs in India.

Purpose: To develop an innovative master's level curriculum to prepare advanced practice nurses as leaders and clinicians to meet HIV/AIDS care and prevention needs in acute care settings and communities in rural and urban India.

Methods/Practice: Development of the HIV/AIDS curriculum was a collaborative effort between Bel-Air College of Nursing, India, and the University of Illinois at Chicago College of Nursing. Curriculum content includes:

- Global and local epidemiology of HIV; virology, immunology, pathophysiology, co-morbidities, and pharmacology as they relate to HIV infection and management;
- Assessment and treatment to manage complex clients using current evidence-based treatment protocols and outcome evaluations;
- Clients' self-management skills, continuity of care and adherence to treatment through integrated behavioral change approaches, e.g., motivational interviewing, team approach and communications technologies;
 - Indian contextual factors affecting HIV care and prevention, including stigmatization and socioeconomic and rural-urban disparities;
 - Engagement of individuals, families and communities in universal prevention and compassionate care of those infected and affected by HIV/AIDS. Graduate outcome activities include:
 - Manage and evaluate advanced-level patient care;
 - Design, implement and evaluate prevention and support programs for families and communities;
 - Conduct HIV-related research;
 - Disseminate research and best practices through professional conferences and publications;
 - Provide evidence to influence policy-making.

Conclusions: This curriculum development represents the latest phase in an ongoing partnership that integrates the expertise, knowledge and resources of each partner, providing a model for international collaboration in curriculum development. The curriculum, approved by the Indian Nursing Council and Maharashtra University of Health Sciences, will be implemented in August 2013. Implications for Practice: This curriculum will prepare advanced practice nurses as leaders in primary, secondary and tertiary HIV/AIDS care in India. Broad expertise across the continuum of HIV care and prevention will make graduates resources for providers, clients, families, communities and policy-makers.

Objectives: The learner will be able to:

- Identify the essential skills needed by HIV-specialty advanced practice nurses in India;
- Describe a model of collaboration to develop a master's curriculum for advanced practice HIV nursing in India.

B-7 - Symposia

Fertility Desires, Periconception Risk Behaviors, and Perceptions of HIV Risk among HIV-discordant Couples

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Purpose: To describe the current state of the science and promote the development of clinical expertise regarding issues related to reproductive planning and decision making among HIV-discordant couples, including fertility desires, perceptions of HIV risk associated with conception, and periconception risk behavior.

Background: There are an estimated 140,000 heterosexual HIV-discordant couples in the US, about half of whom want more children. HIV treatment and prevention programs focus on abstinence, condom use and pregnancy prevention as strategies for HIV prevention, presenting HIV-discordant couples who wish to conceive with the dilemma of putting the HIV-uninfected partner at risk of acquiring HIV or suppressing the desire to have a child. The evidence suggests that a) HIV clinicians do not ask clients about childbearing desires; b) that most HIV-affected couples neither share their plans for pregnancy with healthcare providers nor seek advice on how to have a safer pregnancy; and c) that many HIV-discordant couples have unprotected sex in their efforts to conceive.

Methods/Practice: A didactic presentation and an interactive discussion of case studies will be used to review and apply current knowledge and understanding of the contextual factors influencing decision making and behaviors of HIV-discordant couples who wish to conceive.

Conclusions: Access to up-to-date information and interactive learning is needed to assist nurses to play an active role in reproductive counseling and safer conception for HIV-discordant couples.

Implications for Practice: Care for HIV-infected adults should include assessing reproductive goals, supporting partner involvement and addressing safer conception. Nurses in HIV care can play a key role by providing comprehensive counseling to optimize preconception health and reduce the risk of HIV transmission to an uninfected partner and future children.

Objectives: The learner will be able to:

- Review the literature describing fertility desires, reproductive decision-making, perceptions of HIV risk associated with conception and periconception risk behavior among HIV-serodiscordant couples;
- Describe nursing strategies to assess client needs in reproductive and safer conception counseling and care.

B-8 - Symposia

Achieving Safe Conception in HIV-discordant Couples: The Role of Antiretroviral Therapy and Oral Pre-exposure Prophylaxis

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Purpose: The purpose of this presentation is to review the current state of the science and discuss key issues in translating research to practice related to the use of antiretroviral therapy (ART) as prevention and preexposure prophylaxis (PrEP) with antiretroviral drugs to reduce the risk of heterosexual HIV transmission among HIV-discordant couples wishing to conceive.

Background: Antiretroviral agents have been demonstrated to be highly effective in preventing HIV infection, especially in HIV-discordant couples. Studies have demonstrated a decreased rate of HIV transmission among heterosexual serodiscordant couples on combination ART, particularly those with fully suppressed HIV viral load. Providing PrEP to an HIV-uninfected partner may offer additional risk reduction to minimize HIV transmission when trying to conceive. Interim guidance on the use of PrEP in heterosexually active adults has been issued by the U.S. Centers for Disease Control and Prevention; however, data are considered insufficient to recommend PrEP as part of a strategy to reduce risk of HIV transmission when trying to conceive.

Methods/Practice: A presentation will review the current state of the science and discuss key issues in translating research to practice related to the use of ART as prevention and PrEP to reduce the risk of heterosexual HIV transmission, including its use in the periconception period. Case studies will be analyzed in an interactive discussion led by expert panelists to review various clinical scenarios and discuss appropriate counseling messages and advice to the patient regarding the use of ART and PrEP for HIV-discordant couples wishing to conceive.

Conclusions: HIV prevention science can be applied to reduce sexual transmission risk while respecting reproductive goals. For women and men in HIV-discordant couples, prevention science is a key component to achieving safer conception.

Implications for Practice: Care for HIV-infected adults should include assessing reproductive goals in the context of the HIV status of one's sexual partners and providing comprehensive counseling and recommendations regarding the use of prevention science to reduce the risk of HIV transmission in the periconception period.

Objectives: The learner will be able to:

- Review the current state of the science and discuss key issues in translating research to practice related to the use of treatment (ART) as prevention and pre-exposure prophylaxis (PrEP) to reduce the risk of heterosexual HIV transmission;
- Discuss and analyze key issues in translating research to practice for HIV-discordant couples wishing to conceive.

B-9 - Symposia

Achieving Safe Conception in HIV-discordant Couples: Non-Pharmacological Strategies

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Purpose: The purpose of this presentation is to review the literature and to analyze the implications for nursing practice related to non-pharmacological options for reducing the risk of HIV-transmission to an uninfected partner for HIV-discordant couples who wish to conceive.

Background: All HIV-affected couples wishing to conceive should receive preconception care services, including evidence-based risk screening and counseling and interventions for health promotion. Antiretroviral options should be considered and both partners should be screened (and treated, as indicated) for sexually transmitted infections. In addition, non-pharmacological options for an HIV-positive woman with an HIV-uninfected man include timed intercourse (limiting conception attempts to the periovulation period) or timed insemination (self-insemination or insemination via assisted reproductive technology). These options may be combined with the use of pre-exposure prophylaxis (PrEP) with antiretroviral drugs. Male circumcision (with six weeks healing) may also be considered. For the HIV-positive man with an HIV-uninfected woman, semen collection and processing to remove HIV (sperm washing) can be done and then coupled with an assisted reproductive technique for fertilization.

Methods/Practice: Up-to-date evidence related to non-pharmacological strategies for safer conception, including preconception risk reduction and optimization of health, timed intercourse or insemination (with or without PrEP), circumcision, and sperm washing will be presented in a didactic session. Case studies will be analyzed in an interactive discussion led by expert clinician panelists to review appropriate counseling messages.

Conclusions: Non-pharmacological interventions for safer conception for HIV-discordant couples attempting to conceive are available and may be recommended to couples wishing to achieve safer conception based on individual clinical circumstances and patient preferences.

Implications for Practice: Couples should be counseled regarding specific interventions to reduce the risk of transmission to an uninfected partner and approaches tailored to address specific needs, which may vary from couple to couple.

Objectives: The learner will be able to:

- Describe evidence-based interventions for safer conception in HIV-discordant couples;
- Discuss the components of counseling and care related to non-pharmacologic strategies to reduce HIV transmission risk among HIV-discordant couples while attempting to conceive and analyze case studies.

B-9.1 - Symposia

The Role of the Nurse in Providing Safer Conception Strategies for HIV-discordant Couples

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Purpose: The purpose of this presentation is to discuss nurses' roles in providing counseling and establishing linkages to safer conception services for HIV-serodiscordant couples.

Background: Women and men with HIV express the desire to talk about reproductive plans with their healthcare providers; however, data suggest that such counseling does not often occur until after conception. Nurses can play an important role in encouraging patient communication about reproductive intentions and fertility desires and performing counseling on safer conception strategies. Nurses in HIV care can also play an important role in developing linkages and partnerships with healthcare providers specializing in reproductive health in order to facilitate appropriate referrals. In addition, nurses can advocate for the availability of assisted reproductive health services for their patients.

Methods/Practice: Best practices for developing the nurses' role in safer conception counseling, linkage to care, and advocacy will be presented in a didactic session. Resources for healthcare providers and patients will be reviewed in an interactive discussion led by an expert panelist to review appropriate counseling messages and to discuss mechanisms for establishing appropriate linkages to preconception and safer conception services.

Conclusions: Providing reproductive counseling for all clients on safer conception options for serodiscordant partners is an important component of comprehensive HIV nursing care and a critical HIV prevention strategy. Nurses are in a position to facilitate reproductive health counseling services in HIV care and develop linkages to care that provide a safer path to conception.

Implications for Practice: Nurses are well positioned to play a pivotal, leadership role in advancing the scope and quality of reproductive planning and safer conception services for HIV-discordant couples and promoting client and partner focused clinical services.

Objectives: The learner will be able to:

- Discuss the role of the nurse in providing information, counseling and support to clients seeking safer conception strategies;
- Describe the role of the nurse in establishing linkages to reproductive health and safer conception services.

