



The Role of Nursing in Improving Community Access to HIV Care

**Lessons Learned from Mental Health and
Substance Use Treatment**

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Predictors of HIV risk among U.S. women in high-prevalence areas

(N=2099)	RR (95% CI)	Prevalence among HIV+ women	P value
Education beyond high school	.43 (.15, 1.24)	13%	.142
Weekly substance use or binge drinking	2.52 (1.22, 5.21)	60%	.013
Weekly drug use (excluding cannabis)	2.71 (1.33, 5.52)	43%	.006
Food insecurity	.57 (.027, 1.21)	33%	.148
History of emotional, physical, sexual abuse	.43 (.18, 1.04)	5.65	.061

(Hodder et al., 2013)

Predictors of HIV risk (unprotected sex) among women in South Africa

(N=321)	RR (95% CI)	Wald Chi-Sq	P value
Race	0.92 (0.70, 1.20)	0.38	0.536
Age	0.99 (0.98, 1.00)	0.74	0.389
Alcohol frequency	1.18 (1.04, 1.33)	6.41	0.011
Alcohol quantity	1.26 (1.14, 1.39)	19.96	<.001
Any drug use	1.33 (0.93, 1.91)	2.45	0.118
Screen for depression	1.53 (1.13, 2.09)	7.29	0.007
PTSD score	1.07 (1.01, 1.14)	5.65	0.018

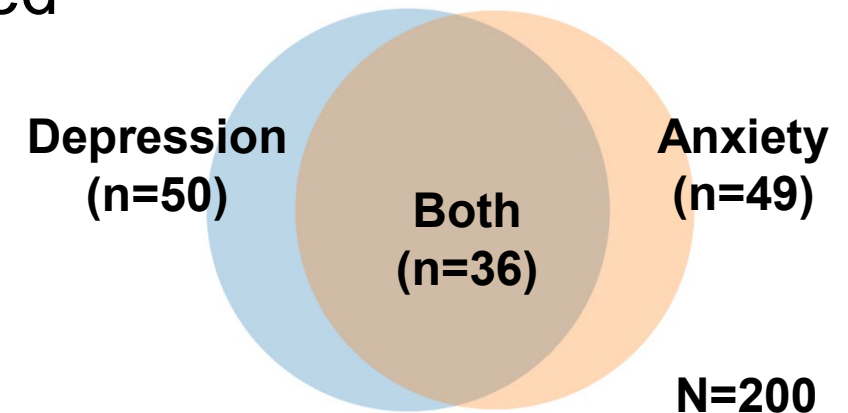
GLM, negative binomial regression

Model fit: Likelihood chi-sq = 77.69, $df=7$, $p<.001$

(Sikkema, Watt et al, JAIDS 2011)

Flipping the Script on Comorbidity

- Extremely high rates of overlap among HIV, mental health, and other health challenges
- Often framed in terms of comorbidity and challenge
- There is opportunity to flip the script on this and focus on care access, resilience, and co-located services
- Interdisciplinary lessons and ‘leapfrogging’



Ngocho et al., 2019

Transdiagnostic Approaches

- Shifts away from identifying the perfect treatment to “unlock” health challenges
- Focus is instead on strong, comprehensive evaluation of needs and connection to a suite of services
- Resolves challenges of transferability of treatment to diverse settings
- Improved focus on social determinants, environment, and culture



Focus on Care Access, Resilience, and Patient Choice

- Integrates principles of:
 - “Readiness for change” from substance use treatment
 - Motivational interviewing and positive psychology from the mental health field
 - Patient-centered care from nursing and medicine
- Stigma reduction through community-based services and patient empowerment



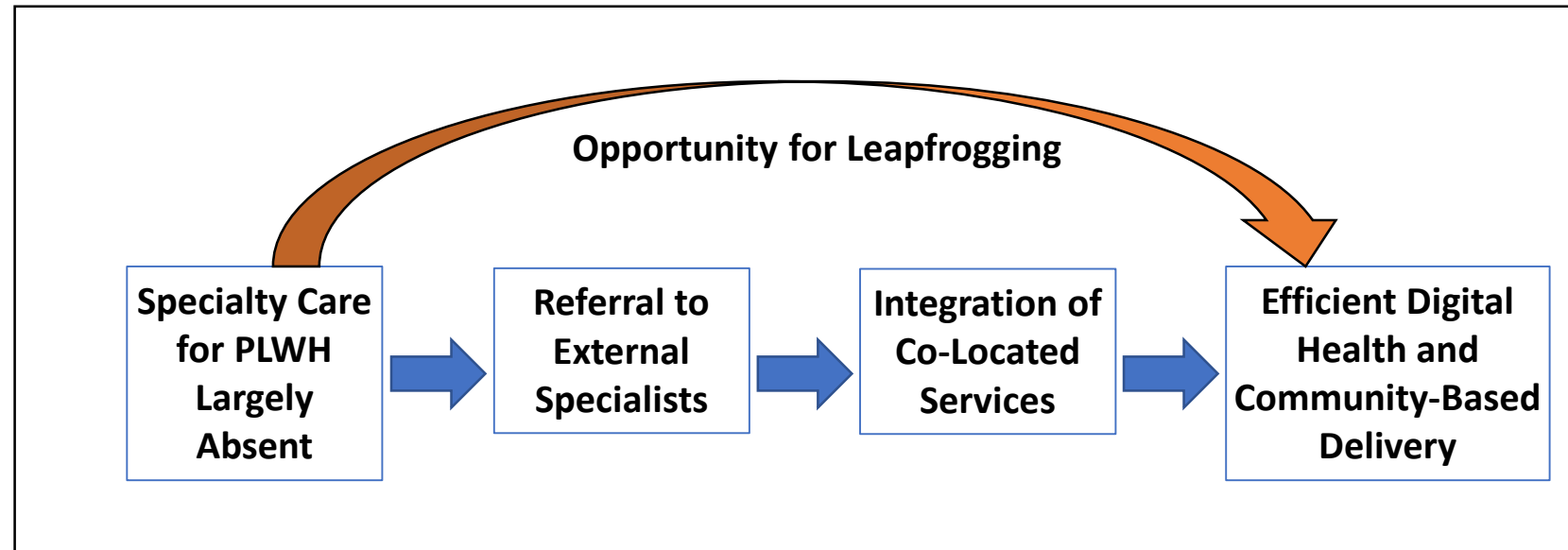
Example of this for Other Health Conditions

- Counseling and support groups for cancer treatment
- Cardiac rehabilitation: counseling, exercise, dietary, smoking cessation
- Community health worker programs
- Integrative medicine services



Potential for ‘Leapfrogging’: Personnel, Setting, and Delivery

- Nurses historically more nimble in offering community-based care
- Transdiagnostic approaches to address multiple challenges



Considerations for Intervention Development in the South

- Rural access: Example of opioid treatment
- Telehealth and co-located care
- Linking HIV and substance use treatment: for example, medication for opioid use disorder
- Ensuring patient voice drives implementation



Bringing Treatment to People Vs. Bringing People to Treatment

- Peer supports/navigators
- Mobile clinics and satellite clinics
- Hotline model for brief telephone-based services
 - Medication management
 - Counseling
 - Primary care or other health concerns
- Improving access to technology and transportation
- Billing and scope of practice



A Call to Action

1

Remove barriers to telehealth and community-based care models by reexamining policies and laws related to billing and nursing scope of practice

2

Use task-shifting to train peer navigators and increase the health workforce

3

Emphasize co-located, nurse-led treatment programs that connect patients to a suite of services

- Medical, social, and mental health – a true “one stop shop” for well-being