

A System Change: Expansion of Primary and Secondary HIV Prevention in a Marginalized Community

Purpose

This DNP project was implemented in relation to a system-level practice concern that revealed long delays from testing HIV positive, using the rapid method, to confirmatory testing and entry into health care. Often, people who test HIV positive have unnecessary delays before initial health care evaluation and medication treatment takes place, which increases the probability of transmitting HIV to others. The purpose of this DNP project was to effect a policy change for the expansion of primary and secondary HIV prevention services, including a protocol for immediate linkage of HIV positive individuals living in the marginalized community.

Methods

A quantitative, descriptive design was used for data analysis of 50 ethnic diverse participants tested for HIV at the community-based site. Project data were analyzed in comparison to retrospective data collected during the same calendar period from a previous year, including the number of patients tested, number of positive tests, number referred to care, presented for care, and entered care. Constructs from the Health Belief Model and the Community Readiness Model comprised the synthesized framework for expansion of primary and secondary HIV prevention services in the marginalized community.

Findings

Project data revealed that the prevalence of HIV infection in the marginalized community was 4%, which is five times greater than the national average prevalence of 0.7% reported by the CDC, and nearly two times higher than the infection rate in the same community two years earlier. Outcomes of the policy change showed an increase in HIV testing, an increase in the number of HIV positive patients, increase in the number of real time linkages to care and prevention programs, and a decrease in the number of patients lost to follow-up. A system change from traditional HIV testing to community-based rapid testing with immediate linkage to care was essential to curb HIV acquisition and transmission in a marginalized community.

Conclusions

Buy-in and support of community policy makers, stakeholders, and champions for change was essential for changing the policy to increase rapid HIV testing with referral to health care in real time. The policy change was efficient and effective in decreasing the number of patients lost to follow-up, deterioration of health while awaiting entry into care, and health care costs to the marginalized community.

Sandra Santucci, RN, MSN, DNP Student

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Sks27@bellsouth.net

University of South Alabama