

**Inequality of PrEP Delivery in the United States:
Bridging the Gap for Latinx Community Members in Multnomah County, Oregon**

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Abstract

In Oregon alone Latinx represent 13% of the population yet 21% of new HIV diagnoses, 86% of whom are aged 20-49 and 94% of whom are men (Oregon Health Authority, 2019, May). This statistic increases when overlapping determinants coincide, leaving men who have sex with men (MSM), trans-identified, people who inject drugs (PWID), those with disabilities, women, irregularly documented, and unhoused with the highest percentage of new and undiagnosed HIV infections amongst the Latinx community (Kanny et al., 2019; Lewis & Wilson, 2017). Few organizations have developed HIV prevention programs inclusive of monolingual non-English speakers and irregular migrants, despite that 25% of people who could qualify for HIV pre-exposure prophylaxis (PrEP) are Latinx (Centers for Disease Control and Prevention, 2018). Collaborating with a free-standing clinic serving this population in a part of Multnomah County, Oregon with the highest rate of new HIV infections, this project aimed to optimize service access by training prescribing providers on guideline directed evaluation and management (GDEM) of PrEP for its' entire patient population. Understanding that those most at risk for HIV often under-utilize health care resources for a myriad of reasons, this project additionally focused on building a foundation for community collaboration through a variety of qualitative needs assessments and partnership development with community agencies. Data from the first three months of this project is presented, showing little impact on current PrEP utilization rates or quality of PrEP-related care. Community networking, however, met expected aims. Continued efforts are required to maximize PrEP utilization and close the gap on related inequities.

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Introduction

Problem Description

The International Organization for Migration (2017) estimates that the United States and Canada host close to 25% of all migrants in the world, the vast majority of whom are from Mesoamerica (2017). Conditions contributing to Central American migration create an environment wherein migrants may experience social and economic upheaval, loss of familiar support, and unfamiliar sex scenes, lending support to immigration as a unique social determinant of health (SDOH) (Castañeda et al., 2015). Relatedly, recent trends show rates of new HIV infection amongst Latinx in the US increased by 7%-nearly double the national trend (Guilamo-Ramos et al., 2020). In Oregon alone Latinx' represent 13% of the population and 21% of new HIV diagnoses, 86% of whom are aged 20-49 and 94% of whom are men (Oregon Health Authority, 2019, May). This statistic increases when overlapping determinants coincide, leaving MSM, trans-identified, PWID, those with disabilities, irregularly documented, and unhoused with the highest percentage of new and undiagnosed HIV infections amongst Latinx (Kanny et al., 2019; Lewis & Wilson, 2017). Accessing this key population to provide support is limited for a myriad of reasons, notably migrant fear of legal repercussion within a growing context of anti-immigration policy in the US. Consequentially, our understanding of the scope of these complex impacts is limited, also limiting our understanding of how to holistically respond.

PrEP is a safe and effective strategy to prevent seroconversion amongst high-risk individuals (Centers for Disease Control and Prevention, 2017, 2018; Chou et al., 2019; Riddell, Amico, & Mayer, 2018). However, patients who seroconvert often seek care from a health care provider (HCP) within the twelve months prior and are not offered PrEP (Smith, Chang, Duffus, Okoye, & Weissman, 2019). We know that multiple barriers to accessing PrEP exist and that similarly these barriers show preference towards structural determinants (Cahill et al., 2017; Marcus et al., 2019; Petroll et al., 2017; Siegler et al., 2020; Smith et al., 2019). Few organizations have developed HIV prevention programs inclusive of

monolingual Spanish speakers or irregular migrants, despite that an estimated 25% of people who could qualify for PrEP are Latinx (Centers for Disease Control and Prevention, 2018). Local to Oregon, Multnomah County contains the highest prevalence of Latinx people living with HIV (PLWH) and the second highest rate of new infections; yet no Latinx-specific PrEP programs exist in this region (Oregon Health Authority, 2019, May).

Available Knowledge

The bulk of existing literature focuses on Latinx MSM with little attention placed on women, people who are trans, teens, irregular immigrants, PWID, or bisexual males. Many such studies pull samples from social networking sites or online surveys, a technique that yields bias towards those more likely to respond. Nonetheless, salient themes emerge and may provide some insight regarding PrEP use in the greater Latinx community. Additionally, despite the forthcoming discussed barriers, evidence shows that this population is primed to begin PrEP when needed: Latinx MSM report highest use and fastest growth rates of PrEP, and high-risk Latinx trans women (TW) endorse positive attitudes toward PrEP (Kamitani et al., 2020; Ogunbajo et al., 2021).

Foremost, *structural, and logistical barriers* impede access across the board. Latinx MSM and TW indicate that unstable housing, incarceration, low education, lack of insurance, poverty, interpersonal violence, polysubstance use, and depression contribute to lower rates of PrEP awareness and retention (Blashill et al., 2020; García & Harris, 2017; Nieto, Brooks, Landrian, Cabral, & Fehrenbacher, 2020; Ogunbajo et al., 2021; Willie et al., 2021). Only one study specifically looked at irregular documentation status, showing a high correlation with low PrEP access (Brooks et al., 2020). Respondents across studies overwhelmingly endorse language barriers as an impedance to seeking or retaining care (Mansergh, Herbst, Holman, & Mimiaga, 2019; Nieto, Fehrenbacher, Cabral, Landrian, & Brooks, 2021; Ogunbajo et al., 2021). Secondarily, Black and Latinx individuals endorse *medical mistrust* related to negative, disrespectful, or low-quality communication from their medical professionals (Cahill

et al., 2017). Poor trust in HCPs directly contributes to decreased PrEP use amongst this key population; presumably it also negatively impacts medical follow-up, contributing to medication adherence and safe monitoring barriers (García & Harris, 2017; Garcia & Saw, 2019; Kimball, Rivera, Gonzales, & Blashill, 2020; Nieto et al., 2021). HCPs with inaccurate assumptions about racial groups other than their own obtain culturally insensitive sexual histories that guide poor clinical decision making (Kanny et al., 2019).

Personal knowledge deficit [of PrEP] and stigma from peers, family, sex partners persist (Brooks, Landrian, Nieto, & Fehrenbacher, 2019; García & Harris, 2017; Garcia & Saw, 2019; Taggart, Liang, Pina, & Albritton, 2020). One study even suggested that cultural concepts of masculinity which favor more aggressive and dominant behaviors in lieu of being labeled gay or effeminate contribute to PrEP resistance (Rivera, Brady, & Blashill, 2021). Similarly, the *presence of social support* impacts PrEP use (Lelutiu-Weinberger & Golub, 2016). Not surprisingly, out of consideration for others, people engaged with multiple sex partners are more likely to begin and continue PrEP (Brooks et al., 2020; García & Harris, 2017; Trujillo, Chapin-Bardales, German, Kanny, & Wejnert, 2019). Conversely, communities without established gay scenes endorse high rates of unprotected anal intercourse and place newly immigrated males unfamiliar with social norms and more likely to engage in risky sexual behavior at higher risk for HIV (Lewis & Wilson, 2017).

Rationale

Utilizing a unique blend of frameworks, the *Health Equity Implementation Framework* considers sociopolitical, societal, economic, and physical influences on the context under which patient, providers, and the proposed intervention interact (Woodward, Matthieu, Uchendu, Rogal, & Kirchner, 2019) (see Appendix D). This framework helps understand that discriminatory rhetoric and treatment, social marginalization, and violence increase “vulnerability scores” and negatively impact physical and mental health for people of color (Bourgois, Holmes, Sue, & Quesada, 2017; Paradies et al., 2015). It also drives institutions building structural competency to reorient towards addressing persistent inequities and

barriers bolstered by structural racism, such as low rates of HIV screening and provision of PrEP to the expanding Latinx community (Committee on Educating Health Professionals to Address the Social Determinants of Health, Board on Global Health, Institute of Medicine, & National Academies of Sciences Engineering & Medicine, 2016). Based on research identifying fundamental drivers of increasing HIV infection amongst Latinx communities, this project encourages a comprehensive approach to advancing PrEP equity within East Multnomah County, an identified high-risk region in Oregon: access expansion and community leader engagement (Centers for Disease Control and Prevention, 2017; Guilamo-Ramos et al., 2020).

Program development is guided by data driven, practical strategies for launching a new PrEP program in a clinic providing structurally competent care for a large Latinx population (Cicatelli Associates Inc., 2021). Quality assessment is guided by the Institute of Medicine domains including patient safety, effective, patient-centered, time and material efficient, and equitable (Agency for Healthcare Research and Quality, 2018, November).

Specific Aims

In three months, this project will lay the building blocks for a robust HIV prevention program aimed to serve the needs of high-risk Latinx community members and aims to do this through two arms:

- 1) Ensure that 100% of prescribing HCPs at Wallace Medical Concern (WMC) demonstrate proficiency at assessing for PrEP eligibility and appropriately managing results.
- 2) Maximize collaborative relationships with community leaders serving the at-risk Latinx community in East Multnomah County, Oregon through identifying and facilitating contribution towards informed project design and process planning from a full range of Latinx stakeholders- including women, LGBTQI, Latinx, Black, & vulnerable populations.

Methods

Context

WMC is a federally qualified low-income health center that specializes in serving Spanish-speaking, uninsured, Latinx migrants in East Multnomah and Clackamas Counties, Oregon through the provision of primary care, dental, laboratory, pharmacy, behavioral health, and social work support. In March 2021- in collaboration with the Aids Education and Training Center (AETC)- WMC began a process of increasing institutional capacity to effectively provide PrEP to all qualifying clientele. Prior to this, only one practicing FNP and the serving medical director were up to date regarding GDEM for HIV prevention care. Capacity building focused on preparing all seven practicing FNPs to provide PrEP as well as including the four registered nurses in all training and process development. The clinic is supported by up to twenty Spanish-speaking medical assistants (MA) at a time, each who integrally play a part in various health risk assessment screenings. Finally, WMC employs two full time “enrollment specialists” to assist with obtaining medical coverage for all uninsured patients and who play a key role in facilitating financial coverage for PrEP eligible patients. Lastly, the AETC is a national organization with a local chapter providing fiscal and educational support for WMC as they begin the process of ramping up PrEP services.

Committed to health equity, community service, and trauma informed care, WMC is well suited to build capacity on this level and recognizes this will benefit their patients beyond the Latinx community. The facility has recently expanded and relocated and- while a much-anticipated change- has significantly shifted workflow. In the last two years, the COVID-19 pandemic has placed multiple strains on the delivery of care: 50% of visits now occur through telehealth conference; staff often work from home; and support staff have experienced substantial turnover.

Interventions

Core team members include this author, a practicing FNP who is the project manager, an educational coordinator at AETC, and WMC’s medical director. All practicing clinicians screening for HIV

risk and discussing PrEP *and* engaged community leaders will be considered participants in intervention implementation. Project goals were driven by participants and focused on literature-specified elements to launch a successful PrEP program, including workflow optimization and community outreach.

To begin, all prescribing providers and RNs participated in a 3-hour educational workshop reviewing specifics on taking a sexual history, STI and PrEP treatment GDEM, and a review of clinical workflow for PrEP prescription. A workflow map was drafted in collaboration with MA's, front-desk staff, and the project manager. Additionally electronic health record (EHR) smart phrases for documenting HIV risk surveillance, PrEP discussion, and initial and follow-up PrEP provision visits were designed and based on existing phrases obtained from local agencies already providing PrEP.

A critical element of capturing those at highest risk for HIV involves collaboration with community-based organizations (CBO) serving the community on a more frequent basis than a medical home. WMC patients already taking PrEP were contacted to participate in a brief phone survey regarding perceived barriers and facilitators to PrEP care (see Appendix G). Additionally, monthly meetings between the AETC and WMC led to identifying key stakeholders for collaboration. The core team ultimately collaborated with *Familias en Accion* and the *Multnomah County HIV and Harm Reduction Prevention and Intervention team* for the purpose of increasing patient contact from within the community. For this leg of the project, collaboration culminated in a 90-minute discussion of PrEP with Latinx promotores- colloquial, informally trained community health workers- identified through *Familias en Accion*; qualitative responses to key questions were recorded (see Appendix B).

Study of Interventions

At three months, participating HCPs were offered a pre-trialed knowledge and needs assessment designed by the AETC; this tool was chosen for ease of replicability (Appendix H). HCP performance was considered successful if data indicated 80% competence in the AETC assessment, GDEM of PrEP and positive STI tests, and a consistent uptake in PrEP utilization. During this study,

patients at higher risk of HIV were identified by a positive STI test. Efficacious community organizing was measured based on qualitative data regarding stakeholder participation in program development and diversity representation at collaborative meetings. When baseline data pertained, interventional relationship was suggested. Data was elicited from medical charts, survey analysis, and meeting notes. Finally, building in a reflective process into this work permits ongoing success; as problems and successes arose, pertinent actions taken were documented.

Measures

Baseline data identified existing GDEM and rates of PrEP administration amongst all patients aged 15-65, PrEP discussions amongst those with positive STIs, and an assessment of current CBO collaboration. Primary outcome measures of HCP performance consider rate of PrEP uptake, GDEM of high-risk patients, and gross HCP knowledge. Data aims to show evidence that clinical workflow has shifted to include HIV prevention into care. Process measures consider adequate follow-up care and HCP inertia to process improvement assessment while balancing measures examine delays in care for insured and uninsured patients. Based on UNICEF (2021) recommendations, indicators for community engagement are measured by subjective knowledge improvement, the identification of needs and priorities outlined by community members, and active CBO referral. Diversity is inferred through meeting participation, while active collaboration is qualitatively processed by understanding actions performed by participating CBO's. Finally, to balance effort needed to cultivate effective community organizing cumulative meeting time is considered.

Analysis

Data gathering spanned November 2021 until February 2022 and was organized with the purpose of building an ongoing process for fiscal year (FY) 21-22. Monthly data collection resulted in run charts and descriptive analysis of community engagement. Qualitative data was coded into key themes and presented in table format. Quantitative data, meanwhile, makes comparison with annual PrEP

uptake as well as quarterly and monthly STI's and PrEP prescription details; this variety of time frames clarifies variation. At the end of four months data analysis was disseminated to participants.

Ethical Considerations

This study was part of a larger quality improvement project at WMC; all staff participating in qualitative assessments do so on a voluntary basis. Community participants, additionally, consented to participation on a voluntary basis. Confidentiality was maintained by removing all person identifiers from collected quantitative and qualitative data. All results were stored on WMC's approved secure storage system "One Drive" with access restricted to core team members requiring access. Any patient sensitive information obtained for the purpose of PrEP medication assistance will never be shared beyond the application itself and all staff are informed to educate patients accordingly. Furthermore, all efforts to communicate the importance of confidentiality was extended to collaborating community leaders. Finally, the Oregon Health & Science University Investigational Review Board (IRB) determined this a quality improvement (QI) project and not research involving human subjects (see Appendix M); resubmission to the IRB for modifications to the original proposal were not needed. There are no conflicts of interest or competing interests.

Results

Baseline data between 2018-2020 show little precedence for new PrEP prescriptions (0%, 0.06%, 0.08% of patients respectively, n=0, 3, 4 respectively; Table 1). Furthermore, two of the new PrEP users in 2020- both uninsured- transferred care to Multnomah County STD Clinic (Figure 4). Similarly, in FY20-21 WMC documented only nine positive STI results- 0% of whom were made aware of PrEP during visits, while only 75% had been initially tested for HIV (Table 6)). Following WMC-staff wide educational intervention, PrEP uptake increased by 50% but was not sustained for the ensuing months (Figure 1). At six weeks, an email discussing results and encouraging PrEP awareness was sent to all FNP's. One new PrEP prescription was noted at three months, although this patient had previously been on PrEP and

specifically asked for it during his interview. While new rates of PrEP utilization did not increase in 2021 (0.06% of patient visits, n=3, Table 1), during FY21-22 rates were 50% higher than the year prior (Figure 2). User demographics shifted more towards the majority White, English-speaking MSM between 20-45 years of age (Table 2, Figure 3). Notably, the period of data observation spanned across the Christmas holiday as well as a surge in Omicron COVID infections; no effort was made to control for these variables.

Of the new PrEP users, none (n=3) were prescribed GDEM (Figure 5). Specifically, triple site STI testing was documented 0% of the time despite automatic ordering by EHR; baseline and follow-up labs were completed and ordered only 67% of the time; and HIV and creatinine levels were retested at one month only 33% of the time. However, 100% (n=2) of those who could did return for follow up within six weeks. While discussing PrEP with a person with a positive STI score is not specific GDEM for HIV prevention, it was encouraged during training; however, rates of documented discussions did not increase beyond 0% (n=7) (Figure 6).

71% of HCP's responded to the AETC assessment, despite multiple written and in-person reminders over the course of a month (Table 4). Not counting for non-response bias, results showed 80% cumulative competency regarding objective knowledge. This correlates to a subjective 80% comfort level discussing and prescribing PrEP (Table 3) and that about half of the HCPs desire additional related training (Figure 7). HCPs describe asking only about 83% of the sexual history questions pertinent to capturing HIV risk behavior only (Figure 8); interestingly, 60% (n=3) desire more training in this specific skill (Figure 7).

Prior, WMC had no formal or informal partnerships with Latinx CBOs or baseline qualitative data regarding their own service efficacy. Unfortunately, despite multiple attempts to contact WMC patients currently using PrEP, none was made. Survey and lack of response are nonetheless mentioned here so that contact methodology can be re-examined in the future. After only five one-hour meetings, three

local CBO's endorsed active referral of Latinx patients to WMC for PrEP care (Table 5). However, the seven participating promotores represented several informal community groups not included in this data analysis. Meeting participants represented some ethnic diversity (47% White, 44% Latinx, 9% Black) and minimal gender variability (64% women, 19% men, 17% LGBTQI) (Figure 11), although an increased number of present CBO's shifted these measures towards diversity (Figure 10).

CBO representatives identified expectations of PrEP care including LGBTQI friendly and low-barrier care for all specifically those who are unhoused, trans, and POC; the presence of medically supportive recovery services and Spanish-speaking HCPs; and having a transparent and defined process for accessing PrEP resources (Appendix B). However, insufficient data collection does not support these as repetitive themes derived from this work. Aside from adding WMC to a formal referral list, partnership actions included an popular-education theory-based workshop for promotores.

Discussion

Summary

Efficacy of this small QI project can't be determined in this limited time frame and the sample size is too small to yield any statistical significance. While immediate gains in new PrEP utilization were likely attributed to increasing staff knowledge, these gains were not sustained and GDEM was not evident. However, this is the first-time efforts to optimize PrEP care at this small clinic has been attempted; if quarterly QI continues, data has the potential to show overall improvement in services. Community networking, however, led to surprising and certain community action as well as a growingly Latinx representation at planning meetings. This aspect of the project may be considered foundational to building an evidence-based approach to cultivate anti-oppressive care and which can be applied across multiple clinical settings.

Interpretation

Rollout of QI projects during holidays and a global pandemic are not ideal times for yielding results. While data was insufficient to show a change in practice, considering a long-haul approach to QI may be a more effective approach to build statistical significance. Additionally, as WMC filters low numbers of positive STI tests it is questionable whether the at-risk population is even being accessed enough to draw certain conclusions. Evidence did show a direct increase in new PrEP prescriptions within a week of the educational workshop. This could suggest that building staff-wide momentum for the issue could yield more efficacious results; however, data is not certain if this would favor equitable gains for Latinx. Similarly, there are many uncontrollable variables when measuring patient follow-up. A lack of proper GDEM for PrEP use can be attributed to patient or HCP inertia, intrinsic life changes, and communication failures amongst many other possibilities. However, failure to order adequate diagnostic monitoring is likely a clinical problem. Even so, following these broad measures over time and with consistent momentum are more likely to yield meaningful results.

Community participation was limited to networking larger institutions with broad access to Latinx community members at risk for HIV. Even so integrating WMC into the network of centers providing PrEP care was a large success. Documentation of qualitative needs identified by promotores and patients themselves did not occur; no conclusions regarding community engagement can be drawn as this was likely related to the quality of organizing. It should be mentioned that all core team members were White and considered in meeting data; if they were Latinx or other than White this could shift dynamics *and* data towards diversity. Descriptive analysis did not reveal any themes but rather simply reiterated what institutional data has already stated: involved CBOs expect that HIV prevention care be inclusive of LGBTQI, unhoused, trans, and POC people and come with a transparent process involving Spanish-speaking staff.

Limitations

This study experienced several limitations. First, data measurement was suboptimal. Currently risk assessment for HIV is provider driven, lending bias to provider-driven outcomes and process measures. Furthermore, sample size of all data is too small to make any statistically significant conclusions. Data should be measured over a minimum of twelve months to provide more validity to process improvement. Second, it is counterproductive to rush community organizing; when sociopolitical elements such as those imposed by the COVID-19 pandemic are present, achieving substantial action is limited if previous momentum has not been motivated. Truly, WMC's lack of pre-existing connection with CBOs meant that collaboration was starting on the curtails of the work of the AETC. From start to finish this aspect of the project morphed from a simple intervention of community outreach into a larger community networking effort that began to identify how the Latinx community desires to receive HIV prevention services. Hence, limited descriptive analysis regarding CBO activity exists. Arguably, an overarching aim of increasing PrEP utilization amongst at-risk Latinx community members would require multiple years of concerted and cross-institutional collaboration.

Conclusions

During the ongoing COVID-19 pandemic, rates of syphilis have dramatically increased and presumably so has HIV risk behavior (Oregon Health Authority, February 16, 2022). Currently efforts to expand HIV prevention and promote equity in resource allocation are vitally important. This project explored the foundations of building multi-organizational collaboration to reach at-risk Latinx and revealed many areas requiring continued development. Local organizations are primed for a formal collaboration to design and implement curricula for promotores and community leaders across Oregon. As our understanding of Latinx needs [regarding PrEP] is largely understudied, utilizing research techniques like respondent driven sampling for optimal capture of harder to reach populations is essential. Finally, as WMC seeks to service these Latinx populations, maximizing quality of care will be

imperative as community organizing continues. Building workflows which permit low-barrier same-day treatment *and* optimize the expertise of non-prescriber staff- such as pharmacists and nurses- is wholly underutilized in practice and may assist in overcoming some of the barriers intrinsic to busy, primary care.

References

- Agency for Healthcare Research and Quality. (2018, November). Six domains of healthcare quality. Retrieved from <https://www.ahrq.gov/talkingquality/measures/six-domains.html>
- Blashill, A. J., Brady, J. P., Rooney, B. M., Rodriguez-Diaz, C. E., Horvath, K. J., Blumenthal, J., . . . Safren, S. A. (2020). Syndemics and the PrEP cascade: Results from a sample of young Latino men who have sex with men. *Archives of Sexual Behavior, 49*(1), 125-135. doi:10.1007/s10508-019-01470-7
- Bourgois, P., Holmes, S. M., Sue, K., & Quesada, J. (2017). Structural vulnerability: Operationalizing the concept to address health disparities in clinical care. *Academy of Medicine, 92*(3), 299-307. doi:10.1097/acm.0000000000001294
- Brooks, R. A., Landrian, A., Lazalde, G., Galvan, F. H., Liu, H., & Chen, Y. T. (2020). Predictors of awareness, accessibility and acceptability of pre-exposure prophylaxis (PrEP) among English- and Spanish-speaking Latino men who have sex with men in Los Angeles, California. *Journal of Immigrant and Minority Health, 22*(4), 708-716. doi:10.1007/s10903-019-00955-w
- Brooks, R. A., Landrian, A., Nieto, O., & Fehrenbacher, A. (2019). Experiences of anticipated and enacted pre-exposure prophylaxis (PrEP) stigma among Latino MSM in Los Angeles. *AIDS Behavior, 23*(7), 1964-1973. doi:10.1007/s10461-019-02397-9
- Cahill, S., Taylor, S. W., Elsesser, S. A., Mena, L., Hickson, D., & Mayer, K. H. (2017). Stigma, medical mistrust, and perceived racism may affect PrEP awareness and uptake in black compared to white gay and bisexual men in Jackson, Mississippi and Boston, Massachusetts. *AIDS Care, 29*(11), 1351-1358. doi:10.1080/09540121.2017.1300633
- Castañeda, H., Holmes, S. M., Madrigal, D. S., Young, M. E., Beyeler, N., & Quesada, J. (2015). Immigration as a social determinant of health. *Annual Review of Public Health, 36*, 375-392. doi:10.1146/annurev-publhealth-032013-182419

Centers for Disease Control and Prevention. (2017). *Preexposure prophylaxis for the prevention of HIV infection in the United States - 2017 update: A clinical practice guideline*. Retrieved from <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf>

Centers for Disease Control and Prevention. (2018). *HIV prevention pill not reaching most Americans who could benefit—especially people of color*. Paper presented at the *Conference on Retroviruses and Opportunistic Infections, Boston, MA: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Newsroom*.

Chou, R., Evans, C., Hoverman, A., Sun, C., Dana, T., Bougatsos, C., . . . Korthuis, P. T. (2019). Preexposure prophylaxis for the prevention of HIV infection: Evidence report and systematic review for the US Preventive Services Task Force. *Jama*, *321*(22), 2214-2230. doi:10.1001/jama.2019.2591

Cicatelli Associates Inc. (2021). *Implementing PrEP in your clinic: A course for decision makers, participants manual*: Centers for Disease Control and Prevention.

Committee on Educating Health Professionals to Address the Social Determinants of Health, Board on Global Health, Institute of Medicine, & National Academies of Sciences Engineering & Medicine. (2016). In *A Framework for Educating Health Professionals to Address the Social Determinants of Health*. Washington (DC): National Academies Press (US).

García, M., & Harris, A. L. (2017). PrEP awareness and decision-making for Latino MSM in San Antonio, Texas. *PLoS One*, *12*(9), e0184014. doi:10.1371/journal.pone.0184014

Garcia, M., & Saw, G. (2019). Socioeconomic disparities associated with awareness, access, and usage of pre-exposure prophylaxis among Latino MSM ages 21-30 in San Antonio, TX. *Journal of HIV/AIDS & Social Services*, *18*(2), 206-211. doi:10.1080/15381501.2019.1607795

Guilamo-Ramos, V., Thimm-Kaiser, M., Benzekri, A., Chacón, G., López, O. R., Scaccabarozzi, L., & Rios, E. (2020). The invisible US Hispanic/Latino HIV crisis: Addressing gaps in the national response. *American Journal of Public Health*, *110*(1), 27-31. doi:10.2105/ajph.2019.305309

- International Organization for Migration. (2017). *World Migration Report 2018*. Retrieved from Geneva, Switzerland: <https://worldmigrationreport.iom.int/>
- Kamitani, E., Johnson, W. D., Wichser, M. E., Adegbite, A. H., Mullins, M. M., & Sipe, T. A. (2020). Growth in proportion and disparities of HIV PrEP use among key populations identified in the United States national goals: Systematic review and meta-analysis of published surveys. *Journal of Acquired Immune Deficiency Syndrome*, *84*(4), 379-386. doi:10.1097/qai.0000000000002345
- Kanny, D., Jeffries, W. L. t., Chapin-Bardales, J., Denning, P., Cha, S., Finlayson, T., & Wejnert, C. (2019). Racial/ethnic disparities in HIV preexposure prophylaxis among men who have sex with men - 23 urban areas, 2017. *MMWR Morbidity and Mortality Weekly Report*, *68*(37), 801-806. doi:10.15585/mmwr.mm6837a2
- Kimball, D., Rivera, D., Gonzales, M. t., & Blashill, A. J. (2020). Medical mistrust and the PrEP cascade among Latino sexual minority men. *AIDS Behavior*, *24*(12), 3456-3461. doi:10.1007/s10461-020-02916-z
- Lelutiu-Weinberger, C., & Golub, S. A. (2016). Enhancing PrEP access for Black and Latino men who have sex with men. *Journal of Acquired Immune Deficiency Syndrome*, *73*(5), 547-555. doi:10.1097/qai.0000000000001140
- Lewis, N. M., & Wilson, K. (2017). HIV risk behaviours among immigrant and ethnic minority gay and bisexual men in North America and Europe: A systematic review. *Social Science & Medicine*, *179*, 115-128. doi:10.1016/j.socscimed.2017.02.033
- Mansergh, G., Herbst, J. H., Holman, J., & Mimiaga, M. J. (2019). Association of HIV pre-exposure prophylaxis awareness, preferred Spanish (vs. English) language use, and sociodemographic variables among Hispanic/Latino men who have sex with men. *Annals of Epidemiology*, *31*, 8-10. doi:10.1016/j.annepidem.2019.01.003

Marcus, J. L., Hurley, L. B., Dentoni-Lasofsky, D., Ellis, C. G., Silverberg, M. J., Slome, S., . . . Volk, J. E.

(2019). Barriers to preexposure prophylaxis use among individuals with recently acquired HIV infection in Northern California. *AIDS Care*, *31*(5), 536-544.

doi:10.1080/09540121.2018.1533238

Nieto, O., Brooks, R. A., Landrian, A., Cabral, A., & Fehrenbacher, A. E. (2020). PrEP discontinuation among Latino/a and Black MSM and transgender women: A need for PrEP support services. *PLoS One*, *15*(11), e0241340. doi:10.1371/journal.pone.0241340

Nieto, O., Fehrenbacher, A. E., Cabral, A., Landrian, A., & Brooks, R. A. (2021). Barriers and motivators to pre-exposure prophylaxis uptake among Black and Latina transgender women in Los Angeles: Perspectives of current PrEP users. *AIDS Care*, *33*(2), 244-252.

doi:10.1080/09540121.2020.1769835

Ogunbajo, A., Storholm, E. D., Ober, A. J., Bogart, L. M., Reback, C. J., Flynn, R., . . . Morris, S. (2021).

Multilevel barriers to HIV PrEP uptake and adherence among Black and Hispanic/Latinx transgender women in Southern California. *AIDS Behavior*, 1-15. doi:10.1007/s10461-021-03159-2

Oregon Health Authority. (2019, May). Estimated number of people in Oregon living with HIV by county.

Retrieved from

<https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/COMMUNICABLE/DISEASE/SURVEILLANCE/DATA/HIV/DATA/Pages/epiprofile.aspx>

Oregon Health Authority. (February 16, 2022). Weekly communicable disease report. Retrieved from

<https://public.tableau.com/app/profile/oregon.public.health.division.acute.and.communicable.disease.pre/viz/WeeklyCommunicableDiseaseReport/ACDPWeeklyReport>.

<https://public.tableau.com/app/profile/oregon.public.health.division.acute.and.communicable.disease.pre/viz/WeeklyCommunicableDiseaseReport/ACDPWeeklyReport>

- Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., . . . Gee, G. (2015). Racism as a determinant of health: A systematic review and meta-analysis. *PLoS One*, *10*(9), e0138511. doi:10.1371/journal.pone.0138511
- Petroll, A. E., Walsh, J. L., Owczarzak, J. L., McAuliffe, T. L., Bogart, L. M., & Kelly, J. A. (2017). PrEP awareness, familiarity, comfort, and prescribing experience among US primary care providers and HIV specialists. *AIDS Behavior*, *21*(5), 1256-1267. doi:10.1007/s10461-016-1625-1
- Riddell, J. t., Amico, K. R., & Mayer, K. H. (2018). HIV preexposure prophylaxis: A review. *Jama*, *319*(12), 1261-1268. doi:10.1001/jama.2018.1917
- Rivera, D. B., Brady, J. P., & Blashill, A. J. (2021). Traditional machismo, caballerismo, and the pre-exposure prophylaxis (PrEP) cascade among a sample of Latino sexual minority men. *Journal of Sex Research*, *58*(1), 21-28. doi:10.1080/00224499.2020.1743961
- Siegler, A. J., Mehta, C. C., Mouhanna, F., Giler, R. M., Castel, A., Pembleton, E., . . . Sullivan, P. S. (2020). Policy- and county-level associations with HIV pre-exposure prophylaxis use, the United States, 2018. *Annals of Epidemiology*, *45*, 24-31.e23. doi:10.1016/j.annepidem.2020.03.013
- Smith, D. K., Chang, M. H., Duffus, W. A., Okoye, S., & Weissman, S. (2019). Missed opportunities to prescribe preexposure prophylaxis in South Carolina, 2013-2016. *Clinical Infectious Disease*, *68*(1), 37-42. doi:10.1093/cid/ciy441
- Taggart, T., Liang, Y., Pina, P., & Albritton, T. (2020). Awareness of and willingness to use PrEP among Black and Latinx adolescents residing in higher prevalence areas in the United States. *PLoS One*, *15*(7), e0234821. doi:10.1371/journal.pone.0234821
- Trujillo, L., Chapin-Bardales, J., German, E. J., Kanny, D., & Wejnert, C. (2019). Trends in sexual risk behaviors among Hispanic/Latino men who have sex with men - 19 urban areas, 2011-2017. *MMWR Morbidity and Mortality Weekly Report*, *68*(40), 873-879. doi:10.15585/mmwr.mm6840a2

Willie, T. C., Kershaw, T. S., Blackstock, O., Galvao, R. W., Safon, C. B., Tekeste, M., . . . Calabrese, S. K.

(2021). Racial and ethnic differences in women's HIV risk and attitudes towards pre-exposure prophylaxis (PrEP) in the context of the substance use, violence, and depression syndemic. *AIDS Care*, 33(2), 219-228. doi:10.1080/09540121.2020.1762067

Woodward, E. N., Matthieu, M. M., Uchendu, U. S., Rogal, S., & Kirchner, J. E. (2019). The health equity implementation framework: Proposal and preliminary study of hepatitis C virus treatment.

Implementation Science, 14(1), 26. doi:10.1186/s13012-019-0861-y

Appendix A: Data Tables & Figures

Table 1: Patient Population HIV Testing & PrEP Utilization

	2017		2018		2019		2020		2021	
	n	%	n	%	n	%	n	%	n	%
<i>Patient Population</i>	5449		5519		5441		5035		4691	
New PrEP Prescriptions	0	0%	0	0%	3	0.06%	4	0.08%	3	0.06%
# Patients EVER Prescribed PrEP	0	0%	0	0%	10	0.18%	14	0.28%	18	0.38%
<i>HIV Screening Tests</i>	146	3%	435	8%	423	8%	502	10%	456	10%
Positive HIV Tests	2	1.4%	5	1.1%	0	0.0%	2	0.4%	1	0.2%

Figure 1: Current PrEP Prescriptions at WMC

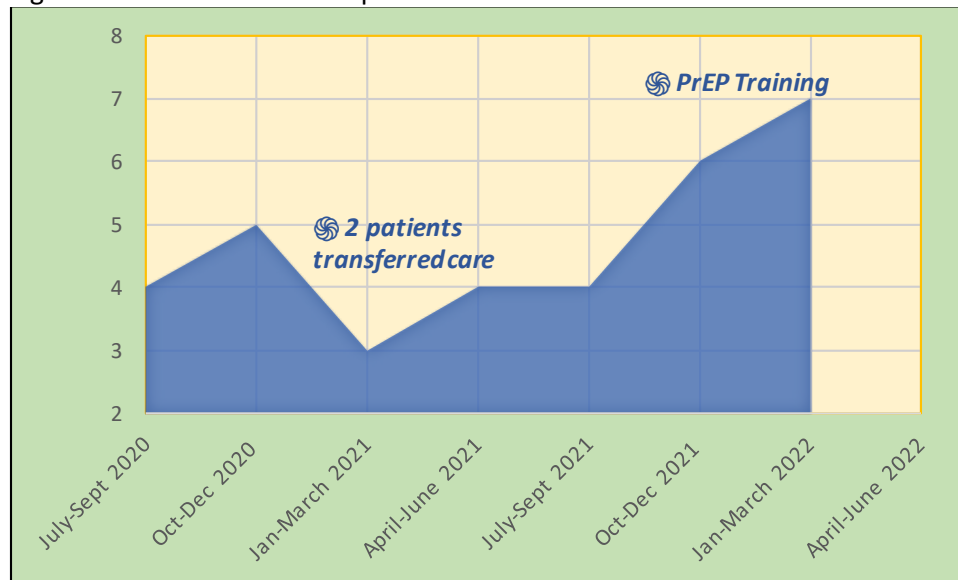


Figure 2: New PrEP Prescriptions at WMC, by Month

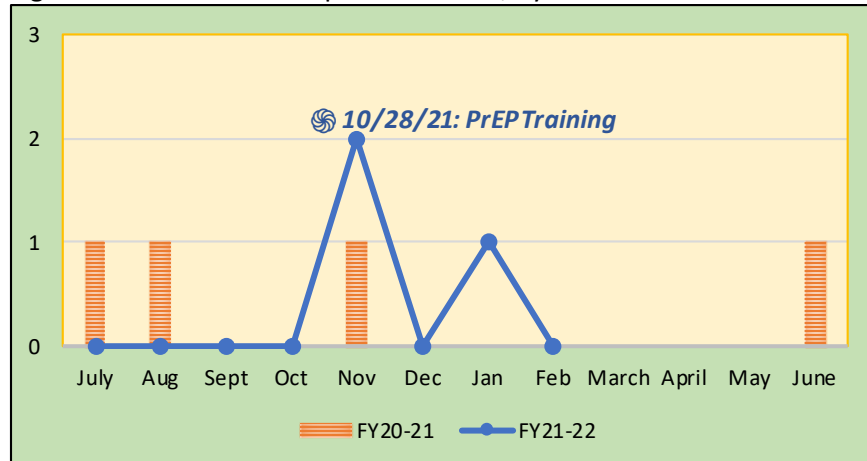


Table 2: Demographics of PrEP Users

	New Patient		Preexisting Patient	
	n	%	n	%
<i>Gender</i>				
Male	3	100%	6	100%
<i>Sexual Identity</i>				
MSM	3	100%	4	67%
Bisexual	0	0%	2	33%
<i>Age Group</i>				
20-45 y/o	3	100%	4	67%
46-65 y/o	0	0%	2	33%
<i>Ethnicity</i>				
White	2	67%	2	33%
Hispanic	0	0%	2	33%
Asian	1	33%	1	17%
<i>Primary Language</i>				
English	2	67%	4	67%
Spanish	0	0%	2	33%
Other	1	33%	0	0%

Figure 3: Demographics of PrEP Users

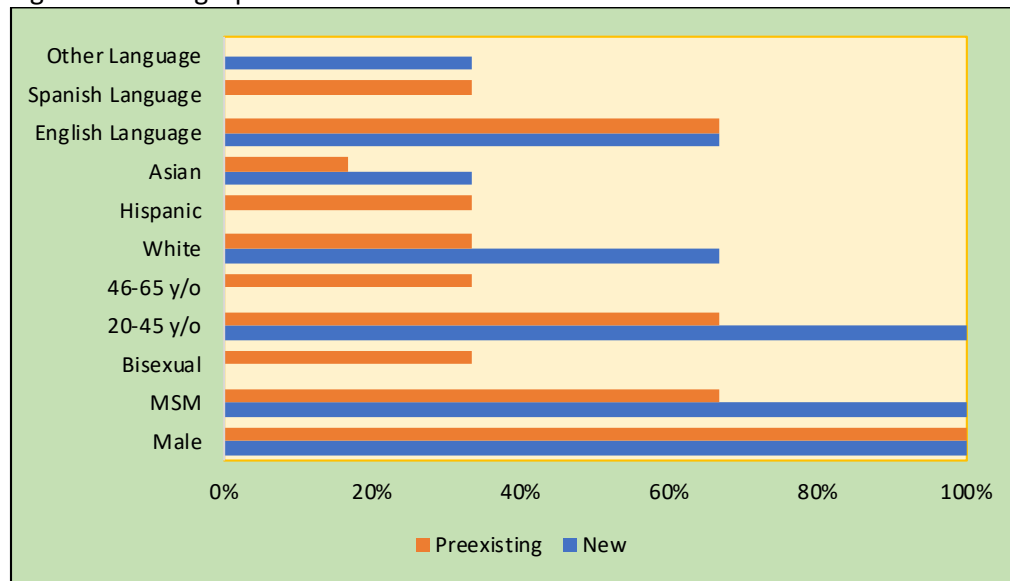


Figure 4: Insurance of PrEP Users

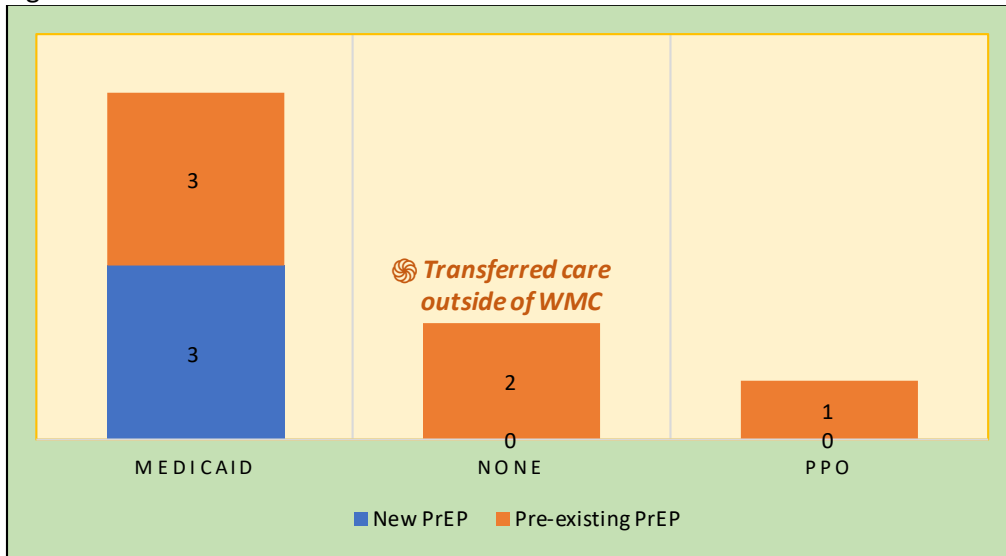


Figure 5: GDEM of New PrEP Prescriptions

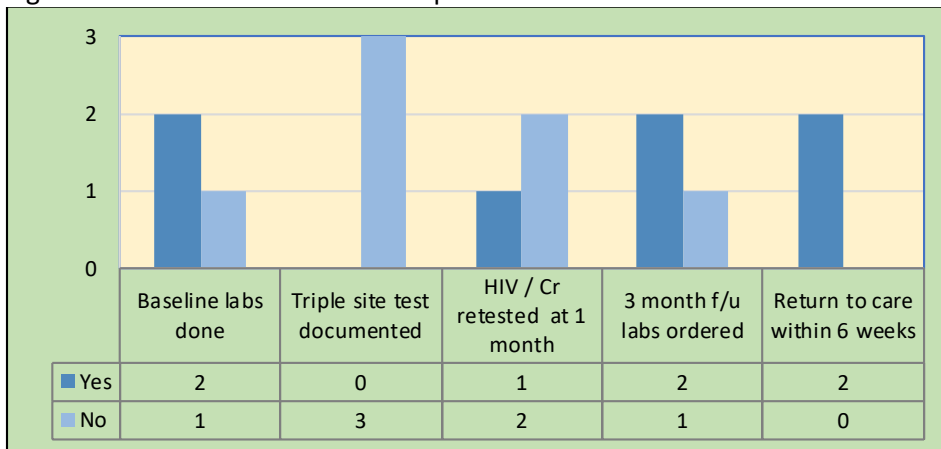


Figure 6: PrEP Awareness with Positive STI Result

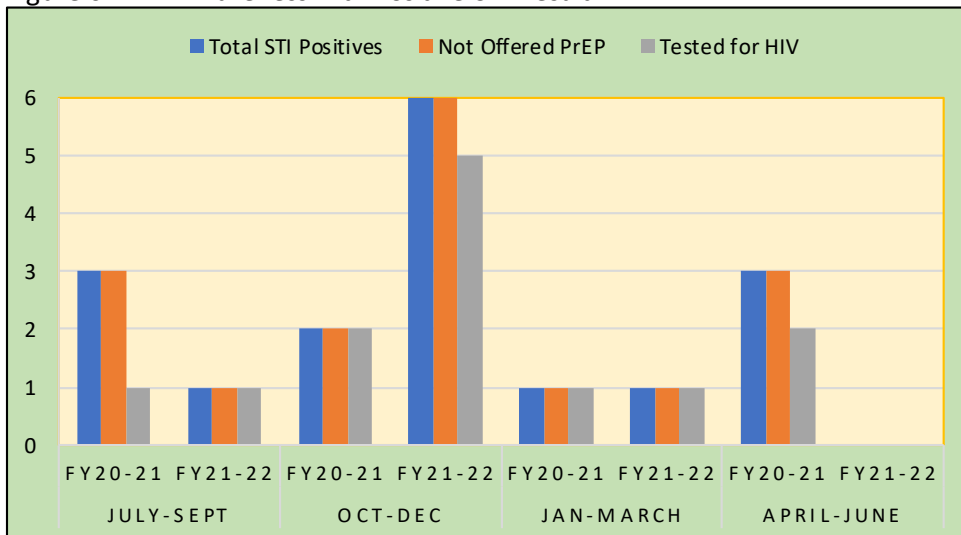


Table 3: FNP Comfort with HIV Prevention

	<i>*Comfort Level</i>	<i>**Performance frequency in practice</i>	<i>***Desire to increase in practice</i>
<i>Sexual History Taking</i>	90%	85%	60%
<i>HIV Screening</i>	na	90%	20%
<i>STI Screening</i>	100%	80%	40%
<i>Triple Site STI testing</i>	95%	75%	40%
<i>Discussing PrEP</i>	80%	65%	40%
<i>Prescribing PrEP</i>	80%	60%	60%
Average	89%	76%	43%

* Comfort level values Very = 100%, Mostly = 75%, Somewhat = 50%, Not at all = 25%

** Performance frequency values Always = 100%, Often = 75%, Sometimes = 50%, Never = 25%

*** Desire values yes = 100%, no = 0%

Figure 7: FNP Comfort with HIV Prevention

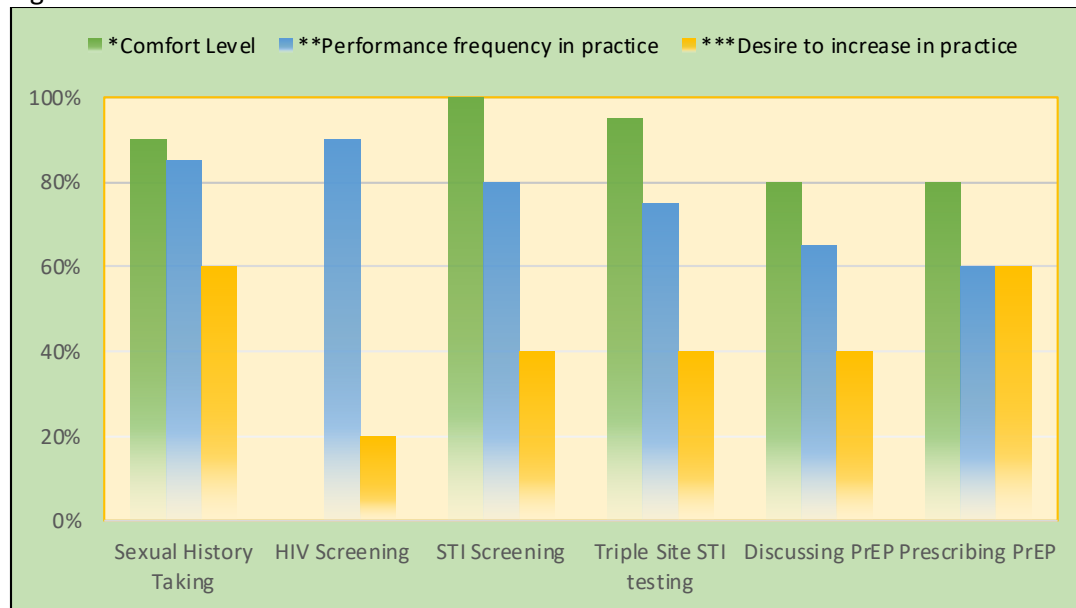


Figure 8: Sexual History Topics Discussed by HCP

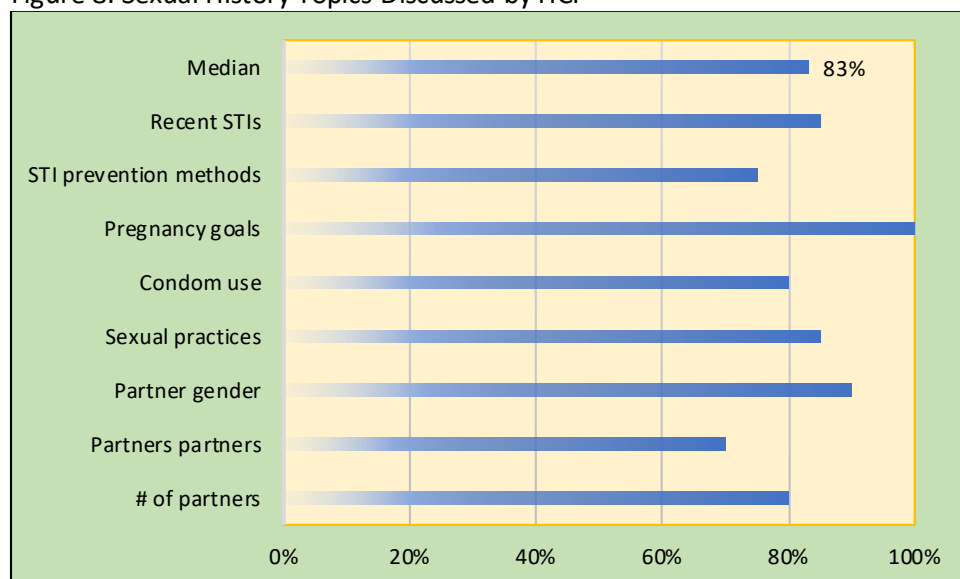


Table 4: HCP Knowledge Competency Regarding GDEM of HIV Prevention

Proportion Non-Responses	29%
Response Rate	71%
Average Total Score	80%

Table 5: CBO Referral to WMC for PrEP

Networked CBO's	Active Referral of PrEP to WMC	Updates
<i>Oregon Health Authority</i>	Yes: WMC added to referral list for OHA EISO (Early Intervention Services & Outreach) Project where people testing positive for syphilis are referred to a nearby provider for PrEP support.	COVID increases cause delay in STI f/u & thus PrEP referrals
<i>ORAETC</i>	Yes	Continues to collaborate with WMC on HIV prevention optimization
<i>Familias en Accion</i>	Yes: Including PrEP educational material with WMC referral process into patient care packets.	8 Promotores attended 90 minute educational workshop on PrEP
<i>NHC Oregon</i>	No	Collaborating on promotore training
<i>Cascade AIDS Project</i>	Yes	
<i>Multnomah County Public Health</i>	Yes	Regular lab testing is \$50 / every 3 months for uninsured patients. Consider collaboration for uninsured patients.

Figure 10: CBO Diversity Representation Considering Number of CBO's Present at Meeting

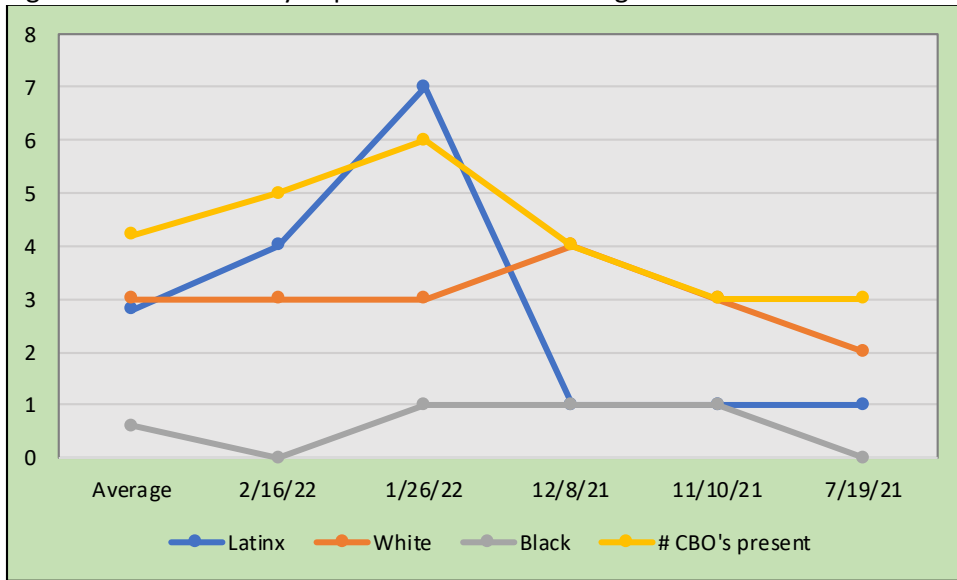
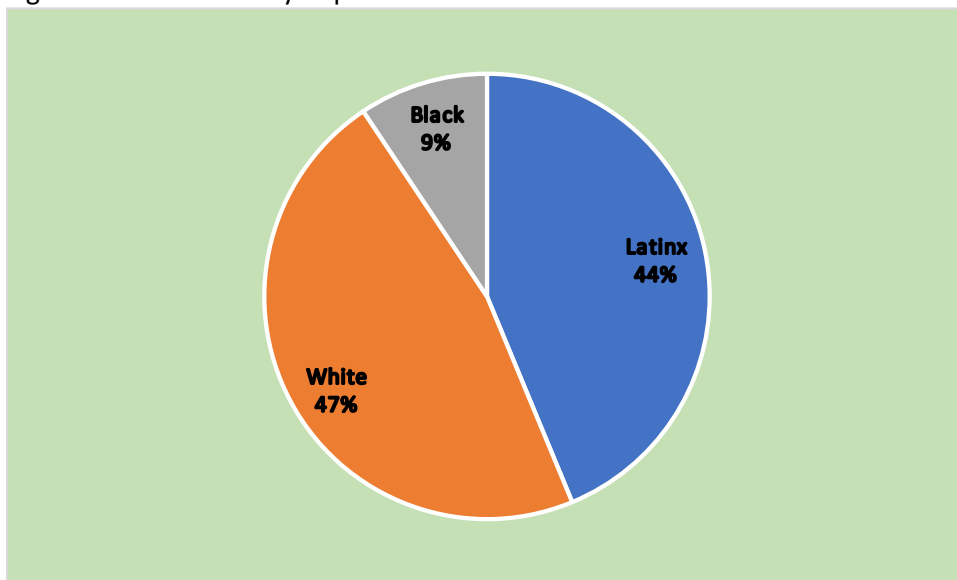


Figure 11: CBO Diversity Representation

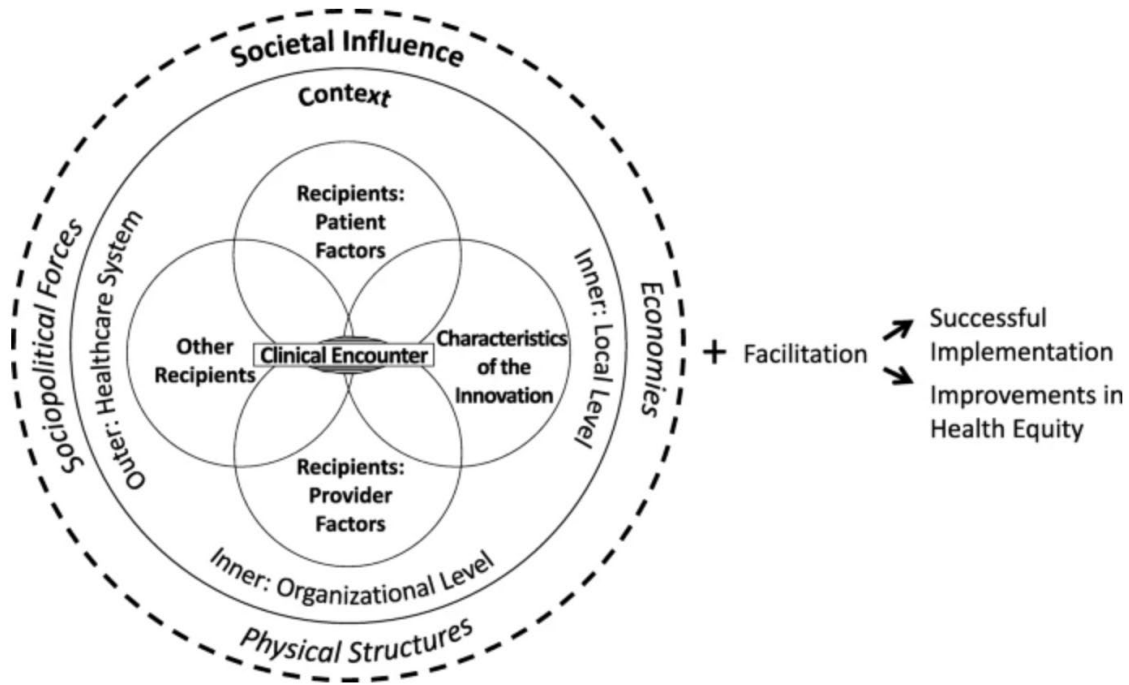


Appendix B: Qualitative Data for Community Participation

Needs and Priorities of Latinx Community		
<i>Date</i>	<i>Who</i>	
01/2021	CAP	LGBTQI friendly care Low-barrier care for all
12/2021	OHA	East County has been a gap in services for convenience in PrEP access , specifically for Latinx & Black persons. The county would like to have a trusted partner already working with these communities [in East Multnomah County].
12/2021	OHA, Multnomah County Health Department	Need: <ul style="list-style-type: none"> - Same day HIV testing and treatment - Same day syphilis treatment - Prioritize needs of unhoused persons regarding immediate care and same day service - Increase medically supportive recovery services is suboxone management - Spanish speaking PrEP providers - Primary medical home for trans women; data indicate increase HIV diagnoses in this population
07/2021	Familias En Accion	Clearly defined process for PrEP access will help in the referral process; patients like to know what to expect .
Partnership Actions based on Collaborative Organizing		
<i>Date</i>	<i>Who</i>	
3/2022	Familias en Accion	Organized PrEP-specific educational session with 7 promotores & 5 different organizations
2/2022	Familias en Accion	Include PrEP educational material with WMC referral process into patient care packets.
2/2022	OHA	WMC added to referral list for OHA EISO (Early Intervention Services & Outreach) Project where people testing positive for syphilis are referred to a nearby provider for PrEP support
10/2021	ORAETC	Collaborated with WMC to train staff on updated STI treatment & prevention guidelines
Promotores Discussion: March 2022		
<i>Meaningful messages about PrEP</i>		<ul style="list-style-type: none"> • PrEP is for anyone who is sexually active and should be promoted to our Latinx youth • CHW's (Community health workers) overwhelmingly agree that accessible, resource-rich services for PrEP / HIV prevention is important. • For people who are involved in HIV-risk behaviors- perhaps on the side- and who have a family, PrEP may improve emotional stability knowing that their family is being kept safe [from HIV].
<i>Barriers to PrEP use</i>		<ul style="list-style-type: none"> • Taboo theme in the Latinx community • Lack of information regarding PrEP and HIV • Uninsured population may not seek care
<i>Underserved populations</i>		<ul style="list-style-type: none"> • Migrant workers, especially those working in camps • Indigenous communities

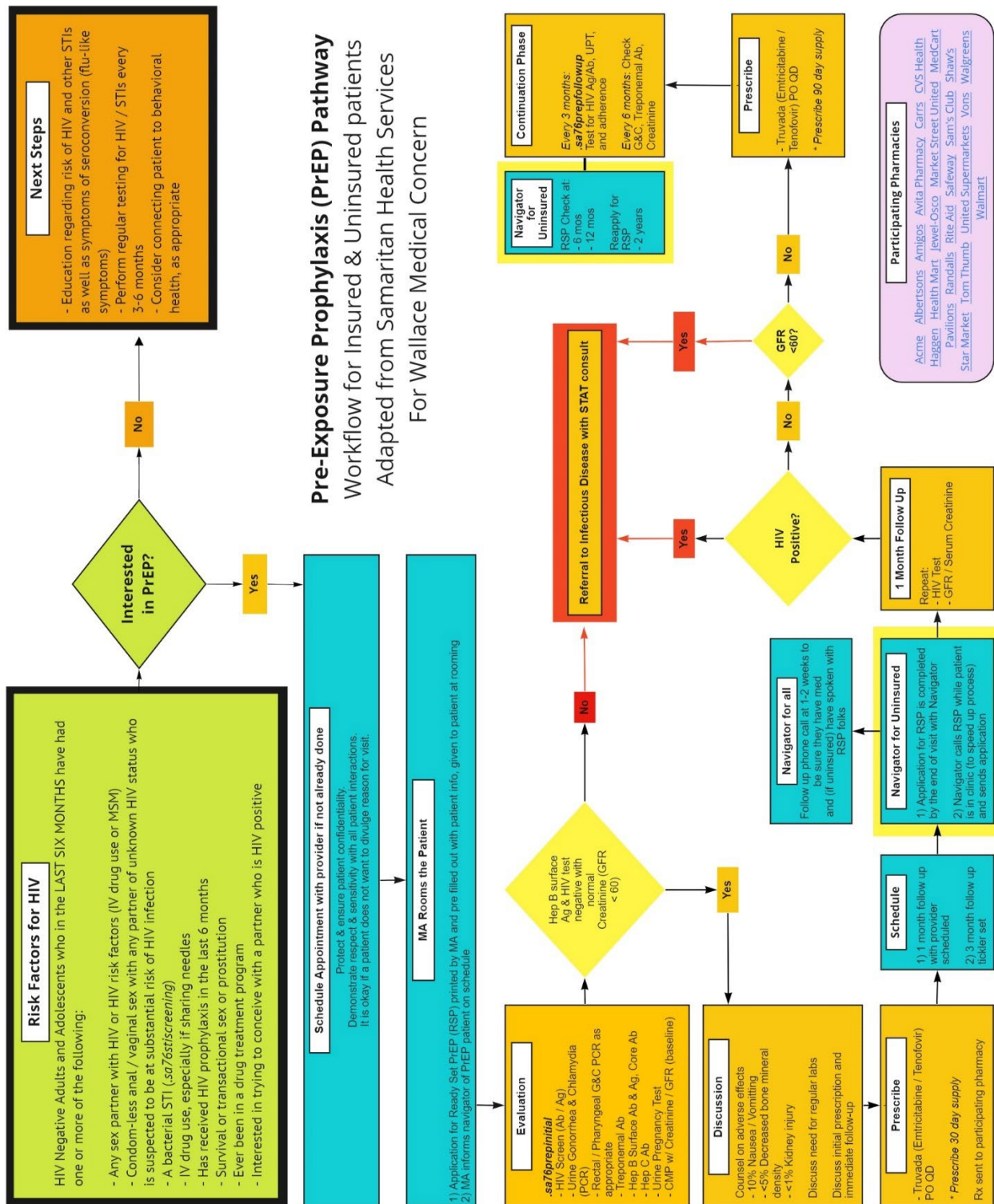
	<ul style="list-style-type: none"> • Latinx youth between 15-30 years old • Overwhelmingly, CHWs believe that the Latinx community is by-in-large underserved regarding HIV prevention. • Potential spaces for outreach: Organizations serving Latinx adults, organizations serving females surviving DV
<i>Clinician expectations</i>	<ul style="list-style-type: none"> • Include sexual history / PrEP discussion in routine examination • Discuss PrEP with all STI-related visits. • Support the work of & collaborate with promotores- improve on this training and repeat in organizations identified by promotores. • Consider organizing a conference [regarding HIV prevention] or specialized training for CHW's / promotores / community members
<i>Type of effective educational materials</i>	<ul style="list-style-type: none"> • Radio program, podcast for any of the diversity of Latinx programs • Available online information • Discreet cards with relevant information, made available most especially in areas frequented by target population: public restrooms, parks, restaurants • Discussions in schools • Coordinated groups to facilitate education [of PrEP]

Appendix E: Health Equity Implementation Framework



(Woodward et al., 2019)

Appendix F: Clinical Workflow



Appendix G: PrEP Participant Phone Survey

Introduction & Obtaining Consent:

Hello _____. My name is _____, and I am a graduate student at Oregon Health and Science University. I am supporting Wallace Medical Concern to improve HIV prevention services for the community. I am calling all of their patients who currently take PrEP, and I am calling you to see if you would be able to spend about fifteen minutes discussing your experience receiving PrEP at WMC. This is not research and information shared will only be used to improve services for Wallace patients. All of your information and responses will remain completely private. I will not record your name or anything that identifies you or share any personal information with anyone. Would you like to participate in this short interview?

Buenas dias _____. Me llamo _____, y soy una estudiante de la Universidad de Salud y Ciencia de Oregon (OHSU). Estoy apoyando a Wallace Medical Concern para mejorar sus servicios para prevenir VIH. Estoy llamando a todos los pacientes de Wallace quienes actualmene estan tomando PrEP. Me estoy comunicando con Usted para solicitar quince minutos de su tiempo para hablar referente a su experiencia al estar tomando PrEP en Wallace. Esto no forma parte de alguna investigacion, y toda la informacion que se comparte es unicamente para mejorar los servicios de los pacientes de Wallace. Toda su informacion queda en confidencialidad. No se compratira niguna informacion personal o privada. Le gustaria participar en esta entrevista?

Thank you very much! To assist in this process, I would like to record our conversation. Zoom will record a written translation of our words, but not our voice. I am able to write out the responses, but without the assistance of this technology I will likely miss a few details. Do I have your permission to record this discussion?

Muchas gracias! Para asistir en este proceso, me gustaria recordar nuestra conversacion. Zoom puede grabar una traduccion por escrito de las palabras dichas, pero no grabara su voz. Puedo escribir todas las respuestas, pero sin la asistencia de la tecnologia, probablemente voy a perder algunos detalles. Me da su permiso para grabar esta entrevista?

Okay, thank you. Is now a good time to talk or would you like to schedule time for a later call?

Okay, gracias. Es una Buena hora para hablar, o le gustaria fijar una hora para hacer esta llamada?

If patient agrees to Zoom transcription: Okay in order for us to proceed with a written Zoom recording, I will need you to call me back at: _____. Do you have the number? I will get off the phone now and wait by the phone here for your return call. Is that okay?

Okay, para continuar con el grabacion escrito, usted necesita llamarme por esta numero: _____. Tiene el numero? Okay, ahorita me voy a terminar esta llamada y esperar al lado del telefono para su llamada. Esta bien?

After agreeing to Zoom OR if patient does not agree to Zoom transcription: Okay, let's begin.

Okay vamos a empezar.

Pertinent Questions:

1. *What has worked well for you when accessing PrEP at Wallace?*

¿Aqui en Wallace, que le ha dado un buen resultado sobre el proceso de obtener y utilizar PrEP?

2. *When thinking about your PrEP experience at Wallace, what do you wish could have happened that didn't?*

¿Cuando piensa en cuanta a sus experiencias tomando PrEP aqui en Wallace, hay algo que a usted no le hubiera gustado que sucedera?

3. *What are some of the main barriers in continuing PrEP care through Wallace?*

¿Cuales son algunas de las barreras para continuar con los cuidados de PrEP a travez de Wallace?

4. *What might help you be successful in continuing PrEP?*

¿Que le podria ayudar para tener exito en sus metas sobre PrEP?

5. *What do you think would help other people in your community know about PrEP at Wallace?*

¿Que piensa usted que ayudaria a otras personas en su comunidad saber sobre PrEP en Wallace?

6. *Are there any other thoughts or concerns you would like to share today?*

¿Algun pensamiento o consejos que le gustaria compartir el dia de hoy?

Appendix H: Provider PrEP Knowledge Assessment, AETC

Link: [Clinician-to-Clinician Knowledge Sharing & Support Survey \(surveymonkey.com\)](https://www.surveymonkey.com)

1. First & Last Name
2. Email
3. Credentials
4. Primary Place of Practice / Clinic Name
5. Practice Location (city)
6. Zip Code at Primary Place of Practice
7. How often do you perform the following in your practice?

	N/A - Not within my scope	Never	Sometimes	Often	Always
Take sexual histories at patients' initial visits and annually	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screen patients for HIV once in lifetime, with repeat testing according to risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screen patients for chlamydia, gonorrhea, and syphilis according to age, sex, and risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screen patients for chlamydia and gonorrhea at all points of sexual contact (pharynx, rectum, and vagina or urethra)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discuss Pre-Exposure Prophylaxis (PrEP) with all patients at risk of HIV infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribe Pre-Exposure Prophylaxis (PrEP) for patients at risk of HIV infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribe non-occupational Post-Exposure Prophylaxis (nPEP) for patients at substantial risk of HIV acquisition following exposures from injection drug use, sexual assault, and/or consensual sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide primary care to people living with HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide HIV related care to people living with HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribe medications to treat HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Of the items listed above, which, if any, would you be **interested in increasing the use of or adding to your practice?** Check all that apply.

- Take sexual histories at patients' initial visit and annually
- Screen patients for HIV once in lifetime, with repeat testing according to risk
- Screen patients for chlamydia, gonorrhea, and syphilis according to age, sex, and risk
- Screen patients for chlamydia and gonorrhea at all points of sexual contact (pharynx, rectum, and vagina or urethra)
- Discuss Pre-Exposure Prophylaxis (PrEP) with all patients at risk of HIV infection
- Prescribe Pre-Exposure Prophylaxis (PrEP) for patients at risk of HIV infection
- Prescribe non-occupational Post-Exposure Prophylaxis (nPEP) for patients at substantial risk of HIV acquisition following exposures from injection drug use, sexual assault, and/or consensual sex
- Provide primary care to people living with HIV
- Provide HIV related care to people living with HIV
- Prescribe medication to treat HIV

9. My primary practice setting is an....

- Urgent Care/Emergency Department
- Pharmacy
- Primary Care Clinic
- Substance Use Treatment Center
- Mental Health Clinic
- Other (please specify)

Clinical vignettes & knowledge assessment

10. A 26 year old man presents to your clinic with discharia and urethral discharge. The patient is diagnosed with urethral gonorrhea and treated with recommended therapy period the patient states that he regularly has sex with his girlfriend without a condom. The girlfriend is about to leave on an extended trip and will not be able to come to the clinic before she leaves. Which of the following is true?

- Cefixime 400 mg orally in a single dose and azithromycin 1 gram orally in a single dose is the recommended regimen when expedited partner therapy is used for gonorrhea contacts
 - Cefixime 800 mg orally in a single dose is the recommended regimen when expedited partner therapy is used for gonorrhea contacts
 - Expedited partner therapy is **not recommended when the partner is not an established patient** at the clinic
 - Expedited partner therapy is **not recommended for heterosexual patients** as it has only been studied in men who have sex with men
 - I'm **not familiar** with expedited partner therapy
- 11. A 20-year-old man presents to your clinic with dysuria and urethral itching. The patient states that he had inserted vaginal sex with one sexual partner two weeks ago, but is no longer in contact with that partner. After a review of his sexual history, you test the patient for urethral CT/GC, syphilis, HIV, and hepatitis C. The patient adds that he is in the process of moving out of the area and is unlikely to be able to return for follow up. Considering your current place of practice, what is your most likely course of action:**
- Inform patient that you will contact him with test results and call in a prescription for the appropriate treatment.
 - Empirically treat with 1g azithromycin orally
 - Empirically treat with ceftriaxone 500 mg in a single IM dose plus doxycycline 100 mg po twice daily x 7 days
 - Empirically treat with ceftriaxone 250 mg in a single IM dose plus 1g azithromycin orally
- 12. Turn false, Oregon law requires that written consent be obtained from patients every time an HIV test is performed.**
- True
 - False
- 13. How efficient would you estimate pre exposure prophylaxis (PrEP) is for preventing HIV when taken as directed?**
- 60% - 69%
 - 70% - 79%
 - 80% - 89%
 - 90% - 99%
 - Unsure
- 14. How often does a patient taking PrEP need an HIV test?**

- Every 3 months
- Every 6 months
- Annually
- Unsure

15. Post exposure prophylaxis (PrEP) is effective in preventing HIV infection if prescribed within how many hours after a potential HIV exposure?

- 24 hours
- 48 hours
- 72 hours
- 7 days
- Unsure

16. When taking a routine sexual history, how often do you discuss the following topics?

	Never	Sometimes	Always
Number of recent partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do patient's partners have other partners?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender of partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual practices (vaginal, oral, anal receptive/insertive)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Condom usage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy seeking/prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What patient is doing to prevent STIs/HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recent STIs (patient and patient's partner(s))	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. My patients feel comfortable responding candidly when I ask questions about their sexual orientation, gender identity and sexual practices.

Strongly Disagree Neutral Strongly Agree

18. I have access to test kits and the necessary lab support to conduct pharyngeal and rectal swabs for chlamydia and gonorrhea as indicated.

Yes

No

Unsure

19. How comfortable do you feel....

	Not within my scope of practice	Not at all comfortable	Somewhat comfortable	Mostly comfortable	Very comfortable
Taking sexual histories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussing STI/HIV risk and prevention with members of the Lesbian, Gay, Bisexual, Transgender, & Queer (LGBTQ+) population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting comprehensive screening for chlamydia, gonorrhea, syphilis, HIV, and hepatitis C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting extragenital site (rectal, pharyngeal) screening for chlamydia and gonorrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staging and treating syphilis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussing Pre-Exposure Prophylaxis (PrEP) with patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribing Pre-Exposure Prophylaxis (PrEP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribing non-occupational Post-Exposure Prophylaxis (nPEP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivering a positive HIV test result	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing primary care for people living with HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribing Antiretroviral Treatment (ART) for HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Are there any questions you would like to discuss with Oregon AETC clinical faculty?

21. Comments?

Appendix I: IRB Letter of Approval



Research Integrity Office
3181 SW Sam Jackson Park Road - L106RI
Portland, OR 97239-3098
(503)494-7887 irb@ohsu.edu

IRB MEMO

NOT HUMAN RESEARCH

September 15, 2021

Dear Investigator:

On 9/15/2021, the IRB reviewed the following submission:

Title of Study:	Bridging the Gap for PrEP Delivery for Latine Community Members in Multnomah County, Oregon
Investigator:	Mandy McKimmy
IRB ID:	STUDY00023351
Funding:	None

The IRB determined that the proposed activity is not research involving human subjects. IRB review and approval is not required.

Certain changes to the research plan may affect this determination. Contact the IRB Office if your project changes and you have questions regarding the need for IRB oversight.

If this project involves the collection, use, or disclosure of Protected Health Information (PHI), you must comply with all applicable requirements under HIPAA. See the [HIPAA and Research website](#) and the [Information Privacy and Security website](#) for more information.

Sincerely,

The OHSU IRB Office

Appendix J: Letter of Support from Clinical Agency

Date: 7/3/2021

Dear *OHSU SON*:

This letter confirms that I, *Lori-Ann Lima at Wallace Medical Concern*, allow *Catherine Galpin* (OHSU Doctor of Nursing Practice Student) access to complete her DNP Final Project at our clinical site. The project will take place from approximately *07/01/2021* to *12/31/2021*. This letter summarizes the core elements of the project proposal, already reviewed by the DNP Project Preceptor:

Project Site: *Wallace Medical Concern (WMC) 18633 SE Stark Street, Suite 401 Portland, OR 97233*

Project Plan: The Latinx community in Gresham, Oregon has one of the highest rates of HIV in the state and those at high-risk for HIV are largely underserved with regards to HIV prevention services. Expanding access to PrEP for those who are at high-risk of HIV is a critical step to eradicating HIV. PrEP services until recently have been largely made targeted towards White men, thus widening disparities in care and outcomes. Using a Health Equity Implementation Framework, WMC centers building structural competency for its Latinx patients to bridge this gap in care and aims to increase HIV risk assessment, PrEP eligibility screening and the provision of PrEP education when indicated. Measurements will focus on HIV risk surveillance, PrEP eligibility, community agency referral, time delays in workflow, and PrEP initiation. Interventions will include developing a workflow for providers to integrate HIV risk surveillance and PrEP administration into practice as well as connect with referring agencies. Following an initial staff education hour, measures will be evaluated monthly along with routine staff feedback in order to optimize workflow and tackle presenting barriers as soon as possible. In collaboration with the data specialist at WMC, all data will be de-identified and collected in gross numbers as well as stratified by age, ethnicity, and insurance status. Additionally, all data is only accessible through secure and password-protected software. In collaboration with the Aids Education Training Center, education will be provided to all staff and providers regarding HIV prevention roll-out. All patients between the ages of 18-80 qualify for consideration in this practice improvement project and WMC is on board to be a critical access support for those in Gresham, Oregon who are at high-risk for HIV.

During the project implementation and evaluation, *Catherine Galpin* will provide regular updates and communicate any necessary changes to the DNP Project Preceptor.

Our organization looks forward to working with this student to complete their DNP project. If we have any concerns related to this project, we will contact *Catherine Galpin* and *Mandy McKinney* (student's DNP Project Chairperson).

Regards,

Lori-Ann Lima, FNP

Job Title: DNP Project Preceptor



Signature

6/30/21

Date Sign

Appendix K: Abbreviations

Aids Education and Training Center (AETC)

Centers for Disease Control and Prevention (CDC)

Community Cased Organization (CBO)

Electronic Health Record (EHR)

Family Nurse Practitioner (FNP)

Federally qualified low-income health center (FQHC)

Fiscal Year (FY)

Guideline Directed Evaluation and Management (GDEM)

Health care provider (HCP)

Lesbian Gay Bisexual Trans Queer Intersex (LGBTQI)

Medical Assistant (MA)

Men who have sex with men (MSM)

People living with HIV (PLWH)

People who inject drugs (PWID)

Pre-exposure Prophylaxis (PrEP)

Primary care provider (PCP)

Quality Improvement (QI)

Social Determinant of Health (SDOH)

Trans Women (TW)

Wallace Medical Concern (WMC)