The Association of Nurses in AIDS Care

Welcomes You to Our 21st Annual Conference

HIV Nursing: Renewing, Caring, Healing

November 6-9, 2008
Tucson, Arizona

Conference Program

ANAC

ASSOCIATION OF NURSES IN AIDS CARE

Dear Colleagues,

Welcome to the 21st Annual ANAC Conference: *HIV Nursing, Renewing, Caring and Healing*! I can hardly convey my excitement over this year's conference since the underlying theme is all about taking care of ourselves and what better place to focus on this subject than here in beautiful Tucson, Arizona.

In 1992 I attended my first ANAC conference and haven't missed one since. Seventeen years ago I never would have imagined that one day I would be chairing the meeting. Although I can clearly remember the excitement I felt in 1992—having found so many kindred spirits in one place—I could not have predicted the role ANAC and these annual conferences would play in my career.

If this is your first ANAC conference, this is the perfect venue for sharing your newly discovered enthusiasm and passion for HIV nursing. If, like me, ANAC conferences have been a "must do" event for many years, your insight and experience can help to mold the future leaders of HIV nursing (who may be sitting right next to you!).

While this conference provides an important way to earn continuing education credits that help keep us abreast of the myriad of changes we constantly face in the field of HIV/AIDS nursing, it also serves as a focal point, a source of renewal, for many of us. It provides us a time to get together with friends and colleagues that we may only see once a year but who care about us and are meaningfully connected to our careers as professional HIV nurses. This has certainly been my experience and, although I can't say for sure, may have been the catalyst that helped define the theme of this year's meeting.

I hope you will take advantage of everything we have to offer at this conference, including the business meeting, the Celebration of Life, poster sessions, and authors who are eager to share their work with you.

Today marks the culmination of many hours of brainstorming, planning, and coordination by a gifted group of people who volunteered to participate on this year's Conference Committee. It's been a pleasure and a privilege to work with each of you and I appreciate all of the hard work you contributed to making the conference a success. Special thanks go to Adele Webb and Kathy Reihl for identifying the beautiful city of Tucson and the magnificent La Paloma Resort as the venue for 2008.

In addition to learning many new things, my wish for each of you is to take advantage of the opportunities available here in Tucson for some personal renewal, caring, and healing.

Sincerely,

Gregory F. Parr, MSN, CRNP, ACRN
2008 ANAC Conference Chair

3538 RIDGEWOOD ROAD, AKRON, OHIO 44333

(TEL) 330.670.0101
(FAX) 330.670.0109
(800) 260.6780
(E-MAIL) ANAC@anacnet.org
www.nursesinaidscare.org

ANAC

ASSOCIATION OF
NURSES IN AIDS CARE

November 2008

Dear Colleagues,

I would like to take this opportunity to welcome you to the 21st Annual Conference *HIV Nursing: Renewing, Caring, Healing.* The conference committee has worked hard to provide all conference attendees and supporters with state-of-the-art content in the various dimensions of HIV/AIDS nursing. I want to publicly thank the Conference Committee in advance for all of their hard work in bringing together a talented team of clinicians, educators and researchers to the Westin La Paloma Resort and Spa.

The Southwest setting is an ideal location for conference registrants to enhance their knowledge about the current state of HIV/AIDS and to celebrate the role that nurses play in the HIV/AIDS pandemic. The Conference Committee has also planned several events throughout the conference which will afford us the opportunity to care for ourselves, so that we can continue to care for those who are affected by this disease.

In addition to the educational and scientific sessions, you will have the opportunity to hear about the enormous impact that ANAC has made both domestically and abroad. Be sure to attend the Awards Ceremony where we will have the opportunity to acknowledge the talent that has made ANAC the great organization that it is.

I would like to take this time to say thank you to the Board of Directors and Committee Chairs for their hard work and commitment this past year. In addition, I would like to thank the many members who have lent their support by helping us with projects, serving on a committee, writing for our publications, participating in our surveys or just taking the time to send me a brief note. You, the membership, make the organization what it is, and without you, ANAC could not accomplish so much.

Enjoy your time at the conference and your stay here in Tucson.

Sincerely,

Carl A. Kirton RN, MA, ACRN, ANP-BC
President

3538 RIDGEWOOD ROAD, AKRON, OHIO 44333

(TEL) 330.670.0101
(FAX) 330.670.0109
(800) 260.6780
(E-MAIL) ANAC@anacnet.org
www.nursesinaidscare.org

ANAC

ASSOCIATION OF
NURSES IN AIDS CARE

Dear Colleagues:

On behalf of your National Office Staff, I welcome you to the 21st annual Association of Nurses in AIDS Care National Conference. For nearly 14 months the conference committee, chaired by Mr. Gregory Parr, has been working diligently to provide you with a quality program. The depth and breadth of this agenda is impressive. I hope you take advantage of the many opportunities for professional development and networking.

ANAC's primary mission is to foster the individual and collective professional development of nurses involved in the delivery of health care to persons infected or affected by the Human Immunodeficiency Virus (HIV) and to promote the health, welfare, and rights of all HIV infected persons. Certainly this conference offers us all the opportunity to come together to cooperate, collaborate and learn about our common interests and concerns. One of ANAC's real returns on investment is the impact of programs like this conference on our members.

The conference theme, "HIV Nursing: Renewing, Caring, Healing" reflects a recognition of the toll of this epidemic on you, the caregivers. From the roundtables to the keynote, this program focuses on the critical role that nurses play in the delivery of healthcare, educational and counseling services to individuals with HIV infection and AIDS. I encourage you to make the most of your conference sessions by actively participating in the dialogue. Please be sure to provide your feedback, both on the written evaluation and at the registration area. We use your comments to improve our services each year.

I would like to thank all of you who have participated in the creation of this conference. From abstract submissions to corporate sponsors – we couldn't do it without you. I thank you for your continued commitment to the fight against HIV and send my best wishes for a productive and informative conference.

Sincerely,

Adele Webb, PhD, RN, AACRN, FAAN
Executive Director

3538 RIDGEWOOD ROAD, AKRON, OHIO 44333

(TEL) 330.670.0101
(FAX) 330.670.0109
(800) 260.6780
(E-MAIL) ANAC@anacnet.org
www.nursesinaidscare.org

STATE OF ARIZONA

JANET NAPOLITANO
GOVERNOR

OFFICE OF THE GOVERNOR
1700 WEST WASHINGTON STREET, PHOENIX, AZ 85007

MAIN PHONE: 602-542-4331
FACSIMILE: 602-542-7601

August 12, 2008

GREETINGS!

As Governor of the State of Arizona, I would like to extend a warm welcome to the attendees of the Association of Nurses in AIDS Care's 21st Annual Conference.

I commend each of you for your active involvement and contributions to the health care given to HIV and AIDS patients. Your commitment and dedication to the health and welfare of your patients is reflected in this year's theme, "HIV Nursing: Renewing, Caring, Healing," and I am pleased to recognize your contributions.

Arizona is a state known for its rich heritage and beautiful landscape. Our state's pride and joy, the Grand Canyon, has been visited by millions of people from every corner of the globe. Arizona has an extremely diverse cultural history that adds to our unique southwestern lifestyle.

I hope that each of you will take the opportunity to enjoy Arizona's warm hospitality and unique culture, and discover that Arizona is a special place to visit.

Yours very truly,

Janet Napolitano
Governor

JN:vj

CITY OF
TUCSON

OFFICE OF THE
MAYOR

ROBERT E. WALKUP

November 6, 2008

Greetings!

On behalf of the people of Tucson, I would like to take this opportunity to welcome each of you attending the 21st Annual Association of Nurses in AIDS Conference. This year's conference theme is "HIV Nursing: Renewing, Caring Healing."

Congratulations on celebrating twenty-one years of promoting the individual and collective professional development of nurses involved in the delivery of health care to persons infected or affected by the Human Immunodeficiency Virus (HIV).

While you're in Tucson, I hope you take advantage of all that our city has to offer, including our special attractions, desert and mountain scenery and fine southwestern dining. In addition, the area has a rich history of pioneer, Native American and Mexican cultures well worth exploring. Your options are many!

We are pleased to have you as our guest and hope you will be touched by our hospitality as our lives have been enriched by your presence.

Sincerely,

Robert E. Walkup
Mayor

CITY HALL • 255 W. ALAMEDA • P.O. BOX 27210 • TUCSON, AZ 85726-7210
(520) 791-4201 • FAX (520) 791-5348
www.cityoftucson.org

TABLE OF CONTENTS

General Information 9–10
Satellites 11–12
Floor Plan 13
Pre-Conference 17–19
Committee Meetings 23
Friday
Plenary 29
Morning Concurrent Sessions 30–33
Morning Concurrent Abstracts 34–38
Afternoon Concurrent Sessions 39–42
Afternoon Concurrent Abstracts 43–47
Graduate Posters 48
Graduate Poster Abstracts 49–50
Posters 51–52
Poster Abstracts 53–65
Saturday
Plenary 69
Morning Concurrent Sessions 70–73
Morning Concurrent Abstracts 74–78
Afternoon Concurrent Sessions 79–82
Afternoon Concurrent Abstracts 83–87
Sunday
Plenary 91
Roundtables and Abstracts 93–100
Exhibitors 103–108

2008 ANAC Supporters

CORPORATE MEMBERS

Boehringer Ingelheim
Bristol-Myers Squibb Company

OPERATING SUPPORT

AIDS Walk Cleveland
Gertrude F. Orr Trust
Advised Fund of the Akron Community Foundation
Glenn R. & Alice V. Boggess Foundation
R.C. & Katherine Musson Charitable Trust

Programming & Educational Support

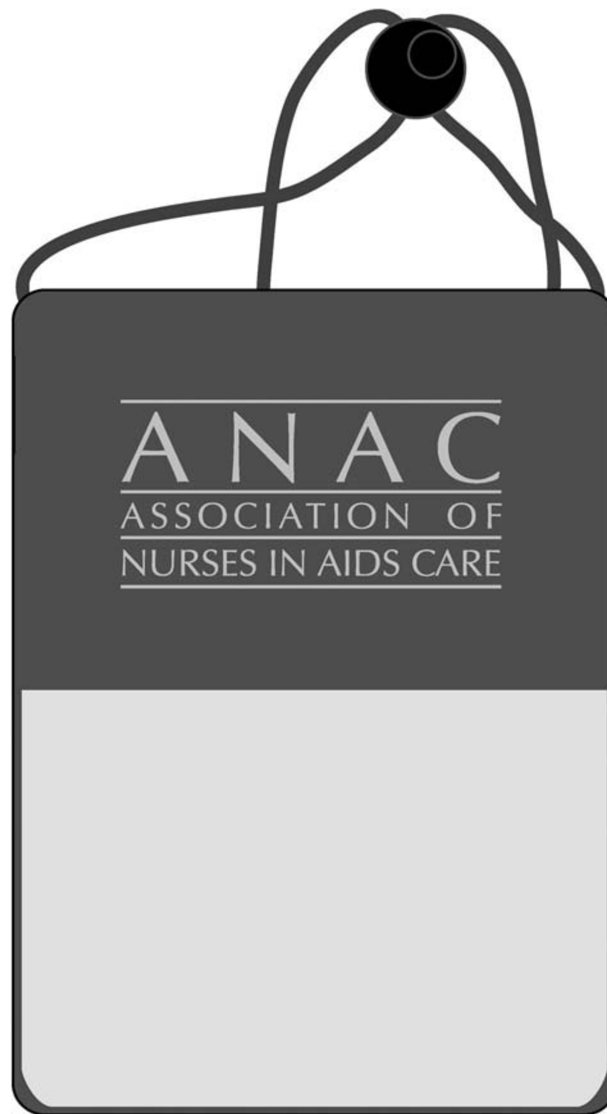
Boehringer Ingelheim
Virco Lab, Inc.

CONFERENCE SUPPORT

Campbell & Company
Gilead Sciences
GlaxoSmithKline
Merck, Inc.
Pfizer, Inc.
Roche Laboratories, Inc.
Tibotec Therapeutics

IN-KIND CONTRIBUTIONS

Digestive Care, Inc.



Badgeholder Drop Off

We hope you enjoyed the convenience of this year's upgraded badgeholders. We hope to recycle the badgeholders at future conferences and request that you please return your badgeholder to ANAC's registration desk before you leave the National Conference.

2008 Conference Committee

Gregory Parr, **Chair**
MSN, CRNP, ACRN
Baltimore, MD

Joe Burrage, PhD, RN
2009 Conference Chair
Indianapolis, IN

Andrew Komensky
RN,MSN,MBA,ACRN
Board Liaison
Providence, RI

Members

Christopher Coleman
PhD, MPH, APRN-BC, ACRN
Philadelphia, PA

Michele Crespo-Fierro
RN, MS/MPH, AACRN
Fresh Meadows, NY

Jennifer Gray
RN,PhD
Arlington,TX

David Sterken
MN, CPNP, CNS

ANAC National Staff

Executive Director
Adele Webb, PhD, RN, ACRN, FNAP, FAAN

Director of Continuing Education
Linda Linc, PhD, RN

Director of Development
David Fearn

Director of HANCB & Member Services
Jennifer Savoy

Director of Meetings
Kathleen Reihl

Director of International Programs
Andrea Weber

Director of Policy
Kimberly Carbaugh

National Office Liaison
Jennifer Liehr

2007–2008 Board of Directors

Carl Kirton, *President*
RN, MA, ACRN, APRN, BC

Lyn Stevens, *President-Elect*
MS, NP, ACRN, FNAP

Lucia Schliessmann, *Treasurer*
MSN, BA, RN, ACRN

Andrew Komensky, *Secretary*
RN, MSN, MBA, ACRN

Joe Burrage, *Director at Large*
PhD, RN

Gregory Grevera, *Director at Large*
MSN, CRNP, AACRN

Patrick Kenny, *Director at Large*
EdD, RN-BC, ACRN, CAN, APRN-PMH

Robert Manning, *Director at Large*
RN, BSN, ACRN

Lee Raden, *Director at Large*
RN, ACRN

Debra Trimble, *Director at Large*
RNC, MS, FNPC, AACRN

2007–2008 Committee Chairs and Editors

Awards
Cassandra Miller-Hardwick, MSN, RN, ACRN, AACRN

Bylaws
Eleanor Labajetta, MN, RN

Chapters
Peter Oates, RN, MSN, NP-C, ACRN
Chair
Carol Cohen, RN, ACRN
Co-Chair

Conference
Gregory Parr, MSN, CRNP, ACRN

Development
David Fearn

Diversity Specialty
Diane Clements-Walton, RN, MS, CNS

Finance
Lucia Schliessmann, MSN, BA, RN, ACRN

Global Specialty
Deborah von Zinkernagel, RN, SM, MS
Co-Chair
Suzy Jed, MSN, APRN-BC
Co-Chair

HIV+ Nurse Specialty
Richard Ferri, PhD, ANP, ACRN, AAHIVS, FAAN

JANAC
Lucy Bradley-Springer, PhD, RN, ACRN, FAAN
Editor
Carol (Pat) Patsdaughter, PhD, RN, ACRN
Associate Editor

Nominating
Richard Gettings, RN, ACRN

Policy and Advocacy
Robert Carroll, PhD(c), RN, ACRN

Research
Jennifer Gray, RN, PhD

2008–2009 Board of Directors

Carl Kirton, *President*
RN, MA, ACRN, APRN, BC

Lyn Stevens, *President-Elect*
NP, MS, ACRN, FNAP

Joe Burrage, *Treasurer*
PhD, RN

Andrew Komensky, *Secretary*
RN, MSN, MBA, ACRN

Carol Cohen, *Director at Large*
RN, ACRN

Gregory Grevera, *Director at Large*
MSN, CRNP, AACRN, AAHIVS

Patrick Kenny, *Director at Large*
EdD, RN-BC, ACRN, CNA, APRN-PMH

Lee Raden, *Director at Large*
RN, ACRN

Melanie Steilen, *Director at Large*
RN, BSN, ACRN

Debra Trimble, *Director at Large*
RNC, MS, FNPC, AACRN

2008–2009 Committee Chairs and Editors

Awards
Donna Gullette, DSN, RN

Bylaws
Eleanor Labajetta, MN, RN

Chapters
Peter Oates, RN, MSN, NP-C, ACRN

Conference
Joe Burrage, PhD, RN

Development
David Fearn

Diversity Specialty
Diane Clements-Walton, RN, MS, CNS

Finance
Joe Burrage, PhD, RN

Global Specialty
Deborah von Zinkernagel, RN, SM, MS

HIV+ Nurse Specialty
Richard Ferri, PhD, RN, ACRN, AAHIVS, FAAN

JANAC
Lucy Bradley-Springer, PhD, RN, ACRN, FAAN
Editor
Carol (Pat) Patsdaughter, PhD, RN, ACRN
Associate Editor

Nominating
J. Craig Phillips, MSN, ARNP, BC, ACRN, LLM

Policy and Advocacy
Rob Carroll, PhD(c), RN, ACRN

Research
Julie Barroso, PhD, ANP, APRN, BC, FAAN

Arizona

Central Southern Arizona Chapter
Donna McKenna
602-664-5373
Donna_mckenna@uhc.com

Four Corners Chapter
Kirk Koyama
928-674-7184
Koyamakirk@yahoo.com

Colorado

Rocky Mountain Chapter
Kay Kinzie
303-753-9213
Kinzie.kay@tchden.org

Washington, DC

Greater Washington DC Chapter
Melinda O'Brien
202-686-7677
Obrienmd3@aol.com

Florida

Central Florida Chapter
Monica Rutherford
407-497-2041
monicar@aidshealth.org

Greater Ft. Lauderdale Chapter
Gina Thompson
954-472-8245
gthompson@
rdg.boehringer-ingleheim.com

Metro Miami Chapter
Joseph DeSantis
305-284-5039
jdesantis@miami.edu

North Florida Chapter
Renee Richmond
904-308-5352
Vrich001@jaxhealth.com

Tampa Bay Chapter
Elizabeth Nash
727-482-3849
elizabethn@aidshealth.org

Georgia

Metro Atlanta Chapter
Marie Todd-Turner
404-616-9741
mturner@gmh.edu

Illinois

Chicago Chapter
Kathy Schilder
312-556-7774
kschilder@msn.com

Indiana

Central IndiANAC Chapter
Helen Rominger
317-630-6329
chroming@iupui.edu

Louisiana

Baton Rouge Chapter
Pamela Williams
225-987-9167
Pwilli5@lsuhsc.edu

Maryland

Chesapeake Bay Chapter
Lisa Scotti
410-804-8105
lscotti@jhmi.edu

Boston

Boston Chapter
Daniel Worrall
617-724-3282
dworrall@partners.org

Michigan

Southeast Michigan Chapter
Sharon Valenti
313-343-4351
Sharon.valenti@stjohn.org

West Michigan Chapter
Matt Schreiner
269-341-6400
schrine@yahoo.com

Mississippi

Mississippi Chapter
Janice Pouns
601-815-3117
Jmpierce2@medicine.umsmed.edu

Missouri

Greater Kansas City Chapter
Sally Neville
816-753-5144
sneville@kcfree.org

St. Louis Chapter
Jane Fischer-Messmer
636-274-5693
rnstd@aol.com

Nevada

Southern Nevada Chapter
Pat Stachewicz
973-485-6595
pstachewicz@cox.net

New Jersey

New Jersey Chapter
Dominic Varsalone
973-485-6595
dpvrnacrn@optonline.net

New York

Capital District
Samara Gabree
518-449-1396
sgabree@wmyhealth.org

Central New York Chapter
Theresa Feola
315-464-5533
feolat@upstate.edu

Finger Lakes Chapter
Mitchell Wharton
610-357-1555
Mitchell_wharton@
urmc.rochester.edu

Greater New York Chapter
Laurene Clark
718-254-9815
laurenec@vcny.org

Long Island
Christine Mirabelli
631-852-1051
Cm7247@aol.com

Western New York
Mary Goodspeed
716-898-4173
marygoods@cs.com

North Carolina

North Carolina Triangle Chapter
Sharon Elliot-Bynum
919-361-0192
Sellbyn919@aol.com

Ohio

Central Ohio Chapter
Kathy Watson
614-293-8112
Kathy.watchon@osumc.edu

Greater Cincinnati Chapter
Tamar Canaan
513-731-7747
tcanaan@cinci.rr.com

Oregon

Portland Cascade Chapter
Lynsley Rollins
503-627-9170
lrollins@ourhouseofportland.org

Pennsylvania

Philadelphia Chapter
Dottie Hoffman
215-699-8608
henhoffman@verizon.net

Rhode Island

Rhode Island Chapter
Kristina Moore
401-241-8322
Kristina.moore@abbott.com

Tennessee

Midsouth Chapter
Donald Lilley
901-448-8260
dlilley@utmem.edu

Texas

Austin Chapter
Yolanda Munguia
512-389-6653
ymunguiarn@aol.com

Dallas Chapter
Kathy Bell
214-942-9182
kbell@aidsdallas.org

Houston-Gulf Coast Chapter
Shelley Buscher
832-824-1215
slbuschu@texaschildrenshospital.org

Utah

Utah Chapter
Dana Smith
801-585-3207
Dana.smith@hsc.utah.edu

Virginia

Central Virginia Chapter
Fay Parpart
804-828-3300
cfparpar@vcu.edu

The First Virginia Chapter
Sandra Humphrey
757-625-2220
Sandrag826@msn.com

Washington

Puget Sound Chapter
Robert Carroll
206-524-2506
carrollr@u.washington.edu

Wisconsin

Wisconsin Chapter
Kay Koneazny
414-805-6441
konezchs@sbcglobal.net

Make a Lasting Difference in the Lives of the Members We Serve

Announcing Exciting Opportunities at AIDS Healthcare Foundation's Managed Care Division

Health Plan
Positions available for RNs in our Los Angeles County-based Medicare Special Needs Plan:
- Manager of Utilization Review/Utilization Management
- Utilization Review/Utilization Management Nurse
- Managed Care Case Manager
- Clinical Plan Administrator

Disease Management Program
Positions available for RNs in our California Disease Management Program:
- Director of Disease Management, Los Angeles
- RN Regional Manager, San Francisco Bay Area
- RN Care Manager, Locations throughout California

Other Opportunities
- Medical Director, Managed Care – Physician (MD, DO) based in California or Florida. Must have or be able to acquire Board Certification in both states
- Managed Care Compliance Officer, Los Angeles
- Manager of Member Services and Enrollment, Los Angeles
- Mid-Level Providers (RNP, PA) for our Healthcare Centers, California and Florida

For more information about these exciting opportunities, go to www.aidshealth.org and click on "Career Opportunities," or call (323) 337-9149.

AA/EOE

2008 Agenda at a Glance

Wednesday, November 5

JANAC Writers Workshop
9:00 am – 3:30 pm
Lantana

PRE CONFERENCE Our Daily Work
10:30 am – 5:30 pm
Grand Ballroom 1

HANCB Board Meeting
9:00 am – 5:00 pm
Aster II

JANAC Editorial Board Meeting
4:30 pm - 9:00 pm
Lantana

Registration
5:00 pm – 7:00 pm

Thursday, November 6

HANCB Board Meeting
9:00 am – 12:00 noon
Aster II

Registration
10:30 am - 6:00 pm

National Leadership Council
11:00 am – 1:00 pm
Finger Rock III

Chapter Leaders Meeting
12:45 pm – 3:30 pm
Murphey I

Committee Meetings
1:00 pm – 3:30 pm

Opening/Keynote
4:00 pm – 6:00 pm
M. Angelica Vuchetich, RN, CANP
Grand Ballroom

Awards Dinner
6:15 pm – 8:00 pm
Grand Ballroom

Gala
8:00 pm – 10:30 pm
Sonoran

Friday, November 7

Satellite Breakfast
7:00 am – 8:30 am
Sonoran

Yoga
7:00 am – 8:00 am
Cottonwood

Registration
8:00 am – 3:30 pm

Plenary Speaker
8:45 am – 10:15 am
Fr. Joseph O'Brien, OP
Grand Ballroom

Concurrent Sessions
10:30 am – Noon

Exhibits Open
Noon – 5:00 pm
Canyon Ballroom

Poster Reception/ Lunch in Exhibit Hall
Noon – 1:45 pm
Canyon Ballroom

Concurrent Sessions
2:00 pm – 3:30 pm

Annual Business Meeting
3:45 pm – 6:15 pm
Murphey

Saturday, November 8

Satellite Breakfast
7:00 am - 8:30 am
Sonoran

Yoga
7:00 am – 8:00 am
Cottonwood

Registration
8:00 am – 3:30 pm

Exhibits
8:00 am – 1:00 pm
Canyon Ballroom

Poster Reception/ Break in Exhibit Hall
10:15 am – 10:45 am
Canyon Ballroom

Plenary Speaker
8:45 am – 10:15 am
Tieraona Low Dog, MD
Grand Ballroom

Concurrent Sessions
10:45 am – 12:15 pm

Satellite Lunch
12:30 pm – 2:30 pm
Grand Ballroom

ANAC BOD Meeting
2:00 pm - 4:00 pm
Cottonwood

Concurrent Sessions
2:45 pm – 4:15 pm

Celebration of Life
4:30 pm – 6:00 pm
Murphey

Sunday, November 9

Satellite Breakfast
7:00 am - 8:30 am
Grand Ballroom

Yoga
7:00 am – 8:00 am
Cottonwood

Registration
8:00 am – 1:00 pm

2009 Conference Committee Meeting
8:30 am - 10:00 am
Murphey III

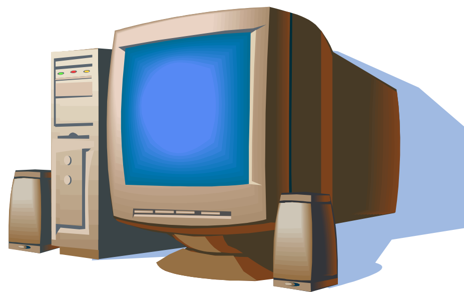
Roundtables
8:45 am – 10:15 am
Canyon Ballroom

Plenary Speaker
10:30 am – Noon
Dina Wilcox, Esq.
Grand Ballroom

Closing/Evaluation
Noon – 12:30 pm
Grand Ballroom

Miss a Speaker?
Want to see a session again?
Need more CE Credit?

Relive the Conference at Home



For the first Time the entire conference will be available for attendees to view Online

Stop by the Merck Booth for your key
to view the conference at home or work

Thank you to Merck for Support of the Annual Conference Video Capture

2008 Conference Objectives

This year, the focus of the conference is to:

- Identify facilitators and barriers to HIV providers' self-care practices.
- Identify and discuss HIV providers' best self-care practices
- Discuss domestic and global issues impacting HIV transmission, prevention, and care;
- Identify state of the science health care strategies used to manage HIV disease;
- Promote analytic dialogue between nurses, other health care providers and policy makers to advocate for the development of health policy that supports quality care for those infected with and affected by HIV/AIDS;
- Explore the impact of HIV-related health disparities on patients and providers;
- Identify critical research findings to revise and refine HIV nursing practice;
- Identify ANAC policy that promotes and supports HIV prevention, use of evidence-based health care delivery strategies, and reduction of HIV-related health disparities for vulnerable groups from a domestic and global perspective.

The conference will address international and domestic issues related to HIV and AIDS for nurses new to the specialty as well as experienced clinicians and researchers. Various learning activities, expert speakers, roundtable discussions, presentations (practice, education/administration, and research) will address HIV nursing issues related to the conference objectives. Join your colleagues for "HIV Nursing: Renewing, Caring, Healing" at the 21st Annual Conference of the Association of Nurses in AIDS Care.

Registration

All attendees must register for the conference. The registration desk is located on the first floor in the foyer of the convention wing and is open during the following hours.

Wednesday:	5:00 pm – 7:00 pm
Thursday:	10:30 am – 6:00 pm
Friday:	8:00 am – 3:30 pm
Saturday:	8:00 am – 3:30 pm
Sunday:	8:00 am – 1:00 pm

What the Registration Fee Includes

The registration fee includes admission to:

- All conference education sessions, exhibits, poster sessions, and roundtable discussions
- The Opening/Keynote/Awards Dinner
- The Gala Reception
- Lunch in the Exhibit Hall
- Coffee Breaks
- CE Contact Hours

Name Badges

The official conference name badge must be worn for access to all conference educational sessions, exhibit hall, and social functions. For your safety, do not wear your badge outside the convention hotel.

Continuing Education Accreditation

You MUST provide your nursing license number to register for your CE contact hours. This program has been approved for 16 contact hours for those attending the entire program. CE certificates will be available for single-day attendees. The nursing continuing education contact hours will be awarded by the Association of Nurses in AIDS Care. The Virginia Nurses Association approves ANAC as a provider of continuing education in nursing. This accredited status refers only to the continuing nursing education and does not imply endorsement of any commercial product. The Virginia Nurses Association is accredited as an approver of continuing education in nursing by the American Nurses Center's Commission on Accreditation.

Evaluations

Your feedback provides important information to help us improve the conference. Please take a few minutes to share your thoughts and input by completing the conference evaluation forms. The evaluation and CE Continuing Education Record must be completed and handed in to receive your CE Certificate.

Speaker Ready Room

Udall

Presenters may preview their slides and time their presentations using an LCD in this room. This room is available upon request on Friday, Saturday and Sunday during registration hours.

Opening Session/Keynote/Awards Ceremony

This year we will have as our Keynote Speaker, M. Angelica Vuchetich, RN, CANP, and then we will have our "Awards Dinner." Everybody is invited to attend both the keynote and the Awards Ceremony! The keynote speaker will set the tone for the conference and we want everybody to attend the evening Awards Ceremony. Enjoy dinner while congratulating peers and colleagues for their contributions to HIV/AIDS nursing.

Gala/Reception

Upon conclusion of the evening Awards Ceremony, the banquet hall kicks back for some fun. All attendees are invited to attend the Gala Reception. Come for the entertainment, dance to your heart's delight or grab a seat and catch up with new and old friends. Due to the Awards Dinner being held before the Gala, there will only be light Hors D'ouvres served.

Celebration of Life

Friends Remembering Friends: The time of the year, when nature demonstrates changing life experiences traditionally the dead (All Souls) being remembered during the month; our Hispanic brothers and sisters celebrating Dia de los Muertos; and we turn our attention to World AIDS Day (December 1st) we will gather in celebration as friends remembering friends. Incorporating themes from the above we will gather in the desert surrounded by mountains as we celebrate the lives of those who have died of complications of HIV; those who are journeying, living with HIV as well as all those who have and continue to care for friends remembering friends.

Poster Session

Posters represent research, clinical practice, administration, and education projects, developed by our membership. Please check the Conference Schedule for Poster Session times.

Graduate Poster Award

The Graduate Poster Award Winner will be announced on Saturday morning before the Plenary Session in the Grand Ballroom.

Roundtables

Roundtables provide opportunities for nurses from all settings to share information and stimulate dialogue on a wide variety of topics important to HIV nursing. In addition to providing stimulating discussion and problem solving opportunities, roundtables at previous ANAC conferences have resulted in the formation of networking groups, calls for resolutions at the annual business meeting, and development of formal ANAC position statements.

Exhibits

Exhibits are located in the Canyon Ballroom. ANAC welcomes government agencies, community based organizations, pharmaceutical companies and many others to showcase their exhibits, providing valuable information and give-aways. Please check the Conference Schedule for day and time, complimentary lunch and coffee break.

ANAC Annual Business Meeting

Friday, November 9, 3:45 pm – 6:15 pm

The Annual Business Meeting is a forum for the discussion of Association initiatives, strategic direction, and operations. It is an opportunity for members to voice their opinions on issues affecting the Association. The meeting affords time for dialogue among members, appointed leaders, staff and the Board of Directors. The meeting will include the Secretary's report on the activities of the BOD, the Treasurer's financial report, the Executive Director's operations report, and the President's annual State-of-the-Association Address.

ANAC Merchandise

All registrants are encouraged to stop by the ANAC Merchandise Booth, located at the registration desk.

Morning Yoga (7:00 am – 8:00 am)

Start your day by stimulating your senses through gentle breathing, stretching, balancing and relaxation. We will offer a restorative and nourishing yoga session suitable for anyone, whether or not you have ever been to a yoga class. Wear loose fitting clothes and a couple of towels might be useful (one may be used as a small head pillow). Yoga Mats not required. Take a few minutes to love yourself!

SATELLITES

Friday, November 7th – Breakfast Symposium
Sonoran Ballroom –7:00 am – 8:30 am

Mental Health and the HIV Patient: Epidemiology, Impact and Management—
Should Mental Health Be Considered in the Treatment of the HIV-Infected Patient?

People living with HIV/AIDS have higher rates of depression and mental illness. These disorders often affect disease progression and adherence. "**Mental Health and the HIV Patient: Epidemiology Impact and Management—Should Mental Health Be Considered in the Treatment of the HIV-Infected Patient?**" addresses the interplay between mental illness and HIV treatment, focusing on:

- Identifying and screening for mental illness
- Treating HIV-associated depression
- Adapting HAART for the mentally ill patient

Speaker: Margaret Hoffman-Terry, MD
Clinical Assistant Professor of Medicine
Milton S. Hershey Medical Center
Pennsylvania State University, College of Medicine
Hershey, Pennsylvania

Support provided by an educational grant from Boehringer Ingelheim Pharmaceuticals, Inc.

Saturday, November 8th – Breakfast
Sonoran Ballroom – 7:00 am – 8:30 am

Clinical Conundrums: Keys to Improving Outcomes in HIV

Managing HIV is challenging for both clinicians and patients. With the widespread availability of new treatment modalities and promising therapies emerging from the pipeline, clinicians need to be kept abreast of the latest data related to the treatment and overall management of patients with HIV. Newer therapies have been shown to have an increased tolerability profile, reduce pill burden, and decrease both short-term and long-term adverse effects; however, patient adherence to medication continues to present a challenge. Nurses are often on the forefront of HIV management and have an essential role in providing a framework of focused support. In addition, nurses are often responsible for HIV testing, counseling, acute care health promotion and education, disease prevention, palliative care, mental health support, patient support and advocacy, and referral management. As important members of the healthcare system that provides care to HIV patients, nurses need the training that is necessary to promoting confidence and acceptance of available or entirely new medications.

Utilizing a case-based approach, this symposium will create an interactive environment in which participants will be able to discuss emerging therapies for the treatment of HIV, the importance of individualizing therapy, and the need for improved clinician/patient communication.

Faculty: Trevor Hawkins, MD
Associate Professor, University of New Mexico
Medical Director, Southwest CARE Center

Christine Balt, MS, RN, FNP, BC, AACRN
Nurse Practitioner Indiana University School of Medicine
Division of Infectious Diseases
Wishard Health Services Infectious Disease Clinic
Indianapolis, IN

Richard S. Ferri, PhD, ANP, ACRN, FAAN
HIV/Hepatitis Nurse Practitioner Specialist
Crossroads Medical
Harwich, MA

Support provided by an educational grant from Tibotec Therapeutics

Saturday, November 8th – Lunch
Grand Ballroom – 12:30 pm – 2:30 pm

Assessing Best Practices in HIV/AIDS Therapy:
An Update from ICAAC/IDSA & IAC (AIDS 2008)

Strategies for effective treatment of HIV disease continue to evolve rapidly as new agents are introduced and new data are reported on our older antiretroviral drugs. Results from large-scale clinical trials and cohort studies, as well as expert guidelines and clinical experience, all serve as important drivers in the evolution of HIV management considerations. This program is designed to review and discuss the clinical data presented at the ICAAC/IDSA joint conference held October 25th – 28th and the IAC (AIDS 2008) conference held August 3rd – 8th so that health care providers can optimize HIV management strategies for both treatment-naïve and treatment-experienced patients.

Moderator: **F. Patrick Robinson, PhD, RN**
Executive Assistant Dean, College of Nursing
University of Illinois Chicago
Past President, Association of Nurse in AIDS Care
Chicago, Illinois

Speakers: **Edwin DeJesus, MD, FACP**
Medical Director and Principal Investigator
Orlando Immunology Center
Medical Director, Hug-Me Program Adult Clinic
Orlando Medical Center
Orlando, Florida

Brian Goodroad, CNP, AACRN
Nurse Practitioner
Abbott Northwestern Hospital
Infectious Disease and International Travel Clinic
Minneapolis, Minnesota
Community Faculty, Metropolitan State University
St. Paul, Minnesota

Supported provided through an independent educational grant from Gilead Sciences Medical Affairs

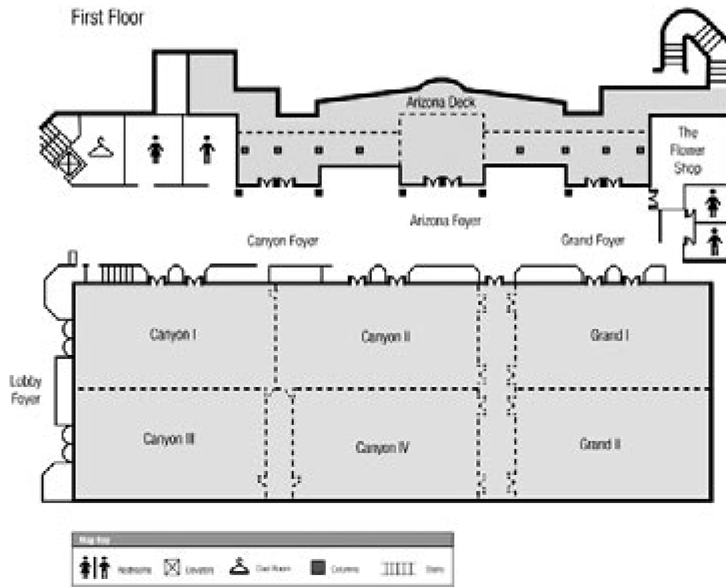
Sunday, November 9th – Breakfast
Grand Ballroom – 7:00 am – 8:30 am

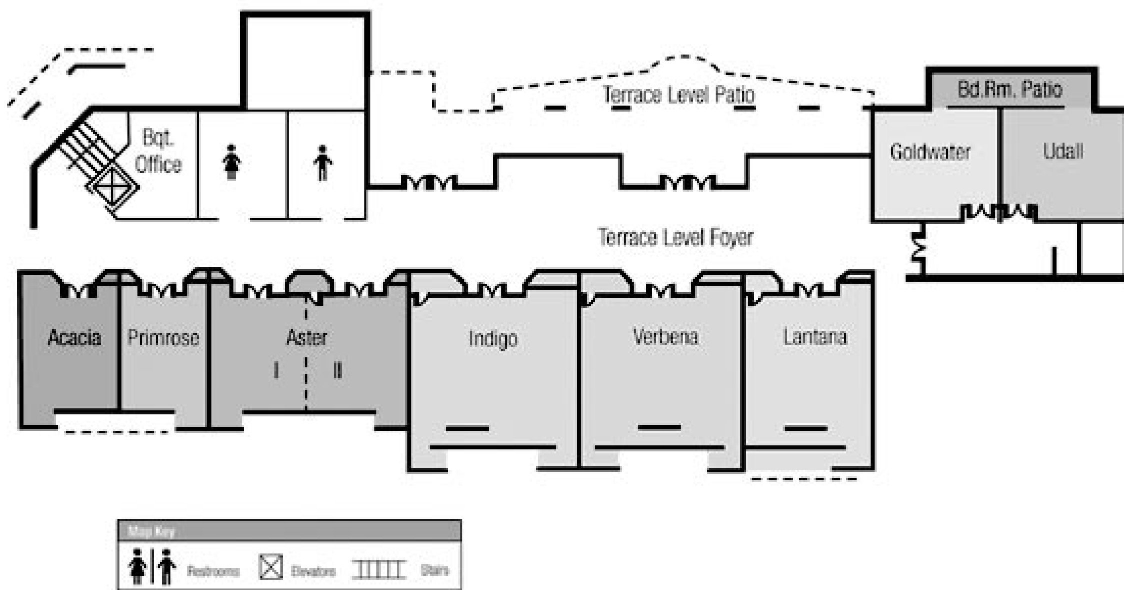
Essentials of HIV Resistance: Putting the Critical Pieces into Practice

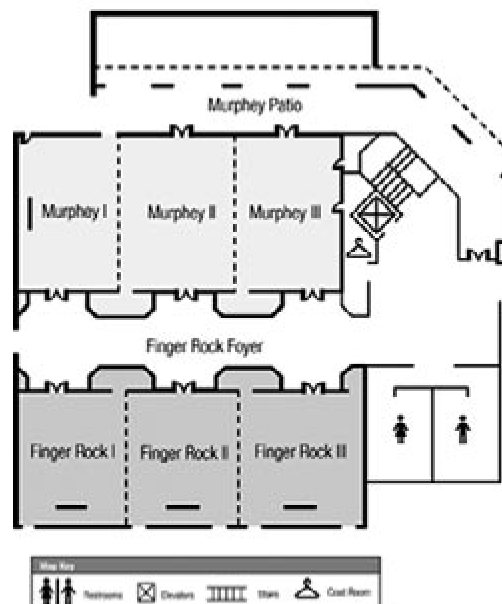
The detection of resistance by HIV drug resistance assays is a critical management tool used by nurses and nurse practitioners. Because of its importance in the management of HIV disease, it is important to understand the mechanism of HIV resistance, the appropriate use of resistance testing in clinical practice, and how to use this information to ultimately maximize treatment outcomes. Clinical scenarios will be used to demonstrate interpretation and clinical application of resistance testing. Relevant information related to new and investigational agents will be incorporated into the discussion.

Faculty: **Don Kurtyka, PhD, NP**
Director, HIV Services, Tampa General Hospital
Clinical Assistant Professor, USF College of Medicine,
Division of Infectious Diseases and International Medicine
Tampa, Florida

Supported by Virco Lab, Inc.


First Floor
Arizona Deck
The Flower Shop
Arizona Foyer
Canyon Foyer
Grand Foyer
Canyon I
Canyon II
Grand I
Lobby Foyer
Canyon III
Canyon IV
Grand II


Terrace East
Bqt. Office
Terrace Level Patio
Bd.Rm. Patio
Goldwater
Udall
Terrace Level Foyer
Acacia
Primrose
Aster
I
II
Indigo
Verbena
Lantana
Map Key
Restrooms
Elevators
Stairs


Terrace West
Murphey Patio
Murphey I
Murphey II
Murphey III
Finger Rock Foyer
Finger Rock I
Finger Rock II
Finger Rock III

Mental Health and the HIV Patient: Epidemiology, Impact and Management—

Depression
Anxiety Disorder
Panic Attacks

Models used are for illustrative purposes only.

Should Mental Health Be Considered in the Treatment of the HIV-Infected Patient?

While attending the Association of Nurses in AIDS Care (ANAC) 21st Annual Conference, you are invited to attend a breakfast symposium

---

Friday, November 7, 2008
7:00 a.m. - 8:30 a.m.
Sonoran Ballroom, Westin La Paloma Resort

Attendance is restricted to healthcare professionals only.

Attention Minnesota Licensed Prescribers

Boehringer Ingelheim Pharmaceuticals, Inc. strives to provide quality and informative programming that is compliant with all state laws.

Due to certain gift restrictions in the state of Minnesota, the featured program may not be attended by Minnesota licensed prescribers. If you are a prescriber licensed to practice in Minnesota, please refrain from attending this event. We apologize for any inconvenience this may cause and thank you for your assistance in conducting our activities in a manner consistent with the law.

VR54616

Agenda at a Glance—Wednesday, November 5

JANAC Writers Workshop
9:00 am – 3:30 pm
Lantana

PRE CONFERENCE
Our Daily Work
10:30 am – 5:30 pm
Grand Ballroom 1

HANCB Board Meeting
9:00 am – 5:00 pm
Aster II

JANAC Editorial Board Meeting
4:30 pm - 9:00 pm
Lantana

Registration
5:00 pm – 7:00 pm

Notes

Our Daily Work

THANK YOU GLAXOSMITHKLINE
FOR YOUR SUPPORT OF OUR
ANNUAL PRECONFERENCE

Supported by
An independent medical education grant from
GlaxoSmithKline

JOURNAL OF THE ASSOCIATION OF NURSES IN AIDS CARE

JANAC

JANAC Writers Workshop

Wednesday, November 5, 2008 - 9:00 am to 3:30 pm

This workshop is designed to help authors develop manuscripts in ways that will increase the likelihood of publication. It will cover the basics of manuscript preparation, the ethics of publishing, and the manuscript submission and review process.

Workshop Facilitators: Lucy Bradley-Springer, PhD, RN, ACRN, FAAN
Editor

Carol (Pat) Patsdaughter, PhD, RN, ACRN
Associate Editor

Kristen Overstreet, BA
Managing Editor

Objectives: At the conclusion of this workshop, participants will be able to:

1. Use the APA manual to assure proper style formatting.
2. Describe the review process, anticipate reviewer concerns about manuscripts, and increase chances of manuscript acceptance.
3. Access the on-line submission system for *JANAC*.
4. Develop and submit a well-conceived and properly written manuscript to *JANAC*.

Panel Presentation: Julie Barroso
Maithe Enriquez
Christopher Coleman

The panel will focus on questions from participants.

PRE-CONFERENCE

Agenda

"Our Daily Work"

This pre-conference is designed to present the many issues that advanced practice nurses—clinical specialists, nurse practitioners and midwives—face in their daily work. These include providing care to patients throughout the spectrum of disease as well as throughout their life. HIV, now a chronic disease, is one that requires expert care. In the 21st century, clinicians are faced with health problems of their patients beyond the infectious disease. Participants at this pre-conference will obtain information and skills that will enhance their practice.

OBJECTIVES: The learner will be able to

- Provide care and counseling for HIV positive women from pre-conception thru delivery and follow up.
- Increase skills to incorporate prevention and counseling messages into routine clinical visits.
- Identify the major drug–drug interactions in daily HIV practice situations.
- Discuss the challenges of implementing the advanced practice role in the global community.
- Understand the principles of palliative care that can improve the quality of life of patients living with HIV/AIDS.

AGENDA:

10:30 am – 10:45 am Welcome

10:45 am – Noon
Caring for the HIV Positive Women from Preconception thru Follow Up
Jean Anderson, MD
Professor, Department of Gynecology and Obstetrics, Johns Hopkins University

Objectives: The learner will be able to

- Review preconception counseling and care for the HIV+ woman.
- Discuss contraceptive options and issues for HIV+ women.
- Components of preconception counseling and care.

Noon – 12:45 pm Diabetes and HIV
Margaret Cauterucci, RD, CDE
Drexel University College of Medicine, Division of Infectious Disease and HIV/AIDS Medicine

Objectives: The learner will be able to

- Diagnosis: Identify appropriate screening with no testing for type 2 DM and prediabetes.
- Management: Apply current standards of care in managing type 2 DM.
- Education: Increase skills in teaching diabetes self management (DSM) skills to patients.
- Resources: Access current educational resources to make available to patients. Provide group with educational tools via group literature, internet to enhance patient evaluation.

12:45 pm – 1:45 pm Lunch

1:45 pm – 2:30 pm
Motivational Interviewing: Incorporating Prevention and Adherence Messages into the Clinical Visit
David Rubenstein, PsyD, MSW
Drexel University College of Medicine, Division of Infectious Disease and HIV/AIDS Medicine

Objectives: The learner will be able to

- Understand the Transtheoretical and Stages of Change Model (Motivational Interviewing).
- Identify the primary areas to address within HIV/AIDS prevention and adherence.
- Apply the Transtheoretical and Stages of Change Model (Motivational Interviewing) in working with HIV/AIDS patients.

2:30 pm – 3:15 pm
Clinical Implications of Drug/Drug Interactions in the Management of HIV/AIDS: What Every Clinician Should Know
Roula Qaqish, PharmD
Clinical Science Manager – Abbott Virology

Objectives: The learner will be able to

- Review basic pharmacokinetic and pharmacodynamic fundamentals.
- Evaluate the most clinically relevant drug interactions encountered with HIV antiretroviral combinations.
- Assess common herbal and recreational drug interactions with HIV antiretrovirals.
- Discuss management of clinically significant drug interactions in the HIV infection patient.

3:15 pm - 3:30 pm Break

3:30 pm – 4:15 pm
Palliative Care in Every Day Practice
Anne Hughes, PhD, RN, FAAN
Advanced Practice Nurse, Palliative Care,
Laguna Honda Hospital

Objectives: The learner will be able to

- Understand the principles of palliative care that can improve the quality of life of patients living with HIV/AIDS.

4:15 pm - 5:00 pm
Implementing the Role of the Advanced Practice Nurse in the Global Community— Stories from the Field
MaryAnn Vitiello, RN, APN
University of Washington, I-Tech
Senior Nursing Advisor

Objectives: The learner will be able to

- Develop knowledge and skills to implement capacity building skills in resource limited settings.

5:00 pm - 5:30 pm
Questions and Answer Session

This pre-conference has been supported by an educational grant from GlaxoSmithKline

Notes

Agenda at a Glance—Thursday, November 6

HANCB Board Meeting
9:00 am – 12:00 noon
Aster II

Registration
10:30 am - 6:00 pm

National Leadership Council
11:00 am – 1:00 pm
Finger Rock III

Chapter Leaders Meeting
12:45 pm – 3:30 pm
Murphey I

Committee Meetings
1:00 pm – 3:30 pm

Opening/Keynote
4:00 pm – 6:00 pm
M. Angelica Vuchetich, RN, CANP
Grand Ballroom

Awards Dinner
6:15 pm – 8:00 pm
Grand Ballroom

Gala
8:00 pm – 10:30 pm
Sonoran

Notes

Thank you to Tibotec for sponsorship of

Opening/Keynote

The Spirit of the Lamplighter

M. Angelica Vuchetich, RN, CANP

tibotec

THERAPEUTICS

DIVISION OF ORTHO BIOTECH PRODUCTS, L.P.

Awards
Location: *Murphey II*
1:00 pm – 2:15 pm

By-Laws
Location: *Murphey III*
1:00 pm – 2:15 pm

Development
Location: *Murphey II*
2:15 pm – 3:30 pm

Diversity
Location: *Murphey III*
2:15 pm – 3:30 pm

Global HIV Nursing
Location: *Aster*
1:00 pm – 3:30 pm

Finance
Location: *Finger Rock I*
1:00 pm – 2:15 pm

HIV+ Nurses
Location: *Finger Rock I*
2:15 pm – 3:30 pm

Nominating
Location: *Finger Rock II*
2:15 pm – 3:30 pm

Policy and Advocacy
Location: *Finger Rock III*
1:00 pm – 2:15 pm

Research
Location: *Finger Rock III*
2:15 pm – 3:30 pm

Notes

Notes

KEYNOTE

The Spirit of the Lamplighter

Grand Ballroom

In her keynote address, "The Spirit of the Lamplighter," Ms. Vuchetich will share her passion for HIV Nursing and draw on her years of experience as the Clinical Director of the Grady Infectious Disease Program in Atlanta, Georgia.

This extraordinary nurse will take you on a journey that will include "The Ten Commandments of Renewing, Caring and Healing".

M. Angelica Vuchetich, RN, CANP
Clinical Director, Infectious Disease Program
Grady Healthy Systems
avuchetich@gmh.edu

Objectives: The learner will be able to

- Identify the central roots of the Nursing profession
- Identify the 10 objectives of Renewing, Caring, & Healing of oneself & those we CARE for
- Identify the Mantle of Practice – what is it? Who wears it? How do we pass it on…

Notes

Agenda at a Glance—Friday, November 7

Satellite Breakfast
7:00 am – 8:30 am
Sonoran

Yoga
7:00 am – 8:00 am
Cottonwood

Registration
8:00 am – 3:30 pm

Plenary Speaker
8:45 am – 10:15 am
Father Joseph O'Brien, OP
Grand Ballroom

Concurrent Sessions
10:30 am – Noon

Exhibits Open
Noon – 5:00 pm
Canyon Ballroom

Poster Reception/ Lunch in Exhibit Hall
Noon – 1:45 pm
Canyon Ballroom

Concurrent Sessions
2:00 pm – 3:30 pm

Annual Business Meeting
3:45 pm – 6:15 pm
Murphey

Notes

ANAC GOES ALL ELECTRONIC

Beginning **January 1, 2009** ANAC will be "going green". At that time all communication with members including deadlines for **Award nominations, Board of Director nominations, Bylaws amendment proposals, Resolution proposals and Consent to Serve** applications will be communicated only on the website and by email. All conference information including the **Call for Abstracts** and **Conference Registration** will be on the website. **Membership renewal packets** will be sent by email. In addition, **ANACdotes** will no longer be sent via US Postal Service.

Don't miss important information and opportunities such as **job openings** and **scholarship/grant announcements**.

Please check at the conference registration desk and make sure your email address is accurate.

Important Deadlines

Dec 1	Open period to submit Bylaws amendment proposals
Jan 1	Open period to submit Resolution proposals
Jan 19	Call for abstracts opens
Feb 15	ANACdotes available on website
	Call for nominations for Board/Nominating Committee opens
March 6	Award nomination packets available on website
March 14	Deadline for Board and Nominating Committee nominations
April 13	Call for abstracts closes
April 30	Deadline for submission of Bylaws amendment proposals
May 1	Consent to serve applications available on website
May 4	Conference registration opens
May 15	ANACdotes available on website
June 29	Award nomination packets due
June 30	Consent to serve applications due
Aug 15	ANACdotes available on website
Aug 26	Deadline for submission of Resolution proposals
Sept 1	Membership renewal cycle begins
Nov 2	Early conference registration closes
Nov 15	ANACdotes available on website
Nov 18	Online conference registration closes
Nov 19-22	Conference, Jacksonville, FL

Unfortunately due to illness
Father Joseph O'Brien, OP
is unable to attend.

New Plenary Speaker
TO BE ANNOUNCED.

2008 Year-End HIV Update: Highlights from this Year's Major Medical Conferences

Location: *Indigo*

Roula Qaqish, PharmD
Clinical Services Manager, Abbott Virology
Roula.qaqish@abbott.com

Objectives: The learner will be able to
- Review basic PK and PK fundamentals
- Evaluate most clinically relevant drug interactions encountered in HIV/ARV combinations
- Assess women's herbal and recreational drug interactions with HIV ARVs
- Discuss management of clinically significant drug interactions in the HIV infected patient

Supported by Abbott Virology

HAART 101: Current Options for the Treatment of HIV Infection

Location: *Aster*

Patricia Cioe, MS, RNP
University Medicine Foundation
tcioe@aol.com

Objectives: The learner will be able to
- Review the natural history of HIV infection
- Review the current treatment guidelines for HIV/AIDS
- Review/identify currently approved medications and classes of HIV therapy

Your Greatest Resource for Your Clients is Your Own Self Care

Location: *Murphey*

Jacki Gethner, LMT, CADC1
Certified and Licensed Massage Therapist
jackigethner@earthlink.net

Objectives: The learner will be able to
- Identify their own stress behaviors and somatic complaints due to stress, and how they can either be amplified by clients or clients being on the receiving end of one's "bad day."
- Learn at least 3 skills to "de-stress" their work environment
- Experience at least 6 strategies to reduce "somatic" complaints of stress to be used at work and at home
- Examine ways to implement these practices with their clients while operating within their scope of practice

Notes

Sexual Behavior

Location: *Finger Rock*

A-1

Communication Systems and HIV/AIDS Sexual Decision Making in Young Adult Females

Rasheeta Chandler MS, ARNP-B

A-2

Methodological Challenges in Research on Sexual Practices and Risk Behaviors of Heterosexual Men: Lessons From the Viagra Study

Sande Gracia Jones, PhD, ARNP
Carol A. Patsdaughter, PhD, RN
Armando Riera, BSN, RN
Vicente Manuel Martinez Cardenas, BSN, RN
Roberto Evora, BSN, RN
Carmen McNichol, BSN, RN
Claudia Hodgson, BSN, RN
Robert Malow, PhD

A-3

License to Drive-Down HIV and STDs: Evaluation of a Mobile Health Screening Program

Elisa S. Silvestro, RN, MSN
Olivia M. Lau, RN, MSN
Adriana M. Cecchini, RN, MSN
Catherine A. O'Connor, MSN, ACRN
M. Susana Medeiros, BA
Carol A. Patsdaughter, PhD, ACRN

Notes

Cardiac Risks

Location: *Lantana*

A-4

Policosanol to Manage HIV-Related Dyslipidemia: A Randomized Controlled Trial

Barbara Swanson, PhD, RN
Joyce Keithley, DNSc, RN
Janice Zeller, PhD, RN
Louis Fogg, PhD
Judith Nerad, MD
Richard Novak, MD
Mariela Diaz-Linzres, PharmD

A-6

HIV and Obesity: A Review of the Clinical Evidence

Joyce Keithley, DNSc, RN

Notes

International Mentoring

Location: *Verbena*

A-7
Clinical Mentoring:
Implications in a Resource Constrained Country
Kathryn Thiessen, ARNP, ACRN

A-8
Tanzania-UCSF Twinning Partnership:
Tanzania HIV/AIDS Nursing Education (THANE)
Carmen J Portillo, RN, PhD
Thecla W Kohi, RN, PhD
Joyce Safe, RN, BSc
Jennifer Okonsky, RN, MA
Annelie Nilsson, RN, MS
William Holzemer, RN, PhD

A-9
Nursing Mentorships in South Africa:
Two Nurses' Experiences
Janet C. Novak, MS, ACRN
Karen W. Cervino, MA, ACRN
R. Kevin Mallinson, PhD, AACRN

Notes

A-1

Communication Systems and HIV/AIDS Sexual Decision Making in Young Adult Females

Rasheeta Chandler MS, ARNP-B
University of South Florida,
Tampa, Florida, United States

Background: HIV/AIDS is a national priority for several reasons including its endemic/pandemic status (evidenced statistically) and economic demand. Adolescents 15-24 years old who are sexually active acquire nearly half of all new Sexually Transmitted Infections (STIs). Recent findings from the CDC have exposed behavioural outcomes among adolescent girls. Increased teen birth rates, escalating births to unwed mothers, and STIs ascribed to 1 in 4 adolescent females, are reasons to enhance effective prevention efforts. There are gaps in the research literature on the influence of mass media, print media, and environmental communication systems on older adolescents' sexual decision-making. Overwhelming evidence exists to confirm that current primary prevention efforts have not decreased HIV incidence among adolescents.
Purpose: The specific aim of the study, based on Bandura's Social Cognitive Theory, was to test associations among communication system methods and HIV/AIDS self-efficacy, perceived risk, knowledge, and HIV/AIDS sexual decision-making among older adolescent females. Communication systems consist of interpersonal relationships, mass and print media. Research questions are: (1) Will sociodemographic variables (race/ethnicity) influence the type of communication system preferred by older adolescent females? (2) Is there an association among type of communication system methods preferred and HIV/AIDS self-efficacy, perceived risk, and knowledge? (3) Is there an association among the type of communication system method preferred and sexual-decision making; and 4) Is there an association among HIV/AIDS self-efficacy, perceived risk, knowledge, and sexual decision-making in older adolescent females?
Methods: The study used a non-experimental cross sectional design. The sample included 866 females, 18 to 21 years old, attending the the second largest univeristy or a historically black university in the southeastern region. Data was collected using validated instruments transcribed into an electronic survey program.
Results/Conclusions: Data analysis consisted of frequency distributions, descriptive statistics, Chi Square, Pearson r correlations, and Path analyses._ Results indicate that there are associations beween all proposed constructs that constitute the theoretically derived path diagram.
Implications for Practice: The communication systems associated with older adolescents' sexual decision-making may assist public health advocates in developing related preventive interventions for young adult females.
Objectives: By the end of the presentation participants will be able to:

1. Summarize the types of media patronized by young adult females.
2. Discuss the associations between: Demographic variables and communication systems; communication systems and person factors; communication systems and behavior; and person factors and behavior.
3. Identify the best conduit for transfer of HIV/AIDS information to young adult females.

A-2

Methodological Challenges in Research on Sexual Practices and Risk Behaviors of Heterosexual Men: Lessons From the Viagra Study

Sande Gracia Jones, PhD, ARNP[1], Carol A. Patsdaughter, PhD, RN[1],
Armando Riera, BSN, RN[1], Vicente Manuel Martinez Cardenas, BSN, RN[1],
Roberto Evora, BSN, RN, Carmen McNichol, BSN, RN,
Claudia Hodgson, BSN, RN[1], Robert Malow, PhD[2]
[1]College of Nursing & Health Sciences, Florida International University, Miami, Florida, United States,
[2]Stempel School of Public Health,
Florida International University,
Miami, Florida, United States

Background: Considerable research has been conducted on use of oral PDE5 inhibitors (Viagra, Levitra, Cialis) and HIV risk in MSM (Sanchez & Gallagher, 2006). However, these drugs are also prescribed for and used by heterosexual men to treat erectile dysfunction (ED). Although heterosexual men using ED drugs may be at risk for HIV and other STDs, there is little data to document their sexual practices and risk behaviors (Rosen et al., 2006). A study was funded by the National Institute of General Medicine, National Institutes of Health, Minority Biobehaviorial Research Support (MBRS) Program to explore safer sex practices of Hispanic and non-Hispanic heterosexual men age 50 years and older who were currently using prescribed ED drugs.
Purpose: This presentation will describe the methodological challenges that have arisen during the data collection stage of the Viagra study and discuss strategies that have been used to overcome these challenges.
Methods/Practice: The methodological issues to be presented and strategies implemented to address these challenges include (a) issues related to recruitment of heterosexual men; (b) issues related to recruitment of older Hispanic men; (c) gender of recruiters and interviewers for minority male participants; (d) instrument appropriateness, length and language; (e) choice of incentives for different populations; (f) physician office versus community-based recruitment; and (g) privacy/safety issues with use of personal versus pay per use cellular phones and office phones for recruiting participants and conducting interviews.

Conclusions: Certain populations may be harder than others to access when discussing personal information such as safer sex practices. Culture, gender and age-specific factors may also impede recruitment and participation. An understanding of these issues is essential when conducting research or working with these groups.
Implications for Practice: Many of the adaptive and creative strategies that were used in this study may also be applicable in HIV prevention and care for heterosexual minority men over 50 years of age.
Objectives: By the end of the presentation participants will be able to:

1. Describe current oral PDE5 drugs used to treat erectile dysfunction (ED).
2. Discuss methodological challenges that have arisen during data collection on a study of safer sex practices and behaviors of heterosexual men using ED drugs.

A-3

License to Drive-Down HIV and STDs: Evaluation of a Mobile Health Screening Program

Elisa S. Silvestro, RN, MSN[1], Olivia M. Lau, RN, MSN[1], Adriana M. Cecchini, RN, MSN[1], Catherine A. O'Connor, MSN, ACRN[2],
M. Susana Medeiros, BA[2], Carol A. Patsdaughter, PhD, ACRN[3]
[1]Northeastern University, Boston, MA, United States,
[2]HIV Innovations, Boston, MA, United States,
[3]Florida International University, Miami, FL, United States

Background: Project Health MOVES is a statewide mobile health program funded by the Massachusetts Department of Public Health HIV/AIDS Bureau. The program is a collaboration between HIV Innovations (a nurse led consulting group), Northeastern University School of Nursing, community health centers, and AIDS service organizations. This model utilizes nurses, undergraduate/graduate nursing students, and HIV counselors to conduct free HIV/STD/VHP (viral hepatitis) education, health screening, and immunizations with MSMs and IDUs in nontraditional settings. The program has demonstrated success with high seroprevalence rates.
Purpose: Program evaluation was an essential program component following the first year of service delivery in order to assess practice and patient satisfaction outcomes and assist with future program planning.
Methods: A cross-sectional survey consisting of Likert scale, dichotomous, and open-ended questions was administered to a convenience sample of patients who accessed services on the van (N = 80). Nonclinical staff administered the survey. Questions were read to participants and results recorded. Participants were given a $5 incentive for survey completion.
Conclusions: Forty four percent (44%) of participants reported that they were recruited via outreach staff, and 31% stated that nursing staff informed them of available services; 83% responded that they sought services due to convenience and multiple services offered; 93% felt that assessment was private/confidential; 80% agreed or strongly agreed that staff were understanding and respectful of culture/ethnicity/lifestyle; 84% agreed or strongly agreed that they would have sought services regardless of an incentive; 30% suggested that rapid HIV testing be offered.
Implications for Practice: Developing relationships and trust is essential, especially when the nurse has one opportunity to "set the wheels in motion." The nurse can be the "gateway" and "bridge" for the patient to access primary healthcare services. Bringing culturally competent, comprehensive services to patients where they are is a successful way to reach at-risk populations who may not be engaged in care. Nursing care can be delivered in nontraditional settings without compromising patient privacy/confidentiality. Adding rapid HIV testing would enhance the patient experience. Nurse driven care as well as the value, convenience, and menu of services are all favorable factors in patients' decisions to seek mobile van services.
Objectives: By the end of the presentation participants will be able to:

1. Understand key outcomes from a mobile health program evaluation initiative.
2. Understand the importance of innovative nursing interventions.

A-4

Policosanol to Manage HIV-Related Dyslipidemia: A Randomized Controlled Trial

Barbara Swanson, PhD, RN[1], Joyce Keithley, DNSc, RN[1], Janice Zeller, PhD, RN[1],
Louis Fogg, PhD[1], Judith Nerad, MD[2], Richard Novak, MD[3], Mariela Diaz-Linzres, PharmD[3]
[1]Rush University College of Nursing, Chicago, IL, United States,
[2]CORE Center, Chicago, IL, United States,
[3]University of Illinois at Chicago, Chicago, IL, Germany

Background: HIV infection and its treatment are associated with a number of adverse effects. One adverse effect, HIV-related dyslipidemia, may increase risk for the development of premature coronary heart disease. Preliminary studies suggest that lipid-lowering drugs, such as statins and fibrates, may be partially efficacious in normalizing serum lipid levels in HIV-related dyslipidemia. However, potentially serious side effects of these drugs can be exacerbated by co-administration of antiretroviral agents, resulting in physician and patient reluctance to use them. Since alternative therapies are com-

monly used by persons with HIV infection, an alternative therapy with lipid-modifying properties that has at least equal effectiveness and fewer side effects would be a valuable option for managing HIV-related dyslipidemia. One such option is policosanol, a dietary supplement extracted from purified sugar cane wax that has demonstrated tolerability and lipid-lowering properties in non-HIV-infected populations.

Purpose: To describe the safety and efficacy results of a administering a 12-week course of 20 mg daily of policosanol in a sample of persons with HIV-related dyslipidemia.

Methods: Randomized, placebo-controlled, crossover clinical trial.

Conclusions: Policosanol is associated with a statistically significant reduction in triglycerides after 12 weeks of supplementation. Policosanol has no adverse effects on viral replication, nor on parameters of kidney, liver, or immune function.

Implications for Practice: Policosanol may be a safe and effective alternative for managing dyslipidemia in HIV-infected patients who are unable or unwilling to use conventional therapies.

Funded by NIH/NCCAM: 1 R21 AT003077-01

Objectives: By the end of the presentation participants will be able to:

1. Describe the pathogenesis and treatment of HIV-related dyslipidemia.
2. Describe the safety and efficacy of policosanol for managing HIV-related dyslipidemia.

A-6

HIV and Obesity: A Review of the Clinical Evidence

Joyce Keithley, DNSc, RN
Rush University College of Nursing, Chicago, IL, United States

Background: HIV disease and obesity are significant public health challenges. Only a decade ago, HIV disease was a progressively fatal illness accompanied by severe wasting. Today, antiretroviral therapy has transformed HIV disease into a chronic illness, increasingly accompanied by obesity. However, it is not known if obesity is protective or harmful with respect to HIV disease progression and development or exacerbation of co-morbidities.

Purpose: Research reports are just beginning to describe the prevalence, risk factors, and predictive value of overweight and obesity in HIV-infected individuals. The purpose of this clinical practice poster is to describe the results of these studies and to advance evidence-based recommendations for current nursing practice and future clinical research.

Methods/Practice: An integrative review critically summarizes the current literature, describing the state of the science and providing data for evidence-based HIV nursing practice.

Conclusions: An integrative review of the literature reveals that the prevalence of obesity is high among HIV-infected persons. Both traditional risk factors and HIV treatment-related factors play a significant role in the development of obesity. Preliminary data suggest equivocal relationships among HIV disease activity and progression.

Implications for Practice: As the state of the science evolves, the management of obesity in HIV-infection will require not only an understanding of conventional weight management strategies, but also disease, health disparities, and treatment issues that are unique to HIV-infected individuals.

Objectives: By the end of the presentation participants will be able to:

1. Describe the prevalence, risk factors, and predictive value of overweight and obesity in HIV-infected individuals.
2. Discuss management strategies for obesity in HIV infection that will maximize health care outcomes.

A-7

Clinical Mentoring: Implications in a Resource Constrained Country

Kathryn Thiessen, ARNP, ACRN
University of Kansas, Wichita, KS, United States

Background: Lesotho is a very small country that is located in southern Africa; an area devastated by the HIV/AIDS epidemic. Clinical mentoring with international mentors has proven to increase quality of care and treatment of those infected by working with local nurses. Clinicians learn best by doing while under the trained eye of an experienced clinician. After two years of international mentoring in Lesotho, they are now beginning to develop their own local mentors as "experts" to carry on the training.

Purpose: To demonstrate the effectiveness of clinical mentoring as a way to increase local nurses knowledge base and ability to care for HIV/AIDS patients. To establish local nurses who can serve as experts for their colleagues. To reveal how this model is sustainable after the clinical mentor leaves.

Practice: International nurses work along with local nurses to improve HV/AIDS care in Lesotho. They work in one specific site along with the local nurse for that site. Clinical mentors do not provide direct care but rather assist the nurse with expert advice on how to identify, treat and care for HIV/AIDS patients.

Conclusions: International mentoring works effectively in resource constrained countries, such as Lesotho. It enhances local nurses' care, treatment and knowledge of HIV/AIDS. It is sustainable after international mentors have left the country which is preferred over a more traditional setting of providing all the care and treatment then leaving the area without continuation of those services.

Implications for Practice: This provides an excellent opportunity to give back some of our knowledge and skills to another nurse who might not otherwise have this chance. It provides overall increase in care and treatment of those with HIV/AIDS in resource limited countries. Practice has shown that it is an answer to large scale up of HIV care. It is a sustainable, reasonable approach to dealing with the millions of people in sub-Saharan Africa waiting for treatment and care of their HIV/AIDS.
Objectives: By the end of the presentation participants will be able to:

1. Enhance knowledge of clinical mentoring in resource constrained countries.
2. Understanding relationship between international and local mentors.

A-8

Tanzania-UCSF Twinning Partnership: Tanzania HIV/AIDS Nursing Education (THANE)

Carmen J Portillo, RN, PhD,[1] Thecla W Kohi, RN, PhD[2], Joyce Safe, RN, BSc[2], Jennifer Okonsky, RN, MA[1], Annelie Nilsson, RN, MS[1], William Holzemer, RN, PhD[1]
[1]University of California School of Nursing, San Francisco, CA, United States,
[2]Muhimbili University College of Health and Allied Sciences School of Nursing, Dar es Salaam, Tanzania, United Republic of

Background: The Schools of Nursing at Muhimbili University of Health and Allied Sciences (MUHAS) and UCSF are collaborating on a twinning partnership building a HIV/AIDS nursing education pre-service curriculum for the faculty at 62 nurse training programs in Tanzania.
Purpose: Based upon a needs assessment that nursing school faculty in Ministry of Health nurse training programs did not have current knowledge and clinical skills related to HIV/AIDS nursing care, the THANE project was initiated. The THANE project was designed to address this critical need and aims to design and implement a comprehensive HIV/AIDS curriculum. THANE is designed to be integrated into pre service nursing curricula ensuring that the graduating nurses are competent at a basic level in HIV/AIDS care.
Practice: Three components of the THANE project include: 1) Curriculum Development. Twelve modules have been developed that focus on medical care content harmonized with the Ministry of Health and National AIDS Control Program guidelines and specific nursing care consistent with a family-centered community based model. Topics include HIV/AIDS prevention, pathogenesis, hospital and home-based care and treatment, HIV stigma, symptom management, and life skills. 2) Train-the-Trainers. Eighteen nurse tutors from all zones of Tanzania were selected and trained to become master trainers, during a two-week workshop. 3) Roll-out to Nurse Tutors. Zonal workshops led by the master trainers and supported by UCSF faculty are training all the nurse tutors in Tanzania. The project provides support for each zonal training and the project evaluation. Evaluation plan focuses upon HIV knowledge and attitudes, confidence in teaching; workshop satisfaction; and monitoring the integration of the THANE content into the curriculum.
Conclusions: To date (April 2008), 136 nurse tutors have been trained. The nurse tutors increased their HIV knowledge scores from 57% to 74% and showed a significant increase in confidence in teaching HIV/AIDS content.
Implications for Practice: This project focuses upon strengthening pre-service education for nursing students, an area that has been neglected in ARV roll-outs. Providing nurse tutors with knowledge, skills, resources, and confidence in HIV/AIDS care has the potential to improve the ability of nursing graduates to provide basic HIV/AIDS care.
Objectives: By the end of the presentation participants will be able to:

1. Understand the purpose and aims of the THANE project.
2. Describe the development and components of the Tanzania HIV/AIDS Nursing Education (THANE) project.

A-9

Nursing Mentorships in South Africa: Two Nurses' Experiences

Janet C. Novak, MS, ACRN[1], Karen W. Cervino, MA, ACRN[1], R. Kevin Mallinson, PhD, AACRN[2]
[1]The Department Veterans Affair Health Care System, Baltimore, MD, United States,
[2]Georgetown University School of Nursing & Health Studies, Washington, DC, United States

Background: Sixty eight percent (68%) of the world's HIV infected individuals live in Sub Saharan Africa. This region shouldered seventy-five percent (75%) of AIDS deaths in 2007. South Africa has the largest number of HIV infections in the world. South African nurses play a critical role in caring for HIV positive patients, but may lack updated knowledge, skills, and support to effectively address HIV issues with patients. Many of the country's nurses are also struggling to manage their own HIV disease.
Methods: Two ACRNs (AIDS Certified Registered Nurses) from Baltimore, MD participated as clinical mentors through the Nurses SOAR! (Strengthening Our AIDS Response) program in Durban, KwaZulu-Natal, South Africa. The mentors were assigned a three week deployment to either the St Mary's Hospital and College of Nursing or the St Augustine's Hospital. The nurse mentors worked closely with nursing staff to identify educational needs, engage in informal discussions about HIV/AIDS, and provided staff with scheduled presentations. Through this approach, the mentors developed close and trusting relationships with the South African nurses.
Conclusion: ANAC members with expertise in HIV/AIDS

care have the knowledge, experience, and skills to mentor and educate nursing staff in resource poor countries. Nurses share a common goal of patient advocacy that unites, energizes, and motivates them to strengthen their response to the HIV epidemic. The Nurses SOAR! mentorship experience fostered an environment of trust, respect, and hope between mentors and mentees, as well as heightened the mentors awareness of cultural issues and/or barriers which impacts HIV care in South Africa.

Implications for Practice: As nurses, we have a responsibility to facilitate the empowerment of nurses in resource poor countries to effectively advocate for patients living with HIV. Nursing mentorship programs, such as Nurses SOAR!, provide an opportunity for nurses with expertise in HIV to reinforce, facilitate, and motivate nurses; as they flourish, South African nurses will enhance the care of the HIV patients. Through the development of relationships – and genuine engagement – with nurses in other countries may, coincidentally, reward, enrich, and change our lives forever.

Objectives: By the end of the presentation participants will be able to:

1. Define the role of a clinical mentor in Sub Saharan Africa.
2. List at least two challenges facing clinical mentors in resource poor countries.
3. Identify at least three outcomes of effective clinical mentorships.

Notes

Mentoring the Next Generation of Emerging Nursing Leaders in HIV/AIDS Care, Education, and Research
Location: *Indigo*

Orlando Harris, BA, BS, RN
Orlando_harris@urmc.rochester.edu
Sheldon D. Fields, PhD, RN, APRN, BC, FNP, AACRN, FNAP, FAANP
Sheldon_fields@urmc.rochester.edu
Frances Jackson, PhD, RN
fcjackson@aol.com
Diane Clements-Walton, RN, MS, CNS
dcrwalton@aol.com
Eula Pines, PHD, MSN, PMHCNS, BC
epines@6180@aol.com
Sharon Montgomery, RN, MSN
smontgomery@atlantatech.edu

Objectives: The learner will be able to
- Discuss the need for mentoring in HIV/AIDS care, education, and research
- Discuss the characteristics and responsibilities of a mentor and mentee
- Identify and discuss effective models of mentoring in the areas of HIV/AIDS care, education, and research
- Identify the impact of culturally sensitive needs of diverse populations in HIV/AIDS on the desirability of mentor/mentee relationship
- Identify steps to engage the student nurses in mentoring relationships from initiation to graduation
- Describe the importance of an open/frequent communication between mentor and mentee
- List three ways a mentor can engage his/her mentee in exploring a graduate eduction
- Discuss and list how to become a mentor, who to focus on for mentoring, ways to become an effective mentor and how to maintain the mentor-mentee relationship in HIV/AIDS care, education, and research
- Discuss the next steps in engaging in mentorship activities in HIV/AIDS care, education, and research

Update on Coccidiomycosis
Location: *Aster*

J. Kevin Carmichael, MD
Chief of Service
El Rio Special Immunology Associates (SIA)
kevinc@elrio.org

Objectives: The learner will be able to
- Understand the importance of C.Immitis infection in person with HIV/AIDS
- List signs/symptoms of C. Immitis in person with HIV/AIDS
- Describe diagnosis and treatment C. Immitis in person with HIV/AIDS

JANAC Session 2008: The Art of Revision
Location: *Murphey*

Lucy Bradley-Springer, PhD, RN, ACRN, FAAN
Editor, JANAC
Lucy.bradley-Springer@uchsc.edu
Carol Patsdaughter, PhD, RN, ACRN
Associate Editor, JANAC
patsdaug@fiu.edu
Kristen Overstreet, BA
Managing Editor, JANAC
Kristen.overstreet@mac.com

Objectives: The learner will be able to
- Describe the importance of manuscript revision in publication efforts
- Evaluate and revise manuscripts prior to submission in ways that increase the probability of acceptance
- Respond to reviewer comments in a proactive manner
- Develop a personal perspective on the revision and review process

Illicit Drugs

Location: *Finger Rock*

B-1

Formative Evaluation of a Sexual Risk Reduction Program by Rural African American Cocaine Users

Donna L. Gullette, DSN, RN,
Katharine E. Stewart PhD, MPH
Patricia B. Wright MPH, RN

B-2

Social Factors Influencing ART Adherence Among Black Men Living with HIV who use Illicit Drugs

J. Craig Phillips, LLM, PhD

B-3

HIV Nurses: Care Partners in Opiate Replacement Therapy

Cynthia MacLeod, ACRN, CARN

Notes

Medications/Fatigue

Location: *Lantana*

B-4

The Association Between Psychosocial Variables and HIV-Related Fatigue Over Time

Julie Barroso, PhD, ANP

B-5

Persistence of HIV-Related Fatigue Over Time

James L. Harmon, RN, MSN

B-6

Use of HIV Resistance Testing to Optimize HAART in Treatment-Experienced Patients–Results from the UTILIZE Study

Marita McDonough, RN, MPA
Pamela Gorman, RN
John Baxter, MD
Laveeza Bhatti, MD
Richard Vinisko, MS
Wanda Broderick, MS
Peter Piliero, MD

Notes

Developing Capacity

Location: *Verbena*

B-7

A Sustainable Community Network for Adherence Support: The Patients and Religious Leaders

Frederik Kimemia, RN/RM, DHCM

B-8

Building Nursing Capacity for HIV/AIDS Care in Nigeria: Opportunities and Challenges

Emilia Iwu, MSN,RN,APN
Asabe Gomwalk, BSC, RNRM
Emily Umaru, BSC, PHN
Halima Ibrahim, RNRM, PHN

B-9

An Approach to Addressing Caregiver Stress Among Ethiopian Nurses

Dehne Mengiste, RN
Azeb Mekonnen, RN, BA
Suzanne Jed, MSN, FNP-B

Notes

B-1

Formative Evaluation of a Sexual Risk Reduction Program by Rural African American Cocaine Users

Donna L. Gullette, DSN, RN,
Katharine E. Stewart PhD, MPH, Patricia B. Wright MPH, RN
University of Arkansas for Medical Sciences,
Little Rock, Arkansas, United States

Background: HIV and other STIs disproportionately affect African Americans in the United States. Rural African American stimulant users are at particular risk of acquiring sexually transmitted infections (STIs) and HIV because they sell and/or trade sex for drugs and have multiple sexual partners. Despite this, there are very few interventions designed to reduce sexual risk for this "hidden" population.
Purpose: This study was a formative evaluation of a sexual risk reduction program for use in the community by rural African American cocaine users.
Method: Ten rural African-American cocaine users (five women) became members of the community advisory board (CAB). Through a series of focus group sessions, members provided information on how to adapt a sexual risk reduction intervention for use in their community.
Findings: African American active cocaine users identified the positive and negative aspects of an established sexual risk program developed by the Centers for Disease Control and Prevention (CDC). They provided vital information on how to adapt the program to meet the needs in the community, such as incorporating information on general sexual health, and reaching other users through community-wide events. Through the formative evaluation process, they also discussed barriers to implementing such a program in their community and provided solutions to overcoming these barriers.
Conclusions: Rural African American cocaine users are motivated to participate in sexual risk reduction programs when they are valued for the knowledge they have regarding needs of active cocaine users and the needs of their community. Further, they can contribute valuable information for intervention development and acceptability that would not otherwise be obtainable from "hidden" populations.
Implications: Working with a CAB provides an opportunity for researchers and members to gain mutual respect and trust with each other in adapting and developing a sexual risk reduction intervention. It is crucial to gain their trust particularly when working with "hidden" populations prior to implementing the intervention in their community.

Funded by: This project was supported in part by the Tailored Biobehavioral Research Center that is funded by National Institute of Nursing Research (NINR) grant P20 NR009006-01 and by the College of Nursing, University of Arkansas for Medical Sciences Intramural Grant.

Objectives: By the end of the presentation participants will be able to:

1. Describe the four stages of formative evaluation used in adapting and designing a sexual risk reduction intervention for rural African American cocaine users.
2. Describe at least two benefits in recruiting rural African American cocaine users to design a sexual risk reduction intervention for use in the community.

B-2

Social Factors Influencing ART Adherence Among Black Men Living with HIV who use Illicit Drugs

J. Craig Phillips, LLM, PhD
Florida International University
Miami, Florida, United States

Background: In the United States 1.2 million persons are HIV infected. Among men, HIV rates in Blacks are seven times higher than Whites. More Black men progress to AIDS because of treatment failure and adherence problems. Antiretroviral therapy (ART), the only treatment effective for long term HIV suppression, requires near perfect adherence. Illicit drug use and homelessness pose further challenges. Suboptimal ART adherence leads to HIV mutations that can render entire classes of medication ineffective and transmission of mutated HIV to others in the community.
Purpose: To investigate ART adherence behaviors of Black men living with HIV who use illicit drugs.
Methods: A sample of 160 Black men living with HIV who use illicit drugs was recruited using flyers and snowball sampling. These men completed study questionnaires that included: demographics, the K-10, PSOM and Social Capital Integrated Questionnaire, among others. One-way ANOVAs, multiple regression, and path analysis were used to address the study's research questions.
Conclusions: Most of the Black men in this sample were high school graduates and single, with high rates of being marginally housed and homeless. Unemployment and disability were common, and personal and household income was low. The men reported high numbers of sexual partners both over the past year and during their lifetimes, suggesting continued engagement in high risk behaviors. The majority of the men attributed their HIV to heterosexual sex, with sexual commoditization being common. About half of the 105 men currently taking ART reported the current regimen was their first. Patient-provider relationship was positively associated with tolerability of ART. ART adherence was greater with less psychological distress, lower frequency of current illicit drug use, and greater tolerability of ART. Partner status negatively influenced ART adherence.
Implications for Practice: This study of Black men's ART adherence behaviors has implications for nursing and public

health. It identified social context factors that influence ART adherence among the men and provides evidence of their non adherence risk profile. This profile can be used to refine existing, or develop new, ART adherence interventions.

Objectives: By the end of the presentation participants will be able to:

1. Identify social context characteristics that put Black men living with HIV who use illicit drugs at risk for ART non adherence.
2. Describe factors associated with ART non adherence among Black men living with HIV who use illicit drugs.
3. Describe the nurses' role in clinical management with Black men living with HIV who use illicit drugs in light of the findings of this study.

B-3

HIV Nurses: Care Partners in Opiate Replacement Therapy

Cynthia MacLeod, ACRN, CARN
The Miriam Hospital, Providence, RI, United States

Background: Opiate dependence is a common finding among HIV+ patients due to use of non-prescribed opiate use and loss of controlled use of prescribed opiates for treatment of chronic pain. Opiate replacement therapy is a treatment option for those meeting DSM IV criteria for dependence. Buprenorphine is a mixed opiate agonist/antagonist utilized in opiate replacement therapy. It has advantages of low overdose potential and long-lasting blockade of opiate receptors without sedation. Buprenorphine has been available for prescription by certified physicians in the US since 2003.

Purpose: Highlight the promising practice of AIDS care nurses in co-managing the office-based opiate replacement therapy (OTR).

Practice: An ACRN in an HIV primary care clinic was supported by a SPNS grant and her physician colleagues to assist in the clinical care of opiate dependent patients requesting ORT. She co-managed over 50 patients from assessment through induction, stabilization and maintenance on Suboxone, a fixed combination of buprenorphine and naloxone. She offered health education, adherence coaching, linkage to clinical care, treatment planning, advocacy, and referrals ranging from case management to mental health to substance abuse treatment.

Conclusions: HIV Nurses encounter opiate dependence routinely and are often the first line in addressing the consequences of uncontrolled use. Nurses are suited to partner with the PCP in providing assessment, planning, intervention and evaluation of effective OTR and treatment planning. Nurses can coach patients to engage in recovery-related activities such as 12 step, outpatient and residential treatment, and counseling.

Implications for Practice: Nurses are natural patient allies in the treatment of opiate dependence in the HIV care setting. Prescribing physicians who invite nurses to partner with them will quickly recognize the value to their patients and both physicians and nurses will enjoy an enrichment of their practice. Finally, when NPs are granted permission to prescribe buprenorphine, nursing will assume a more prominent role in the evolving science of medication-assisted therapies for substance abuse.

Objectives: By the end of the presentation participants will be able to:

1. Describe the risks and benefits of opiate replacement treatment with buprenorphine.
2. Describe the role of the nurse in office-based opiate replacement therapy utilizing buprenorphine.

B-4

The Association Between Psychosocial Variables and HIV-Related Fatigue Over Time

Julie Barroso, PhD, ANP
Duke University School of Nursing, Durham, NC, United States

Background/Purpose: Psychosocial variables, particularly depression, are related to fatigue in HIV-infected people. However, these variables have not been studied longitudinally in a fatigued sample. We examined multiple psychosocial variables to determine how changes in these variables affect HIV-related fatigue.

Methods: We examined depression, anxiety, social support, perceived stress, adult and childhood trauma, post-traumatic stress disorder, and stressful life events of 128 HIV-infected people with fatigue. We report here the data collected at baseline and 2 subsequent visits, over the course of one year. The HIV-Related Fatigue Scale was used to measure fatigue intensity and fatigue-related impairment of functioning. Mixed effects regression models were fitted for each psychosocial variable. The models included subject-specific random intercepts and separate effects for the within- and between-person variability in the psychosocial measures. All fatigue and psychosocial variables were standardized to have a mean of 0 and a standard deviation of 1.

Results: The majority of subjects were African American (66%), male (66%), and the median age was 44. Most were unemployed (67%); the median monthly income of the sample was $686. Participants reported a median of 10 years since diagnosis (range 0-25 years). Within-person changes in stressful life events, depression, and anxiety over time all had statistically significant effects on fatigue intensity and fatigue-related impairment of functioning. The strongest relationships were with depression and anxiety; as an individual's anxiety score increased by 1 standard deviation (SD), fatigue intensity increased by 0.257 SD, and as an individual's depression score increased by 1 SD, fatigue intensity increased by 0.289 SD.

Conclusions: Stressful life events, depression, and anxiety

have significant effects on fatigue intensity and fatigue-related impairment of functioning. We will continue to follow this group for 3 years to determine additional changes over time.
Objectives: By the end of the presentation participants will be able to:

1. Describe psychosocial factors related to HIV-related fatigue.

B-5

Persistence of HIV-Related Fatigue Over Time

James L. Harmon, RN, MSN
Duke University School of Nursing,
Durham, North Carolina, United States

Background: Fatigue is one of the most debilitating symptoms of HIV infection, yet its trajectory over time remains poorly described.
Purpose: The primary aim of this study was to describe changes in the nature of fatigue over time in a sample of HIV-infected individuals.
Methods: We measured fatigue at three-month intervals over 15 months in 128 HIV-positive adults. The HIV-Related Fatigue Scale was used to measure fatigue intensity and impact of fatigue on daily functioning. We used Kaplan-Meier functions to calculate the cumulative probability of achieving remission of fatigue among those fatigued at baseline.
Results: The sample was primarily male (66%) and African American (66%), with median age 44 years. Most were unemployed (67%), with a median monthly income of $686. Median time since HIV diagnosis was 10 years, mean CD4 count was 517/mm^3, 82% were on antiretroviral therapy, and 67% had an HIV viral load <400 copies/mL. At baseline 111 (88.1%) subjects were fatigued. The mean fatigue intensity score was 4.9 and the mean fatigue-related impairment of daily functioning score was 5.6 (both on a scale of 1-10). Correlations in fatigue across time points ranged from 0.64-0.87 for fatigue intensity and from 0.61-0.81 for fatigue-related impairment of functioning. Over 15 months, 26% of participants' fatigue intensity varied <1 point around their overall mean on a 1-10 scale and 73% varied <2 points. For fatigue-related impairment of functioning, 23% varied <1 point and 57% varied <2 points. Of those fatigued at baseline, the cumulative probability of experiencing remission of fatigue by 15 months was 12% (95% CI: 7-20%).
Conclusions: HIV-related fatigue, thought to be highly variable, was persistent in this sample and unlikely to remit over 15 months of follow-up.
Implications for Practice: These findings underscore a need for interventions to address fatigue in HIV-infected patients.
Objectives: By the end of the presentation participants will be able to:

1. Describe the persistent nature of HIV-related fatigue over time. Content: Description of the study findings on the persistence of HIV-related fatigue over time.
2. Describe the need for interventions to address HIV-related fatigue.

B-6

Use of HIV Resistance Testing to Optimize HAART in Treatment-Experienced Patients – Results from the UTILIZE Study

Marita McDonough, RN, MPA[1], Pamela Gorman, RN[2], John Baxter, MD[2], Laveeza Bhatti, MD[3], Richard Vinisko, MS[1],
Wanda Broderick, MS[1], Peter Piliero, MD[1]
[1]Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, CT, United States,
[2]Cooper University Hospital, Camden, NJ, United States,
[3]UCLA School of Medicine, Los Angeles, CA, United States

Background: In treatment-experienced patients failing their current HAART regimen, genotypic and phenotypic resistance tests can be used effectively to guide treatment decisions with the goal of long-term virologic suppression.
Purpose: Using data from the Utilization of HIV Drug Resistance in Treatment-Experienced Patients (UTILIZE) study, we examined how clinicians use resistance testing to guide treatment decisions in patients failing a PI-based HAART regimen, and the rationale behind those decisions.
Methods: UTILIZE was an observational US study designed to examine clinicians' use of HIV drug-resistance testing in treatment-experienced patients currently failing a PI-based HAART regimen (viral load ≥1000 copies/mL). Physicians only enrolled patients for whom they were considering a change in HAART regimen. Patients were randomized to receive either a genotype (GT) or combined phenotype-genotype test (PGT), and treatment decision was made at the second study visit.
Results: A total of 246 patients were enrolled and 236 had resistance testing. 81% were male and 65% were white. Median HIV RNA and CD4 count were 4.4 $\log_{10}$ copies/mL and 184 cells/mm^3 respectively with no significant differences between groups. 212 completed both study visits (105-GT; 107-PGT). After obtaining test results, 164 (70%) changed therapy (66%-GT; 73%-PGT). Specifically, 79% and 85% discontinued their study-entry PI and non-PI ARVs respectively, while 73% and 81% initiated new PI and non-PI ARVs. Newly available or investigational ARVs were used frequently in new regimens. The reasons for modifying therapy were (in decreasing frequency) resistance test results, immunologic failure, patient desire to change, and clinical progression. Notably, the most common reason for not changing therapy was due to results from resistance testing.
Conclusions: Genotypic or combined genotypic-phenotypic resistance testing in patients failing PI-based HAART provided information that assisted clinicians in constructing new regimens. Non-PI ARVs were most commonly changed. Availabil-

ity of new or investigational agents was an important reason for changing therapy, and this was reflected in their frequent use in new regimens.

Implications for Practice: Resistance testing provides important information for clinicians who are considering a change in HAART for their patients failing their current therapy. Use of new or investigational agents is important in constructing new HAART regimens.

Objectives: By the end of the presentation participants will be able to:

1. Recognize that resistance testing provides important information to clinicians who are considering a change in HAART for patients failing their current therapy.
2. Understand that genotypic or combined genotypic-phenotypic resistance testing in patients failing PI-based HAART provides information that assists in constructing new regimens.
3. Understand that the use of new or investigational agents are important in the construction of new HAART regimens.

B-7

A Sustainable Community Network for Adherence Support: The Patients and Religious Leaders

Frederik Kimemia, RN/RM, DHCM
UNISA, South Africa, South Africa

Purpose: Comprehensive, community-based adherence programs are an effective approach to achieving successful HIV treatment outcomes in resource-limited settings in Africa and other developing countries. The HIV services community program at Kijabe Hospital in central Kenya illustrates a very successful, sustainable model for community-based adherence support system for HIV patients and families.

Methods/Intervention and Practice: The Kijabe HIV services program has over 2400 patients active on antiretroviral therapy (ART) and over 4300 clients enrolled in the program. Retention in care is 89%, and mortality is 5% for those on ART. Sixty-nine of seventy-one (97%) patients on ART for 9-15 months had viral load measures below level of quantification (<400 copies/ml). Community activities include identification, referral and follow-up of patients; home-based adherence monitoring; 56 support groups (including 8 targeting children); and 6 associated satellite clinics. Over 350 patients have been trained as community health volunteers (CHVs) and function as a key component of the program by nurses. CHV activities are coordinated by paid Adherence Officers and Community Nurses. In addition, over 300 local religious leaders have been trained in HIV treatment literacy. Many of these trained religious leaders are attached to support groups, host support groups in their churches, and serve as sources of patient referral. Involvement of local religious leaders has helped to decrease stigma in the community and enhance community ownership of the HIV treatment program.

Lesson learned: An effective, comprehensive community-based adherence program can be implemented in resource-limited settings using a minimal paid staff component. Training patients and local religious leaders is a sustainable, long-term mechanism for adherence support and community treatment literacy can be done efficiently and their work supervised by community nurses trained in AIDS care.

Implications for Nursing Practice: This model of community-based adherence support utilizing patient CHVs (nurses and Others) and local religious leaders is being implemented at other Faith-based and public HIV treatment facilities in Kenya. Similar programs may be successfully implemented in other resource-limited settings, especially in rural areas, and may help to improve adherence and retention in care.

Objectives: By the end of the presentation participants will be able to:

1. Replicate the model to other developing countries.

B-8

Building Nursing Capacity for HIV/AIDS Care in Nigeria: Opportunities and Challenges

Emilia Iwu, MSN,RN,APN, Asabe Gomwalk, BSC, RNRM, Emily Umaru, BSC, PHN, Halima Ibrahim, RNRM, PHN
University of Maryland, Institute of Human Virology Nigeria, Abuja, Federal Capital Territory, Nigeria

Background: The burden of HIV infection has increased demand on the health infrastructures. Nigeria has a prevalence rate of 4.4% with an estimated 2.9 million HIV infected citizens. Free ART services have resulted to more people seeking care. With increasing workload. Nurses could effectively fill the gap but most lacked the knowledge and skills necessary to care for HIV infected patients. Wide spread stigma and discrimination in health facilities are related to knowledge deficits. UMD-ACTION project Nigeria, since 2005, intensified nursing capacity building to enhance nurses' clinical roles plus engaged nursing stakeholders to act on larger scale for sustainability.

Purpose: Describe ACTION project's efforts with HIV nursing capacity building in Nigeria.

Methods/Practice: ACTION works with experienced Nurse Practitioner faculty members to expand on nursing skills and role-integration into care teams. Senior Nigerian nurses on staff were mentored to improve their HIV/AIDS knowledge and program implementation skills. They worked with physicians in a collegial manner to plan and implement ARV services. This empowered them to perform beyond "traditional" nursing roles. A curriculum for nurses was adapted and modified to address Nigerian-specific issues. Facility-based training/mentoring strategy was utilized to reach as many

nurses as possible and later, a TOT approach to build a cohort of regional trainers. 1,600 nurses from 26 hospitals were trained and mentored in two years. The Project nurses sensitized Nigerian nurse leaders, licensing body and other stakeholders to institute wide-ranging strategies for pre and post service nurses. Currently, a draft national HIV/AIDS curriculum for nurses was developed and is being piloted through a PEPFAR funded nursing fellowship in Nigeria.

Conclusion: HIV/AIDS capacity building for nurses enhances their confidence, ability to render appropriate care, clinical contribution to the team and overall patient outcome.

Implications for Practice: The nurses reported positive changes in knowledge, attitude and practice. Quality of care, patient satisfaction, advocacy and service delivery have improved. Patients report decreased stigma and discrimination in these facilities. Non-existing services like community based programs, support groups and nurse follow up of stable patients have been implemented at teaching and general hospitals. Physicians have reacted favorably to "task shifting", but nurses must ensure continued quality. A draft national HIV/AIDS nursing curriculum was developed which Nursing Council plans to incorporate this into nursing and midwifery training programs. PEPFAR just funded the first Nigerian HIV and Leadership Fellowship program for health professionals with nurses as first cohorts. Challenges remain: transfer of trained personnel, staff shortage, burn-out and administrative support.

Objectives: By the end of the presentation participants will be able to:

1. Describe the benefits of improving nurses' knowledge about HIV/AIDS.
2. Describe how building nursing capacity can help alleviate physician shortages in resource poor countries.
3. List at least 2 benefits of sensitization and collaboration of nursing stakeholders.

B-9

An Approach to Addressing Caregiver Stress Among Ethiopian Nurses

Dehne Mengiste, RN[1], Azeb Mekonnen, RN, BA[1], Suzanne Jed, MSN, FNP-B[2]

[1]*International Training and Education Center, Addis Ababa, Ethiopia,*

[2]*University of Southern California, Los Angeles, CA, United States Minor Outlying Islands*

Background: Since 2006, over 400 Ethiopian nurses have been trained to provide comprehensive HIV care. As recognized in the World Health Organization's Task Shifting Guidelines, these nurses are responsible for "shouldering the majority of clinic responsibilities for antiretroviral therapy". These nurses provide care for a large number of difficult to manage HIV-infected patients, work long hours in challenging conditions, and give up the benefits of shift work; all with minimal compensation.

Purpose: To demonstrate the importance of caring for this cadre of nurses and one approach to providing this care.

Methods/Practice: Recent mentor reports, nurse training evaluations, and nurse interviews reflect the expanding role of nurses within HIV care and the resulting increase in caregiver stress and risk of burnout. Despite the satisfaction derived from helping patients and the decrease in number of patient deaths; nurses report the increased caseloads, accompanied by insufficient compensation, place them at risk for burnout, caregiver stress, and increased rates of attrition.

In response, regional clinical update courses were conducted. An entire day of these four day courses was dedicated to a session on caring for the caregivers. The focus was on providing an affirming environment, where stress management exercises were exemplified and nurses received much needed appreciation. Post-course evaluations and conversations indicated nurses were surprised, impressed and felt supported and valued as a result of this session. Nurses consistently rated this aspect of the course as very good or excellent and indicated it was one of the sessions from which they learned the most.

Conclusions: As a result, the nursing team plans to continue to conduct similar programs annually or biannually and evaluate nurses more consistently for burnout/risk of attrition. A proposal to conduct a retreat for nurses and nurse mentors is in process.

Implications: This experience emphasizes the importance of taking caregiver needs into account and developing programs that address them.

Objectives: By the end of the presentation participants will be able to:

1. Explain the caregiver stress nurses in this environment face.
2. Describe a tangible example of teaching stress reduction in a caring manner.

GRADUATE POSTERS

GP2
Three Years Consecutive HIV/AIDS Mortality Review at the Primary Health Clinic in San Francisco in the Post HAART Era
Soson Jong, Carol Dawson Rose

GP3
Relationships Between Body Composition, Food Intake, and Laboratory Values in HIV-Positive Persons Participating in a Physical Activity and Nutrition Study
Rebecca A. Brotemarkle, MSN, ACRN
Barbara A. Smith, PhD, FAAN

Notes

GP-2

Three Years Consecutive HIV/AIDS Mortality Review at the Primary Health Clinic in San Francisco in the Post HAART Era

Soson Jong, Carol Dawson Rose
University of California San Francisco, San Francisco, CA, United States

Background: Anti-HIV AIDS medications have resulted in decreased morbidity and mortality among people living with HIV. As mortality decreases and medication effectiveness improves, causes of death data among HIV patients receiving care in HIV clinics across the US are being studied. The Positive Health Program (PHP), the largest HIV outpatient clinic serving uninsured and underinsured in San Francisco, undertook a mortality data review in order to improve care and prevent mortality.
Purpose: The purpose of this review was to identify trends in the causes of death of the PHP patients who died during 2007. In addition, a comparison between 2005-2006 data was undertaken.
Method/practice: The comprehensive list of patients who died in 2007 was generated based on the electronic medical records, provider reports, and cross referencing the PHP patients list with the National Death Index. The cause of death, demographic, clinical, and psycho-social information was analyzed using a mortality review tool. Medical examiner reports were also included to determine cause of death information. The three year accumulated mortality data was then analyzed and compared across the 3 years.
Conclusion: In 2007, 71 patient deaths were confirmed. The leading causes of death were non-HIV- related deaths such as substance use, cardiovascular diseases and non-HIV related malignancy. Psychiatric diseases and substance abuse were the most prevalent co-morbidities. Cause of death data between years did not differ.
Implications for practice: As the HAART therapy is widely available, mortality from AIDS significantly decreased in the US; however, HIV/AIDS still contribute to higher mortality and the people with HIV are still dying earlier than other groups of chronic disease. HIV health care providers should be aware of the trends in HIV mortality and adapt strategies in order to reduce the preventable deaths.
Objectives: By the end of the presentation participants will be able to:

1. Find out the causes of death among HIV-infected population at PHP and city of San Francisco.
2. Demonstrate the most contributing factor for death in HIV population in this population.
3. Define the advanced practice of nurse's roles in improving quality of care through identifying preventable deaths.

GP-3

Relationships Between Body Composition, Food Intake, and Laboratory Values in HIV-Positive Persons Participating in a Physical Activity and Nutrition Study

Rebecca A. Brotemarkle, MSN, ACRN, Barbara A. Smith, PhD, FAAN
University of Maryland, Baltimore, Baltimore, MD, United States

Background: Body composition and nutritional status are a concern for HIV-positive persons with lipodystrophy. Body composition measures, food diaries and laboratory values were examined from a 32-week study looking at the effects of physical activity and nutrition.
Purpose: The purpose of this descriptive study is to examine the relationships between body composition measures, nutritional intake and laboratory values in a group of HIV-positive participants.
Methods: Baseline data were collected from 48 HIV-positive participants from the physical activity and nutrition study. The data include demographic information, body composition measures (CT scan, DEXA scan and anthropometrics), and a food diary. Statistical analyses were performed using SPSS 15.0.
Conclusions: Sample demographics are: 31(67.4%) males; 22(47.8%) Caucasian, 22(47.8%) African American, 2(4.4%) other races; mean age = 43.7 years (SD=7.4); mean CD4 count = 429.8 (SD=238.7; mean HIV1-RNA = 10.5K copies (SD=49.5K); and mean time on HAART = 50.3 months (SD=29.8). Preliminary data analysis found significant correlations between visceral abdominal adipose tissue (VAAT) and HDL-cholesterol ($r = -0.347$, $p = .038$), leg adipose tissue ($r = -0.360$, $p = .031$), waist circumference ($r = 0.418$, $p = .011$), lipomas ($r = 0.366$, $p = .028$), and intake of trans-fatty acids ($r = 0.358$, $p = .041$). Additional significant correlations were found between total and LDL-cholesterol ($r = 0.718$, $p < .000$), total cholesterol and triglycerides ($r = 0.310$, $p = .032$), and HDL-cholesterol and triglycerides ($r = -0.416$, $p = .003$).
Implications for Practice: The data support some findings from the literature on lipodystrophy in HIV-positive persons. Since the advent of HAART and the aging of the HIV population, lipodystrophy has become an issue and has been associated with increased cardiac risk. Increased VAAT in this study was associated with lower HDL and higher LDL cholesterol, decreased leg adipose tissue, increased waist circumference, increased incidence of lipomas, and increased intake of trans-fatty acids. Implications for practice are that monitoring and identifying interventions to decrease VAAT, may help to improve cardiac risk indicators and changes in fat redistribution. Future research will include using a larger sample size and examining relationships with additional variables.
Objectives: By the end of the presentation participants will

be able to:

1. Identify two body composition measurements associated with increased visceral abdominal adipose tissue.
2. Identify one dietary factor that was correlated with increased visceral abdominal adipose tissue.
3. Define lipodystrophy and state 2 factors associated with lipodystrophy in HIV-positive persons.

Notes

POSTERS

P4
Prevention Hits the Street: The Making of the Condom Car
Shelley Buschur, RN, CNM,,BFA
Robert Manning, RN, BSN, ACRN
Anna Moore RN, BSN, ACRN

P5
Staff Preparation for HIV Care in Corrections and In Transition to the Community: Lessons Learned from Two Funded Projects
Jacqueline Zalumas, PhD, RN, F

P6
Tipranavir Safety and Efficacy Data in a Large, Treatment-Experienced Patient Cohort
Marita McDonough, RN, MPA
William Towner, MD, FACP
Elizabeth Race, MD, MPH
Katherine Brown, MD
Peter Piliero, MD

P7
Physician Decisions when Genotypic and Phenotypic Data are Discordant – Results from the UTILIZE Study
Pamela Gorman, RN, ACRN
John Baxter, MD
Laveeza Bhatti, MD
Marita McDonough, RN, MPA
Richard Vinisko, MS
Wanda Broderick, MS
Peter Piliero, MD

P8
Physician Perception of Ease of Interpretation and Usefulness of Genotypic/Phenotypic Resistance Testing in Patients Failing HAART – Results from the UTILIZE Study
Marita McDonough, RN, MPA
Pamela Gorman, RN
John Baxter, MD
Laveeza Bhatti, MD
Richard Vinisko, MS
Wanda Broderick, MS
Peter Piliero, MD

P9
Access to Resistance Testing in HIV Care: Clinical Experience and Limitations – Results from the UTILIZE Study
Pamela Gorman, RN, ACRN
John Baxter, MD
Laveeza Bhatti, MD, PhD
Marita McDonough, RN, MPA
Richard Vinisko, MS
Wanda Broderick, MS
Peter Pilier, MD

P10
Impact of AIDS Cachexia, and Determining the Optimum Formulation of Megestrol Acetate Oral Suspension for Treatment
Naomi Musaji, PharmD
John Gillespie, MD, MBA

P11
Intergenerational Internet Dating: A New Technology, an Old Risk
Richard L. Sowell, PhD
Kenneth D. Phillips, PhD

P13
Transition from Prenatal to Primary Care for HIV-Infected Women
JoNell Potter, PhD, ARNP
Barbara Messick, MPH
Yvette Rivero, BA
Amanda Cotter, MD, MSPH

P15
Impact of ZUNO/NNO Caring for Caregivers Project for Nurses in Zambia
Miss Christine Mutati
Mr. Isaac Sulwe

P16
Nursing Intervention for Improving HIV-Positive Patients'Access to and Compliance with Colorectal Cancer Screening
John Barazzuol, ACRN

P18
Bioavailability of the 100mg Etravirine Tablet Dispersed in Water and of the 25mg Pediatric Tablet Formulation
Monika Schöller-Gyüre, MD
Marc Covitz, MSN, FNP
Thomas N. Kakuda, PharmD
Rodica M. Van Solingen-Ristea, MD
Goedele De Smedt, MD
James Witek, MD
Monika Peeters, MSc
Lorant Leopold, MD
Richard M.W. Hoetelmans, PhD, Pharm

Posters

P19
Tolerability of Etravirine, an NNRTI Recently FDA-approved for the Management of Treatment-Phase III Clinical Trials
Monika Peeters, MSc
Marc Covitz, MSN, FNP
Katrien Janssen, MSc
Rekha Sinha, MD
Lorant Leopold, MD
James Witek, MD
Goedele De Smedt, MD

P20
Impact of Grief Support for Zambian Children: A Success Story
Eula W. Pines, PHD, MSN, PMHCNS, BC
Maureen Rauschhuber, PhD, RNC
Sarah J. Williams, PhD, RNC

P21
Perceptions of Care by HIV-Infected Women in the United States
Gwen Verlinghieri, RN, ACRN
Janet Forcht, RN
Sally Hodder, MD
Judith Aberg, MD
Judith Feinberg, MD
Dawn Averitt Bridge
Staats Abrams
Stephen Storfer, MD
Kathleen Squires, MD

P22
Pregnancy and Societal Stigma in HIV-Infected Women in the United States
Gwen Verlinghieri MSN, ACRN
Janet Forcht, RN
Kathleen Squires, MD
Dawn Averitt Bridge
Judith Aberg, MD
Judith Feinberg, MD
Staats Abrams
Stephen Storfer, MD
Sally Hodder, MD

P23
Clinicians Fail to Routinely Provide Reproduction Counseling to HIV-Infected Women in the United States
Gwen Verlinghieri, RN, ACRN
Janet Forcht, RN
Dawn Averitt Bridge
Sally Hodder, MD
Kathleen Squires, MD
Judith Aberg, MD
Staats Abrams
Stephen Storfer, MD
Judith Feinberg, MD

P24
Rapid HIV Screening in Primary Care: Physician's Attitudes Towards Offering Rapid HIV-1 Screening In the Primary Care Setting
Sharon Valenti, MSN, CNP

P25
Educational Support for Persons Living with HIV/AIDS
Gloria Taylor, DSN, RN
Barbara Blake, PhD, RN

P26
Sexual Decision-Making: Sexual Encounters of Young African American Women
Gwendolyn Childs, PhD, RN
Carrie Ann Long, RN, BSN

P29
Medical Monitoring Project: What do HIV/AIDS Care Nurses Need to Know?
A.D. McNaghten, PhD, MHSA
Helen Rominger, RN, MSN
Cheryl Pearcy
Linda Beer, PhD

P30
The Experience of Loss and Grief Among South African Nurses
Michael Relf, PhD, RN
Maureen Kennedy, BSN
Suzanne O'Hara, BSN
R. Kevin Mallinson, PhD, RN

P31
Translation and Psychometric Testing of the Spanish Multidimensional Scale of Perceived Social Support
Laura Clarke-Steffen, PhD, RN
Judy O'Haver, PhD, CPNP
Janice Piatt, MD

P-4

Prevention Hits the Street: The Making of the Condom Car

Shelley Buschur, RN, CNM, BFA[1],
Robert Manning, RN, BSN, ACRN[2], Anna Moore RN, BSN,,ACRN[3]
[1]*Baylor College of Medicine, Houston, TX, United States,*
[2]*Texas Children's Hospital, Houston, TX, United States,*
[3]*Harris County Hospital District, Houston, TX, United States*

Condoms are a barrier method that can prevent the exchange of blood, semen and vaginal secretions, which are the primary routes of STD transmission. In recent years, as a result of misinformation and insufficient research, the efficacy of condoms, especially terms of STD prevention, has been debated in many forms. Research continues to show that condoms are one of the only methods for sexually active individuals to protect themselves against STDs, including HIV.

A recent review of qualitative studies published in the *Lancet* looked at the sexual behaviour of young people around the world and found that one of the barriers to condom use was a high level of discomfort with the topic. As a nurse working in the area of prenatal HIV, I have always tried to defuse the discomfort of condom talk with my patients, but have found it challenging. Using funny drawings and other kinds of humor has sometimes helped.

I have for a long time been involved in the creation of whimsical art cars with groups in order to foster camaraderie and enhance self esteem while conveying a message. Most recently, I worked with a group of traumatic brain injury victims to make the Brain Car in 2007 and in 2006, organized a group of teens to create an art car dedicated to the Day of the Dead celebration. Prior to these projects, I made many art cars on my own, winning numerous awards while displaying them in parades and exhibits around the country.

As the incoming president of the Houston Gulf Coast Chapter of ANAC, I sought to organize fun activities for the membership that would also further the goals of ANAC. During the course of a brainstorming session at our first board meeting of the year in January, a new board member suggested that she would like for our membership to create an art car. We decided on the "condom car" as we believed it would best fulfill our duty in following the ANAC mission in "promoting social awareness concerning issues related to HIV/AIDS" and honoring ANAC's "abiding commitment to the prevention of further HIV infection.

Objectives: By the end of the presentation participants will be able to:

1. Describe the steps taken to create a work of art with the purpose of presenting a prevention message.
2. Describe reactions of public to the prevention message as demonstrated in the art car.
3. Understand the importance of working as a team in chapter project.

P-5

Staff Preparation for HIV Care in Corrections and In Transition to the Community: Lessons Learned from two Funded Projects

Jacqueline Zalumas, PhD, RN, F
Georgia Baptist College of Nursing,
Mercer University, Atlanta, GA, United States

Background: Maintaining HIV knowledge of staff providing care for incarcerated and formerly incarcerated individuals is a challenge. Risks for acquiring HIV, hepatitis, and STDs overlap with risks of incarceration. Since most inmates eventually return to the community, targeting adults and juveniles through health care while incarcerated is a public health opportunity.

Purpose: Training of corrections healthcare providers about best practice and transitional issues can impact inmate populations with HIV rates three times the general population. This presentation will review challenges to providing HIV care in corrections, discuss barriers and strategies to training providers, review a needs assessment of the AETC network, and present lessons learned from two national HIV training and evaluation projects.

Practice: Further, CTAT is developed a national website on corrections educational resources and a DVD on Occupational Exposure training for corrections officers. An introduction to this website and DVD will be presented and input on needs will be requested from the audience.

Conclusions and Implications: Competency in HIV care of staff who provide HIV care for incarcerated and formerly incarcerated individuals is an on-going challenge. The mission of corrections settings, characteristics of incarcerated populations, rapidly evolving HIV standards of care, and the increasing importance of corrections populations in the changing HIV epidemic all focus attention on incarcerated populations and the special educational needs of caregivers. Nurses are key in providing care in correctons facilities, in arranging transitional services, and in providing care and coordinating services in the community. They also play significant roles in orientation of new staff and in continuing education for HIV caregivers in all settings. They can provide important links to providers of HIV training for the incarcerated and formerly incarcerated.

Objectives: By the end of the presentation participants will be able to:

1. Identify two issues related to maintaining professional HIV care in corrections.
2. Discuss two barriers and two strategies to providing training for corrections and community caregivers.
3. Describe the corrections needs assessment with national training and corrections and public health partners and lessons learned from training and evaluation national projects.

P-6

Tipranavir Safety and Efficacy Data in a Large, Treatment-Experienced Patient Cohort

Marita McDonough, RN, MPA[1], William Towner, MD, FACP[2], Elizabeth Race, MD, MPH[3], Katherine Brown, MD[4], Peter Piliero, MD[1]
[1]Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, CT, United States,
[2]Kaiser Permanente, Los Angeles, CA, United States,
[3]University of Texas Southwestern Medical Center at Dallas, Dallas, TX, United States,
[4]David Powell Community Health Center, Austin, TX, United States

Background: Aptivus (tipranavir; TPV), is a non-peptidic protease inhibitor (PI), administered with low-dose ritonavir (TPV/r). The tipranavir US Expanded Access Program (EAP), initiated in December 2004, provided early access to TPV prior to marketing approval and further evaluated its safety and efficacy in treatment-experienced patients.
Methods: The open-label, non-randomized treatment protocol enrolled patients experienced with 3 antiretroviral (ARV) classes (nucleoside reverse transcriptase inhibitor, NRTI; non-nucleoside reverse transcriptase inhibitor, NNRTI; and PI), who had prior use of more than 1 PI-based regimens and needed TPV to construct a viable ARV regimen because of documented PI-resistance mutations. Patients were excluded if baseline liver enzymes were DAIDS Grade ≥3. Eligible patients received TPV/r 500/200 mg twice daily. Safety was evaluated at Week 2, Months 1, 2, and 3, and every 3 months thereafter. Viral loads (VL) and CD4+ T-cell counts were recorded per standard-of-care.
Results: The EAP provided 915 patients with access to TPV. Patients had taken a median of 13 prior ARVs: 6 NRTIs, 1 NNRTI, 5 PIs, and enfuvirtide (ENF), which had been taken by 34% of patients. Median baseline CD4+ count and VL were 90 cells/mm^3 and 63,800 copies/mL. 14.7% were co-infected with hepatitis B or hepatitis C. Approximately 60% of patients started ENF with TPV/r. Median time on TPV/r was 113 days (range: 1–236). Mean VL reductions in evaluable patients (N=206) at Day 180 was 1.24 log10 copies/mL, with those on ENF achieving a VL reduction of 1.66 log10 copies/mL. Mean CD4+ increase at 180 days was +24 cells/mm^3, with +60 cells/mm^3 in those receiving ENF. Treatment-related adverse events occurred in 55 (6.0%) patients; 61 (6.7%) discontinued TPV/r due to an adverse event (whether treatment-related or not). 3.5% of patients developed Grade 3 or 4 AST or ALT levels.
Conclusions: In this treatment-experienced population, TPV/r was generally well tolerated and no new adverse events were identified. Use of TPV/r in this population was associated with significant reduction in VL and increase in CD4+ T cells.
Implications for Practice: Safety and efficacy data from the US EAP support the use of Aptivus as a therapeutic option in treatment-experienced patients.

Objectives: By the end of the presentation participants will be able to:

1. Recognize that treatment with TPV/r in this patient population can result in a significant reduction in viral load and an increase in CD4+ T cells.
2. Understand that TPV/r is generally well tolerated with a predictable adverse event profile in treatment-experience patients.

P-7

Physician Decisions when Genotypic and Phenotypic Data are Discordant – Results from the UTILIZE Study

Pamela Gorman, RN, ACRN[1], John Baxter, MD[1], Laveeza Bhatti, MD[2], Marita McDonough, RN, MPA[3], Richard Vinisko, MS[3], Wanda Broderick, MS[3], Peter Piliero, MD[3]
[1]Cooper University Hospital, Camden, NJ, United States,
[2]UCLA School of Medicine, Los Angeles, CA, United States,
[3]Boehringer Ingelheim Pharmaceuticals, Inc, Ridgefield, Ct, United States

Background: Genotypic and phenotypic resistance tests can be used to improve long-term virologic outcomes in treatment-experienced patients. Although the viral phenotype usually correlates with genotypic mutations present, the results are sometimes discordant for a variety of reasons, most commonly due to the presence of a mixture of drug-resistant and drug-sensitive viral quasispecies.
Purpose: Using data from the Utilization of HIV Drug Resistance in Treatment-Experienced Patients (UTILIZE) study, we examined how physicians interpret discordant genotypic and phenotypic test results.
Methods: UTILIZE was an observational US study designed to examine clinicians' use of HIV drug-resistance testing in treatment-experienced patients currently failing a PI-based HAART regimen (viral load ≥1000 copies/mL). Physicians only enrolled patients for whom they were considering a change in their HAART regimen. Patients were randomized to receive either a genotype (GT) or combined phenotype-genotype test (PGT), and treatment decision was made at the second study visit. Prior to enrollment, investigators responded to a questionnaire about how they utilize resistance testing in their practice.
Results: All 40 UTILIZE study investigators were asked "When you receive a genotypic and phenotypic result for the same patient which is discordant how do you usually interpret it?" 40% of investigators said their interpretation usually depends on the specific drug or drug class. 30% of investigators said they defer to phenotypic test results, whereas 18% defer to the genotype. Interestingly, 5% elect to choose an alternate drug for which there is no discordance.
Conclusions: Genotypic-phenotypic discordance is not uncommon in treatment-experienced patients. Previous stud-

ies have shown that the degree of discordance varies by drug class, but appears to be more common for NRTIs. The experience of this cohort of investigators with discordance appears similar as demonstrated by the fact that they interpret discordant resistance testing results primarily based on the drug or drug class involved. In the setting of discordance, clinicians more frequently defer to phenotypic results.
Implications for practice: Clinicians should be aware of the potential for discordant genotypic/phenotypic results in treatment-experienced patients. In this setting, they should consider which drug or drug class is involved and seek expert advice for interpretation of test results.
Objectives: By the end of the presentation participants will be able to:

1. Describe how clinicians interpret discordant genotypic and phenotypic test results in HIV treatment experienced patients.
2. Aware of the potential for discordant genotypic and phenotypic test results in treatment experienced HIV-infected patients.

P-8

Physician Perception of Ease of Interpretation and Usefulness of Genotypic/Phenotypic Resistance Testing in Patients Failing HAART – Results from the UTILIZE Study

Marita McDonough, RN, MPA[1], Pamela Gorman, RN[2], John Baxter, MD[2], Laveeza Bhatti, MD[3], Richard Vinisko, MS[1],
Wanda Broderick, MS[1], Peter Piliero, MD[1]
[1]Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, CT, United States,
[2]Cooper University Hospital, Camden, NJ, United States,
[3]UCLA School of Medicine, Los Angeles, CA, United States

Background: HAART regimens that have been modified based on genotypic and phenotypic resistance testing have been shown to improve long-term virologic outcomes in treatment-experienced patients. Despite this, HIV drug-resistance testing is still underutilized in clinical practice.
Purpose: Using data from the Utilization of HIV Drug Resistance in Treatment-Experienced Patients (UTILIZE) study, we examined physicians' perceptions of the ease of interpretation and usefulness of genotypic (GT) and combined phenotypic-genotypic (PGT) resistance testing in guiding treatment decisions.

Methods: UTILIZE was an observational US study designed to examine clinicians' use of HIV drug-resistance testing in treatment-experienced patients currently failing a PI-based HAART regimen (viral load ≥1000 copies/mL). Physicians only enrolled patients for whom they were considering a change in their HAART regimen. Patients were randomized to receive either a genotype or a combined phenotype and genotype test, and a treatment decision was made at the second study visit.
Results: A total of 246 patients were enrolled and 236 had resistance testing (117-GT; 119-PGT). 81% were male and 65% were white. The median HIV RNA and CD4 count were 4.4 $\log_{10}$ copies/mL and 184 cells/mm^3 respectively with no significant differences between the groups. For 93.7% of the patients, clinicians reported the test results were easy, very easy, or somewhat easy to interpret with no difference between the testing groups. Interpretation was somewhat difficult, difficult, or very difficult in only ~6% of cases. For 93% of patients, clinicians felt that resistance testing provided useful information, with slightly higher perception for the PGT (GT-91%; PGT-96%). Expert interpretation, which was available to all clinicians participating in the study, was accessed rarely.
Conclusions: In this population of HIV treatment-experienced patients failing PI-based therapy, clinicians felt that combined phenotypic-genotypic testing provided useful information slightly more frequently than genotypic testing alone. Most clinicians reported the resistance tests were easy to interpret for over 92% of patients. Expert interpretation was used rarely.
Implications for practice: Resistance testing provides easy to interpret and useful information the majority of time for clinicians considering a change in HAART for their patients failing therapy. Most clinicians are comfortable managing patients without expert interpretation.
Objectives: By the end of the presentation participants will be able to:

1. Understand that resistance testing offers easy to interpret and useful information for clinicians considering a change in HAART for their patients failing therapy.
2. Recognize that most clinicians are comfortable managing patients without expert interpretation of resistance test results.

P-9

Access to Resistance Testing in HIV Care: Clinical Experience and Limitations – Results from the UTILIZE Study

Pamela Gorman, RN, ACRN[1], John Baxter, MD[1], Laveeza Bhatti, MD, PhD[2], Marita McDonough, RN, MPA[3], Richard Vinisko, MS[3], Wanda Broderick, MS[3], Peter Pilier, MD[3]
[1]Cooper University Hospital, Camden, NJ, United States,
[2]UCLA School of Medicine, Los Angeles, CA, United States,
[3]Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, CT, United States

Background: Routine access to and use of genotypic and phenotypic resistance testing has been shown to improve long-term virologic outcomes in treatment-experienced

patients. In addition, the DHHS Guidelines recommend that resistance testing be obtained in all patients experiencing virologic failure. However HIV drug-resistance testing remains underutilized in clinical practice.

Purpose: Using data from the Utilization of HIV Drug Resistance in Treatment-Experienced Patients (UTILIZE) study, we examined physicians' experiences with access to resistance testing and potential barriers that may limit such access.

Methods: UTILIZE was an observational US study designed to examine clinicians' use of HIV drug-resistance testing in treatment-experienced patients currently failing a PI-based HAART regimen (viral load ≥1000 copies/mL). Physicians only enrolled patients for whom they were considering a change in their HAART regimen. Patients were randomized to receive either a genotype (GT) or a combined phenotype and genotype test (PGT), and a treatment decision was made at the second study visit. Prior to enrollment, the investigators were asked several questions about access to resistance testing in their practice.

Results: 40 investigators from the US enrolled a total of 246 patients. 50% reported that sometimes they had limited access to resistance testing and 23% reported they always had limited access to resistance testing. In contrast, 28% had no limitations to access. The primary reason (93%) for limited access was that patient's insurance only covered specific resistance tests. 55% also reported that being insured by ADAP/Ryan White or being underinsured limited access to resistance testing.

Conclusions: In the US, patients' access to resistance testing is frequently limited. The primary reason for such limitations is insurance-driven. Given the proven clinical utility and cost effectiveness of resistance testing in patients experiencing virologic failure it is important to overcome this barrier to care.

Implications for Practice: Clinicians should be aware that their patients may have limited access to resistance testing and should work with insurers to advocate for their patients to have access to the various resistance testing modalities available.

Objectives: By the end of the presentation participants will be able to:

1. Describe the primary barrier limiting patients' access to resistance testing.
2. Describe the importance of resistance testing in the care of HIV-infected patients.

P-10

Impact of AIDS Cachexia, and Determining the Optimum Formulation of Megestrol Acetate Oral Suspension for Treatment

Naomi Musaji, PharmD, John Gillespie, MD, MBA
Strativa Pharmaceuticals,
a division of Par Pharmaceutical, Inc,
Woodcliff Lake, NJ, United States

Background: Approximately 1/3 of HIV-infected individuals have cachexia. Cachexia is an unintended weight loss characterized by depletion of fat and muscle mass, and is a component of AIDS wasting. AIDS wasting has been considered an AIDS-defining condition by the The Centers for Disease Control since 1987. Even in the current era of HAART, weight loss and wasting continue to be of concern. Megestrol acetate oral suspension is an appetite stimulant indicated for the treatment of anorexia, cachexia, or an unexplained, significant weight loss in patients with AIDS. It is available in its original oral suspension (Megace [MAOS], Bristol-Myers Squibb), and a more concentrated, nanocrystal dispersion (Megace ES, [MA-NCD], Par Pharmaceutical, Inc.). A main difference between the 2 products is effect of food on absorption.

Purpose: Demonstrate the difference between MA-OS and MA-NCD in terms of absorption in people who are not eating.

Methods/Practice: Open-label, randomized, two-way crossover study performed in 24 healthy males. Subjects randomized to a 5-mL dose of MA-NCD (625 mg) with a high-fat, high calorie meal (fed), or after an overnight fast. Following a 14-day washout, subjects received a second dose under the crossover condition. Blood samples were obtained predose and serially postdose. Separate, open-label, absorption reference studies evaluated a 20-mL dose of MAOS (800mg) in 40 fasted and 40 fed healthy volunteers.

Results: MA-NCD and MAOS showed comparable absorption in the fed state. In fasting Megace ES subjects, the maximum concentration (Cmax) absorbed was 30% less than the fed Cmax value. For Megace, the Cmax achieved in the fasted study was calculated to be 86% less than the Cmax obtained in the fed study. Also, fasting Megace subjects had the greatest reduction in total extent of absorption.

Conclusions: MA-NCD provides improved solubility of megestrol acetate resulting in marked differences between the absorption of MA-NCD and MAOS in people who are not eating.

Implications for Practice: Understand the clinical consequences of AIDS-related cachexia, and the importance of nutritional evaluation. Identify the absorption difference between 2 different formulations of megestrol acetate oral suspension, and how this relates to treating patients with AIDS suffering from cachexia.

Objectives: By the end of the presentation participants will be able to:

1. Understand the definition and clinical consequences of AIDS-related cachexia, and the importance of nutritional evaluation.
2. Identify the absorption difference in the unfed state between 2 distinct formulations of megestrol acetate oral suspension, and how this relates to treating patients with cachexia.

P-11

Intergenerational Internet Dating: A New Technology, an Old Risk

Richard L. Sowell, PhD[1], Kenneth D. Phillips, PhD[2]
[1]*Kennesaw State University, Kennesaw, GA, United States,*
[2]*University of Tennessee, Knoxville, Knoxville, TN, United States*

Background: HIV/AIDS is increasing among U.S. women. For women unprotected sex with men who have sex with men (MSM) represents high risk behavior. However, women may be unaware of their risk due to MSMs keeping their sexual behavior secret. For MSMs, the internet offers a new avenue for discreetly soliciting sex. Yet, little is known about MSMs use of the internet and what risks are posed.
Purpose: The purpose of this study was to describe characteristics of men using an intergenerational gay website and the way safer sex is negotiated.
Methods: Characteristics of men using an intergenerational gay website were examined. A random sample of 1,020 posted profiles was used. Data included type of relationship desired, age, race, marital status, desire for safe or unsafe sex, and HIV status. Age ranged from 18 to 88 ($M = 50.1 \pm 12.5$) years. Most men were Caucasian (92%), and 29% identified as married. Among married men, 59% stated they were willing to participate in receptive anal/oral sex. Safe sex or HIV status was seldom mentioned. Need for discreet meeting was often emphasized. In the entire sample, only a fraction of men (26%) addressed safe sex in their profile while (9%) solicited unsafe sex. Men under the age of 50 were more likely to identify a desire for safe sex than older men (77% vs. 63%).
Conclusions: Married men use the internet to solicit sex with men. Safe sex is not a stated priority for these men. A group of primarily Caucasian men on the "*down low"* can transmit HIV to women. While safe sex is not a frequently stated priority for MSMs using the internet, younger men are more aware of safe sex than older men.
Implications for Practice: Results underscore the need for research on MSMs and use of the internet to assess the risk that new technology poses in facilitating risky behavior that can transmit HIV to women and across generations. HIV educational and prevention programs targeted to women should include content increasing awareness among women that sex partners/husbands may be secretly having sex with other men as well as other women.
Objectives: By the end of the presentation participants will be able to:

3. Discuss intergenerational internet dating.
4. Discuss implications for HIV prevention for men who have sex with men.
5. Discuss implications for HIV prevention for women who may unknowingly be having sex with men who have sex with men.

P-13

Transition from Prenatal to Primary Care for HIV-Infected Women

JoNell Potter, PhD, ARNP, Barbara Messick, MPH,
Yvette Rivero, BA, Amanda Cotter, MD, MSPH
University of Miami, Miami, Florida, United States

As the incidence of HIV escalates among women, models of care that are women centered will be necessary to provide better access to interventions that could improve their health and the health of families living with HIV. A population of major concern is HIV-infected pregnant women. Many learn of their HIV diagnosis in pregnancy and may not be connected with a primary care provider who is knowledgeable about the complexities of HIV treatment. While the women generally follow-up with their prenatal care visits, many are lost to follow-up after their baby's birth.

Models of care which transition women from traditional OB/GYN services to HIV primary care are essential to assist women in accessing appropriate follow-up care for the management of their HIV disease. Many of these women will be leaving an in-patient setting after delivery and transferring to an outpatient facility with a change of caregiver (OB/GYN to HIV specialist). Effective transitions will depend on collaboration across institutions and providers. Although vertically integrated organizations are better able to facilitate effective transitions, this is not always possible. Models of care that are able to effectively transition patients to settings where medical records and providers across disciplines communicate and facilitate continuity of care are ideal (Coleman & Berenson, 2004).

This presentation will describe a nurse practitioner-based, multidisciplinary "transitional primary care" model for women diagnosed with HIV during pregnancy. The model is designed to ensure that women are retained in care after delivery and make a smooth transition to primary care. The model incorporates a primary care provider from adult immunology, who provides consultative services during a women's pregnancy and over an 18 month transitioning period. The women receive education on self-management concepts and strategies to assist them with medication adherence and living healthy with HIV. Over time, they are transitioned to the Adult Immunology Service and are more equipped to assume responsibility for their own care.

Follow-up data on a cohort of 500 women seen over the last ten years by a university-based perinatal HIV service will be presented. Outcomes on adherence to care and disease progression will be discussed.

Objectives: By the end of the presentation participants will be able to:

1. Discuss models of care for women with HIV.
2. Describe components of a transitional care model for women diagnosed with HIV during pregnancy.

P-15

Impact of ZUNO/NNO Caring for Caregivers Project for Nurses in Zambia

Miss Christine Mutati, Mr. Isaac Sulwe
University of Zambia, Lusaka, Zambia

Background: Nurses are at the forefront of fighting HIV/AIDS epidemic in Zambia through caring for the sick and dying in hospitals and at homes. Not only are they overburden by HIV/AIDS, but with absenteeism caused by illness and lack of money for food and medicine due to poor remuneration. This realization led Zambia Nurses Association in collaboration with Norwegian Nurses Organization to develop a caring for caregivers Project in 2002 to 2007. The intervention areas were: Knowledge and Skills; HIV and the workplace and care and support.

Purpose: To help reduce stigma among nurses and enhance involvement in care and support for HIV infected and affected nurses.

Methods/practice: During the six years of implementation, 2568 nurses trained in HIV/AIDS management using the participatory learning and action methods; 90 in Infection prevention, 185 on human rights using the ILO code of Conduct and 100 support groups established as a mechanism for providing care and support of which 87 were given $1000 seed money for income generating activities. To provide appropriate knowledge on HIV/AIDS, infection prevention and human rights, training manuals were developed.

Results: a) 99.3% nurses trained and 54.2% Managers interviewed acknowledged that HIV trainings helped improve their clinical practice. 19.2% of those trained disseminated information through clinical meetings. b) 69.3% trained in Infection prevention speared formation of committees at their workplaces. c) 19% nurses trained were HIV positive of which 40% were public on their status. d) 82% of the funded support groups had viable income generation activities with the majority venturing in poultry, piggery and Tuck-shop.

Conclusion and implication for practice: Project had a positive impact as nurses are able to offer social, moral and financial support in time of need and support school going orphans left by nurses. Stigma has reduced as nurses access treatment and talk about their status openly.

Objectives: By the end of the presentation participants will be able to:

1. Describe the components of the caring for givers project.
2. Outline three positive outcomes of the caring for caregivers project.

P-16

Nursing Intervention for Improving HIV-Positive Patients' Access to and Compliance with Colorectal Cancer Screening

John Barazzuol, ACRN
New York Presbyterian Hospital
Weill Cornell Medical Center,
New York, NY, United States

Background: HIV-positive individuals in the US are living longer and healthier lives as a result of increased access to highly active antiretroviral therapy (HAART) and therefore require screening forage-related, non-HIV-associated malignancies. In New York State, HIV care guidelines for colorectal cancer screening are identical to national guidelines for HIV-seronegative persons. However, many potential barriers exist for HIV-positive individuals referred for colorectal cancer screening.

Purpose: The purpose of this quality improvement project is to: (1) identify obstacles to timely colonoscopy screening at an urban, hospital-based, adult HIV/AIDS clinic, and (2) assess the impact of a nursing intervention designed to overcome impediments to colorectal cancer screening.

Methods/Practice: An electronic chart review of "pre-intervention" clinic patients (9/06-3/07) revealed: (1) anaverage of 322 days between time of referral to completion of colonoscopy, and (2) of 46 colonoscopy referrals, 30 (65%) were scheduled,and only 10 (22%) were performed.

Barriers to accessing colonoscopies included: (1) delays in obtaining an appointment; (2) miscommunication between scheduling personnel and patients regarding the appointment and bowel prep protocol; and (3)medical insurance coverage issues.

The nursing intervention comprised: (a) physicians notifying nurse of a colonoscopy referral; (b) the nurse scheduling the appointment, and (c) the nurse reviewing with each patient the purpose/rationale of the procedure, the bowel prep protocol, and what to expect on the day of the procedure.

Conclusions: Six months after the intervention was implemented, of the 32 colonoscopies requested, all were given appointments and 14 (44%) of the referrals led to colonoscopies. The average turn around time was143 days. This nursing intervention enabled more patients to obtain colonoscopies and in less time. This project is currently ongoing and data collection will continue. Limitations of the study are the small number of tests ordered and multiple variables influencing the scheduling process.

Implications for Practice: Through identifying barriers to care, advocating for vulnerable populations, and actively educating patients, nurses in the ambulatory setting can have a significant impact on the efficiency and effectiveness of lifesaving disease prevention initiatives.

Objectives: By the end of the presentation participants will be able to:

1. Describe barriers to colorectal cancer screening in HIV-infected clinic patients.
2. Describe the results of a nursing intervention for improving colorectal cancer screening in HIV-infected clinic patients.

P-18

Bioavailability of the 100mg Etravirine Tablet Dispersed in Water and of the 25mg Pediatric Tablet Formulation

Monika Schöller-Gyüre, MD[1], Marc Covitz, MSN, FNP[2], Thomas N. Kakuda, PharmD[3], Rodica M. Van Solingen-Ristea, MD[1],
Goedele De Smedt, MD[1], James Witek, MD[2], Monika Peeters, MSc[1],
Lorant Leopold, MD[3], Richard M.W. Hoetelmans, PhD, Pharm[1]
[1]Tibotec BVBA, Mechelen, Belgium,
[2]Tibotec Therapeutics, Bridgewater, NJ, United States,
[3]Tibotec Inc., Yardley, PA, United States

Background: Etravirine (TMC125) is a recently FDA-approved, next-generation non-nucleoside reverse transcriptase inhibitor (NNRTI) with demonstrated activity in treatment-experienced HIV-infected adults, including those with NNRTI resistance. The recommended oral dose of etravirine is two 100mg tablets BID following a meal. Nursing professionals are frequently confronted with practical questions and issues in managing medication adherence in patients experiencing difficulty swallowing antiretroviral pills. We assessed alternative etravirine administration methods in a pharmacokinetic study in HIV-negative volunteers.
Purpose: To ease administration in children and adults unable to swallow 100mg etravirine tablets whole, the oral bioavailability of the 25mg pediatric tablet and the 100mg tablet dispersed in water was assessed relative to the 100mg tablet swallowed whole.
Methods/Practice: In an open-label, randomized, crossover trial in 37 HIV-negative adult volunteers, etravirine was administered as: one 100mg tablet or four 25mg tablets swallowed whole, or one 100mg tablet dispersed in 100 mL water directly prior to administration. The dispersion was stirred well and consumed immediately; the glass was rinsed with water several times, and each rinse was completely swallowed. All treatments were given following a meal, separated by 14-day washout. Following administration, pharmacokinetics of etravirine were assessed over 96 hours, in addition to safety and tolerability.
Results: Relative to the 100mg tablet swallowed whole, etravirine peak plasma concentrations (C_{max}) and systemic exposure (AUC_{last}) were similar when etravirine was given as four 25mg tablets (whole). Relative to that same reference dose, C_{max} and AUC_{last} were similar when etravirine was given as one 100mg tablet dispersed in water. Practical difficulties with the preparation of the dispersion or its intake (eg, taste, odor, or texture) were not reported. Etravirine was generally safe and well-tolerated, regardless of administration.
Conclusions: No relevant change in oral bioavailability of etravirine was demonstrated when administered as four 25mg tablets (whole) or as one 100mg tablet dispersed in water, compared with a 100mg tablet swallowed whole. Patients unable to swallow etravirine tablets whole may disperse the tablets in a glass of water.
Implications for practice: Patients experiencing difficulty swallowing may disperse their etravirine tablets in a glass of water (US Full Prescribing Information).
Objectives: By the end of the presentation participants will be able to:
1. Understand the oral bioavailablity of etravirine administered as either:
   a. One 100mg tablet swallowed whole.
   b. Four smaller 25mg tablets swallowed whole
   c. One 100mg tablet dispersed in water.
2. Understand how to administer etravirine in patients unable to swallow a 100mg tablet whole.

P-19

Tolerability of Etravirine, an NNRTI Recently FDA-approved for the Management of Treatment-experienced Patients with HIV: Summary from Phase III Clinical Trials

Monika Peeters, MSc[1], Marc Covitz, MSN, FNP[2], Katrien Janssen, MSc[1], Rekha Sinha, MD[1], Lorant Leopold, MD[3],
James Witek, MD[2], Goedele De Smedt, MD[1]
[1]Tibotec BVBA, Mechelen, Belgium,
[2]Tibotec Therapeutics, Bridgewater, NJ, United States,
[3]Tibotec Inc., Yardley, PA, United States

Background: Rash, neurological and psychiatric adverse events (AEs) have been associated with non-nucleoside reverse transcriptase inhibitors (NNRTIs). Etravirine (TMC125) is an FDA-approved next-generation NNRTI active against NNRTI-resistant HIV-1 virus.
Purpose: We present a detailed analysis of rash and a description of neuropsychiatric AEs in the phase III DUET-1 and DUET-2 studies in patients treated with etravirine-based therapy or placebo.
Methods/Practice: Treatment-experienced patients with documented NNRTI resistance were randomised to receive etravirine 200mg or placebo, both BID, with a background regimen of darunavir/ritonavir plus investigator-selected NRTI(s) ± enfuvirtide. Safety and tolerability were assessed.
Results: 1,203 patients (10.7% female) were included. Through 48 weeks, the incidence of rash was higher in the etravirine vs the placebo group (19.2% vs 10.9%, respectively; $P<0.0001$). Rashes in the etravirine group were primarily

mild-to-moderate, generally occurred early (median onset 14 days), resolved with continued treatment (15-day median duration), were mostly maculopapular, and infrequently led to discontinuation (2.2%). In the etravirine group, rash occurred with a higher incidence in women than men (30% vs 18%); no differences in severity or discontinuation between genders were observed. Neurological (17.2% etravirine vs 19.7% placebo; P=0.3) and psychiatric (16.7% etravirine vs 19.5% placebo; P=0.2) AEs in the etravirine group were comparable to placebo. The most frequent (>1%) neurological AEs were headache, dizziness, and somnolence. The most frequent psychiatric AEs were insomnia, depression, anxiety, and sleep disorder. Incidence of grade 3 neurological (0.2% etravirine vs 0.8% placebo) and psychiatric (0.3% etravirine vs 1.3% placebo) AEs was low; no grade 4 neurological or psychiatric AEs were reported with etravirine. Incidence of neurological and psychiatric AEs leading to discontinuation were comparable between etravirine (0% and 0.2%, respectively) and placebo (0.5% and 0.2%, respectively).

Conclusions: Through 48 weeks, etravirine was generally well tolerated. Rashes occurred more frequently with etravirine (mostly mild-to-moderate; occurred early; infrequently led to discontinuation). The severity of neurological and psychiatric AEs were similar to placebo.

Implications for practice: Etravirine was generally safe and well tolerated. Most cases of rash were mild-to-moderate and resolved, with continued treatment. Etravirine was not associated with increased neuropsychiatric AEs.

Objectives: By the end of the presentation participants will be able to:

1. Understand how to respond to the adverse event (AE) rash when treating HIV-infected patients with etravirine-based therapy.
2. Understand the incidence and most frequent neurological AEs in HIV-infected patients treated with etravirine-based therapy.
3. Understand the incidence and most frequent psychiatric AEs in HIV-infected patients treated with etravirine-based therapy.

P-20

Impact of Grief Support for Zambian Children: A Success Story

Eula W. Pines, PHD, MSN, PMHCNS, BC
Maureen Rauschhuber, PhD, RNC, Sarah J. Williams PhD, RNC
University of the Incarnate Word,
San Antonio TX, United States

Background: Worldwide, over 14.3 million children have lost one or both parents to HIV/AIDS. A grief and loss psychosocial support program for adult caregivers of Western Province Zambian children experiencing the devastating loss of a parent was conducted. Post-testing assessed the child's level of trauma and their experience of witnessing the death of a parent. The initial post-test revealed that the community had become more sensitive to the children's needs and that community volunteers began to understand the impact of grief on children.

Purposes: The assessment was undertaken to provide information regarding the effect the training had on the community, determine the long-term sustainability of the program, and determine if further program modifications are needed.

Methods/Practice: Using the Success Case Method, twenty-eight teachers voluntarily completed the seven item researcher developed survey designed to capture whether specific methods of grief counselling taught during the program were in use in the counsellor's practice. The respondents were 23 women, and five men ranging in age from 20 to55 years.

Results: All 28 respondents reported feeling more comfortable speaking about grief with children and reported that the training affected the manner in which they approach issues related to death and mourning. Three participants who consistently used the entire program were selected for personal interviews. These three respondents represented "success stories." Each of them had learned to integrate positive effects of Zambian cultural practices, understand grief, and employ the principles in their personal lives. One respondent developed her own stories about grief experiences that she shared with the children.

Conclusion: The program is now self-sustaining and has changed the community's response to grieving children. The success stories reflect how the training is helping the community heal.

Implication for Practice: Evidence suggests that the Success Case Method can assess program effectiveness.

Objectives: By the end of the presentation participants will be able to:

1. Discuss the need for grief support of Zambian children who are grieving the loss of one or both parents.
2. Describe the grief and loss program and program evaluation within the Zambian cultural context.

P-21

Perceptions of Care by HIV-Infected Women in the United States

Gwen Verlinghieri, RN, ACRN[1], Janet Forcht, RN[2],
Sally Hodder, MD[3], Judith Aberg, MD[2], Judith Feinberg, MD[4],
Dawn Averitt Bridge[5],
Staats Abrams[6], Stephen Storfer, MD[7], Kathleen Squires, MD[1]
[1]Thomas Jefferson University,
Philadelphia, PA, United States,
[2]New York University Scool of Medicine,
New York, NY, United States,
[3]University of Medicine and Dentistry of New Jersey,
Newark, NJ, United States,
[4]University of Cincinnati, Cincinnati, OH, United States,
[5]The Well Project, Atlanta, GA, United States,
[6]GfK Roper Public Affairs & Media,
New York, NY, United States,

[7]Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, CT, United States

Background: Limited information exits on perceptions of HIV-infected women regarding their care. Understanding perceived deficiencies in care may help to improve future health care provisions.

Methods: Study participants were recruited from a US national network of AIDS counselling centers where flyers advertising the study were placed. Participants voluntarily called a toll-free number and responded to a structured interview that lasted approximately 15 minutes. Collected data were de-identified.

Results: 700 women (43% African American; 28.5% Hispanic; 28.5% Caucasian) with a median age of 42.5 years were recruited from across the US (16% West; 21% Midwest; 33% South; 30% Northeast). Participants were aware of their HIV status for a mean 10.6 years and were on combination antiretroviral therapy (cART) for a mean of 8.1 years. Over half (59%) the women surveyed felt that their race/ethnicity impacts the overall care that they receive. Hispanic and African-American women were more likely than Caucasian women to feel that their race/ethnicity impacts the care they receive "a little" (32% and 21% vs 10%, $P<0.05$) or "a lot" (38% and 40% vs 27%, $P<0.05$). Women in the southern US were more likely to feel that their race/ethnicity affects care "a lot" as opposed to the western US (43% vs 25%; $P<0.05$). Women seeing a nurse practitioner or physician's assistant were less likely to feel that their race/ethnicity affects care "a lot" compared with those seeing a specialist or a family/general practitioner (25% vs 34% and 50%, $P<0.05$). More than 60% of the women changed healthcare providers while under treatment for HIV; 43% changed providers because of communication issues. African-American women were more likely to change providers because of communication issues compared with Hispanic and Caucasian women (47% vs 37% and 33%; $P<0.05$).

Conclusions: In this sample of HIV-infected women, race/ethnicity was frequently cited as a factor affecting care, and almost half of the African-American women reported a change in providers due to communication issues.

Implications for Practice: These findings highlight the need for measures to improve patient support and provider communication.

Objectives: By the end of the presentation participants will be able to:

1. Understand that a substantial proportion of HIV-positive women in the United States feel that their race/ethnicity affects the level of care they receive and that such feelings appear to be more prevalent in African-American and Hispanic patients.
2. Understand that a significant proportion of HIV-positive women in the United States switch providers because of communication issues.
3. Recognize that patient-provider communications play an important role in the overall management of HIV-positive women

P-22

Pregnancy and Societal Stigma in HIV-Infected Women in the United States

Gwen Verlinghieri MSN, ACRN[1], Janet Forcht, RN[2], Kathleen Squires, MD[1], Dawn Averitt Bridge[3], Judith Aberg, MD[2], Judith Feinberg, MD[4], Staats Abrams[5], Stephen Storfer, MD[6], Sally Hodder, MD[7]

[1]Thomas Jefferson University, Philadelphia, PA, United States,
[2]New York University School of Medicine, New York, NY, United States,
[3]The Well Project, Atlanta, GA, United States,
[4]University of Cincinnati, Cincinnati, OH, United States,
[5]GfK Roper Public Affairs & Media, New York, NY, United States,
[6]Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, CT, United States,
[7]University of Medicine and Dentistry of New Jersey, Newark, NJ, United States

Background: Over the past decade substantial improvements in HIV-associated morbidity and mortality have been achieved. During the same time, techniques and therapies to ensure safer impregnation, fetal development, and delivery of uninfected children have been implemented. However, HIV-infected women in the US continue to feel societal pressure to forego child bearing.

Methods: Study participants were recruited from a US national network of AIDS counselling centers, where flyers advertising the study were placed. Participants voluntarily called a toll-free number and responded to a structured interview that lasted approximately 15 minutes. Collected data were de-identified.

Results: Of 700 women, 43% were African American, 28.5% Hispanic, and 28.5% Caucasian with a median age of 42.5 years (range 21–69 years); 39% had children. Participants were recruited from 4 geographical regions: western–16%; midwestern–21%; southern–33%; northeastern–30%. Participants were aware of their HIV status for a mean of 10.6 years and were on combination antiretroviral therapy (cART) for a mean of 8.1 years. Although only 27% of participants stated that HIV-infected women should be strongly urged not to have children, 59% felt societal pressure to forego child-bearing. Caucasian women were significantly more likely than Hispanic women (67% vs 53%; $P<0.05$) to perceive this attitude. Additionally, HIV infected women living in the South were more likely than those in the Northeast or Midwest to note this societal stigma (66% vs 52% and 55%; $P<0.05$). HIV-infected women who received care from a nurse practitioner or physician's assistant were significantly less likely to note this stigma than those treated by an infectious disease specialist or family medicine/general practitioner (48% vs 62% and 62%; $P<0.05$).

Conclusions: The majority of HIV-infected women surveyed experienced societal pressure to forego child-bearing.

Implications for Practice: These data suggest that both lay and medical communities require up-to-date, factual education regarding reproductive issues in the context of HIV infection.

Objectives: By the end of the presentation participants will be able to:

1. Understand that despite significant advances in the techniques and therapies to ensure safe impregnation, fetal development, and delivery of uninfected infants, many HIV positive women in the United States continue to feel societal pressure to forgo childbearing.
2. Understand that perceptions of societal stigma surrounding pregnancy among HIV-positive women in the United States may vary based on ethnicity, geographic location, and provider type

P-23

Clinicians Fail to Routinely Provide Reproduction Counseling to HIV-Infected Women in the United States

Gwen Verlinghieri, RN, ACRN[1], Janet Forcht, RN[2],
Dawn Averitt Bridge[3], Sally Hodder, MD[4], Kathleen Squires, MD[1],
Judith Aberg, MD[2], Staats Abrams[5], Stephen Storfer, MD[6],
Judith Feinberg, MD[7]

[1]*Thomas Jefferson University, Philadelphia, PA, United States,*
[2]*New York University School of Medicine, New York, NY, United States,*
[3]*The Well Project, Atlanta, GA, United States,*
[4]*University of Medicine and Dentistry of New Jersey, Newark, NJ, United States,*
[5]*GfK Roper Public Affairs & Media, New York, NY, United States,*
[6]*Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, CT, United States,*
[7]*University of Cincinnati, Cincinnati, OH, United States*

Background: In the US, the proportion of women with AIDS has increased from 15% between1981 through 1995 to 27% between 2001 through 2004; most are in their child-bearing years. All women of child-bearing age should be queried about their plans and desires regarding pregnancy as this may impact choice of antiretroviral therapy (ART) and avoidance of teratogenic medications.

Methods: Study participants were recruited from a US national network of AIDS counselling centers, where flyers advertising the study were placed. Participants voluntarily called a toll-free number and responded to a structured interview that lasted approximately 15 minutes. Collected data were de-identified.

Results: Of 700 women (43% African American, 28.5% Hispanic, and 28.5% Caucasian), 227 (43% African American, 33% Hispanic, and 23% Caucasian) reported that they had been pregnant or were currently contemplating pregnancy but were not currently pregnant. 109/227 (48%) of these women were not asked by their HIV provider if they wanted to have children now or in the future. Of the 239 HIV infected women (42% African American, 35% Hispanic, and 23% Caucasian) who were pregnant at that time, had been pregnant, or who were contemplating pregnancy, 41% had not discussed with their HIV providers whether their current antiretroviral treatment should be changed in the event of pregnancy. Of the 159 women who had been or were pregnant at that time (45% African American, 33% Hispanic, and 22% Caucasian), a majority (57%) had not discussed with their HIV healthcare provider, appropriate HIV treatments for women attempting to become pregnant prior to their pregnancy, and 42% were not very aware or not at all aware of the treatment options available to them when they first became pregnant.

Conclusions and Implications for Practice: These data suggest a need for HIV care providers in the US to concentrate further attention on the reproductive needs of HIV-infected women of child-bearing age, and to review specific issues pertaining to the use of antiretroviral agents in this population.

Objectives: By the end of the presentation participants will be able to:

1. Understand that HIV-positive women in the United States may not be fully aware of the risks of using certain antiretroviral agents or the need to modify antiretroviral therapy prior to becoming pregnant.
2. Recognize the need for clinicians to offer reproductive counseling to HIV-positive women of childbearing potential.

P-24

Rapid HIV Screening in Primary Care: Physician's Attitudes Towards Offering Rapid HIV-1 Screening In the Primary Care Setting

Sharon Valenti, MSN, CNP
St. John Hospital & Medical Center
Detroit, Michigan, United States

Background: The CDC recommends HIV screening for all patients aged 13-64 years, regardless of risk factors, as part of routine medical care in areas where HIV prevalence exceeds 0.1%. We performed a pilot program of HIV screening in a general Internal Medicine office and resident clinic. At the end of the five-month screening period, we assessed physician attitude towards rapid HIV screening in a primary care setting.

Purpose: To identify potential barriers for outpatient physicians implementing the CDC's HIV screening recommendation.

Methods/Practice: A five-month pilot program of offering rapid HIV screening to all Internal Medicine outpatients was implemented in August through December of 2007. At the

end of the program, questionnaires were distributed to all participating physicians including faculty and residents. The questionnaire was designed to evaluate physician's acceptance of outpatient HIV screening. Faculty and resident physician's responses were compared.

Conclusions: Most physicians would use rapid HIV testing in their clinical practice if it was reimbursable (63.7%), however, there was a significant difference between medical residents using the rapid test I the clinic compared to attending physicians sending patients to the hospital lab for testing (30.8% vs. 14.3%, p=0.01). Of the 36.3% of physicians who would not ask patients to be tested, the most common reasons cited were time constraints (39.4%), perceived lack of patient risk for HIV (21.2%), lack of comfort discussing HIV screening (21.2%), and belief that there was no role for HIV testing in primary care (12.1%). Only 48.5% of all physicians answering the questionnaire were either very confident or confident in their knowledge of HIV disease.

Implication for Practice: Residents were more willing to use the rapid test than attending physicians. Non-HIV specialists need more education about HIV disease, counselling, and testing if rapid HIV screening is to be implemented in a general medicine clinic.

Objectives: By the end of the presentation participants will be able to:

1. Discuss barriers to non-HIV specialist physician's acceptance of outpatient rapid HIV screening.
2. State differences between resident and faculty non-HIV specialist physicians in terms of acceptance of rapid HIV screening.

P-25

Educational Support for Persons Living with HIV/AIDS

Gloria Taylor, DSN, RN, Barbara Blake, PhD, RN
Kennesaw State University
Kennesaw, GA, United States

Background: Education is an effective method for improving the lives of people living with a chronic illness. In the post-HAART era, HIV is considered a chronic disease and the largest percentage of persons infected in the United States are African American. It is well documented that living with a chronic disease can impact a person's quality of life, well-being, and use of health care services.

Purpose: The purpose of this study was to identify the long-term impact of a comprehensive 2-day educational event on the quality of life, well-being, and healthcare utilization behaviors of HIV+ persons.

Methods: An in-depth evaluation of the event was designed and conducted utilizing a 30-item researcher developed instrument. Physical health, emotional health, and practical living strategies were measured. Participants were to be followed prospectively every other month for 12 months via telephone.

Results: One hundred thirty-eight individuals were enrolled: 54% male, 39% female, 9% transgender, and 95% African American. Of these, 107 had been living with HIV for at least five years. Approximately 48% of the participants were first-time attendees. When examining quality of life, a participant's functional well-being was related to confidence in their health care provider. The most frequently used services were case management, substance abuse programs, and social support services.

Implications for Practice: HIV disease is complex and management continues to evolve. People living with HIV need comprehensive education so they can partner in managing their health. Ongoing education can be an effective method for improving the lives of persons living with HIV. Therefore, Nurses need to become involved in developing and teaching HIV+ persons adaptive strategies for successful living.

Objectives: By the end of the presentation participants will be able to:

1. Describe a two-day educational program designed for persons living with HIV.
2. Discuss the evaluation study of a two day educational program for persons living with HIV.
3. Discuss the outcomes of an evaluation study on a two-day educational program for persons living with HIV.
4. Discuss the implications for nursing of a two-day educational program for persons living with HIV.

P-26

Sexual Decision-Making: Sexual Encounters of Young African American Women

Gwendolyn Childs, PhD, RN, Carrie Ann Long, RN, BSN
University of Alabama at Birmingham,
Birmingham, AL, United States

Background: In Alabama, the highest incidence of sexually transmitted infections is among African American women aged 20 to 24, which suggest increasing vulnerability among this age group for contracting HIV/AIDS. HIV risk reduction interventions that focus on increasing knowledge about HIV/AIDS and promoting safer sex practices have been shown to increase intentions to use condoms in the short-term. However, they have not been shown effective in promoting long-term change in high-risk sexual behaviors. To date, research has primarily addressed the role of knowledge, attitudes, and beliefs about condoms in predicting their use rather than how sexual decisions are made and contextual factors that may influence such decisions.

Purpose: The purpose of this qualitative descriptive pilot study is to explore sexual decision-making processes of African American women aged 19 to 24.

Methods: The pilot study will use a descriptive design employing qualitative research methods to generate detailed descriptions of sexual decision-making processes of young African American women. Data will be collected using focus group interviews. Four separate focus groups will be con-

ducted with six to ten participants per focus group. Participants will be recruited through various public health agencies and community organizations affiliated with the North Alabama HIV/AIDS Prevention Network Group. Verbatim transcripts of audiotapes, observation notes, and demographic data will be the primary data for analysis. Content analysis will be used in analysis and interpretation of the data. The qualitative research software, QSR N-Vivo®, will be used in coding and sorting data into categories. Descriptive statistical analyses will be conducted using SAS version 9.2 to analyze demographic data.

Conclusions: Data collection in progress.

Implications: Findings from this study will expand existing knowledge about sexual decision-making among young African American women. Furthermore, findings will contribute to the understanding of the contextual factors that influence sexual decision-making. Exploring sexual decision making of young African American women is an essential step in developing interventions that are predictably effective in reducing sexual risk behaviors.

Objectives: By the end of the presentation participants will be able to:

1. Discuss how young African American women describe their sexual encounters and sexual risk behaviors.
2. Describe the contextual factors that influence the sexual decision-making processes of young African American women.
3. Explain how findings from this study influence nursing practice and research.

P-29

Medical Monitoring Project: What do HIV/AIDS Care Nurses Need to Know?

A.D. McNaghten, PhD, MHSA[1], Helen Rominger, RN, MSN[2], Cheryl Pearcy[3], Linda Beer, PhD[4]

[1]*Centers for Disease Control and Prevention, Atlanta, GA, United States,*
[2]*Indiana University Deparment of Medicine, Indianapolis, IN, United States,*
[3]*Indiana Department of Public Health, Indianapolis, IN, United States,*
[4]*Centers for Disease Control and Prevention, Atlanta, GA, United States*

Background: CDC's Medical Monitoring Project (MMP) is a supplemental surveillance project that provides local and nationally representative estimates of clinical outcomes and HIV-related behaviors of HIV-infected persons receiving care. Health care providers' understanding of MMP is essential to ensure adequate provider and patient participation. Nurses at the >700 facilities participating in MMP may receive questions from the >10,000 patients sampled to participate.

Purpose: To provide an overview of MMP so that nurses and other care providers in current and future participating facilities can provide accurate information to sampled patients and engage with health department staff conducting MMP. To provide an understanding of how MMP will help improve patient care.

Methods/Practice: MMP uses a 3-stage sampling design to sample states, HIV care providers, and HIV-infected patients receiving care. Ten MMP project areas conducted interviews and/or medical record abstractions on patients receiving care in 2005. Twenty-six project areas are conducting matched interviews and medical record abstractions in the 2007 and 2008 data collection cycles. Facilities not previously sampled to participate in MMP may be sampled in future years.

Results: In 2005, 897 interviews were conducted; 26% were women, 48% black, and 88% were aged 35 years. In the 12 months preceding interview, patients averaged 4 CD4+ and HIV viral load tests, and 80% had received a flu vaccination. Of all respondents, 83% were currently receiving antiretroviral therapy. Of those who ever had a CD4+ <200 or an AIDS-defining illness, 91% were receiving antiretroviral therapy.

Conclusions: MMP is currently being conducted in HIV care facilities throughout the US. HIV care providers with an understanding of the project can help recruit patients, which is essential to obtain representative data on HIV-infected patients receiving care.

Implications for Practice: MMP data will help providers, consumers of HIV services and policy makers better understand access to and utilization of care, the impact of antiretrovirals and other therapies, and the need for additional resources for this population. These data will be used to evaluate prevention initiatives, assess the quality of care and the need for care and support services at the local level, and to allocate CDC and Ryan White CARE Act funds.

Objectives: By the end of the presentation participants will be able to:

1. Understand the Medical Monitoring Project (MMP).
2. Describe MMP pilot data.
3. Understand how MMP data will help improve access to and the provision of care.

P-30

The Experience of Loss and Grief Among South African Nurses

Michael Relf, PhD, RN, Maureen Kennedy, BSN, Suzanne O'Hara, BSN, R. Kevin Mallinson, PhD, RN

Georgetown University, Department of Nursing, Washington, DC, United States

Background: Sherman's qualitative description of the stressors involved in AIDS care emphasize the need to study stress in individual caregiver populations. "To understand the stresses of AIDS caregiving, it is important to evaluate not only the environmental factors, but to assess nurses' appraisal of the stress" (Sherman, 2000). Describing the unique grief and stress experience of South African nurses in AIDS care will directly aid the development of appropriate interventions to

reduce nurse attrition and improve quality of care.

Purpose: The purpose of this study was to determine the rates of loss and grief experience of South African nurses in relation to HIV/AIDS as well as to determine nurse identified coping strategies.

Methods/ Practice: Utilizing a cross-sectional, descriptive correlational design, 85 participant nurses from South Africa participated in this study. Three self-completed tools were be used for this pilot study: a demographic survey tool (15 questions); a modified Davidson Trauma Scale (17 questions); and a stigma/coping survey tool (22 questions). The survey was distributed in January 2008 at four sites in KwaZulu Natal, South Africa.

Conclusions:

On average, South African nurses experience multiple personal losses due to HIV/AIDS each year and care for multiple people in their communities each year. Trauma increases as personal loss in the last year increases and as the number of people cared for in the home and/or community increases. The number of AIDS orphans in the home correlates to the number of HIV+ children in the home. High nurse stigma correlates with feelings of low professional efficacy in HIV/AIDS care. Most nurses reported that providing opportunities for group coping would be beneficial to them.

Implications for Practice: In the clinical setting, nursing care is influenced by stressors both inside and outside of the hospital. Educational programs should be instituted to help nurses develop positive coping strategies. Resources should be allocated to communities to help provide care for orphans and their caregivers.

Objectives: By the end of the presentation participants will be able to:

1. Quantify the loss and grief experience of South African nurses in relation to HIV/AIDS.
2. Describe the relationship between loss and grief, trauma, and stigma symptoms in this population.
3. Propose interventions to improve positive nursing coping.

P-31

Translation and Psychometric Testing of the Spanish Multidimensional Scale of Perceived Social Support

Laura Clarke-Steffen, PhD, RN,
Judy O'Haver, PhD, CPNP, Janice Piatt, MD
Phoenix Children's Hospital,
Phoenix, Arizona, United States

Background: Social support of parents is important in the setting of pediatric HIV/AIDS. Lack of social support may place the ill child and siblings at risk as the parents do not have the physical and intangible resources needed to meet the additional demands of HIV/AIDS. Siblings who are at risk may have an increased rate of adaptation difficulties and problem behaviors. The purpose of this study is to establish the psychometric properties of a Spanish translation of the Multi-Dimensional Scale of Perceived Social Support (MPSS) to study sibling adaptation to hemophilia and HIV.

Purpose: The purpose is to establish inter-item reliability and test-retest reliability for the Spanish version of the MPSS and to establish validity for the Spanish version of the MPSS.

Methods: This psychometric study is being conducted in two phases. The phase I sample was 17 bilingual employees of a southwestern children's hospital. The MPSS is a 12 item questionnaire that measures perceived support from Family, Friends, and Significant Other. A Spanish translation without validity or reliability established was obtained from the authors of the MPSS. Participants completed Spanish and English versions of the instrument initially and the Spanish version two weeks later. Two qualitative questions asked about the cultural equivalence of the two instruments and the cultural sensitivity of the Spanish version. Analysis included: a) distribution of the scores, b) internal consistency reliability, c) test-retest reliability and d) validity. Suggested changes were incorporated into the Spanish version, which is being backtranslated for Phase II. This version will be tested in a similar manner with 30 monolingual and 30 bilingual parents of patients in a general pediatric practice.

Conclusions: Reliabilities were all > 89, however, there were multiple wording suggestions to improve validity.

Implications for Practice: The availability of an instrument that can quickly assess social support in patients and families who are Spanish speaking only will be useful in practice. In addition, the ability to use this instrument in the study of sibling adaptation to chronic illness will enable generation of further knowledge to help identify and support siblings who are at risk for maladaptive outcomes.

Objectives: By the end of the presentation participants will be able to:

1. Discuss chronbach's alpha reliability and test-retest reliability of the Mexican Spanish version of the Multi-Dimensional Scale of Perceived Social Support.
2. Discuss validity of the Mexican Spanish version of the Multi-Dimensional Scale of Perceived Social Support.

Notes

Agenda at a Glance—Saturday, November 8

Satellite Breakfast
7:00 am - 8:30 am
Sonoran

Yoga
7:00 am – 8:00 am
Cottonwood

Registration
8:00 am – 3:30 pm

Exhibits
8:00 am – 1:00 pm
Canyon Ballroom

Poster Reception/Break in Exhibit Hall
10:15 am – 10:45 am
Canyon Ballroom

Plenary Speaker
8:45 am – 10:15 am
Tieraona Low Dog, MD
Grand Ballroom

Concurrent Sessions
10:45 am – 12:15 pm

Satellite Lunch
12:30 pm – 2:30 pm
Grand Ballroom

ANAC BOD Meeting
2:00 pm - 4:00 pm
Cottonwood

Concurrent Sessions
2:45 pm – 4:15 pm

Celebration of Life
4:30 pm – 6:00 pm
Murphey

Notes

Introducing the Member Get a Member Campaign

Let your colleagues know where they can obtain:

Continuing Education
Nursing Resources
Peer Networking
And much more!

You can earn great ANAC perks!

It's WIN-WIN

Look for details in your conference bag
And in your ANAC emails

Living in Balance: Strategies for Optimal Living

Grand Ballroom

Tieraona Low Dog, MD
Director of Fellowship, University of Arizona
Integrative Medicine
drlowdog@drlowdog.com

Dr. Low Dog's extensive career in studying natural medicine began more than twenty-five years ago. She studied midwifery, massage therapy, and was a highly respected herbalist, serving as President of the American Herbalist Guild and running a teaching clinic in Albuquerque, before going on to receive her Doctor of Medicine degree from the University of New Mexico School of Medicine. Tieraona opened and ran a successful integrative medical clinic in Albuquerque before moving to Tucson to join the faculty of the Program in Integrative Medicine at the University of Arizona. She currently serves as the Director of Education.

In addition to her work as a clinician and educator, Dr. Low Dog has been involved in national health policy and regulatory issues for more than a decade. In 2000, she was appointed by President Bill Clinton to serve on the White House Commission of Complementary and Alternative Medicine and she recently completed her 3 year term as a member of the Advisory Council for the National Institutes of Health National Center for Complementary and Alternative Medicine (NCCAM).

Objectives: The learner will be able to

- Discuss the evidence of safety and benefit for dietary supplements commonly recommended for health
- Describe the scientific evidence for mind-body approaches to stress management, anxiety, and depression
- Discuss the scientific evidence for lifestyle approaches for the prevention of chronic disease.

HIV-Related Stigma: Its Impact on Those Who Provide Care and Social Services

Location: *Indigo*

Enbal Shacham, PhD, MEd
shachame@epi.wustl.edu

Objectives: The learner will be able to

- Understand the concept of stigma, as it is related to health care and social services providers
- Examine the rates of reported stigma among HIV-related social service providers
- Investigate behaviors, attitudes, and beliefs that have been shown to be correlated with HIV-stigma

Complimentary and Alternative Medicine with Red Flags

Location: *Aster*

Judy Wessell, APRN, BC, AACRN
wesselja@evms.edu

Objectives: The learner will be able to

- Know the difference between complementary and alternative medicine (CAM)
- Review basic categories of (CAM)
- Increase knowledge of different CAM therapies
- Better understand the use of CAM with chronic illness-HIV

Current Issues in Pediatric and Adolescent HIV Care

Location: *Murphey*

Jan P. Piatt, MD
jpiatt@phoenixchildrens.com

Objectives: The learner will be able to

- Describe the current status of HIV infection in pediatric and adolescent patients in the US and its affect on minority populations
- Appreciate several of the unique issues involved in administering antiretroviral therapy to pediatric and adolescent patients
- Be aware of at least three potential long term complications of therapy in children

Notes

Prevention with Positives

Location: *Finger Rock*

C-1

The Effects of a Structured Adherence Intervention to HAART on Adherence and Treatment Response Outcomes

Don Kurtyka, PhD, ARNP

C-2

Nurses' Role in Implementing Prevention with Positive Programs: Mozambique

Carol Dawson Rose, PhD, RN
Martine Lappé
Shannon Eng
Fulgência da Cruz Simião, RN

C-3

Prevention with Positives: 1998-2008- Lessons Learned

Patricia Gilliam, NP, PhD(c)

Notes

Pregnancy/Women

Location: *Lantana*

C-4

Developing and Supporting Best Practices for Routine Prenatal HIV Testing in New Jersey: Collaboration Among Stakeholders

Elaine Gross, RN MS CNS
Carolyn Burr, EdD, RN,
Rebecca Fry, MSN, APN
Linda Berezny, RN
Sindy Paul, MD, MPH

C-5

A Framework for Understanding HIV/AIDS, Substance Abuse, and Intimate Partner Violence as Part of a Syndemic Impacting Hispanics in the U.S.: Implications for Primary Prevention Interventions

Rosa Gonzalez-Guarda, PhD, RN
Victoria Mitrani, PhD
Joseph De Santis, PhD, ARNP
James Weidel, MSN, ARNP
Elias Vasquez, PhD, NP

Notes

Occupational Risks

Location: *Verbena*

C-7

Peer Education Training Sites: A Resource for Nurses Working with HIV+ Peers

Sally Neville, RN, MSN
Jan Russell, RN, PhD

C-8

Assessment of the Safety of Injections and Related Medical Practices in Primary Health Facilities in Rural Ethiopia

Mr, Yoseph W/Grbriel
Dr. Filru Tesfaye

C-9

Preventing Occupational Transmission of HIV Among Nurses in Sub-Saharan Africa: A First Step to Building Capacity

Barbara Smith, PhD, RN
Thomasine Guberski, PhD, RN
Margaret Maimbolwa, PhD, RN
Joe Burrage, PhD, RN
Marik Moen, MS/MPH, RN
Beatrice Kiama, RN

Notes

C-1

The Effects of a Structured Adherence Intervention to HAART on Adherence and Treatment Response Outcomes

Don Kurtyka, PhD, ARNP
Tampa General Hospital
USF College of Medicine

Background: Adherence to antiretroviral medications in excess of 90-95% is necessary for optimal response to suppress HIV replication and to maintain and/or restore immune function. A number of interventions have been shown to improve ARV adherence, but no research has been conducted which evaluates proactive monitoring of pharmacy refill adherence and subsequent structured adherence interventions when inadequate adherence is identified.
Purpose: The purpose of this retrospective comparative study was to evaluate the effects of a structured adherence intervention (SAI) as a component of an existing AIDS Drug Assistance Program (ADAP) on adherence to HAART and response to treatment as compared to usual care.
Methods: Clinical outcomes (CD4 and HIV RNA response) and adherence measures (pharmacy refill and self-reported) were compared between 424 patients participating in an ADAP and usual care program. Logistic regression was performed to test the effects of the SAI on treatment response (CD4 and HIV RNA response), self-reported adherence, and pharmacy refill adherence while controlling for multiple covariates.
Conclusions: Patients participating in the ADAP demonstrated higher levels of both self-reported and pharmacy refill adherence compared to patients receiving usual care. Although patients participating in the ADAP demonstrated better virologic (HIV RNA) responses to HAART compared to patients receiving usual care, immunologic (CD4 lymphocyte) responses to HAART were not significantly different between the groups.
Implications for Practice: There continues to be an ongoing need to develop effective adherence interventions and to increase awareness related to the importance of medication adherence among patients living with HIV disease. It is important to find adherence interventions that are cost-effective and replicable outside of a research setting. The findings of this study support the ability of a structured adherence intervention within a medication access program to effectively influence clinical outcomes and adherence associated with the treatment of HIV-infected patients.
Objectives: By the end of the presentation participants will be able to:

1. Discuss the effects of an existing ARV access program on self-reported adherence to HAART and pharmacy refill adherence.
2. Summarize the effects of an existing antiretroviral access program on immunologic and virologic response to therapy.
3. Explain the findings from this study influence nursing practice and research.

C-2

Nurses' Role in Implementing Prevention with Positive Programs: Mozambique

Carol Dawson Rose, PhD, RN[1], Martine Lappé[1], Shannon Eng[1], Fulgência da Cruz Simião, RN[2]
[1]University of California, San Francisco, San Francisco, California, United States,
[2]Namaacha Health Center, Namaacha/ Maputo Province, Mozambique

Background: To address the prevention needs of people living with HIV (PLWH), nurses and other clinicians are implementing HIV prevention programs with HIV positive (PwP) individuals in care. Many PwP efforts have been US based, however, on a global level, as HIV testing and treatment becomes more widespread, there is a need for nurses to provide leadership to address HIV prevention alongside HIV treatment scale up.
Purpose: The purpose of this project is to adapt, implement, and evaluate a PwP program in one rural health center in Maputo Province, Mozambique. Nurses and other health care staff have been trained to assess risk among their HIV patients and support patients to address decreasing risk behavior that could transmit HIV to others. Behaviors addressed by nurses and other health care staff include staying on medications, supporting partner disclosure, and family planning.
Methods: Key informant interviews with nurses and PLWH were conducted prior to program implementation. Mozambican nurses described their practice and prevention challenges they face when providing care. Following program implementation, surveys and quarterly group meetings with nurses and other clinicians are utilized to monitor and provide consultation to address challenges of addressing PLWH prevention needs in the care setting.
Conclusions: Challenges in HIV care and PwP program implementation that nurses in Mozambique are addressing include: poverty, partner disclosure, and stigma of identifying as a PLWH. Surveys and quarterly group meetings also indicate increased need for education about mother to child transmission, including pregnancy planning. Additional education is therefore being incorporated. The participatory model described here has been effective in addressing prevention challenges and PLWH needs in one international setting. This model will be used in further PwP program implementation in Mozambique and elsewhere.
Implications for Practice: It is critical to include the experience of nurses providing HIV care as we adapt and implement PwP programs internationally.
Objectives: By the end of the presentation participants will be able to:

1. Identify rationale for providing prevention with positive activities in an international setting.
2. Describe context of assessing risk among HIV patients for the ultimate goal of decreasing risk behavior that could transmit HIV to others.
3. Describe methods to adapt and implement Prevention with Positive program to assist nurses in integrating prevention into their HIV care.

C-3

Prevention with Positives: 1998-2008- Lessons Learned

Patricia Gilliam, NP, PhD(c)
St. Joseph's Hospital Tampa Care Clinic,
Tampa, FL, United States,
University of South Florida College of Nursing,
Tampa, FL, United States

Background: HIV prevention education and counseling efforts have historically been directed toward those individuals considered at risk for exposure to HIV and assumed to be HIV-seronegative. In the late 1990's, prevention efforts began to include individuals who were HIV-seropositive. This domain of HIV/AIDS prevention work is known as Prevention with Positives or Positive Prevention. Research within this domain is approaching a decade of work. Early studies evaluated interventions that were often delivered to groups over multiple sessions. In 2003, the CDC recommended that HIV prevention be incorporated into the medical care of persons living with HIV. These recommendations changed the focus of the research toward brief interventions delivered within the context of a medical visit and frequently involving the patient's medical provider.
Purpose: This presentation will provide a brief history of events and policies that impacted the development of the Prevention with Positives Initiative. A distinction will be made between those studies that evaluate multiple session interventions delivered by non-medical providers and those studies that focus on brief interventions that include the patient's medical provider in the delivery of the prevention message. A summary of sixteen published prevention intervention trials will be presented.
Methods: Studies reviewed for this presentation consisted of both qualitative and quantitative studies published in peer-reviewed, English language journals from 1998-2008. Study participants had to be greater than 18 years of age, HIV-seropositive, and living in the U.S.
Conclusions: Many of the research trials discussed in this presentation are ongoing. There is sufficient evidence to suggest that both multiple session interventions delivered to groups or individuals as well as brief interventions delivered to individuals can significantly reduce HIV transmission risk behaviours. It is clear that a brief intervention delivered within the context of a routine medical visit by any member of the health care team is less expensive that lengthy, multiple session interventions delivered outside the medical setting.
Implications for Practice: There have been numerous lessons learned from both the published study results and interim reports of the ongoing studies. A discussion of these lessons learned will provide the audience with useful information that can be immediately used to inform current practice.
Objectives: By the end of the presentation participants will be able to:
1. List four formats previously reported in the literature that were successful in the delivery of a Prevention with Positives message.
2. Describe a 4-step plan to introduce a Prevention with Positives program in his/her clinic.

C-4

Developing and Supporting Best Practices for Routine Prenatal HIV Testing in New Jersey: Collaboration Among Stakeholders

Elaine Gross, RN MS CNS[1], Carolyn Burr, EdD, RN[1], Rebecca Fry, MSN, APN[1], Linda Berezny, RN[2], Sindy Paul, MD, MPH[2]
[1]*François-Xavier Bagnoud Center,*
University of Medicine and Dentistry of New Jersey,
Newark, NJ, United States,
[2]*New Jersey Department of Health and Senior Services HIV/AIDS Division,*
Trenton, NJ, United States

Background: New Jersey continues to have the highest proportion of women with HIV/AIDS in the US. In 2007, in response to updated CDC HIV testing recommendations for pregnant women, NJ passed legislation that changes previous mandatory HIV counseling and voluntary testing to opt-out routine prenatal HIV testing, repeat 3rd trimester testing/rapid testing in labor and delivery and mandatory testing of newborns whose mother's HIV status is unknown. This new law will impact on delivery of care to pregnant women and infants throughout the state.
Purpose: To revise the NJ standard of care for rapid HIV testing of women with unknown HIV status at labor and delivery and to educate and support maternal child health (MCH) and HIV providers by defining best practices for routine prenatal HIV testing in accordance with new law.
Methods: 1) A stakeholders meeting of OB providers, representatives of professional organizations, State Health Department, MCH Consortia, pediatric and family HIV providers, and Hospital Association was held to develop consensus on best practices and plans for collaboration. 2) In collaboration with MCH Consortia and HIV Family Treatment Centers, training of trainer workshops will be implemented for perinatal nurse educators and managers with other technical assistance being provided to educate MCH nurses regarding the CDC recommendations and changes in the New Jersey law and the

standard of care. 3) Curriculum and materials are being developed to support provider and consumer education.

Conclusions: The translation into practice of new legislation regarding perinatal HIV testing requires collaborative efforts. A stakeholder meeting with ongoing collaboration to support education and technical assistance is an effective approach for developing and disseminating best practices to assure that high quality care is maintained and women's and children's needs are met as opt-out routine prenatal HIV testing and infant testing are implemented.

Implications for Practice: New Jersey has a long history of collaborative efforts regarding HIV prevention and care, particularly concerning perinatal HIV transmission. This project can serve as a model for other HIV systems and service providers in involving key stakeholders toward informing the larger healthcare community on common issues of concern.

Objectives: By the end of the presentation participants will be able to:

1. Describe the changes in prenatal HIV testing practices in NJ as prescribed by NJ law.
2. Identify strategies to involve the maternal child and HIV care communities in developing best practices for prenatal HIV testing.
3. Describe collaborative efforts to educate providers and consumers about the NJ prenatal HIV testing best practices.

C-5

A Framework for Understanding HIV/AIDS, Substance Abuse, and Intimate Partner Violence as Part of a Syndemic Impacting Hispanics in the U.S.: Implications for Primary Prevention Interventions

Rosa Gonzalez-Guarda, PhD, RN, Victoria Mitrani, PhD, Joseph De Santis, PhD, ARNP, James Weidel, MSN, ARNP, Elias Vasquez, PhD, NP
University of Miami School of Nursing & Health Studies, Coral Gables, FL, United States

Background: Hispanics in the U.S. are disproportionately affected by the incidence and consequences of HIV/AIDS. Despite the fact that research suggest that HIV is closely linked to substance abuse, intimate partner violence (IPV) and other comorbid mental health conditions, there are no conceptual frameworks published in the literature that describe HIV as part of a syndemic (i.e., two or more health conditions that interact synergistically) that co-occurs with these other health conditions.

Purpose: The purpose of this presentation is to review the literature regarding the intersection of HIV/AIDS, substance abuse, intimate partner violence and comorbid mental health conditions among Hispanics in the U.S. and to introduce a conceptual framework for understanding HIV as part of a syndemic affecting this population.

Methods: Published articles discussing HIV/AIDS, substance abuse, IPV among Hispanics were reviewed based upon a search of Pubmed, PsychInfo and CINAHL databases using the following keywords: *Hispanic or Latino* and *HIV/AIDS, condom use, sexual negotiation, sexual risk reduction, substance abuse, alcohol use, drug use, intimate partner violence, domestic violence, relationship abuse, physical abuse* and *sexual abuse.* Searches were restricted to studies including Hispanics in the U.S. that report their results according to Hispanic ethnicity, studies that discuss at least two of the target health conditions at one time, and studies published within the last ten years (1997 to 2008). A conceptual framework for understanding the intersection of these conditions were developed based on the review findings.

Conclusions: The conceptual framework that was developed from this literature review describes HIV/AIDS as part of a syndemic that co-occurs with substance abuse, IPV and other mental health conditions. These conditions appear to have common precursors and sequellae, and interact with one another in a synergistic manner.

Implications: Clinical and prevention approaches to any one of these conditions (i.e., HIV, substance abuse and IPV) that do not address all three may not have the needed and lasting impact. This framework can be used by practitioners, program planners, researchers and policy makers to guide more comprehensive interventions that target HIV/AIDS, substance abuse and IPV prevention simultaneously among Hispanics and other similar communities in the U.S.

Objectives: By the end of the presentation participants will be able to:

1. Identify health disparities relating to HIV/AIDS among Hispanics.
2. Discuss how HIV/AIDS, substance abuse, intimate partner violence are linked to one another among Hispanics.
3. Identify the major components of the conceptual framework for understanding the HIV/AIDS, substance abuse, and IPV syndemic among Hispanics.

C-7

Peer Education Training Sites: A Resource for Nurses Working with HIV+ Peers

Sally Neville, RN, MSN, Jan Russell, RN, PhD
Kansas City Free Health Clinic, Kansas City, MO, United States

Background: Nurses utilize myriad strategies to promote self management among Persons Living with HIV/AIDS (PLWH). Peers (PLWH) have been used in this capacity since the beginning of the epidemic. As engagement in care and

adherence to treatment become more critical to successful self management, the use of peers has become both more essential and more problematic. Nurses are often the professional managing peers in a treatment setting and are faced with issues related to training, supervision, integration into multidisciplinary teams, outcome measurement and infrastructure.

Purpose: This presentation will discuss a Health Resources Services Administration, HIV/AIDS Bureau, Minority AIDS Initiative project, Peer Education Training Sites. The purpose of this project is to develop peer education training curricula and organization capacity building tools to expand or enhance the use of peers in promoting engagement in care and adherence to treatment. This presentation will focus on resources which have been developed by this project that nurses may use as they develop, implement, manage or evaluate peer programs.

Methods/Practice: In 2005 the HIV/AIDS Bureau funded 3 sites and a coordinating center to participate in the Minority AIDS Initiative funded project Peer Education Training Sites. These sites developed peer training curricula, trained peers and worked with agencies implementing or enhancing peer programs. Together with the coordinating center, national train the trainer peer training and organizational capacity building resources have been developed. Cross site evaluation data related to peers, trainings and organizations will be presented.

Conclusions: National resources to assist nurses in implementing or enhancing peer support programs are available and can be used in a variety of settings. These resources address training needs, peer roles, supervision, management, organizational infrastructure and evaluation of peer programs.

Implications for Practice: Peer support programs can be an important and successful tool for promoting self management among PLWH's. Nurses may use these nationally developed resources to assist them in designing, implementing and evaluating peer programs in their agencies.

Objectives: By the end of the presentation participants will be able to:

1. Identify and utilize national resources available to implement or enhance HIV+ peer programs.
2. Relate successes and challenges of the PETS peer training and organizational capacity building activities to lessons learned that can be applied to their own programs.

C-8

Assessment of the Safety of Injections and Related Medical Practices in Primary Health Facilities In Rural Ethiopia

Mr, Yoseph W/Grbriel, Dr. Filru Tesfaye
Management Sciences for Health, Addis Ababa, Ethiopia

Background: There is substantial discrepancy between much of the epidemiological evidence and the belief that nearly all of the HIV burden in sub-Sahara Africa can be accounted by heterosexual transmission and the sexual behavior of Africans. For this a number of observations raise the question of an alternative route of transmission, for which medical care and the use of injections are prime candidates.

Purpose: To assess the potential risk of transmission of blood born pathogens (HIV, HBV, and HCV) through needles and sharps in health care settings found at Sidama zone of SNNPRS.

Methods: Health institutions based cross sectional survey was conducted from November 2003 to March 2004. From 22 government, 9 NGO and 9 private health institutions, 213 health care workers and 352 clients/patients were interviewed; 178 injection practices were observed; and dressing and delivery practices were observed in 37 and 27 health institutions respectively.

Conclusions: Accordingly, 74% of the observed injections were found out to be unsafe to the health workers, recipients or to the community. Contaminated and unsterile medical equipment that contact open skin or used for percutanous procedure were observed put ready for reuse in most health institutions. Most (97%) of the health institutes lack at least-one equipment that was used for wound care or to assist delivery. Although, most the health care workers were aware of the transmission of diseases through contaminated needles, only 7% of them cited HBV, HCV, and HIV simultaneously. Thirty two percent of the health care workers reported a 12-month prevalence of accidental needle or sharp injury. 64% of these were deep or penetrating injuries.

Most clients/patients (89.5%) were knowledgeable on the transmission of diseases through dirty needles. One hundred fifty seven (44.6%) of clients responded that they prefer oral drugs to injection preparations, which was preferred by 136(38.6%), when their children have fever. As opposed to the clients/patients, the majority (64.9%) of the HCWs claim that clients prefer injections when they appear to the out patient departments.

Implications: The study revealed that many injection and related medical practices were poor exposing clients/patients, health care workers and the community at risk for blood born pathogens. On job training for health care workers, and assessing reasons for the poor safety using assessment tool "A" was recommended.

Objectives: By the end of the presentation participants will be able to:

1. Compare the situation of safety of injections and related practices in Ethiopia from their context/experiences.
2. Reflect on the clients' knowledge and attitude towards injections.

C-9

Preventing Occupational Transmission of HIV Among Nurses in Sub-Saharan Africa: A First Step to Building Capacity

Barbara Smith, PhD, RN,[1], Thomasine Guberski, PhD, RN[1], Margaret Maimbolwa, PhD, RN[2], Joe Burrage, PhD, RN[3], Marik Moen, MS/MPH, RN[1], Beatrice Kiama, RN[4]
[1]University of Maryland, Baltimore, Baltimore, MD, United States,
[2]University of Zambia, Lusaka, Zambia,
[3]Indiana University, Indianapolis, IN, United States,
[4]AIDS Relief, Nairobi, Kenya

Background: A critical part of building health-care capacity in Sub-Saharan Africa, where the HIV infection rates are the highest in the world, is preventing occupational transmission of HIV and other blood borne pathogens (BBP) and providing effective treatment to nurses and other health care workers (HCWs) who are exposed and/or infected. In other words protect the capacity we have as we work to build overall capacity.

Purpose: The purposes of this study were to examine occupational exposures; availability of protective apparel; use of post-exposure prophylaxis programs; and knowledge of universal precautions in a sample of Sub-Saharan African nurses and midwives who are at high risk of occupational exposure.

Methods/Practice: An anonymous survey was distributed to 340 nurses and midwives from 9 African countries attending the 2007 Biennial Conference of African Midwives Research Network in Nairobi, Kenya.

Results: While 84% of nurses completing this questionnaire had been tested for HIV, more than 50% who had an occupational exposure did not report the exposure and most (74%) were not tested following exposure. Reasons most often given for not reporting were: knew patent did not have communicable disease (23%), no post-exposure prophylaxis program (18%), embarrassed (16%). Only 2% did not report the incident because of fear of loosing their job. Employers routinely provided gloves (89%) and sharps containers (91%) while few employers provided impermeable gowns (38%) or eye protection (30%). Most of the nurses in this sample knew about universal precautions; however, the mean score of universal precautions knowledge was only 60%. Years of experience in health care was significantly correlated with knowledge of universal precautions ($r=0.17$, $p=0.01$) and higher levels of education resulted in higher scores [$F=2.4(4,263)$, $p=0.048$).

Conclusions: Data from this study will be used to inform interventions that reduce occupational exposure among Sub-Saharan African nurses and HCW.

Implications for Practice: Strategies can be developed to improve knowledge of universal precautions; increase reporting of occupational exposures; establish post-exposure prophylaxis programs; and insure nurses and HCWs are provided with critical protective apparel.

Objectives: By the end of the presentation participants will be able to:

1. Identify why nurses in Sub-Saharan Africa do not report blood borne pathogen (BBP) exposure.
2. Discuss ways to protect nurses and other health care workers from BBP exposure.

Conversations with HIV+ Nurses: Journeys from Provider to Patient

Location: *Indigo*

Karen Daley, PhD(c), MPH, RN, FAAN
kadaly@comcast.net

Susan Banks, RN, MSHS, BA, CCRN, ACRN
susan.banks@med.navy.mil

David Sterken, MN, CS, CPNP
david.sterken@devoschildrens.org

Richard Ferri, PhD, ANP, ACRN, AAHIVS, FAAN
rick@richardferri.com

Objectives: The learner will be able to

- Discuss how being HIV+ has impacted your nursing career
- Describe any challenges that have been faced with in regard to your health care
- Discuss highlights from your journey as any HIV+ nurse

Screening, Diagnosis, and Treatment of Anal Dysplasia

Location: *Aster*

Theresa M. Schwartz, RN, MS, FNP, ANP-C
AAHIM Specialist
nurse21030@aol.com

Objectives: The learner will be able to

- Explain the etiology of anal dysplasia
- Describe the procedure for performing anal Pap tests and high resolution Anoscopy-directed biopsies for the screening and diagnosis
- Discuss the minimally invasive treatment options for the treatment of anal dysplasia, including Infrared Photocoagulation

Challenges to Care on the Border: Services, Isolation, Stigma, and Culture

Location: *Murphey*

Margaret Hartnett
Case Manager – Ryan White Program
Chiricahua Community Health Centers, Inc.
mhartnett@cchci.org

Objectives: The learner will be able to

- Achieve greater understanding of physical challenges for HIV+ patients living in remote, rural locations
- Gain new insights on delivery of psych-social services
- Attain appreciation of the role of culture in reinforcing stigma, stereotypes, and risk behaviors

Notes

Older Adults

Location: *Finger Rock*

D-1

A Grounded Theory of Advance Directives and Guardianship Planning by People with HIV and AIDS

Craig Sellers, PhD(c), RN

D-2

Likes and Dislikes of Aging Among Older Black Adults

Barbara Blake PhD, RN
Gloria Taylor DSN, RN

D-3

A Program to Address the Health Concerns of Mature Women Living with HIV

Maithe Enriquez, PhD
Neal Rosenburg, MSN
Rose Farnan, BSN
Fran Jaeger, DrPH
Jacki Witt, MSN
Eve McGee, MSW

Notes

Access/Family

Location: *Lantana*

D-4

Women in the US Can and Will Enroll in HIV Clinical Research: Learnings from the GRACE (Gender, Race, And Clinical Experience) Study

Elissa Greene, MSN, C-FNP
Gwen Verlinghieri, MSN, ACRN
Kathleen Squires, MD
Judith Currier, MD, MSc
Dawn Averitt-Bridge
Debbie Hagins, MD
Joseph Mrus, MD, MSc

D-5

Outcomes of PHAST (Positive Health Access to Services and Treatment) Program at San Francisco General Hospital (SFGH) from July 1, 2006-June 30, 2007

Alicia Justice, BSN, MS
Clarissa Ramstead, MSN, ANP

D-6

Transitional Family Management During Pre-Adolescence of Children with HIV

Kimberly Stieglitz, PhD, APRN
Phyllis Ballard, RN
Stacy Slovacek, BA

Notes

Psychological Issues

Location: Verbena

D-7

Living for my Children

Rosemary Walulu, PhD, RN
Sara Gill, PhD, RN

D-8

Disclosure of HIV Status is Associated with Internalized Stigma of HIV/AIDS but not with Perceived Stigma

Kenneth D. Phillips, PhD
Linda Moneyham, DNS
Carolyn Murdaugh, PhD
Abbas Tavakoli, DrPH

D-9

"The Tyranny of Shoulds": When Negative Thinking Affects Relationships & Treatment Adherence

Patti O'Kane, MA RN

Notes

D-1

A Grounded Theory of Advance Directives and Guardianship Planning by People with HIV and AIDS

Craig Sellers, PhD(c), RN
University of Rochester School of Nursing, Rochester, NY, United States

Background: Although many people now believe HIV/AIDS to be a chronic illness, only about 25% of people with HIV/AIDS have executed advance directives (ADs). Most research about ADs for people with HIV/AIDS has targeted gay, white men. ADs include living wills, healthcare proxies, and do-not-resuscitate orders. More people have considered ADs than have actually documented their wishes.
Purpose: To develop a grounded theory of how people with HIV/AIDS make plans for future health care.
Methods: In this qualitative study, HIV+ people 18 years or older with or without AIDS were sampled theoretically from among community-dwelling adults in western New York State. Verbatim transcriptions of audiotape-recorded in-depth individual interviews were analyzed using a constructivist grounded theory approach (Charmaz, 2006) utilizing the constant comparative method (Strauss & Corbin, 1998).
Results: A number of conditions affected an HIV+ person's likelihood of making plans for the future: trusting a person to name as health care proxy, experiencing future health care planning for family members or friends, accurate understanding about ADs, focusing on the future versus a time orientation focused on the day-to-day, spiritual beliefs about the future, intervention from health care providers, and not wanting to burden loved ones. Additionally, for these participants, having dependent children, being a single parent, and their children's wishes about guardians also significantly influenced future planning. Unless all or nearly all these conditions favored the ability to make plans, individuals were unlikely to be able to plan for their future health care or care of their children.
Conclusions: Past research has focused primarily on education about ADs and has neglected inclusion of people of color with HIV/AIDS in sampling strategies. Little published research has described the impact that having minor children has on these decisions. Most studies about guardianship do not tie ADs to planning for dependent children.
Implications for Practice: Clinicians who work with people with HIV/AIDS are encouraged to explore these factors with patients who struggle with making future plans. Some barriers (e.g., planning for children before focusing on self) may lead more easily to intervention than others (e.g., only focusing on one day at a time).
Objectives: By the end of the presentation participants will be able to:

1. Describe a grounded theory about the process of making plans for the future by people with HIV/AIDS.
2. Discuss barriers, facilitators, and the impact of having minor children on completion of future care planning for people with HIV/AIDS.

D-2

Likes and Dislikes of Aging Among Older Black Adults

Barbara Blake PhD, RN, Gloria Taylor DSN, RN
Kennesaw State University, Kennesaw, GA, United States

Background: Highly active antiretroviral therapy has transitioned HIV from a terminal illness to a chronic disease. It is estimated that 1 in 5 (approximately 60,000) HIV+ individuals living in the United States (US) is 50 years of age or older and more than 50% of these individuals are Black or Hispanic. These numbers are expected to rise as life expectancy increases and individuals become infected later in life.
Purpose: The purpose of this study was to explore the aging experience of older HIV+ Blacks.
Methods: A mixed methods study was conducted at a 2-day educational event for HIV+ Blacks living in the southeastern US. To participate in this study, individuals had to be HIV+ and at least 40 years of age. Each person completed a 23-item researcher developed survey: *HIV and Aging—Be Honest, Tell Me What You Think*. In the survey, participants responded to three open ended questions related to likes and dislike of aging and the perception of aging with HIV.
Results: Among the 59 participants completing the survey, 58% were male, mean age was 48, and 71% had been living with HIV for more than 10 years. Content analysis was used to analyze responses to the open ended questions. Four themes reflecting likes and dislikes of aging and perceptions of aging with HIV emerged: wisdom and respect; physical appearance and sexuality; reflection and life satisfaction; and general health and aging. This study found that HIV+ older Blacks do not perceive their aging to be different than their HIV negative counterparts.
Implications for Practice: Caring for older HIV+ adults is an emerging issue that nurses need to address. It is important that nurses not only address the management of HIV, but engage clients in discussions about aging in general. In addition, educational interventions targeting HIV+ older adults need to be developed and implemented to promote successful aging.
Objectives: By the end of the presentation participants will be able to:

1. Discuss HIV among older adults.
2. Discuss the older adults perceptions of aging with HIV.
3. Discuss the implications of this study for nursing practice.

D-3

A Program to Address the Health Concerns of Mature Women Living with HIV

Maithe Enriquez, PhD[1], Neal Rosenburg, MSN[1],
Rose Farnan, BSN[2], Fran Jaeger, DrPH[2],
Jacki Witt, MSN[1], Eve McGee, MSW[1]
[1]University of Missouri Kansas City, Kansas City, MO, United States,
[2]Truman Medical Centers Hospital Hill, Kansas City, MO, United States

Background: Mature women living with HIV and AIDS have health concerns that may differ from younger women who are living with the disease. Few programs existed in our Midwestern city that targeted this population of women living with HIV.

Purpose: The purpose of this project was to develop a program that addressed the unique health needs of mature women living with HIV and AIDS in our city.

Methods/Practice: Findings from a qualitative study conducted with women over the age of 40 and living with HIV were used as the basis for program development. Together with three women from the community who were living with HIV, we developed a three-session interactive program that aimed to address the emotional and physical health concerns of mature women living with HIV. Pre and post program evaluation data were collected.

Conclusions: This program illustrates how research findings can be used to design practical programs that serve the needs of the community. Our program was well received by the target audience. Program models such as this one should be considered by other communities with similar populations.

Implications: In this session, we will share our program components and educational materials together with our challenges and successes. In addition we will discuss successful strategies that were used to engage the population in the program.

Objectives: By the end of the presentation participants will be able to:

1. List unique health needs and concerns of mature women living with HIV.
2. Discuss strategies to develop a program aimed to address the health concerns of mature women living with HIV.

D-4

Women in the US Can and Will Enroll in HIV Clinical Research: Learnings from the GRACE (Gender, Race, And Clinical Experience) Study

Elissa Greene, MSN, C-FNP[1], Gwen Verlinghieri, MSN, ACRN[2], Kathleen Squires, MD[2], Judith Currier, MD, MSc[3], Dawn Averitt-Bridge[4],
Debbie Hagins, MD[1], Joseph Mrus, MD, MSc[5]
[1]Chatham County Health Department, Savannah, GA, United States,
[2]Jefferson Medical College of Thomas Jefferson University, Philadelphia, PA, United States,
[3]University of California, Los Angeles, School of Medicine, Los Angeles, CA, United States,
[4]The Well Project, Inc., Atlanta, GA, United States,
[5]Tibotec Therapeutics, Bridgewater, NJ, United States

Background: Women have been underrepresented in HIV clinical trials despite research suggesting gender-based differences in drug efficacy and tolerability profiles. Furthermore, studies have not been powered to detect differences by gender.

Purpose: GRACE is a 48-week open-label trial designed to assess sex and race differences in efficacy, safety, and tolerability of darunavir/ritonavir 600/100mg BID plus an optimized background regimen (OBR) in treatment-experienced patients. Novel recruitment and retention strategies, and baseline demographics are described.

Methods/Practice: Significant input from community and clinical advisors led to a study designed to overcome historical barriers to the enrollment of women. Successful strategies included: provision of commonly used nucleoside/nucleotide reverse transcriptase inhibitors in the OBR; minimizing financial burdens with per diem for childcare and travel; unique study branding; targeted awareness campaigns in minority media; supplemental site grants for patient support activities; inclusion of sites with more limited research experience but a focus on treating women. Individual study sites employed novel strategies to retain women on the study. Examples from two sites include: monthly scheduled patient appointments to discuss health and non-health-related issues; phone call reminders 1 to 5 days prior to patient appointment; including family members during appointments; frequent updates of patient contact information; 24-hour communication access to the clinical team; on-site storage of patient medications with pillbox refills to reduce at-home pill bottle burden.

Results: The GRACE study enrolled 287 women (67% black; 21% Hispanic) and 142 men (51% black; 25% Hispanic) at 65 study sites in North America. Recruitment strategies were successful in meeting the enrollment target of 420 patients; enrollment began in November 2006 and the enrollment goal was achieved in November 2007.

Conclusions: GRACE is the largest treatment trial to focus

on women with HIV and the first to focus on antiretroviral treatment-experienced women in North America. Novel approaches to site selection, outreach, recruitment, and retention have increased awareness and overcome hurdles for participation in this understudied population.

Implications for Practice: Utilization of novel recruitment and retention strategies may help to improve access to HIV care and enhance treatment outcomes for women and communities of color outside of a clinical trial setting.

Objectives: By the end of the presentation participants will be able to:

1. Learn the techniques that may be used for successful recruitment of women and communities of color in HIV clinical studies
2. Understand the strategies that may be used to improve retention and access to HIV care for women and communities of color outside of a clinical setting

D-5

Outcomes of PHAST (Positive Health Access to Services and Treatment) Program at San Francisco General Hospital (SFGH) from July 1, 2006-June 30, 2007

Alicia Justice, BSN, MS, Clarissa Ramstead, MSN, ANP
UCSF, San Francisco, CA, United States

Background: Substance use, mental illness and homelessness can make accessing medical systems a challenge. Consequently many patients have difficulty remaining engaged in primary care. Many present with an AIDS diagnosis, opportunistic infection, or other chronic medical diagnoses. In 2001, PHAST was created in an effort to reach these vulnerable populations.

Description: PHAST, a multidisciplinary team comprised of a Nurse Practitioner, RN case manager, outreach worker, and social worker. PHAST receives referrals from community programs and SFGH inpatient services. The PHAST team works as a resource for hospital staff regarding newly admitted and newly diagnosed HIV+ patients. Initial PHAST appointment is provided within 1-2 weeks, where they are evaluated by a PHAST provider and assigned into primary care.

Purpose: To present PHAST, a model of care and outcomes for the year 2006-2007.

Objectives: Facilitate HIV/AIDS patient's access and linkage to primary care. The ultimate goal of PHAST is improve life expectancy and decrease rates of opportunistic infections.

Practice: Data was collected and analyzed from HERO, the electronic charting system, from 7/1/06-6/30/07.

Conclusion: Multidisciplinary collaborative approach to patient care leads to engagement in primary care. Of the 455 PHAST patients from 7/1/06-6/30/07, 17 have died and 67 have transferred their care. Of the remaining 371 patients, 82, (22%) graduated from PHAST demonstrating ability to engage in primary care independently. 248 (66.8%) remain active in PHAST thru primary care or urgent care. A total of 170 PHAST patients had CD4 counts less than 200 at entry, of these 142 (83.5%) were on PCP prophylaxis.72.8 % of active and graduated PHAST patients with CD4 counts less than 200 are on HAART.

Implications for Practice: PHAST program is successful in engaging clients and facilitating access to care. It uses a multidisciplinary approach to identify vulnerable, clients establish relationships, assess and provide clinical and social services as needed. PHAST is a creative solution to bridge the gap between different populations.

Recommendations: Continued evaluation of PHAST services and comparison of similar programs is needed to identify successful factors leading to sustained engagement in HIV primary care.

Objectives: By the end of the presentation participants will be able to:

1. Identify the benefits of a comprehensive multidisciplinary HIV/AIDS care model.
2. Identify the risks of a comprehensive multidisciplinary HIV/AIDS care model.

D-6

Transitional Family Management During Pre-Adolescence of Children with HIV

Kimberly Stieglitz, PhD, APRN[1],
Phyllis Ballard, RN[2], Stacy Slovacek, BA[2]
[1]Saint Louis University, St. Louis, MO, United States,
[2]St. Louis Children's Hospital, St. Louis, MO, United States

Background: Children with perinatally acquired HIV become increasingly independent of parents and caregivers as they approach adolescence. Faced with the usual adolescent developmental milestones and activities related to risk-taking and decision-making, family norms and functioning form the foundation for this transitional period between childhood and adolescence. Little is known about how families with HIV make this transition, and how HIV may or may not be different from other chronic illnesses.

Purpose: This study was designed to a) explore and describe how families with pre- and early adolescents manage vertically acquired HIV during impending rapid developmental transitions, and b) assess the applicability of the Family Management Styles Framework (FMSF) in families with HIV.

Methods: Six families of various races and family structure were interviewed three times over a 3-6 month time period. Children were aged 9-11 years. Semi-structured guidelines were used initially, and follow-up interviews obtained more depth in key areas and verification of coding, compatible with qualitative methodology. The initial analysis was done using qualitative description, while this analysis consisted of using coding grids delineated by categories of the FMSF.

Interview transcripts were summarized, excerpts of text relating to themes were placed under categories, and eventually families characterized by level and type of functioning.

Conclusions: The FMSF has proven efficient in organizing data analysis with comparable theme development to qualitative description. Families with HIV have similar ways of functioning compared to other families with childhood chronic illness, despite the differences in populations used in development of the FMSF and features of HIV, e.g. having multiple infected members. There are significant differences in perceptions about important aspects of living with and managing HIV between caregivers and children, including reporting adherence to meds, what defines responsible behaviour in self-management (although ultimate responsibility depends on performance), knowledge of sexual matters, and levels of protectiveness.

Implications for Practice: Given the importance of reliable med-taking and other self-care behaviours, healthcare providers must assess who is responsible for what in daily management, what the family values and health beliefs are, and ascertain the level of family functioning in order to define best approaches to implementing interventions.

Objectives: By the end of the presentation participants will be able to:

1. Describe several areas of family management important in managing HIV care.
2. State types of families identified in the FMSF.

D-7

Living for my Children

Rosemary Walulu, PhD, RN[1], Sara Gill, PhD, RN[2],
[1]*Purdue University School of Nursing, W. Lafayette, IN, United States,*
[2]*The University of Texas, Health Science Center at San Antonio, School of Nursing, San Antonio, TX, United States*

Background: Mothering is a major role for most adult women across all sociocultural and economic boundaries. The number of women aged 19-39 years living with HIV disease is increasing, especially among minority women. This is the prime child-bearing age and many of these women might or will make the decision to become mothers. The responsibilities of mothering while living with a chronic and stigmatizing illness can be overwhelming. Little is known about mothering experiences of mothers living with HIV disease. Better understanding of the social process by which mothers living with HIV disease experience and manage motherhood could lead to improved care of HIV-positive mothers. Evidence-based data may lead to the development of nursing care standards of practice guidelines for HIV-positive mothers and their children.

Purpose: The purpose of the study was to produce a theoretical explanation of the processes by which mothers living with HIV disease experience and manage mothering.

Methods/Practice: Used grounded theory principles to interview 15 mothers from the Midwest living HIV disease. The interviews were audiotaped, transcribed verbatim and coded. Constant comparison method, open, axial, and selective coding techniques were used to analyze the data.

Results: Data analysis revealed the process of *living for my children*, a five-stage process consisting of *knowing my diagnosis*, *living with HIV*, *taking care of myself, seeking support,* and *being there for my child.* Stage one describes the causal conditions of learning about HIV diagnosis. Stages two to four describe how moms developed strategies, actions, and interactions to live for their children by *living with HIV*, *taking care of myself, and seeking support.* Stage five describes why the mothers wanted to be there for their child/children.

Conclusions: The theory that emerged from this study offers information to researchers in the nursing field about mothering with HIV disease and the complexities of HIV disease on the mothering role.

Implications for Practice: Implications for nursing practice include assessing and providing support; developing collaborative decision-making relationships with HIV-positive mothers; identifying the need to empower HIV-positive mothers; and importance of spiritual practices on self-care.

Objectives: By the end of the presentation participants will be able to:

1. Describe the social process of living for my children.
2. Recognize the importance of health care providers' support for women living with HIV disease.

D-8

Disclosure of HIV Status is Associated with Internalized Stigma of HIV/AIDS but not with Perceived Stigma

Kenneth D. Phillips, PhD[1], Linda Moneyham, DNS[2], Carolyn Murdaugh, PhD[3], Abbas Tavakoli, DrPH[4]
[1]*University of Tennessee, Knoxville, TN, United States,*
[2]*University of Alabama, Birmingham, AL, United States,*
[3]*University of Arizona, Tucson, AZ, United States,*
[4]*University of South Carolina, Columbia, SC, United States*

Background: Stigma is one of the great challenges in the battle against HIV/AIDS. Goffman (1963) defined stigma as "an attribute that is deeply discrediting within a particular social interaction" (p. 3) and conceptualized stigma as arising from three different sources: physical deformity, blemishes of character, and tribal stigma of race, nation, and religion. **Perceived stigma of HIV/AIDS (PSHA)** is the belief that others in society will devalue and discriminate against them because they have HIV disease. **Internalized stigma of HIV/AIDS (ISHA)** refers to stigma which a person with HIV/AIDS has incorporated into their self-concept. Stigma

may adversely affect many aspects of a person's life. In particular, stigma may hinder self-disclosure of HIV status, which is necessary to receive needed services and social support.

Purpose: The purpose of this study was to examine the relationship between ISHA, PSHA, and disclosure of one's HIV status.

Methods: The sample consisted of 317 HIV-infected women living in the rural southeastern United States, who for the majority were living in poverty. Instruments included the Phillips Stigma of AIDS Questionnaire, the Perceived Stigma of HIV/AIDS Scale, and a self-disclosure scale. Relationships were tested using Pearson's r and a significance level of <.001).

Results: A significant relationship was found between ISHA and disclosure ($p < .0001$), but no significant relationship was found between PS and disclosure ($p = .8515$). Conclusions: Disclosure of HIV status is related to internalized stigma of HIV/AIDS, but not to perceived stigma of HIV/AIDS.

Implications for Practice: Understanding the differences between perceived stigma and internalized stigma is important in helping HIV+ women to cope with HIV disease and improving their quality of life. Nursing interventions that help women deal with the stigma of HIV disease will be discussed.

The study was supported by a grant from the National Institute of Nursing Research, the National Institutes of Health, grant number 2R01 NR 04956.

Objectives: By the end of the presentation participants will be able to:

1. Define stigma.
2. Define perceived stigma.
3. Define internalized stigma of HIV/AIDS.
4. Describe the research methods.
5. Discuss the results.

D-9

"The Tyranny of Shoulds": When Negative Thinking Affects Relationships & Treatment Adherence

Patti O'Kane, MA RN

Brookdale University & Hospital Medical Center, Brooklyn, New York, United States

How we think really does determine how we feel and behave. Psychoanalyst Karen Horney coined the phrase "the tyranny of shoulds" to describe how negative thinking brought about internal distress. She recognized how dogmatic thoughts, beliefs and expectations could lead to emotional turmoil especially depression. Psychologist Albert Ellis took this concept a step further to describe "demandingness", an unrealistic worldview where the individual believes others should behave in a certain manner. Clinging to demandingness frequently leads to frustration, depression or feelings of worthlessness; all barriers to HIV adherence. The purpose of this session is to instruct clinicians on how to recognize negative, unproductive thinking and offer alternative ways of changing it. Using basic concepts of Cognitive Behavioral Therapy (CBT) & Rational Emotive Behavior Therapy (REBT) the presenter will introduce ways to assess for and challenge negative thinking. Clinical vignettes will provide clinicians with real life interventions to correct such distortions as "awfulizing" or "catastrophizing". By teaching clients to revise their negative thinking and replace it with more realistic, positive appraisals of self and others, they may avoid depression and be more fully able to enter a successful treatment alliance.

Objectives: By the end of the presentation participants will be able to:

1. Identify key concepts of Cognitive Behavioral & Rational Emotive Behavioral Therapy that can be applied to the HIV treatment setting.
2. Recognize how to intervene when a client is expressing negative thinking in the form of "tyranny of shoulds", awfulizing and/or demandingness.
3. Recognize the importance of disputing irrational beliefs/ philosophies in order for client to better comply with treatment.

Notes

Agenda at a Glance—Sunday, November 9

Satellite Breakfast
7:00 am - 8:30 am
Grand Ballroom

Yoga
7:00 am – 8:00 am
Cottonwood

Registration
8:00 am – 1:00 pm

2009 Conference Committee Meeting
8:30 am - 10:00 am
Murphey III

Roundtables
8:45 am – 10:15 am
Canyon Ballroom

Plenary Speaker
10:30 am – Noon
Dina Wilcox, Esq.
Grand Ballroom

Closing/Evaluation
Noon – 12:30 pm
Grand Ballroom

Notes

SAVE THE DATE

22nd ANNUAL CONFERENCE

November 19 – 22, 2009

Jacksonville, Florida

"Reaching Beyond: Collaborating to Build Capacity"

Association of Nurses in AIDS Care

Lessons Learned: Being a Human in the Age of AIDS

Grand Ballroom

"I was dragged kicking and screaming into the world of AIDS, when my soon-to-be husband and law partner was diagnosed with the disease. From the beginning, AIDS seemed determined to change everything about the way I lived in the world. Even as I hated it, I felt it dared me to accept the challenge it presented for my life. Although it was always my great enemy, I now grudgingly admit that it has also been a great friend."

With this surprising admission, Dina Wilcox begins to explain how she came to believe that AIDS – a curse and a blessing for the thousands who have been touched by it – also contains a life-transforming opportunity to help humans realize their full potential.

Primary among the lessons she shares is her certainty that each of us has inside us our very own, one-of-a-kind voice whose purpose is to speak our own truth. Too often, in our technologized world, our voices are drowned out by the external sounds that bombard us from every direction. In Dina's work, people can learn to hear the sound of their voices and begin to trust that they exist to speak our own truths. From there, we are ready to meet the great challenge of our time: to become fearless enough to trust our own, internal wisdom in all that we do in our work in HIV/AIDS, in our personal lives, and in all our relationships.

Dina L. Wilcox, Esq.
Raising Healthy Voices
dina@raisinghealthyvoices.com

Dina Wilcox is an attorney, mediator and HIV prevention educator and trainer. Since 1993, she has worked with health and human services providers on legal and other issues pertaining to AIDS treatment and care. She has also worked with case managers, pre-and post-test counselors, and medical care providers around the issues of what she calls "working from the lessons we've learned from AIDS itself in order to help ourselves manage the intensity of our jobs." Dina has recently been recognized as an "Influence" for her work in HIV/AIDS by the peer educators in Planned Parenthood in New York's Hudson River Valley, where she lives. She was also twice elected NYS Community Co-Chair for New York State's HIV Prevention Planning Group.

Objectives: The learner will be able to:

- Consider that each of us has our own inner voice which speaks our personal truths to us, and that we can learn to hear and trust our wisdom from it
- Examine the evidence of recent brain research which supports that our voices empower us by giving us the confidence to act on our own truths
- Understand that our voices can be used as tools in our work, for creating meaningful interactions with clients and colleagues alike, as well as to serve us better in all our relationships

Notes

ROUNDTABLES

R1
Healing Nurses Around the World: Incorporating a "Care for the Caregiver" Module into the HIV Home Based Care/Palliative Care Curriculum for Nurse Supervisors and Volunteers in Guyana, South America
Melanie Steilen, BSN, ACRN
Erik Mortensen, ANP, ACRN
Laurene Clark, BSN, ACRN

R2
HIV/AIDS Basics Workshop Model Presented to a Blended Audience of Newly Diagnosed and the Community
Veronica Berger, RN
Jennifer Dalton, PharmD

R3
AIDS Call In-Live Show Chicago
Clarinda Soriano-Roco, BSN, RN
Kevin Barrett, BSN, RN

R5
HIV/AIDS Nursing in the Russian Federation: Implications for Prevention, Care, and Policy
Dr. Linda Frank

R6
Stemming the Tide of HIV Transmission: Incorporating HIV Prevention into the Care of Persons Living with HIV
Susan Zik Shewmaker, MA, RN
Mark Thrun, MD
Jolie Pearl, MPH, RN
Linda Creegan, FNP, MS
Sheldon D. Fields, PhD, RN, FNP

R7
Outreach Services in HIV Primary Care Settings
Tracy Matthews, MHA, RN,
Sylvia Trent-Adams, PhD, MS, RN

R8
"I Care More About my Health Than What Some Think:" Factors Influencing Adherence for HIV-Positive Female Inmates
Dr. Donna W. Roberson
Dr. Catherine I. Fogel

R9
Pre/Inter-Conception Care: What are the Reproductive Health Needs of Women Living with HIV?
Carolyn Burr, EdD, RN
Rebecca Fry, MSN, APN
Elaine Gross, RN, MS, CN

R10
HIV Prevention Practices among African American Immigrants: A Pilot Study
Marjorie Gillespie-Johnson, PhD, ARNP

R11
New HIV Positives in San Francisco from February 1, 2007 through January 30, 2008
Tammy Pittayathikhun, BSN
Clarissa Ramstead, MSN, ANP

R12
Locating, Recruiting, and Enrolling Participants from Vulnerable Populations for HIV Prevention Research
Joseph De Santis, PhD, ARNP
Elias Vasquez, PhD, NP
Rosa Gonzalez-Guarda, PhD, RN

R13
NURSES SOAR! and ANAC: A Model for Nurse Capacity Building
John Roselli, CFNP

R14
ANAC Center of Excellence: To be or not to be
Joe Burrage, PhD, RN

R-1

Healing Nurses Around the World: Incorporating a "Care for the Caregiver" Module into the HIV Home Based Care/Palliative Care Curriculum for Nurse Supervisors and Volunteers in Guyana, South America

Melanie Steilen, BSN, ACRN[1], Erik Mortensen, ANP, ACRN[2], Laurene Clark, BSN, ACRN[3]
[1]Cicatelli Associates Incorporated, NYC,NY, United States, [2]ST Vincents Catholic Medical Center, NYC,NY, United States, [3]Village Care of New York, NYC,NY, United States

Background: Stress has often been associated with the nursing profession, no matter where the practice setting. Long hours, emotional and physical exhaustion, suffering, dealing with uncontrolled pain, death, loss and power imbalances in a physician controlled environment. Adding to this is the overwhelming worldwide nursing shortage. All this leading to burnout, attrition and illness which may greatly impact the quality of patient care. These stressors are often magnified in the resource developing world.
Purpose: The purpose of this interactive module is to teach nurses to be aware of their stressors and explore self care skills for themselves, peers and their clients.
Methods: This module is the last day of the 3 week training program in Home Based/Palliative Care for PLWHA's. The day includes an interactive didactic session on stress interspersed with stress vulnerability/ coping scales, self compassion, positive thought, nutrition and exercises for relaxation through the 5 senses. The second half of the day is a skills practice session utilizing Diaphragmatic Deep Breathing, Progressive Muscle Relaxation and Visual Imagery exercises. Music, aromatherapy and laughter are an integral part of the training day. The closing exercise is a reflective worksheet and self care checklist for the nurse to monitor his/her progress.
Conclusions: This training program led by our Guyanese nursing colleagues, has been in existence for the past 3 _ years. This module is always well received and requested most often. The nurses are incorporating these self care practices into their daily lives and continue to teach their clients and peers.
Implications for Practice: This module can be applied in all nursing settings and tailored to fit the audience and time frame. With the heavy demands placed on nurses throughout the world and the stressors inherent in the profession, it is imperative to start teaching nurses to nourish and take care of themselves so they can adequately care for others.
Objectives: By the end of the presentation participants will be able to:

1. Review the Care for the Caregiver module and its implications for nurses.
2. Explore the use of various adult learning techniques to train this module.

R-2

HIV/AIDS Basics Workshop Model Presented to a Blended Audience of Newly Diagnosed and the Community

Veronica Berger, RN, Jennifer Dalton, Pharm D
Body Positive, Phoenix Arizona, United States

Background: HIV/AIDS education is an ongoing process and critical for the newly diagnosed person who may be devastated by the diagnosis, feeling powerless and unsure of what steps to take. An initial shock period is expected, with confusion, a sense of hopelessness, anger, denial, and above all, fear.
Purpose: The purpose of this workshop is to create a safe environment of confidentiality, by bringing together a portion of the people undergoing a similar situation, the family and friends brought in for support, and a group interested in learning more about HIV/AIDS. This group can formulate a homogeneous and supportive mixture.
Methods: An all day HIV/AIDS 101 workshop offered once a month and held on a Saturday from 10 am to 3 pm has proven over the past six years to be a valuable resource to the HIV community and the public. Pizza is served for lunch ergo the name Pizza and the Basics was born.

- The curriculum takes the attendees through the basics (comprehensive topics include epidemiology virology, signs and symptoms, stages, the immune system, testing, prevention, treatment, adherence/resistance, nutrition, and community resources).
- A pre-test and post-test is administered.
- A warm, gentle and caring environment sets the stage for an interactive session.
- An RN, paired with her HIV positive volunteer, tag-teach the sessions.

Conclusions: Over the past six years, 15-25 people have enrolled in the class per month. Over 1000 people have experienced an all day HIV educational workshop in a blended sero-discordant classroom. By blending we are saying no to segregation and isolation. We are making a statement that it is indeed safe to co-mingle and learn together. There is a sharing of feelings, thoughts and misconceptions. Myths are broken. Tears are shed. Everyone comes away enriched in some way.
Implications for Practice: A strong foundation of education and prevention should be the first line of treatment for a person newly diagnosed with HIV/AIDS. With the basics understood, the patient is empowered to be involved in his/her treatment plan. Adherence becomes a priority. Healthy life choices can be made.
Objectives: By the end of the presentation participants will be able to:

1. Recognize the behavioral health aspects involved in receiving a positive diagnosis and necessary education model needed.
2. Establish an HIV/AIDS basics educational model,

including topics, materials, handouts, and visual aids that can be incorporated in an all day event.

3. Describe the benefits of a blended HIV/AIDS basics workshop, create and utilize measurement tools to assess success of knowledge gained, and adjust the presentations from participant surveys.

R-3

AIDS Call In-Live Show Chicago

Clarinda Soriano-Roco, BSN, RN[1], Kevin Barrett, BSN, RN[2]
[1]*Provident Hospital of Cook County, Chicago, IL, United States,*
[2]*Ruth M. Rothstein CORE Center, Chicago, IL, United States*

Background: In the early 1990's, a group of Chicago nurses working in AIDS care developed the AIDS Call-in Live show for Chicago Access Network TV as a way to reach out to the Chicago public about HIV/AIDS prevention and education about the disease. In 2003, the authors became the host and hostess of the TV show.
Purpose: The AIDS Call In-Live show has been instrumental in spreading the word of HIV/AIDS prevention and disease in Chicago.
Methods/Practice: The 30 minute live interactive show allows the public to call in with their questions regarding HIV/AIDS and safe sex issues. Callers ask questions about everything from whether it is possible to self infect through masturbation practices to whether it is possible for drug users to "get high" without risking contracting HIV.
Conclusions: The number of phone calls/questions received confirms we are getting the word out and that we are making an impact to the public about HIV/AIDS. In 2003, the program would receive one or two phone calls from the public. Every year the numbers increased, and in 2006 the calls began to average 10 per show. HIV folklore and myths still exist in today's society.
Implications for Practice: Our next step is to utilize internet services to further extend our message of prevention to a wider audience by building a web site based on the show which can provide information to the general public and the HIV/AIDS community. A Myspace.com account (www.myspace.com/aidsnurses101) has been developed to supplement the information given out during the TV show and to disperse more information about HIV/AIDS to the general public.
Objectives: By the end of the presentation participants will be able to:

1. Develop an HIV/AIDS 101 Program for all population groups.
2. Discuss opportunities that exist in community teaching while using the media as a medium.

R-5

HIV/AIDS Nursing in the Russian Federation: Implications for Prevention, Care, and Policy

Dr. Linda Frank
University of Pittsburgh, Graduate School of Public Health, Pittsburgh, PA, United States

Background: The HIV/AIDS epidemic in the Russian Federation continues to grow at an alarming rate facilitated by increase substance use, economics and drug trafficking. Recognition of the HIV epidemic within the Russian Federation and the global HIV community has been slow to respond.
Purpose: The purpose of this paper/presentation is to provide a description of the issues facing nurses in the Russian Federation in addressing the growing epidemic in the face of limited resources for HIV treatment, lack of awareness of HIV prevention, and stigma associated with both HIV disease and substance use.
Methods: Descriptive data will be presented on the role of nurses in HIV care from three distinct regions in the Russian Federation: Vladivostok (Russian Far East), Yekaterinburg (Urals), and St Petersburg. Information collected was obtained from key informants in these three regions and through discussion with participants in HIV/AIDS training programs.
Conclusions: Information obtained reveals that the role of nursing in the Russian Federation is quite different than the US in role, responsibilities, authority, and education due to the hierarchical infrastructure of health care, government, and society.
Implications: As the epidemic in the Russian Federation continues to escalate, nursing will need to assume a more integral and central role in both prevention and care. Policy changes are need to assure that nursing has a voice in the development of new programs and the revamping of existing programs, infrastructures, and systems.
Objectives: By the end of the presentation participants will be able to:

1. Identify the key issues driving the HIV epidemic in the Russian Federation.
2. Identify role, responsibilities of nurses in HIV care in the Russian Federation.
3. Discuss implications for prevention, care, policy

R-6

Stemming the Tide of HIV Transmission: Incorporating HIV Prevention into the Care of Persons Living with HIV

Susan Zik Shewmaker, MA, RN[1], Mark Thrun, MD[2],
Jolie Pearl, MPH, RN[3], Linda Creegan, FNP, MS[4],
Sheldon D. Fields, PhD, RN, FNP[5]
[1]Centers for Disease Control and Prevention, Atlanta Georgia, United States,
[2]Denver Public Health, Denver Colorado, United States,
[3]California STD/HIV Prevention Training Center, Oakland California, United States,
[4]San Francisco Department of Health, San Francisco California, United States,
[5]University of Rochester School of Nursing, Rochester New York, United States

Background: The number of new HIV infections continues to exceed 40,000 per year, and minority populations experience a disproportionate share. With no vaccine available, prevention remains key to stemming the tide of new infections, and nurses are poised to play a key role. With the release of the CDC initiative, "Advancing HIV Prevention," the focus of prevention was expanded to include persons already living with HIV. Most persons living with HIV are seen in medical settings, therefore an important component of this initiative, "Incorporating HIV Prevention into the Care of Persons Living with HIV," was published in July 2003. In 2005, a standardized curriculum based on these prevention-in-care guidelines, "Ask Screen Intervene, (ASI)" was collaboratively developed by HIV/ STD experts from AIDS Education and Training Centers and the STD/HIV Prevention Training Centers through support from the CDC. This curriculum, updated in 2008, educates providers on the importance of risk assessment, STD screening, tailored prevention messages, and access to Partner Services.

Purpose: To introduce and disseminate the ASI Prevention in Care curriculum to nurses working in HIV care.

Methods: Interactive group workshop with an overview of the key elements of the ASI curriculum including approaches to assessing risk and initiating a risk discussion, and including opportunities to practice skills applicable for incorporation of HIV prevention into the practice setting.

Conclusions: The ASI curriculum is being presented in the hopes that it will positively impact the care of HIV - positive patients and currently is being diffused nationwide, as a part of CDC's *Heightened National Response*, with a new emphasis among HIV care providers serving disproportionately infected minority populations.

Implications for practice: Nurses as trusted caregivers, educators, and researchers can play a critical role in the screening of patients for risk behaviors and the delivery of effective prevention messages, throughout the continuum of care, using the ASI curriculum.

Objectives: By the end of the presentation participants will be able to:

1. Outline the rationale for incorporating HIV prevention into the care of persons living with HIV.
2. Discuss the elements of Ask-Screen –Intervene (ASI) curriculum which can motivate and enhance the integration of HIV prevention in care.
3. Identify effective clinical skills applicable for integrating prevention throughout the continuum of HIV care.
4. Access training and implementation resources for incorporating prevention into HIV care.

R-7

Outreach Services in HIV Primary Care Settings

Tracy Matthews, MHA, RN,
Sylvia Trent-Adams, PhD, MS, RN
HRSA/HAB, Rockville, MD, United States

Background: An extensive review of the literature indicates outreach services play a significant role in recruiting HIV positive clients into care and retaining them in primary care. Ryan White Programs have historically used outreach services to reach at risk populations, recruit individuals living with HIV but are not in care, and to retain clients who are in care. Outreach services can vary in definition and scope from program to program. This study examined commonalities in outreach services among Part C and D programs across the US.

Purpose: The purpose of this study was to explore the use of outreach services within Part C and D programs across the US.

Methodology: This study was conducted using a pre-post test design to examine use of outreach services in Ryan White Part C and D programs in 2005 and 2008. A sample of programs was selected using a computer sampling procedure to generate a list of 50 programs to be included in this study. The study focused on programmatic costs on outreach activities and services. The sample included programs from each of the 10 Public Health Service Regions as well as urban and rural geographic locations.

Findings: Hospitals/university based clinics had the highest gross expenditures on outreach services. Health Departments spent the least funding on outreach activities. The range of expenditures by program was $409 to $147,456. The mean outreach expenditure was $24,393. There were 16 service categories identified as outreach service activities. These services varied in definition across and within the Part C and D programs.

Implications for Practice: Outreach services play a significant role in HIV primary care. Organizations have demonstrated innovative ways to use outreach services to meet the needs of their clients. This study provides insight into strategies used by Part C and D programs across the US that could be replicated in non-Ryan White primary care settings.

Objectives: By the end of the presentation participants will be able to:

1. List outreach services that can be used to link HIV infected clients into care.
2. Discuss how Ryan White Part C and D programs use outreach services to recruit and retain hard to reach populations.
3. Articulate how outreach can improve or has improved the quality of HIV care in their practice.

R-8

"I Care More About my Health Than What Some Think:" Factors Influencing Adherence for HIV-Positive Female Inmates

Dr. Donna W. Roberson[1], Dr. Catherine I. Fogel[2]
[1]East Carolina University College of Nursing, Greenville, NC/ Southeastern US, United States,
[2]The University of North Carolina at Chapel Hill, Chapel Hill, NC/ Southeastern US, United States

Background: New HIV cases are increasing in women, especially women of color. Moreover, the rate of infection with HIV for incarcerated women is double that of incarcerated men. With advances in medication therapy, HIV has become a chronic illness successfully treated provided the patient is able to achieve adherence with the prescribed anti-retroviral medication regimen. Incarcerated women, however, frequently come from environments burdened with violence, substance and physical abuse, homelessness, child-care issues and mental illness. Such burdens negatively affect the ability of these women to adhere to the medication plan. HIV-positive female inmates have not been extensively studied and their perceptions of factors influencing anti-retroviral therapy adherence are not well understood.
Purpose: This study explored incarcerated HIV-positive women's barriers and facilitators of adherence to anti-retroviral therapy, the role of healthcare provider relationships in adherence and the ways in which issues of medical privacy influence ability or desire to adhere while incarcerated.
Methods: A secondary analysis of an existing set of qualitative interviews with HIV-positive female inmates was conducted. The secondary analysis was performed using interviews with a sample of twelve incarcerated HIV-positive women from a study that originally explored methods to improve adherence for this population.
Conclusion: Factors that influenced anti-retroviral adherence were the medication line where the women stood to receive their medications, stigma associated with having HIV, the routine of prison life, administration choice (directly observed therapy (DOT)or keep own prescription KOP)), relationship with the prison healthcare provider, policies within the prison, education and medical privacy.
Implications for Practice: Nurses may use the results of this study to better understand the factors that HIV-positive female inmates perceive as influencing adherence with ART. From the information found in this study, nurses may then plan successful interventions aimed at improving adherence. Factors such as stigma, access to medications and having a relationship with a healthcare provider may transfer over into life after incarceration, but require further study.
Objectives: By the end of the presentation participants will be able to:

1. Identify unique needs of HIV-positive female inmates related to adherence.
2. Describe the barriers and facilitators of adherence with anti-retroviral therapy for HIV-positive female inmates.
3. Discuss potential nursing interventions to improve adherence for HIV-positive female inmates

R-9

Pre/Inter-Conception Care: What are the Reproductive Health Needs of Women Living with HIV?

Carolyn Burr, EdD, RN, Rebecca Fry, MSN, APN, Elaine Gross, RN, MS, CN
University of Medicine and Dentistry of New Jersey, Newark, NJ, United States

Background: Recent guidelines from professional organizations and the U.S. Public Health Service emphasize the importance of pre-conception care for women contemplating pregnancy. Women of child-bearing age who are living with HIV have unique and specific issues related to maintaining their reproductive health and making choices about pregnancy. The delivery of comprehensive pre and inter-conceptual care for HIV-infected women presents an opportunity to optimize a woman's general health and link her to appropriate care and services.
Purpose: A national resource center with support from the Centers for Disease Control and Prevention is convening an expert panel of HIV and women's health providers and community representatives in July 2008. The purpose of holding the panel is to provide a forum for describing best practices regarding pre and inter-conception care and for recommending national policy initiatives that support reproductive health for women living with HIV.
Methods/Practice: A group of approximately 15 experts in HIV care, women's health and community representatives will be invited to attend a one-day facilitated workshop hosted by the FXB Center. The expert panelists will work in one of three topical areas: programmatic and service delivery issues, research and data needs, and public policy responses. The group will reconvene to share ideas and propose initiatives.
Conclusions: It is envisioned that the expert panel will first define the reproductive health needs of women with HIV and make recommendations for the provision of comprehensive women's health services on a national level.

Implications for Practice: The workshop will present findings from the expert panel including best practices and policy recommendations as well as directly address how to translate these recommendations into clinical practice and research and policy responses. Nurses caring for women with HIV infection have the opportunity to support the delivery of high quality reproductive health services as well as frame national health policy responses that support quality care for women infected with HIV.
Objectives: By the end of the presentation participants will be able to:

1. Describe how to apply best practices in caring for the reproductive health of HIV-infected women.
2. Identify key health policies issues and strategies that will promote HIV-infected women's access to comprehensive reproductive health care.

R-10

HIV Prevention Practices among African American Immigrants: A Pilot Study

Marjorie Gillespie-Johnson, PhD., ARNP
Florida International University,
Miami, Florida, United States

Background: The worldwide number of people living with HIV/AIDS rose from 29 million in 2001 to 33.2 million in 2007, a result of new infections, people living longer with HIV, and the general population growth (Kaiser Family Foundation, 2007). In 2007 there were 6,800 new HIV infections per day, with African Americans being affected at a profound and disproportionate rate. The number of immigrants in the United States represents 12.1 percent of the population, with a poverty rate of more than 18%. These immigrants continue their cultural beliefs and practices from their host countries and are faced with many issues that expose them to HIV infections.
Purpose: The purpose of this research is to identify the existing level of HIV/AIDS knowledge, motivation, behavioural skills and behaviour among African American immigrants 18-44 years old living in the South Florida to determine relationships among variables on HIV prevention practices.
Method/Practice: Thirty seven African American immigrants were selected from a predominantly African American church group to participate in this cross-sectional, exploratory descriptive pilot study. After the study was explained, and informed consents were obtained participants completed a self administered multi-faceted questionnaire. Descriptive statistics, correlations and multiple regressions were conducted on data obtained to describe each measure as well as to predict selected variables.
Results: Findings showed that most subjects did not use condoms consistently despite favourable attitudes. In addition, subjective norms, and attitudes were significant predictors of behavioural intentions. HIV prevention information was significantly correlated with selected demographic variables and knowing someone at risk for HIV. Discussing safer sex, keeping condoms and getting tested for HIV/AIDS were significantly correlated. Incorrect heuristics had an inverse relationship with percentage of condom use, and HIV testing was correlated with condom use, and HIV testing.
Conclusion: This study supports African American immigrants are faced with many sociocultural factors that are associated with unsafe sex practices that influence their health beliefs and HIV/AIDS prevention behaviours.
Implication for Practice: This research provides a foundation for the development of culturally appropriate interventions to decrease HIV/AIDS infection and health disparities among African American immigrants living in the United States.
Objectives: By the end of the presentation participants will be able to:

1. State three risk factors for African American immigrants getting HIV infection
2. Describe the epidemiology of HIV/AIDS among selected groups (immigrants, women, African Americans)
3. Describe some of the challenges African American immigrants faced that may contribute to HIV high risk behaviour

R-11

New HIV Positives in San Francisco from February 1, 2007 through January 30, 2008

Tammy Pittayathikhun, BSN,
Clarissa Ramstead, MSN, ANP
University of California-San Francisco,
San Francisco, CA, United States

Background: San Francisco General Hospital (SFGH) and five clinics in San Francisco implemented rapid HIV testing in 2007. The purpose of rapid HIV testing is to reach, diagnose, and disclose to at risk populations. Many at risk patients present in care settings for reasons other than HIV testing and often have co-morbidities such as mental illness or substance use.
Purpose: To understand where and who is testing HIV positive, patient presentation upon diagnosis, how patients are linked to out-patient care, and patient health outcomes.
Objectives-The objective of rapid HIV testing is to increase testing in at-risk populations.
Methods: Chart review was completed through HERO and LCR, electronic charting systems utilized by Ward 86, HIV/AIDS clinic at SFGH, SFGH and five San Francisco clinics.
Results: February 1, 2007 to January 30, 2008, 55 true new positives, age ranging from 21 to 76 years were diagnosed through rapid HIV testing at SFGH or five San Francisco clinics. 84% of patients were male, 11% female, and 5% transgender. 45% were white, 17% were African American, and 30% were Hispanic. 58% were not homeless, 21% were

homeless, and 21% were marginally housed. 46% were heterosexual, 40% were men who have sex with men (MSM), and 9% were bisexual. 63% were active substance users and 49% with a psychiatric diagnosis. 55% of patients test positive for HIV in Emergency Department (ED) and Urgent Care settings. 37% of patients are diagnosed with AIDS at the time of HIV diagnosis.
Conclusion: Patients often present in medical settings multiple times before they are offered HIV testing. Expanding rapid HIV testing can identify HIV+ persons who might otherwise go undiagnosed. HIV+ patients are still presenting late.
Implications for Practice: Expanding standard rapid HIV testing can provide earlier diagnosis, disclosure, and linkage to out-patient care for patients who would otherwise go undiagnosed and would normalize HIV testing. Providing rapid HIV results would allow people to receive their results in the same day, research shows many patients do not return for diagnosis.
Objectives: By the end of the presentation participants will be able to:

1. Identify the benefits of rapid HIV testing.
2. List barriers to HIV testing.

R-12

Locating, Recruiting, and Enrolling Participants from Vulnerable Populations for HIV Prevention Research

Joseph De Santis, PhD, ARNP,
Elias Vasquez, PhD, NP, Rosa Gonzalez-Guarda, PhD, RN
University of Miami School of Nursing & Health Studies, Coral Gables, FL, United States

Background: Vulnerable populations are those social groups with an increased risk or susceptibility to health problems related to marginalization and discrimination. Often described as hard-to-reach populations, these groups are include both ethnic and sexual minorities and present a challenge for researchers in terms of locating, recruiting, and enrolling these participants in HIV prevention studies.
Purpose: Many vulnerable populations are at an increased risk for HIV infection, and often experience marginalization and discrimination. Engaging members of vulnerable populations for research can be complicated related to various factors. The purpose of this presentation is to describe the experiences and challenges of locating, recruiting, and sampling members of vulnerable populations for a HIV prevention research study.
Method: A critical appraisal of the previous research that illustrates methodologies and strategies to study this population were reviewed before conducting the study. Using a variety of recruitment strategies and research sites that were described in the literature, and adapting some of these strategies for this study, this presentation details the researcher's experiences in gaining access to this population, challenging recruitment issues that arose, and data collection strategies that were employed in order to conduct this study.
Conclusions: Various strategies and interventions were employed to locate, recruit and sample members of this population. Strategies and interventions that were employed by this researcher often required adaptation to help overcome the barriers in conducting research with this vulnerable population.
Implications for Research: Researchers interested in conducting studies with vulnerable populations should be aware of potential difficulty in recruitment and enrollment. Opportunities for adapting existing methodologies and testing new strategies for locating, recruiting, and enrolling members of vulnerable populations will be included.
Objectives: By the end of the presentation participants will be able to:

1. Define vulnerable populations.
2. Discuss methodologies and strategies from the literature that have been used to locate, recruit, enroll, and sample members of vulnerable populations for HIV prevention research.
3. Discuss strategies and interventions that can be used to overcome barriers and facilitate locating, recruiting, enrolling, and sampling members of vulnerable populations for HIV prevention research.

R-13

Nurses SOAR! And ANAC: A Model for Nurse Capacity Building

John Rosselli, CFNP
Georgetown University
Washington, DC

Nurses SOAR! (Strengthening Our AIDS Response) is a capacity building project that enhances the ability of nurses in Southern African countries to deliver effective HIV/AIDS prevention, treatment, and care services.

The Project uses a participatory action approach so that activities are nurse-centered, culturally appropriate, clinically relevant, and prioritized by local nurses and other stakeholders.

This round-table will discuss the concept of 'nurse capacity building' and the role of ANAC members in implementing the knowledge building and clinical mentoring program.
Objectives: By the end of the presentation participants will be able to:

1. Identify 3 elements of Nurse SOAR! Capacity Building Project
2. List at least 3 strategies used by the Nurses SOAR! Project that are consistent with a participatory action model
3. Identify at least 3 strategies used by clinical mentors in the Nurses SOAR! Project

R-14

ANAC Center of Excellence: To be or not to be?

Joe Burrage, PhD, RN
Indiana University-Purdue University Indianapolis
Indianapolis, IN

The purpose of this roundtable discussion is to gain member perspective on the development of an ANAC Center of Excellence. Information about the center of excellence concept will be provided. A focus group method will be used to explore participants' thoughts about the development and utilization of an ANAC Center of Excellence. A semi-structured interview guide used to conduct the focus group. The focus group will be digitally recorded and the transcripts will be analyzed using content analysis.

Objectives: By the end of the presentation participants will be able to:

1. Identify at least one definition of a center for excellence
2. Identify one example of how ANAC could incorporate the definition into a plan to develop and ANAC Center of Excellence
3. Relate potential advantages and disadvantages of having an ANAC Center of Excellence

Notes

Exhibitor Hours

Friday, November 7, 2008
Noon - 5:00 pm

Friday, November 7, 2008
Lunch in Exhibit Hall
Noon – 1:30 pm

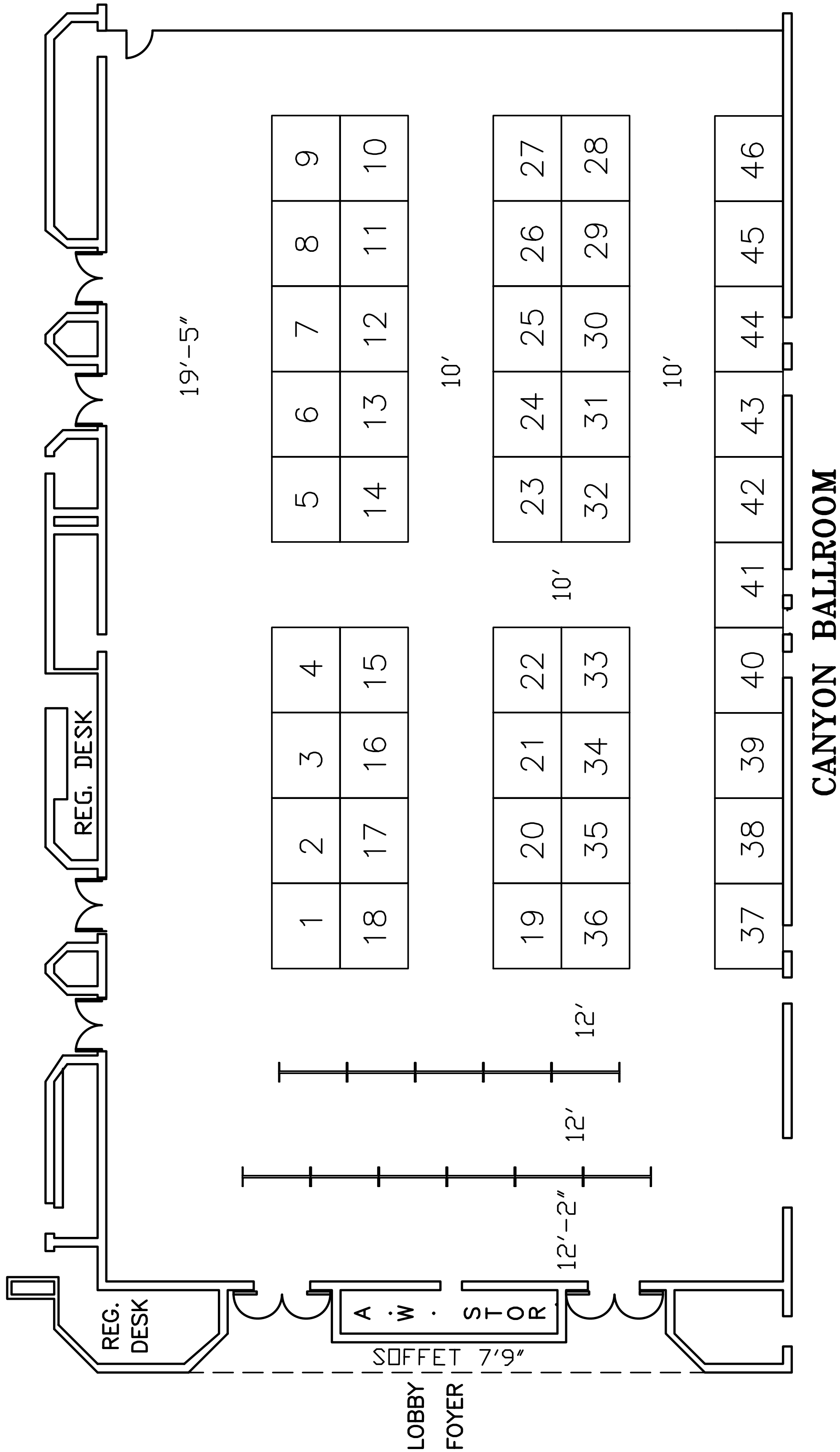
Saturday, November 8, 2008
8:00 am – 1:00 pm

Saturday, November 8, 2008
Break in Exhibit Hall
10:15 am – 10:45 am

Notes

Association of Nurses in AIDS Care

November 6–9
Westin La Paloma Resort and Spa
Tucson, Arizona



Abbott **Booth 14**

200 Abbott Park Road
Abbott Park, IL 60064

Abbott is a global, broad-based health care company devoted to discovering new medicines, new technologies and new ways to manage health. Our products span the continuum of care, from nutritional products to medical devices and pharmaceutical therapies. Our comprehensive product line encircles life itself – addressing important health needs for all ages.

AID FOR AIDS International **Booth 43**

515 Greenwich Street, Suite 506
New York, NY 10013

Aid for AIDS collects unused HIV medications in the United States and re-distributes them to individuals in developing countries.

AIDS Healthcare Foundation **Booth 20**

1001 North Martel Avenue
Los Angeles, CA 90046

AIDS Healthcare Foundation's Managed Care Division, under the Positive Healthcare brand, operates Medicare Advantage Part D and Medicaid special needs health plans and disease management programs for people living with HIV in California and Florida. Across its programs, the Division provides care and health coverage to more than 7,900 lives.

American Academy of Nurse Practitioners **Booth 12**

P. O. Box 12846
Austin,TX 78711

AANP is the oldest, largest and only full-service professional membership organization for NPs of all specialties. AANP provides national representation for over 125,000 NPs through its various membership categories. Stop by our booth and learn about nurse practitioners and the wide array of membership benefits AANP offers.

Boehringer Ingelheim Pharmaceuticals, Inc. **Booths 1, 2**

900 Ridgebury Road
Ridgefield, CT 06877

Boehringer Ingelheim Pharmaceuticals, Inc. is a research driven company committed to improving HIV therapy by providing physicians and patients with innovative antiretrovirals. We welcome you u to the 21st Annual ANAC Convention and we are pleased to discuss with you the latest clinical information on VIRAMUNE® (nevirapine) and Aptivus® (tipranavir).

Bristol-Myers Squibb **Booth 19**

P.O. Box 4500
Princeton, NJ 08543-4500

Bristol-Myers Squibb welcoms you to Tucson! We invite you to visit our exhibit and welcome the opportunity to meet our representatives to discuss the products and services we have to offer.

CAEAR Foundation Booth 11

2001 S Street, NW, Suite 510
Washington, DC 20009

The CAEAR Foundation is a premiere national non-profit organization which advances effective care and support for people living with HIV/AIDS through training, technical assistance, education, and research. Based in Washington, DC, the organization provides a distinct reach to primary care providers, organizations and communities involved in HIV care, treatment and research/evaluation. The CAEAR Foundation leads the Supporting Networks of HIV Care by Enhancing Primary Medical Care project and the Communities Learning Together Project, both funded by HRSA. Please visit www.caear.org/foundation or www.hivta.org for more information on the Foundation and its projects.

Calmoseptine, Inc. Booth 37

16602 Burke Lane
Huntington Beach, CA 92647-4536

Calmoseptine Inc. promotes Calmoseptine Ointment for the prevention and treatment of skin irritations from moisture such as urinary and fecal incontinence. It is also effective for irritations from perspiration, wound drainage, fecal & vaginal fistulas and feeding tube site leakage. Calmoseptine Ointment temporarily relieves discomfort and itching. Free samples at our booth.

CVS Caremark/CarePlus Booth 44

600 Penn Center Boulevard
Pittsburgh, PA 15235

CVS Caremark/Care Plus is designed to meet the needs of individuals living with challenging health conditions, like Hepatitis, Cancer, HIV/AIDS, and organ transplantation. CVS Caremark/Care Plus provides a full range of pharmaceutical care, in dispensing the latest FDA-approved medications.

Digestive Care, Inc. Booth 22

8286 Glenmar Road
Ellicott City, MD 21043

Digestive Care, Inc. (DCI) is a pharmaceutical company that manufactures PANCRECARB® (pancrelipase), delayed-release capsules-bicarbonate-buffered and enteric-coated microspheres. PANCRECARB® is indicated in the treatment of Exocrine Pancreatic Insufficiency such as: Chronic Pancreatitis, Fat Malabsorption, Post-Pancreatectomy, Post-Gastrointestinal By-Pass Surgery, and Cystic Fibrosis.

Diplomat Specialty Pharmacy Booth 29

2029 S. Elms Road, Suite D
Swartz Creek, MI 48473

Diplomat Specialty Pharmacy is the nation's largest independently held Specialty Pharmacy; providing personalized medication management programs for patients with HIV and Hepatitis. Our patient centric programs achieve adherence rates far above national averages. Diplomat's innovative solutions include: compliance packaging and a proprietary HIV patient care system that electronically provides patient specific outcome reports.

Elsevier, Inc. — Booth 40

1600 JFK Boulevard, Suite 1800
Philadelphia, PA 19103

Elsevier presents the *Journal of the Association of Nurses in AIDS Care,* the official journal of the Association of Nurses in AIDS Care. Please stop by our booth to view the latest issue of the journal and browse our other books and journals in the field of nursing.

EMD Serono, Inc. — Booth 23,24

One Technology Place
Rockland, MA 02370

EMD Serono, Inc. is a leader in the US biopharmaceutical arena, integrating cutting-edge science with unparalleled patient support systems to improve people's lives across the therapeutic areas of neurology, reproductive health, and metabolic endocrinology, as well as oncology and autoimmune diseases as emerging areas of expertise.

Gilead Sciences — Booth 34

333 Lakeside Drive
Foster City, CA 94404

Gilead Sciences is a biopharmaceutical company that discovers, develops and commercializes innovative therapeutics in areas of unmet medical needs. The company's mission is to advance the care of patients suffering from life-threatening diseases worldwide. Headquartered in Foster City, California, Gilead has operations in North America, Europe and Australia. Visit Gilead on the World Wide Web at www.gilead.com.

GlaxoSmithKline, Inc. — Booth 36

P.O. Box 13398
Five Moore Drive
Research Triangle Park, NC 27709
www.gsk.com
800-366-8900

GlaxoSmithKline is a leading research-based pharmaceutical company with a powerful combination of skills to discover and deliver innovative medicines. We offer a number of programs to support effective health management strategies and improve patient care. Please visit our exhibit to learn more about our products.

Health Action AIDS — Booth 31

Physicians for Human Rights
2 Arrow Street, Suite 301
Cambridge, MA 02138

Physicians for Human Rights (PHR) mobilizes health professionals to advance health, dignity and justice and promotes the right to health for all. As one of the original steering committee members of the International Campaign to Ban Landmines, PHR shared the 1997 Nobel Peace Prize.

The Health Action AIDS Campaign at PHR mobilizes health professionals to support a comprehensive AIDS strategy and advocates for unprecedented funds and evidenced-based policies to combat the disease. By educating policy-makers about medically and ethically sound initiatives to stem the spread of the pandemic, health professionals can help ensure an effective and sustained US response to the AIDS crisis and save millions of lives worldwide.

HIV Medicine Association — Booth 38

1300 Wilson Boulevard, Suite 300
Arlington, VA 22209

HIVMA represents physicians, scientists, nurse practitioners, physician assistants and other health care professionals who work on the frontier of the HIV/AIDS epidemic. We promote quality in HIV care and advocate for policies that ensure a humane and comprehensive response to the AIDS pandemic informed by science and social justice.

National HIV/AIDS Clinicians' Consultation Center — Booth 13

1001 Potrero Avenue
Bldg. 20, Ward 2203
San Francisco, CA 94110

The National HIV/AIDS Clinicians' Consultation Center provides three free telephone-based clinical consultation services for health care professionals managing HIV/AIDS (Warmline 800-933-3413), managing occupational exposures to blood-borne pathogens (PEPline 888-448-4911) and perinatal consultations including rapid test interpretations for HIV infected pregnant women and their babies (Perinatal HIV Hotline 888-448-8765).

National Library of Medicine — Booth 32

6707 Democracy Blvd., Ste. 510
Bethesda, MD 20892

The National Library of Medicine provides FREE Internet access to its HIV/AIDS health information resources at http://aids.nlm.nih.gov. Both the health professional and the health consumer can obtain a variety of HIV/AIDS related information for prevention, treatment strategies and support services.

NIH HIV/AIDS Research Programs — Booth 41

Office of AIDS Research
National Institutes of Health
c/o Social & Scientific Systems, Inc.
8757 Georgia Avenue, 12th floor
Silver Spring, MD 20910

The National Institutes of Health/Office of AIDS Research (NIH/OAR) is responsible for scientific, budgetary, legislative, and policy elements of the NIH HIV/AIDS Research Programs. Congress has provided broad authority to the OAR to plan, coordinate, evaluate, and fund all NIH AIDS research. OAR promotes collaborative research activities in both domestic and international settings.

National Quality Center — Booth 39

90 Church Street, 13th Floor
New York, NY 10007

The National Quality Center, in conjunction with HRSA HIV/AIDS Bureau, provides no-cost, state-of the-art technical assistance for all Ryan White HIV/AIDS Treatment Modernization Act of 2006 funded grantees to improve the quality of HIV care nationwide.

Nurses for Africa — Booth 45

703 W. Monroe Street
Chicago, IL 60661

NFA provides nursing scholarships and support for young people orphaned or made vulnerable by AIDS. Scholars commit to two years of nursing service in their home countries after graduation.

Nurses SOAR! Booth 17

2700 Reservoir Road, NW
St. Mary's Room 247
Washington, DC 20057-1107

Informational materials about the *Nurses SOAR!* Program and ANAC partnership.

Parkland Health & Hospital Systems Booth 33

5201 Harry Hines Boulevard
Dallas, TX 75235

Parkland Health & Hospital System, Dallas County Hospital District, was established in 1894 to provide health care to the indigent of Dallas County. Today, with 950 beds Parkland is an acclaimed Level I Trauma Center, Regional Burn Center, and a major referral center. Parkland Health & Hospital System is acclaimed for quality care, teaching, and research and always being on the cutting edge of medical care. It is the primary teaching hospital for the University of Texas Southwestern Medical Center. Parkland continues to grow in size and excellence and we have opportunities for you to grow with us.

Pfizer, Inc. Booth 3,4,15,16

235 East 42nd Street
New York, NY 10017

Please visit the Pfizer, Inc. U.S. Pharmaceuticals exhibit featuring: **SELZENTRY™** (maraviroc).

POZ Booth 25

500 Fifth Avenue, Suite 320
New York, NY 10110

Since 1994 POZ magazine has defined the way the world sees AIDS by providing the latest treatment information in and by sharing the stories of those living with and those affected by HIV/AIDS.

Retractable Technologies, Inc. Booth 42

P. O. Box 9
Little Elm, TX 75068

Retractable Technologies, Inc.'s VanishPoint® products virtually eliminate syringe reuse and accidental needlestick injury, two ways that HIV and hepatitis are spread. The needle of the VanishPoint syringe is automatically retracted from the patient into the barrel of the syringe when the plunger is fully depressed.

For more information, visit www.vanishpoint.com.

Roche Booth 30

340 Kingsland Street
Nutley, NJ 07110

Roche is a leading innovator of pharmaceuticals. Our people are engaged in the discovery, development, manufacturing, and marketing of prescription medicines in a wide variety of therapeutic areas, including cancer, HIV/AIDS, hepatitis C, transplantation, influenza, and osteoporosis.We invite you to our booth at ANAC. For more information on our company, please visit our website www.rocheusa.com.

Southern Arizona AIDS Foundation — Booth 26

375 South Euclid Avenue
Tucson, AZ 85719

SAAF is a community-based organization providing:

1. Case management and ancillary support services for people living with HIV/AIDS and their families,
2. Comprehensive prevention and education programs to reduce the rate of infection,
3. Extensive trainings and opportunities for community members to fill critical support roles.

Join with us in creating and sustaining a healthier community through a compassionate, comprehensive response to HIV/AIDS.

The Gideons International — Booth 35

P.O. Box 140800
Nashville,TN 37214-0800

White New Testaments bound in gold with Psalms and Proverbs available to all in the medical field free of charge.

Tibotec Therapeutics — Booths 5,6

430 Route 22 East
Bridgewater, NJ 08807

Tibotec Therapeutics, a division of Ortho Biotech Products, L.P., headquartered in Bridgewater, N.J., is dedicated to delivering innovative virology therapeutics that help healthcare professionals address serious unmet needs in people living with HIV. To learn about products, please visit Tibotec Therapeutics representative at our booth.

University of California School of Nursing — Booth 21

2 Koret Way, Box 0604
San Francisco, CA 94143-0604

Top ranked UCSF School of Nursing.

Virco Lab, Inc. — Booth 7

700 Route 202 South
Raritan, NJ 08869

Virco Lab, Inc. is a research based Biotechnology Company that applies advanced technologies to improve the diagnosis and management of infectious diseases. A pioneer in the field of HIV-1 Drug Resistance Testing,Virco is dedicated to improve the quality of life for patients.

Walgreens Specialty Pharmacy — Booth 18

1411 Lake Cook Road, MSL220
Deerfield, IL 60015

Walgreens Specialty Pharmacy, a national provider of injectable and biopharmaceutical medication, serves patients with complex health conditions, providing medication management, insurance benefit coordination, clinical support, and multiple distribution options. We also offer first-class infertility pharmacy support and innovative, cost-saving solutions for medication coverage under either the medical or pharmacy benefit.

Notes

Notes

Painting: "One World, One Hope" by Joe Average. Joe is an HIV+ artist who has been using his creativity to fight HIV for over 20 years. Visit him online at www.JoeAverageArt.com.

The most powerful weapon against HIV is human creativity.

Like the artist Joe Average, Pfizer HIV/AIDS understands the need for creative approaches to fighting HIV. Through innovative community partnerships and research into novel therapies, our goal is to continue to improve the lives of people living with HIV/AIDS and those at risk around the world.

PARTNERSHIP.
PURPOSE.
PROGRESS.

Image © Joe Average Inc. Reproduced with permission of the artist.
MV276465B © 2006 Pfizer Inc. All rights reserved. August 2006