# 2011 Abstracts

## Oral Abstracts

**A-1 through A-9 will be presented on Friday, November 18, 10:30 am – Noon**

**B-1 through B-9 will be presented on Friday, November 18, 1:45 pm – 3:15 pm**

**C-1 through C-9 will be presented on Saturday, November 19, 8:45 am – 10:15 am**

**D-1 through D-9 will be presented on Saturday, November 19, 10:45 am – 12:15 pm**

## Round Tables

**Will be presented on Friday, November 18, 10:30 am – Noon**

## Student Posters and Poster

**Will be presented on Friday, November 18, Noon – 1:45 pm**

**Saturday, November 19, 10:15 am – 10:45 am**

**A-1**

# Women Attending Community Health Clinics: Perceived Barriers to HIV Testing

Joe Burrage
Abbie Biro

*Indiana University School of Nursing*
*Indianapolis, IN, USA*

***Background:*** The CDC reports that women account for 25% of all new HIV cases and that prevalence rates in this group continue to rise (CDC, 2008). A crucial aspect of HIV prevention and treatment is testing for HIV.

***Purpose:*** To analyze existing de-identified data for barriers and facilitators to HIV testing in women attending community health clinics. This secondary analysis addresses the identification of key obstacles to HIV testing. The data, thirty individual interviews conducted using a semi structured interview guide (SSIG) was originally collected as the initial phase of the parent study, "HIV Testing and Women's Attitudes on HIV Vaccine Trials."

***Methods/Practice:*** In the parent study from which these data were obtained, participants were ten women identified themselves as Latinas, 10 as non-Latina White, and 10 as non-Latina Black. They were 22-67 years of age (median = 30). Using a purposeful sampling method participants were recruited from clinic waiting rooms to participate in digitally recorded individual interviews for subsequent transcription and coding. The Oraquick® rapid HIV test was described, followed by open-ended questions regarding perceptions of the test, emphasizing issues of perceived barriers/benefits of testing. Participants also responded to a list of reasons for accepting/declining testing.

***Secondary Analysis****:* Content analysis was used to analyze the data by conducting a line-by-line analysis of the interview transcripts. Pattern recognition was done by reviewing the sentences and phrases for patterns or core meanings. The patterns were refined and synthesized into descriptive statements of the data provided by the participants. The SSIG served as a structure to organize the data.

***Findings/Conclusions:*** Themes identified were: familiarity with testing, stigma, fear, perceived risks, and access to care within the context of barriers and facilitators to HIV testing.

***Implications for Practice:*** The themes indicate the need to further assess women for barriers and facilitators to testing, tailor community based interventions that decrease fear and stigma, increase trust in testing methods and accessible programs to facilitate linkage/entry into care for women discovered to have a diagnosis of HIV infection is offer counseling to positive results.

**Objectives:** The learner will be able to

- Identify specific barriers to HIV testing specific to women;
- Discuss possible strategies to decrease barriers to HIV testing for women.

**A-2**

# Barriers/Facilitators to Salivary Rapid HIV Testing: A Qualitative Perspective

Joe Burrage
Dana Hines

*Indiana University School of Nursing*
*Indianapolis, IN*
*United States Minor Outlying Islands*

***Background:*** HIV testing is the cornerstone for HIV prevention and the entry point into care for those at risk for HIV. African Americans (AA) account for greater than 50% of new infections and are often diagnosed only after developing symptoms of AIDS. Once diagnosed with HIV, they may delay care up to five years. Salivary rapid testing (SRT) can minimize delays in returning for test results and facilitate early entry into care, however, the impact of SRT on the likelihood of being tested and entering care has not been described.

***Purpose:*** The primary aim of this study was to describe barriers and facilitators to SRT and entry into HIV care and entry into health care if HIV positive.

***Methods/Practice:*** Nyamathi's Comprehensive Health Seeking and Coping Paradigm (CHSCP) framed this qualitative study and informed development of a semi-structured interview guide (SSIG). The SSIG was used to facilitate focus group discussions regarding acceptance of SRT and adoption of appropriate, protective health behaviors. Responses were transcribed and analyzed using thematic content analysis.

***Findings/Conclusions:*** Of the 38 African American adults recruited, 16 were female with ages 18-49 (M =23) and 22 were male with ages 18-49 (M=29.5). All self-identified as heterosexual with most reporting low income and no health insurance. Within the context of barriers and facilitators to SRT, eight themes emerged: familiarity, stigma, fear, access, immediacy, ease, degree of responsibility, and trust. Gender sub analysis yielded sub themes of health maintenance and stoicism for women and illness management and anger for men emerged.

***Implications for Practice:*** A critical need to develop culturally appropriate and gender specific interventions that can be used to facilitate HIV testing and decrease HIV risk behaviors is supported by the findings. Further, the findings support the need to assess barriers and facilitators to testing decisions in order to increase testing rates. The themes also suggest the need for tailored community based interventions that decrease fear, stigma and increase trust in testing methods and providers for HIV and STI screening.

**Objectives:** The learner will be able to

- Discuss the use of qualitative findings (themes) in the context of HIV testing in identifying strategies to enhance HIV testing rates in AA;
- Discuss the applicability of identified themes in developing tailored interventions.

**A-3**

# The Evolution of Project VOGUE: A HIV Vaccine Education Curriculum for an Underserved Racial/Ethnic MSM Sub-Population

Sheldon Fields

*Florida International University*
*Miami, Florida, USA*

***Background:*** African-American and Latino men who have sex with men (MSM) are currently the most at risk for becoming infected with HIV among all racial sub-populations of MSM. The House/Ball community is a subset of this population and at particularly high risk related to unprotected anal sex and substance abuse within their closed social network. Rochester/Buffalo area has approximately 15 houses, with 10-12 members in each, age range 15-45. The House/Ball community has not been targeted for HIV prevention interventions/programs including interventions regarding participation in HIV vaccine clinical trials and other bio-medical research.

***Purpose:*** Develop, test, and revise an innovative curriculum that would target the House/Ball community regarding participation in HIV vaccine clinical trials and other bio-medical research.

***Methods:*** Project VOGUE, a 2-year initiative funded by the Legacy Project, consisted of community based participatory research (CBPR) principles; as well as education about HIV prevention and vaccine trials. Foundational formative qualitative interviews and focus groups were conducted with key informants that generated curriculum domain areas. A pilot test session was held in April 2011 with 11 key informants that resulted in a final project curriculum. A five session group level intervention resulted, consisting of -substance abuse, HIV prevention/transmission, partner violence, HIV vaccine clinical trials process, and community resources. Knowledge; skill building exercises; a community change project by the attendees; and final session to evaluate the process through a post- questionnaire/knowledge assessment was conducted.

***Conclusions:*** Expert informants were mainly Black (n=9, 88.1%), male (n=10, 90.9%), and in average 22.7 years old. The informants and CBPR methods proved effective in developing a project to educate MSM involved in the House Ball community about HIV vaccine research. The pilot curriculum is germane and tailored to the target population. This model can be piloted for reaching other hard to reach populations. Future research to measure the sustainability and overall effectiveness of the Project VOGUE intervention will need to be conducted.

***Implications for Practice:*** CBPR methods should be used when attempting to engage historically hard to reach sub-populations of MSM. Collaborative partnerships between researchers, community-based organizations and at-risk MSM populations should be established and strongly encouraged.

**Objectives:** The learner will be able to

- Describe the House/Ball social network and identify strategies used to involve them in HIV prevention and vaccine clinical trials research;
- Describe how CBPR principles were used in the establishment of an effective key informant group known as the "Council of Houses" within the House/Ball community;
- Discuss strategies of recruitment and engagement for partnering with high risk MSM populations such as those in the House/Ball community;
- Describe the final Project VOGUE curriculum.

**A-4**

## Let's Talk About Sex! Sexual Assessment and Intervention in Real Time

Norma Rolfsen[1,2,3]
Corinne Blum[4,2,3]

*[1]HIV Care Program, Chicago IL, USA*
*[2]Midwest AIDS Training and Education Center, Chicago IL, USA*
*[3]University of Illinois at Chicago, Chicago IL, US*
*[4]Chicago Department of Public Health, Chicago, IL, USA*

***Background:*** Sexual history taking is a vital component of clinical practice - yet HIV+ adults report that they are rarely asked about their sexual concerns and needs. Clinicians report that they experience multiple barriers, including lack of time, cultural awareness, and skills related to discussing sex and pleasure. Addressing these barriers will provide nurses the understanding and tools to respond to our clients' sexual concerns and behaviors, to impact prevention and care.

***Purpose:*** To discuss sexual history taking and ongoing assessment, and to provide tools for brief intervention in the clinic setting.

***Methods:*** The presenter will discuss methods to incorporate sexual assessment, negotiation and intervention into brief sessions, including Ask, Screen, Intervene and Partnership for Health. The presenter will facilitate discussion to address special populations including elders and adolescents.

***Conclusions:*** Sexual assessment and intervention can be easily incorporated into primary care and other settings. Clinicians who are able to address their clients' sexual needs, and use culturally competent strategies to decrease sexual risk can positively impact prevention and care.

***Implications for Practice:*** Nurses and nurse practitioners will decrease barriers and increase understanding and skills in addressing sexual health and decreasing sexual risk.

**Objectives:** The learner will be able to

- Discuss barriers to sexual assessment;
- Understand strategies to conduct sexual assessment and provide interventions;
- Become familiar with Ask, Screen, Intervene and Partnership for Health.

**A-5**

# Use of Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) in HIV Primary Care Setting

Carol Dawson-Rose[1], Shannon Eng[1], Emiko Kamitani[1],
Guy Vandenberg[2], Paula Lum[2]

[1]*University of California, San Francisco, San Francisco, CA, USA*
[2]*Positive Health Practice, San Francisco General Hospital, San Francisco, CA, USA*

***Background/ Purpose:*** Illicit drug and alcohol use among HIV-infected persons is implicated in health outcomes and ongoing risk behavior. Few HIV care settings routinely screen patients to determine use of alcohol, illicit drug, and tobacco use. Screening, Brief Intervention and Referral to Treatment (SBIRT) was developed to identify and prevent the negative sequelae of risky substance use. Using SBIRT approach may be a useful strategy to address risky substance use in HIV care settings.

***Methods:*** In order to screen patients for substance use, we administered the Alcohol, Smoking and Substance Involvement Screening Test to a convenience sample of 209 HIV-infected patients at the Positive Health Program (PHP) at San Francisco General Hospital. The PHP provides primary medical care to some 2,500 low-income people living with HIV. Participants were randomly assigned to screening via clinic staff or computer. Results of this screening indicated the prevalence of low, moderate, and high-risk substance use.

***Results:*** On average participants were 45.1 years (range: 27-58); 58% male, 31% female, and 11% transgender; 46% African American, 21% White and 19% Hispanic/Latino. ASSIST scores for risky substance use were: cocaine, 34.0% moderate and 7.5% high risk; tobacco, 54.2% moderate and 10.4% high risk. Over half of participants had a moderate or high risk for marijuana (44.8% moderate and 7.5% high risk). About one fourth (27.4%) reported moderate and 10.4% for high risk for alcohol.

***Implications:*** The prevalence of risky substance use in an urban HIV primary care clinic is disproportionately high compared to 2009 national estimates of the general U.S. population, in which use in prior month of cocaine was only 0.7%; marijuana, 6%; binge alcohol use, 8.7%; and tobacco, 23.3%. Medical use of some substances may be occurring in this sample, however, these results highlight the importance of addressing substance use in HIV care settings. Screening is a tool that clinicians can use to identify risky substance use and can determine if patients need a brief intervention or more intensive treatment and may prove to be useful in managing co morbidities that commonly occur with HIV.

**Objectives:** The learner will be able to

- Understand need to screen for risky substance use in HIV care settings;
- Demonstrate an understanding of Screening Brief interventions and referral to treatment as an intervention to address risky substance use.

**A-6**

# Low Literacy or Non-adherence: What is the Difference?

Darcel Reyes

*HELP/PSI Health Services Corporation*
*Bronx, New York, USA*

***Background:*** Patients with low literacy have difficulty self-administering complex medication regimens and may appear to be non-adherent. Screening for low literacy is often time consuming. Many healthcare providers lack sufficient training to identify low literacy. The nursing staff at HELP/PSI Primary Care Clinic recognized low literacy as a clinical issue and developed innovated interventions.

***Purpose:*** The purpose of this presentation is to understand the effect of low literacy on medication management and describe interventions to help HIV positive patients with low literacy manage medication regimens.

***Methods/Practice:*** Two cases studies will illustrate the adverse effects of low literacy. The first case presents a client on a complicated HIV regimen without evaluation of literacy. His "non-adherence," credited to active substance abuse, resulted in frequent episodes of PCP pneumonia; requests for pain medication were interpreted as drug seeking. Identification and treatment of low-literacy resulted in an undetectable HIV viral load and treatment of the real reason for his pain. Eighteen months later, he remains drug free and adherent. The second case presents an adherent patient who failed his regimen. The client admitted to low literacy, but had a partner who completed high school who helped manage his medications. Evaluation of the partner identified low literacy as the problem. The cases describe the use of a pill bottle as a literacy screening tool, unique ways to teach a person with low literacy to use a pillbox for correct dosing and timing of medication self-administration, and a team approach to addressing the complications of low literacy.

***Conclusion:*** At the conclusion of this presentation, the participants will have practical, simple strategies to assess and treat low literacy.

***Implications for Practice:*** Treatment of low literacy may result in improved adherence, increased CD4 counts and undetectable viral loads, better health and reduced transmission of HIV.

**Objectives:** The learner will be able to

- Recognize the signs of low literacy in a client with HIV;
- Learn methods to assess for low literacy and nursing interventions that will assist the client with self-management of HIV disease.

**A-7**

# Building Partnerships to Advance the Capacity of Nurses Providing HIV Care in the Primary Health Care Setting: The Development of Primary Health Care Specialist Program in Nigeria

Yolanda Ogbolu[1], Emilia Iwu[2], Karen McClure[1], Carol O'Neil[1],
Bridgitte Gourlay[1], Kate McPhaul[1], Marik Moen[1],
Jane Kapustin[1], Jeffrey Johnson[1]

*[1]University of Maryland, School of Nursing, Baltmore, Maryland*
*United States Minor Outlying Island*
*[2]Institute of Human Virology-Nigeria, Abuja, FCT, Nigeria*

***Background:*** One of the primary obstacles to meeting the Millennium Development Goals is the scarcity of human resources for health which includes the lack of a qualified health care workforce with the necessary skills to provide for the needs of the population in HIV/AIDS, malaria, TB, and maternal and child health.

***Purpose:*** In response to the decentralization of HIV care into the primary health care (PHC) setting in Nigeria, an advanced practice provider program was developed to strengthen the nurse's capacity to care for patients by improving the competence and quality of care and treatment provided in community based PHC centers.

***Methods:*** Collaborative relationships were developed with key Nigerian stakeholders within nursing and the PHC setting to identify country specific needs. Following a needs assessment of the PHC setting and educational systems, and building on current Nigerian curriculums and ongoing meetings with Nigerian colleagues, a team of faculty at the University of Maryland Baltimore, School of Nursing (UMSON) developed the final curriculum.

***Results:*** Coordinated by The Office of Global Health at UMSON, The Primary Health Care Specialist Program, an innovative, competency-based program was developed. Based on the needs assessment, the curriculum was designed for nurses/nurse midwives and senior community health officers within the PHC setting. Upon completion of the program, providers will be able to systematically function as independent practitioners focusing on the assessment, diagnosis, treatment, and personalized health care of individuals and families, with an emphasis on HIV/AIDS, malaria, TB, and maternal, infant and child morbidity and mortality.

***Conclusion:*** This curriculum was developed in partnership with the Office of Global Health at UMSON, the Institute of Human Virology Nigeria, and key nursing, regulatory, and primary health care institutions in Nigeria and resulted in a competency based curriculum. The partnerships are ongoing and continue to help improve the capacity of nurses in Nigeria.

Implications for Practice: The program is flexible and can be taught over the course of a one-year intense training or in modular format to prepare health care workers employed in PHC to address the specific diseases associated with high mortality and morbidity in developing countries.

**Objectives:** The learner will be able to

- Describe the development of a competency based curriculum designed to increase the quality of care for patients with HIV/AIDs, malaria, TB, and maternal, child and neonatal health;
- Examine the processes and challenges associated with developing partnerships required to develop a nurse focused, advanced practice, educational program in the global health setting.

A-8

# Post-Graduate HIV-ID Nursing Education in Haiti: Immersion Learning in High- and Low-Resource Settings

Marik Moen, Emmeline Leonidas,
Yveline August, Anne Brenne, Jeffrey V. Johnson

*University of Maryland School of Nursing*
*Baltimore, MD, USA*

***Background:*** Multiple partners collaborate in Institutional Strengthening Project, Haiti to improve health professionals' and institutions' response in future disasters and current epidemics. One component, the Infectious Diseases-HIV Nursing Certificate Program (IDNC) based at University of Notre Dame d'Haiti School of Nursing (UNDHSON), is the first post-basic certificate recognized by Haitian Ministry of Health. Six faculty-trainees are enrolled in IDNC Training-of-Faculty Program**.**

***Purpose:*** The IDNCToF will prepare participating nurses to implement best practices in HIV/ID care in Haitian setting and improve their teaching ability for transfer of knowledge and skills. Certified faculty will be appointed to UNDHSON to teach and practice in clinical sites.

***Methods:*** On-ground events prohibited Haiti-based delivery of IDNCToF Phase 1. In January 2011, faculty-trainees experienced immersion learning in state-of-the-art education and HIV care settings at University of Maryland, Baltimore. In Phase 2, supervised clinical rotations and didactic instruction resumed in rural Haitian health facilities. Concerns were raised about nurses' ability to meet program objectives given the high resource setting for Phase 1 (immersion learning experience).

***Results:*** All faculty-trainees succeeded in Phase 1 by scoring over 70% in assessments (average written exam score =75%; average clinical score =72%; average teaching presentation score =83%). Participant evaluation comments include: "I prefer to continue the training in Baltimore." "Everything went well, but we learned too much in a little time." Phase 2 reports suggest some trainees outperform site-based nurses with years of experience in HIV care.

***Conclusions:*** The nurses performed admirably in US healthcare and educational settings given no prior exposure to HIV care and that teaching occurred primarily in English. Participants appreciated US nurses--in multidisciplinary teams, in advanced practice, and as professors--as roles models. Participants reported increased ability to concentrate being removed from earthquake memories, political unrest, cholera, family, and work. US-Haitian faculty partnerships were strengthened.

***Implications for Practice:*** With strong partnerships, intensive immersion learning in high resources setting followed by resumption of in-country instruction may prove effective in educating nurse faculty.

***Challenges:*** Immersion learning in high-resource setting is expensive and, without mentoring and institutional strengthening in low-resource setting, risks failure to integrate lessons-learned into practice.

**Objectives:** The learner will be able to

- Describe the process used to implement the HIV/Infectious Diseases Nursing Certificate Faculty-in-Training model in U.S. and Haiti;
- Discuss lessons learned by this team and the current state of IDNC and post-graduate nursing activities in Haiti.

**A-9**

# Partnership in Action - an Australian Example of an Innovative Model of Care

Elizabeth Crock[1]
John Hall[2]

[1]*RDNS Melbourne, Victoria, Australia*
[2]*Victorian AIDS Council/Gay Men's Health Centre, Victoria, Australia*

***Partnership in Action***: An Australian example of an innovative model of care in HIV community nursing.

***Background:*** Royal District Nursing Service (RDNS) in Melbourne, Australia established its HIV/AIDS Nursing Program in 1985, and since 1990, this has been integrated with the Victorian AIDS Council/Gay Men's Health Centre HIV Services Program (VAC/GMHC) through a Partnership Agreement. The Agreement aims to ensure the provision of collaborative, integrated care and support to people living with HIV in the community, with trained volunteers provided through the non–government AIDS Service Organization and clinical and educational services from a professional nursing organization. Both organizations espouse a philosophy of empowerment and advocacy.

***Purpose:*** This paper describes the RDNS/VAC/GMHC Partnership Agreement and model of care developed for people living with HIV (PLHIV) in the community in Melbourne, Australia, in the context of the 6th Australian National HIV/AIDS Strategy.

***Methods:*** The Partnership Agreement between RDNS and VAC/GMHC will be described and its scope illustrated through the analysis of RDNS and VAC/GMHC HIV Program data and case studies. The description of a joint nutrition project will demonstrate the Partnership in practice, highlighting successes and challenges faced by both organizations in caring for PLHIV.

***Conclusions:*** The RDNS/VAC Partnership Agreement, now in its 21st year, is an innovative, sustainable model of care for PLHIV. With the aim of ensuring integrated, community–based care, the Partnership Agreement embodies a responsive, proactive, flexible model which has at its heart an ethic of advocacy and client empowerment. It minimises the “cycle of crisis”, reducing the incidence of hospitalization and giving voice, via the two services, through grass–roots advocacy for marginalized, hidden and stigmatized populations.

***Implications for Practice:*** The Partnership Agreement is founded in mutual valuing of, and respect for, what each organization brings to public health and service delivery. It has allowed both services to address current health issues through an integrated community response, whilst positioning them to identify emerging trends, often long before their manifestation in acute clinical settings. This in turn informs the sector, providing an inroad into policy development, including national and state HIV Strategies & Implementation Plans.

**Objectives:** The learner will be able to

- Articulate what is meant by the ‘partnership approach’ to the HIV epidemic in Australia;
- Highlight the benefit for both clients and health services via written material, testimonials, service planning.

**B-1**

# Physiological and Symptom Markers of Self-Compassion in HIV Patients

Joachim G Voss
Shauna Applin

*University of Washington*
*Seattle, USA*

***Background:*** To describe the self of HIV patients, the degree of self efficacy and self esteem have been researched extensively. Little is known about the influences of self compassion in this patient population. Self-compassion, a relatively new concept, can be defined as the degree to which an individual can develop caring and loving thoughts towards oneself. We know little about this dimension of the self and what impact these thoughts have on physiological markers or symptom severity in people living with HIV (PLWH).

***Purpose:*** The purpose of this research was to understand the degree of self-compassion in PLWH in the northwestern US and to investigate the relationships between self-compassion and clinical values and symptom severity.

***Methods:*** In a cross sectional study we asked (N=200) HIV positive men and women to complete a HIV-specific symptom questionnaire and permission to extract clinical values (CD4 count, viral load) from their electronic medical charts. Descriptive statistics, t-test and ANOVA were used to analyze the data in SPSS.

***Results:*** The mean self-compassion total score was moderate 32.64±5.8, range 0 to 60. Mean CD 4 count was 467±260, range 4 to 1214, with 15% of all patients below a CD4 count of 200. The median viral load was 162±203,581, range 47 to 2,055,000. We divided the self-compassion total score into low (0-25), medium (26-35) and high (>36). When comparing CD4 and viral load values to the degree of self-compassion scores no significant differences were found. When self-compassion scores were compared for symptom severity of fatigue, depression and diarrhea, all three symptoms were rated less severe by the low self-compassion group compared to the moderate or high self-compassion group. Differences in depression severity for the moderate and high self-compassion scores were statistically significant.

***Discussion:*** Degree of self-compassion has a significant impact on how patients rate their symptoms but no significant impact on clinical HIV indicators (CD4 count and viral load). More research is needed to better understand the implications of this research and the potential for under-reporting of symptoms by patients with lower self-compassion. Future interventions could be initiated to help patients develop higher levels of self-compassion levels.

**Objectives:** The learner will be able to

- Define self-compassion;
- Identify relationships between symptoms and self compassion.

**B-2**

# Body-Oriented Therapy for Persons Living with HIV: A Feasibility Study

Cynthia Price

*University of Washington*
*Seattle, WA, USA*

***Background:*** As HIV infection has transitioned from being an imminently terminal condition to a manageable chronic disease, the need of patients for long-term coping and self-care has increased. This study examines an innovative mind-body therapy called Mindful Awareness in Body-oriented Therapy (MABT) that combines manual approaches with interoceptive and mindfulness training. An individual therapy, MABT is aimed at facilitating psychophysical awareness and sense of connection to bodily self, and teaching body-based self-care skills for emotion regulation. These are thought to be important for HIV symptom management.
Purpose: The purpose of this pilot study was to examine the feasibility and acceptability of MABT for individuals living with HIV.
***Methods:*** A one-group, pre-post design was employed. Nine persons attending an outpatient day program for HIV medical management were recruited to participate. Participants received 8 sessions of Mindful Awareness in Body-oriented Therapy (MABT) at the program facility. MABT was offered once/week for 1.25 hours, delivered by 2 WA-state licensed massage therapists. Pre-post health surveys and actigraphs were administered as well as a post-test written questionnaire on intervention experience. Immune function data was collected from medical records.
***Conclusion:*** Four women and 5 men, ages 39-53 enrolled. Five identified as Caucasian, 1 as African-American, and 3 as mixed race; all were low income. All had low or undetectable viral loads; 8 of the 9 were on antiretrovirals. Recruitment was completed within 3 weeks; and with the exception of one participant who dropped out, all completed the intervention sessions and questionnaires indicating the feasibility of implementing this intervention. All participants indicated that MABT was therapeutic, and 7/8 that they learned something new. The written questionnaire analysis revealed that the most important thing learned from MABT was compassionate attention to self when experiencing pain or stress. Seven participants indicated that MABT positively influenced their ability to manage symptoms and challenges of HIV; the primary ways this was identified was managing mood/pain/stress = 5, improving sleep = 1, feeling connected to body = 1.
***Implications***: The findings are promising, worthy of future study, and suggest the benefit of body-based self-care skills for symptom management in clinical care programs.

**Objectives:** The learner will be able to

- Describe the primary elements of the intervention protocol;
- Identify the population of the intervention participants;
- Discuss findings from a mind-body therapy intervention trial.

**B-3**

## Sleep and 24-hour Rest-Activity Patterns in Persons with HIV

Diana Taibi
Cynthia Price
Joachim Voss

*University of Washington*
*Seattle, WA, USA*

***Background**:* Many persons living with HIV (PLWH) with report sleep disturbances, which can reduce quality of life and compound other HIV symptoms including fatigue and cognitive impairment. Prior research mostly used subjective reports of sleep, but few studies used objective measures of sleep (i.e., polysomnography or actigraphy).
***Purpose**:* The purpose of this study was to examine sleep and activity patterns among a small group of PLWH who were enrolled in a study of a mind-body intervention.
***Methods/Practice**:* The study design is one-group pilot feasibility study to examine a mind-body intervention for low income individuals enrolled in a day program for HIV medication management. Subjective sleep was measured with sleep diary and objective sleep was measured using the Actiwatch 2. On baseline sleep diaries, mean total sleep time (TST) was normal (472.0±76.4 min), but other outcomes showed mild sleep disturbance: total wake time (TWT), 98.7±79.4 min; sleep efficiency (%SE), 84.8±8.1%; sleep quality (rated 1-9), 2.5±0.4. Actigraphy showed somewhat worse sleep: TST, 380.1±63.1; TWT, 79.3±10.6; %SE, 76.0±9.4. We also analyzed 24-hour rest-activity patterns from actigraph data. The amplitude of activity was normal (relative amplitude= 0.85±0.12). Transitions between rest and activity within each day showed a modestly disorganized pattern (intradaily variability =0.71±0.20). The timing of rest/activity periods from day-to-day was highly unstable (interdaily stability = 0.47±0.12) and was comparable to levels seen in other studies of persons with dementia.
***Conclusion**:* This study confirms prior findings of poor sleep in persons with HIV, as well as demonstrating remarkable disorganization of rest/activity patterns across days. We found discrepancies between sleep patterns reported in sleep diaries and that observed on actigraphy, with the latter showing greater sleep disturbance.
***Implications for Practice***: The findings support further research to characterize sleep disturbance in PLWH and support the importance of obtaining an objective measure, especially for characterizing variability in rest-activity patterns. Findings suggest that sleep hygiene intervention (i.e., adhering to stable bedtimes and rise times) might be an important self-care approach for managing sleep disturbance in this population.
***Support**:* University of Washington RIFP grant.

**Objectives:** The learner will be able to

- Identify causes of sleep disturbance in persons living with HIV;
- Describe the presented research findings on subjective and objective sleep, and rest-activity patterns;
- Apply the implications of the study findings to self-care education in the care of PLWH.

**B-4**

# HIV Knowledge, Attitudes and Safer Sex Behaviors of Freshman College Students at a Minority-Serving University

Sandra Gracia Jones
Carol A. Patsdaughter
Katherine Chadwell

*Florida International University, College of Nursing and Health Sciences*
*Miami, Florida, USA*

***Background:*** South Florida remains an epicenter for the HIV epidemic, and currently ranks number one in the nation for new cases of HIV infection. Although HIV education is taught in area high schools, little is known about what knowledge students retain or their safer-sex practices.

***Purpose:*** The purpose of this study was to assess HIV knowledge, attitudes and safer-sex behaviors of freshman students at a South Florida university.

***Methods:*** After IRB approval, freshman students were recruited from several sites on campus or at the start of a Freshman Experience class and asked to complete a brief HIV knowledge questionnaire (Carey & Schroder, 2002) plus a sexual experience survey of attitudes and behaviors.

***Findings/Conclusions:*** A total of 914 students participated. A majority of students (85%) were 17-18 years of age, and 55% were male. Over 70% of the students were Hispanic (70.1%) and 10.6% were non-Hispanic black. Students' HIV knowledge was high, with 14 of the 18 questions correctly answered by 83% or more of the students. However, concerns were noted with the sexual experience survey responses. In relation to sexual activity in the past 30 days, one third of the students reported having vaginal sex in the past 30 days without a condom; 8% reported having anal sex without a condom 1 or more times; 8.6% reported more than one partner ; 6.2% had sex with someone who was not a partner or spouse ; and 7.1% had sex without a condom when they or their partner were high. Some students (21%) disagreed with or responded not sure to the statement "I am comfortable discussing condom use" and 12.2% agreed or responded not sure to the statement "I feel afraid of suggesting condoms".

***Implications for Practice:*** Although knowledge was high, behaviors and attitudes revealed areas of concern and the need for targeted prevention education for these students. Study findings are currently being used to develop a campus-wide HIV prevention education program funded by the HHS Office of HIV/AIDS Policy.

**Objectives:** The learner will be able to

- Describe the impact of HIV on young minority adults and college students;
- Discuss results of a survey exploring HIV knowledge, attitudes and behaviors of freshmen students at a minority college.

**B-5**

# Sexual Behaviors, Decisional Balance, and Self-Efficacy among Chinese College Students in the U.S.

Wei-Chen Tung

*University of Nevada-Reno, Reno, NV, USA*

***Background:*** Chinese students accounted for 23.6% of all international students, the largest international group in US colleges. Little is known about their sexual behaviors and condom use. The transtheoretical model (TTM) suggests that individuals in later stages of the TTM (action, maintenance) report higher levels of perceived benefits and self-efficacy and fewer perceived *barriers than people in earlier stages (pre-contemplation, contemplation, preparation).*

***Purposes:*** ( a) To assess the sexual behaviors and condom use, and (b) to explore differences in specific items of perceived benefits and barriers and self-efficacy to practicing condom use by the TTM stages among Chinese college students in the U.S.

***Methods:*** A descriptive, cross-sectional design was used to collect data from 133 Chinese college students from three U.S. universities. Self-report internet questionnaire measured demographics, sexual history, condom use, 10 perceived benefits and barriers, and seven self-efficacy items. Data were analyzed descriptively and with multiple linear regression.

***Results:*** More than half have initiated sex at 57.9%. Only 27.3% used condoms every time. Frequent reasons for not using condoms were trust in partner, reduced pleasure, and partner dislike for condoms. Participants in the earlier TTM stages reported more worry about making partners angry if condoms were used ($p = 0.0078$) and lower self-efficacy in situations involving alcohol or drug use and perceived low-risk scenarios.

***Conclusions:*** Interventions should increase condom availability in the student clinics or campus, as well as making condom use more acceptable, expected, and easier to discuss. The perceptions of what constitutes a low-risk situation and of disliking sex with condoms should be frankly addressed by public health programs, clinicians, and educators, perhaps with including a discussion of techniques that may increase the satisfaction levels and with a specific evidence-based definition of safe sex.

***Implications for Practice:*** The study identified that specific perceived barriers and self-efficacy play important roles in moving Chinese students living in Western culture through the TTM stages of change for adopting condom use practice. This has important implications for nurses to plan evidence- and theory-based, and culturally sensitive HIV/STI programs that are tailored to the specific characteristics and needs of Chinese students.

**Objectives:** The learner will be able to

- Describe sexual behaviors and condom use among Chinese college students in the U.S.;
- Identify the differences in specific items of perceived benefits and barriers and self-efficacy to practicing condom use by the transtheoretical model stages among Chinese college students in the U.S.

**B-6**

# A Nursing Practice Role to Support Client Engagement in HIV Prevention and Health Promotion among a High Risk Substance-Using Population

Carolyn Burr[1], Deborah Storm[1], Loretta Dutton[2],
Linda Berezny[2], Barbara Campbell[3], Lori Pasahow [7], DianeTolsma[4],
Josephine Simpson[5], Candace Tobin[6], Sindy Paul[2]

*[1]University of Medicine & Dentistry of NJ, Newark*
*[2]NJ Department of Health & Senior Services, Trenton, NJ, USA*
*[3]So. Jersey AIDS Alliance, Atlantic City, NJ, USA,*
*[4]Camden AHEC, Camden, NJ, USA*
*[5]Hyacinth Foundation, Jersey City, NJ, USA,*
*[6]NJCRI, Newark, NJ, USA*
*[7]Well of Hope, Paterson, NJ, USA*

***Background:*** Innovative approaches are needed to engage substance-using women and men in primary and secondary HIV prevention services and strengthen perinatal HIV prevention among this high-risk population. The New Jersey Department of Health and Senior Services (NJDHSS), Division of HIV/STD/TB Services has supported development of the Access to Reproductive Care and HIV Services (ARCH) program, a nurse-led initiative that offers HIV prevention, health promotion and reproductive health services at five urban community-based syringe access programs (SAPs).

***Purpose:*** This presentation will present lessons learned from year one of the ARCH program and describe how services evolved in response to identified client needs. Case studies will illustrate how nurses developed their role by responding to the health promotion and HIV prevention needs of substance-using clients in this challenging setting.

***Methods/Practice:*** ARCH nurses recruited SAP clients and focused on establishing positive relationships that met individual client's needs. 46% of 2,500 client visits were with women. Half of all visits included counseling on safer injection techniques, 50% included sexual risk reduction counseling, and 21% included wound management. Nurses utilized the harm-reduction model when educating about safer injection techniques and wound care. Health promotion services expanded over time to include adult vaccines, STD screening/treatment, TB assessment, and nutritional counseling. Twenty-three of 137 pregnancy tests were positive. Nurses referred 32 women for prenatal care and 21 pregnant women to drug treatment.

***Conclusions:*** Substance-using clients at SAPs seek out and accept a range of health services, providing opportunities for nurses to engage them in HIV prevention. Health promoting interventions built trust with clients who then return for other services.

***Implications for Practice:*** Technical assistance by university-based nurse experts in adult education and HIV care provided targeted training and helped ARCH nurses trouble-shoot programmatic and administrative issues. Regular workshops among the nurses, TA providers, and NJDHSS provided a forum for problem-solving and peer-based learning. Services were expanded as nurses identified needs and funding sources found, often though linkages with existing NJDHSS programs. The ARCH nurses have crafted a creative, dynamic nursing practice supporting HIV prevention and responding to the health needs of an under-served population.

**Objectives:** The learner will be able to

- Describe nursing interventions to meet the HIV prevention and health promotion needs of substance-using clients in syringe access programs;
- Identify lessons learned and key challenges in developing an effective nursing practice role within an existing substance abuse program, such as a syringe access program.

**B-7**

# What to do about Esther - the Nurse's Role in Recognizing and Managing Immune Reconstitution Inflammatory Syndrome (IRIS)

Donna Roberson[1]
Deborah Bowers[2]

*[1]East Carolina University College of Nursing, Greenville, NC, USA*
*[2]Alexandria Health Department, Casey Health Center, Alexandria, VA, USA*

***Background:*** Once thought to be a rare event, IRIS affects greater numbers of patients on ART than previously considered. Especially worrisome are the high rates of IRIS related to tuberculosis infection seen in developing countries and in the United States. Highly distressing to patients, IRIS frequently results in discontinuation of ART. Nurses recognizing the signs of IRIS can reduce risk of ART cessation and improve management of the patient's symptoms. However, many healthcare providers cannot identify risk factors and cannot distinguish IRIS versus a new opportunistic infection. Following consultation with researchers working to identify the incidence, clinical manifestation and immunopathogenesis of IRIS, it was determined that the role of nurses has great impact on early identification of patients experiencing IRIS. Additionally, nurses have a tremendous role in explanations of IRIS and counseling the patient experiencing IRIS.

***Purpose:*** The challenge of IRIS requires prompt intervention to reduce adverse outcomes and improve ART adherence. It is advantageous to have nurses who are better equipped to recognize and intervene with patients who have IRIS since nurses see the patient most frequently. The purpose of this presentation is to improve the nurse's ability to identify and contribute to the management of IRIS.

***Methods/Practice:*** Evidence-based literature about IRIS is sparse. Using a compilation of several clinical situations, a composite patient was created to educate nurses about IRIS. The composite patient reflects common medical findings predisposing the patient to the development of IRIS, signs and symptoms and treatment outcomes following nursing intervention. Using an innovative case study/role play, the presenters believe this type of presentation will improve recognition of IRIS for participants and enhance retention of strategies for management of the syndrome.

***Conclusions/ Implications for Practice:*** Participants will be able to: (1.) Discuss information needed to recognize Immune Reconstitution Inflammatory Syndrome (IRIS) and (2.) Determine the nurse's role in identification of and the nursing interventions for the patient experiencing IRIS. The practice implications include early detection of IRIS, appropriate support and care for patients suffering from IRIS and successful continuation of ART and HIV suppression.

**Objectives:** The learner will be able to

- Discuss information nurses should have to recognize Immune Reconstitution Inflammatory Syndrome (IRIS);
- Determine the nurse's role in identification of and the nursing interventions for the patient experiencing IRIS.

**B-8**

# Developing Discharge Coordinator Nurse Position for Improved Inpatient Care of Persons Living with HIV: Collaboration Between Two Urban Teaching Hospitals

Marik Moen, Corey Farrell, Grace Cerbo,
Sondra Garlic, David McAllister, Deborah Michell

*University of Maryland Medical Center*
*Baltimore, MD, USA*

***Background:*** Nurses from Johns Hopkins Hospital (JHH) Polk Unit influenced nurses from the University of Maryland Medical Center (UMMC) infectious diseases unit to create a position to improve the outcomes for inpatients with HIV.
***Purpose:*** A discharge coordinator nurse (DCN) position was created to meet complex needs, reduce frequent readmission, and improve outcomes for patients.
***Methods:*** The DCN is staffed by the same persons to assure continuity of care in environment where physicians frequently change. Responsibilities of the DCN include: participation in interdisciplinary rounds, reporting back to nurses; discussing discharge plans with patient; retrieving outside records; notifying outside providers of admission; making appointments; verifying that referrals, consults, labs, tests, etc. are completed; requesting, reviewing, and filling prescriptions as well as facilitating payment for medications, gathering discharge data and monitoring readmissions. The DCN educates patients, families, and referral facilities on medications, appointments, and details of appropriate post-discharge patient care.
***Results:*** Per anecdotal reports, care is more coordinated, discharge planning streamlined, and patients and providers are more satisfied. Per DCN: "*Patients are unanimously grateful for improved communication between providers. It builds a bond when I can say that I know and work with outpatient provider and that they are apprised of patients' condition and plan of care*." Limited quantitative data shows there is a high hospitalization rate. From first 6 months at UMMC, 90 patients accounted for 237 re-admissions. Of these, 15 were admitted >4 times, most with >4 barriers to care (mental health, substance abuse, non-adherence, housing, legal, insurance, and financial).
***Conclusions:*** A DCN can effectively coordinate discharge care for inpatients with HIV. DCN data substantiated the frequency of readmissions and identified barriers to care. Collaboration across healthcare institutions (especially large teaching hospitals) is rare, but beneficial for patients.
***Implications for Practice:*** Linking HIV providers and patient's status improves patients' chance of successful inpatient stay (e.g., decreasing medication errors and duplications potentially resulting in reduced expenditures) and outpatient care by communicating post-discharge care-plans to relevant caregivers. Data demonstrating frequent hospitalization of patients with HIV is concerning in this era meriting further investigation to understand and address the problem.

**Objectives:** The learner will be able to

- Discuss complex needs of inpatients with HIV;
- Describe the process employed to create discharge coordinator nurse position;
- Summarize the responsibilities of discharge coordinator nurse position to inform plans of similar project in home institution.

**B-9**

# Comparing Outcome of Stable HIV+ Patients Provided Continuity of Care through Physician-run and Nurse-run Refill Services: AIDSRelief Experience in Nigeria

Alice Osuji[1], Thomasine Guberski[1], Michael Obiefune[1], Charity Eze[1],
Uju Okonkwo[1], Anthony Amoroso[1], Nike Kehinde[1], Anthea Nwandu[1],
Henrietta Obieze[2], Martina Odoh[3], Chioma Obuno[4], Alheri Yusuf[5],
Okey Nwanyanwu[6], Mary Okeke[1], Robert Redfield[1]

[1]*University of Maryland, School of Medicine - Institute of Human Virology,*
*AIDSRelief, Enugu, Nigeria,*
[2]*Annunciation Specialist Hospital, Enugu, Nigeria,*
[3]*Our Lady of Lourdes Hospital, Anambra, Nigeria,*
[4]*Center for Disease Control and Prevention (CDC), Abuja, Nigeria,*
[5]*Nursing and Midwifery Council of Nigeria, Abuja, Nigeria,*
[6]*Mother of Christ Specialist Hospital, Enugu, Nigeria*

***Background:*** With increasing health care worker shortage, demand/access to antiretroviral therapy and changing emphasis to long term follow up of patients in sub-Saharan Africa, WHO proposed task-shifting as a way forward. UMSOM-IHV/AIDSRelief instituted Nurse Refill Services (NRS) to ensure quality care for stable HIV+ patients is provided by trained nurses and physicians working as a team in a task-sharing approach. Nurse-Physician pairs were selected from qualified facilities and trained on symptoms identification, management, and patient selection criteria prior to instituting NRS. Patients" selection for NRS was based on durability and stability on first line ARV regimen

***Purpose:*** This study aims at comparing outcomes of physician-run (PRS) with nurse-run refill services on several indicators of quality care.

***Method:*** Retrospective chart audit was done in three AIDSRelief facilities in South Eastern Nigeria selected for evaluation. Health records of 100 matched stable patients were randomly selected from each group to compare outcomes of nurses' vs. physicians' follow-up management of HIV+ patients stable on first line ARV's. Criteria for Evaluation were based on activities determined as indicators of quality. An audit tool for chart abstraction was developed from selected indicators.

***Result:*** Indicators were compared using z-scores and significance set at the 0.05 level. Preliminary data analysis indicates the following significant results; that patients attending NRS were more likely to: maintain >95% adherence to ART regimen (84 /100 vs. 77/100 on PRS), be screened for TB (96/100 vs.65/100 on PRS), have CD4 counts obtained every 6 months (78/100 vs. 51/100 on PRS), have vital signs taken and recorded at each visit (100 % vs. 84100 on PRS) and have weight measurements at every visit (97/100 vs. 84/100 in PRS).

***Conclusion:*** Stable patients provided continuity of care through nurse providers did not receive inferior care.

***Implications for Practice:*** TB, a common OI in HIV, contributes significantly to mortality, screening using WHO questionnaire is easily integrated into NRSs. Patients attending NRS are more likely to be screened for early treatment failure and referred. Patients followed on NRS are more likely to maintain a higher level of adherence to medication than patients on PRS.

**Objectives:** The learner will be able to

- Nurses will be able to identify stable patients on ARV'S;
- Nurses will be able to assess patients, identify early treatment failure and refer patients accordingly.

**C-1**

# Pilot Study of SystemCHANGE-HIV: Rationale, Design, & Feasibility of A Systems-Based Self-Management Intervention

Allison Webel, Jan Hanson,
Shirely Moore, Robert Salata

Case Western Reserve University
Cleveland, Ohio, USA

***Background:*** The ability to manage the daily tasks of HIV, termed self-management, is an important yet difficult skill for Persons Living with HIV/AIDS (PLWH) to master. There is evidence that three particular tasks, increasing physical activities and sleep behavior, as well as the adoption of mental wellness activities, leads to better health and slower progression of HIV and co-morbid conditions. Building on this evidence, this study assessed the feasibility of a new, systems-based self-management intervention for PLWH called SystemCHANGE-HIV. The purpose of this abstract is to provide the rationale and design of this intervention, as well as provide evidence for its feasibility.

***Methods/Intervention Design:*** Based on focus groups, we designed a 10-session, group intervention helping participants acquire skills to modify their environment to help change their self-management behavior. Participants completed daily and a final intervention evaluation. Additionally, members of the research team completed a fidelity checklist for each of the intervention sessions. Both the fidelity checklists and the participant evaluations provide the feasibility data for this presentation.

***Results:*** Forty-three, adult PLWH participated in the study and 21 were randomized to the intervention group. Intervention sessions occurred each week from February-April, 2011. On average, participants randomized to the intervention group attended 70% of the intervention sessions. The common reasons for missed sessions included, medical emergencies (n=9 sessions missed) and family death (n=3). We spent 1.4 minutes/week talking to each participant, reminding them to attend the session and to answering questions. All of the participants rated the intervention superior or excellent, thought the skills learned were useful, and was well worth their time. Additionally, the participants made several suggestions for improvement.

***Conclusions:*** The SystemCHANGE-HIV is a feasible and desirable intervention for adult PLWH. However, it can be improved based on participant feedback, and its effectiveness needs to be further evaluated. Future work will address these issues.

***Implications for Practice:*** SystemCHANGE-HIV is a feasible intervention to increase self-management. However, this population tends to have increased medical emergencies which will compete with a scheduled group intervention. Nurses providing care for PLWH should consider implementing similar interventions in their community to increase self-management behaviors.

**Objectives:** The learner will be able to

- Describe the theoretical basis and scientific rational of the SystemCHANGE-HIV intervention;
- Describe the evidence for the feasibility of the SystemCHANGE-HIV intervention.

**C-2**

## Predictors of Self-Efficacy in Persons Living with HIV/AIDS

Mary Jane Hamilton[1],
Kenn Kirksey[2], Elizabeth Sefcik[1], Adama Brown[3]

[1]*Texas A&M University-Corpus Christi College of Nursing*
*and Health Sciences Corpus Christi, TX, USA*
[2]*Seton Health Care Family, Center for Nursing Research, Austin, TX, USA*
[3]*The University of Texas at Austin School of Nursing, Austin, TX, USA*

***Background:*** The literature is replete with citations espousing the pivotal role self-efficacy plays in one's ability to implement healthcare-related action plans. Self-efficacy has been implicated as essential in initiation of health behavior changes, the amount of effort expended, and sustainability in the face of obstacles. Persons living with HIV (PLWHIV) face myriad challenges that can derail good intentions and the ability to engage in optimal healthcare practices. Debilitating symptoms inherently result in inadequate or complete disengagement in adherence to treatment regimens. This sequence of events can subsequently result in symptom exacerbation, a malcontentious relationship between client and provider, and ultimately a deleterious effect on quality of life.

***Purpose:*** The purpose of this research was to examine sociodemographic characteristics, engagement with healthcare provider, quality of life, life events and cognitive adaptability as correlates of self-efficacy in PLWHIV.

***Methods/Practice:*** The parent study (a multi-national, randomized controlled trial) was implemented under the auspices of the International Nursing Network for HIV/AIDS Research to test the efficacy of an HIV symptom management manual. This abstract reflects data from the Texas cohort (N=186), who were primarily African American (37.9%) and Hispanic/Latino (45.8%). Instruments: General Self-Efficacy Scale, Engagement with Health Care Provider (HCP) Scale, HIV/AIDS Targeted Quality of Life Instrument, Stressful Life Events-Questionnaire, and Cognitive Adaptability Index.

***Conclusions:*** Participants ranged in age from 20-70 years (M=42.2, SD=9.0) and were primarily male (n=122, 64.2%). Significant ($p < .02$) correlates of self-efficacy included quality of life ($r=.48$), engagement with healthcare provider ($r=-.23$) and cognitive adaptability ($r=.37$). After controlling for demographics, significant predictors of self-efficacy were quality of life ($\beta=.44$, $t=6.42$, $p=.000$) and cognitive adaptability ($\beta=.33$, $t=5.60$, $p=.000$). Although not statistically significant, African Americans reported lower self-efficacy scores at baseline than other racial ethnic groups ($\beta=-.089$, $t=-1.453$, $p=.148$), as did those who reported higher engagement with HCP ($\beta=-.054$, $t=-.863$, $p=.389$) and experienced more stressful life events ($\beta=-.013$, $t=-.191$, $p=.848$).

***Implications for Practice:*** These findings support the general consensus that one's overall sense of quality of life and cognitive adaptability are synergistic with self-efficacy; however engagement with health care provider and life events did not demonstrate applicability in this process.

**Objectives:** The learner will be able to

- Identify predictors of self-efficacy in persons living with HIV/AIDS;
- Delineate factors that can accentuate symptoms, contribute to malcontentious; relationships between clients and providers, and have deleterious effects on quality of life.

**C-3**

# Prevention as an Essential Component of Comprehensive HIV Care

Lucy Bradley-Springer

*University of Colorado*
*Aurora, CO, USA*

***Background:*** The first two objectives of the National HIV/AIDS Strategy (2011) focus on prevention of new cases of HIV and improved health outcomes for persons living with HIV (PLWH). Prevention with Positives (PWP) during clinical care can help in both aspects: decreasing the number of new HIV infections (a public health goal) while also optimizing health outcomes for the PLWH (an individual health goal). A variety of medical (e.g., controlled viral load, vaginal gel) and behavioral (e.g., brief messages, harm reduction) interventions have been shown to decrease the risk of HIV transmission to uninfected individuals while also decreasing the risk of new infections for PLWH. However, PLWH need help from expert care providers to find the methods that best fit their needs, abilities, and desires. Remember: treatment IS prevention and prevention IS treatment.

***Purpose:*** This presentation will cover evidence-based medical and behavioral prevention methods as they can be applied in the clinical setting.

***Practice:*** Prevention measures can be effectively addressed with PLWH by using standardized, clinic-wide approaches that place priority on prevention in clinical care. One such approach, the ABCs of PWP, uses the following steps: A = Assess, B = Begin the Conversation, C = offer Choices, D = Develop a Plan, E = Evaluate Need, F = Follow up, and G = Get the whole clinic involved. This session will cover each step and discuss how to incorporate the process into clinical practice.

***Conclusions:*** PWP is an important component of comprehensive care in the setting of HIV infection. Unfortunately, busy clinicians often feel they cannot adequately address prevention and so it is not provided. The use of a clinic-wide approach to prevention care can better provide this essential service to PLWH.

***Implications for Practice:*** Nurses are often in the best position to initiate prevention care in the clinical setting but need the tools to do so.

**Objectives:** The learner will be able to

- Describe effective medical and behavioral approaches to PWP;
- Use the PWP ABCs to consistently address individual prevention needs;
- Discuss ways to incorporate a PWP program into the clinical setting.

**C-4**

# The Impact of Recent Intimate Partner Violence on Disease Progression in HIV-Infected Women

Debra Trimble
Ma de los Angeles Nava
Judith McFarlane

*Texas Woman's University, Houston, TX, USA*

***Background/Purpose:*** Both HIV and intimate partner violence (IPV) are known to affect millions of women worldwide; yet research on how IPV affects the health of HIV-infected women is lacking. The purpose of this study was to document antiretroviral medication adherence scores and parameters of HIV disease progression measured by viral replication, CD4 counts and opportunistic infections among HIV-infected women who did and did not experience IPV.

***Methods:*** We hypothesized that HIV-infected women who experienced IPV in the past 12 months would have lower antiretroviral adherence scores and greater disease progression evidenced by greater viral replication, lower mean CD4 counts and more opportunistic infections than women who had not experienced IPV. A non-experimental, comparative, descriptive design was used. HIV-infected women receiving care at a large, urban HIV specialty clinic were interviewed using the Domestic Violence Specific-Moriskey Medication Adherence Scale, the Severity of Violence Against Women Scale and the Danger Assessment Scale. Viral loads, CD4 counts, and the number of opportunistic infections were abstracted from the electronic medical records.

***Results:*** Three hundred HIV-infected women were interviewed with 272 ultimately meeting inclusion criteria; 52% of these women reported IPV in the past 12 months. Women who experienced IPV had significantly lower medication adherence scores ($t(262.1) = 4.91$, $p < .001$), a greater proportion of detectable viral loads (Fisher's exact $P < .001$) and significantly more opportunistic infections ($t(223.6) = 2.64$, $p < .0125$). A significant difference in CD4 count means was not found.

***Conclusions/Implications for Practice:*** Partner violence in HIV-infected women is associated with lower antiretroviral adherence scores, more detectable viral replication and greater disease progression evidenced by more opportunistic infections. Documentation of the relationship between IPV and HIV disease progression provides foundation for future testing of evidence-based interventions. Furthermore, these data indicate the need for HIV-infected women to be screened for partner violence along with assessment of antiretroviral medication adherence at each clinical visit in order to reinforce treatment adherence, optimize HIV self-management and minimize disease progression.

**Objectives:** The learner will be able to

- Compare the adherence scores of women who did and did not experience intimate partner violence in the previous 12 month time period;
- Identify the current research illustrating the intersection of intimate partner violence in women and HIV infection;
- Discuss the impact of intimate partner violence on HIV disease progression in HIV-infected women;
- List nursing interventions that may assist HIV-infected women who experience intimate partner violence in the successful management of their HIV disease.

**C-5**

# Optimizing Conception Strategies for Persons Living with HIV

Suzanne Jed

*University of Southern California*
*Los Angeles, CA, USA*

***Background:*** As the availability of antiretroviral therapy and improved care for persons living with HIV extends life expectancy and quality on a global scale, the issue of optimal conception planning and counseling has become a priority. A significant number of women living with HIV report desiring pregnancy (range 20%-59%). However, data demonstrates that greater than 50% of persons living with HIV, both in the US and globally, have serodiscordant male or female partners. Interventions to prevent the risk of mother-to-child transmission of HIV can decrease the risk to 0-2%, but will ideally begin before conception.

A key part of assisting women in attaining their right to sexual and reproductive health is providing optimal counseling on options for a healthy conception and to decrease the risk of HIV transmission to an infant or a partner.

***Purpose:*** To discuss current research and practice in the area of safer conception for persons living with HIV.

***Practice:*** Multiple interventions and counseling opportunities exist to decrease the risk of HIV transmission among HIV serodiscordant couples during conception and to optimize conception timing in order to reduce the risk of transmission to the infant. This abstract will highlight recent research on the role of antiretrovirals in decreasing HIV transmission and explain conception options including timed coitus, home insemination, and sperm washing.

***Conclusions/Implications for Practice*:** Counseling regarding pregnancy desire and planning should be a key part of every visit for both male and female patients.

**Objectives:** The learner will be able to

- Review data regarding antiretroviral therapy (HAART, PrEP and FEM-PrEP) and reduced HIV transmission;
- Discuss routine preconception care for persons living with HIV;
- Describe conception options to reduce the risk of HIV transmission to serodiscordant partners.

**C-7**

# A Rural HIV Medical Model with an HCV Expansion Initiative, a Special Project of National Significance (SPNS)

Leah Magagnotti
Susan Boland

*Clarion University*
*Clarion, Pa, USA*

***Background:*** A small rural HIV program was awarded a SPNS grant in 2010 allowing the integration of Hepatitis C (HCV) treatment into the existing medical model. The medical model spans over 13 rural counties, staffing nine rotating clinical sites in eight counties, complemented by integrated medical case management services.

***Purpose:*** The purpose of this presentation is to describe how HCV treatment is integrated into an existing rural HIV clinic, highlighting education and treatment support for the HIV/HCV co-infected. The project includes integration of telehealth technology not used in this rural area in the past.

***Methods/Practice:*** The rural clinic incorporated telehealth technology to assist in the treatment of HCV. It is common for patients receiving HCV treatment to see their physician monthly while HIV treatment requires physician visits every three to six months. In this rural environment, increasing the frequency of visits is both costly and logistically challenging. Funding for this SPNS project allows patients to connect with the specialists eliminating excess travel. Intensive pre-HCV treatment education will be provided by case managers and nurses and during HCV treatment supplemented by weekly phone calls and monthly home visits by the medical case managers and monthly phone calls by the nurses. Treatment outcomes and costs will be measured to assess this model of treatment as compared to the standard monthly HCV in office physician visits.

The medical case managers and nurses will provide the above services following a care map platform. This care map will standardize and document the steps that the nurses and MCM's will take with the patient marching them towards a better understanding of their liver function and disease and what treatment may accomplish, while providing a supportive environment to make the transition toward treatment smoother.

***Conclusions:*** It is believed that by implementing intensive nursing and MCM services/education/telehealth technology treatment outcomes are improved.

***Implications for Practice:*** Implementing HCV co-infecting care in an area where services have not been available.

**Objectives:** The learner will be able to

- Enhance participant's learning and apply to their current treatment setting to develop a co-infection clinic;
- Share materials developed with participants to use within their programs.

**C-8**

## Community-University-Client Partnerships for Serving HIV-Positive Persons

Elnora (Nonie) Mendias
Yolanda Davila, Betty Douzar

*University of Texas Medical Branch*
*Galveston, Texas, USA*

***Background:*** Meeting HIV-positive persons' complex needs requires collaboration between health facilities and community service agencies (CSAs). When resources are limited, such partnerships require innovative approaches sustainable over time at little/no cost.
***Purpose:*** To describe collaborative efforts between a 3-county HIV/AIDS service agency and a school of nursing to identify and address clients' health and health learning needs and implement prevention strategies.
***Methods/Practice:*** Since 2001, our BSN community health nursing students, using the Community as Partner Model to conduct community assessments and a client-centered approach, have collaborated with a CSA to address clients' health and learning needs. Students have provided health education, health screenings, assistance with food bank operation, and other activities. All involved have learned from each other. Through interactions with clients, CSA staff, and community, students have learned about prevention, HIV, stigma, advocacy, vulnerable populations, appreciation for CSAs, and other lessons, including needs for flexibility, sensitivity, and mutual respect. Most clients have been open to students, reporting satisfaction with students' efforts and appearing to enjoy "teaching" students about life with HIV. CSA staff and faculty have collaborated to generate and disseminate knowledge gained.
***Conclusions:*** Despite resource reductions and increased client needs, our experience provides an excellent, low-cost, and sustainable way to better serve HIV-positive clients in our community.
***Implications for Practice:*** Our partnership has brought new opportunities to work together, provided excellent clinical sites and student learning outcomes, increased scholarship, and resulted in gains in clients' health literacy and self-care ability.

**Objectives:** The learner will be able to

- Describe processes used to establish partnerships with a community service agency to promote quality student clinical experiences while meeting organizational missions;
- Discuss lessons learned through working with a community service organization to provide undergraduate community health nursing clinical experiences.

**C-9**

# Linking Individuals Needing Care: The Health LINC Model

Catherine A. O'Connor
M. Susana Medeiros

*Health Innovations*
*Boston, MA, USA*

***Background:*** Clinical HIV care programs may not have the capacity to re-engage PLWHA who are lost to follow up. HIV social case management programs may lack clinical expertise. The Health LINC Model is a hybrid approach that addresses these challenges with the goal of improving retention in care among underserved PLWHA.
***Purpose:*** To describe an innovative nurse driven linkage to care model for out of care PLWHA who present to a mobile health clinic in non-traditional settings, which utilizes creative and effective strategies to improve retention in care.
***Methods/Practice****:* Tenets of the LINC Model include: Connecting with HIV clinical and case management programs with documented high rates of lost to follow up PLWHA to offer patient finding services via the mobile health clinic; establishing a multidisciplinary Health LINC care team which includes an HIV nurse, health navigator and LICSW; assessing PLWHA who present to the mobile health clinic to determine need for linkage to care; conducting a comprehensive clinical and social service assessment; utilizing a Risk Analysis and Risk Management approach, with RISK defined as risk for non-compliance/non-adherence to engagement and retention in care; brokering relationships amongst the patient's care providers; identifying and prioritizing the patient care plan; advocating for the patient; and linkage to traditional health care setting.
***Conclusions:*** The LINC Model has been successful at linking to care newly diagnosed HIV positive individuals and out of care PLWHA who present or are referred by peers to a mobile health clinic. All of the Health LINC patients have fallen through the cracks due to a multitude of factors for which current traditional clinical systems are not equipped to address. Patient characteristics include: older age (40+), ethnic diversity, substance use history, homelessness, and additional chronic disease burden - all adding another layer of complexity to the nursing care coordination required to ensure expert care and quality of life.
***Implications for Practice:*** Research is needed to understand the process of falling out of care and effective strategies for bringing patients back to care. Keeping PLWHA connected to care will reduce morbidity, comorbidities, and transmission, and should be a major public health priority.

**Objectives:** The learner will be able to

- Identify characteristics of PLWHA who are at most risk for lost to follow up;
- Learn about creative strategies to re-engage and retain PLWHA in care.

**D-1.1**

# US Nursing Students Building African Alliances of HIV Care

Donna Taliaferro

*Goldfarb School of Nursing at Barnes Jewish Hospital*
*St. Louis, MO, USA*

Nursing students are an important, target population to better understand the current perceptions about HIV illness from actual clinical experiences during their nursing studies. A lack of knowledge can impede the care provided to persons living with HIV. To strengthen the response to the epidemic, each country has identified special needs.

This symposium covers a wide range of student oriented projects in resource-limited countries. Overall successes and opportunities for building these relationships will be discussed. Each abstract is unique to the overall goal of the symposium. Counties of Cameroon, Swaziland and Uganda are counties where students from the US have made a difference in the lives of those they have come in contact with. Both have been enriched just from the connection each student has made. The following 5 abstracts will discuss the overall project success within the country collaborations.

American Nursing Students in Cameroon: Perceptions, Experiences, and Transformations while Moderating an HIV Workshop to Cameroonian Peers Impacting Knowledge, Attitudes and Beliefs Regarding HIV in American Nursing Students International Collaboration to Enhance the fight against HIV/AIDS among Nursing Students of the University of Buea in Cameroon and the Goldfarb School of Nursing in the USA Student-led Capacity Building Activities for Nurses in a Hospital in Swaziland

PhD Students Building Research Capacity in Uganda

**Objectives:** The learner will be able to

- Discuss the role of collaboration within resource-limited counties:
- Discuss the various roles that students can full fill within Africa countries.

**D-2.1**

# Impacting Knowledge, Attitudes and Beliefs Regarding HIV in American Nursing Students

Holly Diesel

*Goldfarb School of Nursing at Barnes Jewish Hospital*
*St. Louis, MO, USA*

***Background:*** The HIV/AIDS pandemic has heightened recognition that nurses are the gatekeepers to healthcare for many communities in Africa. Capacitation of nurses has been identified as critical, both from a public health point of view as well as from a health systems strengthening point of view. A review of the literature suggests that immersion programs may lead to more effective and efficient learning.

***Purpose:*** The aims of this study were to: 1) Measure knowledge acquisition, attitude and belief change regarding care of the HIV infected patient in American nursing students, and 2) Compare the effect of international travel and cultural immersion on knowledge acquisition, attitude and belief change regarding care of the HIV infected patient between American nursing students.

***Methods:*** This experimental, longitudinal study surveyed 33 nursing students at a mid-western college of nursing at three points in time; pre-course, post-course and 60 days after course completion. Eight of these students also traveled to Cameroon, West Africa and provided a four day educational intervention focused on care of the obstetrical patient infected with HIV. All 33 nursing students completed a set of five surveys, the HASI-NS which was modified from the original HASI-N (HIV/AIDS Stigma Instrument - Nurse), Willingness to Care Survey (WPC), AIDS Attitudes Scale (AAS), AIDS Knowledge Scale (AKS), and the Obstetrical HIV/AIDS Knowledge Scale (OKS).

***Conclusion:*** Item scores indicated no change from the initial low scores of stigma on the HASI-NS. Changes in scores on the WPC demonstrated greater willingness to provide care associated with procedures with potential for body fluid exposure. Scores on the AAS indicated that students were less homophobic and more sympathetic in general, however scores indicated significantly less empathy for individuals who were infected with HIV via injection drug use or unprotected sexual behaviors. Initial scores on the AKS indicated accurate basic HIV/AIDS knowledge and did not significantly improve after the course. Changes in scores on the OKS indicated moderate knowledge improvement.

***Implications:*** International travel contributes to greater changes in attitudes and beliefs, as well improved knowledge retention in American nursing students.

**Objectives:** The learner will be able to

- Describe the change in American nursing students' perceptions of HIV-related stigma in patient care;
- Explore the effectiveness of cultural immersion on knowledge retention among American nursing students.

**D-2.2**

# International Collaboration to Enhance the Fight against HIV/AIDS among Nursing Students of the University of Buea in Cameroon and the Goldfarb School of Nursing in the USA

Dickson Shey Nshaga

*University of Buea in Cameroon,*
*Buea, Cameroon*

HIV/AIDS is a major public health pandemic affecting the development, survival and life of young people both in Cameroon and the USA. Youth are more adaptive to change and less hindered by prejudice than adults. Three consultative meetings on developing international collaboration for the fight against HIV/AIDS between Cameroonian and USA nursing students have been held between the University of Buea and the Goldfarb School of Nursing. We used adult learning approaches consisting of presentations, discussions, questions and answer sessions, role plays and demonstrations as means of communication to arrive at consensus decisions. Deliberations and resolutions from the first consultative meeting between two USA and twelve Cameroon faculty in September 2010 enabled the Vice-Chancellor of the University of Buea to sign a memorandum of understanding with the Goldfarb School of Nursing on international collaboration paving the way forward for more developmental health projects in this domain. A student-to-student peer mentoring workshop on a train-the-trainer capacity building for the fight against HIV/AIDS was held at the University of Buea in March, 2011 and was comprised of eight USA and 52 Cameroon nursing students. This included 4 USA faculty and 2 Cameroon faculty. This non-formal way for students to learn new life skills and different cross-cultural values is the beginning of the first set of projects involving students from both countries. In May 2011, a consultative meeting between two USA and six Cameroon faculty highlighted how the modalities of collaboration between the two institutions could be enhanced through teaching of nursing, medical, laboratory science and public health students at the University of Buea by the USA faculty. This initiative will contribute to the attainment of millennium development goal number goal 6 to combat HIV/AIDS.

**Objectives:** The learner will be able to

- Describe the role of collaboration within faculties of various countries in developing long term sustainability within HIV knowledge;
- Explore the barriers and successes of a model of collaboration.

**D-3.1**

# Student-Led Capacity Building Activities for Nurses in a Hospital in Swaziland

Kevin Mallinson

*Goldfarb School of Nursing at Barnes Jewish Hospital*
*St. Louis, MO, USA*

***Background:*** Swaziland shoulders a disproportionate burden of the HIV epidemic; nearly 27% of adults in Swaziland are living with HIV. The people are faced with ongoing multiple AIDS-related deaths. To strengthen their response to the epidemic, Swazi nurses identified two areas for nurse training: improving nurse-physician communications and managing childhood grief.
***Purpose:*** These projects were designed to deliver culturally-appropriate programs to address the identified needs of Swazi nurses to improve patient outcomes and care for their community.
***Methods/Practice:*** Under lead faculty mentorship, two teams of undergraduate nursing students from a U.S. university designed - and implemented - theory-based activities for Swazi nurses. The first project aimed to strengthen the nurses' communications with physicians. Two nursing students delivered a self-paced learning packet introducing an adapted SBAR format; they supplemented the module with one-on-one mentoring in SBAR for 18 nurses on several hospital wards. The second group of students designed - and delivered - an all-day, interactive workshop on the nursing management of childhood grief. This workshop built knowledge and strengthened skills. Due to the overwhelming demand, the students were asked to repeat the program for a second cohort of nurses; a total of 38 nurses completed the program. Post-program interviews and focus groups confirmed that the content and participatory approaches for both of the student-led activities were well received by the Swazi nurses and provided strong support for continuing the programs to reach more nurses in the hospital.
***Conclusions:*** With appropriate mentoring, undergraduate nursing students can design and implement focused, culturally appropriate valuable learning activities for nurses in Swaziland. Debriefing sessions confirmed that the U.S. nursing students had rare opportunities to learn how they could adapt content and delivery to be more culturally appropriate. Students who are carefully selected, properly prepared for the trip, focused on the scholarship, and mentored well can develop and deliver innovative programs that meet the needs of local nurses.
***Implications for Practice:*** Faculty who design global nursing student opportunities can assure that students contribute to building in-country nursing capacity in sustainable ways.

**Objectives:** The learner will be able to

- List at least three critical features of designing an effective and engaging learning experience for nursing students in a limited-resource country;
- Identify at least three examples of how global nursing activities were designed or altered to adapt to be more culturally appropriate for nurses in the Swaziland setting.

**D-3.2**

# PhD Students Building Research Capacity in Uganda

Jennifer Gray

*University of Texas at Arlington*
*Arlington, TX, USA*

Unmet health needs in African countries motivated a group of professionals in 2006 to form the North Texas Africa Health Initiative (NTAHI). Nurses affiliated with one university formed a team comprised of a PhD-prepared faculty and three PhD nursing students to work in Uganda. Their first trip to Uganda, they provided a daylong workshop on HIV-related topics at the request of the host organization. Using a model of partnership and collaboration, the team asked the hosts to recommend future topics. The Uganda partners requested that the team conduct research workshops so the next year's topic was critiquing research. The keynote speaker was a Ugandan nurse who had published a study on HIV knowledge among health professionals. In 2009 and 2010 the team conducted additional workshops on physical assessment, disaster management, stress reduction for caregivers, research proposal development, journal clubs, and qualitative research methods. The research capacity of the Uganda nurses has grown. Four studies are being conducted by Ugandan nurses this year. The research capacity of the American PhD students has grown as well; a visit in 2011, they will be refining their research plans and collecting preliminary data. One doctoral student will be spending time in an HIV clinic in which nurses are managing patients on antiretroviral treatment with a doctor available to prescribe regimen changes when needed. The goal of the observation will be a refined research question for the student's dissertation. Another will be implementing her pilot study on HIV-related stigma for nurses infected with HIV and the impact on work related quality of life. She will be gathering data in Kenya. The impact of HIV on nurse and patient outcomes will continue to link the team's different activities in Uganda and other East African countries.

**Objectives:** The learner will be able to

- Discuss the development of student led projects in resource-limited countries.
- Explore the opportunities for building long term relationships within each country.

**D-4**

# Predictors of Health-Related Quality of Life in PLWHIV: Stigma, Depressive Symptoms and Body Image Dysmorphia

Kenn Kirksey[1], Liz Sefcik[2],
Mary Jane Hamilton[2], Adama Brown[3]

*[1]Seton Family of Hospitals, Center for Nursing Research, Austin, Texas, USA*
*[2]Texas A&M University-Corpus Christi College of Nursing and Health Sciences, Corpus Christi, Texas, USA*
*[3]The University of Texas at Austin School of Nursing, Austin, Texas, USA*

***Background:*** Persons living with HIV (PLWHIV) frequently experience medication-associated body composition and fat distribution alterations; resulting in body image dysmorphia, depressive symptomatology, self-perceived stigmatization and altered health-related quality of life (HRQoL).

***Purpose:*** The purpose of this research was to identify correlates of HRQoL in an HIV-infected population of primarily socioeconomically disenfranchised persons of color residing in south Texas.

***Methods/Practice:*** The parent study (a multi-national, randomized controlled trial, with a two-group repeated measures design at 3 time points; baseline, one and two months) was initiated to test the efficacy of an HIV symptom management manual (N=775). Information reported in this abstract reflects baseline data from a subset (N=186) of participants receiving care at three clinics in south Texas. Instruments included: Assessment of Body Changes and Distress Scale, HIV/AIDS Targeted Quality of Life Instrument, Perceived Stigma Scale, and Center of Epidemiological Studies Depression Scale. All measures have well-established psychometric properties.

***Conclusions:*** Participants were primarily African American (n=72; 37.9%) and Hispanic/Latino (n=87, 45.8%), male (n=122, 64.2%), ranged in age from 20-70 years (M=42.2, SD=9.0), and rated physical condition, psychological support and social support on a scale of 1 ("very poor") - 10 ("excellent") as 6.8, 6.7 and 6.8, respectively. Significant ($p<.001$) correlates of HRQoL included stigma ($r=-.43$), depressive symptoms ($r=-.61$) and overall satisfaction with body ($r=.32$). After controlling for demographics, significant predictors of HRQoL were stigma (Beta=-.15, t=-2.19, p=.03), depressive symptoms (Beta=-.50, t=-7.56, p=.00) and overall satisfaction with body (Beta=.16, t=2.67, p=.01).

***Implications for Practice:*** These findings highlight the importance of assessing HIV-associated body composition and fat distribution, and assisting PLWHIV in identifying resources to address psychological sequelae and feelings of stigmatization that can potentially lead to altered HRQoL. Fostering an environment where healthcare providers align empirically-derived guidelines with client input may result in the PLWHIV feeling more autonomous and self-efficacious in managing their illness.

**Objectives:** The learner will be able to

- Identify significant predictors of health-related quality of life in persons living with HIV;
- Describe the importance of the study findings in assisting PLWHIV in managing illness-related psychological manifestations.

**D-5**

# Social Support, Social Stigma, Health, Coping, and Quality of Life in Older Gay Men with HIV

Larry Z. Slater

*University of Alabama at Birmingham*
*Birmingham, AL, USA*

***Background:*** With the advent of antiretroviral therapy, people with HIV/AIDS are living longer and managing their HIV infection as they would any other chronic disease. As life expectancy increases, quality of life has emerged as an important issue for older adults with HIV/AIDS. A majority of people living with HIV in the U.S. are still gay men, who thus comprise a large portion of those that are growing older with the disease. To improve quality of life in older gay men with HIV, it is necessary to understand the unique stressors they face and to examine their individual characteristics, resources, appraisals, and coping that may have a positive or negative effect on quality of life.

***Purpose:*** The purpose of the study was to explore the relationships among age, race, socioeconomic status, social support, social stigma, coping, perceived health, and quality of life in older gay men with HIV based on the theory of stress, appraisal, and coping by Lazarus and Folkman.

***Methods:*** Sixty gay men age 50 and older with HIV completed a 45-minute survey with demographic information and standardized measures for social support, social stigma (homonegativity, HIV stigma, and ageism), perceived health, coping, and quality of life. Bivariate analysis was used to determine relationships among the study variables and quality of life. Stepwise linear regression was used to determine predictors of quality of life.

***Conclusions:*** Age, social support, and problem-focused coping were significantly and positively correlated to quality of life ($p<0.01$), while medical comorbidities, total medications, social stigma (homonegativity, HIV stigma, ageism), and emotion-focused coping were all significantly and negatively associated with quality of life ($p<0.01$). When the significant variables were entered into regression analysis, only medical comorbidities (-), emotional/informational support (+), internalized HIV stigma (-), and emotion-focused coping (-) remained as significant quality of life predictors ($p<0.01$) and accounted for 64% of the variance in quality of life.

***Implications:*** An understanding of social support, social stigma, and coping and their relationship with quality of life for older gay men with HIV will be an essential first step toward designing and testing interventions aimed at increasing health and quality of life in this population.

**Objectives:** The learner will be able to

- Discuss the prevalence of HIV among older gay men in the U.S;
- Examine factors, stressors, and resources that affect quality of life in older gay men with HIV;
- Discuss future quality of life research possibilities for older gay men with HIV.

**D-6**

# Adolescence Interrupted: The Impact of Perinatally-Acquired HIV Infection on Adolescents and Young Adults

Joseph P. De Santis[1], Ana Garcia[2],
Gwendolyn B. Scott[2], Aida I. Chaparro[2], Dieunane Formul[2], Yuris Velasquez[2]

*[1]University of Miami School of Nursing & Health Studies, Coral Gables, FL, USA*
*[2]University of Miami Miller School of Medicine Department of Pediatrics,*
*Division of Infectious Diseases & Immunology, Miami, FL, USA*

***Background:*** Advances in antiretroviral therapy have resulted in large numbers of perinatally-infected children surviving into adolescence and young adulthood. Managing a chronic illness is challenging for many adolescents and young adults, but HIV infection provides unique challenges such as HIV-related stigma, marginalization, and mental health issues associated with HIV infection. Relatively little is known about the impact of perinatal HIV infection on the developmental tasks of adolescence and young adulthood.

***Purpose:*** The purpose of this study was to describe the process by which perinatal HIV infection impacts the developmental tasks of adolescence and young adulthood among clients with perinatal HIV infection.

***Method:*** Grounded theory methodology was used to sample and analyze data collected from qualitative interviews with 25 adolescents and young adults aged 18-24 years with perinatal HIV infection. Participants were recruited at a university-based Pediatric Infectious Diseases & Immunology practice in the southeastern United States. Data were collected until data saturation was reached. Data were analyzed using the constant comparative method of grounded theory. Open and axial coding were used to develop categories and to determine relationships among the categories. Clarifying researcher bias and peer review/debriefing were two methods employed to ensure rigor of the data.

***Results:*** Participants provided rich descriptions of the impact of perinatal HIV infection on developmental tasks. These descriptions illustrate the process of how perinatal HIV infection impacts adolescent and young adult growth and development. This process was entitled "Adolescence Interrupted."

***Conclusions:*** Perinatal HIV infection not only impacts the developmental tasks of adolescence and young adulthood, but all aspects of the client's life. These aspects include, but are not limited to: future planning, intimate relationships, sexual health, family planning, family functioning, and transition to adult care.

***Implications for Practice:*** Perinatally-infected adolescents and young adulthood experience unique issues related to HIV infection that impact adolescence and young adulthood. Nursing interventions for this population must be directed toward assisting clients with managing their HIV infection while promoting adolescent and young adult growth and developmental.

**Objectives:** The learner will be able to

- Summarize previous research on the impact of perinatal HIV infection on adolescents/young adults;
- Discuss the impact of perinatal HIV infection on the developmental tasks of adolescence and young adulthood;
- Describe nursing implications of the study's findings.

**D-7**

# At the Center of the Epidemic: An Innovative Model of Nurse-Led Medical Case Management in Washington, DC

Megan O'Hanlon Solis, Heather Olsen,
Rachel Lord, Obiageli Littlejohn, Justin Goforth

*Whitman Walker Health*
*Washington DC, USA*

***Background:*** Whitman-Walker Health (WWH) is a full-service health center located in Washington, DC specializing in HIV and LGBT care. Current innovations in ART have led to a need for a holistic approach to help individuals move along a continuum of care from diagnosis to wellness. In 2008, WWH transitioned from a social-service to a medical-case management model in response to this shift in care needs; recognizing that nurses possess unique knowledge to address the comprehensive physical and mental health needs of PLWHIV (People Living with HIV).

***Purpose:*** To demonstrate how using expert nurses in a medical case management role can increase treatment adherence and client retention, reduce negative outcomes of non-adherence, help clients manage chronic co-morbidities and reduce barriers to care by connecting clients to essential services.

***Methods/Practice:*** A team of five full-time Registered Nurse Case Managers (NCMs) serve as the initial point of contact for clients newly diagnosed with HIV, returning to care or initiating care at WWH. Additionally, NCMs serve clients identified during medical visits as high-risk for non-adherence or needing additional support with treatment readiness, treatment initiation or managing chronic co-morbidities. Using an Acuity Scale to assess client-specific needs across a continuum of care, NCMs develop care plans to retain in care, maintain treatment adherence, overcome barriers and move towards wellness. Using a team approach to meet needs of clients, non-nurse "Care Coordinators" focus on social services, and a Registered Dietician meets nutritional counseling needs.

***Conclusions:*** Use of this multidisciplinary model engages clients most at risk for non-adherence, loss to follow-up and negative health outcomes. Clients who are newly diagnosed are engaged immediately into care, and those starting treatment or experiencing difficulty with adherence are partnered with experts who can assess their needs and help overcome barriers.

***Implications for Practice:*** WWH's medical adherence model may be replicable to improve client retention, increase treatment adherence, address the chronic-care needs of PLWHIV, and reduce client barriers to care.

**Objectives:** The learner will be able to

- Describe a nurse-led model of care that assists PLWHIV to overcome barriers and move toward self-management;
- Describe the use of a multidisciplinary team to capture hardest to reach clients and help maintain in care;
- Identify strategies in a community setting to increase treatment adherence and overcome barriers to care.

**D-8**

# HIV Prevention and Treatment Support is Now Available to Nurses through an Innovative Web Portal

Donna Sabatino
Paulette Heath
Veronica Barajas

*Tibotec Therapeutics*
*Tittusville, NJ, USA*

***Background:*** Research shows that community viral load & incidence of infections are decreased by keeping clients linked & engaged in care. To enhance this linkage, The HIV Case Manager Portal (Portal) was developed through primary research among providers & patients; beta tested; and with guidance from a national advisory board. The Portal is a free, innovative, web-based resource offering tools needed to help engage, link, educate and enhance patient care. It offers a wide range of support for all levels of providers delivering direct patient care & prevention/testing services.

***Purpose:*** The Portal was designed to enhance patient-provider interactions to better support the array of educational needs of the patient. The Portal provides easy access to a wide range of educational, training and development tools for both patients and providers. Regardless of clinical setting, or geography, the Portal offers resources to help improve patient self-care and increase retention and engagement despite resource constraints.

***Methods/Practice*:** Log into the Portal at www.HIVCaseManager.com to access content such as:

- Tools & resources for Nurses that offer up to date patient education and tools to enhance professional development
- Customizable patient education that can enhance understanding of disease & reinforce important messages through Fact Sheets & videos (in both English and Spanish);
- Connectivity to 1,650+ providers which augments linkage efforts when patients relocate across US & Puerto Rico;
- Links to over 200 national resources, including ADAP/RW information, forms & medical providers.

***Conclusions:*** There are over 3,300 registered users to date. Survey feedback & comments from users demonstrate that the Portal is a useful resource for providers of all levels who deliver HIV prevention, testing, counseling, linkage and care services. Ongoing evaluation from users and advisors will guide development of additional content.

***Implications for Practice*:** Linking patients to providers will help achieve a more coordinated response and increased access to care once diagnosed. Educational tools on the Portal help increase patient & provider awareness and knowledge about a range of topics critical to successful linkage and care. The Portal resources also help nurses focus on the four National AIDS Strategy goals and other prevention strategies to support efforts that may reduce new infections.

**Objectives:** The learner will be able to

- Learn ways to access important tools, programs and resources that HIV Nurses can use for professional development as well as enhancing continuity of care, linkage and retention for their patients (such as ADAP/RW information, forms, medical providers and connectivity to other service providers, etc.);
- Use the Portal to generate customizable, easy-to-understand patient Fact Sheets and access educational videos (in both English and Spanish) that address critical disease and care information.

**D-9**

# What's the Bottom Line?: Implementation of Rectal Screening for Chlamydia and Gonorrhea in a Mobile Health Clinic

Joseph G. Celona
M. Susana Medeiros
Catherine A. O'Connor

*Health Innovations*
*Boston, MA, USA*

***Background:*** CDC recommends yearly screening for rectal gonorrhea and chlamydia for MSM who have had anal intercourse. A high percentage of sexually active MSM at risk are not screened as indicated either because they have no symptoms, have not presented for testing, or present for testing but do not disclose that they engage in anal sex.

***Purpose:*** To evaluate the implementation of rectal screening in a mobile health clinic and to compare the prevalence of rectal and urethral chlamydia and gonorhea amongst MSM.

***Methods/Practice***: Rectal screening for chlamydia and gonorrhea was added to the menu of services targeted to MSM presenting to a mobile health clinic in non-traditional settings. Patients identifying anal sex behaviour were educated about the risk for rectal STIs. Patients were given the option of providing urine and/or rectal specimens for chlamydia and gonorrhea. Those selecting rectal screening were instructed on self-collection of specimen or offered nurse assistance with collection. Patient risk profiles were analyzed and prevalence of urethral and rectal infection was compared.

***Conclusions:*** Sixty-seven percent of patients who screened positive for rectal STI infection had discordant urethral results. All rectal infections were asymptomatic and would have been missed and not treated if routine screening had not been offered. All patients with positive STI screens were linked to care and successfully treated. Patients were assisted in partner notification.

***Implications for Practice:*** STI prevalence data suggests that undiagnosed rectal STIs have probably become the most significant reservoir of STI infection among gay men. Performing straightforward, non-judgemental risk assessment is critical to the sexual health of MSM. Clinical settings serving MSM should screen for chlamydia and gonorrhea infections from all potential sites of exposure. Identifying and treating all such infections is essential to reducing HIV transmission. More work needs to be done in building awareness among gay men of the importance of anal health and regular rectal screening. Other strategic priorities should include the development of a comprehensive system of surveillance to improve understanding of prevalence of rectal STIs among MSM.

**Objectives:** The learner will be able to
- Understand the significance of undiagnosed rectal STIs;
- Understand the importance of educating patients about the risk for rectal STIs.

**SP1**

## Nursing Knowledge, Attitudes, and Practice Regarding Adolescent &Young Adults with HIV/AIDS

Jeanne Murphy[1]
Allison Agwu[2]

[1]*Johns Hopkins University School of Nursing, Baltimore, MD, USA*
[2]*Johns Hopkins University School of Medicine, Baltimore, MD, USA*

***Background:*** Increasing numbers of adolescents and young adults are acquiring HIV/AIDS. Nurses are essential members of the HIV/AIDS care and counseling team and gaps in their knowledge of HIV/AIDS could have a profound effect on the health and welfare of patients in their care, including prevention of HIV acquisition and transmission.

Objective: This is a pilot study of nurses' knowledge, attitudes and practice in relation to adolescents and young adults with HIV/AIDS.

***Methods:*** A cross-sectional survey of a convenience sample of senior nursing undergraduates, practicing nurses, student nurse practitioners, and nursing doctoral students taking a graduate nursing elective on care of individuals with HIV/AIDS. Participants were surveyed about their knowledge of and practice patterns in relation to HIV/AIDS among young people. The survey consisted of questions about their prior nursing education, specific education about HIV/AIDS and pediatric and adolescent medicine, risk factors for HIV/AIDS, and about various items related to Centers for Disease Control and Prevention (CDC) guidelines for HIV testing and treatment. Participants completed the survey anonymously. Due to sample size limitations, statistical analysis was limited to descriptive statistics.

***Results:*** 45 of 55 students completed the survey (81.2% response rate). 71% were already licensed nurses, and 75% had experience caring for a patient with HIV/AIDS in the previous 12 months. Only 61% were aware of the highest risk sex act for adolescents/young adults, 38.5% knew that spermicide use was inappropriate for protection against HIV infection, and 57% were aware of CDC recommendations for HIV screening for adolescents/ young adults. 85% reported needing more training about biological issues that pertain to adolescents/young adults with HIV/AIDS

***Conclusion:*** There are knowledge gaps even among a sample of nurses and nursing students with substantial interest in the care and management of persons with HIV/AIDS, with the majority expressing interest in further learning. Further research will build on this initial pilot project to plan optimal educational interventions for nurses.

**Objectives:** The learner will be able to

- Discuss nurses' experience with and knowledge of young people living with HIV/AIDS;
- Review practice issues related to beginning HIV/AIDS nursing.

**SP-2**

# Development, Implementation, and Evaluation of an Evidence-Based Guideline for Anal Cancer Screening in Persons with HIV Infection

Christine Balt[1], Nancy Edward[1],
Laura Sands[1], Joe Burrage, Jr[2]

*[1]Purdue University School of Nursing, West Lafayette, IN, USA*
*[2]Indiana University School of Nursing, Indianapolis, IN, USA*

***Background:*** Nurse Practitioners in a Midwest infectious disease clinic noted an increasing number of patients diagnosed with anal carcinoma, with many of them diagnosed with late stage cancer

***Purpose****:* The purpose was to adapt an existing guideline to reflect the patient population and clinic system based on existing guidelines and best-evidence from the literature. Once the guideline was implemented by all providers in the clinic, a systematic evaluation of the success of the implementation of the practice guideline by clinic providers was conducted.

***Methods****:* The patient population was sampled to determine prevalence and incidence of anal cancer and anal cancer-risk factors. A literature review was conducted to determine best-practice and recommendations for anal cancer screenings. The New York State Department of Health AIDS Institute's guidelines recommending anal cancer screening was systematically reviewed utilizing the AGREE appraisal instrument and then adapted for use in the IDC. After clinic providers participated in a presentation and discussion about anal cancer screening and the need for screening a final guideline was implemented into practice. Providers' clinic notes were reviewed for a quality assurance evaluation of the documentation of anal cancer screening to determine success of the implementation of the guideline.

***Findings/Conclusions***: Two hundred ninety eight medical records were reviewed after a 2 month implementation period, Anal cancer screening documentation was noted in 41.6% (N= 124) and deferral of screening in 4.4% (N= 13) of the charts. Preliminary findings revealed that Nurse Practitioners in the clinic saw the majority of patients 68.1 %; (N=203). Of the records reviewed, only four revealed documentation of anal cancer screening by physician providers. Descriptive data analysis techniques are being used (chi square, crosstabs) to further analyze the data.

**Implications for Practice**: Evidence-based health prevention screening is an important part of caring for persons with HIV infection. Preliminary findings indicate that anal cancer screening protocols can be successfully adapted to meet the needs of the clinic and implemented as part of routine preventive health screening. However, methods to enhance physician participation need further exploration.

**Objectives:** The learner will be able to

- Practitioners will identify the process for developing and implementing an evidence-based practice guideline for anal cancer screening for persons with HIV infection;
- Practitioners will identify the success of the implementation of the anal cancer screening guideline.

**SP-3**

# Can Andersen's Behavioral Model Explain Barriers of HIV Health Care Unitization among American Asian and Pacific Islanders?

Emiko Kamitani
Carol Dawson-Rose

*University of California, San Francisco*
*San Francisco, CA, USA*

***Background:*** The availability of antiretroviral (ARV) therapy has decreased HIV-related morbidity and mortality, avoided or delayed the development of acquired immune deficiency syndrome (AIDS), and improved the quality of life for people living with HIV in the U.S. However, American Asian and Pacific Islanders (AAPIs) are increasingly being newly diagnosed with AIDS even though other ethnic groups including African Americans and Caucasians have been successfully decreasing their numbers of AIDS cases each year since ARV therapy was implemented.

***Purpose:*** Andersen's Behavioral Model of Health Care Use is the most commonly applied theoretical framework to understand individuals' health care utilization. The purpose of this study is to determine if the model can explain the barriers of HIV care among AAPIs, and if not, what unique barriers AAPIs face in order to receive HIV care.

***Methods/Practice:*** This study utilized grounded theory methodology. In depth interviews with five AAPIs who are HIV infected were conducted at a community based organization in San Francisco. Each interview took approximately one hour, audio-recorded and transcribed. Transcripts were coded, using an iterative process.

***Results/Conclusions:*** None of the participants sought testing for HIV and were tested at other points of care, e.g. emergency department. Stigma and fear of shaming one's entire family with an HIV diagnosis kept these individuals from seeking testing earlier. Andersen's Behavioral Model does not allow for fully understanding HIV health care seeking behaviors among AAPIs. This model lacks emphasis on unique cultures and beliefs which strongly influence behaviors, such as avoidance of HIV testing and care.

***Implications for Practice:*** This is the first study with intensive interviews to HIV-infected AAPIs to understand the barriers of HIV testing. The findings from this study may help health care providers understand the process that AAPIs undergo when seeking HIV care and identify what influences cause them to seek cares. This study can shed new light on different cultures and beliefs, even in the diverse AAPI population, and health care providers with this knowledge will be able to practice culturally sensitive care.

**Objectives:** The learner will be able to

- Understand Andersen's Behavioral Model of Health Care Use.
- Identify and recognize unique barriers of HIV testing among Asian and Pacific Islanders.

**SP-5**

# PLWHA's Descriptions of Managing Chronic Pain and Self-Efficacy in Communicating Pain Needs to Health Care Providers

Sabrina Mikan
Patricia Carter

*University of Texas*
*Austin, TX, USA*

***Background:*** Pain in persons living with HIV/AIDS (PLWHA) is multi-factorial and complex requiring thorough investigation by health care providers. Pain symptoms impact the daily functioning of all individuals who experience it; however pain symptoms in PLWHA are often disregarded by health care providers and are woefully undertreated. Stigma from health care providers impacts PLWHA's ability to communicate their pain needs.

***Purpose:*** This study described PLWHA's self-efficacy in communicating their pain needs to healthcare providers, pain management choices, and their confidence in performing life activities within the context of pain.

***Methods:*** A cross-sectional descriptive design and open-ended questions were used to explore PLWHA experiences in reporting chronic pain needs. We used the HIV Self-Efficacy Questionnaire (HIV-SE), the Pain Self-Efficacy questionnaire (PSEQ), and qualitative interview questions to measure variables of interest.100 PLWHA participated in the study; primarily male (66%; 34% female), reported a mean age of 48 (SD 8.26) and a mean of 13 years living with HIV. 83% of the participants rated their pain at consistently moderate to high levels. Participants reported a mean score of 9.3 (SD 0.02) on the Communication with Healthcare Provider questions (HIVSE subscale).The mean score reported for the for PSEQ was 36.7 (SD 13.77). Content analysis of 97 participant narratives found that the first choice for managing their pain was a combination of self-care activities (e.g. applying heat, stretching, walking & adjustments to activities of daily living) and taking medications that were either prescribed or not prescribed by their health care providers.

***Conclusions:*** Participants rated their abilities to communicate with the health care providers (HIVSE) and to carry out daily activities within the context of pain (PSEQ) as high; however, their narratives give a different story. Longitudinal studies are needed to explore the causative relationships between management choices and functional outcomes in PLWHA.

***Implications for Practice:*** These findings indicate a need for healthcare providers to move beyond quantitative measures for this complex problem. Clinicians can use this information to understand the coping strategies used by PLWHA to manage pain.

**Objectives:** The learner will be able to

- Give descriptions of PLWHA's self-efficacy in communicating their pain needs to healthcare providers, pain management choices, and their confidence in performing life activities within the context of pain;
- Give quantitative and qualitative data analysis of findings;
- Rate their abilities to communicate with the health care providers (HIVSE) and to carry out daily activities within the context of pain (PSEQ) as high; however, their narratives give a different story.

**P-6**

# Conversations with African American Adolescent Girls about Sex

Gwendolyn Childs

*University of Alabama at Birmingham*
*Birmingham, AL, USA*

***Background:*** Adolescents are known to make decisions that are heavily influenced by their social context. Therefore, adolescent sexual risk-taking cannot be fully understood without knowledge of the social context in which it occurs. In the literature, there is evidence of factors such as economic vulnerability and gender power that influence adult African American (AA) women's sexual risk-taking behavior. However, we know little about socio-contextual factors that influence AA adolescent girls' sexual risk-taking behavior beyond such factors as parental influence, peer pressure and self-esteem.

***Purpose:*** The purpose of this qualitative, descriptive study was to generate detailed descriptions of socio-contextual factors that influence sexual decision-making of AA adolescent girls aged 12 to 14.

***Methods:*** Forty-two participants were recruited through community-based organizations in and around Jefferson County, Alabama. Data were collected using individual interviews and focus groups. Inclusion criteria: AA girl aged 12 to 14; able to read and speak English; willing to participate in an interview or group discussion; receive parental/guardian consent; and provide adolescent assent. Girls who had given birth were excluded. Discussion during the interview focused on decisions about initiating or delaying sexual activity; risks and benefits of engaging in or abstaining from sexual activity; and intimate relationships. Focus groups were held to validate findings from interviews. Verbatim transcripts of audiotapes, observation notes, and demographic data were primary data for analysis. Content analysis was used in analysis and interpretation of qualitative data to code and classify data; then formulate categories, themes, and patterns. The qualitative research software, QSR N-Vivo®, was used in coding and sorting data into categories. Descriptive statistics were used to describe study sample. Descriptive statistical analyses were conducted using SPSS Version 16.0.

***Results:*** Mean age of study sample was 12.8. Out of 42 participants, 4 reported having engaged in sexual activity. Common themes that emerged were related to perceptions of what sex is, attitudes about sex, resisting sexual pressure, and talking to parents about sex.

***Implications*:** Findings from this study will contribute to the understanding of contextual factors that influence sexual decision-making, which is essential in developing interventions that are predictably effective in reducing sexual risk behaviors.

**Objectives:** The learner will be able to

- Describe the contextual factors that influence the sexual decision-making processes of African American adolescent girls;
- Understand the adolescent girls' perceptions about sex and risk factors for contracting HIV;
- Explain how findings from this study influence health care practice, community initiatives, and research.

**P-7**

# Improving Prevention of Mother-to-Child Transmission of HIV (PMTCT) Program Access and Outcomes Through the Use of Quality Improvement Strategies in Nongoma, Zululand District, KwaZulu-Natal Province, South Africa

Maureen Fatsani Tshabalala[1]
Noloyiso Mbatha[1]
Thabisile Dlomo[2]

*[1]Elizabeth Glaser pediatric AIDS Foundation, Johannesburg, South Africa*
*[2]Department of Health, Zululand district, South Africa*

***Background:*** In 2009, antenatal HIV prevalence in Zululand District was 36.7%. In Nongoma sub-District, only 51% of eligible pregnant women were initiated on antiretroviral therapy (ART); 52% of HIV-exposed infants were tested for HIV (using PCR) and of those tested, 14% of infants were HIV-infected (South Africa Department of Health data 2009). Based on these high rates of infection, EGPAF initiated strategies to address gaps in PMTCT services at supported sites in Nongoma.

***Purpose:*** To improve quality of PMTCT services in Nongoma through QI strategies and integration of PMTCT and maternal and child health (MCH) services.

***Practice**:* In July 2009, EGPAF in partnership with DOH initiated a plan to scale-up PMTCT services using QI in 12 clinics, including one hospital, in Nongoma sub-District. EGPAF trained 67 health-care workers (each facility sent at least one nurse) in a two-day QI training, which covered formation of QI teams, process mapping to identify weaknesses in service delivery, and initiation of improvement cycles to address gaps. A QI team of two to five health-care workers formed at each implementing facility. EGPAF provided onsite mentorship, reviewed district data monthly to assess progress, and provided quarterly QI learning sessions to trained health-care workers (representatives from each facility would bring their improvement cycles and EGPAF staff would advise on how best to address gaps).

***Results**:* District health information system (DHIS) data collected from all implementing sites for the period January 2010 to December 2010 indicated that HIV counseling and testing was offered to 100% of 3,564 pregnant women visiting the sites. Seventy-six percent of eligible HIV-positive pregnant women were enrolled on ART and 100% of HIV-exposed infants received ARV prophylaxis. PCR testing was performed for 78% of HIV-exposed infants and 5% of these infants were diagnosed as HIV-infected.

***Conclusion**:* Initiation of QI strategies resulted in an observed improvement in all PMTCT indicators compared with 2009 district data.

***Implications for Practice:*** QI training should be complemented by on-site mentorship.

- QI methods should be integrated into existing PMTCT services.
- Integration of PMTCT into MCH lead to improved quality of PMTCT services.

**Objectives:** The learner will be able to

- Understand the Quality Improvement Process;
- Review and analyze the benefits of implementing Quality Improvement activities in South Africa;
- Recognize the impact that Quality improvement activities provides on PMTCT activities.

**P-8**

# Understanding the Impact of HIV/AIDS Related Stigma on Nurses and Healthcare Workers Infected with HIV in Kisumu, District, Kenya: A Mixed Methods Pilot Study

Jackline Opollo
Jennifer Gray

*University of Texas at Arlington*
*Arlington, TX, USA*

***Background:*** Illness related to HIV/AIDS is a major cause of death among nurses in developing countries. Stigma remains the single most challenging barrier to HIV/AIDS related care. Stigma can lead to poor health, decreased quality of life, denied access to care, violence, and poor quality of work life

***Purpose**:* The purpose of this study is to explore stigma as it is perceived, experienced and managed in a sample of 80 HIV infected healthcare workers (HCWs) working in rural health settings in Kisumu District, Kenya.

***Research Design**:* A mixed methods study design will be employed. Quantitative methods will measure HIV stigma perceptions. In-depth qualitative interviews will capture the experiences of subjects.

***Methods**:* The 33 item HASI-P measure will be used to measure perceived stigma in 6 domains including verbal abuse, negative self perception, healthcare neglect, social isolation, fear of contagion and workplace stigma. Instrument reliability is estimated at 0.70. A 10 question topic guide will be used for qualitative interviews.

***Procedure:*** The researcher will: 1) Collect demographic information 2) Administer the 33-item HASI-P measure to a sample of 80 HIV infected HCWs. 3) Conduct guided in-depth interviews among 20 subjects on the experiences, perceptions and management of stigma in the workplace.

***Data Analysis:*** Descriptive statistics will be used to report the demographic variables using Statistical Packages for Social Sciences (SPSS version 18.0). The HASI-P findings will be scored according to instructions provided by the author. Qualitative data analysis and data collection will occur simultaneously and concurrently to determine major themes.

***Conclusion:*** HIV stigma reduction is a critical element in HIV/AIDS prevention, care and treatment.

***Implications for Practice:**:* Nurses have a significant role to play in impacting workplace policy and change through stigma advocacy and awareness campaigns. Understanding the context and process of stigma can guide the development of targeted stigma reduction interventions in the workplace.

**Objectives:** The learner will be able to

- Articulate impact of HIV related stigma on nursing practice in Kenya;
- Articulate role of nurses in stigma reduction efforts in the workplace.

**P-9**

# Knowledge and Perceptions of HIV/AIDS among Cameroonian and American Nursing Students

Patrick M Ercole, PhD, MPH
Holly J Diesel, PhD, RN
Neal S Rosenburg, PhD, RN
Donna K Taliaferro, PhD, RN

*Goldfarb School of Nursing at Barnes Jewish College*
*Saint Louis, MO, USA*

***Background:*** Discrepancies in knowledge and attitudes regarding HIV are apparent in caregivers between developed and developing nations. Previous research has examined these differences in practicing nurses, but less has been performed during the impressionable period of nursing school. This study builds upon the authors' country-specific research, which independently analyzed changes among nursing students in Cameroon, who participated in a peer-led workshop, and the United States, who attended a traditionally-didactic course. A subset of American students both attended the didactic module and then conducted the peer-training workshop in Cameroon.

***Purpose:*** The purpose of this paper is to examine the potential changes in knowledge, attitudes, and beliefs between Cameroonian and American nursing students.

***Methods:*** This study compares the responses of 33 American and 52 Cameroonian nursing students at three points in time: prior to the course or workshop, at the program's conclusion, and at a follow-up time. In addition to demographic information, students responded to a series of English-language surveys: the HIV/AIDS Stigma Instrument – Nursing Student, the Willingness to Care Survey, the AIDS Attitude Scale, the AIDS Knowledge Scale, and the Obstetrical HIV/AIDS Knowledge Scale. Independence of background variables by study group will be assessed via student *t* tests, one-way analysis of variance (ANOVA), and Pearson's chi-square test. Kruskal-Wallis and McNemar tests will be used to examine the distribution of questionnaire responses by study group and variables of interest.

***Conclusion:*** At the time of this submission, data collection at follow-up has not been finalized for the Cameroonian cohort. As such, no conclusions can be drawn at this time. The authors hypothesize that the greatest increase in knowledge will be demonstrated among the Cameroonian nursing students, though not to exceed the level of the American students. It is also hypothesized that Cameroonian students will report greater levels of stigmatization in effect from more personal and professional experience with HIV/AIDS.

***Implications for Practice:*** The results of this study will encourage culture-specific HIV education and training while enabling international learning and experiences for nursing students. The study results may also implicate the preferred modality of HIV education: traditionally-didactic, peer-to-peer, or a blend of both.

**Objectives:** The learner will be able to

- Understand the changing knowledge, attitudes, and beliefs pertaining to Cameroonian and American nursing students;
- Discuss the various learning modalities experiences by the nursing student participants in Cameroon and United States.

**P-10**

# Influence of Sociodemographic Variability and Self-reported Medication Adherence on Quality of Life

Elizabeth Sefcik[1], Mary Jane Hamilton[1],
Kenn Kirksey[2], Jennifer McWha[3], Adama Brown[4]

[1]*Texas A&M University-Corpus Christi, College of Nursing*
*and Health Sciences, Corpus Christi, Texas, USA*
[2]*Seton Family of Hospitals, Center for Nursing Research, Austin, Texas, USA*
[3]*Del Mar College, Dept. of Nursing, Corpus Christi, Texas, USA*
[4]*The University of Texas at Austin, School of Nursing, Austin, Texas, USA*

***Background:*** There is a paucity of reported literature regarding gender differences related to medication adherence among Hispanic, African American and Caucasian clients living with HIV/AIDS. Self-management of medications, side effects, and maintaining optimal quality of life are major daily imperatives for these individuals.

***Purpose:*** This study compared the use of an HIV/AIDS symptom management manual addressing self-care strategies for 21 commonly reported symptoms with a basic nutrition manual in terms of, effect on reducing symptom frequency and intensity. Self-reported medication adherence or "medication taking behaviors" was described by answers to three research questions. A subset (N=190) of participants from the parent study (N=775) were from three Texas sites, and were analyzed to assess the relationship between *Gender, Race* (Hispanic, Caucasian/non- Hispanic, and African American), and *Educational Level* with *Quality of Life* and *Medication Adherence.*

***Method/Practice:*** A one-way ANOVA showed statistically significant differences among educational level and four factors of Quality of Life. A T-test was used to examine gender and quality of life, (health worries, financial worries, HIV mastery, and provider trust). ( t = -2.229, df=184, p=0.027) Males (62.18) had higher mastery time scores than females (50.76).

Mann-Whitney U tests were performed to compare G*ender* to *Medication Adherence*. The 62 females had higher mean ranks (98.67) than the 115 males (83.79) only on *Medication Adherence -had too many pills to take,* U=2695.500, p=.045, r= -.15, which is considered a smaller than typical effect size (Cohen, 1988).

***Conclusions:*** There was significance in only two areas; educational level and quality of life, and gender and medication adherence. Post high school levels were the highest reported educational levels. Only four quality of life factors were significant on levels of education. Generalizability is limited.

**Implications for Nursing Practice:** 1) This could help direct health care providers in developing collaborative treatment plans with males and females who may place a low value on non-emergency medical care for chronic illness. 2) Repeated studies with larger sample sizes would be useful in comparing Puerto Rico and African American data to determine if they have the same differences in other areas of the world.

**Objectives:** The learner will be able to

- Identify the Sociodemographic characteristics influencing quality of life in persons living with HIV/AIDS (PLWHIV).
- Describe the association between Sociodemographic attributes and self-reported medication adherence in PLWHIV.

P-11

# Predictors for Successful Linkage to Medical Care after Rapid HIV Testing in an Urban Hospital

Debbie Mohammed[1], Mumah Tawe[1],
Michael Jaker[1], Sandra Scott[2], Sindy Paul[3]

[1]*UMDNJ, Department of Medicine, Newark, New Jersey, USA*
[2]*UMDNJ, Department of Emergency Medicine, Newark, New Jersey, USA*
[3]*NJDHSS, Division of HIV, STD and TB Services, Trenton, New Jersey, USA*

***Background:*** HIV positive patients who are linked to medical care after the initial diagnosis may expect to be healthier than patients not in medical care and be less likely to transmit the virus.

***Purpose:*** To identify the predictors for successful linkage to medical care.

***Methods:*** Rapid HIV testing was done by HIV counselors. Data were collected using the Centers for Disease Control and Prevention Program Evaluation and Monitoring System form. After testing positive, patients were provided with a medical appointment. Independent variables included age, sex, race/ethnicity, site of testing, admission status, risk factors, CD4 count and city. Statistical analysis was conducted using SAS 9.2. Proportions of patient linked into medical care were assessed by chi-square. Univariate and multivariate logistic regression were conducted to assess the predictors for successful linkage to medical care.

***Results:*** From February 2005 to January 2011, 22,333 patients were tested of whom 589 (2.6%) were HIV positive. Overall, these patients were likely to be male (59%), black (66.7%), > 35 years (70%), heterosexual (70%), residents of Newark (75%) and tested in the Emergency Department (67.8%). 415 (1.9%) were eligible to be linked to medical care. 340/415 (81.9%) patients were successfully linked to medical care, median time of 14 days (interquartile range (IQR) 7-29 days). 371/415 (89.4%) had a median CD4 count of 217 cells (IQR 51-435 cells). There were no differences between patients who were linked versus not linked by univariate analysis, except by CD4 count. Adjusted odds ratio (AOR) for successful linkage to medical care were similar for patients with documented CD4 counts, however, the AOR was 1.98 (95% CI: 1.09 - 3.61) for females compared to males.

***Conclusions****:* Rapid HIV testing in an urban hospital identified many newly diagnosed patients, the majority of whom were successfully linked into medical care. Females were more likely to be linked to medical care than males. As this is an observational study, there may be unmeasured predictors for successful linkage to care.

***Implications for Practice:*** Successful linkage to medical care for males may be improved by the use of patient navigators and case management services.

**Objectives:** The learner will be able to

- Identify similarities/differences between patients who were successfully linked to medical care compared to patients who are not successfully linked to medical care;
- Identify 1 predictor of unsuccessful linkage to medical care;
- Formulate at least 1 strategy on how to deal with unsuccessful linkage to medical care.

**P-12**

# Determinants of Non-Adherence to Antiretroviral Therapy among HIV Positive Adults in Nnewi, Nigeria

Ijeoma Okoronkwo

*University of Nigeria Enugu*
*Enugu State, Nigeria*

***Background:*** The rate of HIV infection as well as the survival of people diagnosed with HIV/AIDS dramatically improves with access to antiretroviral therapy (ART). With the success of ART in reducing morbidity and mortality, HIV/AIDS has become a chronic manageable disease. To achieve successful treatment outcome and prevent viral resistance, patients on ART require high level of adherence. Studies have shown that many clients do not adhere to their treatment regimen. Getting clients to take drugs daily is one of the greatest challenges for effective ART.

***Purpose:*** The aim of this study was to identify factors responsible for non-adherence to ART among the adult population attending adult ARV clinic in Nnamdi Azikiwe University Teaching Hospital, Nnewi (NAUTH) of Nigeria

***Methods****:* This cross- sectional study surveyed 188 patients attending the ART clinic made up of 126 (67.0%) females and 62 (33.0%) males with a mean age of 34.4 years (SD 7.8) . This .study observed a non -adherence level of (81.4)% and identified the following as factors associated with non-adherence: forgetfulness (53.7%); busy schedule (38.8%); feeling healthy and hence no need to take drugs (36.2% ) ; poor counseling (33.5%); side effects of drugs ( 31.9%); to avoid stigmatization (31.9%); lack of confidentiality & trust with health care providers (22.3%) and long term regimen (21.8%).

***Implication for Practice:*** Health care providers should be aware of factors affecting non adherence and re-intensify efforts on patient education and counseling. In addition there is need for follow-up of clients to ensure adherence of treatment regimen

***Conclusion:*** A great number of the adults (who are the productive force of any nation) do not adhere to their treatment regimen. Factors identified are recommended to guide counseling and design programmes aimed at reducing non-adherence.

**Objectives:** The learner will be able to

- Identify factors that affect non adherence of ART by patients;
- Create awareness among adults on the need to adhere to their treatment.

**P-13**

# Psychosocial and Cultural Correlates of Depression Among Hispanic Men with HIV Infection: A Pilot Study

Joseph De Santis[1]
Rosa Gonzalez-Guarda[1]
Elisa Provencio-Vasquez[2]

*[1]University of Miami, Coral Gables, FL, USA*
*[2]University of Texas at El Paso, El Paso, TX, USA*

***Background:*** Depression is a common mental health condition among persons with HIV infection. Depression influences quality of life, social relationships, and adherence to medication therapy. Little is known about depression among Hispanic men with HIV infection.
***Purpose:*** The purpose of this pilot study was to describe the relationships of depression to other psychosocial factors (*familism*, self-esteem, Hispanic stress, substance abuse, and violence) among a sample of Hispanic men with HIV infection.
***Method:*** Using a cross-sectional, descriptive research design a convenience sample of 46 Hispanic men with HIV infection was recruited and surveyed from the South Florida area.
***Results:*** The majority of the participants (65%; $n$ = 30) were depressed. In addition, the participants reported high familism, high self-esteem, low Hispanic stress, a history of substance abuse, and a history of childhood and adult violence. Significant relationships were noted between depression, and self-esteem, Hispanic stress, substance abuse, and adult physical abuse/violence.
***Implications:*** Healthcare providers need to be aware of the high rates of depression, substance abuse, and violence that may occur among Hispanic men with HIV infection. More research is needed to further explore the relationship of these factors, as well as to determine the impact that these variables have on adherence to medication therapy among Hispanic men with HIV infection.

**Objectives:** The learner will be able to

- Discuss the prevalence and causes of depression among people with HIV infection;
- Describe factors that may be related to depression among people with HIV infection;
- Discuss implications for nurses providing care to Hispanic men with HIV infection.

**P-14**

# A Qualitative Exploration of the Relationship of Vulnerability and Resilience in the Context of HIV Infection

Joseph De Santis

*University of Miami School of Nursing & Health Studies*
*Coral Gables, FL, USA*

***Background:*** A number of studies conducted with clients with HIV infection have documented vulnerability and resilience in the context of HIV infection. No studies to date have explored the relationship of these two concepts in the context of HIV infection.

***Purpose:*** The purpose of this study was to describe the relationship of vulnerability and resilience among people living with HIV infection.

***Method:*** Grounded theory methodology was used to sample and analyze data from 15 qualitative interviews conducted with adults with HIV infection. Data were collected until saturation was reached.

***Results:*** All participants described the relationship of vulnerability and resilience in the context of HIV infection, and were able to provide examples of vulnerability and resilience that they had experienced. Participants agreed that vulnerability and resilience were related, and that both phenomena occurred among people with HIV infection. Some of the participants reported that vulnerability and resilience occurred simultaneously in people with HIV infection. For these clients, vulnerability and resilience were continually experienced simultaneously. Other participants reported that the concepts were diametrically opposed and on a continuum, with vulnerability at one end of the continuum, and resilience on the other. These participants reported that the person with HIV infection continually fluctuated between vulnerability and resilience, depending on physical, psychological, and social issues that clients experienced.

***Conclusions:*** Vulnerability and resilience are related concepts in the context of HIV infection, according to participants.

***Implications for Practice:*** Clients with HIV infection experience both vulnerability and resilience that may influence health outcomes. Nursing interventions need to be developed that decrease the risks of vulnerability and promote resilience among people with HIV infection.

**Objectives:** The learner will be able to

- Summarize research that has focused on vulnerability and resilience in the context of HIV infection;
- A brief review of research studies conducted with people with HIV infection that have focused on vulnerability and resilience;
- Describe the relationship of vulnerability and resilience for people living with HIV infection;
- Discuss implications of vulnerability and resilience in the context of HIV infection.
  - Negative outcomes associated with vulnerability among people living with HIV infection;
  - Positive outcomes associated with resilience among people living with HIV infection.

**P-16**

# Early Effects of a Multidimensional Treatment Adherence Intervention

Deborah Konkle-Parker[1]
K. Rivet Amico[2]

*[1]University of Mississippi Medical Center, Jackson, MS, USA*
*[2]University of Connecticut, Storrs, CT, USA*

***Background:*** Adherence to HIV medications and care is critically important to decrease the chance of drug resistance. Multidimensional Interventions have been shown more likely to be effective than those that use only one modality.
***Purpose:*** An intervention based on the Information-Motivation-Behavioral Skills Model (IMB) was pilot-tested to determine its feasibility and acceptability in a population from a clinic in the Deep South.
***Methods:*** One hundred Patients with documented medication and visit adherence problems were randomly assigned to an 8-session adherence intervention or maintained usual care.
***Results:*** Preliminary analyses at the estimated end of the intervention period was conducted among the 100 patients (51 females) who completed a second assessment (n=62, 59% of control arm and 65% of treatment arm participants). Results showed significant effects of treatment arm on change in several social-emotional functioning variables (disclosure [f=3.82, p=.055], self-worth [f=4.36, p=.04], and guidance [f=4.38, p=.04]) and adherence related behavioral skills (f=6.23, p=.02). Trends were noted for study arm on change in hazardous drinking (p=.07), stigma (p=.09) and attachment (p=.09). Change in self-reported adherence was not significantly different by study arm. More intervention arm participants (94%) had a return clinical visit during the first six months on study than those in the control arm (84%), although this was not significant (p=.25). One-third of 50 experimental participants engaged in 6-8 of the intended 8 intervention sessions, one-third in 2-5, and one-third in 0-1. Random intervention participants who were approached to complete an evaluation questionnaire (n = 17) expressed the value of the intervention in addressing management of their HIV disease. Evaluation results indicated that 92% would recommend the intervention to others, and 82% would want to engage in the intervention even if it were not part of a research study.
***Conclusions:*** This multidimensional intervention showed great promise in improving adherence to HIV medications and HIV care among those with adherence difficulties.
Implications: By using the telephone as a primary communication tool, this intervention may be usable in a clinic setting by training current clinic staff in motivational interviewing. Missing data at preliminary analysis is a challenge, despite intervention impact on visit adherence.

**Objectives:** The learner will be able to

- Describe how the Information-Motivation-Behavioral Skills (IMB) Model can be applied to an adherence intervention:
- List the early effects this multidimensional intervention had on treatment adherence.

**P-17**

# Engagement of Men who have Sex with Men in HIV Primary Care in an Urban Setting

Ashley Rock
Derek Spencer
Jamie Mignano

*University of Maryland School of Medicine Institute of Human Virology*
*Baltimore, Maryland, USA*

***Background:*** In 2006, Men who have Sex with Men (MSM) accounted for 49% of new HIV infections in the US, and MSM with a history of drug use (MSM-IDU) accounted for 4% of new infections. At the end of 2006, more than half of people living with HIV in the US were MSM or MSM-IDU. CDC's National HIV Behavioral Surveillance system (NHBS) 2008 data revealed young MSM (aged 18-29) (63%) and minority MSM (54%) were more likely to be unaware of their infection. In Baltimore 38% of those tested were positive, 73% were unaware of their infection.

***Purpose****:* The JACQUES Initiative (JI) of the University of Maryland School of Medicine Institute of Human Virology provides HIV testing, primary medical care and treatment support in Baltimore. 88% of JI's primary care clients are African-American and 95% are classified low-income. JI investigated the "referral source" of MSM clients to identify areas of intervention.

***Methods/Practice****:* JI's 2008-2011 primary care data reveal:

- MSM represent 27% of JI's clinic population in 2011, up from 20% in 2008.
- The largest referral source for MSM is "existing patient" (greater than 25% of new MSM clients in 2008, 2010, 2011).
- The second largest referral source for new MSM is Emergency Department testing (greater than 20% of new MSM clients in 2008, 2009, 2011).
- HIV clinic and community based testing efforts consistently identified less than 11% of new MSM clients.

***Conclusions****:* Statistics from JI's primary care program reveal that social networks may be successful in identifying and referring MSM. ED Testing and patient referral have been the most efficient ways to bring MSM into primary care. These data indicate that stigma is a big issue for MSM in Baltimore.

***Implications for Practice****:*

- Consider social networking to test/identify new HIV infection in MSM.
- Incorporate MSM into planning and implementation of outreach and testing.
- Increase HIV testing in primary care settings and community health centers.
- Explore JI data to identify MSM who did not reveal sex with men in their initial intake, but reveal later through their relationship with provider and clinic staff.

***Objectives:*** The learner will be able to

- Understand the background and context of HIV in MSM in the United States and in Baltimore;
- Understand the main referral sources for the JACQUES Initiative’s MSM population;
- Discuss interventions to identify and link MSM to care in an urban setting.

**P-18**

# Using Simulated Electronic Scenarios in HIV/STD Prevention Interventions with African American Rural Adolescents

Comfort Enah

*University of Alabama at Birmingham*
*Alabama, USA*

***Background:*** Although many HIV prevention interventions have been developed for African American adolescents few interventions are directed toward young African American rural adolescents (AARA) in the Deep South. The search for intervention strategies appropriate for young adolescents has recently led to the use of simulated electronic environments. Interventions using simulated scenarios in a gaming format hold promise of being developmentally appropriate for adolescent populations. However, research on such electronic games in HIV/STD prevention is quite limited.

***Purpose:*** The purpose of this research is to develop a proof of concept prototype for an individually tailored electronic HIV prevention adventure game for young AARAs, age 12-14 years.

***Methods:*** The study represents the first steps in a user-centric approach which involves identifying user needs and using a rapid iterative prototyping process. Focus group sessions are being conducted to identify user potential user needs. The data generated from these sessions and existing relevant literature are being used to develop simulated scenarios in collaboration with participants from the target population and game programming experts.

***Conclusions:*** Preliminary analyses indicate that African American adolescent perceive the need for this type of intervention and want scenarios to be based on real life experiences and goals of rural adolescents.

***Implications:*** Findings will contribute to the development of a contextually and culturally relevant intervention that is predictably effective in reducing health disparities in HIV/AIDS experienced by AARAs in the Deep South. The game capitalizes on the inherent interest to adolescents and circumvents traditional barriers to access to prevention interventions faced by rural African American adolescents.

**Objectives:** The learner will be able to

- Understand the need for developmentally appropriate HIV prevention in the Deep South;
- State two findings from preliminary analyses of data.

**P-19**

# Best Clinical Practice Algorithms for the Clinical Evaluation and Treatment of Common Clinical Comorbidities in HIV-Infected Persons

Christine Balt

*Wishard Health Services*
*Indianapolis, IN, USA*

***Background:*** Caring for persons with HIV infection has become more complex as they are living longer and often with various comorbid conditions. HIV practitioners often have to search through several available resources to determine the best practice when assessing, evaluating, and treating some comorbidities. Readily available evidence based algorithms can enhance patient care by decreasing the amount of time spent investigating the issue by practitioners.
***Purpose****:* To create a set of readily available evidence-based algorithms and disease information to be used by practitioners to enhance comorbid care of persons with HIV disease.
***Methods****:* Common Comorbid conditions were chosen for the algorithms based on frequency of encounter and lack of readily available treatment information or algorithm. Current resources, practice guidelines, and literature on the topics were researched to determine best evidence-based disease evaluation and treatment. Once compiled, the algorithms were provided to practitioners in a Midwest HIV clinic for use.
***Conclusions****:* Based on best evidence practice, clinical reference algorithms were developed for the following comorbid conditions focusing on the use in HIV-infected individuals: TB and other mycobacterial infections; renal abnormalities; non-HIV related malignancies; Hepatitis B treatment and post treatment follow-up; Hepatitis C follow up; STDs: Gonorrhea, Chlamydia, and syphilis; and primary care prevention measures and screening recommendations to be used in the clinical setting.
***Implications for Practice:*** The algorithms were compiled into an easy to use format for practitioners to have readily available in practice. The providers found these algorithms valuable to their clinical practice.

**Objectives:** The learner will be able to

- Identify evidence-based treatment algorithms and background information for each topic and how it relates to caring for persons with HIV;
- Identify how evidence-based algorithms can be used in practice.

**P-20**

# Strengthening HIV/AIDS Treatment through Task-Shifting: A Prospective Qualitative Study of the Process of Task-Shifting in Two Nigerian Tertiary Hospitals

Jeffrey V. Johnson[1], Emilia Iwu[1,2], Rosemary F. Riel[1],
Caroline Orwenyo[1], Ihuoma Ezebuihe[1], Irene Ekwede[1],
Temi Adedoyin[1], Annunciata Egbe[1], Charity Maina[2],
Asabe Gomwalk[2], Marik Moen[1]

*[1]University of Maryland Baltimore, School of Nursing, Baltimore, Maryland, USA*
*[2]Institute of Human Virology-Nigeria, Abuja, FCT, Nigeria*

***Background:*** The shortage of qualified health care workers (HCWs) is a major obstacle to HIV/AIDS treatment in countries such as Nigeria where over 850,000 adults and children require treatment yet only 303,000 receive it (UNAID, 2010). Task-shifting is a strategy advocated by the WHO to utilize available human resources more effectively by moving specific tasks to nurses and other HCWs who have less training but are available in far greater numbers.

***Purpose:*** This study traces the evolution of task shifting in the outpatient HIV/AIDS clinics of two large tertiary hospitals in Nigeria. The perspectives of physicians and nurses on task-shifting were evaluated to identify key facilitating factors and significant barriers.

***Methods:*** Qualitative methods - focus groups and in-depth semi-structured interviews - were used in both hospitals at two points in time. Nurses, physicians, and hospitals administrators were interviewed in June of 2009. One year later HCWs from both clinics were interviewed again. Focus groups and interviews were recorded and transcribed. Content analysis was used to identify themes.

***Results:*** In the early implementation stage, significant resistance emerged in both hospitals. Task-shifting was seen as threatening previously established professional roles. Physicians questioned the capacity of nurses to correctly refill prescriptions. Nurses indicated that they needed more in-depth preparation before assuming their new role. One year later the physicians and nurses in both hospitals had embraced task-shifting and were enthusiastic about its effects on their productivity, patient care and flow.

***Conclusions:*** This study suggests that there may be an evolution of the task-shifting process from an initial resistance to an eventual acceptance by both nurses and physicians.

***Implications for Practice:*** Although task-shifting has contributed to building stronger inter-professional health care teams in the HIV/AIDS clinics of both of these hospitals, improvements in implementation processes such as professional advocacy; technical support for skills development; standard operating procedure; provider mentoring and team building definitely aid its acceptance.

**Objectives:** The learner will be able to

- Identify challenges experienced by multi-disciplinary team members in setting of implementing task-shifting to nurses in management of HIV care;
- Describe the current state of task-shifting activities in 2 Nigerian outpatient HIV clinics.

**P-21**

# SWIFT Study: Switching from Lamivudine/Abacavir (3TC/ABC) to Emtricitabine/Tenofovir DF (FTC/TDF) Based Regimen Improves Lipid Parameters While Maintaining Virologic Suppression

Rafael Campo[1], Fritz Bredeek[3], Hui Wang[4],
Lauren Dau[4], Todd Fralich[4], Edwin DeJesus[2]

[1]*Univ of Miami School of Medicine, Miami, FL, USA*
[2]*Orlando Immunology Ctr, Orlando, FL, USA*
[3]*Metropolis Med, San Francisco, CA, USA*
[4]*Gilead Sciences, Foster City, CA,, USA*

***Background:*** Fixed-dose FTC/TDF and 3TC/ABC have been directly compared in treatment naïve and experienced subjects. Data on the potential advantages of switching from 3TC/ABC to FTC/TDF are limited.

***Purpose**:* To evaluate the potential advantages of switching from 3TC/ABC to FTC/TDF.

***Methods:*** Prospective, open-label, multicenter, randomized 48 week study to evaluate the safety and efficacy of a strategy to switch subjects from 3TC/ABC to FTC/TDF. Subjects receiving 3TC/ABC with HIV RNA < 200c/mL ³ 3 months were randomized (1:1) to either continue 3TC/ABC +PI/r or switch to FTC/TDF +PI/r. Subjects were stratified by PI/r (LPV/r vs. other) and co-morbidities. Primary endpoint was time to loss of virologic response (TLOVR, premature discontinuation, or ARV modification = failure).

***Conclusions:*** 311 subjects were treated (FTC/TDF 155, 3TC/ABC 156). Baseline characteristics for all subjects were 85% males, 28% African Americans, median age 46 years, median CD4 532 cells/$mm^3$, and 72% had comorbidities and were similar between the groups. Early discontinuation rates were similar (11%) in both groups. Through Week 48, 86.5% on FTC/TDF and 83.3% on 3TC/ABC maintained HIV RNA <200 copies/mL by TLOVR, with treatment difference (95% CI) of 3.1% (-5% to 11%) indicating non-inferiority of FTC/TDF to 3TC/ABC ($\Delta$=12%). Higher rate of virologic failure was seen with 3TC/ABC vs FTC/TDF (8% vs 2%; p=0.033). Adverse events were similar between groups; 1 subject in each group discontinued for renal event. At Week 48, FTC/TDF compared to 3TC/ABC showed greater declines in fasting LDL (median change -7 vs 2 mg/dL; p=0.007), total cholesterol (-21 vs -3 mg/dL; p<0.001), and triglycerides (-16 vs. -9 mg/dL; p=0.08). At Week 48, median decrease from baseline in estimated GFR (Cockcroft-Gault) was -8 and -5 mL/min (p=0.012) for FTC/TDF and 3TC/ABC.

***Implications:*** In virologically suppressed subjects receiving 3TC/ABC, switching 3TC/ABC to FTC/TDF can improve lipid profile while reducing the risk of virologic failure.

**Objectives:** The learner will be able to

- Aim to better understand the available treatment regimens for HIV positive patients;
- Provide an understanding of the term virologic failure in HIV positive patients;
- Educate on lipid parameters.

**P-22**

# Understanding the Management of Chronic Disease in Women Living with HIV/AIDS (WLHA): Development of the HIV Self-Management Scale

Allison Webel[1], Alice Asher[2], Jennifer Okonsky[2],
Yvette Cuca[2], Alphoncina Kaihura[2], Jan Hanson[3],
Carol Dawson-Rose[2], Robert Salata[4]

*[1]Bolton School of Nursing, Case Western Reserve University, Cleveland, Ohio, USA*
*[2]School of Nursing, University of California San Francisco, San Francisco, C, USA*
*[3]Department of Anthroplogy, Case Western Reserve University, Cleveland, Ohio, USA,*
*[4]Division of Infectious Diseases, University Hospital Case Medical Center,*
*Cleveland, Ohio, USA*

***Background:*** Self-management is a central health goal. Self-management has been defined as the day to day decisions patients make to manage their illnesses. Several instruments have been created to assess self-management for specific diseases. However, these instruments have many limitations. Without an appropriate measure of self-management, responsive to the individual's priorities and context, we will never be able to accurately assess interventions to increase self-management. Therefore, our purpose is to describe the development and validation of the HIV Self-Management Scale, measure of self-management for women living with HIV/AIDS.

***Methods:*** Our methods involved three distinct phases. 1) We conducted 12 focus groups with adult WLHA to better understand their self-management practices. These data were analyzed using qualitative description to describe the domains of HIV self-management. 2) Key quotes from each domain were used to create potential scale items and these 40 items were evaluated for relevance to HIV self-management, conciseness, and uniqueness by 15 HIV and Self-Management experts. 3) After removing poorly rated items, we submitted a 27-item scale to 267 WLHA for psychometric evaluation. All procedures were approved by the appropriate Institutional Review Boards. Analysis is currently underway and we anticipate using descriptive and reliability statistics, exploratory and confirmatory factor analyses, and residual fit analyses.

***Results:*** On average, the participants were middle-aged (mean= 46.4 years), African American (54%), and single (59%). Median year of HIV diagnosis was 1997 (range 1980-2010), approximately half were diagnosed with AIDS (46%), and most were taking HIV medications (80%). The average CD4+ T cell count was 526 cells/μL and most of the participants had an undetectable viral load (70%).

***Conclusions:*** After completing our pyschometric analyses, we will make conclusions about the reliability and validity of the new, HIV Self-Management Scale. We will also make recommendations for future use of this scale in research and clinical settings.

***Implications for Practice:*** New methods to assess the self-management behavior of women living with HIV/AIDS are needed. Our new scale may help fill this gap to help and will allow nurses caring for PLWH to assess the effectiveness of clinical interventions designed to increase self-management.

**Objectives:** The learner will be able to

- Describe the psychometric properties of new HIV Self-Management Scale;
- List two clinical and/or research applications of the of new HIV Self-Management Scale.

**P-23**

# Pain and Addiction: An Ethical Approach to Treatment

Darcel Reyes

*HELP/PSI Health Services*
*Bronx, New York, USA*

***Background:*** Illegal diversion of narcotic prescriptions meant for pain relief may inadvertently contribute to drug abuse and the HIV epidemic. Illegal drug use is responsible for 25% of the AIDS epidemic. Many people with HIV suffer from chronic pain; it is a common complaint in primary care. The challenge for nurse practitioners is to alleviate pain while avoiding the diversion of prescription narcotics. HELP/PSI Primary Care Clinic created a pain management protocol based on "Universal Precautions" and community consensus.

***Purpose:*** This presentation compares ethical approaches to pain management, the legal obligation to prevent drug abuse, and the moral imperative to alleviate suffering. The process of resolving this ethical dilemma will be described.

***Method:*** In this case study approach, two nurse practitioners take differing approaches to prescribing narcotics. One NP takes the position that pain is what the patient says it is and prescribes narcotics without concern for misuse. The other NP will not prescribe narcotics without physical proof of pain. Both approaches are evaluated according to the standards of rule ethics and virtue ethics. Rule ethics postulates that if an action is correct, it becomes a universal law, so that in each case the practitioner acts the same way regardless of the consequences. Virtue ethics seeks a middle ground between two opposing positions. In this example, it applies compassion as the middle ground between callousness and indifference. Involvement of the community is crucial to the resolution of the ethical dilemma. The presentation concludes with a comparison of the approaches and explains the resultant policy of "universal precautions" against pain and addiction. This policy includes an assessment of addiction potential and treatment of pain individualized to each patient with goals for wellbeing, comfort, physical functioning, and quality of life.

***Implications for practice:***

- 1. Improved pain management,
- 2. Potential decreased impact of drug abuse on the spread of HIV infection

***Conclusion:*** Participants will learn:

- 1. The use of ethics as a foundation for narcotic prescribing
- 2. How involve the clinic community in policy development
- 3. The use of "universal precautions" for narcotic prescribing

**Objectives:** The learner will be able to

- Know the use of ethics as a foundation for narcotic prescribing;
- How to involve the clinic community in policy development;
- Know the use of "universal precautions" for narcotic prescribing.

**P-24**

# Using Technology to Effectively Engage Adolescents and Youth Adults into Care

Joyell Arscott[1]
Jamal Hailey[2]

*[1]Duke University, 421 Chapel Drive*
*Durham, NC, USA*
*[2]University of Maryland, Baltimore-STAR TRACK, 737 W. Lombard Street*
*Baltimore, Maryland, USA*

***Background**:* It is estimated that 1 million people are living with HIV in the United States, with one in five are unaware of their status. Nationally, adolescents and young adults continue to demonstrate high rates of HIV and STI infection. In 2008, youth aged 13-24 compromised 18% of all new HIV/AIDS diagnosis (CDC, 2006). Despite these statistics, youth continue to be one of the hardest to reach populations. New tools and strategies need to be utilized to engage and retain youth in care.
***Purpose:*** To provide nurses with new tools and innovative strategies to engage and retain youth in care.
***Methods/Practice***: Anecdotal information will be reviewed focusing on the use of mobile and internet based technologies to advance nursing practices.
***Conclusions**:* As new technologies develop, nursing practice must advance in a way that embraces these new tools. By using mobile and internet-based technologies, nurses can further help their youth patients by engaging them in a way that is receptive and accessible by youth.
***Implications for Practice**:* By using mobile and internet based technologies, nurses will improve their interaction with their youth patients, thereby improving patient retention in HIV care.

**Objectives:** The learner will be able to

- Learn the methods in which youth today currently receive information;
- Learn how to use internet and mobile phone technologies to engage youth into medical care while maintaining confidentiality;
- Learn how to use internet and mobile phone technologies to retain youth into medical care while maintaining confidentiality.

P-26

# A Tale of Two Cities: Perceived Barriers to Adherence Reported in Lima, Peru and San Diego, California

Tari Gilbert

*University of California San Diego*
*San Diego, CA, USA*

***Background:*** Since the beginning of the HIV epidemic, many advances in care have occurred. With the advent of highly active antiretroviral therapy (HAART), HIV has been transformed from a predominantly terminal illness to a manageable, chronic one. Despite the progress, long term success of HAART requires, beyond durable first-line antiretroviral medications, the ability to adhere to the medication regimen and a supportive environment. This study will describe barriers to adherence articulated by HIV-positive individuals in two distinct settings, who have initiated ARVs within the year prior to their participation in a focus group.

***Purpose:*** Adherence to medications is challenging, even in relatively stress-free situations. Studies have shown that 80-95% adherence to HAART is necessary to achieve and sustain virologic response. Investigation of barriers to adherence can inform the development of novel adherence interventions and lay the foundation for overall success of HAART.

***Methods:*** Focus groups have been held or are planned for Lima, Peru and San Diego, California. These groups will consist of 4-12 HIV-positive individuals who have initiated HAART within the previous year. After transcription, initial analyses will involve both descriptive and topic coding to identify and assess themes. Analytic coding will then be performed in an attempt to link data and categories among and between the various focus groups. Questions seek to elicit the participants' experiences with initiating and adhering to HAART, as well as managing their medications and side effects.

***Conclusions:*** Focus groups have been held in one setting; the second setting will be completed this summer. Descriptions of barriers to adherence will be explored, compared and contrasted between the two settings, with the goal of determining if barriers are similarly perceived in different settings.

***Implications:*** Enhancing adherence understanding, particularly in disparate settings, will add to the existing body of knowledge about HAART and nursing's role in managing HIV. This deeper understanding can lead to improved adherence interventions, which may result in better clinical outcome and further prevention effects.

**Objectives:** The learner will be able to

- Articulate the importance of adherence to HAART.
- Describe barriers to HAART adherence in two settings.

**P-27**

# Self-Compassion in People with HIV/AIDS: A Concept Analysis

Darcel Reyes

*HELP/PSI*
*Bronx, New York, USA*

***Background:*** The discipline of psychology has applied the concept of compassion to the understanding of people's emotional states, postulating that the development of self-compassion may be beneficial in alleviating depression and other psychological conditions. The concept of self-compassion as it applies to the nursing care of people with HIV/AIDS is not well developed. The attributes of self-compassion include self-kindness, awareness of common humanity, mindfulness and wisdom.

***Purpose:*** The purpose of this conceptual analysis is to clarify and synthesize the meaning of self-compassion as it applies to nursing. This concept analysis uses a modification of the evolutionary approach to identify the attributes, antecedents and consequences of self-compassion.

***Methodology/Practice****:* Ideal, borderline and contrary cases of self-compassion in people with HIV illustrate the concept. The ideal case illustrates the effect of self-compassion on health in a person who overcomes suffering. The borderline case illustrates limited self-compassion in a person who lacks an awareness of common humanity. The contrary case illustrates the effect of reduced self-kindness and lack of compassion for others on self-compassion. Interventions that promote self-compassion will be discussed. The antecedent to self-compassion, suffering, will be explored. Interventions to promote the consequences of self-compassion, increased autonomy, increased self-care capacity, and increase relatedness to others will be discussed.

**Conclusion:** Self-compassion meets the HIV positive person's need to have her or his suffering understood and alleviated. By understanding the attributes of suffering and self-compassion, the nurse can support the person and respond to behavior that reflects feelings of isolation, diminished self-care capacity, or lack of autonomy. By utilizing interventions that promote self-compassion, the nurse may assist the patient in self-management of HIV disease.

***Implications for Practice****:* Self-compassion has the potential to improve health by increased self-care capacity and autonomy, potentially increasing treatment adherence. Identification of triggers in the patient's life that lead to self-compassion rather than suffering may result in nursing interventions that support the patient's self-care efforts to improve health and well-being.

**Objectives:** Participants will be able to:

- Identify the components of self-compassion;
- Explain interventions that improve self-compassion;
- Describe outcomes of self-compassion.

P-28

# International Challenge: Achieving Equity in Building Nurse and Midwife Capacity

Jennifer Dohrn

*Columbia University ICAP*
*New York, New York, USA*

***Background:*** Providing the majority of healthcare, nurses and midwives in most African countries face extraordinarily challenging conditions, both in pre- and in-service environments. Such challenges include a radically changing landscape for nursing/midwifery scopes of practice, increasing need for nurses/midwives to manage complicated births, and unrealistic expectations of practice environments. The nursing profession needs to respond to these conditions by building the capacity of educational systems and practice environments, and enhancing the competency and confidence of nurses/midwives as they move from students to practitioners to leaders.
***Purpose:*** Columbia University's ICAP Nurse Capacity Initiative (INCI), funded by the Health Resources Services Administration (HRSA), has worked since 2009 to support nurse-led models at that can be evaluated and replicated, within and across countries. INCI supports building networks that share interventions, and develop nursing leadership/visibility within the Pan-African context. It advocates for strengthened nursing councils and regulatory bodies to monitor broadened scopes of practice.
***Methods/Purpose:*** In conjunction with Ministries of Health, nursing leadership and collaborating partners, initial assessments were conducted in five countries to determine nursing needs. Examples of interventions include enhanced nursing education curricula to produce more nursing tutors and career pathways to higher levels of nursing; increased midwifery skills for lower cadres of nurses; a Campus-to-Clinic Initiative that mentors nursing educators in increased knowledge and skills in HIV care and fosters mentorship skills for nurses in practice; and a Wellness Center that offers a haven of self-care for nurses.
***Conclusions:*** Models for nurse-led initiatives are pushing open the door for nurses to play a greater leadership role within the healthcare team and in healthcare policy. International support for visibility must be based on partnerships with Ministries of Health and nursing leadership who alone can define and implement initiatives suited to their countries' needs.
***Implications for Practice:*** Models that can be measured as effective for increased nursing capacity must be developed under the leadership of Ministries of Health and nursing leadership within each country. This maximizes sustainability, supports an enlarged scope of practice for nurses and their empowerment, and ultimately provides the framework for healthy outcomes critically needed for their countries.

**Objectives:** The learner will be able to

- Articulate both pre- and in-service challenges for nurses in African countries with high levels of HIV infection;
- Give examples of how models that are sustainable and replicable can be built to increase nursing capacity.

**P-29**

# Medication Adherence among Homeless Persons Living with HIV/AIDS in Rural Southeastern North Carolina

Jeanne Kemppainen
Paula Reid

*University of North Carolina Wilmington*
*Wilmington, NC, USA*

***Background:*** While the continued spread of HIV/AIDS among the homeless population draws increasing attention, the majority of the work remains focused on persons living in larger metropolitan areas. Minimal research has been conducted on antiretroviral (ARV) adherence in homeless persons living in rural regions of the U.S.

***Purpose:*** To describe adherence to HIV medications among a sample of homeless persons living with HIV disease in rural southeastern North Carolina.

**Methods:** This analysis is a part of an international study that explored self-compassion, self-efficacy, and self-esteem for HIV positive individuals. The Revised ACTG Reasons for Non-Adherence to Medication and 30-day antiretroviral adherence were measured with well validated scales.

***Results and Conclusions:*** Of the original 100 subjects included in the southeastern North Carolina site data, 22 (22%) reported that they had been homeless within the past month. The sub-sample of homeless persons was composed of 63.6% men (n = 14), 36.4% (n = 8) women of whom 85.7% (n = 18) were African American and 14.3% (n = 3) were white. Average length of HIV was 10 years (SD 7.3) and 90% were aware of their CD4 count. Eighty two percent (n = 18) were currently taking ARV medications, 13.6% (n = 3) had never taken ARV medications, and 1 started taking medication but made the decision to stop taking it. For 3 day adherence, 50% reported missing no prescribed doses (100% adherence), and for 30 day adherence, 13 (65%) reported > or = 90% adherence. Most frequently cited reasons for not taking medication included feeling sick or ill (36.8%, n = 7), problems taking pills at specific times (36.8%, n = 7), wanting to avoid side effects (22. 7 %, n = 5).

***Implications for Practice:*** Study findings reflect a high rate of homelessness in this sample. Although participants in this study were informed about their HIV status, suboptimal rates of ARV adherence are similar to other populations.

**Objectives:** The learner will be able to

- Describe characteristics of homeless PLWH in rural southeastern North Carolina;
- Identify rates of ARV adherence and most frequently cited reasons for missing doses;
- Practice implications for providers in rural HIV/AIDS health care settings.

**P-30**

## The STOP Project: Vancouver's HIV/AIDS Outreach Team

Geoffrey Ford
Sandra Finn

*Vancouver Coastal Health*
*Vancouver, Canada*

***Issue:*** HAART has transformed HIV into a chronic and manageable condition for individuals engaged and supported in care and treatment. HAART is widely recognized as a powerful prevention tool by suppressing the virus to undetectable levels in treated individuals, thereby decreasing the probability of HIV transmission. Expansion of access to HAART has been identified as a powerful strategy to reduce AIDS morbidity, mortality and HIV incidence.
***Project:*** Created in the fall of 2010, Vancouver Coastal Health's STOP (Seek and Treat for Optimal Prevention) HIV/AIDS Outreach Team is part of a pilot project to expand HIV testing, treatment, public health follow-up and education services in Vancouver. The team's mandate is to engage clients who have multiple barriers to care and improve system coordination. This is being accomplished through collaboration and partnering with existing HIV/AIDS care providers and community based organizations to identify clients in need of care and provide support while re-engaging clients into care and treatment. This interdisciplinary team strives to provide innovative methods of engagement for both testing and treatment in a variety of non-typical settings, using flexible methods to extend the reach of the current system of care without duplicating resources.
***Objectives:*** The presentation will highlight the implementation of outreach activities including HIV/STI testing and engagement in HIV care using a social networking approach, focusing on how this approach reaches gay men and OMSM. Case studies will be used to illustrate the unique functions of the outreach team in relation to the linkage of clients to treatment and ongoing support in collaboration with community-based partners.

**Objectives:** The learner will be able to

- Understand the concept of treatment as prevention;
- Understand using a social networking approach;
- Understanding of low barrier testing sites and reaching gay men and OMSM in the community.

**P-31**

# Injection Drug Users, HIV Risk and HIV Testing Uptake in Sub-Saharan Africa

Alice Asher

*University of California, San Francisco*
*San Francisco, CA, USA*

***Background:*** Injection drug use (IDU) is the cause of new HIV infections in increasing proportions in many parts of the world. Dramatic rises in IDU over the past 10-15 years in sub-Saharan Africa are positioning this mode of transmission to account for increasingly more new infections in a region already overwhelmed by the HIV epidemic. The already resource-poor region is ill-equipped to address the HIV risks related to injection drug use, a much hidden and stigmatized behavior. Lack of knowledge about the risks related to injecting, little emphasis on risk in HIV prevention campaigns and stigmatization have contributed to the preventable risks taken by people who inject drugs (PWID). Moreover, lack of access to clean syringes and ancillary injecting equipment make HIV prevention difficult, even when PWID have proper knowledge of transmission prevention.

***Purpose:*** Although recent literature has acknowledged the huge surge in IDU in sub-Saharan Africa and associated rates of HIV, there is no known accurate estimate of IDU in the region, or the associated HIV prevalence in the PWID population. Current HIV prevention activities in sub-Saharan Africa for the most part do not address risks related to drug use. This research sought to provide basic estimates of HIV among PWID, describe specific high-risk practices and highlight the need for increased attention on this epidemic.

***Methods:*** This literature search looked for articles relating to HIV risk, injection drug users, stigma and HIV testing in sub-Saharan Africa.

***Conclusion:*** There is ample evidence demonstrating extremely high rates of HIV in IDU populations in sub-Saharan Africa, engagement in very high-risk behaviors and lack of knowledge regarding HIV risks related to drug use. Together, these results demonstrate the need for effective interventions tailored to the specific risks for PWID in the region. There is an urgent need for further studies of HIV prevention, testing uptake and treatment for IDU in sub-Saharan Africa.

***Implications for Practice:*** HIV prevention programs in sub-Saharan Africa need to address risk related to injection drug use and work closely with government and non-governmental organizations to improve drug treatment access and teach harm reduction methods.

**Objectives:** The learner will be able to

- Describe the prevalence of injection drug use in sub-Saharan Africa;
- Describe the HIV risk factors associated with injecting populations in sub-Saharan Africa;
- Describe the gaps in knowledge and access to testing and treatment experienced by drug users in sub-Saharan African;
- Discuss ways to improve HIV prevention among drug users in sub-Saharan Africa.

**P-32**

# Psychosocial Aspects of Salivary Rapid HIV Testing (SRT)

Joe Burrage
Dana Hines

*Indiana University School of Nursing*
*Indianapolis, IN, USA*

***Background**:* With 64% of African Americans (AA's) unaware of their positive HIV status and availability of the SRT, lack of substantial successes of other rapid testing methods and lack of descriptive data in the context of the barriers and facilitators to SRT in African Americans indicated a need to describe the impact of the of SRT on AA's likelihood of testing/care entry.
***Purpose**:* This exploratory cross-sectional study guided by Nyamathi's modified Comprehensive Health Seeking and Coping Paradigm (CHSCP) described the relationships between: 1) self-esteem, social support, and perceived stigma, perceived risk for AIDS, and AIDS knowledge, and likelihood of an individual's participation in SRT/ care entry if HIV infected.
***Methods/Practice**:* Convenience sampling was employed at a large county STI Clinic in Indiana. Pencil /paper questionnaires with a face-to-face data collection approach were used. Data were analyzed with bivariate (Spearman Rho) and multiple regression techniques.
***Findings/Conclusions**:* 326 AA participants completed the survey. Mean age was 30.02 years (SD = 9.87). Most were heterosexual (91.3%), lived in urban areas (97.3%), and single (69.9%). Positive relationships between AIDS risk and AIDS knowledge and likelihood of participating in SRT and entry into care if HIV infected were identifed.: SRT likelihood and AIDS risk (n=286; r=.122; p=.038); SRT likelihood and AIDS knowledge (n=286; r=.21; p=.000); AIDS Knowledge and AIDS Risk (n=286; r=.14; p=.017); and AIDS knowledge and care entry likelihood (n=286 r=.12; p=.041.
***Other significant relationships were:*** Self-esteem and social support ( r=.476; p=.0001); Self-esteem and AIDS risk (r=-.121, p=.033; Self-esteem and AIDS knowledge (r=.187, p=.001); Self-esteem and stigma (-.153, p=.009); Social Support and AIDS knowledge (r=.22; p=.000); Stigma and Social Support (-.354, p=.0001); Stigma and AIDS knowledge (r=-.394, p=.0001).
***Identified relationships*** among social support, self-esteem, stigma and AIDS knowledge are supported in the literature in the context of HIV testing, but this was not evident in the findings, possibly be due to too many components in the theoretical model.
***Implications for Practice**:* Psychosocial aspects of HIV testing such as those found to be significant in this study should be considered in developing interventions to enhance HIV testing rates in AA .

**Objectives:** The learner will be able to

- Identify psychosocial variables impacting the decision to be tested and entry into care for AA;
- Discuss strategies to further examine psychosocial aspects of HIV testing in AA.

P-33

# Rising to the Challenges: 'Nurses Manage Change in an Era of Rapid Scaling-up of HIV/AIDS Activities - The Experience of Nurses in Zambian Hospices'

Colette Cunningham

*University College Cork*
*Cork, Ireland*

**1.** This study addresses the challenges faced by nurses working in Non-Governmental Organisations (NGOs), in this case, Faith-Based Organizations (FBOs), involved in the scaling-up of HIV/AIDS activities in Africa. It is set against the background of large donor funds such as the US Presidents Emergency Fund for AIDS Relief (PEPFAR) and discusses the case of Zambian Hospices; the managerial impacts for these organisations and how change has been managed through a capacity-building organizational development model. The paper is adapted from the authors M.A. Public Policy & Management Final Project Paper (2008) and was published in 2010 in Caraher, K., and Snell, C., (eds.), Government, Public Policy and Management: A Reader, The University of York

**2.** To highlight the changing role of nurses working in HIV programs demonstrating their adaptability to a rapidly changing environment that is donor led. It also demonstrates their resilience in resource limited settings and the difference nurses make to PLHIV and their communities.

**3.** This is a qualitative study - Operational research, Focus Group Discussions, Standardized Questionnaires

**4. & 5.** The inception of the PEPFAR fund for HIV/AIDS programs provided much needed resources for responding to the HIV crisis in Africa, however, because of it's the demands for compliance, reporting as well as monitoring and evaluation, it required more technical expertise and capacity. In many cases, nurses struggled to survive as they were faced with new aspects of management that were not traditionally within their role in the past. The study looked at some of these concerns and the role capacity-building plays in helping nurses to adjust to the new demands, donor funding and managing a rapid changing environment. An organizational development model was used in Zambian Hospices. case study to demonstrate that although change in the rapid scale-up of HIV programs is not easy to manage, the overall benefits and improved organisational capacity, far outweigh the challenges. Nurses in Zambian Hospices have risen above the challenges. They are transforming HIV Prevention, Care and Treatment and others facing similar challenges could learn from their experience.

**Objectives:** The learner will be able to

- Experience what it is like to work in a Zambian Hospice

**P-34**

# Silver Linings: Experiences of Aging with HIV

Eric Fenkl

*Florida International University*
*Miami, Florida, USA*

***Background:*** The findings of a recent study on the experiences of aging among gay men resulted in the core variable of optimistically engaging in the present. Optimism was attributed to the resolution of adversities in the sample populations' pasts contributing to a more positive outlook toward aging in the present.

***Purpose:*** This presentation will re-examine the experiences of aging among those participants that reported living with HIV as part of their aging experience. The conceptual framework that emerged as the basic social process will be presented as a model relating to the experience of aging with HIV.

***Methods:*** A Grounded Theory study of self-identified gay men between the ages of 55 and 70 that reported living long-term with HIV in a community in South Florida.

***Conclusions:*** The basic social process of optimistically engaging in the present is related to three main processes: resolving adversity, negotiating realities, and developing resources and has relevance for those that report aging with HIV.

***Implications:*** This research points to the value of resilience and supportive environments for those living and aging with HIV and has relevance for providing culturally competent and individualized care to those patients as their needs evolve in older age.

**Objectives:** The learner will be able to

- Gain a greater understanding of the experiences of aging with HIV.

**RT-2**

# Restoration of Gut Health in HIV Infection

Natalie Wilson

*University of Alabama at Birmingham*
*Birmingham, AL, USA*

***Background:*** The aim of this extensive systematic review project was for the purpose of outlining the beneficial use of probiotics in restoring gut health for patients with HIV infection. The concepts of HIV pathogenesis, gut mucosa, and Gut Associated Lymphoid Tissue (GALT) suggested the development of a study design for an efficacy trial for probiotic use in HIV Infection.

***Methods/Practice:*** The human immunodeficiency virus (HIV) attacks the GALT causing a complex series of events that lead to immune deregulation, gut inflammation, and microbial translocation. By applying concepts of the Betty Neuman Systems Model, theoretically the gut environment can be restored to health and homeostasis preventing and/or resolving the effects of HIV physiologically.

***Conclusions:*** Studies suggests that probiotics are supportive in modulating aspects of gut physiology, barrier integrity, and immune function. These aspects are affected by HIV. Therefore, restoring normal flora to the gut decreases inflammation, stimulates immune recovery, and protects the lining of the gut to decrease microbial translocation caused by altered mucosal integrity. A well-design research protocol to study the efficacy of probiotic strains in humans with HIV is under development. The study will monitor patient satisfaction of results and biomarkers of CD4 count, Th17 cells, microbial translocation, and markers of improved digestion.

***Implications for Practice:*** HIV affects the gastrointestinal (GI) system and the immune system. HIV-Associated gastrointestinal symptoms such as diarrhea, bloating and gas have an effect on the quality of life. Probiotics are also important in immune function and protection of the homeostasis of the gastrointestinal and immune systems. Probiotics reverse the inflammation, restore normal gut function, and stimulates immune function in the GALT by stimulating CD4 cells. Probiotic use is an excellent adjunct to therapy in humans infected with HIV to support healing of mucosal integrity, symptoms, and immune reconstitution.

***Objectives:*** Understand the concepts related to HIV and the gastrointestinal system. Describe cause and effects of microbial translocation in HIV Infection. Explain the benefits of normal gut flora in gastroenteropathy and prevention.

**Objectives:** The learner will be able to

- Understand the concepts related to HIV and the gastrointestinal system;
- Describe the cause and effects of microbial translocation in HIV Infection;
- Explain the benefits of normal gut flora and probiotic use in prevention and treatment of HIV gastroenteropathy.

**RT-3**

## Neuropsychiatric Adverse Drug Effects in a High HIV-Burden Population in KwaZulu-Natal, South Africa

Ana Kelly[1], Jeane Davis[2], Erika Ho[3],
Martie van der Walt[4], Jason Farley[2]

*[1]Michigan State University College of Nursing, Lansing, Michigan, USA*
*[2]Johns Hopkins University School of Nursing, Department of Community-Public Health, Baltimore, Maryland, USA*
*[3]Johns Hopkins University School of Arts and Sciences, Baltimore, Maryland, USA*
*[4]South African Medical Research Council, Pretoria, Gauteng, South Africa*

***Background:*** Management of the patient co-infected with multidrug resistant *Mycobacterium tuberculosis* (MDR-TB) and human immunodeficiency virus (HIV) creates a complex treatment regimen with known overlapping neuropsychiatric adverse drug reactions (ADRs).
***Purpose:*** This cross sectional pilot study describes neuropsychiatric ADRs associated with MDR-TB treatment in a high HIV burden population.
***Methods:*** In May 2011, ADRs associated with MDR-TB/HIV treatment were recorded through a cross-sectional period of active surveillance at a peri-urban MDR-TB unit in KwaZulu Natal, South Africa. Patients were asked if they were currently experiencing any psychiatric symptoms including depression, anxiety, or psychosis and neurological symptoms including peripheral neuropathy or hearing loss. The medical record was also evaluated to determine management. Data collection was completed with assistance from nursing staff fluent in isiZulu.
***Results:*** Forty patients were inpatient during the study with 20 females (50%). The average age of the sample was 37 years (range 16 - 70). The amount of time on MDR treatment ranged from 2 weeks to 7 months. The HIV co-infection rate was 25/40 (62.5%); 95% on efavirenz-based regimens. *Psychiatric symptoms*. On admission, no patients were identified with depression, but 1 with psychosis. After treatment initiation, 12 (30.8%) patients reported depression. Psychosis developed in an additional 8 patients; 5 (25%) female patients and 3 (15%) male patients. All 9 required haldoperidol to manage their symptoms. Confusion developed in 9/40 (22.5%). Terizidone, known to cause psychosis and confusion, was in use in all but 1 of these 9 patients. *Neurological symptoms.* Peripheral neuropathy (PN) developed in 20/40 (52.6%) patients. Of these, 12 (60%) were HIV-positive and 5 (41.7%) were continuing to receive D4T. Hearing loss was present in 4/40 (10%) at baseline and 17/40 additional patients (42.5%) developing profound hearing loss after initiation from aminoglycoside therapy.
***Conclusions/Implications for Practice:*** Neuropsychiatric symptoms were very common among patients receiving MDR-TB treatment with and without HIV. Overlapping toxicities between HIV treatment and MDR-TB treatment must be a focus of training for clinicians of all levels, who must be able to identify those at risk and implement prevention measures. Further study in assessment and management of neuropsychiatric symptoms is urgently needed.

**Objectives:** The learner will be able to

- Identify overlapping neuropsychiatric symptoms and adverse drug reactions in patients treated for HIV/MDR-TB;
- Discuss treatment approaches to neuropsychiatric adverse drug reactions in this population;
- Identify the methods used in this pilot evaluation and the importance of future research on this issue.

**RT-4**

# Pilot Study of MDR-TB Treatment and Adverse Drug Effects in a High HIV-Burden Population in KwaZulu-Natal, South Africa

Jason Farley[1], Ana Kelly[2], Jeane Davis[1],
Erika Ho[3], Martie van der Walt[4]

[1]*Johns Hopkins University School of Nursing, Department of Community-Public Health, Baltimore, Maryland, USA*
[2]*Michigan State University College of Nursing, Lansing, Michigan, USA*
[3]*Johns Hopkins University School of Arts and Sciences, Baltimore, Maryland, USA*
[4]*South Africa Medical Research Council, Pretoria, Gauteng, USA*

***Background:*** Management of patients co-infected with multidrug resistant *Mycobacterium tuberculosis* (MDR-TB) and human immunodeficiency virus (HIV) creates a complex treatment regimen with potentially overlapping adverse drug reactions (ADRs).
***Purpose:*** This cross sectional pilot study describes ADRs associated with MDR-TB treatment in a high HIV burden population.
***Methods:*** In May 2011, a retrospective, systematic review of medical charts was conducted for all admitted MDR-TB patients at a peri-urban hospital in KwaZulu Natal (KZN), South Africa. Adverse drug reactions associated with MDR-TB/HIV treatment were recorded through evaluation of the medical record (i.e. passive reporting). This was followed by a cross-sectional period of active surveillance for ADRs. Patients were asked if they were currently experiencing any symptoms from a list of 34 of the most common. Data collection was completed with assistance from nursing staff fluent in isiZulu.
***Conclusions:*** Retrospective data was obtained for all 40 patients and prospective data was obtained from all but one patient who defaulted from treatment. At enrollment there were 20 females (50%) and the average age of the sample was 37 years (range 16 - 70). The amount of time on MDR treatment ranged from 2 weeks to 7 months. The HIV co-infection rate was 25/40 (62.5%) with 24/25 (96%) on HIV treatment; 23/24 (95.8%) on an efavirenz-based regimen. Baseline and passive reporting were collected from the medical record review. 34/39 (87.2%) patients experienced at least one ADR with an average of 2.6 ADRs recorded for each patient. Active surveillance identified 37/39 (94.9%) reporting an ADR with an average of 3.5 symptoms per patient. The most frequent ADRs were peripheral neuropathy (52.6%); hearing loss/ringing in ears (37.5%); joint pain (25.6%); muscle cramping (20.5%); changes in vision (17.9%); and nausea/vomiting (17.5%).
***Implications for Practice:*** The most frequently identified ADR in this study was peripheral neuropathy; a known toxic effect of MDR-TB and HIV treatments. Active surveillance identified a higher number of symptoms per patient than passive reporting. ADRs are a commonly reported reason for default from TB/HIV treatment. Nurses and other healthcare workers must be trained to conduct routine active surveillance to assess for overlapping toxicity profiles.

**Objectives:** The learner will be able to

- Identify overlapping adverse drug reactions in patients treated for HIV/MDR-TB;
- Understand the context of HIV care in patients co-infected with MDR-TB;
- Identify the methods used in this pilot evaluation and the importance of future research on this issue.

**RT-5**

# The Role of Spirituality in HIV-Infected Mothers

Rosemary Walulu
Sara L. Gill

*University of Texas Health Science Center, School of Nursing*
*Family and Community Health Systems*
*San Antonio, Texas, USA*

***Background:*** In persons living with HIV disease, researchers have demonstrated that spiritual beliefs are positively related to hope and are a central aspect of maintaining well-being while living with HIV/AIDS. While many attributes and functions of spirituality of women of all races have been documented, there has been little research on the role of spirituality in HIV-infected mothers who are not African American. This paper examines the role of spirituality in HIV-infected mothers who were not predominantly African American.

***Purpose:*** The purpose of this study was to describe the processes by which HIV-infected mothers manage mothering.

***Methods/Practice:*** The findings reported here is part of a larger grounded theory study conducted in the Midwestern United States. A convenience sample of 15 HIV-infected mothers were recruited for the study and interviewed. The interviews were audiotaped, transcribed verbatim and coded. Data was analyzed using grounded theory principles.

***Conclusions:*** Mothers in this study changed their lifestyles, drew close to God, and attributed their good health to God's blessings. They used prayer, meditation, church attendance, Bible study, and participation in church activities to take care of themselves. Mothers said that they relied on God as a source of strength. Though spirituality is known to provide strength among African-American mothers/women, mothers in other cultures also use it to manage mothering when they have HIV infection.

***Implications for Practice:*** Spirituality should be assessed for all HIV-infected mothers and incorporated in the nursing care of these mothers. Spirituality-based interventions should be explored within and across racial/ethnic groups of HIV- infected mothers.

**Objectives:** The learner will be able to

- Identify the role of spirituality in HIV-infected mothers;
- Discuss spirituality as a strategy in managing mothering for HIV-infected mothers.

**RT-6**

## Structured Writing in Aging Low Income Seropositive Black Women: Why there is a Fit and Mechanism of Effect

Rosanna DeMarco

*Boston College*
*Chestnut Hill, MA, USA*

***Background:*** A completed RCT of 110 aging low income seropositive Black women indicates positive effect from a structured writing intervention on condom use/safe sex practices and being more directive in safe sex negotiation (decrease in silencing-the-self (Jack, 1991)).
***Purpose:*** Although positive outcomes were demonstrated in this intervention study and in other seminal writing studies across mood, physical symptoms, and mental health symptoms, the purpose of this presentation is to discuss the need to explore and understand the mechanism of effect behind positive outcomes related to structured writing.
***Methods:*** Literature review and expert consultation with cognitive psychologists reveals that writing allows for improved emotion regulation through developing effective cognitive control over emotion processing. Construed as a component of self-regulation, emotion regulation determines the quality, frequency, intensity and duration of the emotion-generated feelings, physiological responses, and overt behaviors. Neural substrates mediating emotional processing of both internal and external events subsumes a brain network consisting of the amygdala and the basal ganglia subcortical areas, as well as cortical areas consisting of the prefrontal cortex (PFC), the cingulate cortex, and the temporal cortex. As a key component of the emotional processing neural loop, the amygdala may play an important role in pre-attentive perceptual processing of potential environmental threats, enhancing the storage and retrieval of autobiographical memories for emotional events, and fear conditioned learning.
***Conclusion:*** In this population profiles of health histories include addiction/recovery struggles, interpersonal violence, trauma from childhood and adulthood, and chronic mental health challenges in addition to HIV/AIDS. As an emotion regulating task, writing may engage top-down or cognitive processes (e.g., directed attention, habituation, and cognitive restructuring) that improve the long-term effectiveness of the cognitive control system which in turn improves the patient's quality of life.
***Implications:*** The need to further study emotion regulation strategies and potential to alter memory structure by attenuating the emotional salience for negative episodic or autobiographical events. Cognitive reconstruction through writing potentially facilitates reorganization and structure of memory yielding to more functional adaptation.

**Objectives:** The learner will be able to

- Discuss the findings of a completed RCT with positive effect on condom/safe sex practices and increased self-advocacy;
- Synthesize current literature on brain plasticity and emotion regulation related to cognitive reprocessing;
- Identify ways structured writing may be tested to discern mechanism of effect in adaption, behavioral change, and quality of life.

**RT-7**

# Effect of Effective Communication Skills Training on Nurses who Deliver HIV Care

Lucy Idoko[1]
Maria Goni[2]

*[1]AIDS Prevention Initiative Nigeria Jos University Teaching Hospital, Jos, Plateau, Nigeria,*
*[2]Bingham University Teaching Hospital, Jos, Plateau, Nigeria*

***Background:*** When effective communication is missing in patient care, health professionals can underestimate patients' needs and expectations. When people are ill, vulnerable or coping with chronic medical conditions such as HIV/AIDS, poor communication in their management can result in poor outcomes.

Communication reflects the dynamics of the relationship between a provider and the patient and is critical for effective health care delivery. It helps to shape the patient-provider relationship foster trust; improve patient satisfaction and treatment adherence.

***Purpose:*** To test the hypothesis that training on effective communication skills will improve the communication skills of nurses.

***Methods/ Practice:*** A self-administered questionnaire of fifteen questions with an overall score of thirty was used to assess the knowledge of the participants on effective communication skills, the mean of their pre-test and post-test scores were compared using the paired t test.

Participants were nurses drawn from different units in the AIDS Prevention Initiative Nigeria (APIN) centre Jos University Teaching Hospital. Eighty four percent (84%) were females and 16% males. Twenty four percent (24%) were form PMTCT, 24% from Pediatrics, 40% from Adult ART and 12% from VCT units. The training intervention was associated with a statistically significant improvement in the mean scores of the participants. (Pre-test score of 15.9 ± 3.25 and post-test score of 20.7 ± 2.88, p value = 0.0001).

***Conclusion:*** This study demonstrates that a simple intervention in the form of a training workshop can improve the knowledge and communication skills of care providers in relation to HIV/AIDS care.

**Implication for Practice:** Regular training of health care professionals on effective communication skills is a useful tool in the fight against HIV/AIDS.

**Objectives:** The learner will be able to

- Have an understanding of what effective communication skill is and how to apply it to their daily practice;
- Learn about the tools and techniques that promote productive conversations and healthy work environment.

**RT-8**

### Linguistic and Cultural Adaptation of a Program of Research: The Computer Assessment and Rx Education for HIV Positives (CARE+) Program – Spanish

Michele Crespo-Fierro, John Lizcano,
Michele Shedlin, Nok Chhun, Ann Kurth

*New York University College of Nursing, Global Health Initiatives*
*New York, NY, USA*

***Background**:* Computer assisted self-interviewing and behavioral modification programs have been used primarily in English speaking populations. The Computer Assessment and Rx Education for HIV Positives (CARE+) program, initiated in Seattle, recently implemented a Spanish version in NYC. Two theoretical frameworks guide the program: behavioral, information-motivation-behavior skills (IMB), social cognitive role-modeling and motivational interviewing, and the Technology Acceptance Model (TAM). This RCT includes the same quantitative measures as the previous study: self-reports of adherence, condom use, clinic attendance, and viral loads.

***Purpose**:* This research program is testing the usability and feasibility of a computer-based program to assess HIV risk behavior and adherence practices, and deliver tailored risk reduction messages and activities in the clinic setting. This abstract will explore the linguistic and cultural adaptations of computer assessment and behavioral messaging for a Spanish-speaking population.

***Methods**:* An experienced Masters prepared translator of HIV health-related materials translated the content into Spanish. Bilingual HIV healthcare providers reviewed the translation of the content to confirm the appropriateness of the terminology and the minimization of idiomatic regional expressions. Spanish-speaking actors of Mexican and Colombian heritage recorded the narration. Participants (N=500) needed to be able to understand/read Spanish, as there was no cultural adaptation of the English version for this study. The pilot of the translated tool (N= 15) revealed adequate acceptability scores. Semi-structured interviews (N=75) will assess the acceptability of the tool and program in this subset of the NYC HIV+ Latino population. In addition, the applicability of the TAM to a Spanish-speaking population will be examined.

***Conclusions**:* CARE+ Spanish is nearing completion of data collection. Preliminary information indicates that linguistic nuances affect the users' ability to navigate some of the technology. Qualitative data collection will further clarify any connection to perceived ease of use, perceived usefulness and behavioral intention.

***Implications for Practice**:* The adaptation of an established technology-based program into a different language and/or culture poses challenges that must be carefully considered in the planning and implementation phases in order to address them appropriately. Theoretical frameworks of technology's usefulness in behavioral modification need further exploration in other languages and cultures.

**Objectives:** The learner will be able to

- Identify 2 linguistic/cultural challenges in translated computer assisted interview tools;
- Discuss 1 modification to address linguistic/cultural challenges in translated computer assisted interview tools.

**RT-9**

# An Update on Perinatal HIV Transmission and One Medical Center's Recent Experience

Sarah Myers

*Levine Children's Hospital at Carolinas Medical Center*
*Charlotte, NC, USA*

***Background:*** Since 1994, when the Pediatric AIDS Clinical Trial Group's Protocol 076 found that the use of zidovudine during pregnancy could dramatically reduce the risk of perinatal HIV transmission, the number of babies born with HIV has plummeted. Indeed, according to CDC estimates, in 2005 (the last year for which data are available) just 142 U.S. newborns were born with HIV.

Current guidelines for the treatment of HIV-infected pregnant women now include specific recommendations for combination antiretroviral therapy for the mother during pregnancy, labor, and delivery, as well as prophylactic zidovudine for the newborn following birth. Despite these aggressive measures, HIV exposed newborns are tested according to standard national protocols to rule out infection at birth and again at approximately 6 weeks and 5 months. This medical center's pediatric infectious disease service recently diagnosed a new case of perinatally acquired HIV in a newborn. This was our first case of perinatal transmission since l2009, though we evaluate and manage more than 30 exposed infant each year. This case was complicated by the mother's non-adherence to her antiretroviral regimen and an unstable social situation. Additionally, this infant tested negative at birth, reinforcing the importance of follow-up testing.

***Purpose:*** This session will provide the nursing professional with current information on perinatal HIV transmission. This will enhance their ability to provide care to HIV-infected women of childbearing age. This is particularly important as the large population of perinatally-infected adolescents and young adults born in the 1980s-1990s reaches adulthood.

***Specifically, we will discuss:***

1. Updated data and research findings on perinatal HIV transmission (based on an up-to-date literature review)
2. CDC recommendations and protocols for HIV testing during pregnancy, prevention of perinatal transmission, and testing/management of the exposed newborn.
3. A case study describing this medical center's recently diagnosed case of perinatally-transmitted HIV, including prenatal course, testing and diagnosis process, and infected infant's treatment and progress to date.

**Objectives:** The learner will be able to

- State three key components of perinatal HIV prevention;
- State CDC recommendations for prenatal HIV testing and testing of exposed newborns;
- Describe lessons learned from this medical center's recently diagnosed case of perinatally-acquired HIV.

**RT-10**

# Use of a Standardized Patient in the Simulation Lab as a Learning Tool for HIV Risk Assessment

Carolyn Kidd[1]
Jeannette Southerly[1]
Tonya Hiser[1]

[1]*West Virginia University, Morgantown, WV, USA*
[2]*Pennsylvania MidAtlantic AIDS Education Training Center: WVLPS, Morgantown, WV, USA*

***Background:***
- a. West Virginia has 2440 reported HIV/AIDS cases at year end 2009.
- b. As the number of cases continues to rise, WV Primary Care providers should become more involved in the identification and care of HIV positive persons.
- c. Providers do not routinely assess HIV risk in their patients (Lewis & Freeman, 1987)(Gerbert B, 1993)(Russell NK, 1992)(Weinrich MD, 1997)
- d. A review of the literature found no published research involving Simulation and HIV risk assessment in West Virginia.
- e. We wanted to give providers opportunities to enhance their HIV risk assessment skills.
- f. Our hypothesis is that interactive role-playing with a Standardized Patient (SP) in the Simulation Lab will increase providers' comfort level in administering a comprehensive HIV risk assessment.

***Purpose:*** The purpose of Simulation in this health care training is two-fold: to increase providers' comfort level in administering a comprehensive HIV Risk Assessment and to communicate to patients insight into their own HIV risk behaviors.

***Methods/practice:***
- a. Partnership with WVU Simulation Center
- b. Acquisition, role development and training of SP
- c. Development of Learner skill-set
- d. Pre-training of learner: provide learners with a packet of materials containing risk assessment related journal articles, risk assessment pocket guides and sample risk assessment questionnaires; via postal mail.
- e. One hour of training to include pre-survey, Learner/SP interaction, viewing of video recorded SP/Learner interaction, debriefing and post-survey.

***Conclusions:*** This is currently ongoing research. Based on minimal data, Learner assessment of the training has been positive. Learners identified areas of weakness and knowledge gaps as well as areas of strengths. Learner satisfaction with the experience was high. We plan to continue to collect data in the coming year.

***Implications for Practice:*** Changes in providers' comfort level in assessing patients for HIV risk could ultimately lead to HIV testing of the individual, access to care, partner notification and reduction in the number of new HIV infections.

**Objectives:** The learner will be able to
- Demonstrate an increase in HIV risk assessment and sexual history taking proficiency;
- Identify patients for HIV testing based on information received from the risk assessment and sexual history;
- Improve patient outcomes by potentially identifying new HIV cases therefore reducing transmission to others and by linking patients into care.

RT-11

## Exploring Challenges Faced by HIV-Positive Community-Dwelling Older Adults in Baltimore

Mary DeGrezia
Debra Scrandis

*University of Maryland, Baltimore, School of Nursing*
*Baltimore, MD, USA*

***Background:*** **As of 6/30/07,** HIV prevalence in Baltimore City in those 50 and older was 34.6%, second only to that of the 40 to 49-yr-old age group (40.5%)**.** With the advent of effective antiretroviral therapy, more HIV-infected persons in Baltimore and nationwide are living longer. However, living longer doesn't necessarily equate with living well. The risk of developing health conditions increases with age. Adding HIV infection to these health conditions might seem overwhelming to patients and healthcare providers alike.

***Purpose:*** **a.** To explore challenges faced by community-dwelling older adults in Baltimore with HIV along with measures they perceive as a bolster to or a detraction from living well with HIV

**b.** To inform and effect the practice of nursing and other healthcare disciplines in Baltimore in relation to caring for HIV-infected older adults

***Methods:*** A purposive sample of 40 urban, community-dwelling, HIV-positive individuals aged 50 and over volunteered and were recruited for study participation after study information was presented at two HIV support groups in Baltimore. Qualitative data were collected through confidential, in-depth individual interviews, focus groups, and participant observation. Demographic data were also obtained via a brief written survey. The demographic data survey and focus group/interview guide were developed at a 5th grade reading level, evaluated for face and content validity by local HIV experts working with the target population, then evaluated for readability and usability by target population members. The interview guide was updated based upon information revealed through initial interviews.

***Conclusions****:* (conclusions post data analysis completion will be available by conference date) Community-dwelling, HIV-positive older adults in Baltimore appreciate having the opportunity to tell their HIV-and general health-related stories. Many hope that by sharing their experiences, others will benefit.

***Implications for Research and Practice:*** **a.** Health-related experiences of community-dwelling, HIV-positive older adults in Baltimore, including measures they believe have assisted with or detracted from their ability to live well with HIV, can and should be used to inform the practice of nursing and other healthcare providers.—

**b.** Qualitative explorations of health-related experiences of HIV-positive older adults including measures they perceive to assist with and detract from living well with HIV can contribute to the development of related interventional research in this population.

**Objectives:** The learner will be able to

- Discuss the importance of understanding challenges faced by urban community-dwelling HIV-positive older adults;
- Provide a definition of coping as described by the presenter;
- State three activities or behaviors frequently reported as helpful in living well with HIV disease by older HIV infected individuals in Baltimore.

**RT-12**

# Population Health Nursing:
# A Framework for HIV/AIDS Nursing Care

Mario Ortiz

*Purdue University North Central*
*Westville, IN, USA*

***Background and Purpose:*** The purpose of this paper is to outline a novel approach to the practice of HIV/AIDS nursing that utilizes population health nursing as its foundation. Population health nursing prepares nurses to use theories and models from nursing, and the social and behavioral sciences to design, implement, and evaluate services to meet to the needs of populations, such as populations of persons living with HIV/AIDS, across care environments (Frisch, George, Govoni, Jennings-Sanders, & McCahon, 2003). Within a population health nursing perspective nurses have an expanded focus that prepares them to practice at macro-levels of population care that includes physical, social, cultural, economic, and environmental aspects of health care (Radzyminski, 2006).

***Practice:*** Population health nursing is timely since there are recommendations and mandates worldwide that call on health care professionals to think and practice from a population perspective that shifts the practice of nursing from primarily acute care-hospital based settings to settings that are broad in scope (Legislative Network for Nurses, 2000; Bellack & O'Neil (2000); Royal College of General Practitioners, 2007). The key elements that set population health apart from both public and community health are its overall lack of boundaries and evaluation approach (Radzyminski, 2007).

A population health nurse is as readily able to apply population health skills within intensive care environments as to community-based clinics. A nursing focus in population health aims to guide nurses to rethink nursing roles as traditional providers of care from that of disease state management of individuals to that of evaluator, planner, resource manager, collaborator, and consultant (Frisch, George, Govoni, Jennings-Sanders, & McCahon, 2003).

***Conclusion:*** Population health nursing is designed for nurses to think about not only HIV/AIDS disease management and treatment, but also in relation to aggregates and along a continuum of HIV/AIDS needs and services. HIV/AIDS nurses are continually challenged to think in terms of function, resources, and outcomes in all settings. Nurses conduct HIV/AIDS population needs assessments, interventions, and evaluations; while simultaneously, participating in the care and treatment of individuals.

**Objectives:** The learner will be able to

- Identify population health nursing concepts;
- Articulate HIV/AIDs practice with population health.