**P-1**

**Intensive Clinical Preceptorships Successfully Prepare**

**HIV Providers at Each Stage of the Gardner Cascade**

Hazel Jones-Parker

Christopher Roberson

University of Maryland, Baltimore, MD, USA

**Background:** In the city of Baltimore, Maryland, HIV/AIDS disproportionately affects African Americans at rates greater than 5% (DHMH, 2011) and HIV training is not offered in many of the professional training programs.  In the setting of the new affordable care act there is a great demand and need for primary care providers with HIV-treatment expertise within the outpatient settings to deliver a broad range of services and to fill the deficits in care emphasized by the “Gardner Cascade”.

The Pennsylvania Mid-Atlantic AIDS Education and Training Center (PA/MA AETC) provides clinical training to HIV care providers throughout the Mid-Atlantic region.

**Purpose**: The goal of our preceptorship program is to provide a flexible, tailored learning experience for providers to improve clinical skills and patient outcomes.  Programs are custom designed to fit the needs of the HIV service providers with instruction available at their own clinic or in one of the University of Maryland specialty clinics.

**Methods:** The PA/MA AETC designed didactic curriculum and clinical opportunities to prepare healthcare professionals to care for HIV patients throughout their disease process.. The PA/MA AETC trains various healthcare providers. Each discipline fills a void and has a vital role at each point along the stages of engagement in HIV care as depicted by the Maryland representation of the “Gardner Cascade”. The Maryland PA/MA AETC local performance site leads a particular focus on providing access to care, through an added ACRN/AACRN review course.

**Conclusions:** Data shows type and number and discipline of preceptorships completed from 2009-2013 and its relationship to each stage of the Gardner cascade with selected anecdotal outcome data

Opportunities offered included HIV primary care clinics, nationally recognized treatment adherence program, the JACQUES Initiative, and reverse preceptorships.

**Implications:** The preceptorships offered and capacity building approach to educating Healthcare providers in HIV/AIDS will help to meet the National HIV/AIDS Strategy Goals, Baltimore Healthy 2015 goal (decrease new HIV infections by 25%), Bureau of Health Professions’ National Goals as well as the Overarching Goals of Healthy People (HP) 2020, which is to increase quality and years of healthy life and to eliminate health disparities.

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

* Identify types of preceptorships that will increase individual providers knowledge base regarding the diagnoses linkage to care and treatment of HIV in primary and specialty care;
* Link providers in their medical facilities with AETC’s to acquire individualized training experiences to improve patient outcomes for HIV patients.

**P-2**

**Identifying Symptom Clusters in HIV Infection**

Natalie Wilson1,2

 Andres Azuero1

 Vance David1

Mirjam-Colette Kempf1

1University of Alabama at Birmingham, Birmingham, AL, USA

 2Birmingham VA Medical Center, Birmingham, AL, USA

**Background:** Symptoms play an integral role in HIV disease and often co-occur together in patterns leading to symptom burden.

**Purpose:** The purpose of this study was to identify symptom clusters reported by HIV-infected patients seeking care at an outpatient clinic in the South.

**Methods:**  A secondary data analysis of symptoms reported and collapsed into within subject mean scores using the HIV Symptom Index collected as part of an ambulatory prospective observational cohort in Alabama.  The HIV Symptom Index is a 20-item survey capturing prevalence and magnitude of symptoms associated with HIV infection.  Within-subject mean item scores for all clinic visits for the year were computed, and principal component analysis (PCA) on these mean item scores was performed to reduce items to those commonly reported together using eigenvalues >1.  Oblimin rotation was conducted to facilitate interpretation of the PCA solution.

**Conclusions:** Of the study HIV sample (*N*=1945), 78% were men and 22% women, 19-79 (*Mage* = 44) years of age, with a mean HIV diagnosis of 10 years.  The majority (96%) of patients were currently on cART.  Fatigue, fevers/chills/sweats, peripheral neuropathy, shortness of breath, headache, bloating/abdominal pain, and muscle aches/joint pain loaded onto the first factor, explaining 41% of the variance.  Memory loss, poor sleep, sex problems, anxiety, and depression loaded onto the second factor, explaining 9% of the variance.  These two factors were highly correlated (*r* =.51).

**Implications for Practice:** Clinicians may not be accurately addressing the possible underlying physiological factors responsible for causing symptoms.  The correlation between the two factors suggests an interaction between symptom clusters.  Symptoms presented in this sample may also be a reflection of inflammation from immune activation and microbial translocation resulting from HIV enteropathy.  Clinicians should design patient care visits to include a focused symptom assessment.  Further research to investigate these symptoms in the context of inflammation and microbial translocation may be warranted.

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

* Define Microbial Translocation;
* Identify the clusters of symptoms reported in HIV and association with inflammation;
* Discuss the implications of Symptoms and clusters identified.

**P-3**

**The Miami NAHN Project: Hispanic Nurses and Nursing Students for HIV Prevention**

Sande Gracia Jones1

 Patricia R. Messmer2

Yolanda Nitti2

 Roxana Orta2

 Yamina Alvarez2

 Marie O. Etienne2

1Florida International University, Nicole Wertheim College of Nursing and Health Sciences,

Miami, Florida, USA

 2Miami Dade College, Benjamin Leon School of Nursing, Miami, Florida, USA

**Background**: This poster will describe an innovative collaboration and ongoing project between two urban, Hispanic-serving colleges of nursing and National Association of Hispanic Nurses (NAHN)-Miami chapter. The NAHN Miami Chapter strives to serve nursing, the Hispanic community health care delivery needs and Hispanic nurses' professional needs in the greater Miami area. HIV has impacted the Latino community. In 2010, CDC reported that the new HIV infection rate among USA Hispanics/Latinos was more than 3 times higher than the rate for whites. Latinas may not practice safer sex due to cultural factors, placing them at risk for HIV and sexually transmitted infections (STIs).

**Problem/Purpose:**  Since HIV and STIs are a problem for Latinos/Latinas, nurses and nursing students need to have the knowledge, information, skills and resources in order to 1) protect themselves from acquiring HIV/STIs, and 2) disseminate this knowledge to friends, family, and the Miami community. In 2013 the NAHN Miami chapter collaborated with the SENORITAS nursing project at Florida International University  (FIU Nursing), providing funding to bring the SENORITAS educational class to Community Health nursing students at Miami Dade College (MDC).

**Methods**: Teaching faculty for SENORITAS came to the MDC Medical Campus to present the class. Students (13) attended the interactional education session, entitled "Amigas Care! Safer-Sex, Miami-style!". The students learned about the impact of HIV on Latino populations; how Latino women are affected by HIV; and three reasons why (Uno..Dos..Tres...) women are at risk for HIV and STIs. MDC nursing students then communicated and disseminated the class information and skills under the supervision of their Community Health professors out to the community.

**Conclusion:**  Faculty and students deemed the project very effective; a grant proposal was submitted and external funding was received to continue the collaborative project 2014- 2015. Thus far, 25 MDC nursing students have attended the SENORITAS class with additional sessions planned.

**Implications**: This innovative collaboration of Hispanic nurses, faculty, and nursing students will help reduce the rate of new infections of HIV/STIs in the Miami Hispanic community. The project will also help prepare the next generation of Hispanic nurse leaders in HIV/STI prevention.

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

* State the aims of the NAHN Miami chapter, and discuss the impact of HIV on the Hispanic/Latino community;
* Discuss the significance of collaboration between minority-serving colleges of nursing and minority nursing organizations, in relation to preparing the next generation of nurse leaders in HIV prevention for minority communities.

**P-4**

**The Multi-Site HIV/STD, Use of Substances, and Sexual Health (HUSH) College Study**

Sande Gracia Jones1

 Eric Fenkl1

Teri Aronowitz2

 Patricia R. Messmer3

1Nicole Wertheim College of Nursing and Health Sciences, Florida International University,

Miami Florida, USA

 2College of Nursing and Health Sciences, University of Massachusetts Boston,

Boston Massachusetts, USA

3Benjamin Leon School of Nursing, Miami Dade College, Miami Florida, USA

**Background:** Young persons aged 13 to 24 made up 17% of the US population in 2010, but accounted for an estimated 26% (12,200) of all new HIV infections (47,500) in the United States. Although several studies have looked at factors related to HIV in youth, fewer studies have comprehensively examined risk and protective factors for multi-cultural college students ages 18-24.

**Purpose:** The study consists of a self-administered survey of 1,100 minority students at two ethnically diverse urban state universities and one minority-serving urban state college. The survey consists of four instruments which gather data on attitudes, knowledge, and behavior related to college students and HIV/STDs, use of substances, and sexual health (HUSH). The study examines risk/protective factors and knowledge, attitudes, and behaviors related to HIV, STDs, and substance use/abuse for multi-cultural college students, and compares Hispanic to non-Hispanic students, heterosexual students to students who self-identify as Lesbian, Gay, Bisexual, or Transgender (LGBT), and students from an urban public university in South Florida to students at an urban public university in the Northeast. This study is funded through the Substance Abuse and Mental Health Services Administration (SAMHSA) Minority-Serving Institutions HIV and Substance Abuse Prevention initiative.

**Method:** Data collection was initiated in February 2014 after IRB approval was received from all three campuses. BSN and MSN students are participating as study helpers by serving as data collectors. Undergraduate and doctoral students will assist with data entry and data analysis.

**Results:** As of April 2014 the sample included almost 1,000 students. The recruitment strategies and challenges differed between campuses. It is anticipated that data collection will be completed by June 2014 and data analysis completed by September 2014.

**Conclusions/Implications**: The study will provide current findings related to risk/protective factors and knowledge, attitudes, and behaviors related to HIV, STDs, and substance use/abuse for multi-cultural college students. Additionally, the study will provide age-appropriate findings that can be used in the development of new prevention strategies that will help meet the goal of an AIDS-free generation.

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

* Upon completion of this poster presentation, the participant will be able to discuss HIV and STD risk among college students ages 18-24;
* The participant will be able to describe a research study in progress that will explore risk/protective factors and knowledge, attitudes, and behaviors related to HIV, STDs, and substance use/abuse for multi-cultural college students, and compares Hispanic to non-Hispanic students, heterosexual students to students who self-identify as Lesbian, Gay, Bisexual, or Transgender (LGBT), and students from an urban public university in South Florida to students at an urban public university in the Northeast.

**P-5**

**Evaluating SALSA: Student-led Education for College Student**

**Awareness of the Link between Substance Abuse/use and AIDS**

Sandra Gracia Jones1

Katherine Chadwell2

 Elizabeth Olafson1

Yvonne Parchment1

1Florida International University, Miami Florida, USA

 2Florida Atlantic University, Boca Raton Florida, USA

**Background**:  Student Awareness of the Link between Substance Abuse/use and AIDS (SALSA) is a HIV prevention program, led by nursing students in the role of campus-based Student Peer Educators (SPEs). The SPEs work with University Student Health Services to teach a sexual health class to freshman students during the Freshman Experience course. Although Peer-to-Peer education is an effective evidence-based education strategy often cited in the literature, few studies focus on nursing students as SPEs.

**Purpose:** Purposewas to evaluate the effectiveness of the SALSA nursing SPE's in improving the knowledge/awareness of freshman students about HIV transmission and ways to prevent HIV; importance of using a condom every time you have sex; importance of HIV testing and counseling for any person who has any behaviors that put him/her at risk for HIV; likeliness to engage in behaviors that may put you at risk for HIV; and where to go to get a free HIV test.

**Methods/Practice:**  After IRB approval, the SPEs distributed an investigator-developed questionnaire that was used to evaluate program efficacy. The Likert-scale questionnaire was distributed to students attending the Sexual Health class, where the 5 items were rated from a before-after class perspective.

**Results/Findings:** T he sample included 965 students. A t-test was used to compare before-after answers. All items showed a significant increase for before-and-after results: awareness/knowledge of HIV transmission/prevention (*t*(964)=273.28, *p* = .000); importance of consistent condom use (*n*=963) (*t*(962)=400.44, *p* = .000); importance of HIV testing/counselling (*t*(964)=330.68, *p* = .000); likeliness to engage in risky behaviors (*n*=926)(*t*(925)=55.85, *p* = .000); and access to free HIV testing (*t*(964)=81. 68, *p* = .000).

**Conclusions/Implications:** Findingsrevealed that freshman students attending the class increased their knowledge/awareness of HIV transmission and prevention, the importance of getting an HIV test, and where to go for a test, and decreased their likeliness to engage in risky sex. These findings demonstrate that the SALSA nursing SPE's are effective as campus-based SPEs. A Peer-to-Peer model using nursing students as SPEs can be easily implemented, and should be further studied as a nursing strategy to decrease new cases of HIV in the college-age population.

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

* The learner will be able to state two purposes of the student-led SALSA program;
* The learner will be able to discuss results of the SALSA evaluation study.

**P-6**

**Implementation of a Triage Nurse Initiated HIV Testing Program in an Inner City ED:**

**Nursing Uptake and Testing Success**

Abigail Hankin-Wei1

Daniel Buduson2

Michelle Wallace2

Heather Freiman1

Bijal Shah1

1Emory University, Atlanta, GA/Southeast, USA

 2Grady Health System, Atlanta, GA/Southeast, USA

**Background:** Emergency Departments (EDs) are recognized as important healthcare sites for routine HIV testing, with the incidence of undiagnosed HIV among patients seen in urban EDs estimated at 1-5% of the ED population. However, creating sustained practice change can be challenging in a busy clinical environment.

**Purpose:** We describe results following implementation of a triage nurse-initiated HIV test offer/order processin a high-volume urban ED.

**Methods**: A series of 4 yes/no questions were integrated into the Electronic Medical Record (EMR) triage flowsheet to help determine HIV test eligibility and prompt test offer at ED triage. Triage nurses were provided with in-service education, email updates, and one-on-one coaching to familiarize all triage nurses with the new HIV testing process. Data were extracted from the hospital EMR for all patients triaged including: demographics, patient test offer/response, and HIV test result. Data report accuracy was confirmed via chart review.

**Results:** From July 2013 through January 2014, 65,129 patients were triaged and 40,616 patients (62.2%) were screened for HIV test eligibility. Of the patients screened, 16,192 (40.7%) were eligible. Patients were ineligible if they were HIV+, had a recent HIV test (< 6 months), or were inappropriate to consent. 96.7% of eligible patients were offered testing (15,649) and 69.8% did not opt-out (10,168 patients). On a per-month basis, we noted increases in: completion of HIV eligibility screening (54.8% to 67.9% of encounters, p<0.001); total tests completed (836 to 1,722 tests), and the number of nurses ordering tests (95 to 110 nurses).

**Conclusions:** A triage nurse-initiated HIV test screening program in a high-volume, urban ED resulted in a high number of HIV tests and rapid integration of screening into nursing practice.

**Implications for Practice:** The ED is a viable and important site for HIV testing. The success of this triage nurse-initiated screening and testing system illustrates a successful approach to integrated routine testing at a very busy clinical site with a high-risk patient population. Keys to success included frequent messaging, regular updates about patient linkage to care, and integration of testing into the triage processes.

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

* Understand recommendations for routine HIV testing in clinical settings;
* Understand steps taken to successfully implement practice change in the described clinical setting;
* Understand impact of above interventions on rates of HIV testing and new HIV diagnoses in an inner-city Emergency Department setting.

**P-7**

**Development, Implementation and Evaluation of an Individual-Level Educational**

**Program to Assess the Likelihood of PrEP Use: Lessons Learned**

Sabine Eustache1

Kimberly Parker2

Bethsheba Johnson3

1Nova Southeastern University, Fort Lauderdale, FL, USA

 2Texas Woman's University, Denton, TX, USA

 3Gilead Sciences, Inc., Foster City, CA, USA

**Background:** In July 2012, the Food and Drug Administration approved the first drug to be used for HIV pre-exposure prophylaxis (PrEP). PrEP is a prevention option in which uninfected individuals at high risk of HIV take medication to reduce their risk of becoming infected. A number of studies have demonstrated the effectiveness of PrEP in preventing HIV acquisition among at-risk populations. Level of knowledge about PrEP and likelihood of use, however, is unknown. Community-based health care providers will be an invaluable resource in increasing knowledge and delivery of PrEP.

**Purpose:** This presentation describes the design and evaluation of "PrEPUp!", an evidence-based, interactive, educational intervention. The goal of PrEPUP! was to increase knowledge of PrEP among a diverse population, including men who have sex with men (MSM), transgendered individuals and heterosexual men and women. The purpose of the evaluation was to assess changes in knowledge and likelihood of PrEP use based on knowledge and attitudes, behavioral beliefs and subjective norms.

**Methods/Practice:** In 2013, a web-based, interactive curriculum was developed and implemented based on national standards for community health education programs. This educational program was designed to increase knowledge about PrEP among individuals most at-risk for HIV infection. Curriculum development meetings were held between February and September 2013 with organizational leaders, members of the target population, and other stakeholders. The development of the curriculum included needs assessment, curricular design, implementation, and process and outcome evaluations. A Facilitator's Guide was developed and used to train program staff and standardize delivery of the intervention. The outcome evaluation plan was developed to assess constructs of the Theory of Reasoned Action, including behavioral intentions and likelihood of PrEP use.

**Conclusions:** Process evaluation revealed a high level of satisfaction with the web-based, interactive curriculum. Preliminary outcomes support the effectiveness of educational interventions in increasing knowledge and likelihood of PrEP use while addressing subjective norms and beliefs among at-risk individuals.

**Implications for Practice:** Health care providers have tremendous potential to disseminate information about PrEP to those most at-risk for HIV infection. This health education effort and accompanying outcomes evaluation provide valuable lessons learned and show promise for behavioral intentions regarding PrEP use.

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

* Describe process of planning and implementing a Needs Assessment to ascertain health literacy about PrEP;
* Delineate the steps to develop and implement an interactive web-based educational program for PrEP;
* Create and implement an evaluation plan to assess behavioural intentions towards PrEP use.

**P-8**

**Community Partnership in Response to HIV Post-Exposure**

**Prophylaxis with Sexual Assault Patients**

Jane Russell1

Jan Briggs2

Diane Daiber3

Adriana Whelan4

1The Ohio State University, Columbus, Ohio, USA

 2Department of Veteran's Affairs Medical Center, Cleveland, Ohio, USA

 3Cleveland, Clinic, Hillcrest Hospital, Mayfield Heights, Ohio, USA

 4The Free Medical Clinic, Cleveland, Ohio, USA

**Background:** This abstract describes the development of a community driven initiative to address the gap in knowledge identified in health care responses to HIV post-exposure prophylaxis following a sexual assault. The gap between what HIV care providers know and the care being given in various settings came to light when several nurses with HIV experience realized the care being offered sexual assault patients

Varied greatly from provider to provider and institution to institution.

**Purpose:**  To provide better, more supported care for sexual assault patients.

**Methods/Practice:** We will review the education provided to the front line responders, specifically the Sexual Assault Nurse Examiners for Cuyahoga County. This presentation will highlight the collaboration between the Cleveland Clinic, University Hospitals in Cleveland, MetroHealth the Free Clinic of Cleveland, advocacy organizations, legislative powers and the subsequent policy changes and future of funding

Assistance for the patients to ensure safer, healthier communities.

**Conclusions:** This project demonstrates that a nurse-driven community project can overcome many obstacles in order to provide better care. Challenges include: frequent staffing changes in emergency departments and sexual assault nurses and unclear legal language regarding the payment for HIV testing and prophylaxis and the fact that this community project was done across several institutions - each with a

unique set of rules.

**Implications for Practice**: This project demonstrates the need for on-going attention and advocacy for adapting current knowledge into routine care. This project demonstrates the need for community support.

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

* Review clinical considerations non-clinical HIV post-exposure prophylaxis;
* Describe Community collaboration model for post-exposure prophylaxis after sexual assault;
* Participants will have opportunity to share resources and information.

**P-9**

**Integrating and Enhancing HIV/AIDS Content in a Nurse**

**Practitioner Graduate Program**

James L. Harmon

Duke University School of Nursing, Durham, NC, USA

**Background:**  Preparing nurse practitioners to join a national workforce of HIV care providers and deliver culturally-competent primary care to minority and underserved HIV-infected populations helps to achieve the goals of the National HIV/AIDS Strategy by reducing HIV-related health disparities, increasing access to care, and optimizing health outcomes for people who become infected with HIV.

**Purpose:** The purpose of this project is to increase distance-based educational opportunities at the Duke University School of Nursing for nurse practitioners who wish to provide primary medical care to HIV-infected individuals throughout the US.

**Methods:** An educational program has been designed that will integrate HIV content into the nurse practitioner curriculum for all students, and offer an area of concentration for those students wishing to specialize in HIV/AIDS. The program includes approximately 400 hours of supervised clinical experience with HIV care providers in or near students’ home communities. The distance-based program will utilize an online learning platform, and students will come to the Duke University campus each semester for intensive inter-professional team-based learning experiences.

**Conclusion:** Upon completion of the program, nurse practitioner graduates will have demonstrated the necessary skills to enter the workforce and provide primary medical care to people with HIV/AIDS as part of an inter-professional team.

**Implications for Practice:** As HIV infection becomes a more manageable chronic condition, it is increasingly more important for nurse practitioners to develop skill at managing HIV-infected patients in the primary care setting.

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

* Describe ways to enhance existing NP curriculums to include more HIV/AIDS primary care content;
* Identify strategies for providing educational opportunities for nurse practitioner students wishing to specialize in HIV/AIDS primary care.

**P-10**

**Evaluation of an HPV/Anal Cancer Risk Awareness**

**Program for HIV Positive MSM**

Eric Fenkl1

Sande Jones1

 Elie Schochet2

1Florida International University, Miami, Florida, USA

 2Holy Cross Hospital, Fort Lauderdale, Florida, USA

**Background:** Human papilloma virus (HPV) is considered a risk factor for anal cancer. The incidence of anal cancer is significant for men who have sex with men (MSM), who are reportedly 20 times more likely to be diagnosed with anal cancer and is highest among HIV positive MSM, who are reportedly 40 times more likely to be diagnosed with anal cancer.

**Purpose:** The purpose of this study was to determine the knowledge level of HIV positive MSM regarding HPV, anal cancer, and anal cancer screening prior to and immediately following an educational program.

**Methods/Practice:**  After IRB approval was obtained, study participants were recruited during a chartered cruise for HIV infected individuals and their partners/friends. The educational session was advertised and held during the cruise.  The sample included 95 HIV positive MSM. An investigator-developed 10-item pre- test and post- test was distributed to the   attendees.

**Conclusions:**  Analysis of the data revealed an increase in knowledge.  The mean for the pretest score was 43.89, with scores ranging from 20-80 (SD=11.51). The mean for the post-test score was 91.68, with scores ranging from 60-100 (SD = 10.27).  A paired t-test was done and showed a significant increase for pre-posttest results (t(94) = -28.206, p = .000).

**Implications for Practice:** Findings from this study indicate that educational programs are beneficial in raising awareness related to HPV, anal cancer, and anal cancer screening.  HPV, the most prevalentof all sexually transmitted diseases, has been under-investigated as a precursor of cancer in men. This program evaluation is an important step in developing a comprehensive educational/awareness program targeted toward HIV positive MSM. Nurses play a vital role in the dissemination of research to support initiatives aimed at HPV, anal cancer awareness, and the need for anal cancer screening for HIV positive MSM.

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

* Have gained a greater understanding of the of the need for raising awareness of anal cancer risk;
* Describe how an anal cancer awareness program can increase participants’ knowledge of anal cancer risk.

**P-11**

**A Secondary Analysis: Cardiovascular Risk**

**Knowledge among Individuals with HIV**

Bernadette Capili

Joyce K. Anastasi

New York University, New York, NY, USA

**Background:**  A common condition in HIV is the growing number of patients who present with a host of traditional cardiovascular disease (CVD) risk factors: excess body weight, Type II Diabetes Mellitus, dyslipidaemia, hypertension, and unhealthy lifestyles that include poor diets, lack of physical activity (PA), and smoking. This trend is concerning since the rate of CVD is rising and, according to recent data,  HIV is associated with a 50% increased risk for acute myocardial infarction even after adjusting for traditional CVD risk factors. The excess risk for the occurrence of CVD may be related to HIV-specifics of inflammation secondary to HIV infection and the metabolic effects of protease and nucleoside reverse transcriptase inhibitors.

**Purpose:** To examine cardiovascular risk knowledge among individuals with HIV.

**Methods:** A purposive sample of 123 participants was recruited to participate in 21 focus groups. Sample size was determined by data saturation from the group interviews. The composition of the groups was segmented by gender and body mass index (BMI): 1). normal weight men (BMI, 18.5-24.9 kg/m2), 4 groups, 2). normal weight women (BMI, 18.5-24.9 kg/m2), 4 groups , 3). overweight men (BMI, 25.0-29.9 kg/m2), 4 groups, 4). overweight women (BMI, 25.0-29.9 kg/m2), 3 groups, 5). obese men (BMI, ≥ 30.0 kg/m2), 2 groups, and 6). obese women(BMI, ≥ 30.0 kg/m2), 4 groups. All participants attended one intake session, and a second session for their scheduled focus group.

**Results:** Participants from the overweight and obese groups had greater CVD risk factor knowledge, regardless of gender than the normal weight groups.  Participants from the obese group demonstrated greater awareness and were able to provide a comprehensive list of CVD risk factors.

**Conclusions:** Participants from the normal weight group were not as knowledgeable as the overweight and obese groups.  For example, participants from the normal weight group did not consistently identify high sodium diet, stress, excess body weight, sedentary lifestyle, increased age, and family history as risk factors for CVD.

**Implications for Practice:** CVD risk factor education is needed across all segments of patients regardless of BMI, since CVD increases with age, coinciding with the graying HIV population.

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

* Describe the qualitative findings regarding CVD risk knowledge among individuals with HIV;
* Highlight areas regarding CVD risk knowledge which were not recognized by study participants.

**P-12**

**Evaluation of a Nurse-Initiated Routine HIV Testing**

**Pilot on a Medical Surgical Unit**

Joanne Costello1

 Michelle Carpentier2

Anne Sliney3

Cindy MacLeod2

Kristen Young2

Patricia Costa2

 Timothy Flanigan2

1Rhode Island College, Providence, RI, USA

 2The Miriam Hospital, Providence, RI, USA

 3Clinton Health Access Initiative, Boston, MA, USA

**Background:** National guidelines which recommend a shift from risk based to routine HIV testing for adults 13-64 years old HIV are described. The role of nurses as an integral part of the solution to increase the number of people who have the opportunity for screening is discussed.

**Purpose:** The purpose of this research study was to evaluate a pilot program in which nurses on an acute adult medical surgical unit routinely offered all patients ages 18-64 HIV testing on admission using physician standing orders.

**Methods**:  The study used a descriptive exploratory design using surveys and interviews to collect data regarding perceptions of stakeholders about nurse-initiated routine HIV testing.  A convenience sample of participants who were nurses or physicians providing direct care to patients on the unit and inpatients on the unit during the time of the study was obtained including 17 nurses, 5 physician hospitalists, and 44 patients.

**Conclusions:**  Nurse-initiated routine HIV testing was demonstrated to be acceptable to patients, nurses, and physicians. In addition to early detection, another positive result of the initiative was that nurses provided HIV education to patients about HIV as they offered routine testing. This positive evaluation by all stakeholders resulted in expansion of the policy throughout the 247 bed hospital which has been successfully implemented. Other acute care hospitals should model this initiative and join in the strategy to reign in the HIV epidemic in the United States.

**Implications for Practice:**  The unique relationship of nurses and patients creates a trust and intimacy which is often not duplicated by other healthcare providers and puts nurses in a position to offer their patients a potentially life-saving screening. The Institute of Medicine's declaration urging that nurses practice to the full extent of their education (IOM, 2010) includes nurses at the bedside communicating to patients in ways that will lead not only to individual patients being diagnosed with a treatable illness, but potentially to dramatic decreases in the number of new cases of HIV since status knowledge decreases unknowing transmission. If harnessed, nursing practice can impact positively and significantly on the HIV epidemic in our nation.

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

* State national recommendations for routine rather than risk-based HIV testing for adults 13-64;
* Describe the acceptability of routine nurse-initiated HIV testing by nurses, physicians, and patients on a medical surgical unit;
* Examine implications for nursing practice for nurse-initiated routine HIV testing in the acute care setting by medical surgical nurses.

**P-13**

**Transitioning Adolescents with HIV Infection to Adult Care:**

**Pilot Testing the "Movin' Out" Model**

Donna Maturo1

 Alexis Powell2

 Hannah Major-Wilson1

 Joseph De Santis3

Lawrence B. Friedman1

1University of Miami Miller School of Medicine Dept. of Pediatrics

Division of Adolescent Medicine, Miami, FL, USA

 2University of Miami Miller School of Medicine, Miami, FL, USA

 3University of Miami School of Nursing & Health Studies, Coral Gables, FL, USA

**Background:**  Advances in care and treatment of adolescents with HIV infection has resulted in survival into adulthood.  Survival means that adolescents will be required to transition to adult care at a prescribed point in their lives.  Previous studies have documented that this is a very stressful time for these adolescents, often resulting in missed appointments, poor adherence, etc. To assist these adolescents successfully transition into adult care, a transition model named "Movin' Out" was developed as a guide for the adolescent and the healthcare team to ensure successful transition.

**Purpose:**  The purpose of this presentation is to present the evaluation of the "Movin' Out" model.

**Methods:**  After obtaining Institutional Review Board (IRB) permission, a retrospective medical/psychosocial record review was conducted after the first 39 adolescents were transitioned into adult care from an adolescent medicine clinic using the "Movin' Out" model.  A data collection tool was developed and used to collect the data from the 39 records.  Descriptive statistics were used to evaluate if the "Movin' Out" model was successful in guiding the transition process.

**Conclusions:**  Based on the review of the 39 medical/psychosocial records, the "Movin' Out" model was successful in guiding the transition of adolescents with HIV infection.  Because of the small number of records that were reviewed for this pilot test, the results should be interpreted cautiously.  A larger medical/psychosocial medical record review is currently being conducted to further test this model.

**Implications for Practice:**  The use of a model such as "Movin' Out" may be useful for both clinicians and adolescents to assist with the transition process.  More research and clinical work is needed to further explore the transition process for adolescents with HIV infection.

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

* Describe challenges of transition for adolescents with HIV infection;
* Discuss how the use of a transition model such as "Movin' Out" may be useful in the transition process;
* Evaluate the "Movin' Out" model for use in clinical practice.

**P-14**

**The Oak Tree Clinic: A Model of Women-Centered**

**HIV Care in British Columbia**

Barbe Pickering

BC Women's Hospital, Vancouver, BC, Canada

**Background:** While an increasing number of AIDS Service Organizations (ASO) provide gender-specific services, few HIV clinics in Canada are designed specifically for women.  In focus groups and surveys, Canadian women living with HIV have expressed a strong desire for women-centered HIV care to improve their engagement in care and health outcomes.

**Purpose:** The Oak Tree Clinic (OTC) is the provincial referral centre for HIV+ women and children located at the BC Women's Hospital and Health Centre in Vancouver.  An inter-disciplinary team provides for the holistic health needs of women and their families under a single roof.

* Adult, pediatric and obstetric/gynecological HIV specialists, nurse practitioners, nurses and pharmacists
* Psychiatrist and trauma/addictions counselor
* Clinic-based and outreach social workers and dietician

**Method/Practice**: The OTC research program focuses on issues of concern to HIV+ women and children including pregnancy, perinatal transmission, HPV and cervical cancer, HIV/HCV co-infection, bone health, neurocognition and strategies to improve engagement in care including mobile texting.   As a University of British Columbia (BC)-affiliated teaching site, OTC is actively engaged in medical education.

**Conclusion:** Since 1994, OTC has provided care for over 5000 patients, including 580 pregnant women and 81 HIV+ children.  As of 2012, 600 patients were actively engaged in care with a total of 2300 patient visits.  Thirty-five percent of OTC patients are Aboriginal, 33% Caucasian and 32% African or South Asian immigrants.  Forty-four percent have a history of IV drug use and 35% are HCV co-infected.  Half of OTC patients live in the Vancouver area and half live in geographically diverse areas of BC.

Since 1996, out of 487 mother-infant pairs, there has been no perinatal transmission for women engaged in care at OTC.

A study of harder-to-reach HIV-infected women in BC showed that women were more likely to receive regular gynecological care, such as cervical cancer screening, if patients at OTC.

**Implications for Practice:** A women-centered inter-disciplinary HIV clinic results in high quality care for challenging patient populations. The OTC provides a sustainable model for how this can be achieved.

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

* Have learned about a unique model of women-centered HIV care in British Columbia as a basis for strategizing how to apply this model in their respective clinical settings. The knowledge can be used to evaluate program gaps and identify practice opportunities;
* Have learned about the strategies that have successfully prevented vertical mother-to-child transmission in BC since 1996, and identify opportunities to change practice;
* Have learned about the intensive nursing case-management strategies to address complex medical, social, and, psychological care need; and identify gaps and practice opportunities in nursing case management.

**P-15**

**Testing the Feasibility & Acceptability of an African American (AA) Mother-Daughter**

**Intervention to Enhance Sexual Communication**

Teri Aronowitz

 Ijeoma Ogunlade

Chizoba Ibeabuchi

UMass Boston, Boston, MA, USA

**Background:** Although African Americans (AA) represent 14% of the US population, they accounted for 44% of all new HIV infections in 2009. Among females between the ages of 13-19, AA girls comprised nearly 3 out of 4 new cases of HIV in 2009. Reducing HIV infections in adolescents is the highest priority on the national HIV agenda. Increasing sexual communication with mother is likely to be sustainable over time and across relationships, and thus have a greater impact on HIV-prevention behaviors later in life. The goal of this pilot study is to assess the feasibility for recruitment and retention of mother-daughter dyads in a randomized controlled clinical trial.

**Purpose:** The aims of this pilot are to demonstrate the feasibility of recruiting and retaining dyads over the course of the study, as well as to evaluate the developmental appropriateness & acceptability of the intervention for early adolescent girls and their mothers.

**Method:** Twenty-eight mother-daughter dyads are being recruited from a community health center between February-April 2014. African American female interventionists provided a 6-hour program with mother and daughter separate groups for the first 3 hours, then combined the remaining time.  Fifty percent of the dyads recruited attending the intervention. Pre-assessment surveys showed no difference between the dyads that attending the intervention and those that were lost to follow-up. Focus group feedback after the intervention showed acceptability of the intervention for both mothers and daughters.

**Implications:**  Early adolescence is a neglected area for HIV prevention. In a review of HIV prevention interventions for adolescent girls there was no AA-specific study with mean ages less than 15 years. It has been shown that mothers are the primary sex educator of daughters, and girls who are abstinent state their relationship with their mother was an important influence on their delaying sexual activity. With 70% of cases of adolescent HIV seroconversion occurring among AA females, studies are urgently needed to investigate innovative ways of enhancing mother-daughter relationships and sexual communication among early adolescents. This pilot study showed the feasibility and acceptability of the intervention.  External funding will be sought to test the intervention.

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

* Discuss the epidemiology of HIV risk among African American early adolescent females;
* Analyze the development of a culturally specific family-focused intervention;
* Identify the feasibility and acceptability of LUMBA.

**P-16**

**Yoga Based Therapy for HIV-Infected African**

**Americans with Anxiety and Depression**

Erin Athey

George Washington University, Washington, DC, USA

**Background:** There is an urgent need to address depression and anxiety among African Americans living with HIV and AIDS in the United States. They are far less likely to be diagnosed and treated than their White counterparts due to various individual and social factors and there are few evidence-based interventions to address this need. Yoga Based Therapy (YBT), which requires no medication or psychotherapy is an intervention that has shown great promise in HIV uninfected individuals with anxiety and depression. However, it is unknown if this intervention will be effective in HIV infected African Americans.

**Purpose:** The purpose of this pilot study is two-fold: 1) To evaluate the feasibility and acceptability of Yoga Based Therapy (YBT) in HIV infected African Americans and 2) To obtain preliminary efficacy data on YBT to improve depression and anxiety symptoms and immune functioning in HIV infected African Americans.

**Methods/Practice:** African American participants with anxiety and/or depression will be recruited from a single clinic in Southeast, Washington, DC. Participants will receive instruction and guided yoga sessions twice weekly for 12 weeks at a local yoga studio. Feasibility will be determined by recording attendance and daily logs. Psychological evaluations, along with laboratory markers of HIV progression and stress markers will be evaluated before and after the YBT intervention to gather preliminary data on efficacy. A qualitative exit interview will determine acceptability.

**Conclusions:** Preliminary results regarding feasibility were obtained by pre-piloting this intervention with five participants.  It was suggested that feasibility would be enhanced with adequate incentives for participants and conducting the yoga sessions in a comfortable venue (outside of the medical clinic). Modifications were made to this protocol based on this feedback and recruitment is anticipated for early fall 2014.

**Implications for Practice:** If YBT is feasible and effective in treating depression and anxiety in HIV infected African Americans, it will provide an alternative to other therapies with a focus on wellness and improving quality of life instead of focusing on disease.

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

* Examine the impact of anxiety and depression on HIV disease management and care;
* Introduce the concept of Yoga Based Therapy (YBT) as a potential treatment modality for anxiety and depression in HIV infected African Americans.

**P-17**

**Knowledge and Attitude Regarding Prevention of Mother to Child HIV**

**Transmission (PMTCT) among Women Attending Antenatal**

 **Programmes at Karshi General Hospital, Abuja**

Ifeoma Mgbowula

Godspower Mgbowula

University of Jos, Jos/Plateau/North East, Nigeria

**Background**: Transmission of HIV from mother to child has led to a large extent HIV prevalence amongst children. This can occur during pregnancy, Labour and delivery or breastfeeding .The current effort to incorporate HIV counseling and testing(HCT) into antenatal care through PMTCT programme in all health facilities in Nigeria in a positive one aimed at identifying those pregnant women that are HIV positive and

providing adequate steps that will prevent, reduce or eliminate infection of the infant.

**Purpose**: The purpose of the study is to assess the level of knowledge and attitude of antenatal women towards PMTCT.

 **Objective**: The objective of the study was 1.To determine the level of knowledge of the antenatal women towards PMTCT 2.To assess the attitude of the antenatal women towards PMTCT 3.To identify those pregnant women who are at risk of HIV/AIDS and provide adequate steps that will prevent, reduce or eliminate infection.

 **Methods**: A well structured questionnaire, interview method was used to obtain data from the respondents. The questionnaire contains questions relating to knowledge, attitude of antenatal women regarding mother to childHIVtransmission.

**Conclusion:** This study revealed that many of the women had good knowledge of HIV/AIDS but some did not. For instance majority of the women understand HIV AIDS is caused by a virus, while some(6.7%) HIV is caused by witchcraft,is a punishment from God(consequence of ones sin), kissing  and shearing of cutleries could be a possible mode of transmission. On HIV prevention issues, response where varied according to level of knowledge of HIV transmission among women, their spouse and their religious doctrines. For instance, use of condom as a preventive measure during sexual intercourse was encouraged by 60%  of respondents where as those who were of catholic was not in support of that. Majority were not in support of abstinence among the youths without alternative for deviant youths. Some rejected the use of alternative breast feeding because of spouse dislike.

**Implication**: There should be greater involvement of their male partners, and family members during PMTCT counselling sessions. Awareness creation, community mobilization staff training and involvement of religious leaders will help to increase the level of knowledge and support of PMTCT.

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

* Determine the level of knowledge of the antenatal women towards PMTCT;
* Determine their knowledge by asking them about the cause, transmission, and how to avoid HIV;
* To assess the attitude of antenatal attendees toward PMTCT

**P-18**

**A Phenomenological Inquiry of the Lived Experience of Indian**

**Women with HIV/AIDS in South Africa**

Ronica Subramoney

Barry University, Miami shores, FL, USA

**Background:**  South Africa is a multi-ethnic country that has been hardest hit by the HIV/AIDS epidemic, and women have become the most vulnerable population.  A steady increase in HIV/AIDS infection rates among the Indian population residing in the hardest hit area KwaZulu-Natal (KZN) has been noted because of their failure to accept HIV/AIDS as a threat. However, there is a lack of research on Indian women with HIV/AIDS in KZN despite their vulnerability to the disease. This phenomenological research aims to better understanding of the essence of the experience of living with HIV/AIDS.

**Purpose / Aims:** The purpose of this study, guided by the hermeneutic phenomenology of Max van Manen, was to explore the lived experience of Indian women with HIV/AIDS in KwaZulu-Natal, to gain a deeper understanding of living with HIV/AIDS. This research aims to provide an inductive description of the lived experience thereby giving these women a voice.

**Methods:** Data collection occurred from a semi-structured interview that was conducted until saturation. The interviews were tape-recorded and the themes highlighted using reflective responses. The hermeneutic phenomenological approach by van Manen (1990) directed this inquiry. A purposive sample of 10 Indian women who self-identified as HIV/AIDS positive, residing in KZN, at least 18 years of age, able to speak and read English and willing to speak about their experience of living with HIV/AIDS. Data was analyzed following the van Manen approach.

**Conclusion:** The related themes of themes of struggling, isolating, supporting, and hoping emerged as a total representation of the Indian's women's life with HIV/AIDS

**Implications for Practice:** This research study exposed the depth of the challenges confronting the Indian women with HIV/AIDS. A significant dimension of this experience of living with HIV/AIDS was the search for meaning, which they were compelled to address in order to move forward in their respective lives. The implication for nursing was the emphasis on mental health care is crucial to for these women's to survival, and also a non-judgmental approach regardless of race.

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

* Describe the teaching methods, strategies, materials & resources for each objective;
* Recognize the importance of mental health wellbeing in people with HIV/AIDS infections;
* Recognize the importance of culture when planning care of ethnic groups with HIV/AIDS.

**P-19**

**Utilization of an Infectious Disease (ID) Tertiary Patient Aligned Care Team (PACT)**

 **to Facilitate Care to Persons with HIV Living in Rural Communities Using**

**CVT (clinical video telehealth) to Provide HIV Care Education to Primary Care Teamlets**

Kathleen Liddy

 Lindsey Reese

Bradley Allen

Deanna Kania

Shannon Woller

Roudebush VA Medical Center, Indianapolis, Indiana, USA

**Background:** Nearly 82% of persons with HIV in the United States are screened and diagnosed, but only 25% are virally suppressed.1 Barriers to effective suppression include many factors including lack of access to care and poor adherence. Our VA cares for veterans with HIV across the state and 30% travel hours to be seen.

Currently, our patients are offered CVT and telephone visits in between face to face ID team clinic visits at the tertiary facility to help reduce travel burden.  The PACT (MD, NP/RN, PharmD, Psychologist) can initiate CVT or telephone call visits to follow up on blood work, medication or psychological issues while utilizing remote computer data.  Patients attend their local clinic for the CVT visit where patient can be "seen" remotely (remote stethoscope type equipment available).  Local nursing staff facilitate encounters at the home facility.

**Purpose:** The purpose of the project is to enhance VA primary care providers' level of comfort in providing various aspects of routine and preventive care for patients with HIV.  We intend to advance the use of CVT to increase patient satisfaction and decrease unnecessary travel to tertiary facility with the goal of improving overall adherence.

**Methods/Practice:** Surveys to the primary care teamlets will reveal educational needs and shape the use of CVT. The HIV PACT will increase communication with rural teamlets and pharmacy using site visits to referring clinics, provide regularly scheduled teleconferences and provide CVTinformational sessions and videos. These videos, based on survey data, would include topics on general care, pharmacy and mental health specific to HIV.

**Conclusions/Implications for Practice:** We intend to use CVT based informational teleconferencing and videos to enhance HIV-related education to teamlets and local pharmacists with the goal of improving patient convenience, satisfaction and adherence.  This new model of care may be importable to other large clinics with multiple referral sites with geographical challenges.

•1. http://aids.gov/federal-resources/policies/care-continuum/

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

* Describe the challenges of providing HIV care to persons living in rural areas;
* Explore ways to enhance educational opportunities for primary care teamlets caring for persons with HIV in the local primary care clinic;
* Review implications of project success to other primary and tertiary settings.

**SP-1**

**Significant HIV knowledge gaps among South African adolescents**

Kemesha Gabbidon

Michèle Jean-Gilles

Jessy Dévieux

Florida International University, Miami, Florida, USA

**Background:**  South Africa has the highest number of people living with HIV/AIDS worldwide and adolescents there experience high levels of substance use and sexual risk. Lack of communication, stigma, and inconsistent condom use has increased adolescents’ risk of developing HIV.

**Purpose:** The purpose of this study was to evaluate HIV knowledge among a sample of South African adolescents ages 14-17 participating in an HIV/AIDS risk reduction study.

**Methods:** Data was collected during a NIDA funded pilot intervention study involving 83 adolescents and their parents. Adolescents’ responses to the HIV-knowledge questionnaire were analyzed at baseline.

**Results:** Mean age of the sample was 15.76(SD=1.06) and more than half of the adolescents were female (53%). Most the sample (58%) was sexually active with mean age of sexual debut at 13.37 (SD=2.85). Overall knowledge scores ranged from 4-16, (M= 10.5, SD= 2.96) with higher scores indicating greater knowledge. Differences in gender, sexual activity, and sexuality conversations with parents did not indicate differences in knowledge scores. However, assessment of specific items revealed several inaccurate beliefs; adolescents (34%) believed HIV could be spread by sneezing and coughing, *Χ2*(2, N=81)=6.921, p=0.031, males (50%) were more likely to agree. In addition, 17% believed penile withdrawal prevented HIV, *Χ 2*(2, N=81) =11.923, p=0.003, males (44%) were more likely to agree. Furthermore, 33% did not believe HIV could spread to a women engaging in anal sex, 46% believed that all HIV positive pregnant woman will bear a child with AIDS, 51% believed that people with HIV showed symptoms quickly, and 58% did not believe that HIV could be transmitted by oral sex. Results indicated marginal significance *Χ2*(3,N=80)=7.745, p=0.052 as sexually active adolescents (36%) were more likely to report no sexuality conversations with parents.

**Conclusions:** Outcomes from the study identified a number of misconceptions in this sample of South African adolescents’ HIV knowledge. In addition, adolescents’ who were sexually active had similar HIV knowledge deficits as those who were not sexually active.

**Implications:** In hopes of an AIDS free generation, gender specific, parent-based, and knowledge focused sex education may improve adolescents’ sexual health knowledge regardless of their level of sexual activity.

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

* Identify areas needing improvement in sexual health education among adolescents;
* Identify potential target populations for improved HIV knowledge and prevention interventions.

**SP-2**

**Association between HIV-Related Stigma, History of Sexual Abuse,**

**and Depression among People Living With HIV/AIDS in Haiti**

Muni Rubens

 Michèle Jean-Gilles

 Jessy Dévieux

Florida International University, Miami, Florida, USA

**Background:** People living with HIV/AIDS (PLWHA) often have complicated past histories including trauma, depression, anxiety and stigma. These factors can adversely affect treatment adherence, HIV risk behavior, and quality of life.

**Purpose:** This cross-sectional study examined the relationships between HIV-related stigma, history of sexual abuse, and depression among PLWHA in Port-au-Prince, Haiti.

**Methods:** Baseline data from an intervention study for enhancing safer sex practices and adherence to medication among poor urban HIV-positive patients was used. Perceived Stigma of HIV/AIDS scale (personal view and public view subscales) assessed participants' perceptions of HIV/AIDS related stigma. A modified version of the Childhood Trauma Questionnaire and the Center for Epidemiological Studies-Depression (CES-D) measure were used to determine history of sexual abuse and to assess depression, respectively. Descriptive statistics were done to analyze the demographic characteristics of the sample. Then, multiple regression modelling was used to identify whether stigma mediated the effect of childhood trauma on depression. This method involved testing three regression equations.

**Results:** The sample included 272 participants; 36% were males and 64% females. The mean age was 36 years (SD=8.46). Seventy-seven percent of participants reported a history of sexual abuse. Among those reporting sexual abuse, the majority (63.3%) were females. Participants with a history of sexual abuse reported more personal stigmatizing views (p=0.368) and higher public perceptions (p=0.021) of stigma. More than 90% of all the participants exhibited symptoms of depression. HIV-related perceived public stigma mediated the effect of childhood trauma on depression (p=0.000), with people with higher perceived public stigma showing higher levels of depression. However, personal stigma did not mediate the effect of childhood trauma on depression.

**Conclusions:** Findings of this study have implications for the design, implementation and testing of interventions for PLWHA, particularly the need to address the effects of previous trauma as well as perceptions of HIV-related stigma on their depression.

**Implications for Practice:** For healthcare providers, it is important to understand and address problems like trauma, depression and stigma, as a part of standard HIV care. In the long term, this may reduce depression and improve the quality of life for PLWHA.

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

* Identify the association between history of sexual abuse reported and levels of personal view and public view of stigma;
* Describe how HIV-related perceived stigma-public view mediated the effect of childhood trauma on depression.

**SP-3**

**Psychosocial HIV Research and the HIV Care Continuum**

Joseph Perazzo

University of Cincinnati, Cincinnati, OH, USA

**Background:** Revision to HIV treatment guidelines by the World Health Organization (WHO) has resulted in a dramatic increase in treatment eligibility among individuals living with HIV. Individual and community health benefits of HIV treatment have been well documented, but far less research has been conducted on psychosocial factors that influence HIV treatment behavior. The HIV Care Continuum (HCC) provides clinicians with a framework to assess HIV care engagement and is a useful framework for assessing the current state of HIV treatment research and identifying gaps in current knowledge particularly about psychosocial factors.

**Purpose:** A review of current literature on psychosocial factors that influence HIV treatment was conducted using the HCC as a framework to identify gaps in current knowledge and provide direction for future research efforts.

**Methods/Practice:** The investigator searched a university database that includes articles from CINAHL, PubMed, PsycInfo, and over 500 scientific journals. Articles  related to psychosocial factors influencing HIV treatment were reviewed by examining  study purpose and sample characteristics, and were categorized using the HCC as a framework.

**Conclusions:** A total of 153 articles were reviewed, and 26 studies were identified in which psychosocial factors that influence HIV treatment behavior were investigated. The majority of the reviewed studies examined **treatment adherence** in samples of individuals who were linked with care providers and on antiretroviral (ART), corresponding to Stages 5 and 6 of the HCC. Few investigators examined **treatment refusal** (Stages 2 and 3), and no studies in the review focused on **treatment initiation** following diagnosis (Stage 3 and 4) or **treatment dropout** (Stage 4).

**Implications for Practice:** Psychosocial factors that influence HIV treatment across the entire HCC must be investigated to gain a holistic perspective of the state of HIV treatment research, and to provide clinicians with the tools to promotes optimal care engagement among individuals living with HIV.

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

* Define what the HIV Care Continuum is and discuss multiple uses of the HIV Care Continuum as a framework for investigation;
* Discuss the current state of psychosocial research on HIV treatment behaviour.

**SP-4**

**HIV and STD Knowledge of Female Minority College Students**

Rosemarie Graczkowski1

Sande Gracia Jones1

 Patricia R. Messmer2

1Nicole Wertheim College of Nursing and Health Sciences,

Florida International University, Miami Florida, USA

 2Benjamin Leon School of Nursing, Miami Dade College, Miami Florida, USA

**Background:** The Centers for Disease Control and Prevention (CDC) estimate that youth ages 13-24 make up just over one quarter of the sexually active population, but account for half of the 20 million new STDs that occur annually in the United States. While both men and women are affected by STDs, untreated or undiagnosed STDs cause an estimated 24,000 women a year to become infertile. The presence of a sexually transmitted infection/disease (STD) increases HIV exposure risk 2-5 times. In 2010 adolescents and young adults accounted for an estimated 26% of all new HIV infections in the United States in 2010.  Young minority women have been impacted by both HIV and STDs.

**Purpose:** The purpose of this study is to assess the knowledge and awareness of 1) HIV transmission and prevention and 2) signs and symptoms, treatment, and vaccinations for STDs, among female college students ages 18-24 in South Florida. This study is part of a larger study funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) Minority-Serving Institutions HIV and Substance Abuse Prevention initiative.

**Method:** After IRB approval was received, female college students were recruited during Spring Semester 2014 from two sites, a minority-serving urban state university and a minority-serving urban state college in South Florida. Inclusion criteria for participants included: female ages 18-24, enrolled as a student, and able to speak and read English. After giving verbal consent, the participants completed a self-administered survey. The survey packet included  a demographic sheet, the 18-item HIV Knowledge Questionnaire (HIV-KQ-18)  (Carey & Schroder, 2002), and the 27-item STD Knowledge Questionnaire (STD-KQ) (Jaworski & Carey, 2007).

**Results:** As of April 2014 the sample included 120 female students.   Data collection is expected to be completed by May 2014. Data is currently being entered into a SPSS file in preparation for data analysis.

**Conclusion/Implications:** Young minority women have been impacted by HIV and STDs. Assessment of their HIV/STD knowledge needs will assist practitioners and educators in developing age-appropriate interventions, which will help meet the goal of an AIDS-free generation.

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

* Discuss HIV and STD incidence and rates among young adults in the United States;
* Describe a research study in progress that willexploreHIV and STD knowledge of minority female college students ages 18-24 in South Florida.

**SP-7**

**Adherence to ART and Factors Associated With it among**

**HIV Infected Drug Users: A Review of the Literature**

Million Mesfun

Florida International University, Miami, Florida, USA

**Background:** The introduction of antiretroviral treatment (ART) in the mid 1990's has made HIV a more endurable chronic disease and made a dramatic improvement on the quality of life of people living with the virus. However, the success of ART has been tied to significant challenges, with long-term optimum adherence to these drugs being the key element of successful treatment outcome. HIV infected injection drug users (IDUs) have benefited less than other people living with the virus from these advancements, mainly due to decreased access and adherence to ART.  Studies that investigated adherence among IDUs are relatively few and inconclusive. While some studies reported comparable adherence rate among IDUsand the general HIV infected population, others reported a lowered adherence rate among drug users.

**Purpose:** The purpose of this study is to identify the rate of adherence to ART among HIV infected IDUs, and explores the factors that either facilitate or constrain adherence among this group.

**Methods/Practice:** To assess the state of knowledge of adherence to antiretroviral treatment (ART) among HIV infected injection drug users (IDUs), and factors associated with it, we conducted a systematic critical content review of peer-reviewed articles published from 2003 to 2014. First, we conducted a systematic search of four databases (Google Scholar, PubMed, CINAHL, and AIDS line). The initial search identified 300 articles. After further review of these articles, we identified 45 publications that met study inclusion criteria.

**Conclusions:** The adherence rate among IDUs was slightly lower among IDUs than the general population. Incarceration, active drug use, psychiatric comorbidities, housing instability, and low economic status were identified as barriers to adherence. Addiction treatment services, psychosocial support, and habitual medication taking habits were identified as barriers to adherence.

**Implications for Practice:**  Involvement of family members in the care plan for IDUs, evaluation of IDUs for psychiatric and social problems, and evaluation of IDUs for economic problems (such as housing condition, access to health care) are among the implications for practice.

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

* Identify the rate of ART adherence among drug users;
* Identify the barriers and facilitators to ART adherence among drug users.

**SP-8**

**Cognitive Impairment Associated with Genetic Variations in HIV-Infected**

**Adults Participating in a Risk-Reduction Intervention**

Karina Villalba

Jessy Devieux

Florida International University, Miami, Florida, USA

**Background:**  Within days of infection, the HIV virus enters the central nervous system (CNS) leading to neurological, cognitive and behavioral complications. Even in the era of combination antiretroviral therapy (cART), mild neurocognitive impairment persists in approximately 45% of HIV-infected individuals particularly affecting the domains of executive function, learning and memory. Genetic association studies have increasingly shown individual differences in cognitive function (i.e., executive control) which may be determined by heritable genetic factors in the serotonin and dopamine systems.

**Methods:**  We investigated whether SNPs rs6277 in dopamine receptor D2 (DRD2), and rs4570625 in tryptophan hydroxylase isoform 2 (TPH2) genes were associated with executive dysfunction in HIV-infected adults. NeurocognitivDe measures used to assess executive function, and cognitive flexibility were: Short Category Test and the Color Trails Test. Data were analyzed using logistic regression methods.

**Results:**  Total of 267 participants were included, 65% male, predominantly minority (76% African American, 16% Hispanic and 8% European American), with the majority (69%) with at least a high school diploma and a mean age of 45.1 years. Significant results were found in SNPs rs4570625 associated with impaired executive function (OR = 2.4; 95% CI = 1.18 to 5.08; *p* = 0.02) greater in males (OR = 3.7; 95% CI = 1.42 to 9.81; *p* = 0.01); and rs6277 associated with impaired cognitive flexibility (OR = 1.5; 95% CI = 1.05 to 2.23; *p* = 0.04), greater in males (OR = 1.8; 95% CI = 1.25 to 2.92 *p* = 0.01)

**Conclusion:** SNPs rs4570625 and rs6277 were significantly associated with impaired executive function and cognitive flexibility, critical to planning, organizing and ability to adapt goal-directed behavior and thus possibly important for effective behavioral risk reduction. The strongest associations were male-specific.

**Implications for Practice:** These findings may be able to modify the ability of HIV-infected individuals to respond to cognitive-behavioral risk-reduction interventions, suggesting opportunities for optimizing outcomes by tailoring interventions using genetic variations. Furthermore, it can potentially guide the integration of genomic applications into disease prevention interventions for this population.

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

* Discuss factors that may contribute to neurocognitive decline in the cART era;
* Identify a genetic risk marker that may be associated with executive dysfunction;
* Identify areas of future research needed to obtain full functional protection of the nervous system.