Abstract Concurrent Session

Friday, November 19th

10:30 am - Noon
Symptom Management Strategies Used for Depression in Transgender Living with HIV

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Background: Although it is common for persons living with HIV (PLWHIV) to experience depression, little is known about whether gender influences symptom management strategies used for depression. Even less is known about these strategies in transgndered persons with HIV (TG).

Purpose: The purpose of this study is to identify the symptom management strategies for depression that TG use, and how perceptions of the effectiveness of these strategies differ among the groups.

Methods: This study used baseline data from a multi-national RCT enrolled 775 PLWHIV. 296 (38.2%) were female, 462 (59.6%) were male, and 17 (2.2%) were TG. Subjects who reported depression were asked to identify the strategies used to manage the symptom from listed 20 common strategies (Yes/No). Subjects were then asked to rate the effectiveness of each strategy using a ten-point Likert scale, with 1 being "not work at all" to ten being "work very well."

Result/Conclusions: 46.7% (n=362) reported depressive symptom. TG reported a lower rate of depression (n=7, 41.2%) than either females (n=131, 44.3%) or males (n=224, 48.5%). One of the most frequently reported strategies for depression used by TG (35.3%) was substance use (i.e., marijuana, cigarettes, alcohol, street drugs), and the proportion was higher than either females (22.6%) or males (28.6%). Moreover, a relatively higher proportion of TG reported street drug use (37.5%) as an effective symptom management strategy (mean: 8.0/10) when compared with females (8.1%, 7.3) or males (14.6%, 7.5); There is a significant difference in the use of this strategy among TG and females (p=.032). This study demonstrates gender differences in symptom management strategies used for depression and perceived effectiveness in PLWHIV. TG's first choice of managing depression was substance use, and they were more likely to perceive higher effectiveness of street drugs as a symptom management strategy than others.

Implications for Practice: This study suggests that TG are treating their depression with harmful substances. These findings highlight need to assess for signs and symptoms of depression and to explore how PLWHIV are managing these symptoms, especially among TG patients.

Objectives: The learner will be able to
1. Identify gender differences in depression management strategies among people living with HIV;
2. Understand gender differences in the effectiveness of depression management strategies;
3. Identify best practices for nursing care for this population.
Everybody Got the Blues: Screening for Depression on a Mobile Health Van

Catherine A. O'Connor¹, M. Susana Medeiros², Kathryn Swanson¹, Elizabeth Cullen², Audrey Hall¹, Sean Marley¹, Erika Tetreault¹, Molly Clancy¹, Michael J. Gaucher³, Barry P. Callis³

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Background: Depression is posited to be a significant contributor for HIV infection among at risk populations. Findings from a 2008 study suggested that depressed MSM accessing van services engage in behaviours that place them at increased risk for HIV and STDs. Prevention programs may benefit from including screening for depression (Bland, S, 2009). (Mimiaga, M., 2008) examined substance abuse and sexual risk among MSM's who utilize the van for education, screening, and vaccinations. Findings concluded that (35%) screened positive for depressive symptoms.

Purpose: To evaluate the outcomes of (MSM) and (IDUs) seeking screening and preventative health care services in a mobile van that screen positive for depression.

Methods/Practice: The Zung Self Assessment Depression Scale (SDS) was administered to 356 patients seeking services on a mobile van for 6 months in 2009. Patients were asked a brief set of pre-screening questions to assess past/current history of mental health care followed by the Zung questionnaire, which was integrated into the sexual and substance use risk assessment. Patients were educated about the link between untreated depression and HIV risk. Nurses enrolled in a nurse practitioner program scored the questionnaire and notified the patient's nurse of a positive screen. The nurse discussed the positive screen with the patient, conducted an in-depth mental health assessment, provided educational materials in the appropriate language, made a prevention and self care plan and documented the need for supported referral to mental health services.

Conclusions: Of 356 patients surveyed, the percentage of those reporting previous history of mental health services and those reporting no history was equal. Assessing mental health resulted in referrals, access to treatment, and follow up for: 5 clients (3%) who screened positive for depression but did not report a previous history of mental health diagnosis, care and/or treatment; and 27 (15%) who screened positive for depression but reported any history of mental health issues.

Implications for Practice: Standardized screening can identify individuals at risk for depressive symptoms at non-traditional venues. The (USPSTF) recommends screening all adults for depression when staff supports and systems are in place to help providers ensure accurate diagnosis and provide effective treatment and follow up.

Objectives: The Learner will be able to

1. Participants will learn about the link between untreated depression and HIV risk;
2. Participants will learn strategies to identify individuals at risk for depression and HIV in nontraditional venues using a standardized depression inventory.
An HIV Grief Intervention to Promote Human Flourishing

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Background: The mounting debilitation and death among patients, colleagues, and family members threatens the health and wellbeing of nurses providing HIV care in Southern Africa. Grief symptoms, combined with related stressors, threaten to demoralize the nursing workforce.

Purpose: To reduce distressing grief symptoms experienced by nurses in Southern African countries while strengthening coping strategies, building support networks, and promoting human flourishing in the midst of the HIV epidemic.

Methods/Practice: An innovative grief intervention using a retreat approach was implemented in Lesotho, South Africa, and Swaziland. Nurses and other health workers engaged in small group activities during the 24 hour retreat. Art and storytelling exercises fostered camaraderie. Healthy coping strategies to manage grief-related symptoms and reduce stress were explored. Values-based exercises aimed to reduce HIV/AIDS stigmatization and increase the caring behaviors of nurses. The importance of individual – and collective – human flourishing was highlighted. The loss and grief retreats were facilitated by nurses from the Wellness Centre for Health Care Workers in a train-the-trainer model to maximize local expertise and assure sustainability of the intervention. Pre/post surveys were used to detect changes in knowledge and attitudes about HIV-related loss and grief. Post-intervention comments provided qualitative data for evaluation. The grief intervention was adapted for the culture in each country.

Conclusions: Nurses self-report decreased caring behaviors in the midst of the HIV epidemic as a result of experiencing ongoing deaths. A theory-based and culturally appropriate grief intervention can effectively help nurses providing HIV care in Southern Africa by alleviating distressing symptoms of grief, re-energizing a caring ethos, and building personal skills in self-care and stress management. Strengthening support networks for nurses in Southern Africa is best accomplished through a participatory program that recognizes the unique needs of local nurses.

Implications: Addressing the unique grief issues of nurses providing HIV care in Southern Africa will improve their quality of life, reduce workplace absenteeism, and strengthening caring interactions with patients and loved ones. Healthcare facilities should provide ongoing support for healthcare workers exposed to ongoing debilitation and death to prevent demoralization and burnout.

Objectives: The Learner will be able to
1. Learners will be able to list at least three adverse outcomes for nurses experiencing multiple HIV-related deaths in Southern Africa;
2. Learners will be able to describe at least two exercises that promote human flourishing in the highlighted intervention for addressing HIV-related grief.
**HIV and Stigma among Cameroonian Nursing Students**

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**Background:** As HIV continues to spread, sub-Saharan Africa remains the hardest hit. Seventy to eighty percent of HIV infections are young adults in Cameroon.

**Purpose:** The aims of this study are: 1) To describe the Cameroonian nursing students' perceptions of HIV-related stigma in patient care and 2) to validate the psychometric properties of the HASI-NS (HIV/AIDS Stigma Instrument - Nursing Students) questionnaire among nursing students in West Africa.

**Methods:** This cross-sectional study design surveyed 353 senior-level nursing students in Cameroon. All students completed the HASI-NS which was modified from the original HASI-N (HIV/AIDS Stigma Instrument - Nurse) at five nursing programs in Cameroon. The HASI-NS was available in both French and English as Cameroon is a bilingual nation. The HASI-NS was translated and back-translated by a local Cameroonian on-site in Douala.

**Conclusion:** Psychometric analysis was performed on the questionnaire data. The HASI-NS factor one (Nurses Stigmatizing Patients) yielded a Chronbach's alpha of 0.798; Factor two (Nurses Being Stigmatized) yielded a Chronbach's alpha of 0.724. Chronbach's alpha was sufficiently high for the overall instrument (0.781) indicating adequate internal consistency. The HASI-NS results are consistent with those found by the original survey's developers (HASI-N).

**Implications:** There is a significant distribution of survey responses by language of instruction, rural versus urban nursing program location, gender, and relationship status. These findings indicate that there is an urgent need within these resource-limited communities to implement focused and consistent HIV educational programs for nursing students to provide high quality and safe care for persons living with HIV.

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

1. To describe the Cameroonian nursing students' perceptions of HIV-related stigma in patient care;
2. To evaluate the psychometric properties of the HASI-NS (HIV/AIDS Stigma Instrument - Nursing Students) questionnaire among nursing students in Cameroon.
Incidence of HIV Infection among High School Children in Abuja the Federal Capital Territory of Nigeria

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Background: HIV/AIDS is increasing among High School Children in Abuja the Federal Capital Territory of Nigeria. This is as a result of lack of awareness and unprotected sex among High School Children. While awareness is focused on adult, these children receive little or no awareness.

Purpose: The purpose of this study was to evaluate the incidence of HIV infection among High School Children in Abuja as well as to confer suggestions to reducing the infection.

Method: A one year study of rapid HIV Screening Program was carried out on High School Children of 14 years and below in Abuja, the Federal Capital from January - December 2009. Blood samples from 570 High School Children were collected and analysed for HIV. This included 300 females and 270 males. The result shows that 88 (15%) of the 570 samples were infected with HIV while 482 (85%) were not infected with HIV. The highest infection were found among the females. A total of 48 (8.4%) females and 40 (7.0%) males were infected with HIV. The overall infection of 88 (15.4%) were found in both sexes.

Implications for Practice: There is need to facilitate and empower nurses to be able to manage Pediatric HIV care. The health facilities are already over burdened with increasing number of adult HIV Patients. HIV care providers should be aware of the increasing number of HIV among High School Children and adapt strategies in order to reduce the infection.

Conclusion: Nigeria is number two in the world with HIV infection. Education and awareness is an effective method for preventing transmission of HIV Among High School Children. Educational Programs on HIV should be incorporated in Schools to help reduce infection with HIV. These School Children are the future of the Nation. They are the work force of the Nation. Prevention of HIV among this age group will improve the economy of the Nation.

Objectives: The Learner will be able to
1. Create HIV awareness among high school children in ABUJA.
Building Nurse-Centered Models for HIV Care and Treatment in African Countries: An Overview of Critical Components

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Background: The HIV/AIDS pandemic has heightened recognition that nurses are the gatekeepers to healthcare for most communities in Africa. Consequently, 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. The International Center for AIDS Care and Treatment Programs (ICAP) has embarked on a cross-country Nurse Capacity Initiative (INCI), to address this pressing need.

Purpose: The INCI was launched in April 2009, and to date includes South Africa, Swaziland, Rwanda, Ethiopia, and Cote D'Ivoire. The aim of INCI is to increase and empower the number of nurses providing high quality HIV-related services, develop nurse-centered models of care, advocate for broadened scopes of practice for nurses, and engage nurses in a Pan-African network to heighten nursing visibility and leadership.

Methods/Practice: Each country INCI began with a situational assessment and gap analysis by the Ministries of Health and in-country nursing leadership. While each country context is unique, a common set of critical components for repositioning nursing has been identified. This set includes: 1) A national nursing strategy to give an overall vision; 2) Increased capacity at pre-service level; 3) Increased capacity at in-service level; 4) Improved nursing retention; 5) Support for the national regulatory council; 6) Improved status of nursing profession. INCI country-specific programs have prioritized one or more of these areas on which to focus. Examples include the Campus to Clinic Nurse Mentorship Initiative in South Africa, the Center for Continuing Nursing Education in Swaziland, and supporting the development of a National Nursing Strategy in Rwanda.

Conclusions: This is a critical time for support of nursing capacity initiatives in countries severely impacted by the HIV pandemic. Support means partnership with ministries of health and nursing leadership who define and provide leadership to needed-models.

Implications for Practice: Initiatives for increased nurse capacity in the international context must be targeted to achieve specific measurable impact, and must be designed to be sustainable. Supporting these components at pre- and in-service levels builds a continuity and way forward for nursing growth.

Objectives: The Learner will be able to
1. Learn will be able to articulate 6 overall components for increasing nurse capacity within African countries;
2. Learn will be able to give examples of how partnerships are built to develop nurse capacity initiatives.
A Longitudinal Study of Physiological and Psychosocial Predictors of HIV-Related Fatigue

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Background: Fatigue is one of the most common and debilitating symptoms experienced by HIV-infected people.

Purpose: We report the results of our longitudinal analysis of physiological and psychosocial predictors of change in HIV-related fatigue in an effort to sort out the complex interplay over time among a comprehensive set of physiological and psychosocial variables.

Methods: 128 HIV-infected participants, most of whom were fatigued, provided data every 6 months for 3 years. Physiological measures included hepatic function (aspartate aminotransferase, alanine aminotransferase, gamma glutamyl transpeptidase, alkaline phosphatase, total bilirubin, hepatitis C status), thyroid function (TSH, T4), HIV viral load, immunologic function (CD4, CD8, CD4/CD8 ratio, CD16, CD8CD38), gonadal function (testosterone, DHEA), hematologic function (hemoglobin, hematocrit, serum erythropoietin), and cellular injury (lactic acid). Psychosocial measures included childhood and adult trauma, anxiety, depression, social support, stressful life events, and post-traumatic stress disorder (PTSD).

Conclusions: Traumatic events put HIV-infected persons at risk for greater fatigue intensity and fatigue-related impairment in functioning during the three year period, before controlling for stress; this association was not maintained after stressful life events were entered into the statistical model. Stressful life events remained associated with fatigue after controlling for PTSD, anxiety, and depression, each of which is also associated with increases in fatigue. Physiological variables did not predict greater fatigue.

Implications for Practice: A pilot study of a cognitive-behavioral stress management intervention is currently being implemented in an effort to ameliorate fatigue through better management of stress.

Objectives: The Learner will be able to
1. Learners will be able to describe the physiological variables associated with HIV-related fatigue over time;
2. Learners will be able to describe the psychosocial variables associated with HIV-related fatigue over time.
Chronicity, Causes, and Consequences of HIV-Related Fatigue

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Background: Fatigue is one of the most common and debilitating symptoms experienced by HIV-infected people.

Purpose: We conducted a longitudinal study of physiological and psychosocial predictors of change in HIV-related fatigue in an effort to sort out the complex interplay over time among a comprehensive set of variables. Here we report data on chronicity, causes and consequences of HIV-related fatigue.

Methods: 128 HIV-infected participants, most of whom were fatigued, provided data every 6 months for 3 years. Among other variables, data were collected on the detailed characteristics of fatigue, including chronicity, causes, and consequences of HIV-related fatigue.

Conclusions: Participants remained in the same quintiles across a 3 year period, showing little variability in fatigue intensity. For the top quintile (the most fatigued), mean fatigue intensity scores ranged from 8.5 to 7. Correlations between repeated fatigue measures were high across the 36 months (range 0.56-0.85). Among the most fatigued participants, 54% found they were easily fatigued, and 56% said that fatigue frequently caused problems for them. With regard to impairment of activities of daily living, 60% said that it interfered with carrying out duties and responsibilities, and 61% said that it interfered with physical functioning. In other areas, 61% said that fatigue interfered with work, family, and social life, and 68% said that it affected their concentration. Fatigue was brought on by stress (68%) and depression (66%), and was alleviated by rest (54%), positive experiences (54%), and sleeping (54%). Seventy-three percent said that their motivation was lower when fatigued, 66% said fatigue was among their most disabling symptoms, and 63% said that fatigue now is different than fatigue experienced before becoming HIV-infected.

Implications for Practice: This comprehensive longitudinal analysis provides a detailed examination of the areas most affected by HIV-related fatigue, with physical, social, and economic consequences being evident. It also shows that fatigue will not spontaneously remit without intervention. A pilot study of a cognitive-behavioral stress management intervention is currently being implemented in an effort to ameliorate fatigue through better management of stress.

Objectives: The Learner will be able to
1. Describe the chronic, persistent nature of HIV-related fatigue over time;
2. Describe the causes and consequences of chronic HIV-related fatigue.
Mitochondrial Protein Biomarker Discovery for HIV-related Fatigue
Joachim Voss
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Background: Fatigue is a highly prevalent symptom in up to 80% of HIV patients. Chronic exhaustion, muscle weakness and ongoing tiredness are frequent experiences throughout the illness trajectory. We have made significant advances in identifying potential causes of fatigue such as mitochondrial dysfunction and nucleoside reverse transcriptase inhibitor (NRTI)-related toxicities to mitochondria. Yet, little progress has been made in the identification of an objective marker for HIV-related fatigue as indicator of mitochondrial dysfunction.

Purpose: The purpose of this pilot study was to identify potential biomarkers of mitochondrial function with proteomic methodologies related to fatigue.

Methods: Plasma samples from severely fatigued HIV patients (N=10) (>7 score on a 0-10 scale Piper Fatigue Scale question) and healthy controls (N=10) were depleted of the most abundant proteins to isolate low-abundant proteins. Whole proteins were trypsinized into peptides and desalted. Proteins were identified using a high performance liquid chromatography-electrospray ionization tandem mass spectrometry (HPLC-ESI-MS/MS) method. Qualitative data analysis identified a total of 286 proteins. A total of 57 proteins were unique for HIV patients, 59 proteins were unique for healthy patients and 170 were shared. We identified 55 mitochondrial proteins in the plasma, of which 15 were unique to the HIV and 20 unique to the healthy patients. Significant proteins for fatigued HIV patients included inner mitochondrial membrane proteins involved in the reduction of substrates of the Krebs Cycle and ultimately in the production of ATP molecules such as pyruvate dehydrogenase phosphatase regulatory subunit and succinyl CoA:3-oxoacid CoA transferase.

Conclusions: These results indicate that NRTIs may impact inner mitochondrial proteins, which could be the potential target for biomarker candidates. Ongoing dysfunction of the inner mitochondrial membrane followed by lower ATP production could be one of the reasons for HIV-infected patients to suffer from ongoing fatigue. Future studies need to show differences between treated and untreated HIV patients and for patients with mild, moderate and severe fatigue levels.

Implications for Practice: Protein biomarkers will be valuable tools to test patients for signs of mitochondrial toxicity such as fatigue. Future dipstick technology utilizing protein biomarkers could become critical in evaluating the success of behavioral and pharmacological interventions for fatigue and mitochondrial toxicities.

Objectives: The Learner will be able to
1. Learner can identify the principles of proteomics;
2. Learner will be able to understand the relevance of identified proteins to HIV-related fatigue.
Abstract Concurrent Session

Friday, November 19th

1:45 pm – 3:15 pm
Enhancing Knowledge of Nurses to Initiate Antiretroviral Medications in Resource Limited Settings (RLS)
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Background: The expanding HIV/AIDS pandemic and shortage of health workers in Resource Limited Settings (RLS) is hampering the WHO goal of universal access to essential Antiretrovirals (ARVs). Under a global concept known as "Task-Shifting," Nurses will begin to take on the nontraditional role of initiating ARVs. But there is limited data on how to quickly and effectively train Nurses in RLS to assume this new task. A review of the literature suggests that online or blended e-learning programs may lead to more effective and efficient learning while providing a broader reach. Furthermore, programs that use a case study approach can enhance clinical application skills that may improve overall confidence.

Purpose: A pilot educational program aimed at translating the Kenyan National Guidelines for ARVs into clinical application strategies to prepare Nurses to assume the task of initiating first line ARVs was developed, implemented, and evaluated.

Methods: An evidence-based educational program was developed and implemented in Nairobi, Kenya in association with the Ministry of Health's Nursing Council of Kenya (NCK). A day long workshop, using a case study approach within a blended e-learning format, was designed to increase knowledge and confidence in initiating and monitoring of ARVs. The theory of self-efficacy and cognitive load theory provided a framework for the work. Seventeen practicing Kenyan Nurses attending the workshop were given an anonymous pretest/posttest survey measuring the variables of knowledge and confidence. Subjective information was collected at the end of the program on the overall usefulness and perceived effect of the program.

Conclusions: There was an increase in confidence from a pretest of 23.5%-52.9% to a posttest of 58.8%-82.4%. There was an increase in knowledge from a pretest of0%-76.5% to a posttest of 11.8-100%. Key improvements were noted in areas pertaining to first line formulas, medication adherence and safety. Additionally, participants rated the program useful and highly effective in format, simplicity and practical application.

Implications for Practice: This project provided evidence that blended e-learning strategies can be an effective tool for training nurses in RLS to assume the new task of initiating ARVs.

Objectives: The Learner will be able to
1. Discuss the global concept of task-shifting and the role of the Nurse;
2. Describe outcomes of an E-learning program to enhance the knowledge of Nurses in Resource Limited Settings to initiate ARVs.
Background: Smoking is common among persons living with HIV (PLWH). Antiretroviral therapy (ART) has yielded significant health benefits, but PLWH who smoke have increased risk for other health complications. They are also at increased risk for ART nonadherence and other health risk behaviors (e.g., alcohol, drug use). Knowledge gaps exist about complex psychosocial issues (e.g., smoking patterns/practices, poly-substance use, psychological distress, co-morbidities) among diverse sub-populations of PLWH and little is understood about targeted strategies for tobacco reduction (TR).

Purpose: To describe smoking prevalence data among Vancouver PLWH and our community collaborative approach to develop targeted TR interventions.

Methods/Practice: Prevalence data were obtained from an observational study Exploring the Role of Self-concept for HIV+ Individuals Managing Their HIV that included a diverse sample of PLWH (n = 100) from Vancouver. Ethics approval was obtained from the university and community partners. Logistic regression with PASW version 18 was used to determine associations between demographic characteristics and smoking among PLWH (significance level: \( p < .05 \)).

Results and Conclusions: Participants were 47 ± 8.2 years old and nearly half (47%) did not complete high school. Most were male (74%), but many did not report gender (5%) or identified as neither male nor female (7%). Thirty-four percent were First Nation and 51% were White. Income, with 21% being employed, was a concern (nearly 70% reported inadequate or barely adequate income). Tobacco use was high (71%) among all participants and those who attributed HIV acquisition to sex with a man were significantly more likely to use tobacco (\( OR = .06, p = .01, 95\% CI [.01, .51] \)) and are at risk for health consequences.

Implications for Practice: Identifying those sub-groups of PLWH with the highest prevalence of smoking will help us derive targeted interventions. Our preliminary qualitative interview findings with men and women from subgroups with the highest prevalence of smoking enhance understanding their tobacco use and identify potential targeted TR strategies. Our work highlights the importance of community collaboration to engage patients and care providers in managing TR efforts with PLWH.

Objectives: The Learner will be able to
1. Describe research methods used;
2. Identify evidence of associations between demographic characteristics and tobacco use among PLWH
3. Identify community informed strategies for tobacco reduction interventions
4. Identify community informed strategies for TR interventions.
Following the Trail of a Text Messaging Enhanced HIV Prevention Website

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**Background:** Since identification of the virus that causes AIDS, information about the disease has been posted in various venues. One venue, which HIV prevention information is frequently accessed, is the internet. Information on the internet can provide data about signs and symptoms, services provided by community based organizations, and funded grants.

**Introduction:** The BART Text Messaging project is one website that provides information about an NIH-funded grant, which is examining the feasibility of delivering a text messaging enhanced HIV prevention curriculum to African-American youth 13 to 18 years of age. This project is based on a CDC recognized curriculum and the text messaging adaptation is being guided by the ADAPT-ITT model. Since we had traffic to the website, over 5000 hits, we wanted to track information about our visitors. By having this information we will be able to make changes to our site based on our analysis.

**Methods:** The design of this study was descriptive. We used the AWStats logfile analyzer version 6.95 to document activity to the website during the months of March 2009 to April 2010. We conducted a traffic analysis of the website for unique visitors, activity level by the hour of the day, duration of visits, keywords/key phrases used to access the website, and pages entered and exited. Data were compiled onto spreadsheets and analyzed using descriptive statistics.

**Results:** Analysis revealed that we had over 2140 unique visitors who visited the site on an average of 269 minutes each. There were over 73 keywords and 82 key phrases used to access the site. Unique visitors to the site represented approximately 63 different countries with 3 from Africa. The website was accessed primarily on Monday and Thursday during the hours of 8am, 1pm and 2pm. Pages were examined for entry and exit points.

**Conclusions:** A web analysis can provide vital information about traffic coming to a website. Entry and exit points can be modified to meet the needs of visitors.

**Implications for Practice:** Health care providers involved in AIDS care can use web analysis to manage their website for the effectiveness of disseminating information.

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

1. List strategies used to analyze the BART Text Messaging HIV prevention website;
2. Discuss how study findings can be used to modify a web site.
Background: Thirty years into the HIV epidemic, annual infection rates remain high among men who have sex with men (MSM). With decade’s worth of prevention and education geared towards MSMs, it appears that momentum has stalled in effectively reducing transmission rates within this cohort, especially among young MSM (YMSM).

Purpose: This study aims to identify reasons why YMSM continue to be disproportionately infected with HIV despite available HIV prevention transmission strategies. It also solicits insight on how to rework current prevention programs based on input from YMSMs who have been newly diagnosed with HIV.

Methods: Using purposive sampling, interviews were conducted with ten 18 to 24 year-old YMSMs who had been diagnosed with HIV within the last twelve months. Each interview was audiotaped and transcribed verbatim. Two independent researchers reviewed the transcripts and content analysis was used to identify underlying themes.

Conclusion: The newly diagnosed participants in this study claim that current HIV policies and prevention strategies must be overhauled to meet the needs of their peers. Existing sex education programs in middle and high school neglect the concerns of YMSMs, which lead them to seek answers from questionable sources, such as pornography. In addition, interventions that target young MSMs reach them too late and resistance to change occurs as risky behavior has already become integral to their sexual experiences.

Implications for Nursing Practice: The sophistication level of today’s gay youth must be met when they are most curious and the development of age-specific HIV prevention strategies is imperative. School and community health nurses must advocate for gay-sensitive sex education curriculum that address YMSMs and their concerns. Being available to questioning students and clarifying their questions in a nonjudgmental manner has enormous implications for this population’s sexual practices and future health.

Objectives: The Learner will be able to

1. Identify reasons for the increasing numbers of HIV infections among young MSM;
2. Discuss the role of nurses in working with young MSM
Utilizing the Strategic Prevention Framework (SPF) to Develop a Substance Abuse/HIV/Hepatitis Prevention Program at a Minority-serving University

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Background: Designing a HIV prevention program involves planning to ensure that the program meets the needs of the target population. The Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services, has created a Strategic Prevention Framework (SPF) that can be used to develop prevention programs in any location. Similar to the nursing process, the steps of the SAMHSA's SPF begin with assessment and conclude with evaluation. Additionally, cultural competence and program sustainability are addressed throughout all 5 steps of the SPF.

Purpose: The purpose of this presentation is to discuss the 5 steps of SAMHSA's SPF, and describe how each step is being applied in the development of a substance abuse/HIV/Hepatitis prevention program at a minority-serving university.

Methods: In November 2009 a minority-serving university in South Florida was funded to develop a campus-based substance abuse/HIV/Hepatitis prevention program. Funding was through SAMHSA's Center for Substance Abuse Prevention (CSAP) Minority Education Institution (MEI) initiative. After attending training workshops, the program faculty began using the SPF to develop the prevention program. Findings from Step 1 (assessment of population needs) and Step 2 (capacity building) are being used to complete Step 3 (development of a comprehensive strategic plan). Step 4 will involve implementation of the plan, and Step 5 will include evaluating program effectiveness.

Conclusions: Utilization of SAMHSA's Strategic Prevention Framework provides a coordinated approach to development of a comprehensive campus-based prevention program. Following the 5 steps of the SPF will help assure that the planned program will meet program goals and objectives, and specifically address the unique needs of students at a minority-serving university.

Implications for Practice: SAMHSA's SPF can be used to develop a prevention program in any venue, from a clinic setting to a community-based organization. The SAMHSA SPF is an invaluable tool for implementing and evaluating prevention programs. Additionally, the SPF addresses issues of cultural competency and program sustainability, making it practical and applicable to any venue.

Objectives: The Learner will be able to
  1. Discuss the 5 steps of SAMHSA's Strategic Prevention Framework (SPF);
  2. Describe how each step of the SPF is being applied in the development of a substance abuse/HIV/Hepatitis prevention program at a minority-serving university.