C-1

Sexual Protective Strategies and Condom Use among Older African American Women

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Background: The heterosexual transmission of human immunodeficiency virus (HIV) is affecting older African American (AA) women at alarming rates. HIV is now the fifth leading cause of death among AA women ages 50 and older; yet, there is a paucity of research and interventions on sexual protective strategies and condom use in these women. Although some studies of HIV-related sexual risk have included older AA women in small numbers, the findings of these studies were often inconclusive. Older women are typically post-menopausal, not likely to become pregnant, and may be unaware of condom use as a form of protection from HIV and other sexually transmitted infections.

Purpose: This qualitative study was conducted to understand urban older AA women's experiences with HIV-related sexual risk and identify the sexual protective strategies they employ, including condom use, to reduce their risk for HIV infection. The theory of Planned Behavior (TPB) and the Theory of Gender and Power (TGP) guided the study.

Method: A purposeful sample of eight African American women, ages 45 to 75, were recruited from community sites in Brooklyn and Queens, NY. Data collection, data analysis and sampling occurred concurrently. In-depth interviews were conducted and data analyzed using open, selective, and axial coding. Investigator triangulation and member checking was used to ensure rigor.

Conclusion: Preliminary findings revealed that 88% of the women had no difficulty negotiating condom use because they had a sense of shared/equal power in their intimate relationship. However, the majority of the women were concerned about their sexual health and insisted on condom use at each sexual encounter because of the fear of partner infidelity, "down low" sexual activities, HIV or STI risk, and/or to avoid pregnancy. An additional finding in this qualitative study was that the majority of the women engaged in other behaviors such as past or current drug use which increased their risk for HIV transmission.

Implications: The findings of this study will provide new information about the complexities of HIV risk and condom use in older AA women which will be essential to the construction of effective culturally relevant and age appropriate health interventions.

Objectives: The learner will be able to:

- Identify what strategies older AA women employ to reduce their risk for HIV and other STIs;
- Determine which theoretical based constructs are most relevant to consider in this population.

C-2

Implementation of Routine HIV Testing in an Acute Care Hospital: A Nurse Initiated Opt-Out Pilot Project

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Background: The Centers for Disease Control (CDC) expanded HIV screening of adults age 13-64 in 2006 from risk based to routine. Early detection and treatment improves patient outcomes and prevents disease transmission.

Purpose: The purpose of this article is to describe a pilot program in which nurses on an adult inpatient unit at an acute care hospital offer all patients 18-64 HIV testing upon admission through standing orders.

Methods/Practice: Protocols were developed by nursing and medical administration in conjunction with members of the RI Association of Nurses in AIDS Care and the Miriam Hospital Immunology Center. The protocol included a medical standing order for testing that allowed nurses to requisition the HIV test after patient consent. No physician assessment or consent is needed. All staff nurses on a designated medical unit received training in offering routine testing during patient admission. Patient education materials were developed and distributed. Ongoing improvement in the process is being driven by program evaluation.

Conclusions: Nurses are in a unique position to facilitate this critical intervention and impact upon patient outcomes in a positive and powerful way. Interdisciplinary collaboration is required for successful implementation.

Implications for Practice: Nurse initiated routine screening offers great potential for positive health outcomes. Expansion of the protocol throughout the hospital and in other inpatient settings is recommended

Objectives: The learner will be able to:

- Describe the potential implications of CDC guidelines for routine HIV screening on primary and secondary prevention;
- Analyze the opportunities for early HIV detection in patient care encounters;
- Identify the characteristics of a nurse initiated opt out routine HIV screening initiative which can be implemented in an acute care inpatient setting.

C-3

The Journey of HIV-Infected Patients over 50: Implications for Nursing Care

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Background: HIV is now seen as a chronic disease as patients are living longer with antiretroviral therapy (ART) and are aging with their disease. There is also a growing group of HIV infected patients who have been diagnosed after the age of 50. Persons with HIV/AIDS who are 50 years or older now represent almost 30% of those infected in the United States per the Centers for Disease Control (CDC).

Purpose: The aim of this descriptive review is to educate HIV nurses of the rising incidence of HIV in the 50 and older age group and increase awareness of the health issues unique to this population.

Methods/Practice: In a federal government ambulatory care infectious disease outpatient research clinic, 798 HIV-infected patients over the age of 50 are enrolled on active protocols. Of these 798 patients, 200 were over the age of 60, and 43 were diagnosed after age 50. Additionally, 28 patients were over the age of 70, and 19 were diagnosed after the age of 50. A case presentation of an HIV-infected patient greater than 50 will be shown. Data from HIV clinical trials in people over 50 is limited. Participation in HIV research protocols needs to be more inclusive of the older patient.

Conclusions: HIV nurses need to be aware of how HIV may influence all domains of health in aging. The chronicity of HIV disease combined with the comorbidities in an aging population has an impact on HIV nursing.

Implications for Practice: The HIV nurse also needs to be aware of the psychosocial concerns in their HIV-infected patients over 50. The stigma and isolation of being newly diagnosed at a later age in life, as well as living with HIV as a chronic disease will be discussed. Clinicians need to consider testing for HIV in this vulnerable age group, and strategies for prevention must be included in educating older patients. Older patients on ART should be closely monitored for potential side effects. HIV nurses should be aware of the 2012 CDC guidelines for HIV and the Older Patient and to incorporate them into their nursing practice

Objectives: The learner will be able to:

- Discuss the prevalence of the rising incidence of HIV in the 50 and older age group;
- Recognize the health issues unique to the 50 and older HIV infected patient;
- List some teaching strategies for clients greater than 50 years of age.

C-4

Exploring the Role of a Clinical Pharmacist in an Outpatient HIV Practice

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Background: The role of a clinical pharmacist in a HIV practice is not only novel and uncommon and but also constantly evolving. With the increasing complexity of HAART regimens and the management of HIV positive patient with comorbidities, the role of the pharmacist is critical in health care paradigm.

Purpose: Pharmacists detect and manage both potential and actual medication-related problems through the medication reviews and patient consultations. Pharmacists also make therapeutic recommendations by working collaboratively with other staff including physicians, nurses, case managers, and social workers. Pharmacists serve as a drug information resource for HIV/AIDS pharmacotherapies, including antiretroviral therapy dosages, drug interactions, and genotypic resistance assay interpretation. The purpose of this study is to explore the role of a clinical pharmacist in an outpatient HIV practice.

Methods: As part of a pilot program, Walgreens Pharmacy provided a non-dispensing pharmacist to Spectrum Medical Group, one day per week for 4 years. The pharmacist was extensively trained in HIV and had full interactive access to patient medical records and worked under the supervision of the Medical Director. Outcomes were loosely measured by the number of patient encounters per day and retrospective data tracking patient adherence and continuation in care. Primary responsibilities for the clinical pharmacist were established to include patient HIV/AIDS education, adherence counseling, side effect management, medication therapy management, and most importantly, mitigation of patient barriers to treatment and staying in care. Patient education targeted patients with a recent HIV diagnosis, new the ARV treatment, switch in ARV treatment and those with persistent problems with adherence. Patients were contacted at 2 weeks post medication initiation or change and were followed at regular intervals thereafter. Significant support and follow-up was also documented with regard to patient barriers of any kind. An estimated 1200 HIV positive patient lives have been improved by interaction with the clinical pharmacist.

Conclusions: Results show that by enhancing patient care and increasing adherence with pharmacist education and intervention, patients are able to maintain a healthy prognosis while living with HIV. Ongoing evaluation of the current program will enable us to identify areas for future growth and expansion.

Objectives: The learner will be able to:

- Describe the value of a clinical pharmacist in a HIV ambulatory setting;
- Explain the ways a clinical pharmacist can enhance patient care and improve outcomes.

C-5

First Impressions: A Retrospective Look at Learnings from the Early AIDS Pandemic through Oral Histories of the Founding Members of the Association of Nurses in AIDS Care and Historically Situated Messages of Poster Art, Political Cartoons, Professional Literature, and Popular Media between 1981 and ANAC's Founding in 1987

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Background: The purpose of this study was to preserve, through in-depth interviews and in historical context, the oral histories and experiences of nurses who were among early responders to the emerging AIDS pandemic in the United States, and who acted to form the Association of Nurses in AIDS Care in 1987.

Methods: The study was designed in the social history framework using oral history methodology. In-depth audio-taped interviews were conducted with a purposeful sample of nine nurses (five females, four males) from seven states and Washington, D.C., who were identified in historical documents as among the twelve founding members of ANAC. Content was interpreted using Denzin's Interpretive Interactionism in the context of historical, sociocultural and political events, professional and popular literature, and multimedia messages during the years 1981-1987.

Results: The study yielded 17.5 hours of digital recordings, over 400 pages of transcripts, and a rich array of documents, images, and literature through which historical context was discovered. Participant locations of care were diverse (California, Florida, Maryland, New York, Texas, Vermont, Virginia, and Washington, D.C), affording wide geographic and cultural perspective on the early pandemic.

Conclusions and Implications for Practice: The study revealed a number of recurrent themes in the nurses' oral histories: pride in the nursing profession and the care provided; relentless multiple losses of patients and peers with little time to reflect; vivid recollections of first AIDS patient encounters; burdens of stigma and discrimination; and the pain and privilege of being present to serve at that particular time in history. Findings make significant contributions not only to nursing history at the time of a new, devastating viral infection when little was known and fear was paramount, but also to perspective on the emergence of complex case management, increased multidisciplinary collaboration, and the primacy of fundamental nursing care.

Objectives: The learner will be able to:

- Learn, in historical context, dominant themes that characterized the experiences of ANAC founding members who were among the earliest nurse responders to the emerging AIDS pandemic in the United States;
- Be exposed to the sociocultural milieu of the early pandemic years (1981-1987) by viewing multiple art and print media images particular to that time in history.

C-6

HIV Nurses Nourishing the Soul: Skills for Managing Stress for Clients and Caregivers

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Background: Stress is everywhere! It's the wear and tear our bodies experience as we adjust to an ever changing environment. Whether it is actual or perceived, it can have significant physical and emotional effects on nurses, caregivers and/or clients. Unfortunately, we are not very skilled at managing it.

Purpose: The purpose of this educational activity is to increase the knowledge and skills of nurses in identifying stressors and incorporating stress management tools into their lives. In turn, teaching clients living with HIV to better manage their stress and improve health outcomes.

Methods/Practice: This highly interactive workshop was developed for nurses throughout the NYNJ AETC sites and incorporated into a Home Based Care manual for Nurses in Guyana, South America. It includes not only a didatic portion defining stress, fight or flight and general adaptation syndrome but data linking long term stress to chronic illness and immune system function. Factors that contribute to ones ability to cope with stress, like negative thoughts, support systems and perception of control are reviewed. The entire last portion of the program is all skill based. Diaphragmatic deep breathing, progressive muscle relaxation and visual imagery are demonstrated and practiced. The use of music, positive affirmations, humor and quotes are included throughout the activity.

Conclusions: This program can be tailored from a one hour program to an all day workshop. The evaluation summaries show the enormous value that this topic has for nursing. The only changes the participants would like to see is to increase the time and offer additional programs.

Implication for Practice: This program is an easy addition to any educator's arsenal. Teaching nurses, and in turn clients, to incorporate stress management into their daily lives will foster healthier minds and bodies and keep caregivers energized and able to care for others.

Objectives: The learner will be able to:

- Define stress and identify at least 2 responses to stress;
- Complete a self assessment tool to assess ones coping abilities;
- Explore and practice at least 2 techniques for short term stress management.

C-7

Integrating Routine HIV Screening into a Primary Care Setting in Rural North Carolina

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Background: The southern United States is disproportionately affected by HIV infection, particularly among African Americans in rural areas. Identifying and treating those who are infected is an important strategy for reducing HIV transmission.

Purpose: The purpose of this project was to integrate rapid HIV testing into a primary care setting in a small community in rural North Carolina serving a predominantly African American population and to examine the relationship between socio-demographic variables and acceptance of HIV testing.

Methods: Patients in a primary care clinic were offered rapid HIV testing by a team of nursing and medical assistants during routine office visits. Patients who were offered a test were asked to complete an anonymous survey regarding socio-demographic variables and acceptance of routine HIV testing. Implementation of the testing project was guided by a model for integrating routine rapid HIV screening into community health centers.

Results: Surveys were completed by 138 adults who were offered an HIV test; of the 100 (72%) who accepted testing, 61% were female and 89.9% were African American. The most common reason for declining an HIV test was lack of perceived risk. Younger patients and those who agreed with the CDC recommendations for HIV testing were more likely to get tested. Implementation posed challenges with time, data collection, and clinic flow.

Conclusions: In spite of implementation challenges, 100 patients were screened for HIV infection that might not have been screened otherwise, and they were given HIV risk reduction handouts after testing, an intervention which may have led to behavioral changes. The majority of patients who were tested, African American women, represent a high risk group in NC and the South, and yet African American men who have sex with men, those with the highest risk, were underrepresented in our sample.

Implementations for Practice: More studies are needed to establish best practices for HIV screening in busy, rural, primary care settings, and novel strategies are needed for increasing testing rates among African American men who have sex with men.

Objectives: The learner will be able to:

- Describe nurse-led strategies for integrating rapid HIV testing into a primary care setting;
- Discuss the challenges involved in implementing a community health center model for HIV screening into a rural primary care setting.

C-8

Treading Lightly: The Political and Discriminatory Obstacles Overcome by an Advanced Practice Nurse (APN) who Established a Private HIV Clinic for Mothers and Children in Ho Chi Minh City, (HCMC) Vietnam

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Background: The HIV epidemic in Vietnam has not stabilized and is far from having a sustainable National HIV program. Vietnam receives almost 85% of funding from external support sources such as the Presidential Emergency Plan for AIDS Relief (PEPFAR), earmarked to end in 2013. Private HIV clinics to assist in meeting the health care needs of Vietnam's estimated 280,000 people living with HIV are essential. However, the Ministry of Health's nonexistent license requirements to open an HIV clinic, other than hospital or PEPFAR based facility, does not provide an opportunity to obtain a license. Community discrimination and the HCMC AIDS Committee guidelines are barriers for partner development. These challenges make it difficult to institute a private clinic.

Purpose: This paper will discuss how an APN navigated the political and discriminatory obstacles when implementing a private HIV clinic in HCMC. The Bickford-Land Clinic for mothers and children (BLCMC) follows a unique care model that has improved the quality of life for its women and children.

Methods/Practice: A partnerships was formed with a private for- profit international multispecialty clinic, allowing BLCMC to create a private clinic while maintaining confidentiality. Pediatric infectious disease bilingual professionals were trained in HIV management. Patient's medical histories are monitored by the APN through electronic medical records. The presenter will elaborate on the specific strategies utilized to overcome the obstacles that have kept the clinic open since 2006.

Conclusion: The BLCMC utilizes a unique clinic model to provide holistic care for HIV infected mothers and children. The clinic staff is well trained and attends monthly PEPFAR case conferences in efforts to build relationships in the HIV medical professional community. An APN's perseverance has overcome the barriers.

Implications for Practice: Nurses are critical thinkers and problem solvers. Strategic planning, networking with an entrepreneurial spirit, and understanding cultural business practices can improve the quality of life of the neediest population in the most challenging situations.

Objectives: The learner will be able to:

- Recognize how nurses can use critical thinking skills and strategic planning to overcome the most challenging barriers;
- Understand the impact cultural sensitivity and discrimination play in project success;
- Identify creative networking opportunities.

C-9

SPIRIT Study: Switching to the Singlet Tablet Regimen (STR) Complera (emtricitabine/rilpivirine/tenofovir DF) from a Boosted Protease Inhibitor Regimen Maintains Virologic Suppression and Improves Patient Satisfaction

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Background: Simplifying antiretroviral (ART) therapy improves patient quality of life and medication adherence, and reduces risk for HIV virologic failure and long-term drug-related toxicities. Complera is a well-tolerated, once-daily single table regimen (STR) ART treatment option.

Purpose: SPIRIT evaluates the safety, efficacy, tolerability, and patient-reported outcomes of switching to a simplified regimen of the STR Complera from a ritonavir-boosted protease inhibitor (PI)-based regimen.

Methods: SPIRIT is a randomized, open-label, multi-center, international, 48-week study among virologically suppressed (undetectable viral load, HIV RNA <50 copies/mL) HIV-infected patients. There were 476 patients randomized 2:1 to switch to the STR Complera or to maintain their current PI-based regimen for 24 weeks. After 24 weeks, all patients switched to Complera. Primary endpoint was virologic suppression at Week 24. Safety, efficacy, tolerability, patient-reported outcomes and changes in serum lipids from baseline were evaluated.
Patient reported outcomes were evaluated using the HIV Symptom Index tool,VAS Adherence Questionnaire, and the HIV Treatment Satisfaction Questionnaire.

Results: At week 24, switching to the STR Complera was non-inferior to remaining on a boosted PI regimen in maintaining an undetectable viral load (HIV RNA<50 copies/mL); 93.4% versus 89.9%.
Patients switched to Complera reported less memory loss, fatigue, nausea/vomiting and diarrhea at Week 24 than at baseline.
At Week 24 patients also reported significantly higher satisfaction with the STR Complera than their baseline boosted PI regimen.
Total cholesterol, LDL and triglycerides decreased more in patients switched to Complera, than persons who remained on their boosted PI regimen at Week 24, - 25 vs. -1mg/dL, -16 vs. 0mg/dL, and -53 vs. +3mg/dL, respectively (all p <0.001) .

Conclusions: The SPIRIT study demonstrates that, among virologically suppressed patients, switching to the STR Complera from a multiple pill, RTV boosted PI-based regimen results in:

- 1. Maintenance of HIV suppression and improved serum lipids.
- 2. Higher patient-reported satisfaction and improvement in baseline symptoms.

Implications for Practice:
Participants will understand and summarize how:

1. Simplification of therapy, in virologically controlled patients can lead to improved quality of life promoting best clinical practice;
2. The impact from Randomized Control Trials can change treatment paradigms.

Objectives: The learner will be able to:

- Understand and summarize how simplification of therapy, in virologically controlled patients can lead to improved quality of life promoting best clinical practice;
- Understand and summarize how the impact from Randomized Control Trials can change treatment paradigms;
- Describe some of the validated models utilized in assessing patient satisfaction and quality of life, and gain an understanding of the differences between these models.

D-1

The International Nursing Network for HIV/AIDS Research

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Background: When the HIV/AIDS epidemic began over three decades ago, little was known about the disease. With the creation of organizations such as ANAC, we began to come together to learn from each other. UCSF had developed a center of excellence in HIV funded by the School of Nursing and a system-wide grant. The UCSF Center created a minor in HIV/AIDS for all School of Nursing students and began to explore potential research areas. In 1994 at the Botswana meeting of WHOCC for nursing and midwifery, an invitation was made to launch a collaborative research network that in 1995 became the International Nursing Network for HIV/AIDS Research.

Methods: In the beginning, the methodology for conducting Network studies was to develop a standard protocol at UCSF and invite other nurse researchers to join in replicating the study across multiple settings. The first three studies were, "Predictors of Adherence in HIV/AIDS," "Symptom Management for Persons with HIV Disease," and "Self-care Symptom Management in HIV AIDS." These were multisite studies, funded by foundations and local university resources. UCSF provided a central IRB function and data collection, management, analyses, and initial manuscript preparation. Studies I-III were descriptive studies utilizing self-report surveys assessing people living with HIV/AIDS. Descriptive statistics and regression analyses were utilized to analyze the data.

Results: The studies found that: people with more symptoms and more severe symptoms, especially depression, adhered less to medication regimens, did not follow provider advice and missed appointments; those who reported more positive emotions were more adherent; PLHIV use a variety of self-care symptom management strategies, including using medications, self-comforting, complementary treatments, daily thoughts and activities, changes in diet, seeking help, spiritual care, and exercise; the effectiveness of self-care techniques varied by symptom.

Conclusion: These studies document the importance of symptoms, beyond just medication side effects, on the quality of lives for people living with HIV infection.

Implications for Practice: This work has provided evidence to support nursing care in the areas of treatment adherence, symptom management, and self-care, as well as for improving the quality of life for people living with HIV/AIDS.

Objectives: The learner will be able to:

- Increase knowledge about the goals of the Network;
- Increase knowledge about the functioning of the Network;
- Increase knowledge about findings of the first three Network studies.

The Efficacy of the HIV/AIDS Symptom Management Manual (Network Study IV)

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Background: This study compared the efficacy of a manual designed specifically for self management of HIV/AIDS symptoms (experimental group) to a general nutrition manual (control group) for reducing HIV/AIDS symptom frequency and intensity.

Methods: A 775-person, repeated measures, randomized controlled trial was conducted over three months in 12 sites from the United States, Puerto Rico, and Africa.

Results: A mixed model growth analysis showed a significantly greater decline in symptom frequency and intensity for the group using the symptom management manual (intervention) compared to those using the nutrition manual (control). Three significant predictors were identified for increased initial symptom intensities and in intensity change over time: protease inhibitor-based therapy, having comorbid illness, and being Hispanic receiving care in the United States. In addition, the symptom manual showed a significantly higher helpfulness rating and was used more often compared to the nutrition manual. The reduction in symptom intensity scores provides evidence of the need for palliation of symptoms in individuals with HIV/AIDS, as well as symptoms and treatment side effects associated with other illnesses.

Conclusion: Study participants found the symptom management manual to be significantly more helpful than the nutrition manual. Further, participants in the study were experiencing a wide range of symptoms and symptom intensities.

Implications for Practice: People living with HIV/AIDS spend substantial amounts of time managing their own symptoms outside of clinical settings. The symptom management manual is an effective tool for helping them with this important task and has been widely circulated in several languages on the Network's web site.

Objectives: The learner will be able to:

- Increase knowledge about the Symptom Management manual, and its use;
- Increase knowledge about the randomized controlled trials testing the Symptom Management Manual.

D-3

The Roles of Self-compassion and Substance Use on Sexual Risk Behavior Among PLHIV (Network Study V)

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Background: Use of alcohol and drugs has been shown to be associated with self-management behaviors among PLHIV. These behaviors include substance use to manage symptoms and also use related to HIV transmission risk. Using Social Action Theory as a model we examined the role of self-compassion on HIV risk behavior and symptoms. This analysis explores self-compassion, substance use and the relationship to sexual risk behavior in an international sample of PLHIV.

Methods: A convenience sample of 2,182 people living with HIV were enrolled from HIV clinics and AIDS service organizations in Canada, China, Namibia, Puerto Rico, Thailand, and the United States from February 2010 to July, 2011. A cross-sectional survey assessed demographics, self-compassion (self-acceptance and self-kindness), substance use, and unprotected sexual behavior. Data analyses included descriptive statistics, and regression analysis to assess whether substance use (cocaine, crack, heroin, inhalants, opiates, methamphetamines) mediates the effect of self-compassion on unprotected sex.

Results: Participants´ mean age was 45.1 years (+/-1.36). Gender identity was 1486 male (68%), 623 female (29%), and 52 transgender (1.9%). Of the 452 who reported being sexually active, 63 (14%) reported engaging in sexual transmission risk behavior in the past three months. People who had higher self-compassion scores were significantly less likely to engage in unprotected sex or to use substances. Approximately 20% of the effect of self-compassion on unprotected sex was mediated by substance use.

Conclusions: People who have greater self-compassion are less likely to have unprotected sex, but illicit drug use reduces the protective effect of self-compassion. Research has demonstrated the relationship between substance, sexual risk behaviors, and symptom management. These results add to our understanding of the importance of self-compassion on reducing both substance use and unprotected sex.

Implications for Practice: For people living with HIV, interventions that help to improve self-compassion may offer some protection against behaviors such as substance use and unprotected sex that put themselves and others at risk of further infection.

Objectives: The learner will be able to:

- Increase knowledge about the relationship between substance use and risky sex;
- Increase knowledge about the combined effects of substance use and self-compassion on risky sexual behavior.

D-3.1

Lessons Learned About International Collaborative Research: The International Nursing Network for HIV/AIDS Research

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Background: The International Nursing Network for HIV/AIDS Research has generated substantial amounts of important evidence for guiding HIV/AIDS nursing care. In addition, its experience in collaborative international research has many useful lessons.

Methods: The Network's seventeen years of experience in conducting collaborative research and mentoring has created an evidence-based framework for understanding HIV symptoms and their impact on quality of life for people living with HIV infection.

Results: The Network has been highly successful at conducting research and mentoring. It has also faced two main challenges. First is the continuing need to secure funding for studies, and the difficulty of doing this as a multi-sited entity, rather than as one university. Second is the flexible structure of the Network, which enables it to operate and be successful at producing research evidence, but which also creates difficulties of leadership and governance. The Network seeks creative ways to overcome these challenges and, despite them, has managed to produce a body of knowledge on HIV/AIDS nursing care. In addition, the Network has provided substantial mentorship for both students and junior faculty members, many of whom are becoming integral leaders of the Network, and of HIV/AIDS nursing research at their own universities. The Network also produced, tested, and distributed thousands of copies of the "Symptom Management Strategies: A Manual for People Living with HIV/AIDS."

Conclusion: Although much has been learned already, the face of HIV/AIDS continues to change. The International Nursing Network for HIV/AIDS Research remains an important vehicle for supporting evidence-based HIV/AIDS nursing care for many years to come.

Implications for Practice: In many areas of the world, nurses provide the majority of direct care for people living with HIV/AIDS. The Network has generated important research evidence to guide care, and also serves as a model for international collaborative research.

Objectives: The learner will be able to:

- Increase knowledge about the benefits of conducting collaborative research;
- Increase knowledge about some of the challenges of collaborative research.

D-4

Can't Quit Thinking About AIDS: Ruminations, Depression & HIV

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When individuals are depressed they frequently focus inward to evaluate their feelings & situation in attempts to gain insight & find solutions. Often they are stuck in ***repetitive ruminations*** & consequently this inward quest actually fuels the depressed state, maintains depressive symptoms and ultimately impairs the ability to problem solve. This makes it difficult for clients to enter into & adhere to a treatment course.

Purpose: The intent of this workshop is to introduce nurses to the concept, research & interventions around ruminations. It will attempt to impart skills for listening to the verbal cues clients express that reflect the repetitive, unproductive thinking that interferes with mood, functioning & self worth. Interventions will be discussed to challenge, in the words of the 12 step community, "stink'in think'in".

Methods/Practice: The presenter will introduce the audience to definitions of rumination (using the work of Nolen-Hoeksema, Lyubomirsky & others), present a scale to identify "ruminators" and show how rumination differs from worry or obsessions. Offerings from the world of Cognitive Behavioral Therapy/Positive Psychology will be presented.

Implications for Practice: Depression is rampant in the HIV+ community. Ruminations are rarely talked about or identified in depressed HIV+ individuals. However they are implicated in the genesis and/or chronicity of depression. Ruminations interfere with & impair concentration, learning & the ability to adhere to treatment. It is important to recognize those individuals who are at risk for ruminations, especially in the newly diagnosed or those filled with shame. Patients with ruminative styles of thinking need prompt identification so interventions can lift them out of their repetitive thinking & suffering.

Conclusions: Antidepressants don't work for everyone and may not be indicated or medically tolerated. Also, many clients will not avail themselves to them or comply. By helping patients learn to identify self defeating thoughts & change their thinking, mood & treatment adherence can improve while side effects to added medications can be avoided. Comfort, concentration and collaboration can prevail!

Objectives: The learner will be able to:

- Recognize what a rumination is and how ruminations contribute to depression & poor treatment adherence in the HIV+ individual;
- Identify "ruminators" using interviewing/listening skills and a Rumination Scale;
- Identify three types of interventions in the treatment of ruminations.

D-5

"Faith is a Strong Medicine": Spiritual Practices of Rural African American Men Living with HIV/AIDS

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Background: Today African American (AA) men have the highest rate of HIV in the United States and represent the highest percentage of male cases. AIDS cases are growing most rapidly in the rural South, accounting for over half of all rural cases. It is important to design HIV anti-stigma programs that are grounded in the context of the lives of high risk populations. Religion and spirituality play an important role in the lives of AAs.

The **purpose** of this study was to describe the role of religion and spirituality in the lives of rural HIV+ AA men.

Methods: The design is an adaptation of Parse's descriptive exploratory method using audiotaped interviews for data collection. Participants were recruited from AIDS Service Organizations and clinics. Each interview was transcribed verbatim and analyzed using constant comparative analysis. Categories of data were identified and coded into themes.

Results: Interviews were conducted with 40 HIV+ AA men between 22 and 49. The men described how religion and spiritualty affected their lives in a rural environment and as a part of the AA culture. Themes from the narratives included: (1) having a strong Christian background, (2) drawing strength from spiritual practices, (3) non-disclosure of HIV to church pastors and congregants because of perceived HIV-stigma, and (4) believing that a higher power (God) is a divine healer.

Conclusions: Religion and spirituality provide resources for coping with HIV for rural AA men. Stigma is a concern for the men and a barrier to receiving emotional support from pastors and congregants. It is critical to develop and implement anti-stigma interventions that will increase support, understanding and compassion for people living with HIV/AIDS (PLWHA).

Implications for Practice: Nurses need to understand the role of religious and spiritual beliefs and practices in the lives and health of (PLWHA). Assessing and supporting those beliefs and practices can lead to better health and quality of life for PLWHA.

Objectives: The learner will be able to:

- Describe the spiritual beliefs and practices of rural AA men living with HIV/AIDS;
- Discuss factors that serve as barriers and facilitators of those belief and practices.

D-7

Excellence in Prevention: Identifying HIV Knowledge Needs and Condom Use Self-Efficacy among Women Incarcerated in Jail

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Background: One of the groups in the US who have higher rates of HIV acquisition are poor women from ethnic minorities. Furthermore, they are disproportionately represented in jail populations as compared to whites. Women incarcerated in jail frequently have arresting behaviors associated with increased risk for HIV. Although work has been done in prisons, the levels of HIV knowledge and beliefs about condom use have not been measured among women in jail. This information would be valuable when developing a relevant HIV prevention intervention targeting women in the jail setting.

Purpose: In this study, HIV knowledge and condom use self-efficacy was assessed among women in jail. Knowledge and self-efficacy were compared to age, race, education, and history of sexually transmitted infection (STI).

Methods: 199 participants were enrolled at a large, southern jail. Those included were at least 18 years old, English speaking, not infected with HIV and eligible for release into the surrounding county. HIV knowledge was assessed with the HIV Knowledge Questionnaire (HIV-KQ18). Condom use self-efficacy was assessed with the Condom Use Self-Efficacy Scale (CUSES).

Conclusions: Women with less than high school education had lower HIV knowledge scores (p .018) and CUSES scores (p .034) as compared to those with higher education. Those with a history of STIs had higher HIV knowledge scores (p. 006) and higher CUSES scores (p .009) than women with no history of STIs. Women over age 50 had lower HIV knowledge scores (p<.001) and CUSES scores (p<.001) as compared to all other ages. The items missed most frequently were related to transmission.

Implications for Practice: Gaps in HIV knowledge were identified among the women in this study. The CUSES scores were very high; possibly because the women had high self-efficacy or were answering with what they perceived to be the "right" answer. A prevention program providing accurate information and clarification of common myths about HIV is needed. Further assessment of condom use beliefs, confidence in successful use and negotiating condom use is necessary. Future work to improve prevention education will include development of intervention strategies relevant for women in jail with these findings in mind.

Objectives: The learner will be able to:

- Identify the gaps in HIV knowledge among women in jail for purposes of creating prevention interventions;
- Describe condom use self-efficacy among women in jail as part of the development of excellence and relevance in prevention education.

D-8

Surprised to be alive! Aging with HIV

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Background: Use of highly active antiretroviral therapy has transitioned HIV disease from a death sentence to a chronic illness. The Centers for Disease Control and Prevention estimate that over 165,000 HIV positive individuals living in the United States are 50 years of age or older. Among states with confidential HIV reporting, these persons represent 22% of all new infections. By 2015, 50% of people living with HIV are expected to be at least 50 years of age.

Purpose: To identify the educational needs of persons 50 years of age and older living with HIV.

Methods/Practice: AIDS Service Organizations assisted with recruiting participants. Focus groups were organized based on gender, ethnicity, and sexual orientation. Questions related to educational needs of older adults aging with HIV were asked, sessions audio recorded, and transcribed verbatim. Thematic content analysis was used to explore responses. Participants completed a demographic questionnaire and received a $30 gift card incentive.

Findings/Conclusion: Six themes related to educational needs of older adults aging with HIV were identified. Five of the six themes were common among men and women: "Surprised to be alive," "Intimacy wanted, not just sex," "Is this HIV or am I just getting old?" "Avoiding isolation and stigma," and "Life is more than just my physical health." The theme specific to women was "Life is a balancing act." These findings are not unique to people aging with HIV, but are reflective of older adults in general. A finding observed by the researchers, not reflected in the themes, was the energy and enthusiasm of participants.

Implications for Practice: It is important for nurses to educate adults who are aging with HIV. In other areas of nursing (heart disease and diabetes) nurses have been at the forefront in developing programs to educate people about managing chronic illnesses and aging successfully. It is time for nurses who work with older adults living with HIV to become involved in developing innovative educational strategies that will help persons succeed in promoting and maintaining a high quality of physical, mental, and emotional health.

Objectives: The learner will be able to:

- Describe the HIV epidemic among persons 50 years of age and older;
- Discuss issues and concerns of HIV+ persons 50 years of age and older;
- Verbalize the role of the nurse in promoting physical, mental, and emotional health among persons living with HIV 50 years of age and older.

D-9

Quality Improvement Implementation of Depression Screening in an Infectious Disease Primary Care Practice

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Background: Depression has been associated with poor medical outcomes and progression of illness among persons living with HIV (PLWH).

The **purpose** of the project was to improve depression screening in patients at an infectious disease practice.

Methods: An initial 200 charts were reviewed for evidence of depression screening prior to intervention. Then, during a 12-month intervention phase, control charts were used to track the percentages of patients screened, patients referred to mental health services and patients having face to face or telephone contact within 45 days of their last clinic visit.

Conclusions: Screening improved significantly from 0% at baseline (February 2011) to 52% in the last month evaluated. Of the patients screened, 21.7% (125/576) met the cut-off score for clinically significant depressive symptoms. The mental health referral rate changed significantly over the course of the project. The rate was 33.3 % (March 2011) at the start of the QIP and 81% (March 2012) at the end of the QIP. The follow-up rate increased from 0% to 60.4%. The QIP was successful in improving both screening and referral. The difference between pre and post PHQ 9 scores among patients was not found to be significant, which suggests a substantially unrealized opportunity to provide interventions for depression.

Implications for Practice: Providers successfully utilized the PHQ 9 for depression screening and referral to mental health services of PLWH. Screening for depression in PLWH is critical part of comprehensive primary care.

Objectives: The learner will be able to:

- Incidence of depression in HIV infected males and females;
- Describe importance of depression screening in infectious disease primary care practice.