



November 2009

GRADUATE POSTERS



GP-1

Exploring Conspiracy Beliefs Among African American Men and Women Who are HIV Positive

Patricia Wilkins
Walden University
Baltimore, MD, United States

Background: The African American community is disproportionately affected by the human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS).

PURPOSE: A pooled literature review was conducted to answer two key questions: (a) Are conspiracy theories the reason why antiretroviral therapy is stopped and/or started early in the course of the disease to benefit? (b) How do these conspiracy theories or beliefs impact HIV prevention for uninfected individuals and/or partners?

METHODS: Statistical calculations included compiling 2 x 2 contingency tables of studies grouped with the same independent and dependent variables. Odds with a 95% confidence interval and Chi-square distribution were utilized to test the hypothesis that there is no relationship between conspiracy beliefs and an individual's decision to use HAART and/or condoms.

CONCLUSIONS: Findings supported the concept that HIV positive African American individuals believed in conspiracy theories and it impacted upon their care.

IMPLICATIONS FOR PRACTICE: The HIV/AIDS healthcare crisis within the African American community increases the response needed to foster social change that would help ensure development of the best treatment plans and prevention education programs, and prevent further spread of HIV/AIDS.

Learning Objectives:

- Discuss cultural beliefs and opinions of populations affected by and infected with HIV.
- Increase best practices in addressing cultural differences and how it impacts healthcare choices.

Overcoming Barriers to Clinical Trials Participation Amongst African Americans in Washington, DC

Mary DeGrezia¹
Sarah Read²
Aaron Kelley³

¹University of Maryland, Baltimore, Baltimore, MD, United States

²The National Institutes of Health, National Institute of Allergy
and Infectious Diseases, Bethesda, MD, United States,

³George Mason University, Fairfax, VA, United States

Purpose/Aims: To explore methods to improve clinical trials participation in African Americans in Washington, DC.

Research Questions/Hypotheses: What strategies do HIV+ African American community members believe will be most effective in recruitment of African American clinical trials participants?

Significance: African Americans are disproportionately affected by HIV and AIDS in the U.S. Randomized clinical trials are utilized to evaluate the safety, efficacy and tolerability of medical interventions. However, African American clinical trials participation has generally not reflected the U.S. HIV/AIDS demographics.

Methods: A written survey and verbal responses were collected during a single focus group session of primarily African American Washington, D.C. community members, 22-65 years old, living with HIV/AIDS, and primarily African American D.C. community healthcare providers/case managers.

Findings: Most frequent responses included: Get the word out about HIV/AIDS clinical trials; use plain language; provide adequate financial compensation; locate trial sites in/near communities of interest; utilize community recruiters, express genuine interest in community members; give something back.

Discussion: HIV+ members of Washington D.C.'s African American communities are interested in learning about and participating in HIV/AIDS clinical trials. Incorporating suggestions/concerns of African American community members into recruitment efforts may yield improved recruitment/retention of potential African American research subjects.

Learning Objectives:

- Learner will be able to state at least three measures recommended by Washington DC's HIV+ African American community to overcome barriers to clinical trials participation amongst African Americans in DC.
- Discuss the importance of actively seeking and incorporating suggestions from members of the community of interest in clinical trials recruitment strategies.

HIV Risk in Young African American and Caucasian Women: Sexual Empowerment vs. Sexual Pressure

Carrie Ann Long

*University of Alabama at Birmingham
Birmingham, AL, United States*

Background: Although factors such as HIV knowledge, high self-esteem, condom self-efficacy, positive attitudes toward condom use, and condom negotiation skills have been associated with increased condom use among women, such factors have not been examined within a framework of empowerment for sexual behavior. Sexual pressure, inclusive of both coercive and non-coercive pressures to engage in unwanted or unprotected sex, has also not been studied in association with these factors or as a potential moderator between sexual empowerment and condom use. Because African American women (AAW) are 23 times more likely to acquire HIV infection than Caucasian women (CW), differences may exist between races in both protective and risk factors.

Purpose: 1) To examine the relationship between sexual empowerment and condom use; 2) to examine the moderating effect of sexual pressure on the relationship between sexual empowerment and condom use; and 3) to examine racial differences in sexual empowerment, sexual pressure, and condom use among young adult AAW and CW ages 19-25.

Methods/Practice: A convenience sample of 101 women (50 African American, 50 Caucasian, 1 Biracial) were recruited from two health department clinics located in a Southeastern metropolitan area. Statistical analyses included descriptives, correlations, logistic and linear regression, and t-tests.

Conclusions: Although positive attitudes toward condoms and condom negotiation skills were found to be associated with increased condom use ($X^2= 9.98, p= .002$; $X^2= 7.49, p= .006$, respectively), these relationships were negatively moderated in the context of sexual pressure. Also, women who were more likely to experience sexual pressure reported lower self-esteem ($t= -2.8, p= .006$) and more negative attitudes toward condoms ($t= -2.16, p= .03$). With regard to race, AAW reported higher self-esteem ($t= 2.53, p= .01$), but lower condom negotiation skills ($t= -2.25, p= .03$) than CW/Other. AAW were also more likely to experience sexual coercion ($t= 2.21, p= .03$). Condom use did not differ significantly between races.

Implications for Practice: Empowering women toward safer sexual practices, targeting power imbalances and gender norms in sexual relationships, and increasing resistance to sexual pressure based on social/cultural contexts are important first steps in interventions aimed at preventing HIV among women.

Learning Objectives:

- At the end of the presentation, the learner will be able to identify factors that empower women to use condoms.
- At the end of the presentation, the learner will be able to define sexual pressure and recognize its potential moderating effect on otherwise positive sexual behavior.
- At the end of the presentation, the learner will be able to identify racial similarities and differences in protective and risk factors among AAW and CS, and implicate the relevance for future studies.

The Experience of Managing Pain in Adults Living with HIV

Sabrina Mikan
Deborah Volker
University of Texas
Austin, TX, United States

There is a lack of understanding how people living with HIV/AIDS (PLWHA) manage pain experiences. Treatment of pain in PLWHA broadly follows the World Health Organization's criteria for treating pain in cancer patients. However, for PLWHA pain is multifactorial. Due to gaps in the literature, there is a lack of understanding the individual's pain management activities because sensitivity of pain is perceived differently by each individual. Through researching the individual lived experience of managing pain in PLWHA, there can be more knowledge gained for better prevention and management of pain.

Purpose: The purpose of this qualitative descriptive study is to elicit narratives regarding the self care actions taken to manage the experience of pain in adults living with HIV to better understand patient pain experiences. Individuals will be asked to describe the self care actions taken when pain is experienced, barriers to pain management and what managing pain symptoms means to them.

Methods: A 60 minute audio-taped interview of 4 people living with HIV/AIDS. The researcher used qualitative content analysis based on Miles and Huberman's (1994). The researcher collected the data; performed data reduction (coding) and data display (matrix), then reviewed the findings by meeting with an expert in qualitative data analysis to summarize the findings.

Findings: Through data reduction and display, there were 11 categories assembled from the data analysis describing these individual's experiences of managing pain. Categories were transformed into 4 main themes: "Pain Basics," "Barriers for Trust," "Strategies for Managing Pain," and "Making Meaning from Pain."

Conclusions: There are several nursing implications for health care providers (HCPs) who work with PLWHA. Themes that PLWHA revealed have shown how interactions and perceptions when experiencing pain lead to certain choices when coping with pain. In many cases no partnership occurred between the PLWHA and the HCPs that made each person cope with pain in unique ways. Understanding the themes concluded from the perspectives of this population is important and will allow HCPs to deliver proper and non-biased care. With this gained knowledge, there is a need to further investigate the complicated interactions within the lives of PLWHA.

Learning Objectives:

- The learner will understand: self care actions taken by adults living with HIV to manage the experience of pain.
- The learner will understand: qualitative content analysis based on Miles and Huberman's (1994): data reduction (coding) and data display (matrix).
- The learner will understand: The need for partnerships between clinicians (MDs and RNs) with PLWHA to assist in symptom management of pain.

November 2009

POSTERS



Collaborative Efforts: Nurses in Emergency Department and County Health Department Promote Successful HIV Care

Marte O'Brien¹

Deborah Anthony²

¹*Parkland Health and Hospital System, Dallas, TX, United State*

²*Dallas County Health Department, Dallas, TX, United States*

Background: HIV infected persons often present for medical care late in disease process. This results in very ill persons presenting to the emergency department (ED) or county health department with complex medical and psychosocial needs. As a result, RN Case Manager (CM) in large urban ED and Nurse Practitioner (NP) at county health department Early Intervention Clinic (EIC) developed a referral network addressing critical and complex needs.

Purpose: The purpose is to identify this high risk population and create a safety net for ongoing seamless HIV/AIDS medical management. Our objective is to increase patient independence, preventing morbidity and mortality.

Methods/Practice: The EIC team serves newly diagnosed HIV positive persons in various stages of emotional and psychosocial crises. Additionally, lab and clinical assessment may reveal urgent medical conditions. The EIC NP initiates an ED referral, notifying the ED RN CM, expediting care. For those persons entering HIV medical services for the first time via the ED, emergent health needs are met. Generally, ED discharge for HIV patients includes a referral for follow-up medical care at ID clinic or community provider of choice. Often, multiple agencies are needed to address complex issues such as STD's, TB, immediate food and shelter, counseling and transportation assistance. In such cases, the ED RN CM coordinates with the EIC team/NP and arranges necessary services.

Conclusions: Patients often view services as out of reach or unavailable. Our work resulted in HIV/AIDS patients' entry or re-entry into ongoing HIV medical care. In addition, patients were able to access community services. Persons with complex needs responded favorably to a collaborative approach involving several disciplines from multiple agencies. This collaboration increased provider credibility resulting in patient engagement in HIV care.

Implications for Practice: The authors observed the need for attention to be directed toward improving access for persons entering HIV medical care. Education is needed to empower and encourage this special population to enter the healthcare system early in the HIV disease process. Further research should be directed toward addressing barriers to early access into HIV medical care.

Learning Objectives:

1. Incorporate into practice one approach involving multiple disciplines and agencies working together to assist hard to reach HIV positive populations.
Identify critical barriers to on-going HIV medical care.

**"Getting From No to Go" - Increasing the Number of HIV Patients
Co-infected With Hepatitis C Who Begin Hepatitis C Treatment**

Ruth Cooper
Marcia Richards
Jordan Hospital
Plymouth, MA, United States

Background: HIV/HCV co-infection affects more than 250,000 Americans. Liver disease is the leading cause of death in HIV infected individuals. Despite substantial advances in Hepatitis C treatment success rates, only a small number of co-infected people have been treated for Hepatitis C. Similarly, in Jordan Hospital's Ryan White Part C program, 25% (n=15) of HIV positive patients are co-infected with Hepatitis C. Over the past two years, a variety of interventions have been implemented designed to promote HCV treatment in our patient cohort. To date, 13% (n=2) of our co-infected patients have initiated Hepatitis C treatment.

Purpose: The purpose of this pilot program is to explore why co-infected patients choose not to treat or postpone treatment for Hepatitis C.

Methods: The pilot program will utilize a survey to identify patient's knowledge and attitudes about Hepatitis C treatment including disease progression, morbidity and mortality rates and treatment outcomes. Additionally, we will explore specific decision making styles in order to provide effective individualized educational interventions targeted toward initiating Hepatitis C treatment.

Conclusions: Data collection in progress.

Implications for Practice: Findings from this pilot program will be used to develop targeted interventions that facilitate Hepatitis C treatment initiation in co-infected patients.

Learning Objectives:

- Discuss specific reasons why co-infected patients choose not to treat or postpone treatment for Hepatitis C.
- Identify the importance of targeting educational interventions to individual decision making styles.

Demystifying Clinical Research: ACTU/AETC Collaboration

Jan Stockton¹, Tammy Mansfield¹,
Sharon Kohrs¹, Yolanda Wess²

¹*AIDS Clinical Trials Unit (ACTU), University of Cincinnati Medical Center
Cincinnati, OH, United States,*

²*PA/MidAtlantic AIDS Education and Training Center (PAMA AETC)
University of Cincinnati Local Performance Site (UC LPS),
Cincinnati, OH, United States*

Background: Consumers typically have limited information about the role clinical trials play in the advancement of HIV care. Worse yet, there is frequently misinformation about clinical trials, leading to reluctance among some HIV-infected persons to consider study involvement as an alternative to standard care. Health care professionals play a critical role assisting HIV-infected persons in pursuing appropriate care, which may include clinical trials participation. The UC ACTU and the PAMA AETC/UC LPS joined together to provide education about AIDS clinical research for health care professionals who interface with the ACTU.

Purpose: The purpose of the program was to provide relevant information to health care providers so they can assist HIV-infected persons make informed decisions about their care. Specific goals were: 1. enhance collaboration between Infectious Disease Center (IDC) and ACTU staff; 2. equip case managers to address patient concerns/questions about study participation; and 3. establish relationships with community HIV clinical care providers.

Methods/Practice: The program included an overview of the research process, clinical development and study design; ethical principles in research; inclusion/exclusion criteria; and procedures for initiating a referral. A simulated study visit demonstrated the study consenting process of consenting and follow-up visits. An optional one-day HIV/AIDS overview was offered through AETC. Continuing education credit was available for nurses, social workers, and counselors.

Conclusions: 15 participants completed training, with 5 attending the HIV overview. Evaluations were favorable, with participants reporting better understanding of the clinical research process. Regarding goal achievement, IDC nurses increased ACTU contacts, asking questions about study availability and potential subject participation. Case managers stated they felt equipped to respond to client questions about study participation. There have been no participants from non-University infectious disease practices.

Implications for Practice: Participant feedback demonstrates efficacy of this approach to improve understanding about clinical research and its impact on HIV treatment. Historic examples of unethical research conduct have made multidisciplinary collaboration essential in reassuring potential research candidates that their rights will be protected at all times during study participation. Alternative strategies to engage community HIV clinical care providers will be explored.

Learning Objectives:

- Identify barriers to participation in AIDS clinical trials.
- Describe components of a clinical research educational program for health care professionals.

Acute Detection and Early Prevention of HIV Transmission Using the Nucleic Acid Test (NAT)

Joanne Santagnelo¹, Paula Potter¹, Tari Gilbert¹, Sheldon Morris¹,
Davey Smith¹, Terry Cunningham², Susan Little¹

¹University of California San Diego, San Diego Ca, United States

²San Diego County Department of Public Health Services,
San Diego Ca, United States

Background: Current Enzyme Linked Immunoassay (EIA) antibody tests for HIV do not become positive until 3-4 weeks after infection has occurred. HIV infection can be determined weeks earlier by looking for the presence of virus. NAT has been used routinely since 1999 in the United States to screen all blood donations for HIV. The high levels of viremia present during seroconversion account for a large percentage of HIV transmission. Studies have shown that identification of HIV infection during this acute window can significantly decrease the risk of HIV transmission.

Purpose: The primary objective of this study is to determine the prevalence of acute and early HIV infection among individuals who present for HIV testing at San Diego county sites.

Methods: The prospective observational study enrolled individuals presenting for HIV testing at various SD county testing sites. Those who had negative rapid EIA results were offered confidential NAT testing. Individuals with preliminary positive EIA results were offered a Less Sensitive Enzyme Immunoassay (LS-EIA) to determine if the infection was recent (less than 2 months duration) and confirmatory western blot. Negative HIV NAT results were posted to a secure web site using an anonymous identifier 2 weeks after the visit. Individuals with positive NAT results were notified directly by the study nurse. All HIV positive individuals were seen at UCSD to receive confirmation results and initial counseling with transition into clinical care.

Conclusions: The Early Test Program (ETP) enrolled 4032 subjects between February 2007 and March 2009. There were 80 EIA positive, western blot confirmed, tests reported; of these eighty individuals, 19 or 24%, had a LS- EIA consistent with recent HIV infection of less than 60 days duration. Seventeen (0.4%) subjects with NAT positive, EIA negative results, (representing detection within the first ten days of HIV infection), were identified.

Implications for Practice: NAT screening, by shortening the window of negative HIV detection, will decrease the risks of HIV transmission during acute infection. Participants were satisfied with the program and two thirds referred others to the ETP.

Learning Objectives:

- Participant will be able to describe innovative testing paradigms to eliminate the negative HIV EIA window period.
- Participants will be able to discuss the role of early diagnosis in prevention of transmission.

Incidental HCV Findings in a Novel HIV Screening Program

Tari Gilbert¹, Paula Potter¹, Joanne Santangelo¹, Davey Smith¹,
Sheldon Morris¹, Terry Cunningham², Susan Little¹

¹University of California, San Diego, San Diego, CA, United States

²County of San Diego Public Health Services, San Diego, CA, United States

Background: More than one million people in the U.S. are currently infected with Human Immunodeficiency Virus (HIV). Due to shared transmission risks, approximately 30% of these individuals are also infected with the Hepatitis C virus (HCV), the most common blood-borne pathogen in the world. The University of California San Diego (UCSD), in collaboration with the County of San Diego Public Health Services (PHS), initiated a project known as The Early Test Program (ETP) utilizing nucleic acid testing (NAT) to screen all subjects seeking routine HIV testing for HIV and HCV simultaneously.

Purpose: Our main objective is to report the prevalence of incidental HCV in those testing for HIV at PHS testing sites.

Methods: Subjects consented to ETP for both HIV and HCV. Negative NAT results for both tests were posted to a secure voice mail and web based reporting program which participants could access two weeks after testing. All positive HIV and HCV results were reported directly to the client by a UCSD nurse. Archived samples were sent for routine HCV antibody, genotype and viral load when a positive HCV NAT result was obtained.

Conclusions: During the period from October 2007 to December 2008, 2861 clients were enrolled in ETP. There were 130 cases of HCV identified, including one acute case. This represents a prevalence of 4.5% at PHS testing sites. Global HCV prevalence is 3%, and U.S. prevalence is 1.8%. A majority of these positive HCV clients reported a history of substance abuse. No co-infected patients were identified.

Implications for Practice: People with risk factors for HIV should be screened for HCV as well. Early detection of HCV can dramatically improve the course of the disease. Failure to detect more cases of acute HCV may be related to the screening at drug treatment facilities. Identification of acute HCV will more likely require screening a younger population, closer to the start of their needle use debut. Detection of HCV is a critical health determinant in those seeking HIV testing and/or care.

Learning Objectives:

- Participant will be able to explain the rationale for HCV testing in a population at risk for HIV.
- Participant will be able to discuss HCV prevalence globally, domestically and at San Diego County HIV testing sites.

A Statewide Approach to Performance Measurement Through Clinical Chart Reviews

Rosemary Donnelly, MSN, APRN, ACRN

Michael Coker, MSN, ACRN
*Georgia Division of Public Health
Atlanta, Georgia, United States*

Background: Monitoring HIV/AIDS quality of care across a network of providers is a challenge. Several methods exist towards achieving this task. One approach is to periodically conduct clinical chart reviews utilizing a systematic uniform process. National guidelines and strategies for HIV/AIDS exist to provide guidance in the development of assessment tools that can be used when conducting chart reviews.

Purpose: This poster introduces a systematic statewide approach towards measuring clinical quality of care provided to people living with HIV/AIDS and describes how to utilize data findings to drive quality improvement.

Methods/Practice: Over a 20-month period, a physician and two registered nurses conducted clinical chart reviews at 22 agencies. HIV clinical performance measures (PM) were based on the HIVQual Project Indicators and the State Ryan White Part B Program's internal HIV clinical performance measures. These measures were selected to determine compliance with national and local standards of HIV/AIDS care. Reviewers used a HIVQual Project Sampling Methodology to determine the number of charts to review at each agency. A Scantron® form and worksheet were developed and utilized to collect client level data on each performance measure. Following each agency's review, a written summary report with findings and recommendations was sent to agency leadership. A final summary report including data from all agencies was created to reflect and compare findings.

Conclusions: Utilizing a systematic process toward conducting statewide chart reviews yields useful data highlighting areas where agencies excel and indicates areas where improvement may be needed.

Implications for Practice: Ensuring quality in clinics that provide medical care and supportive services for people living with HIV/AIDS is key to local and statewide quality management programs. A well defined systematic approach toward measuring quality through a chart review process provides valuable information to determine performance and opportunities for improvement.

Learning Objectives:

- Describe key components in designing a process to conduct clinical chart reviews.
- Identify HIV-specific resources to guide the development of an assessment tool.
- Understand how to use data obtained in a chart review to drive quality and improvement.

I Hope It's Not "In One Ear and Out the Other": Nursing Students' Concerns Regarding Teaching the "Amigas Care!" SENORITAS HIV/STD Prevention Education Session to College Students

Sandra Gracia Jones
Carol A. & "Pat" Patsdaughter
Margaret Hamilton
Robert Malow
Katty Guevara
Florida International University
Miami Florida, United States

Background: Providing HIV prevention through client teaching remains an important responsibility for nurses. However, health care providers have reported concerns in providing HIV prevention and safer sex counselling for clients. Cultural and gender specific factors may further complicate this situation. The OWH-funded SENORITAS (i.e., Student Education Needed in Order to Reduce Infection and Transmission of HIV/AIDS and STIs) project at Florida International University, a Hispanic-serving institution of higher education, enables nursing students to practice as effective HIV prevention educators by training them to teach and serve as campus-based HIV **prevention peer educators during their last semester of nursing school.**

Purpose: This poster will present findings from a descriptive ancillary study of a larger parent project that elicited perceptions and concerns of senior semester nursing students who volunteered to participate in the SENORITAS project.

Methods: Senior nursing students who participated in the SENORITAS project were asked to describe their perceptions and concerns about serving as HIV prevention peer educators at the start of a Peer Educator Training Workshop. Over a 4-year period one hundred and seven (107) students participated in the study by completing a one-page open-ended questionnaire. One question asked "I am concerned about being a Peer Educator because . . ."

Conclusions/Results: In relation to concerns, three major themes emerged: (a) general concerns about teaching, (b) more specific concerns about teaching about HIV/AIDS and STDs and talking about sex, and (c) specific concerns regarding teaching and talking about HIV/STDs with college students. Implications for Practice: Students' concerns provided a grounded framework for implementing and integrating opportunities and exercises into the nursing curriculum designed to address these concerns, assist students' in reducing discomfort, and ultimately enabling nursing students to practice as effective HIV prevention educators.

Learning Objectives:

- Attendees will be able to discuss concerns voiced by health care providers in relation to providing HIV prevention education and safer sex counselling to clients.
- Attendees will be able to describe specific concerns expressed by senior nursing students and discuss strategies to overcome these concerns.

Missouri Chronic Care Improvement Program (CCIP) Participants with Human Immunodeficiency Virus (HIV) Show Higher Health Care Utilization and Costs, but Show Improvement after Engagement in Disease Management Interventions

Sylvia Allen², George L. Oestreich¹,
Chelmer L. Barrow Jr.², Leonard E. Fensterheim²
¹MO HealthNet Division, Jefferson City, MO, United States
²APS Healthcare, White Plains, NY, United States

Background: Recent research shows HIV to be a burdensome co-morbidity for individuals with other chronic conditions. A recent study found 72% of HIV patients hospitalized in the prior year were admitted for non-HIV related conditions.¹ The concomitant presence of HIV with another chronic condition represents a significant portion of overall healthcare expenditures and utilization. Understanding the severity of this chronically ill subgroup shows an important opportunity for Disease Management impact.

Purpose: To compare the impact of engagement in disease management activities on resource utilization in Medicaid CCIP participants with and without an HIV co-morbidity.

Methods/Practice: Medicaid claims from 4/1/2007 to 3/31/2008 were used to identify HIV co-morbid participants. ICD-9 CM codes of V08, 042, 042.0, 042.1, 042.9 were used to identify participants with HIV and one or more chronic health condition. We described population demographics and evaluated utilization patterns and costs for key services (i.e., inpatient hospital, ER visits).

Results and Conclusions: The analysis included a total of 120,608 participants. 750 were identified with HIV. The baseline characteristics of the population were: Overall Ave. Age: 49; HIV Ave. Age: 46; Overall Ave: 3 additional co-morbidities; HIV Ave: 2 additional co-morbidities.

The most common co-morbidities for HIV individuals were CAD, GERD and asthma. Average annual hospitalizations, ER visits and costs were substantially higher in the HIV group at program start. One year after program implementation, the HIV group showed a decline of 26% in hospitalizations and a 23% decline in ER visits compared to a 15% decline for a non-HIV cohort sample. Average PMPM spent was \$2,783 in the HIV group vs. \$1,209 in the non-HIV group. After intervention, HIV spending dropped 21% vs. 13% in the non-HIV group.

Implications for Practice: Co-morbid conditions are key drivers of hospital admissions in patients with HIV. Within this population, intensive management of co-morbid conditions can lead to overall reductions in inpatient hospital admissions, ER utilization and medical expenditures.

Learning Objectives:

- The prevalence and impact of co-morbid conditions for individuals with HIV infections.
- How Disease Management interventions of co-morbid conditions can improve outcomes and reduce cost.

A Prevention Education Collaboration: What's In It for Me?

Marisol Gonzalez, Rebecca Goldberg,
Jennifer Camacho-Catrambone, Jackie Boone, Peter McLoyd
*Ruth M. Rothstein CORE Center
Chicago, IL, United States*

Background: The Ruth M. Rothstein CORE Center (CORE) is an outpatient ambulatory site for the treatment, research and prevention of infectious disease in a large urban setting. In 2006, CORE collaborated with the Midwest AIDS Training and Education Center (MATEC) and the City Colleges of Chicago (CCC) to provide ongoing HIV education to faculty and students. The majority of the City Colleges are located in high prevalence communities.

Purpose: One of CORE's mission is to educate the community on issues related to HIV Prevention. Our target populations include men, women, children, injection drug users, adolescents and communities of color. We partnered with the City Colleges of Chicago to raise HIV/AIDS awareness. The primary goal of the presentation is to empower the audience with information that will allow them to make wise choices regarding their sexual activities.

Methods/Practice: The three-part presentation includes: 1) a presentation encompassing HIV/STI's clinical manifestations, statistics, and prevention, 2) a testimony from a person living with HIV and 3) referrals for testing. All participants complete evaluation surveys that assess impact, current methods of protection used, and whether the respondent has been tested. The results are compared against recent survey data and modifications are made.

Conclusions: Results indicate the program is effectual with the targeted audiences. Two thousand program participants responded favorably over 90% of the time across all variables and reported intent to improve their own safe-sex practices. Additionally, 20% of the audience has presented for testing at CORE's Screening Clinic to date. Respondents have stated that the condom demonstrations, condom handouts, the graphic nature of the presentation and the personal testimonies were most effective.

Implications for Practice: Our success points to the necessity of bringing education to the community that is relatable, straight-forward, comprehensive, and also draws a direct connection between risk behaviors and the acquiring of HIV and other STI's. Establishing partnerships and identifying key liaisons in non-traditional settings within the communities most impacted allowed us to reach larger, demographically diverse populations. HIV is 100% preventable and the community must be involved in effective prevention strategies.

Learning Objectives:

- Describe an effective prevention program targeting disproportionately affected groups in non-traditional settings.
- Identify potential community/institutional partners for future collaborations.
- Describe evaluative methods.

What do we Think about Today When we Think about HIV Epidemiology?

Jo Anne Bennett

*New York City Department of Health & Mental Hygiene
New York, New York, United States*

Background: Since Florence Nightingale began her work in the Crimea, epidemiology and nursing have been closely intertwined. Epidemiology, like nursing, is an applied science that seeks knowledge and insight for a service purpose, not for its own sake nor simply to provide tallies and interesting descriptions. The foci of epidemiology questions have multiplied as knowledge about the HIV disease spectrum has expanded.

Purpose: The purpose of this session will be to provide an overview of current trends in epidemiology related to HIV infection and AIDS, going beyond the usual discussions of prevalence profiles and trends in HIV/AIDS incidence, morbidity and mortality to address the directions of epidemiology questions that continue to emerge since the post-HAART era and in the pandemic's 4th decade.

Methods/Practice: Besides monitoring disease burden, HIV/AIDS epidemiology addresses its breadth and diverse dimensions, along with the impact of an ever-growing repertoire of interventions -- in multiple combinations and at different points in the disease process. As the infected population grows in demographic and physiologic diversity and antiretroviral therapy becomes more complex and varied, epidemiological questions must be tailored so that the answers are applicable to current environments and useful for all the populations concerned and affected. Epidemiological studies are also important for characterizing how the balance of provider and patient characteristics is manifested in practice and create or reduce potential barriers to starting or adhering to antiretroviral therapy.

Conclusions: Maps and timelines of incidence, prevalence, and mortality present only a narrow epidemiologic picture. Epidemiology today is not simply about tracking HIV and AIDS numbers across populations, but rather, discerning both qualitative and quantitative patterns and distinguishing patterning processes all along the disease spectrum.

Implications for Practice: Recent, currently ongoing, and emerging epidemiology investigations will provide the foundation that informs preventive and therapeutic strategies through the pandemic's continuing evolution. The more we learn, the more we need to delve in order to understand and apply that evidence base. Clinicians, community workers, and advocates for policy need to raise questions that will enrich epidemiology investigations, while using epidemiology findings to inform and evaluate their practice.

Learning Objectives:

- Specify at least 3 ways surveillance efforts have been refocused to address the multiple epidemics that comprise the HIV/AIDS pandemic.
- Contrast approaches and frameworks for investigating HIV-related chronic disease epidemiology from tracking the spread and impact of HIV infection across populations.
- Consider how the heterogeneity of HIV-affected populations sets the emerging and future agenda for epidemiologic investigation.

Patient Reported Outcomes after Simplification to a Single Tablet Regimen of Efavirenz (EFV)/Emtricitabine (FTC)/Tenofovir DF (TDF)

Kim Nguyen, Ramin Ebrahimi, Kristy Grimm,
John Flaherty, Awny Farajallah

¹*Bristol-Myers Squibb, Princeton, NJ, United States*

²*Gilead Sciences, Inc., Foster City, CA, United States*

Purpose: To assess patient (pt) reported outcomes in AI266073, a 48-week, prospective, randomized, open-label, multi-center study.

Methods: Pts on stable antiretroviral therapy (ART) with HIV-1 RNA <200c/mL for >3 months were randomized (2:1) to EFV/FTC/TDF (single tablet regimen) or to remain on their baseline regimen (SBR) and were stratified by prior PI- or NNRTI-based therapy. The following were evaluated: efficacy, safety, adherence by visual analog scale, quality of life by SF-36(v2) survey, HIV Symptoms Index, and the Perceived Ease of the Regimen for Condition questionnaire. In the EFV/FTC/TDF arm only, a protocol specific single-item Preference of Medication (POM) questionnaire was collected.

Results: 300 treated pts (EFV/FTC/TDF 203, SBR 97) were evaluated. Through 48 weeks, 89% vs. 88% in the EFV/FTC/TDF vs. SBR arms maintained HIV-1 RNA <200c/mL by TLOVR (ITT;NC=F). Adherence in both arms at baseline and all visits was >96%. There were no marked changes in adherence and SF-36 scores for either arm during the study. HIV Symptoms Index results demonstrated improvements in the proportion of pts randomized to EFV/FTC/TDF who experienced diarrhea or loose bowel movements (prior PI stratum: p=0.002); bloating, pain, or gas in the stomach (p=0.002); changes in the way their body looked (p=0.002); and problems having sex (p=0.032). There was a transient worsening of dizziness or lightheadedness symptoms (observed at Week 4 only) in pts switched to EFV/FTC/TDF (p<0.02), primarily in pts who switched from a PI-based regimen. Significantly more pts who received EFV/FTC/TDF considered it an easier regimen to take than their previous regimen (p<0.001) at all study visits. By POM, pts randomized to EFV/FTC/TDF preferred this treatment over their previous regimen (p<0.001) at all post-baseline visits; 85% reported EFV/FTC/TDF was "much better" than their previous regimen at Week 48.

Conclusions: Simplification to EFV/FTC/TDF from a variety of ART maintained high levels of virologic suppression, adherence and quality of life through 48 weeks. Pts switched to EFV/FTC/TDF reported improvements in many HIV-related symptoms, found the new regimen easier to follow and preferred EFV/FTC/TDF over their previous ART regimen.

Learning Objectives:

- Describe the methods for collecting patient reported outcomes in AI266-073.
- Describe the patient reported outcomes (adherence, quality of life, patient preference, perceived ease of regimen for condition and common HIV symptoms) in patients switching to the fixed-dose regimen of EFV/FTC/TDF compared to patients remaining on their stable baseline regimen.

Gender-Based Differences in Antiretroviral-Naive Patients Treated with Ritonavir-Boosted Protease Inhibitors: Results from the CASTLE Study Through 96 Weeks

Janine Hatala¹, Tony Hosey², Jonathan Uy², Marco Mancini³,
Rong Yang³, Victoria Wirtz³, Awny Farajallah², Donnie McGrath³

¹Tarrant County Infectious Disease Associates, Fort Worth, TX, United States

²Bristol-Myers Squibb, Plainsboro, NJ, United States

³Bristol-Myers Squibb, Wallingford, CT, United States

Background: Gender-based differences in efficacy and safety have been reported among HIV-infected individuals receiving antiretroviral therapy (ART). However, there are limited long-term data from randomized clinical trials. The CASTLE study demonstrated atazanavir/ritonavir (ATV/RTV) has similar efficacy to lopinavir/ritonavir (LPV/RTV) based-ART with more favorable lipid and GI profiles after 96 weeks of therapy.

Purpose: Efficacy and safety analyses by gender were assessed from the CASTLE study through 96 weeks.

Methods: The CASTLE study compared ATV/RTV with LPV/RTV, both with fixed dose tenofovir/emtricitabine in 883 treatment-naive patients including 277 women. Efficacy and safety were assessed by the proportion of subjects with HIV RNA <50c/mL, CD4 cell and fasting lipid changes, and adverse events (AEs) through 96 weeks.

Results:

The proportion of patients achieving HIV RNA <50 c/mL (ITT, NC=F) women vs. men: 67% vs. 77% (ATV/RTV), 63% vs. 71% (LPV/RTV). Mean CD4+ cell count change from baseline were similar for women vs. men in both arms. Discontinuation rates (women vs. men) were 21% vs 14% for ATV/RTV, 29% vs. 18% for LPV/RTV. Rates of all grades 2-4 treatment-related AEs (women vs. men) were 33% and 29% for ATV/RTV, 33% vs. 32% for LPV/RTV. Gastrointestinal AEs in women vs. men were: diarrhea (3% vs.2% ATV/RTV, 9% vs. 14% LPV/RTV); nausea (7% vs. 3% ATV/RTV, 14% vs. 5% LPV/RTV). Rates of other AEs were similar between genders for both regimens. Overall, regardless of gender, mean percent changes in fasting lipids (TC, LDL, non-HDL, TG) were greater with LPV/RTV. In the ATV/RTV arm, changes in fasting lipids were lower in women vs. men.

Conclusions and Implications for Practice: Through 96 weeks, gender differences were observed in efficacy, adverse events and lipid profiles in treatment naïve women vs. men receiving either ATV/RTV or LPV/RTV regimens consistent with observations in other studies using different antiretroviral drugs. Gender differences in treatment efficacy were primarily due to increased discontinuations among women.

Learning Objectives:

- Understand differences in efficacy and safety in women and men receiving atazanavir- or lopinavir-based regimens.
- Describe the rates of frequent clinical AEs in women and men treated with either atazanavir- or lopinavir-based regimens.
- Understand differences in discontinuations rates in women and men receiving atazanavir- or lopinavir-based regimens.

Health-Related Quality of Life (HRQoL) Improvement in Antiretroviral-Naïve HIV-Infected Patients on Ritonavir-Boosted Atazanavir or Lopinavir Regimens: Week 24 Results from the CASTLE Study

Linda Green-Kirkman¹, Jun Su², Jonathan Uy³,
Marco Mancini², Rong Yang², Victoria Wirtz³, Awny Farajallah³, Donnie McGrath¹
¹*Dupont Circle Physician's Group, Washington, DC, United States*
²*Bristol-Myers Squibb, Wallingford, CT, United States*
³*Bristol-Myers Squibb, Plainsboro, NJ, United States*

Background: GI tolerability is an important component of HRQoL and impacts adherence and virologic failure among patients treated with PI-based HAART.

Purpose: Assess HRQoL with the Irritable Bowel Syndrome (IBS)-QoL instrument in the CASTLE study.

Methods: CASTLE was a randomized, open-label, multicenter, prospective study comparing once-daily ATV/r with twice-daily LPV/r, both in combination with tenofovir and emtricitabine. HRQoL endpoints were assessed using IBS-QoL for treated subjects with evaluable ($\geq 28/34$ items answered) baseline. Principal analyses summarized changes from baseline in IBS-QoL overall score through week 24. A clinically relevant score change is not established in HIV. Post-hoc analyses assessed: categories of score change; GI adverse events (AEs) (diarrhea, nausea, vomiting) through week 24 for subjects with evaluable IBS-QoL at baseline and week 24.

Results: 692/878 (79%) treated subjects had an evaluable baseline IBS-QoL: median age was 35 years; 71% were male; 57% white; median HIV RNA was 5.02 log₁₀ c/mL, and median CD4 was 210 cells/mm³. The mean change in overall IBS-QoL scores from baseline at weeks 4, 12 and 24 were 3.2, 4.6 and 4.3 (ATV/r) and -0.7, 0.2 and 1.4 (LPV/r). The percentage of patients with ≥ 2 point worsening of overall IBS-QoL scores from baseline at weeks 4, 12 and 24 were 17, 15 and 16 (ATV/r) and 32, 26 and 25 (LPV/r). More subjects had worsening IBS-QoL on LPV/r than ATV/r ($p=0.01$). The difference was largest at week 4 for subjects with baseline CD4 < 50 cells/mm³ (ATV/r 14% vs. LPV/r 29%). Through week 24, 7% (20/299) of ATV/r compared with 15% (46/300) of LPV/r subjects had grades 2-4 treatment-related GI AEs ($p=0.001$).

Conclusions and Implications for Practice: ATV/r resulted in fewer GI AEs than LPV/r. More LPV/r subjects had ≥ 2 point worsening of overall IBS-QoL scores. However, the clinical relevance of this finding is unknown. The difference in IBS-QoL score reductions between ATV/r and LPV/r are most pronounced early in treatment in subjects with low CD4 counts.

Learning Objectives:

- Understand the impact of GI tolerability on HRQoL in patients receiving PI-based antiretroviral therapy.
- Understand the clinical endpoints and limitations of the IBS-QoL instrument.
- Describe the changes from baseline in IBS-QoL endpoints in patients receiving atazanavir- or lopinavir-based antiretroviral therapy.

HIV/AIDS Education Needs of Zambian Teachers: A Pilot Study

Eula Pines

Maureen Raushubber

Jennifer Cook

Dorothy Ettling

*University of the Incarnate Word
San Antonio, Texas, United States*

Background: The HIV/AIDS pandemic challenges Zambian nurses and teachers in educating young people about the dire consequences of HIV/AIDS. While the impact of HIV/AIDS affects all facets of life in Zambia, researchers suggest that Zambian teachers can help “mitigate” the spread of HIV among young people if they receive proper training. Despite Zambian initiatives to train teachers about HIV/AIDS, teacher training college is partially responsive and needs additional support (Ramos, 2009). In response to this need nursing and education faculty at a university in the United States collaborated with in- country community leaders to assess participants’ knowledge, skills, and attitudes about HIV/AIDS. These three domains must be addressed to design evidenced based teaching modules for this population.

Methods: A researcher developed survey was conducted with a 9-item questionnaire titled “Understanding HIV/AIDS” to elicit information about participants’ knowledge, skills, and attitudes about HIV/AIDS. The participants included 44 Zambian basic school teachers.

Results: About 75 percent of participants were aware basic HIV/AIDS knowledge, but 25 percent of the participants did not know how HIV is transmitted and requested information about the transmission of HIV.

Conclusion: Despite efforts of the government to educate the community about the transmission and strategies to prevent HIV/AIDS, efforts are needed to tailor evidenced based HIV/AIDS health education programs for this population.

Learning Objectives:

- To assess knowledge, attitudes, and skills with regard to HIV/AIDS.
- To assess pre & post intervention knowledge with regard to HIV/AIDS.

Grandparents Raising their Grandchildren Affected by HIV/AIDS

Linda Ungerleider
Saint Xavier University
Chicago IL, United States

Background: When parents living with HIV/AIDS cannot care for their children, grandparents often become the primary caregiver. Grandparents must deal with their grandchildren's care, their adult child's illness, the social stigma surrounding HIV/AIDS, and in some cases a grandchild living with HIV. These multiple challenges can stress the most stable of families.

Purpose: To explore the grandparents' perceptions of parenting their grandchildren in an HIV/AIDS affected family.

Method: A qualitative descriptive analysis of in-depth interviews of 9 grandparents raising 27 grandchildren (4 living with HIV/AIDS), whose parent/parents had AIDS or died from it.

Results: Keeping grandchildren "out of the system" was the main reason grandparents assumed their grandchildren's care. They feared losing the children into the social agency system that often separated siblings. Conflict with their adult children, often related to substance abuse, preceded HIV/AIDS diagnosis and remains a family concern. HIV/AIDS stigma still exists and disclosure is mainly within the family. Many grandparent families report multiple violent events and losses. The grandparents rely on their faith to help survive the day. Family members were their major support. Most expressed concern about surviving personal health problems until grandchildren matured. The majority of the grandchildren had problems in school and relationships. All grandparents stressed the importance of an education for their grandchildren's future.

Implications for Practice: Despite all the problems grandparents face, they are on balance, an important alternative for children affected by HIV/AIDS. They evidenced great commitment and love for their grandchildren. Grandparents would benefit from additional financial support, health care for the grandparents' with 1-3 chronic illnesses, counseling to manage their grandchildren and surviving adult children, and help negotiating the legal and social systems.

Learning Objectives:

- To explore the issues of grandparents raising their grandchildren affected by HIV/AIDS.
- To discuss the challenges facing grandparents raising their grandchildren affected by HIV/AIDS.

HIV/AIDS in a Large Urban Emergency Services Department

Thomas Emanuele

Marte O'Brien

*Parkland Health & Hospital System
Dallas, Texas South Central, United States*

Background: This study took place in the Emergency Services Department (ESD) of a 968 licensed bed urban teaching public hospital in the Southwest US. The hospital is a Level I Trauma Center and second largest regional burn center in the US. The ESD patient visits in 2006 were 139,578 with 42,682 patient admissions. The county population is 2.3 million with a homeless population >6000. The number of individuals with HIV/AIDS in the county in 2004 was 18,313 and the number of HIV/AIDS patients in the clinic system in 2006 was 5618.

Purpose: To describe the population of Persons Living with HIV/AIDS (PLWHA), who seek medical care in the (ESD). Results presented include gender, age, ethnicity, level of immunosuppression, substance use history, presenting complaint, arrival time and mode, triage acuity and how these variables affected ESD disposition.

Methodology: A descriptive study with retrospective medical record and database review. There were no interventions in this study. A convenience sample including all known or self-disclosed HIV-infected persons presenting to the ESD during the two-month data collection

Conclusions and Implications for Practice: Indicates need for more indepth research looking at methods for delivery of emergency care to PLWHA in the ESD. One possible area for further research might be utilizing Nursing Case Management staff to ensure adherence to follow-up HIV medical care and decrease the use of ESD services for primary medical care.

Learning Objectives:

- Identify the top 5 presenting problems for HIV infected patents in the ESD.
- Describe the time of day the highest number of patients presented to the ESD.
- State the outcome of the ESD visit.

HIV Nursing Advocacy: Human Development, Human Rights, & Primary Health Care

J. Craig Phillips

*The University of British Columbia
Vancouver, British Columbia, Canada*

Background: Internationally the majority of persons living with HIV are from vulnerable groups. These vulnerabilities are often related to economic, social, and historical trends. Intersectionality is when persons live with multiple vulnerabilities. In the 20th century multinational attempts were made to expedite the convergence of societies throughout the world. First, the *Universal Declaration of Human Rights* initiated the subsequent agreements that provide and protect human rights. This includes the UNAIDS (2008) call for a human rights approach to managing HIV globally. Second, the *Declaration of Alma-Ata* (1978) was widely accepted as a way to establish primary health care for All. In 2008, the Director General of WHO called for revisiting the declaration to determine why more has not been done to bring about this goal. Finally, the *Millennium Development Goals* were established to eradicate poverty and improve population health.

Purpose: Describe how nurses in HIV can use the international development and human rights mechanisms to improve HIV disease management in developing and developed nations alike.

Methods/Practice: The author used the social epidemiology of HIV framework to explore intersectionality and convergence as they relate to vulnerability for persons living with HIV throughout the world. Sociodemographic characteristics reported in HIV research literature, the social determinants of health, and the international policy mechanisms established to optimize the health and human dignity of persons living with HIV were analyzed.

Conclusion: Nurses working with vulnerable groups throughout the world are routinely faced with difficult challenges and ethical dilemmas. For example, nurses are expected to encourage patients to maintain ART adherence even if the patient has no food to eat. Nurses can advocate for the use of international mechanisms to bring about social change for persons living with HIV.

Implications for Practice: Through advocacy at all geopolitical levels, nurses in HIV care are uniquely positioned to influence policy that promotes social justice, human dignity and is consistent with the principles of primary health care as described in the *Declaration of Alma-Ata*. For too many of our patients, the HIV nurse advocacy role is a matter of life and death.

Learning Objectives:

- Learners will be able to: Define key concepts.
- Describe international policy mechanisms.
- Describe the commonalities that exist in the research literature related to social determinants of health.

Religion, Religious Affiliation, and HIV Risk among Black Men Who use Illicit Drugs

J. Craig Phillips

*The University of British Columbia
Vancouver, British Columbia, Canada.*

Background: Religion as a social institution is fundamental in the life of most Blacks in the United States. Personal strength derived from religion has many health promoting benefits and may contribute to less risky behavior for some persons with HIV. Religious affiliation may provide supportive environments to face the challenges of coping with HIV disease and may contribute to slower disease progression.

Purpose: Describe the relationship between religious affiliation, religious engagement, and HIV risk behavior within the context of an ART adherence survey of HIV+ Black men who use illicit drugs.

Methods: After obtaining IRB approval and informed consent, HIV+ Black men (n=160) were surveyed about their health risk and ART adherence behaviors. Data were analyzed using SPSS.

Findings: Eighty percent (n= 129) reported religious engagement. Nearly 67% (n=109) attended services at least monthly. These men reported engaging in HIV risk behaviors including high numbers of past year and lifetime sexual partners. Many of the men exchanged sex for money (n=80, 50%), room & Board (n=40, 25%), or drugs/alcohol (n=68, 43%).

Conclusion: This study confirmed the importance of religious institutions for HIV+ Black men who use illicit drugs. Religious affiliation and engagement are not sufficient to protect against or prevent HIV risk behavior among these men when they live in a context of socioeconomic deprivation. These men may perceive that they must engage in high risk behavior as a means of survival or as a means to adapt and cope with their contextual situation.

Implications for Practice: Further research is needed to determine the efficacy of interventions that incorporate religious tenets or are designed in collaboration with religious groups, possibly even integration into faith-based health care setting. In the absence of policy change to address socioeconomic deprivation and other underlying determinants of health at the population level, religion may have little effect in changing individual HIV risk behavior. For HIV+ Black men religion helps reconcile perceptions of being “damned by their creator” versus needing to be “saved by their creator.”

Learning Objectives:

- Learners will be able to: Describe research methods used.
- Identify evidence of associations between religious affiliation and HIV risk behavior.
- Identify research and policy advocacy implications for nursing and other disciplines.

Strengthening Nurses' Capacity in HIV Care in China: One Nurse's Experience

Lin Zhao

UCSF, San Francisco, United States

Background: The importance of nursing's role in HIV health care and prevention in China has received little attention by the government or donors until recently. Most HIV nurses work in villages, townships and county HIV clinics do not receive opportunities to attend trainings to meet their needs for increased knowledge and skills of HIV patient management. An HIV/AIDS nursing capacity building project was supported by the Clinton Foundation HIV/AIDS Initiative China Program as part of a broad collaboration with the Chinese Ministry of Health (MOH) to assist treatment scale-up.

Description: The project has two components, one is the community level HIV nursing training project, that included conducting a preliminary needs assessment, conducting 7 centralized trainings for nurses (N=200) providing HIV care 3 provinces (Henan, Yunnan and Xinjiang) and evaluation. The challenges for improving the training project are, 1) to provide knowledge and skills that were customized to the roles and scope of practice that nurses fulfill working in different counties, townships and villages in China, 2) to tailored the level of the nurse training model and material needs to reflects the different perspectives of local HIV epidemic characters and response to HIV, 3) to gain the supports of local hospital/health system administration, 4) to nurture an effective training method. The training evaluation was based on the percentage of correct answer from 144 nurses' answer sheets, Pre and posttest comparisons were assessed with paired samples t-tests. Results showed their overall knowledge about HIV improved ($p < 0.005$). Second component is the development of an HIV Nursing Reference Manual. The purpose of developing the HIV Nursing Manual was to provide a culturally sensitive document that would assist nurses in providing quality HIV nursing care. Chinese nursing faculties and experienced HIV clinical nurses from ten hospitals and universities participated in writing the manual. There was a hope that such a manual might be used a continuing education nursing programs and serve as an integral references for pre-service nursing education in China in the future.

Discussion: Training of nurses for community level HIV work in China can be strengthened by working more broadly, to improve perceptions of HIV nursing care, building nurses' capacity – both knowledge and skills – to care for people living with HIV/AIDS, and expanding the traditional roles of nurses. Teaching HIV knowledge and skills to nurses in China has to be evolved from changing the nursing pre and in-service education system, care environment and availability of effective HIV educational materials. Experience has demonstrated that developing a greater understanding of nurses' perception of competency of HIV nursing practice and developing appropriate education interventions enables the nurse to provide quality clinical decision making regarding patient care.

Learning Objectives:

- Experience sharing.
- Introduction

Community Based HIV/AIDS Clinical Research: Implications for the Research Nurse in a Changing Business Model

Sandy Sheble-Hall, Lenore Jackson-Pope,
Julia Green, Jodi Jensen, Karen McLaughlin
*Community Research Initiative
Boston, Ma., United States*

Background: Community Research Initiative New England (CRINE) is a community-based, nonprofit organization that has been devoted to HIV/AIDS clinical research since 1989. CRINE has contributed to data that has led to approval of most of the HIV/AIDS treatments that are in use today. CRINE has conducted more than 200 research studies including over 50 studies created by their own research physicians.

Purpose: The purpose of this poster is to show the innovative ways in which CRINE has changed its model to stay economically viable, and the challenges this brings to the role of the research nurse.

Practice: HIV/AIDS Clinical research has changed dramatically over the past 3-5 years. Increased costs have resulted in Pharmaceutical companies reducing the number of new drugs brought to market. The desperation for new agents has also eased, as there are now 30+ effective antiretroviral medications at our disposal. The Pharma emphasis is now more focused on vaccines and existing drug co-formulations. New drug development is much reduced. Despite this, there continues to be numerous scientific questions begging to be answered. These include long-term effects of ARV medications on metabolic, adherence and resistance, questions regarding treatment interruption, drug interactions and symptom management. Many of these are not studies typically funded and/or run by pharmaceutical companies. In order to answer some of these questions CRINE has begun to develop its own protocols that ask questions that are important to their community of providers and consumers. In order to adequately enroll these 15 – 80 participant studies CRINE has taken over the role of sponsor and created its own small network of sites throughout the country. The role of the research nurse has had to expand to include many more management skills.

Conclusions: In order to continue to provide community based HIV/AIDS research trials small nonprofit agencies need to alter their model. This means more diverse and eclectic responsibilities for the nurses who conduct the studies.

Implications for Practice: The role of clinical research nurse in a community based research clinic will need to evolve to include more roles as a way to maintain economic viability.

Learning Objectives:

- The learner will be able to understand the recent trend in HIV/AIDS drug development by big pharma.
- The learner will be able to identify at least 1 alternative operational model for small non-profit HIV/AIDS clinical research sites.
- The learner will be able to describe the ways in which an HIV/AIDS clinical research nurse can expand and adapt his/her role.

A Novel and Focused Approach to Community Advisory Board (CAB) Development and Maintenance Builds Community Members' Capacity to Educate Consumers about HIV Clinical Research, Resources, and Health Maintenance

Julia Green

Lindsey Howe

*Community Research Initiative of New England (CRI)
Boston, MA, United States*

Background: Community Research Initiative of New England (CRI) is the only independent, nonprofit, community-based organization in New England dedicated to HIV clinical research, treatment education, and financial assistance for approved drug treatments and health insurance coverage.

Purpose: This poster will describe the innovative ways in which CRI has built capacity of consumers to broaden their community's access to information and healthcare literacy, increasing minority participation in studies and drug assistance programming, through development and maintenance of a successful CAB.

Practice: CRI's CAB is comprised of 17 racially and ethnically diverse and dedicated members who meet monthly. CRI's components to successful CAB development include dedicated agency staff time, member-derived mission and goals, self-governing bylaws, access to information and investigators, membership incentives, ongoing training and education, and engagement in a wide variety of activities and community outreach events. Crucial to success is an invested and committed agency that is dedicated to high levels of satisfaction in CAB collaborative activities.

Maintenance of an active CAB with longstanding members allows for structured capacity building and knowledge building of this group's community advocacy skills. The members distribute information through community outreach activities including informal peer education, brochures and HIV medication pill chart distribution, and speaking engagements.

Conclusion: Focused development of a satisfied and integrated CAB as an active educational recruitment and outreach body aids to inform the community about HIV clinical trials, HIV health literacy, and improves access to critical programming and research.

Implications for Practice: Through strategy and implementing ways to develop and maintain a successful Community Advisory Board, an agency can develop partnerships with community members, building their capacity as advocates for research, providers of health education, and avenues of access to resources in their communities.

Learning Objectives:

- Describe strategies for building a diverse and active Community Advisory Board.
- List approaches for maintaining CAB membership and assessment for continuing educational needs.
- Identify and nurture membership that fulfil goals and mission of the CAB and of community needs.

**HIV/AIDS Among African American Men:
The Role of Spirituality and Therapeutic Relationships
in the Delivery of Care by Advanced Practice Nurses**

Ashley K. Parks, Jaquetta Reeves,
Patricia Coleman-Burns, Cindy Darling-Fisher
*University of Michigan
Ann Arbor, MI, United States*

Background: HIV and AIDS is a growing epidemic among African American men; who account for almost half (49%) of the estimated HIV/AIDS diagnosis (CDC, 2008). While medical treatment through pharmacological modalities have been proven effective in improving immunological status, many individuals with HIV report multiple adverse effects to medications, internal psychosocial challenges, and external stigmas and stereotypes. Therefore, they turn to alternative methods to help with adjustment to HIV/AIDS.

Objective: The purpose of this study was to define spirituality in nursing research on African American men with HIV/AIDS and identify its role in therapeutic relationships with Advanced Practice Nurses. This study aimed to identify appropriate culturally sensitive tools that measure spirituality and its efficiency in the target population. Lastly, this study looked to demonstrate the importance of spirituality in African American HIV/AIDS men and recommend its use as a therapeutic intervention in patient care.

Method: The Health Belief Model and Integrative Medicine was the guiding framework to assess and discuss perceived susceptibility in HIV/AIDS African American men and address ways to change their health behaviors. Research data was gathered through a comprehensive review of literature aimed at identifying and defining spirituality in people with HIV/AIDS.

Results: The results suggest that people with HIV/AIDS, who value spiritual beliefs and practices, were well equipped with coping mechanisms to living with HIV/AIDS and self efficacy to reduce risky behaviors. With positive support networks, they are able to cultivate a sense of hope for their future. This study also identifies the importance of patient-provider relationships in improving patient outcomes. These include: coping, overall health status, adherence, and sexual behaviors.

Conclusion: These findings illustrate the importance of spirituality among African Americans with HIV/AIDS as a means of coping, hope, and symptom management for their illness. The findings identify improved health-related outcomes when there are positive patient-provider relationships. Spirituality, when reported by patients, is key in the development of therapeutic relationships. Thus, self-reported value of spirituality, coupled with practitioner use, is appropriate to improve patient health outcomes.

Learning Objectives:

- To define spirituality as it relates to the HIV/AIDS patient.
- To define therapeutic patient provider relationships and its benefits for patient outcomes.
- To identify the importance of both spirituality and therapeutic relationships for patient outcomes.

Living for Today, Planning for Tomorrow, Hoping for the Best: Implementing End of Life Care in an Inner City HIV Program

Catherine A. O'Connor¹, Siobhan M. Flanagan², M. Susana Medeiros²,
Julie Knopp⁴, Annie G. Banks⁴, Thomas M. Donahue³, Bela R. Bashir³
¹*Northeastern University, Boston, MA, United States,*
²*HIV Innovations, Boston, MA, United States,*
³*The Dimock Center, Roxbury, MA, United States,*
⁴*Beth Israel Deaconess Medical Center, Boston, MA, United States*

Background: HIV Mortality in the U.S.A. is 4.5 per 100,000. Blacks and Latinos are disproportionately affected with death rates of 20.4 and 5.3. (CDC 2006) These groups often enter HIV care later in the disease progression. Minorities underuse palliative and hospice care, even when they have access to these services. Statistics from the National Hospice and Palliative Care Organization indicate that African Americans represent 8% and Latinos less than 5% of clients who participate in hospice care, as compared with 83% of whites. (Crawley 2000) PLWHA's have palliative care needs at each stage of the illness that impact quality of life.

Purpose: Education of case managers about end of life care options, available resources, strategies for addressing advance directives and challenges contributing to the underutilization of hospice/palliative care could allow clients to make more informed choices, achieve better palliation of symptoms, and have more opportunity to work on issues of life closure.

Methods/Practice: Clinical supervision with case managers identified clients with advanced HIV disease eligible for hospice/palliative care services. Case managers were unaware of palliative care consult resources accessible at the affiliated hospital or the availability of community based hospice care. Review of advance directives and earlier initiation of end-of-life discussion were identified as other unmet needs. Collaborative training with the hospital based palliative care consult team, concrete assistance with referrals and modelling of "difficult conversations" are interventions that have positively impacted client care.

Conclusions: Key activities of case managers are periodic re-evaluation and adaption of the plan of care as necessary over the life of the client. (HRSA 2008) Educating "trusted" case managers can decrease the "cultural mistrust" surrounding advance directives and end of life care options for minority clients affected by this health disparity.

Implications for Practice: As patients survive longer in the latter stages of progressive HIV disease, they may have increasing need for comprehensive symptom management as well as a need for psychosocial and care planning support. In the HAART era, the false dichotomy of curative vs palliative care for patients with HIV/AIDS must be supplanted by a more integrated model to provide comprehensive care for patients with advanced HIV disease. (Selwyn 2003).

Learning Objectives:

- The participant will understand the importance of palliative/hospice care for patients with HIV.
- The participant will learn the clinical endpoints related to HIV disease for appropriate referral to end of life care.