P-2

Do HIV-infected Older Persons Report more Depressive Symptoms than Other Chronically Ill Community-living Older Persons?

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Background: According to the National Institutes of Mental Health, depression is one of the most common mental health problems in community-dwelling older adults and negatively affects functioning, health outcomes, quality of life, and health care costs. Research indicates that HIV-infected people are more likely than the general population to develop depression. Studies have found that depressive symptoms in HIV-infected persons are associated with poor linkage to care, poor medication adherence, risky sexual behaviors, poorer virological response to treatment, and increased overall risk of mortality.

Purpose: To explore if older persons living with HIV/AIDS experienced more depressive symptoms than other older chronically ill community-dwelling older adults in the United States. Methods: This project compares data about depressive symptoms as measured on the CES-D in older adults (ages 50-59 and 60-74) with HIV/AIDS from the International Nursing Network for HIV/AIDS Research to a sample matched on age reporting other chronic conditions from the Health and Retirement Study (HRS). The HRS is a longitudinal panel study that surveys a representative sample of more than 26,000 Americans over the age of 50 every two years. Supported by the National Institute on Aging and the Social Security Administration, the HRS explores health transitions that individuals undergo as they approach retirement and in the years that follow.

Conclusions: Results indicate greater levels of depressive symptoms in the HIV sample, in younger subjects, and in those with additional health problems from both samples. These findings indicate that depression is an important concern in people with HIV/AIDS, particularly those with additional health problems. Additional research is needed to identify factors that contribute to the reduction of depressive symptoms in older adults living with HIV/AIDS.

Implications for Practice: Theoretical support and empirical evidence suggest that tailored interventions incorporating elements of cognitive-behavioral therapy and mindfulness-based cognitive therapy for the treatment of depressive symptoms in HIV-infected persons should be developed and tested. While depressive symptoms may be fewer in older compared to younger persons living with HIV/AIDS, they still exceed the levels experienced by other chronically ill community-dwelling older persons.

Objectives: The learner will be able to:

- Compare levels of depressive symptoms experienced by older adults living with HIV/AIDS with those experienced by chronically ill community-dwelling older adults;
- Understand the need for further research to identify factors contributing to decreasing levels of depressive symptoms as older adults live longer with HIV/AIDS and other chronic conditions;
- Describe the need for programs and interventions to address the burden of depression among older adults with HIV/AIDS.

P-5

Alcohol Use/Misuse: Exploring Underage Drinking Habits of Female College Freshman Students at a Minority-Serving University

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Background: Underage drinking is a risk factor for unsafe sexual behavior, which can lead to the acquisition of sexually transmitted diseases (STDs) including HIV (CDC, 2012). Alcohol use can also be a problem for college students, leading to both poor academic performance, and risk for HIV/STDs. While a review of the literature found multiple studies on alcohol use by male college students, fewer studies were found on alcohol behaviors for female college students.

Purpose: The study purpose was to determine whether alcohol use/misuse was a problem for college freshman female students aged 20 or younger at a minority-serving university in south Florida. Study findings would be used in the development of a gender-specific campus-based HIV prevention program for students, funded through the Office of HIV/AIDS and Infectious Disease Policy (OHAIDP).

Methods/Practice: After IRB approval, students were recruited during Freshman Experience classes and asked to complete the Core Alcohol and Drug Use Short Form Survey for College Students (Southern Illinois University, 2000).

Conclusions/Results: The Core Survey was completed by 338 freshman female students ages 17 to 20 years old. A majority were Hispanic (70%; *n* = 237) and 12% (*n*=41) were Black non-Hispanic. Findings revealed that underage drinking was common in this group. Over half of the students (*n*=246) reported ever having at least one drink. Of this group, 25% had their first drink at ages 16-17; 22% at ages 14-15; and 17% at age 13 or younger. Of the students who used alcohol, over half of this group (*n*=124) reported currently drinking once or more times per week, with over 40% (*n*= 106) averaging one or more drinks/day. Nearly one-third (*n*=72) reported an episode of binge drinking (i.e., 5 or more drinks at one sitting) in the past two weeks.

Implications for Practice: Findings suggest that underage alcohol use/misuse is a common practice for young female students at minority-serving universities. Age-appropriate content on the risks and consequences of underage drinking and alcohol use/misuse, including risk for unsafe sex, should be included in campus-based HIV/STD prevention programs as well as general health/wellness programs for college students.

Objectives: The learner will be able to:

- Discuss the relationship between alcohol use/misuse and HIV;
- Discuss findings of a study that explored alcohol use by young female students (ages 17-20) at a minority-serving university.

P-6

Self-compassion, Chronic Disease Self Efficacy, and Adherence Self Efficacy in HIV Disease

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Background: Self-compassion involves treating oneself with the same care and concern with which one would treat loved ones who are experiencing difficulties (Neff, 2003). Most research on self-compassion focuses on the moderating effects of self-compassion on reactions to academic and social events. Recent studies suggest that self-compassion may have important implications in the self-management of chronic illness, including increasing adherence with medications and treatments. No studies have examined associations between self-compassion and chronic disease self-efficacy in persons living with HIV disease.

Purpose: This study is a sub-analysis of an international study (n=1,982) that explored the relationships among self-compassion and HIV treatment outcomes.

Methods: A convenience sample of 200 PLHIV was enrolled from HIV clinics and AIDS service organizations in North Carolina. This cross-sectional analysis assessed associations between demographics, Chronic Disease Self-Efficacy, the Brief Version Self-Compassion Inventory (BVSCI) and Adherence Self-Efficacy. Descriptive and multivariate statistics on chronic disease self-efficacy, and self-compassion were calculated.

Results: Participants' mean age was 47.9 years (SD 7.9). Gender identity was 128 male (64%) and 72 female (36%). Participants´ race was predominantly African American (76%), White/Anglo (19%), Hispanic (3%), and Other (2%). Persons under 50 years had significantly higher scores on the Chronic Disease Self Efficacy scale ($p = .01$). No other significant differences were found on any of the study measures for gender or ethnicity. Linear regression analysis reflected that self-compassion was significantly and positively related to chronic disease self-efficacy ($\beta = .260$, $p > .000$). Self-compassion was also significantly and positively related to adherence self-efficacy ($\beta = .228$, $p > .001$). Levels of chronic disease self-efficacy remained significantly and positively related to self-compassion for both males ($p=.000$) and females ($p=.000$).

Conclusions: Further investigation of the associations and causal linkages between the constructs of self-compassion and chronic disease self-efficacy may aid in developing effective and targeted interventions for enhancing self-management in HIV disease.

Implications for Practice: Encouraging a self-compassionate perspective may help persons respond less strongly to challenges of living with HIV disease and also increase treatment adherence.

Objectives: The learner will be able to:

- Describe the concepts of self compassion and chronic disease self-efficacy;
- Discuss the findings of a research study that examines associations between self-compassion and chronic disease self efficacy;
- Discuss implications for clinical practice.

P-7

A Case Study Method to Improve the Process of HIV + Youth Transitioning to Adult Medical Care: Using Self-narratives as an Approach to Self-efficacy

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Background: As adolescents and young adults with perinatally-acquired HIV are living longer, they must make the transition from pediatric to adult care. This change presents specific challenges for perinatally-acquired HIV positive youth when leaving the strong bonds of pediatric care, the only health care team they have ever known. Increased independence and the need for self-care may provoke feelings of abandonment and anxiety leaving this population at risk for unsuccessful transitions to adult HIV care.

The established transition protocols do not specifically address a patient-centered engagement tool such as, self narratives. Self-narratives give a sense of control of one's story and life by grounding those experiences into a framework and allowing for self-direction.

Purpose: The purpose of this quality improvement project is to develop a patient-centered transition tool to improve the patient experience in the successful transition from youth to adult HIV care.

Methods/Practice: Case studies were used to provide internal evidence focusing on the use of a patient-centered transition tool utilizing self-care management and self-efficacy theory (engaging patients to summarize their HIV journey and write their own stories).

Discussion/Conclusion: As young adults age out of pediatric healthcare settings, clinicians must capitalize on every opportunity to ensure a successful and seamless transition to adult HIV care. By using a patient-centered transition tool (self-narrative) in conjunction with existing transition protocols, clinicians can successfully engage young adults in their transition process.

Early narratives suggest a theme of increased engagement in the transition process for these young adults, as they explore their past and own their stories; they gain a sense of control of the journey ahead.

Implications for Practice: Clinicians are well positioned to conduct these interviews and narrative writing with patients, especially if there is longevity and rapport with the young adult, as is the case in the author's clinical micro system.

Objectives: The learner will be able to:
- Discuss why the transition process from pediatric HIV care to adult care can be a difficult one;
- Describe how self-efficacy theory and the use of self-narratives would engage HIV+ youth in their transition process.

P-8

Medical Marijuana: HIV Clinicians' Knowledge, Attitudes and Practices

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Background: Eighteen states, plus the District of Columbia, have legalized medical marijuana (MM) and 8 states have laws pending. However there is limited knowledge about the impact of these laws on the attitudes and practices of clinicians.

Purpose: To describe knowledge, attitudes and practices (KAP) of nurses towards MM use by people living with HIV (PLWH); to compare KAP of nurses in states with and without legalized MM.

Methods: On-line survey of members of the Association of Nurses in AIDS Care including 2 knowledge, 8 attitude, and 2 practice questions.

Results: A total of 339 participants responded (14.8% response rate). Analysis was limited to 310 US-based nurses. Nurses from MM states were significantly more knowledgeable about the evidenced based uses of MM than nurses from non-MM states but both demonstrated limited knowledge of side effects. 93% of participants agreed that MM has benefits for HIV symptoms and 56% agreed that marijuana was addictive. Nurses from MM states were significantly more likely to agree that marijuana should be legal for anyone over 21 (p=.043) and non-MM state nurses were significantly more likely to agree/strongly agree that: marijuana should be legal for medical use only (p=0.041) and marijuana should be regulated as a prescription drug (p=.022). In practice, nurses in MM states were significantly more likely to recommend MM to their patients (p<.001). Symptom experience and effectiveness of other treatments most influenced their recommendation.

Conclusions: Nurses providing care to PLWH value the benefits of marijuana for symptom management but their knowledge about its use and side effects is limited. Nurses are more ambivalent about the legalization of marijuana, MM states' nurses are more supportive of general legalization and non-MM states' nurses are more supportive of treating marijuana as a medication.

Implications for Practice: As legalization and use of MM increases, nurses should be educated on the appropriate use and anticipated side effects of MM, understand its role in treatment and symptom management, and how to educate patients, care givers, and other health providers on the best ways to utilize MM as an adjunct to treatment for PLWH.

Objectives: The learner will be able to:

- Identify the evidence based uses for medical marijuana (MM) and its side effects;
- Identify the differences in attitudes towards MM between nurses working in MM states and non-MM states;
- Identify common influences on nurses decisions to recommend MM to their patients.

P-9

Examining Survey Results and HIV Testing Data to Determine HIV Risk for College Students at a Minority-Serving University

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Background: A campus-based HIV prevention program was developed at a minority-serving university in South Florida, USA, with funding from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA's Strategic Prevention Framework (SPF) was used as the program development model.

Purpose: The purpose of this study was to explore HIV risk factors among students on campus, as part of Phase 1 (Assessment) of the Strategic Prevention Framework.

Methods: After IRB approval, students were recruited across campus to complete a Sexual Health survey. The sample included 1,002 students: 59% male; 41% females. Most students were ages 18-24 and of Hispanic ethnicity. Data were also obtained from the campus-based HIV testing site at the Student Wellness Center and included 1,029 students for a 1 year period. Over 80% were ages 18-26; 52% were female and 48% were male. Hispanics comprised 54.1% of the sample, and 29.8% were Black or African-American.

Conclusion: Analysis of survey data showed that unprotected sex was a major risk factor among students. This finding was supported by data from the HIV testing site, which demonstrated that sex without a condom was the highest risk reported by students seeking an HIV test. Females were less likely to use a condom than males. Sex without a condom in the last 12 months was reported by 77.5% of females and 70.5% of males seeking a HIV test. Additionally, men who have sex with men (MSM) accounted for 20% of the HIV testers, along with 2% of females who reported sex with MSM.

Implications for Practice: Unprotected sex was the major HIV risk factor on campus, indicating the need for targeted HIV prevention and condom use education for heterosexual, MSM, and bisexual students. Universities should conduct needs assessment incorporating both survey data and HIV testing data to design an HIV prevention program that meets the specific needs of their students.

Objectives: The learner will be able to:

- Identify a model of prevention and data resources for determining unsafe sexual practices, which can lead to HIV infection;
- Evaluate the data presented on a highly diverse population;
- Consider how they might use the data presented in the creation of HIV prevention programs among diverse college students.

P-10

Behaviour Change Counselling and Health Promotion for Youths Living with HIV/AIDS in Calabar, Nigeria

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Background: Prevalence of HIV/AIDS among youths in Nigeria is 4.1% (NACA, 2011) and likely to increase unless youths adopt behaviours to reduce transmission. HIV-infected youths may experience frequent hospitalization because of conditions related to the chronicity of the infection and this calls for considering a cost-effective, health promotional strategy in management. Little is known in Nigeria about health promotional behaviours by Youths Living with HIV/AIDS (YLHA).

Purpose: Identify the health promotion activities adopted by YLHA. To determine health promotional behaviour change after behaviour change counselling (BCC).

Methods: A mixed methods design involving Focused Group Discussion (FGD), in-depth interview and intervention (BCC on health promotion involving educational and empowerment strategies to motivate behaviour change). Twenty three HIV-positive youths registered with the Network of People Living with HIV/AIDS, were purposively selected. Ethical permission was obtained from the relevant gatekeepers as well as informed consent from participants and parents/guardians (where relevant). Eight participants preferred participating through e-mail and telephone. Data were analysed thematically (qualitative data) and using PASW 18.0 (quantitative data).

Results: Participants were mostly students (69.6%). Emerging themes from qualitative data were “understanding risk behaviour” and “achieving life goals”. Health Promotional activities adopted depended on duration of knowledge of diagnosis. Participants (87%) reported initial lose of interest in life and not engaging in any HP activities. They rather engaged in behaviours inimical to healthy living. Typical responses were “I smoked heavily (up to 3 packets of cigarettes a day) just to deal with the stress”, “I have unprotected sex with my friend, why use condoms when we are both positive?” “Why take the medications if I won’t live long enough to fulfil my aspirations?” Scores on health promotion activities increased significantly after the intervention ($p < 0.001$). Participants’ concerns included “attending counselling sessions alongside judgmental adults” and managing a chronic disease from an early age.

Conclusion: Behaviour change counselling enhances positive living in youths living with HIV/AIDS.

Implications for Practice: The use of e-mail and text messages for health promotion messages and appointment reminders for YLHA would enhance lifestyle changes for positive living and should be considered.

Objectives: The learner will be able to:

- Identify the health promotion activities adopted by Youths Living with HIV/AIDS (YLHA) in Nigeria;
- Determine health promotional behaviour change after behaviour change counseling (BCC).

P-11

The Impact of an HIV Education Intervention on the Health Behaviors of HIV+ Males 50 Years of Age and Older

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Background: The use of highly active antiretroviral therapy transitioned HIV disease from a death sentence to a chronic illness. By 2015, 50% of people living with HIV will be 50 years of age or older. Therefore, many HIV+ persons are living into old age; life expectancy is currently 40 years past the initial infection. Therefore, it is important to educate adults aging with HIV on how to reduce the risk of developing and managing chronic illnesses.

Purpose: To identify the impact of an 8-session health education intervention program on the health behaviors of HIV+ males 50 years of age and older.

Method/Practice: Thirteen HIV+ gay men were recruited and participated in an 8-session education intervention conducted in a major metropolitan area of the southeastern United States. Participants received education from content experts related to: diabetes, nutrition, exercise and physical fitness, cardiovascular disease, mental health and developing and maintaining positive relationships. In addition, participants monitored their healthy lifestyle behaviors by using pedometers and writing journals. Psychosocial assessments (physical and mental health, self-efficacy, quality of life, perception of chronic disease, and health literacy) were conducted prior to participation and at three post-assessments.

Conclusions: Eleven participants completed all education sessions and assessments, 5 Whites and 6 Blacks, mean age 54 years. Although none of the psychosocial variables were statistically significant due to the small sample size many participants increased their physical activity and made changes in their lifestyle behaviors. Anecdotally, participants stated the information was very helpful and appreciated the opportunity to bond with other individuals their age who are also living with HIV disease.

There is a need for evidence based community-based interventions to help prevent and control multi-morbidity syndrome among older persons living with HIV. Additional research using a two group randomized control design is needed. This research design would use a larger sample and could compare the effects of a structured education intervention to routine education information that is typically distributed in many clinical settings.

Objectives: The learner will be able to:

- Discuss the benefits of health education for HIV+ persons ages 50 and over;
- Explore the outcomes of an innovative education intervention for HIV+ males.

P-12

Is a Web-based Program that Teaches Internet Literacy Skills Effective for Low Income Racially and Ethnically Diverse PLWH?

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Background: Many websites present information in ways that make it difficult for people with low health literacy to identify a reliable health information website. "Evaluating Internet Health Information," is a web-based tutorial created by the National Library of Medicine that teaches the viewer how to identify a reliable health information website. The tutorial's effectiveness has not been evaluated in populations of chronically ill people such as PLWH.

Purpose: To explore the content validity of the Medline tutorial for PLWH by soliciting participants' perceptions about this web-based program.

Methods: Three focus groups were held with 19 participants recruited from an AIDS service program located in New York City. The participants viewed the tutorial then participated in a guided focus group interview about the tutorial's content. Internet health literacy instruments were used to measure the participants' confidence in finding internet health information after viewing the tutorial. Content analysis was used to identify common themes expressed by the focus group participants.

Findings: Many participants said that they did not use the internet to access health-related information. After viewing the tutorial, participants felt more confident that they could identify false information and websites that were selling products rather than providing health information. Some participants likened anti-virus computer programs to HIV medications, incorrectly believing the programs would prevent navigation to bogus websites. Participants did not use cell phones to access internet-based health information. No participant had an internet based personal health record. Healthcare providers remain the primary sources of health information; all participants agreed that internet-based information should be checked with the provider. Participants felt the tutorial was helpful, but wanted more information and a skills practice session with a trainer.

Conclusions: PLWH need instruction and practice in order to find reliable internet-based health information.

Implications for Practice: Nurses need to assess patients' internet health information seeking behavior, review with patients the information found on the internet, and suggest reliable health information websites.

Objectives: The learner will be able to:

- PLWH's ability to recognize reliable internet-based information;
- The usefulness of the Medline tutorial in teaching PLWH how to identify reliable internet-based health information.

P-14

Examination of Prenatal Care of HIV+ Women and Clinical Outcomes

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Background: Since the beginning of the HIV epidemic, the rate of mother-to-child transmission (MTCT) has dramatically decreased, with an estimated rate of 1.1 - 2.8% in 2005. Opportunities remain to reduce the rate of MTCT to 0 and to reduce racial disparities in the rates of MTCT. Accurate knowledge of the quality of prenatal care in HIV+ pregnant women, especially in a primarily poor and minority setting, will help determine needed interventions for this population.

Purpose: The purpose of this project was to demographically describe and examine the clinical care of a group of pregnant HIV+ women at a Ryan White-funded clinic in the southeast. This was achieved through retrospective data abstraction from medical records.

Methods: Medical records of HIV+ women who were pregnant between January 2005 and March 2013 were abstracted. All women in the dataset received care at the USC Immunology Center in Columbia, SC, which is a University of South Carolina School of Medicine specialty clinic and is partially funded by the Ryan White Care Act. A computer database was used to collect data in the following categories: demographic information, general and HIV-specific antepartum care, HIV medications and labs, intrapartum care, and postpartum care.

Conclusions: Data were gathered on 128 pregnancies. 79% of the pregnancies were in African-American women. The mean age at delivery was 30.7 years. 77.3% of the sample had an HIV+ diagnosis prior to pregnancy, while 18.8% were diagnosed during prenatal testing. Of the women already diagnosed as HIV+ prior to pregnancy, the most common medication regimens were protease inhibitor regimens. Viral loads of <75 were documented before delivery in 50% of the pregnancies. Approximately 27% of the pregnancies were delivered by C-section, 44% vaginally, and 9% aborted spontaneously or elective. Several records were incomplete, which weakens conclusions. Attempts to locate missing records and further data analysis are ongoing.

Practice Implications and Further Research: Several barriers exist to providing the recommended evidenced-based prenatal care to HIV+ women and also to keeping women in care after delivery. Expansion of this data set to other clinics may provide insight for this population.

Objectives: The learner will be able to:

- Become familiar with DHHS-recommended components of clinical care for HIV+ women who are pregnant;
- Discuss gaps in care of HIV+ women who are pregnant and opportunities for interventions.

P-15

Prevalence of Cardiovascular Disease Risk Factors among an Urban Cohort of Persons Living with HIV

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Background: The striking benefits of combination antiretroviral therapy (ART) have been well documented. The impact of ART, chronologic and physiologic aging, and comorbidity can substantially increase cardiovascular disease (CVD) in persons living with HIV (PLWH).

Purpose/Design: This retrospective study examined the distribution of CVD risk factors (CVDRF) and 10-year Framingham CVD risk scores (FRS10) in a cohort of PLWH.

Methods: Medical records of 200 randomly-selected PLWH receiving care within the Johns Hopkins AIDS Service between January 1, 2010 to December 31st, 2010 were reviewed. Cross-sectional analyses of CVDRF and distribution of FRS10 were performed. The presence of a CVDRF was determined using definitions obtained by national guideline-based prevention recommendations on CVD.

Results: The sample included 117(58.5%) males, with a mean age of 47.61 ±8.93years. The majority (78%)of the sample was African-American and most(67%) were unemployed . This was a treatment experienced cohort as 93% had a prior or current exposure to antiretroviral therapy. Fifty-five percent of the cohort had an undetectable viral load (≤50copies/mL). The most frequent CVD risk factor was smoking with 44% reporting current or 20% a history of smoking. Diagnosis for the development of CVD were also prevalent with: 42% hypertension, 56% overweight/obese, 25% dyslipidemia, 6.5% diabetic and 26% reported a first degree relative with CVD. The prevalence of dyslipidemia was significantly higher in PLWH with undetectable versus detectable viral load respectively (29% vs. 16% p=0.041). While the prevalence of substance abuse (other than cocaine and alcohol) was higher in PLWH with detectable versus undetectable viral load (59% vs. 41%, p=0.014). Among PLWH with available data to calculate FRS10 (n=68), the mean score was 14.11±9.98.

Conclusions: Our findings demonstrate a considerable risk for incident CVD within 10 years.

Implications for Practice: Due to the high prevalence of traditional CVD risk factors, PLWH are at increased risk of CVD events and death as they age. Preemptive lifestyle counseling and medical management of CVD risk factors should be integrated into the care of this population to prevent the clinical sequelae of CVD.

Objectives: The learner will be able to:

- Identify at least 3 cardiovascular disease risk factors presented in the study;
- Identify at least 2 reasons why persons living with HIV are at an increased risk for cardiovascular disease.

P-16

Driving Clinical Quality: A Tool for Monitoring Quality and Improvement in HIV Care

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Background: Clinical chart reviews are one systematic method of monitoring the quality of care provided to persons living with HIV/AIDS (PLWHA) across a network of providers. Chart review findings can be used to initiate, evaluate and prioritize data-driven quality improvement activities. Periodic chart reviews allow progress to be monitored and may reveal trends over time. Additionally, adjustments to quality management (QM) plan goals can be made accordingly.

Purpose: To show how periodic clinical chart reviews can be utilized to monitor performance and inform quality improvement.

Methods: Clinical chart reviews were conducted at statewide Ryan White (RW) Part B funded clinics for calendar years 2006 (22 sites, 820 charts) and 2009 (18 sites, 697 charts). Reviews were conducted by a physician and 2 nurses and utilized a chart review tool developed to include both the HIV/AIDS Bureau (HAB) HIV Clinical Performance Measures and the State RW Part B Program's internal HIV clinical performance measures. The HIVQual Project Sampling Methodology was used to determine the number of charts reviewed at each clinic and females were intentionally oversampled. Following each clinic's review, a clinic-specific written report of findings and recommendations was sent to each clinic/agency. Additionally, a summary report detailed the clinic-specific and overall findings. The 2006 findings were used to set priorities for improvement activities. Goals for increasing the rates of cervical cancer screening and dental examinations were specifically incorporated into clinic's QM plans, if not already at goal. In 2009, the chart review reports included a comparison to the 2006 findings. Rates increased from 2006 to 2009 for both dental examinations (20 to 26%) and cervical cancer screening (70 to 78%). Rates also increased for alcohol counseling for HCV-positive patients, HIV-1 viral loads <75 copies/mL during the 3rd trimester of the measurement year, syphilis screening and tuberculosis screening.

Conclusion: Chart review can highlight areas of excellence and opportunity, which can be utilized to inform quality improvement activities.

Implications for Practice: Providing PLWHA with quality care and services is imperative. Conducting periodic clinical chart reviews is one method that can be utilized to monitor performance and set quality improvement goals.

Objectives: The learner will be able to:

- Describe how periodic chart reviews can be used to monitor performance measures.
- Understand how the results of periodic chart reviews can be utilized to help set quality improvement goals.

P-17

STARTVerso 4: High Rates of Early Virologic Response in HCV Genotype 1/HIV-coinfected Patients Treated With Faldaprevir plus PegIFN and RBV

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Background: Faldaprevir (FDV) is an HCV NS3/4A protease inhibitor (PI) in late-stage clinical development for treatment of HCV genotype 1 (GT1) infection. This open-label, sponsor-blinded, Phase 3 trial assessed the efficacy and safety of FDV plus pegylated interferon and ribavirin (PegIFN/RBV) in HCV/HIV coinfected individuals.

Methods: HIV/HCV coinfected individuals who were HCV treatment-naïve (TN) or relapsed after previous HCV therapy were randomized to receive FDV 120 or 240 mg QD for 12 or 24W, plus PegIFN (180 µg once weekly) and weight-based RBV for 24 or 48W (response guided). Patients on efavirenz- or PI-based antiretroviral therapy (ART) received either FDV 240 or 120 mg QD, respectively; those receiving other ART or no ART were randomized to either FDV dose. Interim data remain blinded for FDV dose. Week 4 and 12 interim data are presented.

Results: 308 patients were randomized and treated: 96% were receiving ART; for HCV therapy, 78% were TN; 22% were relapsers; 80% were male; 79% were Caucasian; 4% had F4 cirrhosis and 13% had Fibroscan >13 kPa; 80% had baseline HCV RNA ≥800,000 IU/mL; 78% had GT1a.

HCV RNA was below the limit of detection (BLD) (<15 IU/mL) at Weeks 4 and 12 for patients not on ART (64% and 64%, respectively). For those receiving ART, HCV RNA was BLD for 63% and 85% of patients at Weeks 4 and 12, respectively. Early treatment success (defined as Week 4 [<25 IU/mL], detected or BLD and Week 8 BLD), was seen in 77% of treatment-naïve patients and in 88% of relapsers.

The most frequent adverse events (AEs) were those known for PegIFN/RBV treatment: nausea (37%), fatigue (33%), and diarrhea (27%). Serious AEs were reported in 32 (10%) patients (including 3 deaths; none considered related to study medications). To date, 18 patients discontinued early due to AEs. No patient on ART experienced loss of HIV RNA suppression.

Conclusions: In this interim analysis, FDV plus PegIFN/RBV provided high early virologic response rates in HCV GT1 patients coinfected with HIV at Weeks 4 and 12. The efficacy and safety profile was comparable to that observed in HCV mono-infected TN patients.

Objectives: The learner will be able to:

- Define new protease inhibitors currently under development for the treatment of hepatitis C virus;

- Explain treatment outcomes in terms of sustained virologic response for HCV vs HCV/HIV coinfected populations;
- Discuss treatment regimens currently in development for the HIV/HCV coinfected population.

P-18

Recruitment of Rural African American Churches into an Anti-Stigma HIV/AIDS Clinical Trial

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Background: The church has substantiated itself in the African American (AA) community as the foundational support for spiritual growth and development as well as health related support for the congregation. Today AA churches often engage in health promotion and disease prevention programs related to health disparities. However, HIV/AIDS education and prevention programs have not been supported and implemented in many AA churches, despite the high incidence and prevalence in the AA population. Barriers to the church's involvement have been reported to be related to stigma. A faith-based anti-stigma HIV/AIDS program has been developed that targets members of rural AA churches in Alabama. A randomized clinical trial design is being used to compare the effectiveness of an anti-stigma program (adapted from a program in Ghana) with other traditional interventions in reducing H/A stigma.

Purpose: The purpose of this presentation is to describe strategies used to recruit AA church leaders and congregations into a targeted HIV/AIDS anti-stigma study.

Methods: Four ministerial liaisons who serve as pastors throughout the state serve as part of the research team. Individual and group meetings have been held with them to inform them about the study and expectations of participants. They have provided suggestions and guidance about how to recruit church leaders and congregational members as well as how to implement the various programs. Church leaders have been informed of the study during two organized meetings. The first meeting was at a World AIDS Day event sponsored by a nonprofit organization that targets interdenominational church leaders. An informal presentation addressed local HIV/AIDS epidemiology, described the study and distributed printed information about the study. The second meeting was at a Fall Regional Business Meeting of the Christian Methodist Episcopal (CME) church supported by the Bishop. A formal presentation addressed national and state HIV/AIDS epidemiology and described the study in detail.

Conclusions: Participants at both meetings acknowledged the seriousness if the HIV epidemic in their communities. The formal presentation resulted in more questions and interest in participation in the study.

Implications for Practice: Faith-based interventions provide a strategy to reach AA, a population disproportionately infected with HIV.

Objectives: The learner will be able to:

- Describe the role of the church in AA communities;
- Assess the AA church's response to the HIV/AIDS epidemic;
- Identify recruitment strategies for AA pastors and congregations for research studies.

P-19

Integrating Evidence-Based Practice into QI to Improve Patient Outcomes in HIV: Viral Load Suppression

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Background: The Easton Community HIV/AIDS Organization (ECHO), a Ryan White Part C program in eastern Pennsylvania, began to participate in the National Quality Center's In+Care program in October 2011. At that time, 67% of all patients were virally suppressed (VL < 200). Benchmark data indicated national viral load suppression rates of 81.9% (top 25%) and 86.5% (top 10%). A multidisciplinary quality improvement team was formed to target viral load suppression.

Purpose: Viral load suppression is key to improving patient outcomes and to decreasing community viral load. The goals of ECHO's QI project were: increase the percent of patients with suppressed viral loads by incorporating evidence-based practices into patient care; and develop standardized processes for the management of unsuppressed patients.

Methods: A multidisciplinary team completed process flow diagrams for clinical and non-clinical processes. The team developed an adherence program and process for clinical management of patients, incorporating best practices supported by Department of Health and Human Services (DHHS) clinical treatment guidelines, International Association of Physicians in AIDS Care (IAPAC) guidelines for improving antiretroviral adherence, and other best practices determined via literature search.

Evidence-based strategies were implemented into the adherence program. Adherence assessments for unsuppressed patients were conducted by a registered nurse within two weeks of receipt of laboratory results, prior to, or in conjunction with the clinical visit. Motivational interviewing techniques were implemented to address barriers to adherence while exploring ambivalence and evoking motivation to change. An individualized patient-centered approach framed an adherence plan, incorporating a variety of adherence tools, including alarmed pill boxes, cell phone alarms, phone call reminders, office-based pill box refills, and frequent phone call follow-up. Additionally, a brief adherence intervention was incorporated into wellness visits.

Results: Viral load suppression increased 19%, from 67% of all patients to 79%. We anticipate that rates will continue to improve with the implementation of the adherence education module into strategies carried out during wellness visits.

Conclusions & Implications for Practice: A patient-centered approach incorporating evidence-based clinical guidelines and adherence counseling with motivational interviewing techniques can be an effective means of achieving viral load suppression.

Objectives: The learner will be able to:

- Identify evidence-based practices that can be used to improve patient outcomes;
- Identify one QI tool which can be used to identify strategies to improve clinical outcomes.

P-20

Off to a Positive Start: Continuous Quality Improvement (CQI) Initiatives to Facilitate Entry into HIV Care

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Background/Purpose: The goals of the HIV New Patient Intake (NPI) process are to provide a positive, patient centered atmosphere in which to welcome new patients; to establish a working relationship between patients and health care team members; to perform a thorough assessment of new patients' health status and needs; and to begin HIV care coordination accordingly. Increased number of new referrals-both newly diagnosed and transfers from other providers-prompted a review of NPI procedures and restructuring the intake process.

Methods/Practice: Efforts to improve NPI goal achievement resulted in identifying strategies to better engage referred patients, beginning with the initial/referral phone contact, through the NPI visit, and continuing to the first appointment with the Infectious Disease physician. CQI initiatives included employing "patient navigators" rather than voice messaging systems to receive initial phone contacts and to provide basic information about the medical center and the NPI visit. An advanced practice RN performs intake history and physical exams; obtains baseline laboratory studies and mental health screening; provides "HIV 101" education; and remains available for follow up contact until completion of the initial physician visit. In addition, a "decision tree" was developed to standardize scheduling prioritization for cases involving pregnancy, mental health concerns, and transferring patients who are running short on anti-retroviral medications.

Conclusions/Implications for Practice: A reduction in missed visits from 30% to 21% has been observed and physicians report improved documentation of patient history at intake and an increase in patients' basic understanding of HIV disease and treatment. Ongoing PDSA cycles, a core component of CQI, further guide development of strategies to engage and retain HIV-infected persons in care and will be discussed as part of this presentation.

Objectives: The learner will be able to:

- Identify goals of "New Patient Intake" process;
- List specific strategies employed during initial HIV visit to engage patient in care.

P-22

CVD Risk Factor Knowledge and Its Association with Diet & Exercise Self-efficacy in HIV-infected Adults

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Background: HIV-infected adults are at increased risk for having a cardiovascular event, such as myocardial infarction. Reducing cardiovascular disease (CVD) risk in this population is important. Health behavior change theories suggest that knowledge and self-efficacy are key antecedents to behavior change. Understanding the level of risk factor knowledge and self-efficacy in HIV-infected adults may inform the development of innovative interventions to reduce CVD risk.

Purpose: To describe cardiovascular risk factor knowledge and examine the relationship between CVD knowledge and diet and exercise self-efficacy in HIV-infected adults.

Methods: 130 HIV-infected adults were recruited from two hospital-based HIV clinics.

Findings: Mean age 48 years (SD 8.4); 62% male; 41.5% White, 32% Black, 23% Hispanic; 56% current smokers; mean years since HIV diagnosis 14.7. The mean score on the Heart Disease Fact Questionnaire was 19, (S.D. 3.5; range 6-25), indicating a fairly high degree of knowledge. A strong association was noted between CVD risk factor knowledge and both diet ($r = .25$, $p = .006$) and exercise self-efficacy ($r = .33$, $p = .000$).

Conclusions: HIV-infected adults have a fairly high level of risk factor knowledge and CVD RF knowledge is associated with self-efficacy to improve diet and engage in exercise. Research is needed to further explore this association and to examine motivation to engage in health-promoting behaviors that reduce CVD risk in this population.

Implications for Practice: Patients will a high degree of CVD risk factor knowledge have higher self-efficacy for diet and exercise behaviors. Improving knowledge about CVD risk factors may lead to increased motivation to adopt health-promoting behaviors.

Objectives: The learner will be able to:
- Review the level of CVD risk factor knowledge HIV-infected adults;
- Discuss knowledge of specific risk factors, including diet, exercise, smoking, and cholesterol;
- Examine the association between CVD risk factor knowledge and diet and exercise self-efficacy;
- Review implications for nursing research and nursing practice.

P-23

Transition of Care of HIV-infected Adolescent Patients to Primary Care in South Texas: A Pilot Study

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Background : Adolescents and young adults are at increased risk for HIV infection. Since the Acquired Immunodeficiency Syndrome [AIDS] epidemic in 1981, there are nearly 40, 000 adolescents who have been diagnosed with Human Immunodeficiency Virus [HIV]/AIDS in the United States. Minority adolescents are disproportionately affected, also majority of adolescents acquire HIV infection through sexual contact (CDC, 2009). Adolescence period is always a process of transition regardless of the health status. Transition from child centered to adult oriented health care is inevitable process that all pediatric patients must navigate to continue care. The challenges is to have, the young adult transition to adult care in uninterrupted manner without dropping out, and returning to seek medical care when the disease as progressed or has encountered a major medical crisis.

Purpose: The goal of this study was to describe and explore the experience of HIV-infected adolescent patients as they transition from pediatric care to adult-centered care. Describe the factors that affect the transition process from the adolescents' perspective.

Methods: A descriptive qualitative study was used to identify and describe factors that may affect the adolescents' transition process. Interviews were done with each participant using open-ended questions; probes were used to clarify participant's comments and response to questions. Conventional content analysis approach (Hsieh and Shannon, 2005) will be used to code the interviews.

Conclusions: Data analysis is ongoing will; should be completed by the end of June.

Implications for Practice: The preliminary findings from this study will assist clinicians and researchers identify the key issues facing adolescents as they transition to adult care, continue further research and develop and implement a transition program for adolescents in South Texas.

Objectives: The learner will be able to:

- Describe the experiences of HIV-infected adolescents' transitions from pediatric care to adult-centered care;
- Identify factors which influence HIV-infected adolescents' transition from pediatric care to adult-centered.

P-24

Remote Training Improves Speed of Processing Training in Middle-aged and Older Adults with HIV: A Pilot Study

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Background: Nearly 50% of adults with HIV experience some form of cognitive deficit which can be observed in memory, attention, executive functioning, and speed of processing. In fact, as people age with this disease, this may predispose them for developing even more severe cognitive deficits that impact everyday functioning such as driving. Therefore, it is necessary to develop way to augment such cognitive abilities in lieu of such neurological manifestations.

Objective: The purpose of this study is to examine if a computerized home-based cognitive remediation training program is effective in improving cognitive functioning (i.e., Useful Field of View, a visual speed of processing measure important for safe automobile driving).

Patients and Materials: In this single-group pre-post design experiment, middle-aged (40+) and older participants (N = 20) with HIV received a brief neuropsychological assessment at baseline, given a computerized cognitive remediation training program to take home and played for 10 hours, and then reassessed again approximately 6 weeks later.

Results: The attrition rate was 25%. On average, participants spent 8.20 (SD = 3.43; range: 2 – 11) hours engaged with the cognitive training program. From the remaining 15 participants, using an intention to treat approach, participants improved their visual speed of processing (t(14)= 2.80, p = .014).

Conclusion: These results are encouraging in that it they demonstrate that adults with HIV vulnerable of developing cognitive deficits can benefit from cognitive training in the comfort and privacy of their homes. In addition, this particular cognitive ability is very important for driving and everyday functioning.

Objectives: The learner will be able to:

- Review the neuropsychological problems that are common to HIV;
- Understand that as people age with HIV, such neuropsychological problems will become more common;
- Understand that such neuropsychological problems can be improved through such strategies such as cognitive remediation therapies via computer programs.

P-25

African American Adolescent Girls' Opinions about STD/HIV Testing and What's Missing from Sex Education Programs

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Background: African American adolescent girls are disproportionately affected by STDs and HIV compared to adolescent girls from other racial and ethnic groups. A major initiative of the CDC is to increase at-risk individuals' awareness of their STD and HIV status. Therefore, it is imperative to explore African American girls' perceptions about STD and HIV testing and the education they receive regarding sex, STDs, and HIV.

Purpose: The purpose of this two-phase qualitative descriptive study was to explore factors influencing sexual decision-making among African American adolescent girls. Findings reported in this presentation are from phase 1 and are related to perceptions about HIV testing and HIV educational needs.

Methods: A convenience sample of 64 African American girls ages 12 to 14 was recruited through community-based organizations in Alabama. Data were collected using individual interviews (n = 36) and focus groups (n = 3; 28 participants). Individual interviews focused on perceptions of sex education programs. Focus groups were held to validate findings from interviews. Verbatim transcripts of audiotapes, observation notes, and demographic data were primary data for analysis. Thematic content analysis was used in analysis of qualitative data to formulate meaningful categories, patterns, and themes. The qualitative research software, QSR N-Vivo®, was used to code and sort data into categories. The SPSS statistical software was used to conduct descriptive analyses to describe the study sample.

Conclusions: Mean age of study sample was 12.8 years. Out of 64 participants, 5 reported having engaged in sexual activity. Mean age of sexual debut was 13 years. Key findings focused on participants beliefs that girls (1) should know their partners STD or HIV status before having sex; (2) need realistic information about sex, STDs, and HIV; and (3) need programs focused on managing ‘hormones' and sexual pressure.

Implications for Practice: Findings from this study share light on African American adolescent girls desire to learn more about STD/HIV testing. Despite the majority of the girls being sexually abstinent, findings suggest that information on managing sexual pressure is warranted as a pre-emptive strategy to enhance ability to avoid or delay sexual activity.

Objectives: The learner will be able to:

- Describe the prevalence of STDs and HIV among African American adolescent girls;
- Discuss African American adolescents' girls perceptions about STD/HIV testing and sex education;
- Discuss critical areas for interventions to reduce sexual risk-taking and delay sexual debut among African American adolescent girls.

SP-1

The Influence of Hispanic Cultural Factors on HIV/STI Risk Behaviors of Hispanic Men who have Sex with Men

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Background/Significance: Hispanic men who have sex with men (HMSM) experience disproportionate rates of HIV infection and sexually-transmitted infections (STIs) related to high risk sexual behaviors. HMSM engage in a number of high risk sexual behaviors such as multiple partners, unprotected sex, and sex under the influence of drugs and alcohol. Previous research with HMSM has identified factors such as acculturation and length of time in the U.S. as risk factors for high risk sexual behaviors. Some literature has reported that certain Hispanic cultural factors (i.e., machismo, familism, personalismo, and fatalism) may influence risk behaviors such as high risk sex, substance use and violence among the general population of Hispanic men, but little if any attention has been paid to how certain Hispanic cultural factors influence sexual behaviors (and subsequent HIV/STI risk) among HMSM. Some researchers have suggested that these factors could be either risk of protective factors against high risk sexual behaviors, and should be included in HIV/STI risk reduction programs for HMSM.

Purpose: The purpose of this study was to explore the influence of Hispanic cultural factors on the sexual behaviors of a sample of community-dwelling HMSM.

Methods: A cross-sectional, descriptive design was used to collect data from 125 community-dwelling HMSM residing in South Florida. Participants completed standardized measures of Hispanic cultural factors, sexual behaviors, and demographic characteristics.

Conclusions: Descriptive statistics and correlation coefficients were used to describe the sample and to test the relationship of the variables. Multiple regression analysis was test the influence of selected Hispanic cultural factors on sexual behaviors. Results indicated that Hispanic cultural factors, length of time in the U.S., and language preference influenced sexual behaviors.

Implications for Practice: As a population, HMSM engage in high risk sexual behaviors that may be influenced by cultural factors. Clinicians providing care to this population need to be aware of how these cultural factors may influence risk for HIVS/STIs. Clinician awareness of these factors will provide the opportunity for HIV risk reduction programs that use these cultural factors to decrease risk. Further research will test the inclusion of these factors in risk reduction programs for HMSM.

Objectives: The learner will be able to:

- Describe factors from the literature that render Hispanic MSM (HMSM) at risk for HIV and STIs;
- Describe the relationship and influence of Hispanic cultural factors on HIV/STI risk behaviors of HMSM;
- Use the research findings to provide clinical implications and directions for further research.

SP-2

Non-occupational Post-exposure Prophylaxis Utilization among the High Risk Population in Baltimore City: Cost-effectiveness & APN Implications

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Purpose: To determine if current research supports offering HIV post-exposure prophylaxis (nPEP) antiretroviral therapy to Baltimore City's high-risk population after a high risk encounter. A secondary purpose is to determine whether nPEP is a cost-effective intervention for emergency room and outpatient providers to deliver, and to identify the current barriers to nPEP administration.

Background: The United States National HIV/AIDs strategy of 2010 includes a scale up of access to post-exposure prophylaxis. Yet, a current CDC recommendation regarding appropriate administration of nPEP in high-risk sexual behavior and intravenous drug use is lacking. The use of post-exposure prophylaxis antiretrovirals has been shown to reduce seroconversion rates of up to 81%. Though high efficacy has been shown, nPEP is not being used in emergency rooms or primary care offices and many providers are not aware of its availability.

Method: The literature review looked at 23 articles. Systematic reviews and health department guidelines were also reviewed. Cost effectiveness of nPEP and current provider awareness of nPEP were the focus.

Conclusions: Literature supports a lack of knowledge among both the population at high risk for acquiring HIV and a lack of confidence among providers regarding nPEP. Results of cost analysis studies of the cost effectiveness vary, yet the majority of the articles proved cost-savings with nPEP administration after receptive anal intercourse in MSM and after a known HIV positive encounter. Additionally there is a lack of hospital protocols specific to nPEP. Limitations of the research included difficulty conducting randomized, placebo-controlled clinical trials due to ethical reasons.

Nursing Implications: The current lack of provider knowledge, confidence and organizational protocols guiding administration of nPEP antiretrovirals, combined with the evidence that supports the cost savings of administration of nPEP post high risk encounters (ie: anal receptive intercourse among the MSM population) warrants an educational intervention among emergency room and primary care providers as a cost-effective method to reduce HIV incidence in Baltimore City.

Objectives: The learner will be able to:

- State what the current usage recommendations are for non-occupational exposure prophylaxis (nPEP) antiretroviral therapy;
- State when it is most cost-effective to utilize nPEP;
- Identify gaps that currently exist in nPEP administration and research.

SP-3

Care of the Patient with MDR-TB and HIV Co-Infection in South Africa: Opportunities for a Nurse Case Management Model to Support Health System Strengthening

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Background: South Africa has one of the highest burdens of multi-drug resistant tuberculosis (MDR-TB) in the world with approximately 65% of MDR-TB patients co-infected with HIV. Untreated HIV remains a leading cause of mortality among MDR-TB patients. In spite of recent national and international guidelines recommending integration of MDR-TB and HIV care, health services remain fragmented with a lack of interdisciplinary training on TB and HIV care models.

Purpose: The purpose of this paper is to identify strengths and gaps in the current model for MDR-TB/HIV care in South Africa and to propose a systems-level nurse case management (NCM) model to facilitate integration of MDR-TB and HIV services to improve patient outcomes.

Methods: We conducted key informant interviews and focus groups and our assessment focused on clinical management by providers and patient level factors influencing treatment of MDR-TB/HIV co-infection in Ugu District of KwaZulu-Natal (KZN), South Africa. Our primary data collection led to a programmatic review of South African Department of Health and World Health Organization guidelines on MDR-TB and HIV treatment as well as assessment of guideline implementation and health systems issues. Our findings culminated in a comprehensive strengths, weakness, opportunities and threats (SWOT) analysis guided by the Chronic Care Model (CCM).

Conclusions: **Strengths** of the existing MDR-TB/HIV care model in KZN include decentralized and community-based management and strong local partnerships and collaboration. **Weaknesses** include low inpatient bed capacity, poor transportation infrastructure to access MDR-TB facilities and inconsistency of guideline implementation. **Opportunities** include task sharing to advanced practice nurses and increased MDR-TB/HIV treatment integration. **Threats** include poor antiretroviral therapy management and the potential for fragmentation of TB and HIV health services within the decentralized care model. This analysis guided the development of a systems-level NCM model with interventions to improve MDR-TB/HIV treatment outcomes.

Implications for Practice: The model identifies five domains of NCM interventions to address the gaps identified within the SWOT analysis. These nursing interventions are tailored to provide integrated MDR-TB/HIV treatment outcomes.

Objectives: The learner will be able to:

- The purpose of this activity is to increase knowledge to integrate interventions for MDR-TB and HIV care in South Africa.

SP-4

HIV-related Stigma, Status Disclosure, and Depressive Symptoms in Persons Living with HIV Disease

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Background: Although reports of HIV-related stigma have declined within the past decade, HIV disease remains a highly stigmatized illness. HIV-related stigma has been associated with a number of negative consequences in previous studies, including an impact on mental health. Persons who experience HIV-related stigma often experience depression and anxiety, and loneliness (Whetten, Reif, Whetten, & Murphy-McMillan, 2008). Persons who experience HIV-related stigma frequently respond to stigma by concealing their illness from others or through selective disclosure.

Purpose: A cross sectional convenience sample of 200 persons living with HIV disease was recruited through HIV clinics and AIDS service organizations in North Carolina. These individuals were part of a broader international study (n = 1,982) that assessed the relationships between self-compassion, self-efficacy, self esteem and health outcomes in persons with HIV disease.

Methods: A convenience sample of 200 persons living with HIV disease in North Carolina was recruited through HIV clinics and AIDS service organizations. This cross-sectional analysis will assess associations between demographics, the Center for Epidemiologic Studies Depression Scale (CES-D) (Radloff, 1977), and the Perceived Stigma Scale (Berger, Ferrans, & Lashley, 2001). Descriptive and multivariate statistics on chronic disease self-efficacy, and self-compassion will be calculated. Analysis by gender, age, and ethnicity will also be examined.

Results: This secondary data analysis is currently is progress, and the completed results will be presented at the conference.

Implications for Practice: An increased understanding of the relationships between stigma, depression, and disclosure will help inform assessments, interventions, and treatment plans developed by providers and mental health professionals who work with individuals and families impacted by HIV.

Objectives: The learner will be able to:

- Discuss the findings of a research study that examines associations between HIV-related stigma, depression, and disclosure.

SP-5

Descriptive Analysis of Posttraumatic Stress Disorder Symptoms in Minority Women with HIV Disease Living in Rural South Eastern North Carolina

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Background: According to the Centers for Disease Control (CDC), the majority of new HIV diagnoses (71%) in the southern U.S. were among minority women. Posttraumatic stress disorder (PTSD) has been increasingly associated with the high prevalence of HIV in women with HIV disease. Risk factors for PTSD include intimate partner violence, childhood sexual or physical abuse, as well as other traumatic life events. Women with HIV and PTSD have lower rates of medication adherence, higher rates of hospital admissions, and a higher mortality rates (Pence et al, 2012). While prior research has examined the rates of PTSD symptoms in women with HIV disease, limited research has been conducted with minority women living in rural south eastern North Carolina.

Purpose: The purpose of this study is to identify the relationship between PTSD symptoms and sexual risk taking in a community-based sample of minority women with HIV disease living in southeastern North Carolina. Four specific AIMS include: 1) to identify the prevalence of current PTSD symptoms, 2) to examine the frequency and types of traumatic life events, and 3) to identify the prevalence of sexual risk taking, and 4) to examine associations between PTSD symptoms and sexual risk taking.

Methods: This descriptive, correlational study includes a convenience sample of 40 minority women with HIV disease recruited from a community agency in rural south eastern North Carolina. Study measures include 1) the Stressful Life Events Questionnaire (SLE-Q), 2) the PTSD Checklist-Civilian Version (PCL-C), and 3) the Sexual Risk Taking questionnaire. Descriptive statistics will be computed for demographic variables and for all study measures. Bivariate correlations will be used to examine associations between the PCL-C and the Sexual Risk Taking questionnaire.

Conclusions: Data collection is currently is progress, and the results will be presented at the conference.

Implications for Practice: The high prevalence of PTSD in women with HIV disease suggests an urgent need for earlier recognition and treatment. Further investigation of the associations and causal linkages between the constructs of PTSD and sexual risk taking may aid in developing an effective and targeted interventions for addressing PTSD symptoms among women living with HIV disease.

Objectives: The learner will be able to:

- Discuss the findings of a research study that examines the relationship between posttraumatic stress disorder and sexual risk taking in rural south eastern North Carolina.

SP-6

Parents' Experiences with Sex Communication When Their Son is Gay: Implications for HIV Prevention

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Background: Sixty percent of the 50,000 annual HIV infections arise from male-to-male sex, with 91% of these cases among 13 to 19 year olds. Because gay adolescent males often live at home with a parent, the role of parent-child sex communication (PCSC) in the formation of this cohort's sexual attitudes and behaviors requires investigation. To date, no targeted research on gay-sensitive PCSC has been identified.

Purpose: This pilot qualitative study explores PCSC among parents and their gay male children. The data are hypothesis-generating and will contribute to the development of interventions on how parents can effectively address the sexual health needs of the next generation of men who have sex with men (MSM).

Methods: Interviews with parents of young MSM were conducted. The interviews were transcribed and independently reviewed by the researchers. These narratives were then compared to literature about PCSC among parents and their heterosexual children. This comparison was conducted by creating a matrix that focused strictly on parents' experiences with PCSC.

Conclusion/Results: Factors that influence parents of gay and heterosexual adolescent males during PCSC include ethnicity, prior PCSC experience with their own parents, and embarrassment. Parents reported a knowledge deficit about how to communicate with their children about sex and their tendency to present sex in a negative light. Parents of young MSM reported that they did not provide gay-inclusive sex education and that there is a lack of resources to address the unique sexual health needs of their sons.

Implications for Nursing: At a crucial time when gay adolescent males are navigating both puberty and sexual identity formation, there is a gap in knowledge on how parents can reduce the formation of risky sexual behaviors. To decrease the number of new HIV infections among gay adolescent males, nurses need to take an active role in providing sexual health guidance to children and their parents. It is important that nurses conduct sexual histories with young adolescents, especially those who may be exploring same sex attractions and assess the parents' capacity to address the sexual health needs of their gay sons.

Objectives: The learner will be able to:

- Inform the learner about how parents addressed the sexual health needs of their gay adolescent sons;
- Inform the learner of the current state of the science regarding Parent-Child Sex Communication.