

The Effects of HIV Disease Progression, Barriers to Care, Social Network, Depression, and Substance Abuse on Medical Appointment Adherence of HIV-infected Adults

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Background: Research evidence has implicated numerous factors as predictors of HIV medical appointment adherence. However, little to none of this research has focused on understanding the complex relationships among HIV disease progression, barriers to care, social network, depression, and substance abuse or their combined effect on retention in HIV care.

Purpose: The study was designed to test a causal model of theoretical relationships of the proposed variables in medical appointment adherence among HIV-infected adults.

Methods: The correlational study obtained data from the UAB Center for AIDS-Research 1917 HIV Clinic Cohort Database. Three hundred and thirty eight clients entering care during the period from 1 July 2009 through 30 June 2011 who met specific criteria were included in the secondary analysis. The following hypothesized relationships among the causal model variables were supported by the findings: (1) distance to treatment facility and depression were found to have direct positive effects on adherence to medical appointments; (2) substance abuse was found to have a direct negative effect on adherence; (3) social network had a direct positive effect on substance abuse; and (4) HIV disease progression had a direct negative effect on substance abuse. The fully trimmed structural equation model provided a good fit to the observed data, with a $\chi^2(21, N = 338) = 22.31, p = .38$; GFI = 0.99; RMSEA = 0.03, and CFI = 0.99. However, the model only accounted for eight percent of the variance in adherence to medical appointments ($R^2 = 0.08$).

Conclusion: This study provide further evidence of the complexity of the relationships among factors that are associated with HIV medical appointment adherence, and that multiple factors are implicated in such adherence. Further research is needed to explore and identify those factors that are most relevant to medical appointment adherence within the context of HIV/AIDS. Such information is essential to the development of interventions that are predictably effective in promoting adherence to HIV/AIDS medical appointment adherence.

Implications: Understanding of medical appointment adherence is critical to planning care to ensure continued engagement in care. Nurses must be aware that multiple factors may influence patient adherence to appointments.

Objectives: The learner will be able to:

- Discuss factors that may contribute to poor adherence to HIV medical appointments;
- Identify 2 factors found to be significantly associated with HIV medical appointment adherence in the current study;
- Identify areas of future research needed to support the development of interventions supportive of HIV medical appointment adherence.

Every Dose Every Day: A New e-Learning Training Toolkit for HIV Care Providers to Improve Patient Adherence to Antiretroviral Treatment

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Background: Despite improvements in the potency and tolerability of antiretroviral treatment (ART), more than 800,000 of the estimated 1.2 million people living with HIV in the U.S. do not have a suppressed viral load. In order to prevent drug resistance and achieve the full benefits of treatment, patients must have optimal adherence levels. Thus, an important challenge for clinicians is to counsel and encourage patients living with HIV to attain maximum possible adherence to all medications.

Purpose: This presentation will provide nurses with an overview of the CDC's Division of HIV/AIDS Prevention Capacity Building Branch medication adherence e-learning training toolkit - "Every Dose Every Day". This e-learning toolkit features four evidence-based behavioral intervention strategies that were found to improve HIV adherence among ART naïve and/or experienced patients. The four strategies include - Project HEART (Helping Enhance Adherence to Anti-retroviral Therapy); Partnership for Health - Medication Adherence; Peer Support; and SMART (Sharing Medical Adherence Responsibilities Together) Couples.

Methods/Practice: Each of the four medication adherence strategies will be carefully described - including theoretical underpinnings, strategy components, staff roles and responsibilities, and videos demonstrating the strategy in action. Finally, downloadable brochures, manuals and posters will be showcased to assist providers with successful implementation.

Conclusions: CDC's e-learning training toolkit gives providers evidence-based strategies that will help them to assess patients' risk of non-adherence and accurately monitor and support adherence throughout their therapy.

Implications for Practice: At the conclusion of this presentation, the participants will have practical evidence-based strategies to support ART-naïve and ART-experienced patients in achieving viral suppression, improved health, longer life, and reduced HIV transmission.

Objectives: The learner will be able to:

- Demonstrate an understanding of four evidence-based medication adherence interventions to help HIV-patients reach viral suppression;
- Learn problem-solving methods to address adherence barriers that will build the patient's commitment to adherence.

A Peer-led Intervention to Enhance Antiretroviral Adherence among Adults Failing HIV Treatment

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BACKGROUND: Effective and practical behavioral interventions are urgently needed for the vulnerable population of HIV-infected individuals who are not ready for the rigors of lifelong antiretroviral (ARV) therapy and are failing treatment. *Ready* is a novel, theory-driven, and peer-led (i.e. delivered by lay individuals living with HIV) intervention that targets adults who are failing ARV therapy and enhances their treatment readiness by creating strategies to overcome barriers to adherence and facilitating the incorporation and maintenance of healthful adherence behavior.

PURPOSE: The purpose of this study was to examine feasibility, acceptability and impact of the peer-led *Ready* medication adherence intervention.

METHODS: We conducted a prospective, randomized pilot study of 20 ARV experienced adults receiving care in an urban, safety-net, community-based HIV clinic. Participants in this study had ARV failure due to non-adherence and were assigned to either the peer-led *Ready* adherence intervention consisting of 6 weekly one-hour sessions and one 30-minute booster session or a time and contact-matched equivalent control arm. Evaluation was done of the feasibility of *Ready* with impact on adherence measured by MEMS, HIV viral load, and pharmacy refill logs. Other outcome measures were quality of life, readiness, depression and social support.

CONCLUSIONS: *Ready* was found to be feasible and highly acceptable to both participants and their health care providers. *Ready* was well received by the target population and fidelity to the intervention was high: 100% of participants in the *Ready* arm attended all intervention sessions while participants in the control arm attended only 60% of sessions. Results indicated that 90% of the *Ready* arm participants were adherent to their ARV regimen at the 6-month follow-up time point, compared to 30% of control arm participants ($p < .01$). 100% of *Ready* participants were retained in care, compared to 60% in the control arm. **IMPLICATIONS:** Results suggest that *Ready* is a promising cost-effective intervention that can be easily implemented in real world clinical settings. A larger controlled study is indicated to examine efficacy further.

Objectives: The learner will be able to:

- Learn about the problem of non-adherence to HIV medications;
- Consider novel approaches to HIV treatment adherence.

Strengthening HIV Nursing in Nigeria: The National Nursing Curriculum for Care of PLHIV and Application of NIMART in Nigeria

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Background: Implementing scale up of HIV prevention, treatment and care through PEPFAR projects in Nigeria without engaging and strengthening nursing participation would have been a difficult challenge. Nurses, Midwives and Community Health workers (CHWs) remain the largest groups of healthcare professionals in Nigeria. Prior to the PEPFAR, the quality of care for HIV infected and affected persons were very poor due to lack of HIV knowledge among health workers. Although PEPFAR implementers were instrumental to reducing the knowledge gaps, there was a critical need to engage the regulatory agencies for a more sustainable approach.

Purpose: To develop and implement a comprehensive HIV curriculum for care of PLHIV and PABA using evidence based interventions which are sensitive to the sociocultural and religious needs of Nigerians.

Methods/Practice: The process involved stakeholder sensitization and awareness creation, identification of existing curriculum gaps and specific needs for technical assistance, Pre- and In-service HIV curriculum development meetings between 2007 and 2009 with leadership/active participation of Nursing and Midwifery Council of Nigeria. These activities were sponsored by the Institute of Human Virology, Nigeria (a CDC PEPFAR implementing partner). A draft Nursing Manual was produced and used to rapidly train national trainers for in-service and pre-service settings which were also adapted for community health practitioners. The expansion of nurses' roles in HIV care was also incorporated to address physician shortages and the need for task sharing at lower level health facilities.

Conclusion: PEPFAR implementation provided an avenue to engage nursing and community health practitioner regulatory agencies and the ministry of health in Nigeria to collaborate and develop a national curriculum for in-service and pre-service education. Nurses, Midwives and CHW currently initiate ART in PMTCT and maintain ART for stable HIV infected patients in Nigeria. This is the foundation for the national ART decentralization to improve access to HIV service.

Implications for Practice: A systems approach to address HIV knowledge gaps enhances country ownership and participation. It is a cost-effective investment that retains the positive impacts of PEPFAR on health workers and the entire health system.

Objectives: The learner will be able to:

- Identify the steps in engaging regulatory agencies for HIV curriculum development;
- Outline the benefits of using a systems approach in global nursing interventions.

**Nurse Initiation of MDR-TB Management –
A New Frontier for Nurses in South Africa**

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Background: MDR-TB care in South Africa is transitioning from a hospital-based system of care to a community-based management structure. This necessitates greater involvement of primary healthcare nurses in the diagnosis and management of MDR-TB patients, yet no program exists to prepare competent nurses for such management.

Purpose: This innovative program, developed and implemented, by the Johns Hopkins University School of Nursing will detail challenges, success and infrastructure requirements to establish the world's first nurse-led MDR-TB program.

Methods/Practice: Primary healthcare nurses with HIV treatment experience were trained using didactic, case-based, clinical mentoring and experiential learning methods in Ugu District of KwaZulu-Natal, South Africa to diagnose and treat MDR-TB.

Conclusions: Nurses have successfully been trained and have begun to manage MDR-TB patients in KZN. This session will review preliminary patient outcomes and address health system factors to improve treatment success.

Implications for Practice: This session will provide attendees practical implications of establishing a new scope of practice for nurses related to MDR-TB management. This practice will increase access to care for many patients with MDR-TB who have substantial treatment delays awaiting physician-managed care due to shortages of this cadre of healthcare worker in South Africa.

Objectives: The learner will be able to:

- Identify the complexities of establishing a new scope of practice for nurses in South Africa;
- Outline plans to overcome anticipated challenges with implementing nurse led MDR-TB program.

A-6 - Symposia

SEED Global Health (Previously known as Global Health Service Partnership): Faculty Volunteer Program

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Background: In many parts of the world, particularly in developing countries, nurses deliver up to 90% of all primary health care. It's well documented that there exists a shortage of qualified nurses in many of these countries which is a major barrier to delivering basic care let alone respond to emerging health priorities. The lack of faculty in nursing academic institutions is a key impediment to effectively addressing essential human resource scarcity. In response SEED Global Health, in partnership with the Peace Corps, was launched in March of 2012.

Purpose: SEED is a public/ private partnership, funded by PEPFAR, designated to help meet the "US fair share" of 140,000 new health care workers in developing countries. In collaboration with the host countries (Malawi, Tanzania and Uganda), the appropriate Ministries, USG agencies and educational institutions, SEED/Peace Corps in July 2013 placed 32 physicians and nurse educators in twelve academic sites for one year. The purpose is to address up to 60% faculty shortages with the goal of promoting and supporting a new generation of faculty and health care professionals.

Methods/Practice: The academic needs of each institution were identified by the host. A competitive volunteer application process was initiated and volunteers were selected based on qualifications in relationship to the site requests. Volunteers were required to become in-professionally licensed in host countries and received 4-week orientation and term of reference. Educators are responsible for classroom and clinical instructions; enhance existing curricula and teaching methodology as appropriate. A five year commitment is made to each institution with a focus on filling the recognized specialty gaps.

Conclusions: The first cadre of volunteers is presently in their 4th month of service. This session will assess progress toward the stated goal and the lessons learned.

Implications for Practice: SEED offers a potential multiplier effect to expand impact of global health capacity building by strengthening nursing (and medical) education in resource-limited countries. A long term commitment to enhancing the role of qualified nurses requires an increase in the numbers, a strategy that considers pre-service models of education, and the development of a pipeline of future faculty.

Objectives: The learner will be able to:

- Identify the process involved in setting up a faculty volunteer program;
- Assess progress made towards the goal of the program and lessons learned;
- Identify potential multiplier effects of global health capacity building by strengthening nursing (and medical) education in resource-limited countries.

Feasibility of Using an iPod Touch Device to Deliver a Stigma Reduction Intervention to HIV-infected Women

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Background: HIV-related stigma remains a major problem for infected women living in the Deep South, impacting their willingness to insist that male sexual partners use condoms and interfering with their ability to take antiretroviral medications in front of others, fearing that either of these will signal their infection to others.

Purpose: The objective of this study was to determine the feasibility of a stigma reduction intervention for HIV-infected women. Ninety-nine women participated in a 12 week study examining the feasibility and efficacy of a video intervention that was viewed by each woman on an iPod Touch device, which the women were able to keep at the conclusion of the study.

Methods: Women were recruited from clinics and an AIDS service organization over a 3 month period, and were randomized by site to either the experimental or control group. All women received an iPod Touch device; the women in the experimental group had a 45 minute video on stigma and disclosure for HIV-infected women on their devices. The script for the video was derived from a qualitative metasynthesis that was developed as part of a methods project. Women were asked to watch the video at least once a week for 4 weeks; they were asked to record in a viewing log how many times they watched it over the 12 weeks that they were in the study. Data were collected at baseline, 30 days, and 90 days. We collected data on stigma, self-esteem, and self-efficacy.

Conclusions: In the experimental group, mean self-esteem scores were 19.0 at baseline, 20.2 at 30 days, and 20.6 at 90 days (higher scores indicate higher self-esteem); mean stigma scores were 66 at baseline, 54.1 at 30 days, and 48.8 at 90 days (lower scores indicate less stigma) (90-days: 2 x 2 chi-square: $\chi = 10.40$, $df = 1$, $p = .0013$). Based on adjusted means, 90 day Cohen d effect size for total stigma scores was 0.81.

Implications for Practice: The results of this study are promising for an intervention that is cost-effective and that empowers the woman who can watch the video at her convenience and when she can view it in private.

Objectives: The learner will be able to:

- Describe the development of the stigma reduction video developed for women with HIV infection;
- Describe indicators of feasibility and usability for this technology-driven intervention.

Relevance and Acceptability of a Web-based HIV Prevention Game for African American Rural Adolescents

Comfort Enah

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Background: African Americans in the rural Southern United States continue to experience a disproportionate increase in new HIV/AIDS infections despite the availability of HIV prevention interventions with demonstrated effectiveness. Recent advances in neuroscience have added to the understanding of adolescent brains and suggest that electronic gaming interventions are particularly appropriate in adolescence. However, research involving the use of such strategies in HIV prevention is quite limited. The potential impact of gaming interventions is enhanced by the inherent attractiveness to the adolescents and the potential to increase access to a geographically disperse rural populations.

Purpose: The purpose of the study was to assess the acceptability and relevance of a web-based HIV prevention game for rural African American adolescents. The study represented necessary step in a user-centric approach which involves identifying user needs and using a rapid iterative prototyping process in which components are reviewed by samples of potential users; their feedback is then used to develop the next iteration until all components are judged adequate.

Methods: We conducted four focus group sessions with 42 participants from two rural counties in Alabama to assess the relevance and acceptability of an existing freely downloadable United Nations Educational Scientific and Cultural Organization HIV prevention electronic game. The game was originally developed for adolescents in low socioeconomic countries. Participants played the game and participated in focus group discussions about their perceptions of the game and components that need to be changed to make the game suitable for African American rural adolescents.

Conclusions: In general, participants described the game as useful, educational, and somewhat entertaining. However, participants did not like the lack of player control, cartoon-like graphics, speed of presentation of some game components, and had specific recommendations on changes that needed to be made to enhance relevance.

Implications: Nurses and health professionals can use web-based gaming interventions in HIV prevention efforts but need to assess relevance to the target population to enhance effectiveness. Findings informed the ongoing development of a new HIV prevention game for rural adolescents that is in progress.

Objectives: The learner will be able to:

- Discuss gaps in HIV prevention efforts among adolescents;
- Describe two major study findings and implications.

B 4 U Get Down: Utilizing Mobile Technology and Social Networking to Recruit High-Risk Patients for HIV/STI Screenings

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Background: Social media outlets and advancements in mobile technology have changed the way we communicate. With the increasing popularity of smartphones, developers have created a variety of applications [apps] that are used for entertainment, hobbies, communication, and other purposes. Apps that are geared toward men who have sex with men connect users and provide them with the opportunity to chat, make friends, date, or locate potential sex partners. These social media outlets have relocated a large portion of MSM networking from bars and clubs to cyberspace, where users fall outside the scope of traditional education and HIV/STI testing initiatives. In Boston, a mobile health program has incorporated new and innovative outreach strategies to address this need.

Purpose: To demonstrate the utility of location-based cell phone apps in recruiting high risk patients and offering education, counseling, and screening for HIV/STIs.

Methods/Practice: A pilot program was launched in 2011, where a staff nurse used a profile on popular MSM networking apps to engage nearby users and offer free screenings at a mobile health clinic. Users that presented to the clinic were enrolled as patients and offered a variety of services at no cost: one-on-one risk assessment with a registered nurse, lab testing (rapid HIV, syphilis, gonorrhea, chlamydia, and/or Hepatitis C), vaccinations (Hepatitis A & B, T-DaP, Gardasil®, Pneumococcal, Influenza, etc.), and safe sex education.

Conclusions: Preliminary data from the pilot show that patients recruited from MSM networking apps had a higher incidence of STIs and reported riskier sexual behaviors than those recruited via traditional outreach methods. In the mobile setting, the location-based cell phone technology allowed clinic staff to efficiently target outreach efforts to users in close physical proximity. Many MSM networking apps lack formal safe sex resources, and users responded positively when engaged by the clinic nurse.

Implications for Practice: Outreach through mobile technology is a low-cost and efficient supplement to existing MSM engagement strategies. Programs can utilize this technology to engage in the vast online MSM community, identify patients with risky sexual behaviors, and connect them to appropriate services.

Objectives: The learner will be able to:

- Learners will gain a basic understanding of the role of social networking applications for mobile devices and how they are used within the MSM community;
- Learners will be able to identify the pros and cons of using mobile social networking applications for outreach, safer sex education, and recruitment of patients for clinical services;
- Learners will be able to identify the resources and programmatic support necessary to implement and evaluate these outreach methods.

Integrating National HIV/AIDS Strategy Throughout Curricula of a Major U.S. University School of Nursing

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Background: Around the University of Maryland Baltimore, the HIV prevalence is 1 in 23. The JACQUES Initiative of the Institute of Human Virology at the University of Maryland School of Medicine (JI) developed *Preparing the Future (PTF)* to engage the UMB academic (law, medicine, dentistry, pharmacy, social work, and nursing) and clinical campus to implement The National HIV/AIDS Strategy (NHAS) through curricula, practice, and community engagement.

Purpose: School of Nursing (SON) community/public health students and faculty participated in JI's "PTF-HIV-101" training and special HIV testing and counseling certification. Mentored by JI staff, to date, 200 students and faculty have tested hundreds of Baltimoreans, and linked people to care. Students and faculty attest to applying *PTF* competences into practice regardless of the presence of HIV. Based on this success, we now aim for SON students and faculty at *all* levels to competently offer HIV testing and linkage to care via JI's coordinated and integrated model.

Methods/Practice. To integrate *PTF* across nursing study programs the SON and JI

1. Reviewed HIV content in curricula to identify gaps.
2. Gathered input from Department Chairs and advanced practice specialty program directors.
3. Strategized with the entry level curriculum and the masters/DNP curriculum committees.
4. Presented findings to the institutional leadership at the Administrative Council.

Conclusions: Due to an overwhelmingly positive response, within one year, we have: a) identified areas for integration of *PTF* at undergraduate level; b) planned didactic and clinical experiences with pediatric, family and adult-gero nurse practitioner specialties; c) implemented the first *PTF* rotations for FNP students (Summer 2013); and d) garnered institutional support for planning an HIV-NP certificate program.

Implications for Practice: Given compelling statistics, a proven method (*PTF*), and strong support of leadership, HIV competencies can be integrated at all levels off nursing education. Where we study, live, or work, engagement in reducing HIV infections and assuring linkage to care is not just a nice thing to do, it is necessary for the health of our community. Nursing, the largest component of the health care workforce, must play a major role in implementing the National HIV/Aids Strategy.

Objectives: The learner will be able to:

- Recognize need to engage schools of nursing to implement National HIV/AIDS Strategy in high prevalence U.S. setting;
- Identify strategies to gain buy-in to address gaps in undergraduate and graduate nursing curricula related to HIV content;
- Discuss the role of students, faculty, and HIV care/treatment partners to expand implementation of NHAS in a high prevalence community in U.S.

**Building Faculty Research Capacity to Support a Nursing
Master's Program in HIV/AIDS in India**

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Background: Bel-Air College of Nursing is collaborating with the University of Illinois at Chicago College of Nursing to develop a master's level program preparing nurses to meet HIV/AIDS care and prevention needs in India. A key element of this program is building student capacities to conduct research and evaluate evidence-based practice. However, Bel-Air faculty need to strengthen their own research capacity and experience to support the program.

Purpose: To develop an innovative program of research to enhance faculty readiness to mentor nursing master's students in research and evidence-based practice projects.

Methods/Practice: Master's level nursing programs in India must include basic research methods and statistics and an individual master's thesis. To rapidly build the college's research capacity and contribute to the HIV-related research in this region of India, we will model the research component after the "Detroit Area Studies" used by University of Michigan Sociology Department for over 50 years. In this model, faculty conduct a study with graduate students as junior co-investigators. Each student identifies an individual research question for his/her master's thesis. Faculty publish articles from the overall study, often with student co-authors. Bel-Air faculty will focus their program of research on HIV/AIDS related stigma, because they encounter stigmatization daily as it affects health professionals, clients, families and communities. Cultural and class-related beliefs about contact with body fluids uniquely affect HIV/AIDS stigmatization in India. However, few studies of stigma have occurred in India, and none where Bel-Air is located. Although smaller in scope, this research is inspired by the International Nursing Network of HIV/AIDS. Initially a UIC faculty member will model teaching of the research/statistics courses by leading Bel-Air faculty through the courses, integrating the first stigma study as course-related practical learning. This active learning builds faculty capacity to teach research and to involve incoming students in faculty research.

Conclusions: This promising strategy has the potential to promote faculty career development, engage students in research and use limited faculty resources effectively.

Implications for Practice: Nursing faculty in low-resource settings have difficulty integrating research into heavy teaching loads. If successful, this model may have widespread relevance globally.

Objectives: The learner will be able to:

- Identify the faculty research capacity-building model developed based on the Detroit Area Studies for use in India;
- Describe the specific research focus that faculty have decided upon and how this focus will contribute to HIV/AIDS research in India;
- Identify the process that will be used to initiate this model, and potential strengths and limitations of the implementation plan.

Collaborating in the Development of an HIV/AIDS Master's Level Curriculum for Advanced Practice Nurses in India

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Background: India has over 2,000,000 persons living with HIV, and prevalence continues to increase in some areas and target groups. However, no master's level programs exist to prepare nurses to meet HIV care and prevention needs in India.

Purpose: To develop an innovative master's level curriculum to prepare advanced practice nurses as leaders and clinicians to meet HIV/AIDS care and prevention needs in acute care settings and communities in rural and urban India.

Methods/Practice: Development of the HIV/AIDS curriculum was a collaborative effort between Bel-Air College of Nursing, India, and the University of Illinois at Chicago College of Nursing. Curriculum content includes:

- Global and local epidemiology of HIV; virology, immunology, pathophysiology, co-morbidities, and pharmacology as they relate to HIV infection and management;
- Assessment and treatment to manage complex clients using current evidence-based treatment protocols and outcome evaluations;
- Clients' self-management skills, continuity of care and adherence to treatment through integrated behavioral change approaches, e.g., motivational interviewing, team approach and communications technologies;
 - Indian contextual factors affecting HIV care and prevention, including stigmatization and socioeconomic and rural-urban disparities;
 - Engagement of individuals, families and communities in universal prevention and compassionate care of those infected and affected by HIV/AIDS. Graduate outcome activities include:
 - Manage and evaluate advanced-level patient care;
 - Design, implement and evaluate prevention and support programs for families and communities;
 - Conduct HIV-related research;
 - Disseminate research and best practices through professional conferences and publications;
 - Provide evidence to influence policy-making.

Conclusions: This curriculum development represents the latest phase in an ongoing partnership that integrates the expertise, knowledge and resources of each partner, providing a model for international collaboration in curriculum development. The curriculum, approved by the Indian Nursing Council and Maharashtra University of Health Sciences, will be implemented in August 2013. Implications for Practice: This curriculum will prepare advanced practice nurses as leaders in primary, secondary and tertiary HIV/AIDS care in India. Broad expertise across the continuum of HIV care and prevention will make graduates resources for providers, clients, families, communities and policy-makers.

Objectives: The learner will be able to:

- Identify the essential skills needed by HIV-specialty advanced practice nurses in India;
- Describe a model of collaboration to develop a master's curriculum for advanced practice HIV nursing in India.

Fertility Desires, Periconception Risk Behaviors, and Perceptions of HIV Risk among HIV-discordant Couples

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Purpose: To describe the current state of the science and promote the development of clinical expertise regarding issues related to reproductive planning and decision making among HIV-discordant couples, including fertility desires, perceptions of HIV risk associated with conception, and periconception risk behavior.

Background: There are an estimated 140,000 heterosexual HIV-discordant couples in the US, about half of whom want more children. HIV treatment and prevention programs focus on abstinence, condom use and pregnancy prevention as strategies for HIV prevention, presenting HIV-discordant couples who wish to conceive with the dilemma of putting the HIV-uninfected partner at risk of acquiring HIV or suppressing the desire to have a child. The evidence suggests that a) HIV clinicians do not ask clients about childbearing desires; b) that most HIV-affected couples neither share their plans for pregnancy with healthcare providers nor seek advice on how to have a safer pregnancy; and c) that many HIV-discordant couples have unprotected sex in their efforts to conceive.

Methods/Practice: A didactic presentation and an interactive discussion of case studies will be used to review and apply current knowledge and understanding of the contextual factors influencing decision making and behaviors of HIV-discordant couples who wish to conceive.

Conclusions: Access to up-to-date information and interactive learning is needed to assist nurses to play an active role in reproductive counseling and safer conception for HIV-discordant couples.

Implications for Practice: Care for HIV-infected adults should include assessing reproductive goals, supporting partner involvement and addressing safer conception. Nurses in HIV care can play a key role by providing comprehensive counseling to optimize preconception health and reduce the risk of HIV transmission to an uninfected partner and future children.

Objectives: The learner will be able to:

- Review the literature describing fertility desires, reproductive decision-making, perceptions of HIV risk associated with conception and periconception risk behavior among HIV-serodiscordant couples;
- Describe nursing strategies to assess client needs in reproductive and safer conception counseling and care.

Achieving Safe Conception in HIV-discordant Couples: The Role of Antiretroviral Therapy and Oral Pre-exposure Prophylaxis

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Purpose: The purpose of this presentation is to review the current state of the science and discuss key issues in translating research to practice related to the use of antiretroviral therapy (ART) as prevention and preexposure prophylaxis (PrEP) with antiretroviral drugs to reduce the risk of heterosexual HIV transmission among HIV-discordant couples wishing to conceive.

Background: Antiretroviral agents have been demonstrated to be highly effective in preventing HIV infection, especially in HIV-discordant couples. Studies have demonstrated a decreased rate of HIV transmission among heterosexual serodiscordant couples on combination ART, particularly those with fully suppressed HIV viral load. Providing PrEP to an HIV-uninfected partner may offer additional risk reduction to minimize HIV transmission when trying to conceive. Interim guidance on the use of PrEP in heterosexually active adults has been issued by the U.S. Centers for Disease Control and Prevention; however, data are considered insufficient to recommend PrEP as part of a strategy to reduce risk of HIV transmission when trying to conceive.

Methods/Practice: A presentation will review the current state of the science and discuss key issues in translating research to practice related to the use of ART as prevention and PrEP to reduce the risk of heterosexual HIV transmission, including its use in the periconception period. Case studies will be analyzed in an interactive discussion led by expert panelists to review various clinical scenarios and discuss appropriate counseling messages and advice to the patient regarding the use of ART and PrEP for HIV-discordant couples wishing to conceive.

Conclusions: HIV prevention science can be applied to reduce sexual transmission risk while respecting reproductive goals. For women and men in HIV-discordant couples, prevention science is a key component to achieving safer conception.

Implications for Practice: Care for HIV-infected adults should include assessing reproductive goals in the context of the HIV status of one's sexual partners and providing comprehensive counseling and recommendations regarding the use of prevention science to reduce the risk of HIV transmission in the periconception period.

Objectives: The learner will be able to:

- Review the current state of the science and discuss key issues in translating research to practice related to the use of treatment (ART) as prevention and pre-exposure prophylaxis (PrEP) to reduce the risk of heterosexual HIV transmission;
- Discuss and analyze key issues in translating research to practice for HIV-discordant couples wishing to conceive.

**Achieving Safe Conception in HIV-discordant Couples:
Non-Pharmacological Strategies**

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Purpose: The purpose of this presentation is to review the literature and to analyze the implications for nursing practice related to non-pharmacological options for reducing the risk of HIV-transmission to an uninfected partner for HIV-discordant couples who wish to conceive.

Background: All HIV-affected couples wishing to conceive should receive preconception care services, including evidence-based risk screening and counseling and interventions for health promotion. Antiretroviral options should be considered and both partners should be screened (and treated, as indicated) for sexually transmitted infections. In addition, non-pharmacological options for an HIV-positive woman with an HIV-uninfected man include timed intercourse (limiting conception attempts to the periovulation period) or timed insemination (self-insemination or insemination via assisted reproductive technology). These options may be combined with the use of pre-exposure prophylaxis (PrEP) with antiretroviral drugs. Male circumcision (with six weeks healing) may also be considered. For the HIV-positive man with an HIV-uninfected woman, semen collection and processing to remove HIV (sperm washing) can be done and then coupled with an assisted reproductive technique for fertilization.

Methods/Practice: Up-to-date evidence related to non-pharmacological strategies for safer conception, including preconception risk reduction and optimization of health, timed intercourse or insemination (with or without PrEP), circumcision, and sperm washing will be presented in a didactic session. Case studies will be analyzed in an interactive discussion led by expert clinician panelists to review appropriate counseling messages.

Conclusions: Non-pharmacological interventions for safer conception for HIV-discordant couples attempting to conceive are available and may be recommended to couples wishing to achieve safer conception based on individual clinical circumstances and patient preferences.

Implications for Practice: Couples should be counseled regarding specific interventions to reduce the risk of transmission to an uninfected partner and approaches tailored to address specific needs, which may vary from couple to couple.

Objectives: The learner will be able to:

- Describe evidence-based interventions for safer conception in HIV-discordant couples;
- Discuss the components of counseling and care related to non-pharmacologic strategies to reduce HIV transmission risk among HIV-discordant couples while attempting to conceive and analyze case studies.

B-9.1 - Symposia

The Role of the Nurse in Providing Safer Conception Strategies for HIV-discordant Couples

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Purpose: The purpose of this presentation is to discuss nurses' roles in providing counseling and establishing linkages to safer conception services for HIV-serodiscordant couples.

Background: Women and men with HIV express the desire to talk about reproductive plans with their healthcare providers; however, data suggest that such counseling does not often occur until after conception. Nurses can play an important role in encouraging patient communication about reproductive intentions and fertility desires and performing counseling on safer conception strategies. Nurses in HIV care can also play an important role in developing linkages and partnerships with healthcare providers specializing in reproductive health in order to facilitate appropriate referrals. In addition, nurses can advocate for the availability of assisted reproductive health services for their patients.

Methods/Practice: Best practices for developing the nurses' role in safer conception counseling, linkage to care, and advocacy will be presented in a didactic session. Resources for healthcare providers and patients will be reviewed in an interactive discussion led by an expert panelist to review appropriate counseling messages and to discuss mechanisms for establishing appropriate linkages to preconception and safer conception services.

Conclusions: Providing reproductive counseling for all clients on safer conception options for serodiscordant partners is an important component of comprehensive HIV nursing care and a critical HIV prevention strategy. Nurses are in a position to facilitate reproductive health counseling services in HIV care and develop linkages to care that provide a safer path to conception.

Implications for Practice: Nurses are well positioned to play a pivotal, leadership role in advancing the scope and quality of reproductive planning and safer conception services for HIV-discordant couples and promoting client and partner focused clinical services.

Objectives: The learner will be able to:

- Discuss the role of the nurse in providing information, counseling and support to clients seeking safer conception strategies;
- Describe the role of the nurse in establishing linkages to reproductive health and safer conception services.

An Evaluation of Outcomes for a Nurse-Managed Clinic for Health Care Workers in Swaziland

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Background: Nurses and other health care workers (HCWs) in Swaziland were reluctant to seek care in existing health facilities and, all too frequently, died from treatable illnesses, including HIV infection. The health care workforce was significantly dwindling. The Wellness Centre for Health Care Workers was opened in 2006.

Purpose: Conduct an evaluation of client outcomes for the first 6 years of operation (2006-2012) for an innovative model of care in a clinic in Southern Africa to provide evidence of its impact on the addressing the health needs of HCWs and guide service improvements.

Methods: Using a mixed-methods design, a retrospective medical chart review of HCWs (1,702) and dependents (n=1,277) described client enrolment, clinical status and outcomes, and adherence to standards of care. Qualitative interviews with HCW clients (n=30) and Centre staff (n=10) explored perceptions of care delivery, comparisons with other health facilities, and service accessibility.

Conclusions: The evaluation findings provide valuable insights to guide nurse practices for effective care delivery. has revealed unforeseen successes in the implementation of health programmes with wide-ranging effects on national policies and practices in Swaziland. Clients were highly satisfied with service accessibility and delivery. Lessons were learned concerning database construction and management to effectively monitor and evaluate outcomes.

Implications for Practice: Nurse-managed clinics have tremendous potential for effectively targeting services to HCWs. The Swaziland Wellness Centre serves as the model for similar Centres that have been established in Lesotho, Zambia, Malawi, Uganda, and Ethiopia. This comprehensive outcomes evaluation provide valuable lessons learned for all of the Centres and supports recommendations for ongoing monitoring and evaluation.

Objectives: The learner will be able to:

- Identify at least 3 barriers to health care access by HCWs in Sub Saharan African countries;
- Differentiate perceptions of accessibility and acceptability of health services at public facilities and the Swazi Wellness Centre;
- Extrapolate aspects of the model to apply in other African countries.

A Survey of Community-based HIV Prevention Programmes and Mitigating Measures among the Idoma-speaking People of Benue State, North-central Nigeria

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Background: Deliberate efforts to halt HIV propagation and mitigate HIV/AIDS impact in resource-poor communities are critical elements of HIV/AIDS care.

Objective: This study investigated the HIV/AIDS prevention programmes and mitigating measures among the Idoma-speaking people in Benue State, north central Nigeria.

Methods and Materials: A convenience sample of 133 PLWHA, 25 relatives of PLWHA, health workers and community leaders selected from two HIV treatment centres and three Local Government Areas (LGAs) provided information on the HIV/AIDS programmes and the roles communities play in mitigating these HIV/AIDS impacts, both from the viewpoints of individual PLWHA and community members. Both quantitative and qualitative data using questionnaires, IDIs, and FGDs, were collected. Data were analysed using SPSS and thematic approaches, and these were triangulated to meet research objectives.

Results: Findings revealed that a number of both community-initiated measures on HIV/AIDS control in Idoma land in the forms of sanctions on prostitution, training/credit facilities for affected persons (OVC), and government programmes like supply of anti-retroviral drugs, counselling services, and AIDS awareness campaigns were found. Some of the campaign messages are perceived to be stigmatising, while supply of drugs was erratic.

Conclusion: A number of measures arising from the community system and the government targeted to control and curtail HIV/AIDS are themselves either perceived as stigmatising or counterproductive. Inconsistencies of some of the interventions may worsen the HIV/AIDS situation in socially and economically disadvantaged communities.

Recommendations: Consistent treatment programmes and appropriate HIV/AIDS mass education and other social strategies using healing and destigmatising messages, drama and sanctions should be appropriately designed and disseminated to reduce HIV/AIDS-related stigma and discrimination, curb HIV spread and mitigate the consequences of the HIV/AIDS epidemic.

Implications for Nursing Practice: Nurses, especially those working in resource-poor communities, should take cognisance of culture-initiated measures and communication content of HIV/AIDS campaign messages and build such into AIDS care. AIDS care in Primary settings is particularly implicated.

Objectives: The learner will be able to:

- Highlight some HIV/AIDS prevention and mitigating measures in a traditional African community;
- Identify weaknesses in some of the initiated measures in HIV/AIDS awareness campaign messages;
- Brainstorm on culture- and situation-appropriate modalities of communication HIV/AIDS control measures in a traditional African community.

The Nurse's Role in a Multi-disciplinary Approach to Inpatient Routine HIV Testing in an Inner-city Academic Medical Center

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Background: The Preparing the Future (PTF) program, led by the JACQUES Initiative of the Institute of Human Virology at the University of Maryland School of Medicine (JI) aims to mobilize an academic and clinical campus to address the goals of the National HIV/AIDS Strategy (NHAS). Through 3 main objectives, PTF implements discipline-specific curricular change, multi-disciplinary service-learning and clinical interventions with current health care providers. In September 2012, PTF leadership met with stakeholders at the University of Maryland Medical Center (UMMC) to propose routine HIV testing and linkage to care on the hospital's medicine services.

Purpose: The CDC recommends routine HIV testing in health care settings. Further, the US Preventive Health Services Task Force has elevated routine HIV testing to a Grade A rating. Persons living with HIV have the 2nd highest rate of hospital readmissions at UMMC. JI has successfully provided linkage to care and psychosocial services for HIV-infected persons on the Infectious Disease Medicine Services for over 7 years.

Methods/Practice: The intervention was developed and implemented by a multi-disciplinary leadership team, that involves UMMC and JI staff. The offer for HIV testing is provider-initiated (resident). Nurses are increasingly more involved and have been educated to talk to their patients about basic information about HIV and ask their patient if their physician has discussed the test with them. Nurses have also been educated to assess any previously diagnosed patients for their engagement in HIV care, ART and psychosocial variables. A nurse-initiated referral is made to JI to engage these individuals in needed HIV care and psychosocial services.

Conclusions: In less than 3 months, the offer rate for HIV testing on the medicine services has increased from 3% as the baseline to 50%. 85-90% of the patients offered HIV testing accept. There have been 7 newly diagnosed positives and 31 out of care previous positives encountered that have been referred to primary care and identified psychosocial services.

Implications for Practice: Routine HIV testing in an inpatient setting may be warranted in high prevalence settings. Implementers are looking to create an algorithm for nurse-initiated testing in the next 2-3 months.

Objectives: The learner will be able to:

- Understand rationale for inpatient HIV testing in an urban medical center;
- Describe the model /approach for routine HIV testing and linkage to care in an urban medical center;
- Discuss the role of nurses in the acute care setting in identifying new cases of HIV, increasing access to care and reducing health disparities for persons living with HIV.

Serum-Derived Bovine Immunoglobulin Protein Isolate, a New Medical Food for the Clinical Dietary Management of HIV-Associated Enteropathy

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Background: HIV-associated enteropathy remains a common problem in patients with HIV despite HAART and negatively impacts the patient's quality of life. Infection of enterocytes by HIV can lead to a loss of structural and functional integrity of the intestinal epithelial barrier increasing permeability which can allow greater antigenic penetration and subsequent activation of mucosal immune responses. The related inflammatory responses can contribute to HIV-associated enteropathy. SBI, a medical food, has shown in non-clinical studies to neutralize bacterial endotoxins, maintain integrity of tight junctions, reduce cellular and soluble markers of immune activation, increase anti-inflammatory markers and improve intestinal barrier dysfunction affected by inflammation.

Purpose: This study evaluated the impact of oral SBI on GI symptoms, mucosal immunity and gut microbial in patients with HIV-associated enteropathy.

Methods: Patients on chronic suppressive ART diagnosed with HIV enteropathy defined as chronic GI symptoms including frequent loose or watery stools despite no identifiable, reversible etiology were enrolled. SBI 2.5 grams orally BID was taken for 8 weeks with a 4-week wash-out period and an optional 9-month extension study. A validated GI questionnaire assessed changes in symptoms. Upper endoscopy for tissue immunofluorescent antibody assay and disaccharide gut permeability/absorption studies were performed. Blood was collected for markers of microbial translocation and inflammation. 16S rDNA from the stool were sequenced using Illumina's MiSeq Sequencer and processed using the QIIME pipeline.

Results: Eight male subject with a median PBMC CD4⁺ count of 443 cells/mL experienced improvement in symptoms with reduced bowel movements/day ($P=0.008$) and improvements in stool consistency ($P=0.008$) that was sustained in the 5 patients who entered the extension study. Gut permeability was normal before and after the intervention however D-xylose absorption increased in 7/8 subjects. Mucosal CD4⁺ lymphocytes increased by a median of 139.5 cells/mm² from 213 to 322 cells/mm² ($P=0.016$). Proinflammatory gammaproteobacteria tended to decrease from 0.70% to 0.12%. Clostridium (genus) tended to decrease from 6.5% to 3.4% in the stool and correlated with duodenal CD3/CD4 density ($r = -0.63$; $p < 0.01$).

Conclusions: Nutritional management with SBI may facilitate the restoration of the intestinal epithelial barrier and immune activation thereby improving GI symptoms and nutritional status.

Objectives: The learner will be able to:

- Understand category of medical foods for dietary management of disease or conditions;
- Learn properties of serum-derived bovine immunoglobulin and its potential role in dietary management of HIV-associated enteropathy.

**Neuropsychological Functioning and Driving Simulator
Performance in Middle-aged and Older Adults with HIV: A Pilot Study**

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Background: Nearly half of those with HIV experience neuropsychological deficits that impact everyday functioning. As adults age with HIV, concerns mount that such neuropsychological deficits will compromise other everyday functions such as driving.

Purpose: The purpose of the current study was to examine driving simulator performance in a sample of middle-aged and older adults with HIV. Aim 1 was to examine the relationship between demographic and mental and physical health variables and driving simulator outcomes. Aim 2 was to examine the relationship between cognitive and everyday functioning measures and driving simulator outcomes.

Methods: In this cross-sectional pilot study, 26 middle-aged and older adults (40+ years) were administered a 2½-hour battery comprised of demographic, health, psychosocial, and driving habits questionnaires, a neuropsychological assessment, and a driving simulator. It was observed that although CD4+ lymphocyte count and viral load were unrelated to driving simulator performance, age was related to divided attention reaction time in the driving simulator; greater age was related to poorer driving simulator performance. Furthermore, Useful Field of View performance was related to several outcomes of driving simulator performance; poorer performance on this measure of visual speed of processing was related to poorer driving simulator performance (e.g., average gross reaction time, % of drive time out of lane).

Conclusion: Mixed findings were observed between driving simulator performance and neuropsychological functioning on the self-reported driving habits of participants. Implications for such findings on practice and research are posited.

Implications for Practice: Nurses must be aware that the cognitive changes in middle-aged and older adults with HIV must be monitored since this may also impact their driving behavior. Fortunately, there are several strategies that can be used to improve Useful Field of View and maintain safe driving.

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 negatively impact everyday functioning, especially driving;
- Review strategies for reducing or avoiding such neuropsychological problems in patients aging with HIV.

**Provider Prevention of Cardiovascular Disease in an Urban HIV Practice:
Room for Improvement**

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Background: Antiretroviral therapy (ART), chronologic and physiologic aging, and comorbidity can substantially increase cardiovascular disease (CVD) risk in persons living with HIV (PLWH). Little is known, however, about HIV provider prevention practices for CVD in PLWH.

Purpose/Design: This retrospective study examined the use of evidence-based CVD prevention practices in a retrospective cohort of PLWH.

Methods: Medical records of 200 randomly selected subjects receiving care within the Johns Hopkins AIDS Service between January 1, 2010 to December 31st, 2010 were reviewed. Research assistants performed electronic, manual and database reviews of medical records to determine provider adherence to CVD prevention guidelines.

Results: The sample included 117(58.5%) males, with a mean age of 47.61 ±8.93years. Majority of the sample was African-American (78%) and unemployed (67%). This was a treatment -experienced cohort as 93% had prior/current ART. Over half (55%) had a viral load ≤50copies/mL. Dietary modification and weight reduction counseling was provided for 54% and 10% of overweight/obese PLWH respectively. Hemoglobin A1c (HbA1C) was measured in 12% of the diabetic patients. Regular physical activity was documented in 30% of patients with a blood pressure of 130/80mmHg or higher. Of these, Dietary Approaches to Stop Hypertension(DASH) diet was documented in 23% while 39% were prescribed anti-hypertensive agents. Assistance to quit smoking was documented in 36% of smokers. Lipid-lowering therapy was prescribed for 22% diagnosed with dyslipidemia.

The adjusted logistic regression analysis revealed that compared to physicians, physician assistants and nurse practitioners were more likely [OR=6.9;95%CI(1.8, 26.6);p=0.005 and OR=5.8;95%CI(2.2,15.9);p=0.001 respectively] to recommend dietary modification. Each additional year of provider practice was associated with a 1.3 higher odds [95% CI 1.1,1.5;p=0.006] of obtaining HbA1c while physician assistants were less likely [OR=0.04, 95% CI 0.002, 0.7; p=0.024] to obtain HbA1c as compared to their physician counterparts.

Conclusions: Our findings demonstrate that provider management of CVD risk factors in PLWH is suboptimal.

Implications for Practice: Due to the high prevalence of CVD risk factors, providers should integrate lifestyle counseling and medical management into the care of this population to prevent the clinical sequelae of CVD.

Objectives: The learner will be able to:

- Identify at least 3 HIV provider prevention practices for cardiovascular Disease in Persons living with HIV;
- Identify at least 2 strategies for integrating lifestyle counseling and medical management into the care of Persons living with HIV.

**Recent Advances in Bio-Medical HIV Prevention Research:
A Nurse's Toolkit Symposium**

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Background: In recent years there have been several landmark advances in biomedical HIV prevention research involving pre-exposure prophylaxis, microbicides, treatment as prevention, and a potential HIV vaccine. The future success of the biomedical HIV prevention research efforts, prioritized in the National HIV/AIDS Plan, requires that providers and communities are informed and engaged in order to fully maximize the benefit of these interventions and appropriately address inequities in HIV rates, specifically among men who have sex with men, Black, Latino, and transgender communities. As trusted and highly respected health care professionals, nurses hold key positions to help educate the population on recent advances in HIV Prevention.

Purpose: The purpose of this symposium is to provide nurses with an update on the most recent relevant advances in HIV prevention bringing them up to date and arming them with skills to disseminate and educate at risk populations who can benefit from them.

Methods: Lecture based format with expert panelists:

- A. Overview of the Domestic HIV/AIDS Epidemic
- B. Introduction and Discussion of three HIV prevention trial networks:
 - B1. HIV Prevention Trials network
 - B2. HIV Vaccine Trials Network
 - B3. Microbicide Trials Network
- C. Focus on study advances from HPTN 052, iPrEX, HVTN 505, RV144, VOICE (MTN 003), FEM-PrEP, CAPRISA 004, PIP
- D. Community engagement strategies for dissemination
- E. Dissemination best practice brainstorming
- F. Questions and Conclusions

Conclusions: To achieve an AIDS free generation the advances in HIV prevention research and best practices for translating study results must be disseminated in order to influence clinical practice and community understanding. These advances serve no purpose if the general public neither understands nor embraces them and fails to participate in current and future HIV prevention clinical trials.

Implications for Practice: All nurses can assist with the dissemination of advances in HIV prevention research and encourage active involvement in future clinical trials.

Objectives: The learner will be able to:

- Discuss the current domestic HIV/AIDS epidemic and the need for bio-medical HIV prevention strategies;
- Describe the positive and negative study advances in biomedical HIV prevention research (PrEP, Vaccines, and Microbicides);
- Describe strategies used to disseminate the results of HIV prevention trials and explore their relevance within highly at risk communities.

Gay Men and the Intentional Pursuit of HIV - A Narrative Analysis

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Background: Hidden deep within the gay male underground lives a small population of gay men who imagined the intentional pursuit of HIV as a means to some end. In terms of nursing care for such marginalized pockets of gay men, most nurses are unaware of their existence or lack sufficient knowledge and compassion to care for this population. Bug chaser is a metaphor used to describe the gay men who intentionally sought the bug-HIV infection.

Purpose: The purpose of this narrative study was to understand the life experiences of gay men who intentionally sought or seek to become infected with HIV.

Methods: Using queer theory as its framework, the study was constructed from two research questions: 1) What are the life-stories of gay men who seek HIV infection? 2) How do these life-stories describe and give meaning to sexuality and HIV? In this qualitative study, 18 adult gay men were interviewed three times over a period of three months. Chain referral sampling wherein initial participants spread word of the study in their associate networks limited racial diversity; 15 men self-identified as African American, one as "other" (i.e., Italian and African American), one as Latino, and one as Caucasian. Their ages ranged from 33 years to 61 years (M=48). Most considered themselves Christians (n=13). Socioeconomically, 10 of the men lived in poverty. Sixteen were HIV positive; two were pursuing HIV. Most (n=16) secured health care through either Medicare or Medicaid products.

Conclusions: Through semi-structured interviews and narrative analyses, their life stories portray who these men were and why they imagined HIV to be a fitting means to an end. Results illustrate that the intentional pursuit of HIV was well thought out and strategically planned, and aligned with lifetime struggles, for example, difficulty accepting one's gay identity.

Implications: Essential to caring for these men is first discovering them, and then understanding them. Narrative life patterns that culminated in purposeful pursuit of HIV included addictions, wanting to connect to an HIV positive lover, childhood abuses, secrets, punishment for wrongdoings, and, in one case, HIV as an imagined progression for gay men.

Objectives: The learner will be able to:

- Updated on the phenomenon of seeking HIV on purpose;
- Understand the life stories of gay men who sought HIV on purpose;
- Learn about the antecedents, and life patterns discovered through narrative analysis, about the reasons some gay men sought HIV on purpose.

HIV Risk Behaviors, Risk Perception, and HIV Knowledge among Transgender Women

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Background/Significance: Male-to-female transgender women experience disproportionate rates of HIV and sexually-transmitted infections (STIs) when compared to the general population. Previous research with transgender women has identified factors (i.e., commercial sex work, healthcare access, lack of HIV knowledge, stigma/discrimination, and employment issues) that may contribute to higher rates of HIV in this population. Despite previous research on HIV risk behaviors among transgender women, little attention has been paid to the relationship of HIV risk behaviors, risk perception, and HIV knowledge among these women.

Purpose: The purpose of this study was to explore the relationship of HIV risk behaviors, HIV risk perception, and HIV knowledge among a sample of transgender women residing in South Florida.

Methods: A cross-sectional, descriptive design was used to collect data from 50 community-dwelling transgender women of South Florida. Participants completed standardized measures of HIV risk behaviors, HIV risk perception, HIV knowledge, transition-related medical information, and demographics. For participants that were HIV-infected, information was collected on length of time since diagnosis, engagement in care, and healthcare empowerment.

Conclusions: Correlation coefficients and descriptive statistics were used to test the relationship of the variables. Eight participants (16%) reported a diagnosis of HIV infection. A significant number of participants reported engaging in high risk sexual behaviors such as commercial sex work, unprotected sex with multiple partners, and sex under the influence of drugs/alcohol. Perception of HIV risk varied among the participants. A number of the participants reported knowledge deficits in terms of condom usage and risk for HIV from oral sex. Among the participants that were infected with HIV, nearly all reported engagement in HIV care that resulted in high levels of healthcare empowerment.

Implications for Practice: As a population, transgender women experience HIV-related health disparities. Clinicians providing care to this vulnerable population need to be aware of risk behaviors, knowledge deficits, and HIV risk perception that may influence risk for HIVS/STIs. Clinician awareness of these factors will provide the opportunity for HIV risk reduction tailored specifically for transgender women. More research is needed to develop HIV risk reduction programs designed for this vulnerable population of women.

Objectives: The learner will be able to:

- Describe the current knowledge base of HIV risk behaviors, HIV knowledge and HIV risk perception among transgender women;
- Describe the relationship of HIV risk behaviors, HIV knowledge and HIV risk perception of transgender women.

Risks for Hospital Readmission among People Living with HIV

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Background: Persons living with HIV (PLWH) have disproportionately high rates of hospital admissions, increasing from 0.58 to 0.74 per 1,000 discharges between 1990 and 2007. In 2008, PLWH experienced the highest readmission rate within 30 days of discharge of all Medicaid patients; 17%. Healthcare reforms include provisions to control costs through reduced reimbursement to hospitals with high readmission rates.

Purpose: The study aimed to identify risk factors associated with 30-day readmissions among patients at an inner-city outpatient HIV clinic, and develop a prediction model.

Methods: Johns Hopkins Moore Clinic patients who completed at least one HIV primary care visit from 2009 through 2011 were sampled in a case-control design. Eighty cases (readmission within 30 days of discharge) were randomly selected and frequency matched by age with 160 controls (hospitalized but not readmitted within 30 days). Variables collected were demographics, clinic visits, comorbidities, and recent lab values. A non-parametric method was used to identify the most important predictors of 30-day readmission, which were then used in developing a cross-validated logistic regression prediction model.

Results: The important risk factors for experiencing a 30-day readmission were CD4 count (OR=0.857 per 100 cells, 95%CI= 0.761, 0.964), number of comorbidities (OR=1.091, 95%CI=1.019, 1.169), length of stay in hospital (OR=2.155 per day, 95%CI=1.645, 2.82), diagnostic group (OR varied by diagnosis, overall p-value=0.04), and years since HIV diagnosis (non-linear OR, p=0.098).

Conclusions: As expected, the odds of experiencing a 30-day readmission increased with lower CD4 count, more co-morbidities, and longer hospital stays. In contrast to previous studies, viral load, gender, and substance abuse, psychiatric and other disorders were not significant risk factors. Results have practical implications for nurses and APRNs

Implications for Practice: This prediction model can aid in developing a screening tool for PLWH at risk of 30-day readmissions. Clinic nurses have a unique opportunity to screen and intervene early to prevent the poor health outcomes that lead to unnecessary readmissions, while inpatient nurses can facilitate the transition back to community care. Focusing on the most important among many potential risk factors is a realistic approach given the accelerating trend in healthcare cost containment.

Objectives: The learner will be able to:

- Understand current issues and research regarding preventable readmissions;
- Identify the most important predictors for readmission in PLWH;
- Evaluate the potential for using predictors as a screening tool and consider interventions to reduce preventable readmissions.

Self-compassion and Health Protective/Health Promoting Factors in a Sample of African-Americans Living with HIV in the Southeast United States

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Background: Self-compassion involves treating oneself with the kindness one would bestow on another in similar circumstances. Self-compassionate people are kind to themselves, connected to others, and hold negative thoughts/emotions in abeyance. Research suggests that Self-compassion may buffer against the negative reactions many have toward illness and serve as motivation to engage in health protective or health promoting behaviors.

Purpose: This study explored the relationship between self-compassion and health protective/health promoting behaviors in 142 African-Americans living with HIV.

Methods: Persons living with HIV were recruited in the Durham, North Carolina area. Cross-sectional analysis of correlations between self-compassion and health protective/health promoting factors was conducted.

Results: Gender: men (89/63%) and women (53/37%). Mean age: 44.7 years (SD 6.9, women), 46.4 years (SD8.4, men). For African-American women, self-compassion positively correlated with adherence: missed doses (-.41 $p < .001$), total adherence (.38 $p = .01$); medication efficacy: can take as directed (.26 $p = .05$), medication has positive effect (.32 $p = .01$), not taking can cause resistance (.29 $p = .05$); and social support (overall .46 $p < .001$, related to medication .39 $p = .01$). Self-compassion negatively correlated with HIV-related shame (-.48 $p < .001$); doses missed (-.41 $p < .001$), negative affect (-.70 $p < .001$); denial (-.52 $p < .001$) and shame preventing: condom use (-.43 $p = .01$), seeking health care (-.37 $p = .01$) and treatment adherence (-.45 $p < .001$). For African-American men, self-compassion was not positively correlated with any dependent variables, but had a negative correlation with HIV-related shame (-.38 $p < .001$), negative affect (.45 $p < .001$) and medication-related social support (-.20 $p = .05$). Interactions between self-compassion and gender revealed differences between men and women in the relationship between self-compassion and doses missed ($p = .05$), overall support ($p = .01$), support related to medication ($p = .001$), denial ($p = .03$) and degree to which shame prevented adherence ($p = .02$).

Conclusions: Self-compassion moderates reactions to HIV differently for African-American men and women, and has greater health promoting/health protecting effects for African-American women.

Implications: Interventions using self-compassion with African-Americans would have more effect on women than men. The conjoint effects of gender and race need further investigation.

Objectives: The learner will be able to:

- Understand the concept of Self-compassion;
- Recognize findings from similar studies that demonstrate self-compassion's role in various behaviors and physical/emotional states;
- Understand the methodology, theoretical frame work and findings of the current study.

**Smoking Cessation Interventions in HIV-infected Adults:
A Review of the Literature**

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Background: Cigarette smoking is more prevalent (50-70%) in HIV-infected adults when compared to the general population and is linked to an increased rate of cardiovascular events, bacterial pneumonias, and cancers. Of important clinical relevance, 40% of HIV-infected smokers express a willingness to attempt smoking cessation and two-thirds are interested in or considering quitting when asked.

Purpose: To provide a state of the science review of the extant literature on smoking cessation interventions in HIV-infected adults.

Methods: A comprehensive search of a computerized database for articles appearing in peer-reviewed journals was conducted. The integrative review included 14 articles from medical and nursing journals.

Findings: Smoking cessation rates ranged from 17%-50% across studies employing pharmacologic, non-pharmacologic and combined approaches. Samples sizes were frequently small and the effect was often not sustained over time. Emotional distress was related to smoking behaviors and may have been a barrier to successful smoking cessation. Adherence to pharmacologic therapy, including nicotine replacement therapy (NRT), often declined over time and may have contributed to low cessation rates. Framingham Risk Scores were predictive of successful smoking cessation in one study. NRT combined with a cell phone-delivered intensive counseling intervention showed promising results.

Conclusions: Given the high prevalence of smoking among adults infected with HIV, this review supports the need for the development and implementation of comprehensive, innovative and effective interventions tailored to this population.

Implications for Practice: Nurses are in a key position to assess smoking-related behaviors in their patients and provide health education and smoking cessation counseling. Delivering personalized feedback messages could not only help to clarify illness beliefs and intentions, but also may serve as an important motivator for behavior change. Designing effective programs to address smoking cessation in HIV-infected adults is paramount to reducing morbidity and mortality in this population.

Objectives: The learner will be able to:

- Review the current state of the science in smoking cessation interventions for HIV-infected adults;
- Identify implications for nursing research and nursing practice.

PEPFAR's Nurse Education Partnership Initiative

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Background: The Nurse Education Partnership Initiative (NEPI), supported by the Human Resources and Services Administration (HRSA) is part of the President's Emergency Plan for HIV/AIDS Relief (PEPFAR). A hallmark of NEPI is a high degree of participation and leadership from each country's ministries of health and education.

Purpose: In support of PEPFAR's goal to train at least 140,000 new health care professionals and paraprofessionals, NEPI intends to strengthen the quality and capacity of nursing and midwifery education institutions, increase the number of highly skilled nurses and midwives, and improve the relevance of graduating nurses.

Methods/Practice: NEPI is a 5-year project, currently implemented in the Democratic Republic of Congo, Ethiopia, Lesotho, Malawi, South Africa and Zambia. It is led, in partnership with Ministries of Health (MOH) and in-country stakeholders, by the Office of the U.S. Global AIDS Coordinator, and the U.S. Department of Health and Human Services/Health Resources and Services Administration. The NEPI model necessitates on-going national government support and leadership in guiding key program decisions such as the selection of interventions and schools of program implementation. NEPI activities are aligned with national strategic plans. Working with MOH and in-country USG, ICAP, as the Coordinating Center, and NEPI schools implement harmonized activities in-country that leverage experiences and leaders in other NEPI countries.

Conclusions: NEPI, a PEPFAR funded, HRSA administered, nursing pre-service program is working with the MOHs and MOEs in six African countries to have a sustainable impact on nurse education institutions and graduating nurses. Country interventions include faculty/preceptor training, tuition support, curriculum development, learning resources and institutional capacity development through strong collaboration with partner institutions. Changes have been identified within MOH, Schools of Nursing and will be demonstrated in nursing graduates. It is believed that the health and educational system focus will support a sustainable effect on the health of the population.

Implications for Practice: Stakeholders may consider increasing support across the spectrum of nursing bodies to further impact nurses and thereby the health status of the population. Potential areas of focus may include regulation of nursing schools and congruence of curricula to clinical practice and regulatory boundaries.

Objectives: The learner will be able to:

- Describe the Nurse Education Partnership Initiative's goals and objectives;
- Participants will identify key NEPI characteristics and stakeholders;
- Participants will list NEPI achievements.

Factors Influencing Sexual Behavior among HIV Positive Men Who Have Sex with Men

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Background: For more than 30 years, men who have sex with men (MSM) have been disproportionately affected by HIV disease. Recent statistics from the Centers for Disease Control and Prevention indicate that more than 60% of all new HIV infections diagnosed in the United States occur from male to male sexual transmission. A large body of evidence has demonstrated that the Health Belief Model (HBM) can account for an individual's efforts toward preventive health actions, including safe sex behaviors.

Purpose: The purpose of the study was to explore factors that influence sexual behavior among sexually active HIV positive MSM using the HBM as the theoretical framework.

Method: A cross-sectional correlational study was conducted. The sample included 216 HIV positive MSM participants. The study explored factors that influence safe sexual practice among this high risk population. Variables included knowledge of HIV transmission, susceptibility to becoming re-infected with a different strain of HIV, severity of living with the disease, perceived benefits and barriers to safe sexual practices, risk of transmitting the virus to others, health care provider and peer influence on the use of safe sexual behaviors, and self-efficacy for negotiating safe sex. Valid and reliable instruments were used to collect data.

Conclusion: Results from this study found that there remains a high incidence of unsafe sexual practices among MSMs. However, participants who did practice safe sex reported significantly higher levels of perceived severity of living with HIV disease, perceived benefits of safe sex, perceived barriers to safe sex, and higher self-efficacy for negotiating safe sex.

Implications: These findings support the need for additional research to explore factors that influence sexual behavior among HIV positive MSMs. They should also be used to evaluate the efficacy of current interventions for promoting safer sex among this population. Nurses working in HIV care are at the front lines of prevention and need to consider these findings in developing future HIV prevention interventions that target MSM.

Objectives: The learner should be able to:

- Recognize background epidemiology of HIV among MSM;
- Identify factors that contribute to safe sexual practices among HIV positive MSM;
- Discuss strategies to promote safe sexual practice among the MSM population.

Current Realities and Future Possibilities for Mentorship in HIV Nursing Care in Canada

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Background: In 2010 we received funding from the Canadian Institutes for Health Research to engage in a three year national study *A Clinical Mentorship Model for Canadian Nurses in HIV Care*. Our study was conceptualised in collaboration with the Canadian Association of Nurses in AIDS Care and several AIDS Service Organizations (ASOs).

Purpose: We explored the use of a mentorship model to increase nurses' knowledge about HIV care, treatment and support. People living with HIV (PHAs) and nurses with experience in HIV care mentored nurses who wanted to learn about HIV nursing care.

Methods: Participants were recruited with the assistance of investigators, clinical facilities, and ASOs at five sites across Canada. The 1-year intervention consisted of three two-day workshops at baseline, six months and twelve months at each site. Between workshops mentors and mentees continued to engage on a regular basis, primarily through face-to-face meetings. Data were collected using mixed methods, including surveys, interviews and observational data to assess the intervention. An inductive, iterative approach was used to analyze and identify themes and discover relationships among themes via systematic comparison.

Findings: Sixty-three participants (10 nurse mentors, 10 PHA mentors, 43 mentees) joined the study. Opportunities to learn about HIV and expertise in HIV nursing care was significantly different across clinical sites; this difference was visible in the services offered, the involvement of PHAs in the provision of care, and the political and social support for HIV nursing care.

Conclusions: We highlight examples of quality HIV nursing care; however, critical gaps in basic and continuing nursing education related to HIV were also identified. The integration of PHAs is critical to nurse mentorship models. Other elements to consider include regional and attitudinal differences, professional needs, and perceptions about the importance of HIV and AIDS in health care.

Implications for Practice: In this presentation we share the differences and similarities in education and nursing care related to HIV and AIDS across Canada and identify future possibilities for HIV nursing care from a national perspective. We will also discuss the importance of best practice models in HIV nursing care within a global context.

Objectives: The learner will be able to:

- Have an increased understanding of the complexities of providing mentorship in HIV care;
- Identify key best practice models and their scope;
- Identify the limitations and opportunities in intervention research.

A Study of HIV Positive Undocumented African Migrants' Access to Health Services in the UK: A Grounded Theory Examination

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Background: Newly immigrated persons, whatever their origin, tend to fall in the lower levels with regards to socioeconomic status. The failure to gain asylum often renders one destitute, with over a third of HIV positive failed asylum seekers reporting no income, and the remainder reporting highly limited resources.

Purpose: The purpose of the study was to determine the basic social processes that guide HIV positive undocumented migrant's efforts to gain health services in the UK.

Methods: The study used the Grounded Theory Method.

Results: The data included reflections of the prominent factors related to the establishment of a safe and productive life, and reflected heavily upon the ability of migrants to enter the medical care system during their asylum period. Additionally, the data indicated an emerging pattern of service denial after loss on immigration appeal, which often resulted in a discontinuation of medical therapies. This was associated with a pattern of decline and inability to meet their basic needs.

Conclusions: The results reflect that African migrants maintain a degree of access to health services both during the period that they possess legal access to services and after the failure of their asylum claim.

Implications for Practice: Once an individual loses on appeal, the study demonstrated profound challenges related to obtaining basic and HIV specific services. Nurses must focus their efforts of maintaining the continuity of care of this highly vulnerable population, and on meeting their basic needs.

Objectives: The learner will be able to:

- Identify the challenges that undocumented African migrants to the UK who are HIV positive face related to basic human needs;
- Identify the patterns of access to care used by undocumented African migrants to the UK who are HIV positive .

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.

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.

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.

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.

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.

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.

**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).

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.

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.

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.

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.

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.

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

Paul Robinson (presenting), on behalf of all Authors Below

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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 coinfecting individuals.

Methods: HIV/HCV coinfecting 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 coinfecting 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 coinfecting populations;
- Discuss treatment regimens currently in development for the HIV/HCV coinfecting population.

**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 of 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.

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.

**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.

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 with 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.

**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.

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.

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.

Extent of HIV Stigma among HIV Positive Healthcare Workers: A Mixed Methods Approach

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Background: An estimated 84% of HIV infected adults in Kenya are unaware of their HIV status because they have not been tested. Kisumu district has the highest HIV prevalence rate (15.3% vs. 7.4% national average). Fear of stigma from coworkers and supervisors is a major barrier to testing and accessing HIV care. If healthcare workers (HCWs) don't know their HIV status, they create a breeding ground for HIV prevalence and hinder stigma reduction efforts.

Purpose: This study measured the extent of HIV/AIDS stigma and the relationship between stigma and sociodemographic variables in a sample of 76 HIV positive HCWs

Methods: The 33 item instrument (HASI-P) was used to measure stigma (n=76). Qualitative interviews (n=20) explored management of personal health, workplace stigma experiences, and the HCWs role in reducing stigma. Socioecological theory was used to link qualitative and quantitative findings.

Results: HIV positive HCWs in this study experienced low stigma levels (Mean= 7.88, SD 12.90). Subscale means ranged from 0.09 (SD 0.28) for workplace stigma to 0.39 (SD 0.62) for verbal abuse. Stigma was negatively and significantly correlated with years of work experience (χ^2 6.97, df= 1, p = 0.01), annual salary (χ^2 4.02, = df= 1, p = 0.05), years living with HIV (χ^2 5.07, df = 1, p =0.02) and positively and significantly correlated with employment category (χ^2 9.32, = df= 1, p = 0.00). None of the sociodemographic variables were predictive of stigma. Several themes emerged: *blame* and *lack of knowledge* (negative themes), and *living positively, optimism, empathy, support, and changes over time* (positive themes). *Normalizing, leading by example* and *empowerment* were themes that emerged on ways to reduce stigma.

Conclusions: Disclosing HIV status, awareness of an HIV/AIDS workplace policy, having access to treatment, stigma reduction training, and workplace support groups contributed to the low stigma scores. Qualitative findings corroborated quantitative findings

Implications for Practice: Stigma reduction efforts should incorporate socioecological approaches; expand beyond the individual level, and address interpersonal, institutional, community, and public policy levels of influence.

Objectives: The learner will be able to:

- Articulate extent of HIV stigma on HIV positive health workers in Kenya;
- Articulate factors that promote HIV stigma in the workplace;
- Articulate role of health workers in stigma reduction.

Effective Use of Contact Tracking (CT) Significantly Reduces Loss to Follow-up

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Background: Failure to adhere to ART therapy at any stage led to increase in clients' morbidity, mortality and development of drug resistance leading to unsuccessful treatment outcome. No coordinated process of tracking clients in place.

Purpose: Initiating HIV+ clients on ART requires life-long commitment to treatment. St. Charles Borromeo Hospital Onitsha (SCBH), a secondary healthcare facility had the state highest number (18.4%) of ART clients lost to follow-up within the first two years of service provision. There was lack of systematic and coordinated process of tracking clients especially those that missed appointment for ARV refill.

Method: Standardized CT system was introduced, developed and implemented in 2008 to reduce loss to follow-up and increase client retention in care/treatment. Standard operating procedure for client tracking and retention was also introduced. Contact Tracking Team (CTT) were trained and supported via mentoring on the use of standardized CT tools and ART register update.

The CTT began tracking defaulters monthly and later a day after a client misses a refill appointment. Clients who miss refill appointment are captured as defaulters and are tracked immediately. The ART register is updated after each contact tracking effort to capture loss to follow-up, known death, or treatment discontinuation.

Referral network was established mentored on linkages/referral services and defaulter tracking. To increase client retention, a support group was formed in the facility which provides psychosocial and treatment support to PLHIV.

Conclusion: Three years after, the number of clients lost to follow-up reduced from 370 in 2006 to 45 in 2010. 222 clients who were once lost to follow-up have been re-started on ARV. The formation of CTT improved working relationship between staff and successful CT outcomes.

Effective CT can increase the number of HIV clients retained in care and reduce loss to follow-up. Use of standardized CT tools enhances systematic documentation of clients for improved treatment outcomes.

Implications for Practice: To increase the number of HIV clients retained in care and treatment by reducing loss to follow-up.

To enhance systematic documentation of clients activity for improved treatment outcomes through the use of standardized CT tools.

Objectives: The learner will be able to:

- Increase the number of HIV clients retained in care and treatment by reducing loss to follow-up;
- Enhance systematic documentation of clients' activity for improved treatment outcomes through the use of standardized CT tools.

A Review of Probiotic Use as a Healing Strategy in HIV Infection

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Background: Probiotics have been used as an effective strategy to reduce symptoms and conditions associated with inflammation and dysfunction of the gastrointestinal (GI) system. Inflammation caused by the human immunodeficiency virus (HIV) of the GI epithelial barrier resulting in tight gap junctions dysfunction and microbial products migrating from the GI lumen into the bloodstream. This dysfunction resembles that of numerous conditions including Inflammatory Bowel Disease and Irritable Bowel Syndrome.

Purpose: The purpose of this review was to present current literature on probiotics used in chronic illnesses exhibiting similar pathology seen in HIV gut dysfunction; in order to make recommendations for their use to promote healing of the gut with subsequent reduction of ongoing inflammation caused by microbial translocation.

Method: A review of the literature was conducted focusing on probiotics used as an intervention to improve health of GI related conditions. Key words were entered in PubMed and the Cumulative Index to Nursing and Allied Health Literature databases to identify double-blinded randomized controlled trials ($n = 17$) in which probiotics were used as interventions for GI symptoms, candida, weight loss or gain, and reduction of microbial translocation. No studies had been performed in HIV infection.

Results: Some studies suggest that probiotics are supportive in modulating aspects of gut physiology, barrier integrity, and immune function. Restoring normal flora to the gut with probiotics decreased inflammatory markers, stimulated immune recovery, and decreased microbial translocation caused by altered mucosal integrity.

Conclusion: Healthy gut flora serve an important role in maintaining homeostasis for immune function and protection of the gastrointestinal and immune systems by inducing the regulatory effect of the immune system, and stimulating the production and recruitment of CD4 cells. Probiotic supplementation may be an excellent adjunct therapy to combination antiretroviral treatment to support healing of mucosal integrity, symptoms, and immune reconstitution.

Implications for Practice: Specific strains of commensal bacteria have different roles within the gut. Therefore, it is important to understand the role of microbiota in practice and research. Probiotics are well-tolerated and commercially offered over-the-counter. Therefore, clinicians should be prepared to discuss considerations of nutritional supplementation of probiotics with their patients.

Objectives: The learner will be able to:

- Define probiotics;
- Discuss the implications for using commercial probiotics in patients living with HIV;
- Identify patient indications and contraindications for use of probiotics.

End of Life Needs of Persons Living with HIV/AIDS (PLWHA) in Appalachian Tennessee

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Background: Over the past three decades, HIV/AIDS has evolved from a terminal diagnosis to a chronic condition managed by effective pharmaceutical therapies. Despite this evolution, HIV/AIDS remains one of the leading causes of death in American adults. As such, the emphasis on end-of-life (EOL) planning and care remains essential among PLWHA. This is especially critical in areas of the United States (US) where the HIV/AIDS infection rates continue to grow, i.e., the Appalachian region in the southeastern US. Understanding EOL needs of PLWHA in this region is complex and dynamic; involving multiple factors such as a general lack of health services/infrastructures, pervasive poverty, unemployment, rural and mountainous geographic terrain, un/underinsured status, stigma, cultural barriers, and inadequate education. Yet, very little is known about the needs of Appalachian PLWHA regarding their anticipation of EOL.

Purpose: The purpose of this study was to explore perceptions of EOL needs from the viewpoints of PLWHA, including diverse subgroups living in Appalachian TN. Specifically, we aimed to assess the EOL care needs in the context of physical, psychological, social, spiritual/religious, cultural, and ethical/legal domains.

Methods: We employed a qualitative, descriptive design to address the study aim. Ten PLWHA (6 men; 4 women) between 34-67 years participated in a single, individual semi-structured interview. Interviews were audio-taped and transcribed verbatim. NVivo software facilitated data management and qualitative content analysis. Major themes were inductively derived from interview data; we found that PLWHA: have strong spiritual beliefs about living and dying; do not desire 'heroic measures' at EOL; fear pain at EOL; and face specific legal challenges concerning EOL preferences.

Conclusions: This is the first qualitative study to examine EOL care needs of PLWHA in Appalachia; data reveals Appalachian PLWHA contemplate EOL at all stages of disease; while they are aware of the need to plan for EOL, many have not discussed these plans with their healthcare providers.

Implications for Practice: Findings will increase provider awareness of the specific EOL care needs of PLWHA and will form the basis for a subsequent comprehensive investigation of EOL care and service needs among PLWHA in Appalachian Tennessee and Alabama.

Objectives: The learner will be able to:

- Describe the end of life planning and care needs among PLWHA in Appalachian Tennessee;
- Identify implications for healthcare providers to discuss EOL care with their patients.

**Early Results of HIV Opt-Out Testing in
Women at Cook County Jail, Chicago, Illinois**

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Background and Purpose: Recent studies have shown that HIV transmission can be reduced dramatically by diagnosing and properly treating HIV infections. To reduce undiagnosed infections, the CDC recommends opt-out HIV testing in health care settings including those in the criminal justice system. About 15% of people with HIV infections are incarcerated annually, thus jails and prisons are important settings for diagnosing HIV infections and initiating or resuming appropriate treatment. Compared to prisons, however, jails face logistical issues that make implementing opt-out far more difficult. The Cook County jail is one of the largest single-site facilities in the U.S and, therefore, a prime setting to examine the process and early outcomes of implementing opt-out HIV testing in large urban jails.

Methods and Practice: This session will describe the process and report early outcomes of implementing HIV opt-out testing in a large urban jail. By the end of this session, participants will: 1. Know a protocol for "opt-out" HIV testing in a large urban jail. 2. Know early results regarding the identification of new and untreated cases and 3. Have an opportunity to discuss how "opt-out" HIV/STI protocols could be adapted for jails in their locales.

Conclusions and Implications for Nursing Practice: While the CDC recommends opt-out HIV testing in correctional facilities, such testing in large urban jails is understudied and difficult to implement. Cook County Jail began opt-out HIV/STI during intake for women in April 2011. Of the women processed in the first 8 months, 43% (3610) chose testing. There were 66 women who tested positive for HIV (13 new diagnosis). HIV prevalence was higher in opt-out compared to opt-in testing for women. Opt-out increased identification of HIV infections but barriers to greater uptake exists.

There are multiple implications for nursing practice. Specific to correctional nursing, this includes the opportunity for earlier health education messages for prevention with positives, and earlier discharge planning that can lead to more effective community case management and earlier entry into treatment. Response time and management of occupational exposures may also be improved on.

Objectives: The learner will be able to:

- Know the protocol for opt out HIV testing in a correctional environment and how it can be implemented in your jurisdiction;
- Discuss nursing implications for earlier identification of HIV cases.

Feasibility of a Church Based HIV Testing and Treatment Model

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Background: As many as 70% of new cases of HIV are spread by people unaware of their status. Epidemiological data show a higher incidence of HIV among African Americans and lower levels of awareness of status. Two critical nationally supported strategies are expansion of testing access and linkage to care via co-location of testing and care services, and the use of nontraditional sites to provide HIV testing and referral services. With 87% of African Americans reporting a religious affiliation, and 79% reporting formal attendance at a Christian church, the church could serve as a vital resource in community-based efforts.

Purpose: To explore the feasibility and acceptability of a church-based HIV test and treatment/follow-up model for African Americans across churches with varying levels of HIV testing involvement.

Methods: This mixed methods multi-level study used data from interviews (n=4), focus groups (n=4) and surveys (n=150) of pastors, church leaders and congregants from 4 types of churches: 1 with HIV testing and follow up integrated within the church, 1 with HIV testing in partnership with an outside agency, 1 with no HIV testing, and 1 resistant to church-based HIV testing.

Conclusions: Data indicated that members of the congregation and surrounding community felt more comfortable testing in a church setting than a clinical setting, as it was welcoming, trusted and situated within their neighborhoods. The primary barrier to integration of HIV testing into churches was lack of education on HIV and AIDS and concerns about maintaining confidentiality and for expanding HIV testing and treatment it was financial resources. Implications: African American churches are crucial to a multi-pronged approach to promotion of HIV testing, linkage to care and treatment in alternate community based venues. The need for additional education and training by health care professionals was also implicated. Future directions should include development of interventions and strategies to promote HIV testing and treatment in churches and enhance current efforts to expand follow-up, linkage to care, and treatment.

Objectives: The learner will be able to:

- Illuminate the role community based organizations have in preventing and treating HIV among African Americans;
- Obtain information on strategies health professionals can use to support church based efforts to promote HIV testing, linkage to care and treatment.

Outreach Nursing in Vancouver, Canada: Integrated Treatment as Prevention and Implications for MSM

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Background: HAART is a powerful strategy to reduce AIDS morbidity and mortality. In Vancouver, British Columbia, harm reduction strategies and long term engagement and retention in HIV care and support services have been essential for the effectiveness of HAART as a health prevention and promotion tool. While new HIV diagnoses are falling in BC faster than any other jurisdiction in Canada, rates remain high among men having sex with men (MSM), which account for 75% of all new cases in Vancouver in 2012.

Purpose: Vancouver Coastal Health's STOP (Seek and Treat for Optimal Prevention) HIV/AIDS Outreach Team was created to improve engagement and retention in care and increase access to HIV testing. The STOP HIV/AIDS Outreach Team provides HIV testing and case management support services to address the social determinants of health of marginalized populations most at risk for HIV infection, morbidity and mortality. Additionally, strategies to specifically address the social determinants of health for MSM were implemented including HIV/STI testing in sex venues, increasing community collaboration and capacity, health care provider education and increasing access to population specific services and supports.

Methods/Practice: From pre to post referral of clients to the STOP Team, engagement in HIV care increased from 76%-93% ($p < 0.001$), clients on ART increased from 43%-70% ($p < 0.001$) and viral load suppression of clients on ART increased from 71%-85% ($p = 0.044$). Program description and case studies will be presented to illustrate the community health nurse's (CHN) role as an innovator, educator, leader, collaborator, advocate, and front line practitioner. HIV testing data and qualitative results of MSM strategies will be presented.

Conclusions: The STOP HIV/AIDS Outreach team has implemented effective strategies that are improving HIV treatment outcomes. These strategies include: building and maintaining community partnerships, improving evidence informed practice and nursing knowledge in community case management as well as developing innovative engagement strategies for hard to reach populations. An integrated treatment as prevention model including preventative case management for high risk MSM clients requires further examination and implementation in order to address the continued high rates of HIV infection among MSM.

Objectives: The learner will be able to:

- Understand the concept of treatment as prevention;
- Understand using a social networking approach;
- Understand low barrier testing sites and reaching gay men and OMSM in the community.

A Comprehensive Framework to Eliminate Mother-to-Child HIV Transmission in the U.S.: The Nursing Role

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Background: Defined by the U.S. Centers for Disease Control and Prevention (CDC) as less than 100 cases per year, elimination of mother-to-child HIV transmission (EMCT) is an achievable, but elusive goal. Increasing numbers of women with HIV are giving birth; approximately 150-200 infected infants are born per year. Many pregnant women at highest risk of perinatal transmission are also in hard-to-reach populations e.g. active substance users, have limited access to prenatal care, or are new or undocumented immigrants.

Purpose: CDC and a diverse group of key stakeholders have developed a framework to support EMCT. This presentation will describe the EMCT framework and the critical need for nursing leadership in all areas -from patient care to policy decisions. Nurses are key players as new models of care delivery are being explored and existing models are evaluated to support EMCT.

Methods/Practice: Sixty experts from federal agencies, state health departments, clinical care and national professional organizations are working in one of six complementary workgroups representing essential aspects of the EMCT plan: 1) Reproductive Health/ Preconception Care, 2) Data Reporting and Surveillance, 3) Comprehensive Care, 4) Case Review and Community Action, 5) Research and Long-term Monitoring, and 6) Comprehensive Case-Finding. Each workgroup has developed actions for implementation. Examples of actions underway include: defining performance measures for reproductive healthcare for HIV-infected persons; implementing quality measures for HIV testing in labor and delivery; developing clinical and psychosocial standards for EMCT comprehensive care; implementing a FIMR-HIV methodology for case review and community action; and optimizing perinatal HIV exposure reporting. Teaching strategies including case presentations, sharing of educational tools, and group discussion will be used to review the framework and the role of nurses.

Conclusions: Integration of the EMCT framework into HIV and maternal child health (MCH) services provides both the opportunity to mainstream HIV services for pregnant women and children and apply lessons learned from implementing the EMCT framework to other health delivery models and to pregnant women and children with special health care needs.

Implications for Practice: Discussion will emphasize the leadership role of nurses in integrating perinatal HIV elimination strategies into HIV and MCH services.

Objectives: The learner will be able to:

- Describe the current challenges to eliminating perinatal HIV in the U.S.;
- Identify key aspects of the framework for EMCT in the U.S.;
- Describe the nursing roles critical to addressing the challenges identified.

Preparing Emerging Professionals to Address the National HIV and AIDS Strategy through Service-Learning: A Unique Approach to HIV Outreach, Testing and Linkage to Care

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Background: The National HIV and AIDS Strategy (NHAS) provides goals and objectives to address the HIV epidemic. Various sectors of the community need to be involved, including academia. The Preparing the Future (PTF) program, launched by The JACQUES Initiative (JI) of the Institute of Human Virology at the University of Maryland School of Medicine, provides an impactful and replicable model to mobilize a campus to address the goals of NHAS through service-learning and the Core Competencies of Interprofessional Education.

Purpose: Many urban centers face a generalized epidemic of HIV. In Baltimore less than 50% of persons living with HIV are linked to care and only 14% are virally suppressed. Through partnership of six academic schools (law, medicine, pharmacy, social work, dentistry and nursing) the PTF Model provides a cost-effective approach to identify new infections of HIV, increase access to care and reduce health disparities for people living with HIV, while equipping emerging professionals with knowledge and skills to address the HIV epidemic in their future practice.

Methods and Practice: Through the PTF Curriculum, students are trained with knowledge and skills about the HIV Epidemic, their role in addressing it and then assigned to hands-on service learning experiences at community-based sites. Students carry out HIV outreach, testing and linkage to care and complement HIV outreach with additional services addressing urban health disparities. Students participate in reflective debriefs to build their cultural competence, collaborative practice and examine how an interprofessional approach serves individual and community needs. PTF also marries academic interventions with clinical interventions through routine HIV testing initiatives at the University of Maryland Medical Center and dental clinics.

Conclusions/Implications for Practice: In Year 1, PTF was successful in preparing students and faculty interprofessionally to address the goals of NHAS; realizing an increase in cultural competence among participants as evidenced by pre- and post-test data. PTF has trained over 350 students from 6 professional disciplines, and encountered over 3,000 individuals via HIV testing. On November 4 a Leadership in HIV Summit will educate, empower and engage the campus to address the HIV epidemic in their discipline, practice and engagement in the community.

Objectives: The learner will be able to:

- Describe the Preparing the Future program. Discuss how PTF is a model to address urban health disparities;
- Explain the concept of service-learning and the Core Competencies of Interprofessional Education and discuss the PTF service learning model;
- Discuss data depicting outcomes on student learning outcomes and the community served through HIV testing and complementary services.

Identifying Factors that Protect HIV Negative Status in Young Black Men who have Sex with Men

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Background: Human Immunodeficiency Virus (HIV) infection in the United States continues to rise disproportionately among Black men who have sex with men (BMSM). Among men who have sex with men (MSM) ages 13-29, the largest percentage increase (48%) of new HIV cases is in BMSM (CDC, 2011). Given the historical trajectory of HIV, present and future generations of BMSM are likely to continue to experience an increased risk for HIV infection. HIV prevention interventions for BMSM have been developed to focus mainly on correcting negative behavioral attributes of those who have become HIV positive. Talking with young BMSM with the intentions of developing innovative HIV prevention interventions based on their experiences of maintaining an HIV negative status while being sexually active has not been readily explored.

Purpose: To describe the behavioral practices, perceptions, and influencing factors that contribute to the maintenance of an HIV negative status among young Black MSM (YBMSM⁽⁻⁾).

Methods/Practice: A qualitative descriptive design was used to survey 31 YBMSM⁽⁻⁾ from two cities in Western New York. Data were generated through semi-structured individual interviews (n=24) and one focus group (n=7). Quantitative measures (an HIV knowledge questionnaire and a behavioral health inventory) were administered to provide complementary data. YBMSM⁽⁻⁾ were recruited from community-based organizations and health clinics.

Conclusions: Participants (N=31) had a mean age of 20.06 years, demonstrated a mean HIV knowledge score of 76%, and most frequently engaged in sexual behaviors that were low risk for HIV transmission. Thematic findings indicated that: 1) YBMSM⁽⁻⁾ were consciously engaged in a process of self-preservation facilitated by integration of racial and sexual identities and the tensions that arose from resolving bi-cultural expectations 2) YBMSM⁽⁻⁾ who actively pursued self-preservation saw themselves as role models and were working to alter the image of BMSM, and 3) Exposure to pornography in early adolescence was integral to the sexual socialization of YBMSM⁽⁻⁾.

Implications for Practice: Clinicians and researchers can best assist YBMSM⁽⁻⁾ to remaining HIV negative by helping them to recognize assets and resources already present for self-preservation, encouraging discussions about sexual history, and investigating the positive influence of pornography on self-image and sexual behaviors.

Objectives: The learner will be able to:

- Identify two assets and two resources YBMSM⁽⁻⁾ consider essential to maintaining an HIV negative status;
- Engage YBMSM⁽⁻⁾ dialogue about sexual behaviors and the influence of pornography on self-image and sexual behaviors.

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 or 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 used to 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 HIV/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.

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.

**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.

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 in 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.

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 in 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.

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.