

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 it's 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.

C-7 – C-9 Symposia

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.

Homeless Youths Experiences with Sexuality Education and Primary Prevention of STIs

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Background: There is an estimated 1.5 million young people in the US that have been homeless at some time in the previous year. Homeless youth may engage in subsistence strategies that place them at greater risk of partner violence, such as survival sex. Studies find that approximately 27.5% of street youth and 9.5% of shelter youth report having participated in survival sex. This can increase their risk for sexually transmitted infections, including HIV.

Purpose: To gain an understanding of the needs of homeless youth in regard to sexual health knowledge and their experiences with health care providers.

Methods: Following grounded theory methodology in-depth semi-structured interviews were completed with 60 homeless youth, 46 were interviewed on two occasions. They youth were recruited from shelters in the Northeastern US. The interview guide was adapted with each interview following constant comparative analysis procedures. Interviews were audio-taped and transcribed verbatim.

Conclusions: The core category that emerged from this data was misinformation. Their sex education was informal, from peers and pornography. The majority had witnessed sexual activity during early childhood many before age 10 years. All the youth had some information about HIV but most did not know what HPV stood for. Many confused HPV with HIV 'like LIV but the female strain' and only two had received Gardasil. The majority of the youth experienced feelings of shame and stigmatization from health care providers.

Implications for Practice: It is critical that an intervention be directed not only for these youth but also with health care providers to increase their cultural competence working with these youth.

Objectives: The learner will be able to:

- Discuss the epidemiology of homeless youth and their risk for STIs;
- Describe the experiences of homeless youth in their initial sex education;
- Describe the experiences homeless youth had with health care providers.

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 HIV/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 (SD 8.4, 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.

