

Role Transition Experiences of Nurses Providing Advanced Practice HIV Care in Nigeria: A Qualitative Descriptive Study

Emilia Iwu
Teri Lindgren
William Holzemer

Rutgers University, Newark, NJ, USA

Background: As a World Health Organization recommended strategy for maximizing potential workforce contributions, task sharing has resulted in nurses assuming roles beyond their traditional scope of practice in Sub-Saharan Africa. In Nigeria, nurse-initiated and maintained ART have expanded access to HIV care at all levels of the healthcare system.

Purpose: This study which was guided by the Role Transition Theory sought to gain insight into Nigerian nurses' perception of their transition into advanced practice HIV treatment roles through task sharing. Facilitating and inhibiting factors and patterns of response were also examined.

Methods: This qualitative descriptive study involved three focus group discussions with 22 nurses and midwives from tertiary, secondary and primary health facilities in North Central Nigeria. The data was digitally recorded, transcribed and analyzed using iterative processes to identify recurring themes and sub-themes.

Result: The transition was situational. There were three organizational patterns of implementation with distinct levels of nurse-awareness, engagement and role preparation. The facilitators included: Personal/Professional meanings derived from altruistic, patient-focused objectives (e.g. "to alleviate patient suffering"); Preparation and Knowledge through training and mentoring (in most cases), self-study using books, internet and other resources; Perceived confidence, sense of empowerment, ability and opportunity to apply knowledge and skill; Intra- and inter-professional changes in attitude and recognition. A nursing culture to "step-down training" extended the role to other nurses. Inhibiting factors were: Resistance and criticisms from nurses, physicians, pharmacists and lab scientists; Lack of confidence in nurses' ability; and outright refusal by some physicians to allow new role. Patterns of response include: Peer education; Respect with assertiveness; Reliance on trained, experienced nurses as mentors; Self-developed supportive networks; Transfer to other units to enable role transition; and Delegation of prior roles. Participants perceive their professional identity gradually changing to a higher level of connectedness and believe their new role has positively influenced patients, professional communities and society.

Implications for Practice: It is important for Nigerian nurse leaders and government to identify and implement system-wide supportive strategies such as scope of practice updates, formalized training and certification processes to sustain and expand the benefits derived.

Objectives: The learner will be able to:

- Identify three role transition patterns and their implications for role preparation/support:
- List at least four role transition facilitators and four inhibitors.

**Nursing Education: Enhancement of the HIV's Client Education:
The Pre-Diabetic and Diabetic State**

Susan Wilson

Christiana Care Health System, Georgetown, DE, USA

The incidences of pre-diabetes and diabetes has risen dramatically in the United States (US). A review of current literature (ROL) indicated that individuals infected with Human Immunodeficiency Virus (HIV) are at increased risk for developing pre-diabetic and diabetic states due to the disease process and antiretroviral medication. The elevation of the HIV client's body mass index (BMI) or fasting glucose (FBG) has been found to contribute to the progression of diabetes and HIV clinical nurses must be knowledgeable to identify clients at risk of developing a pre-diabetic and diabetic state. Comprehensive patient education is central to lowering the incidence of pre-diabetes and diabetes in the HIV. The purpose of this capstone project was to reduce the incidence of pre-diabetic and diabetic states in the HIV client by developing, implementing and evaluating an effective nursing education module presented to HIV clinical nurses for use in the outpatient setting. The goals of the capstone project were met with a gain of knowledge of 31% as a direct result of participants completing the educational module. In addition, the learning objectives were met with an overall mean of 93%. In addition, 96% of participants rated the educational module as excellent. Longitudinal study of the association between the implementation of this educational project and the incidence of pre-diabetes and diabetes in the target patient population is recommended.

Objectives: The learner will be able to:

- Recognize elevated BMI with clinical encounter;
- Recognize elevated FBG with clinical encounter;
- Demonstrate accurate assessment of elevated BMI and FBG;
- Explain the importance of normal BMI and FBG;
- Explain the effects of elevated BMI and FBG;
- Apply paradigm for client education;
- Identify and list five healthy food choices to decrease BMI and FBG;
- Identify and list five healthy lifestyle changes that will decrease BMI and FBG;
- Demonstrate and verbalize proper food label reading;
- Determine if the HIV client comprehends the education.

Getting Published: Avoiding Ethical Pitfalls

Lucy Bradley-Springer¹
Kristen Overstreet²

¹*University of Colorado Denver, Aurora, CO, USA*

²*Origin Editorial, LLC, Austin, TX, USA*

Background: In keeping with (a) the American Nurses Association's designation of 2015 as the Year of Ethics and (b) the understanding that ethical standards must evolve as publication processes change, we propose to present a breakout session on ethics in publishing.

Purpose: The purpose of this roundtable will be to assure that authors who submit papers to academic journals understand and use current ethical guidelines when writing and publishing their work. The session will also help reviewers for academic journals assure that papers have followed these guidelines.

Content: Participants will learn about current ethical guidelines for manuscript submission to academic journals. Using information from the Committee on Publication Ethics, International Academy of Nursing Editors, and publishers' guides on best practices, the speakers will address ethical standards related to issues of authorship, duplicate submission and redundant publication, plagiarism, conflict of interest, research fraud, piecemeal publication (salami slicing), and the conduct of research. Additionally, the session will cover reporting guidelines, funding acknowledgment, copyright, and predatory publishing issues.

Methods/Practice: We will use case-based interactive discussions.

Conclusions and Results: By the end of the session, participants will be able to use ethics guidelines to:

- conduct, write, and publish research
- write non-research papers for publication, including review papers, commentaries, clinical case studies, and letters to the editor
- discuss the need for ethical standards in publishing.

Implications for Practice: This session will provide authors (past, present, and future) with an update on the ethical issues they need to consider before attempting a project that they wish to end with publication. It will help them avoid pitfalls along the way that can result in rejection, retraction, and negative outcomes (including risks to the author's integrity and reputation).

Objectives: The learner will be able to:

- Use ethics guidelines to conduct, write, and publish research and non-research papers for publication;
- Discuss the need for ethical standards in publishing.

Impact of a Nurse-Driven Opt-out HIV Screening Program in an Urban Academic Emergency Department

Cammeo Mauntel-Medici¹

Janet Lin²

Lisa Walla¹

Sara Baghikar²

¹University of Illinois Hospital & Health Sciences System, Chicago, USA

²University of Illinois at Chicago, Chicago, USA

Background: Routine HIV screening in Emergency Departments (EDs) has been recommended by the Centers for Disease Control and Prevention (CDC) and U.S. Preventive Services Task Force (USPSTF) for 9 years, but is still not widely implemented in EDs throughout the United States.

Purpose: The purpose of this project was to develop an integrated, nurse-driven opt-out HIV screening program utilizing electronic medical record (EMR) technologies to increase routine HIV screening and early HIV diagnosis in an urban ED.

Methods/Practice: We developed EMR algorithms that electronically screen patients for routine HIV screening eligibility. These algorithms screen for ages 13-64, no documented HIV diagnosis, and no previous or recent HIV test, depending on documented risk factors. Upon registering in the ED a patient care order to "Consent patient for routine HIV screening" is automatically generated for all patients who meet the eligibility criteria. This patient care order and an automatically generated "H" icon in a patient's EMR chart inform nurses whom they should screen for HIV. Nurses inform patients they will be tested unless they decline, and use the HIV Consent Process PowerForm we developed to easily document patients' consent or refusal. If consent is documented, the PowerForm automatically places the order for the HIV test and nurses simply draw an additional tube of blood for the laboratory-based 4th generation HIV test.

Conclusions/Results: These EMR innovations remove many barriers to routine HIV screening in the ED setting by integrating HIV screening into the existing nurse workflow and streamlining the process of determining patient eligibility, documenting consent, and ordering the HIV test. As a result, HIV testing in our ED increased 9,625.71% within 3 months of the implementation of these EMR innovations, with a previous average of 7 tests per month and a current average of 680 tests per month.

Implications for Practice: Nurse-driven routine HIV screening in an urban ED is feasible and EMR innovations facilitate rapid improvement in screening practices. EMR technologies and innovations should be utilized to improve the efficiency, acceptability, and sustainability of routine screening programs in EDs. Innovations should be tailored to the existing workflow in each health care setting to ensure optimal integration.

Objectives: The learner will be able to:

- Explain CDC recommendations for routine HIV screening, including justifications for the guidelines;
- Identify strategies for integrating routine HIV screening into existing clinical workflow, including the use of EMR technologies.

Exploring and Addressing Adolescent Perceived Sexual Behavior Norms in an HIV Prevention Video gaming Intervention

Comfort Enah

University of Alabama at Birmingham, Birmingham, AL, USA

Background: African American adolescents continue to be disproportionately affected by sexually transmitted diseases including HIV. A fundamental developmental task in adolescence is exploring one's sexuality and learning how to manage intimate relationships. Adolescents may not view their sexual behaviors through the same negative lens used in traditional approaches to sexual risk reduction. Adolescents are exposed to messages about appropriate gendered behavior through parents, friends, and the media; and these messages impact adolescent's attitudes about sexuality, dating, and relationships.

Purpose: The purpose of this study was to explore African American rural adolescents' views of sexual behavior norms to inform the development of a relevant video gaming intervention.

Methods: Focus groups were used to explore perceptions of sexual behavior norms with a purposive sample of 84 rural adolescents as part of an iterative process of video game development. Focus group sessions were segmented by age and gender. In the first set of four focus groups perception were explored while a second set of four focus groups validated findings and additional feedback on essential content for the intervention.

Results and Conclusions: Participants' views were: sexual behaviors were associated with peer social status, rife with double standards; shaped by family members; frequently discussed through social media; and pregnancy, not sexually transmitted diseases was the primary consideration in sexual decision-making among rural adolescents. These findings were mapped into a game storyboard by our multidisciplinary team for further evaluation by participants before programming. The use of storyboarding provided a quick means to assess rural adolescents' views on game plans before video game programming.

Implications for Practice: Exploring the complex manner in which sexual risk behaviors occur and are reinforced within peer and broader social contexts is an important part of HIV risk reduction intervention development. The perceived normative nature of sexual activity and link to peer status; and use of social media for sexual behavior discussions are important finding that needs further exploration and incorporation into sexual health programs targeting rural adolescents.

Objectives: The learner will be able to:

- Appraise adolescent's perceptions of sexual behavior norms;
- Formulate strategies to address perceived sexual norms that promote sexual risky behaviors.

**Enhancing Sexual and Reproductive Health Services for Young
People Growing up with HIV: It Takes a Village**

Mary Jo O'Hara
Barbara Messick
Michelle Hylton
Ana Garcia

University of Miami Miller School of Medicine, Miami, FL, USA

Background: The University of Miami Pediatric HIV program provides comprehensive multidisciplinary care to children, youth and young adults born with HIV. Early in the epidemic, the goal was to provide treatment to prolong life. As HIV became treatable, education and secondary prevention, “*HIV Stops with Me*”, were included in that care. Despite this, young people are routinely diagnosed with sexually transmitted infections, indicating that safer sex messages are not translating into behaviors that protect themselves and others. Unintended pregnancies are not uncommon - 71 perinatally infected youth are parents to 82 children. Disclosure to sexual and reproductive partners remains infrequent, and contact tracing for partners is inconsistent. Pre- and Post-exposure prophylaxis is available, though not convenient. Of additional concern is that within the program, nearly 2/3 of patients have detectable viral loads, many with multidrug resistant HIV.

Purpose: To develop and integrate a consistent, sustainable sexual and reproductive health component into a pediatric HIV comprehensive care program to assist young people living with HIV to protect themselves and others.

Methods/Practice: This presentation will describe our efforts to meet the above gap in care. Funded by a supplemental Health Resources and Services Administration (HRSA) grant, the intervention includes:

- 1.) Enhancing provider skills in identifying STI's utilizing CDC's “Ask, Screen, Intervene” Prevention program;
- 2.) Providing training and support using Motivational Interviewing techniques to develop specific, individualized secondary prevention strategies;
- 3.) Organizing focus groups of young people to identify gaps in their knowledge and skills needed to protect themselves and others;
- 4.) Integrating a behavioral risk assessment into each patient encounter and adding a template to the EHR.
- 5.) Liaising with the Department of Health to intensify contact tracing for partners of patients for targeted HIV testing.

Conclusions, and Results: Unexpected challenges and surprising successes, including individual issues (providers, patients and families) and program and regulatory concerns (policies, procedures, privacy, and departmental limitations) emerged during this intervention. Case studies will illustrate these challenges and successes.

Implications for Practice: In the US, approximately 10,000 young people are growing up with HIV. They need targeted, individualized risk reduction strategies to protect themselves and their partners.

Objectives: The learner will be able to:

- Identify the challenges of integrating a sexual and reproductive health component into an HIV program serving adolescents and young adults growing up with HIV;
- Create “real world” interventions which reduce the sexual risks experienced by youth living with HIV to protect themselves and others.

**Results from a Pilot HIV Prevention Intervention targeting Black female college students:
Health Improvement Project for Ladies (HIPLadies)**

Rasheeta Chandler
Henry Ross

University of South Florida, Tampa, FL, USA

Background: African American (AA) women are disproportionately affected by HIV, accounting for the majority of new HIV infections among women. In addition, AA women ages 18-24 have higher rates of STI acquisition.

Purpose: The purpose of this study was to test the efficacy of a manualized HIV prevention intervention with Black college women.

Methods: A pilot randomized control trial was conducted with Black women between the ages of 18-24 who were enrolled as either part- or full-time students at a southern Traditionally White Institution (TWI) [n=34] and a southern HBCU [n=35] campus. Participants were randomized to either a HIV risk reduction or health promotion group. Audio-assisted, computer-based surveys were used to collect data at enrollment (baseline) and within 2 weeks of program completion.

Results/Conclusions: Attending the HIV Prevention Intervention (HIP Ladies) sessions was associated with a significant increase in HIV knowledge compared to the control condition ($p=0.001$). In addition, participating in the intervention group was associated with a significantly higher social norms score ($p=0.03$) and more of an optimistic future perspective ($p=0.02$). There was also a suggestion that the HIV intervention was associated with higher favorable behavioral intentions for HIV prevention, when compared to the control group ($p=0.06$). There was no significant difference between groups for confidence in condom use ($p=0.22$); however, scores on the condom attitude scale were lower at post-test, albeit less of a reduction in the intervention group compared to the control group ($p=0.004$). Thus, in aggregate, the HIV prevention intervention (HIP Ladies) was effective with the target population. Low effect sizes ranging from (0.0-0.4) were observed for sexual assertiveness, confidence in condom use, sexual experience, and social norms. However, medium effect sizes (0.5-0.7) associated with the intervention were observed for attitudes about condoms, future time perspective, and behavioral intentions. Lastly, HIV knowledge had a large effect size of 0.85. Subsequent studies will test this content in a larger sample, using electronic delivery modalities.

Implications for Practice: University School Health Clinicians can be more instrumental in delivering efficacious manualized HIV prevention/Sexual health promotion content to this vulnerable group, especially as content is converted into electronic resources.

Objectives: The learner will be able to:

- Identify at least 3 effective components of HIP Ladies, a pilot HIV prevention intervention;
- Provide the significance and purpose of the study;
- Explain methods employed;
- Share the results of the study and how they can be implemented into clinical practice.

**Incarcerated Adolescents Males' Intent to Use Condoms after
Release from the Detention Center**

Dayna Cook-Heard
Gwendolyn Childs
Neha Manikonda
Porcia Nickerson
Marsha Sturdevan

University of Alabama at Birmingham, Birmingham, AL, USA

Background: Incarcerated adolescents are at an increased risk for contracting sexually transmitted infections (STI). Studies show that roughly 15% to 20% of detained youth test positive for an STI, and an alarming 95% of these adolescents have engaged in three or more HIV-associated risk behaviors (e.g., inconsistent condom use, multiple sexual partners, sex with IV drug users).

Purpose: The purpose of this descriptive, correlational study was to (1) examine relationships among intent to use condoms, condom use attitudes, partner influence, and peer/family influence; and (2) identify predictors of incarcerated adolescent males' intent to use condoms after release from the youth detention center

Methods: A convenience sample of 948 incarcerated males aged 13 to 18 was recruited from juvenile detention facilities located in Alabama between February, 2005 and December, 2012. The participants took part in a multi-session HIV/STI prevention program in which four 2-hour sessions were held approximately one week apart. The program was guided by the Making Proud Choices curriculum. Baseline and post-intervention data were collected for all participants. Data were analyzed using simple descriptive statistics, Pearson's correlation, t-tests, and regression analysis. SPSS version 22 was employed.

Results: Data analysis in progress. These will be completed by May 2015.

Implications for Practice: Findings from this study contribute to the limited body of knowledge about the high risk sexual behaviors of males in juvenile detention facilities. Furthermore, findings indicate that healthcare providers in the juvenile justice system are in pivotal roles where they can build partnerships with other healthcare providers to implement HIV/STI risk reduction educational programs for incarcerated adolescent males to decrease sexual risk-taking when released from juvenile detention facilities.

Objectives: The learner will be able to:

- Discuss the sexual risk behaviors of incarcerated youth;
- Discuss the relationships among intent to use condoms, condom use attitudes, partner influence, and peer/family influence;
- Discuss factors that predict intent to use condoms after release from a juvenile detention center;
- Explain how findings from this study influence nursing practice and research.

Strong Bonds vs. Bail Bonds

D'Metris Welters

Metropolitan Charities, Incorporated, Tampa, FL, USA

Background: Women Empowered and Standing Tall (WEST) is an HIV/STI intervention designed to enhance the knowledge and self-efficacy of women with a male partner that is currently incarcerated or has been released within the past year.

Purpose: WEST focuses on creating a positive view of self through the development of effective communication skills, relationship building, safer intimacy practices and negotiation skills. Once the women have demonstrated success in these core principles, they are trained to become peer educators within their communities.

Methods/Practice: Sisters Informing Sisters About Topics on AIDS (SISTA), Video Opportunities for Innovative Condom Education (VOICES) and Community PROMISE (Peers Reaching Out and Modeling Intervention Strategies) are accompanied by multi modal facilitation into five weekly, 2-hour sessions. However, this can be modified to better serve varying populations. SISTA enhances communication and negotiation skills, VOICES focuses on increasing safer sex practices and Community PROMISE develops the peer leadership abilities of the participant. Baseline, exit and follow up tests are utilized to establish a baseline of knowledge and measure the maintenance of outcomes.

Conclusions and Results: The questionnaire was in partnership with the Bridging Group as part of the Women Partners Evaluation Study. It consisted of 36 questions; distributed from March 2013 to December 2013 to assess the knowledge, behaviors and beliefs of 66 participants at baseline. Almost $\frac{3}{4}$ of the participants (74%) completed an exit questionnaire while 48% completed the 30-day follow up questionnaire. Comparing baseline to exit, knowledge about HIV prevention, transmission and personal risk increased from 71% to 89%. Intention to make safer behavioral choices related to HIV and other STIs among women partners increased from 86% to 100% from baseline to exit. Additionally, acquisition of new communication and risk negotiation skills also showed improvement from baseline to exit.

Implications for Practice: WEST has enhanced the social support network among women partners while increasing community linkages and voluntary testing for HIV and other STIs. Women, being the gate keepers to households and their communities are the stepping stones to aiding in reducing the incidence of HIV and other STIs and enhancing the quality of life of their constituents.

Objectives: The learner will be able to:

- Define the goals and objectives of the Women Empowered and Standing Tall program (WEST);
- Identify and discuss the health disparities and behavioral factors leading to increased risk for HIV and other STIs among women with incarcerated male partners.

**Knowledge, Attitude and Practice towards Prevention of Mother to Child
Transmission of HIV among Women Attending Poly
Sub-District Hospital Enugu, Southeast Nigeria**

Ijeoma Okoronkwo
Pat Okpala

*University of Nigeria, Nsukka, Enugu Campus,
Enugu, Enugu state, Nigeria*

Background: The rising new HIV infections in children under 15 years of age is of great public health concern with more than 90% occurring in the developing world. About 90% of these infections are associated with mother-to-child-transmission (MTCT). Basic knowledge about HIV and its prevention strategies as well as the attitude of mothers in accessing prevention of mother to child transmission (PMTCT) services are vital to the success of the programme

Purpose: This study assessed the knowledge, attitude and practice with prevention of mother-to-child transmission of HIV/AIDS among pregnant mothers attending antenatal clinic in Poly sub-district hospital in Enugu state Southeast Nigeria.

Methods: A hospital based cross sectional survey was conducted among pregnant mothers attending antenatal clinic at poly sub-district hospital Enugu from March 4 to April 30, 2013. A systematic random sampling technique was used to select 280 antenatal care attendees. Data were collected through structured pre-tested questionnaire. Data obtained were analyzed using the Statistical Package for Social Sciences (SPSS) version 16.0.

Results: The awareness of mothers on MTCT was very high 258 (92.1%). Knowledge on how the virus is transmitted from an infected mother to her child was above average. Most (62.8%) of the mothers did not know that anti-retroviral therapy given to HIV positive mothers could reduce the risk of HIV transmission and that HIV positive mothers could breast feed their babies. About 262 (93.6%) of the respondents claimed that they were tested for HIV and had pre-and post-counseling services. Attitude of mothers towards PMTCT was positive

Conclusions: Majority of the mothers were aware of MCTC and knowledge of PMTCT was above average. There was positive attitude towards PMTCT. Only 38. 2% of the mothers knew that anti-retroviral therapy given to HIV positive mothers could reduce the risk of HIV transmission. This suggests the need to scale up health education on the prevention of mother to child transmission in our health facilities.

Implications for Practice: For the achievement of the millennium development goal, increasing education and enhancing PMTCT practice is of great importance in the reduction of maternal and child morbidity and mortality.

Objectives: The learner will be able to:

- Determine the knowledge of prevention of mother-to-child transmission of HIV/AIDS among pregnant mothers attending antenatal clinic;
- Assess the attitude of mothers towards Voluntary Counseling and testing and prevention of mother-to-child transmission of HIV/AIDS;
- Identify the practice of prevention of mother-to-child transmission of HIV/AIDS among pregnant mothers attending antenatal clinic.

Associations of HIV Stigma and HIV/STD Knowledge with Sexual Risk Behaviors among Adolescent and Adult Men who have Sex with Men in Ghana, West Africa

LaRon Nelson

University of Rochester, Rochester, NY, USA

Background: Ghanaian men who have sex with men (MSM) have a high HIV seroprevalence, but despite a critical need to address this public health concern, research evidence has been extremely limited on influences on sexual risk behavior among MSM in Ghana.

Purpose: To investigate associations between HIV/STD knowledge, HIV stigma, and sexual behaviors in a sample of MSM in Ghana.

Methods: We conducted a secondary data analysis of cross-sectional survey data from a non-probability sample of Ghanaian MSM ($N = 137$).

Results: Nearly all the men (93%) had more than one current sex partner ($M = 5.11$, $SD = 7.4$). Of those reported partners, the average number of current female sexual partners was 1.1 ($SD = 2.6$). Overall, knowledge levels about HIV and STDs were low, and HIV stigma was high. There was no age-related difference in HIV stigma. Younger MSM (≤ 25 years) used condoms less often for anal and vaginal sex than did those over 25. Relative frequency of condom use for oral sex was lower in younger men who had higher STD knowledge and also was lower in older men who reported high HIV stigma. Knowledge and stigma were not associated with condom use for anal or vaginal sex in either age group.

Implications for Practice: These descriptive data highlight the need for the development of intervention programs that address HIV/STD prevention knowledge gaps and reduce HIV stigma in Ghanaian communities. Intervention research in Ghana should address age-group-specific HIV prevention needs of MSM youth.

Objectives: The learner will be able to:

- Describe the patterns in HIV/STD knowledge gaps among MSM in Ghana, including age-group specific patterns;
- Understand the influence of age on the association between HIV Stigma, HIV/STD knowledge, and sexual risk behaviors among MSM in Ghana.

Paps and New Needles: Cancer Prevention as part of a Harm Reduction Program

Jeanne Murphy¹
Anne Sawyer²
Mishka Terplan³
Meagan Shipley⁴

¹*National Cancer Institute, National Institutes of Health, Bethesda, MD, US*

²*Baltimore City Health Department, Community Risk Reduction Services, Baltimore, MD, USA,*

³*Behavioral Health System Baltimore, Baltimore, MD, USA*

⁴*Baltimore City Health Department, Baltimore, MD, USA*

Issues: Baltimore, MD has the 6th-highest HIV prevalence in the U.S. Thirty percent of individuals living with HIV in Baltimore were exposed via injection drug use. Injection drug users (IDUs) experience gaps in preventive health care. As part of a decades-long harm reduction program, cancer prevention and reproductive health services were introduced into a needle exchange program in Baltimore City. This presentation will review the development of cancer prevention services in the context of a harm reduction program using needle exchange vans.

Description: Baltimore City Department of Health's Needle Exchange Program was founded in 1994 to provide new, free needles to IDUs, to perform HIV and syphilis testing, and to encourage referrals to substance use disorder treatment. In 2009 services were expanded to include reproductive health (specifically contraception and pregnancy testing), utilizing volunteer nurses, nurse-practitioners, and physicians and vaccinations (for hepatitis B, HPV and seasonal influenza). In 2013 gynecological and wound care services were added in vans with fully equipped, private physical exam areas. In 2014 164 HIV tests were performed on the van, 78 clients received hepatitis B vaccination, and 2 received HPV vaccination (Gardasil). Rollout of cervical and breast cancer screening services has proceeded more slowly, with only 15 gynecologic exams in 2013-14. Since inception of reproductive health services in 2009, 250 women clients have received contraceptives, with over 50% receiving Depo-Provera. Program components will be reviewed, including the design of full-service vans, and recruitment of volunteer students and clinicians to reduce overall costs and expose local health professional students and clinicians to harm reduction.

Lessons Learned: Cancer prevention is essential for substance users, and can be integrated into existing needle exchange programs. Promotion of the services among clients is essential.

Recommendations: It is feasible to incorporate cancer prevention activities into larger harm reduction programs. Utilizing volunteer nurses, advanced practice nurses and physicians allows for financial sustainability and outreach opportunities for local clinicians.

Objectives: The learner will be able to:

- Understand health care needs of persons who inject drugs;
- State 3 steps the agency took to increase health services available to clients of the needle exchange van.

**Clinic Level Policy Implementation in a Mozambique
PEPFAR Supported National Program**

Carol Dawson Rose

University of California, San Francisco, San Francisco, CA, USA

Issue: Mozambique is a Southern African country with a generalized HIV epidemic; current estimates of HIV prevalence are 12% in the general population and 20-30% among women in prenatal care. Linkages to care in Mozambique remains a critical issue with 43% of PLHIV in the country not enrolled in care.

Description: This Mozambique-PEPFAR National HIV Strategy's nurse-led "prevention with positives" program supports policy implementation at the clinic level. Because disclosure of HIV status is linked to decreased stigma and linkage to care, individuals may benefit from the support of their partners in order to seek care. One important element of this program is helping individuals disclose their HIV status to partners. Over a 9-month period, we approached newly diagnosed individuals who tested in one urban Mozambique clinic and asked them to participate in this peer disclosure support initiative.

Lessons Learned: In total, 651 newly tested individuals agreed to participate. Participants were mostly female (73%), and on average 32 years old. One month after testing positive, most participants (75%) reported they had disclosed their test results to their partners, and 70% reported that their partner had been tested for HIV. Additionally, the majority (70%) of participants had enrolled in care in the clinic and 61% had their CD4 drawn.

Recommendations: As nurses who are experienced in the provision of HIV prevention and treatment services in multiple settings, we can draw on our training and holistic perspective to support patients following an HIV diagnosis. Our knowledge and understanding of what is important in communities and to patients is a strength and part of our nursing practice. In this clinic-based "prevention with positives" policy implementation program, our pilot initiative, to support newly diagnosed individuals to be able to disclose their HIV status to others, resulted in reported disclosures, partners tested and enrollment in HIV care. Nursing practice is often missing when clinic level implementation of strategies to advance a policy is called for. Nurses and nurse-led initiatives are critical in the global effort to increase linkage to HIV care.

Objectives: The learner will be able to:

- Understand framework of PEPFAR prevention with positives initiative;
- Describe an implementation project to increase linkage to HIV care in one Mozambican health facility.

Nurses' Knowledge of HIV-related Criminal Laws in the Southern United States

J. Craig Phillips
Jean-Laurent Domingue
Brian Heffernan

University of Ottawa, Ottawa, Ontario, Canada

Background: Nurses, as trusted health care professionals, are expected to be knowledgeable about a variety of individual, social, and structural determinants of health. Nurses may not have the level of awareness needed to provide quality care for patients living with or at risk of acquiring HIV. Use of criminal laws is a controversial structural approach to managing and preventing HIV exposure and transmission that limits the efficacy of public health efforts to manage HIV at individual and population levels. HIV-related criminal prosecutions have occurred in 14 southern states and 12 of them have HIV-specific criminal laws.

Purpose: The purpose of this study was to explore nurses' knowledge of HIV-related criminal laws.

Methods: Using an online question set, nurses ($n = 541$) from the Census Bureau's southern region (16 states and the District of Columbia) were asked about HIV-related criminal laws and where they first learned about those laws.

Findings and Conclusions: Nurses who completed the study were mostly White ($n = 404$, 74.4 %), females ($n = 474$, 87.6 %), with 19.8 ± 14.1 years of experience on average. There was evidence of a lack of knowledge about HIV-related criminal laws among nurses in the south. Only 36.6% of nurses ($n = 182$) correctly identified the existence of HIV-exposure **without** disclosure laws and 47.7% of nurses ($n = 258$) correctly identified the existence of HIV-exposure **with** disclosure laws. Nearly half of the nurses first heard about HIV-related criminal laws through news media ($n = 126$, 23.3%) or this study's question set ($n = 122$, 22.6%). These findings reveal opportunities to improve both entry-to-practice and continuing nursing education about these laws.

Implications for Practice: Lack of knowledge of HIV-related criminal laws can adversely affect the nurse-patient relationship in a context of HIV. Nurses are at risk of losing the trust of patients living with and at risk of acquiring HIV if they do not address this knowledge gap. Nurses must empower themselves to gain knowledge about HIV-related criminal laws to ensure they remain trusted health care professionals.

Objectives: The learner will be able to:

1. Describe nurses' knowledge of HIV-related criminal laws in the Southern United States;
2. Describe nurses' preferences for learning about HIV-related criminal laws and potential teaching strategies.

**Harm Reduction in an Acute Care Hospital:
A New Way of Doing Things**

Jane McCall
Julie Kille
Elyse Vani

University of British Columbia, Vancouver, BC, Canada

Background: St. Paul's hospital in Vancouver BC is an inner city hospital that serves a highly marginalized population of people who use drugs. Up to 30% of the patients that are admitted to the hospital at any given time have a substance use issue. Despite the presence of an active addiction team many of our patients continue to use drugs while they are in hospital. This has presented an issue for the nursing staff, who have a professional obligation to provide harm reduction services but the hospital has historically had a no tolerance policy towards drug use. A recent ethnographic study revealed that nurses are uncomfortable with patients using unsafely.

Key points: The HIV and addictions team at St. Paul's hospital reviewed the two policies guiding care of this population at St. Paul's: The Philosophy of Care for Patients and Residents who use Substances at PHC and the Alcohol and Substance Use Policy. Both of these policies have been revised to reflect modern harm reduction principles, including a recognition that not all patients can attain abstinence and the necessity for nursing staff to provide clean and sterile drug use supplies, including syringes and needles and crack pipes.

Implications: Engaging nurses in this new policy could present a challenge due to the various opinions that nurses hold about addiction and harm reduction. The methods of engagement that have been developed will be discussed and this presentation will review the process that was undertaken to create this significant change in policy and practice. The experiences of the front line nurses who have been asked to change their practice to reflect this policy will be discussed.

Objectives: The learner will be able to:

- Understand the challenges of developing a harm reduction program in an acute care hospital;
- Understand what harm reduction looks like in an acute care context.

Moving PrEP into Practice: Nursing Advocacy, Strategies and Policies for the Establishment of HIV Pre Exposure Prophylaxis (PrEP) Prevention Programs in Substance Abuse Treatment, Reproductive Health and Primary Care Settings

Carole Treston¹
Claire Simeone²
Joanne Phillips³

¹Association of Nurses in AIDS Care, Akron OH, USA

²San Francisco General Hospital; John Hopkins University, San Francisco, CA; Baltimore MD, USA,

Issues: Approximately 50,000 people in the United States are still becoming infected with HIV each year. In 2014, the USPHS and the CDC released guidelines recommending that Pre Exposure Prophylaxis (PrEP) be considered for people who are HIV-negative and at substantial risk for HIV. Despite this, the uptake of PrEP has been slow, and individuals most at risk may not be aware of or have access to PrEP as an HIV prevention option. In the places where HIV negative individuals interact with the healthcare system, such as substance abuse treatment or reproductive health services, providers may not be aware of or prepared for this prevention opportunity. HIV nurses can lead in education and advocacy, policy change and provider education and support for PrEP in their communities.

Description: Best practice examples that address logistical challenges to the development and implementation of PrEP programs in settings that include substance abuse treatment programs and reproductive health will be described. The roles of APRNs as prescribers and RNs in adherence and follow-up that includes developing standard protocols for routine monitoring and the use of interprofessional health care teams in scale-up will be discussed.

Lessons Learned: Evidence, emerging research, individual and population level health impact and design and implementation strategies will be discussed. Tips on site selection, site implementation checklist, infrastructure requirements, lab monitoring, institutional and workplace engagement, team roles and staffing training and requirements, coding and billing, collaborative agreements, medication assistance programs and patient support strategies will be featured.

Recommendations: Building the capacity of interprofessional health care teams - including nurses, nurse practitioners, physicians, physician assistants, and pharmacists - in expanded PrEP access is critical. Nurses can lead these teams in the development of PrEP awareness, education, and implementation, particularly in clinical and non-clinical settings where people at risk for HIV receive services. Using innovative practice models, identifying structural and administrative solutions and developing and implementing standardized protocols so that nurses can practice to the full extent of their license will enhance the scale up of PrEP education and access for those populations most at risk for HIV.

Objectives: The learner will be able to:

- Describe the various roles of nurses in advocating for and establishing local PrEP programs;
- Discuss innovative nursing strategies for PrEP programs in substance abuse treatment and reproductive health settings;
- Identify local institutional and programmatic policies that are necessary for implementing effective PrEP programs that align with national HIV prevention policies and recommendations.

Exploring Machismo, Sexuality, Intimate Partner Violence in the Context of HIV Prevention in Chile

Rosina Cianelli¹

Lilian Ferrer²

Natalia Villegas¹

Nilda (Nena) Peragallo¹

¹University of Miami, School of Nursing and Health Studies, Coral Gables, FL, USA

²Pontificia Universidad Catolica de Chile, Escuela de Enfermeria, Santiago, Chile

Background: As of 2013, 39,000 Chileans have been diagnosed with HIV/AIDS; HIV has a prevalence of 8.6 cases per hundred thousand people, and AIDS has a prevalence of 5.4 cases per hundred thousand people. In addition, 99.2% of the cases have been reported as having been sexually transmitted. A pattern that may be explained by the presence of traditional gender roles and gender inequalities presented in the concepts of machismo.

Purpose: The purpose of this study was to explore, machismo, sexuality, and intimate partner violence related to HIV prevention among Chilean men.

Methods: This study reports the qualitative findings of the mixed methodology study: Bringing men into HIV Prevention in Chile, NIH R01 TW007674-03. Twenty in-depth interviews using a qualitative, descriptive approach to elicit information for the study were conducted among men residing in two communities of low socio-economic status in Santiago, Chile.

Results: Content analysis of interviews revealed three main themes regarding *machismo* and how it relates to HIV: Sexuality and *machismo*, the changing nature of *machismo*, and violence against women. The participants in these two communities described *machismo* as a constant concession between what it is to be a man on an individual level and what society expects a man to be. According to this participants machismo incorporates violence against women as a way to establish power among men over women, clearly defining roles within intimate relationships and society.

Implications for practice: Addressing HIV and Intimate Partner Violence through developing education programs tailored to meet the needs of Chilean men are needed to include men in HIV prevention efforts. Specifically, incorporating ideas of what men consider healthy masculinity and working to de-stigmatize MSM, are important steps in addressing the negative aspects of *machismo*.

Objectives: The learner will be able to:

- Understand machismo, sexuality, and intimate partner violence from the perspective of Chilean men in the context of HIV;
- be able to identify relevant aspects related to HIV prevention in Chile.

IPV, Relationship Power, and Condom Use of Hispanic Women in a RCT of SEPA

Nilda Peragallo Montano
Brian McCabe

University of Miami, Coral Gables, FL, USA

Background: Intimate partner violence (IPV) undermines women's ability to enact safer sex behaviors, such as consistently using condoms, and increases their risk for HIV and other STI. Although condom use likely has multiple determinants, relationship factors may influence condom use. Specifically, gender-based violence and relationship power imbalances may impair Hispanic women's ability to negotiate consistent condom use.

Purpose: To better understand the relationship between IPV, relationship power, and consistent condom use, we investigated whether the IPV or relationship power predicted consistent condom use in a sample of Hispanic women in South Florida assessed from the intake to a randomized trial of SEPA (Salud/Health, Educación/Education, Promoción/Promotion, y/and Autocuidado/Self-care), a group HIV-risk reduction intervention.

Methods: IPV was defined as self-report of any violent partner behavior on an adapted Conflict Tactics Scale (Straus & Douglas, 2004). Relationship power was measured with the Sexual Relationship Power Scale (Pulerwitz et al., 2000). Consistent condom use was defined as self-reported of always using condoms with their main sexual partner in the past 6 months.

Conclusions and Results: Path analysis showed a bivariate inverse relationship between IPV and consistent condom use, $b = -0.63$, $SE = 0.31$, $p = .039$, $OR = 0.53$, and IPV and relationship power, $b = -0.12$, $SE = 0.04$, $p = .001$, $R^2 = .04$. Relationship power was related to consistent condom use, $b = 1.82$, $SE = 0.59$, $p = .002$, $OR = 6.17$. After controlling for relationship power, IPV was no longer directly related to consistent condom use, $b = -0.51$, $SE = 0.31$, $p = .102$, $OR = 0.60$, but was indirectly related to consistent condom use through relationship power, $b = -0.22$, $SE = 0.10$, $p = .021$. This suggests that one reason that IPV may impair women's ability to negotiate condom use by increasing power imbalances in a relationship.

Implications for Practice: Although these cross-sectional data limit causal interpretations, relationship power seems to be an important factor for increasing condom use, and reducing HIV/STI risks. Future research should examine these paths longitudinally, and the ability of SEPA to reduce HIV/STI risk by improving relationship power.

Objectives: The learner will be able to:

- Describe measures of IPV, relationship power, and condom use;
- Evaluate links between IPV, relationship power, and condom use in a sample of Hispanic women.

Effects of Partner Violence on Mental Health and HIV Disease Progression in Women: Preliminary Results

Jocelyn Anderson

Johns Hopkins School of Nursing, Baltimore, MD, USA

Background: Recently a great deal of national attention has been given to the overlapping issues of intimate partner violence (IPV) and HIV. The examination of this intersection has focused primarily on the increased risk of HIV acquisition in women who have experienced violence. The effects of IPV as a chronic stressor on the physical and mental health of women living with HIV has had limited examination in the research literature.

Purpose: To examine the prevalence of IPV and its associations with treatment markers (CD4 count/viral load) and adherence to clinic visits in an urban clinic.

Methods: Survey data regarding IPV and mental health symptoms were collected from eligible women. Clinic records were reviewed for CD4 count, viral load and adherence to clinic visits over the previous year.

Conclusions and Results: As of March 2015, 195 women have completed survey measures and 87 reviews of medical records have been completed. Of those with completed records review, past year IPV was reported by 46%. Rates of PTSD and depressive symptoms are higher for women who report IPV than those who did not (PTSD 52% vs. 30%, $p=0.04$; depression 30% vs. 21%, $p=0.02$). There is also a trend toward worse HIV treatment markers among women who report recent IPV (proportion with CD4 <200 8% vs. 0% $p=0.06$; proportion with detectable viral load 40% vs. 22%, $p=0.07$). Overall, participants are missing approximately 1 in 3 scheduled visits with no differences noted between those who report IPV and those who do not (33% vs. 30%, $p=0.43$).

Implications for Practice: HIV nurses and providers should be aware of the high rates of IPV seen in this population and the impact it can have on health outcomes. It does not appear from the data currently available in this study that adherence to clinic visits is playing a large role in this disparity. Incorporating IPV screening and trauma-informed practices into clinical HIV care may be an opportunity to improve the health outcomes of these patients.

Objectives: The learner will be able to:

- State common risk factors for HIV and IPV;
- State 2 negative health outcomes associated with IPV in women living with HIV.

**Level of HIV Stigma Experienced by Asians Living with HIV:
The Influence of Acculturation and General Health Outcome**

Carol Dawson-Rose
Emiko Kamitani

University of California, San Francisco, San Francisco, CA, USA

Background: Stigmatized people living with HIV (PLWH) often report poor quality of life, antiretroviral medication adherence, and health outcomes. Several studies in HIV-related stigma have been published, but only a few studies on the stigma experienced by Asians living with HIV (ALH) are found. Moreover, those studies reported qualitative data or utilized a non-culturally adapted stigma scale. No study to date has investigated the level of HIV stigma measured with a culturally adapted scale nor explored stigma in relation to acculturation or general health outcomes in an ALH.

Purpose: The purpose of this current study is to explore 1) the level of HIV stigma experienced by ALH with a culturally adapted stigma scale and 2) the influence of HIV stigma on acculturation and health outcomes.

Methods: Our previous study developed a 13-items culturally adapted Stigma Scale for ALH which has three subscale with total scores ranged from one to four, with higher number equating with more stigma. This cross-sectional study applied the scale along with acculturation and self-rated general health scales in a sample of ALH.

Results/Conclusions: ALH (n=67) were recruited from a community based HIV services organization and enrolled in the study. The mean overall Stigma Scale score for ALH was 2.5 (SD±0.7). Overall stigma ($p=.006$) and personalized stigma/disclosure ($p=.002$) were negatively correlated with acculturation. Meanwhile, overall stigma ($p=.003$), personalized stigma/disclosure ($p=.001$), and negative self-image ($p=.03$) were negatively correlated with self-rated general health.

Our study sample reported strong HIV stigma. In comparison with less stigmatized ALH, participants who reported higher levels of stigma were more likely to have Asian identification than Western identification (lower acculturation) and report their general health status as poor. Our finding suggests that it is important to gain a better understanding of HIV stigma experienced by ALH in order to provide culturally appropriate HIV care improving health outcomes in this group.

Implications for Practice: Increasing our understanding of the level of HIV stigma experienced by ALH, the influence of their Asian culture and general health status can aid nurses to provide more culturally appropriate care which can reduce HIV-related healthcare disparity among PLWH.

Objectives: The learner will be able to:

- To increase the learner's knowledge of the level of HIV stigma experienced by Asians living with HIV and how the stigma influences to their acculturation and health outcome;
- At the end of the presentation, the learner will apply the knowledge to provide a culturally competent HIV care.

Improving the Patient Care Experience through Nurse Navigation

Carmen McDonald
Lucy Suokhrie

Cooper University Health, Camden, NJ, USA

Issues: The newly diagnosed HIV patient experiences significant anxiety and stress. For most people, this overwhelming experiencing can become incapacitating. A Nurse Navigator (NN) is able to reduce the anxiety through communication, support, education and identification of service resources and facilitation. The Early Intervention Program in Camden, New Jersey implemented the Navigation Program in 2012 and has many noteworthy achievements from this initiative.

Description: The NN assists HIV patients beginning with the needs assessment. From a holistic perspective, a determination of the patient's previous health care experiences and their current knowledge of their diagnosis and treatment plan provide the theoretical framework for the journey. This professional registered nurse guides the HIV patient through better use of resources, effective communication with providers and the complexity of the multidisciplinary team for the best possible outcomes and treatment adherence (Bradford, et al, 2007). Creation of the patient navigation program accomplishes most of these needs in the following ways:

- Determination of potential barriers to delivery of cost-effective and high quality care
- Immediate access to provider and services
- Provide information and treatment options
- Re-engagement of lost to care patients
- Treatment adherence and prevention
- Partner testing services

The ultimate goal of navigation is removal of potential barriers such as communication, psycho-social dilemmas, fiscal, and any other logistics which can disrupt the continuum of care

Lessons Learned: In most of the several hundred patients that have received this service since 2012, the NN was able to help disseminate important information about patients' condition, and the forecast of what the treatment plan would be like. But what is most notable, the initial bond created by the rapport the NN developed early in the patient-nurse relationship. Further, there is a direct correlation between this service and the practice performance measures. Most notably the percentages of viral load suppression, treatment adherence and retention in care are at or above goal.

Recommendations: A process flow map for the NN was created prior to implementation of this service. This will continue to be revised for ongoing improvement as the patient volume continuously increases.

Objectives: The learner will be able to:

- Explain the Nurse Navigation process for HIV Care:
- List 3 ways nurse navigator meets the needs of the HIV patient.

**Perspectives from a Nurse Led Pre Exposure Prophylaxis (PrEP) Program
within a Community Health Center Environment**

Haley MacLeod
Christine Asiimwe

Country Doctor Community Clinic, Seattle, WA, USA

Background: Findings from several recent clinical trials show reduction of HIV infection with the use of daily prescribed Truvada (TDF/FTC), along with ongoing supportive clinical care and screening. Since efficacy is greatly linked to adherence, it is of the utmost importance that ongoing adherence counseling be provided at regular intervals. There is also concern of the risk for resistance to TDF/FTC in the event of HIV acquisition so clients must frequently be monitored for signs and symptoms of acute HIV infection.

Purpose: To create standardized procedures in accordance with the CDC Clinical Practice Guidelines for initiation of PrEP for individuals at high risk of HIV acquisition and integrate these practices into services delivered within a community health care setting.

Practice: As good stewards of primary health care, it is our responsibility to provide this preventative health care measure. However, we are faced with several barriers including constrained resources, community politics and limited provider knowledge. Nurses are well equipped to address these barriers to ensure safe delivery of services while meeting the demands of the community. By utilizing resources and systems that were already in place, we effectively created patient centered procedures that paralleled best practice guidelines. Creating a client focussed clinical work flow was imperative to ensure that the benefits of initiating PrEP outweighed the risks.

Conclusions: Uptake of PrEP has increased dramatically since initiating our program. Effective clinical tracking was met with some difficulty in the face of rapid patient uptake and limited resources. These constraints were combated by utilizing additional funding streams, insuring full buy in from administrative and clinical staff as well as utilizing nurses to provide close oversight of patient screening and follow up.

Implications for Practice: Dissemination of evidence based guidelines to providers who prescribe PrEP was a necessity for safety. Education for additional staff members who support counseling and tracking ensured appropriate follow up. Frequent reevaluation of workflow helped reduce inefficiencies in the system. The HIV nursing team is well poised to seize this opportunity to prevent HIV infections in our community with proven upstream approaches, including, but not limited to PrEP.

Objectives: The learner will be able to:

- Understand and describe best practice guidelines for initiation of pre exposure prophylaxis and strategies to integrate these into a busy community practice setting;
- Understand and describe potential social, financial and clinical barriers to safe initiation of PrEP and strategies to ensure that benefits of initiation outweigh risks.

**The Family Clinical Nurse Specialist:
A New Role for Living Well with HIV**

Mario Ortiz

Indiana University South Bend, South Bend, IN, USA

Background: The Family Clinical Nurse Specialist (FCNS) is a new advanced practice focus and population that emerged out of the APRN Census Model (Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education, 2008). The FCNS is a highly skilled advanced practice nurse who manages the care of patients and families across the life span in community or other health care settings and across the trajectory of health-illness. The FCNS uses theories and models from nursing, and the social and behavioral sciences, to design, implement, and evaluate services to meet to the needs of families, such as families of persons living with HIV/AIDS, across care environments based on the spheres of influence and specialty focus.

Purpose: The purpose of this paper is to outline the FCNS as a novel role within advanced practice nursing with a focus on living well with HIV/AIDS.

Methods/Practice: The clinical nurse specialist spheres of influence (the patient/client sphere, the nurses and nursing practice sphere, and the organization/system sphere) will be reviewed in light of the FCNS role in enhancing living well with HIV across the spectrum of health-illness (Fulton, Lyon, & Goudreau, 2014).

Conclusions and Results: The practice of FCNS enhances quality of life with a focus on ways individuals and families may live well with HIV/AIDS. The FCNS guides and supports to individuals and families within the complex healthcare system.

Implications for Practice: Family CNS practice is advanced nursing expertise in diagnosis and treatment to prevent, remediate, or alleviate illness and promote health with individuals and families living with HIV. "The expertise of clinical practice is manifested in the care of clients - individuals, families, groups, and communities. CNS practice is the translation of clinical expertise into nursing care.

Objectives: The learner will be able to:

- Outline the Role and Population of the Family Clinical Nurse Specialist;
- Describe the unique focus of Living Well in light of persons living with HIV/AIDS

HIV Specialist District Nurses' Role in 'the Treatment Cascade' in Melbourne, Australia – What Works and What Matters?

Elizabeth Crock¹

Nalla Burk¹

Oscar Morata¹

Judy Frecker¹

John Hall²

¹Royal District Nursing Service, Melbourne, Victoria, Australia

²Victorian AIDS Council, Melbourne, Victoria, Australia

Background: Early referral to community nursing services facilitates linkage, engagement and retention in HIV care yet the role of district nurses' in influencing the 'treatment cascade' is not well understood. The Royal District Nursing Service (RDNS) HIV Program provides domiciliary and outreach services to marginalized people living with HIV in Melbourne, Australia, playing a key role in their engagement in HIV healthcare.

Purpose: An evaluation was conducted in 2013 to identify changing demographics and emerging needs of RDNS HIV clients to inform program development.

Methods: Mixed methods were used. Demographic data and results of a 20-item client survey - in particular, responses to questions describing the service, and relating to linkage, engagement and retention in care - are presented.

Results and Conclusions: Clients come from 25 different countries (16% refugees), 8% indigenous, 15% homeless, 13% using substances, indicating 'hard-to-reach' groups access the service.

86 clients completed the questionnaire (72% response): 8% indigenous, ~50% from culturally and linguistically diverse backgrounds, 25% women, 45.7% long-term survivors, and 11% newly diagnosed.

34 items describing care received were distilled into 6 domains. Clients reported RDNS HIV nurses provided:

1. health monitoring (79%)
2. medication management, adherence support (62%)
3. mental health support (87%)
4. health promotion, prevention (69%)
5. care-coordination (57%)
6. housing and financial (31%).

All domains can positively influence clients' experiences within 'the treatment cascade'.

Key factors clients deemed important to improve access to and quality of care were: 'trust' (100%); 'respectful attitudes' (99%), 'confidence in staff' (98%); 'commitment to confidentiality' (97%); 'regular staff' (92%); 'knowledge about HIV' (90%) and 'respect for sexual diversity' (92%).

68 open-ended responses about what clients value most were analysed, 7 themes emerged:

1. Ethics/values (empathy, confidentiality, trust, kindness, respect)
2. HIV knowledge
3. Communication
4. Care/concern
5. Reliability/responsiveness
6. HIV education
7. Social support

Implications for Practice: This study provides insight into engagement of 'hard to reach' PLHIV with an HIV specialist district nursing program, contributing to knowledge of community nurses' role in influencing 'the treatment cascade'. Findings can inform service development and enhance utilization of HIV nursing expertise in the care of marginalized populations.

Objectives: The learner will be able to:

- Describe domains of care provided by HIV specialist district/community nurses that can influence the linkage, engagement and retention of people living with HIV in healthcare. Reflect on how these can be related to 'the treatment cascade' and how they might apply to practice in different settings;
- Discuss factors described by people living with HIV that are important in improving access to care and quality of care.

The Growing Aging HIV Communities Represent a Significant Challenge to Health Care Delivery

Stephen Karpiak

ACRIA Center on HIV and Aging NYU College of Nursing, NY, USA

Twenty years ago, a person diagnosed with HIV/AIDS faced almost certain death within a few years, if not a few months. The transformation of HIV into a manageable chronic illness is the result of effective antiretroviral therapy (ART) manifested in the "graying" of the HIV epidemic. In 2015 50% of the U.S. HIV population will be age 50 and older, predicted to rise to 70% by 2020. The average life expectancy of an HIV infected person at age 20 in 2000-2002 was 36.1. That has increased to 71.4 today. For the older patient with HIV, the demand for medication adherence is huge as studies confirm that people living with HIV who are in their 50s and early 60s are evidencing multimorbidity. These comorbidities, largely not associated with HIV disease, include cardiovascular disease, multiple cancers, osteoporosis, hypertension, diabetes, frailty and liver & kidney disorders. Management of these conditions along with HIV requires adherence to complex treatment management regimens. As the burden of disease increases for the expanding older HIV-positive populations, the need to achieve optimal medication adherence is a significant challenge. That challenge is complicated by the high rates of depression seen in these HIV infected older adults. Those rates are 3 to 5 times greater than seen in a comparative population sample. Yet depression is the most valid predictor of medication non-adherence. Managing multimorbidity is largely the domain of geriatricians, whose approach to healthcare delivery is markedly different than that of the typical HIV-treating healthcare provider. Risk for many co-morbid illnesses can be reduced by changes in lifestyle like quitting smoking, increasing exercise and improving nutrition. But these are among the lifestyle variables that are often the most difficult to modify especially since this population is socially isolated lacking typical supports from family, friends and community. The tenets of multimorbidity management must be understood, embraced and modified for the older adult HIV population if they are to achieve optimal health outcomes and successful aging.

Objectives: The learner will be able to:

- Identify 2 comorbid conditions that affect care and management ;
- Identify 3 lifestyle changes that will decrease risk for co-morbid illness.

The Effectiveness of Macronutrients on Nutritional Status and HIV/AIDS Progress in Sub-Saharan Africa: A Meta-Analysis

Hyejeong Hong
Jason Farley

Johns Hopkins University, Baltimore, MD, USA

Background: Malnutrition in sub-Saharan Africa (SSA) is common as a result of insufficient energy intake. It is associated with suppression of the immune system and several host-defense mechanisms. Since a low body mass index (BMI) at antiretroviral therapy initiation is a predictor of early mortality, introduction of macronutrient supplementation may achieve optimal immune and metabolic function; however recommendations vary regarding use in practice. To evaluate this issues we conducted a meta-analysis on the effectiveness of macronutrient interventions in the management of persons living with HIV (PLWH) infection in SSA.

Purpose: To determine the efficacy of tailored interventions (Ready-to-use-fortified spread and Corn-soy blended flour), pharmaceutical company developed supplements, and natural dietary sources (Spirulina Plantensis and soya bean powder) to improve nutritional and immunologic parameters in PLWH.

Methods: PubMed, CINAHL, Embase, Cochrane Review, Google Scholar, reference lists of identified articles and bibliographies of books were searched using the terms nutritional supplements, macronutrients, HIV, Sub-Saharan Africa. The search yielded 19 randomized controlled trials conducted from 2005 to 2015 in SSA adults older than 18 years. Six of these studies provided data eligible for meta-analysis using the Comprehensive Meta-Analysis software. Studies involving HIV-infected pregnant women, children, and other co-morbidities were excluded.

Results: The primary evaluated outcomes of these studies were anthropometric parameters measured by body weight and BMI, bioelectrical impedance by fat free mass (FFM), and immunologic recovery by CD4 count. In the fixed model, supplementation with protein-energy based macronutrient significantly increased overall standardized mean difference (SMD) between baseline and follow-up data in body weight (SMD=0.663; 95% CI=0.583, 0.743; $p<.001$), BMI (SMD=0.248; 95% CI=0.177, 0.319; $p<.001$); FFM (SMD=0.248; 95% CI=0.177, 0.319; $p<.001$); and CD4 (SMD=0.611; 95% CI=0.52, 0.703; $p<.001$).

Conclusion: Although limited to six small trials each evaluating different macronutrient supplements and heterogeneity of the patient populations in regards to immunologic parameters and stage of disease, it can be concluded that macronutrients are effective to improve nutritional status and immune response.

Practice Implications: Nutritional support programs can improve nutritional and immunologic parameters in SSA. Healthcare workers need evidence-based guidelines to support the practice of nutritional supplementation in resource-limited setting and further research is needed.

Objectives: The learner will be able to:

- Discuss the current evidence supporting macronutrient supplementation for HIV-infected adults in sub-Saharan Africa;
- Compare and contrast the effects of malnutrition on HIV disease progression in sub-Saharan Africa.

Strength in Numbers: A Qualitative Study of Older African Americans' Perspectives on CD4 Count and Viral Load

Ann Gakumo
Diana Cerice
Michael Stand-Gravois

University of Alabama at Birmingham, Birmingham, AL, USA

Background: People living with HIV monitor their disease progression through their biomarkers (i.e., CD4 count and viral load). Successful management of HIV involves being knowledgeable about the disease process, adhering to treatment, and staying actively engaged and retained in care. Health disparities, however, continue to persist among certain racial/ethnic groups. African Americans in particular are less likely to be adherent to treatment and more likely to die during hospitalization than their ethnic counterparts. As people continue to age with HIV, cognitive deficits paired with miscommunication can create potential barriers to patients' understanding of their health.

Purpose: The purpose of this study was to explore what older African Americans with HIV understand about their CD4 count and viral load. Furthermore, the study examined communication of these biomarkers between providers and patients during the clinic visit.

Methods: In this qualitative research study, semi-structured interviews were used to collect data from 20 older adult African Americans with HIV recruited from an HIV outpatient clinic located in Birmingham, AL (mean age 54.9 years). Interviews were conducted by two members of the research team also living with HIV who reflected the patient population. The audio recorded interviews were transcribed verbatim and coded using NVivo qualitative software.

Results: Four major themes emerged related to CD4 count and viral load (i.e., "the numbers"):

- Having the numbers monitored is important for survival;
- The numbers can often times be confusing;
- Mutual communication between provider and patient is essential in understanding the numbers;
- When communicating the numbers, it is best to be succinct and to the point.

Conclusions/Implications for Practice: Older African Americans with HIV understand the importance of their HIV biomarkers for their own survival, but lengthy discussions about these biomarkers tend to confuse and ultimately disengage the patient. Patients are more likely to retain information and understand the significance of their numbers if mutual communication is used throughout the clinic consultation.

Objectives: The learner will be able to:

- Discuss what older African Americans with HIV understand about their HIV biomarkers;
- Identify strategies for effective communication with older African Americans with HIV.

**Social Remittances; Migrant Women living with HIV in
New York City as Reproductive Health Educators**

Willa Cochran
Nicole Warren
Jennifer Stewart

Johns Hopkins University School of Nursing, Baltimore MD, USA

Background: Sub-Saharan Africa bears the burden of the world's HIV/AIDS epidemic. Developing cost-effective and culturally-appropriate HIV/AIDS prevention and treatment messages is critical. Migrants make social remittances, the transfer of ideas and behaviors through myriad media, to family and friends in their countries of origin (COO). This qualitative descriptive study explored social remittances of African women living with HIV in New York City (NYC).

Purpose: Social remittances are a potentially powerful, low-cost vehicle for transmitting key HIV/AIDS prevention messages to high-risk people in a culturally acceptable manner. The goal of this study was to explore health content of social remittances from African migrant women living with HIV in the US to people in their COO.

Methods: 28 migrant women living with HIV in NYC from 16 countries in Africa and the Caribbean were enrolled through purposive sampling with the assistance of staff at African Services Committee. 24 individual interviews and 3 focus groups were conducted over a 3 day period in October, 2013.

Results: Four themes emerged: *"Now I see clearly,"* (motivation to remit information included experienced HIV stigma in COO, responsibility to protect others from the trauma of HIV diagnosis, and personal transition from fear of HIV/AIDS to living well with HIV); *"I pass it on"* (participants rarely divulge their HIV status, but strategically communicate with people in their COO surrounding reproductive health, HIV, and primary care); *"They listened"* (recipients reported some behavior change, but participants were largely unable to assess the impact of their efforts); *"I wish I could do more"* (barriers exist to effective communication, but participants reported what they *would* say in the absence of such barriers).

Implications for Practice: This data highlights a potential role for Nurse Practitioners to address HIV prevention and treatment cascades in their migrant patients' COO and provides guidance for migrants and agencies with whom they work to engage in conversations about health with people in their COO. This may also provide a unique bridge between efforts to mitigate HIV/AIDS harm among migrants in the US and the challenge to prevent new HIV infection in sub-Saharan Africa.

Objectives: The learner will be able to:

- Define social remittances;
- Identify opportunities to communicate with their migrant patients who may be remitting health information to their countries of origin.

"I am Going to Live, Today:" Patient Experiences to Facilitate Sustainable Engagement and Retention in HIV Care

Veronica Njie-Carr
Hazel Jones-Parker

University of Maryland, Baltimore, MD, USA

Background: HIV mortality rates have declined significantly with combination antiretroviral medications that work to curb viral replication. Patient engagement and retention in HIV care is important for people living with HIV (PLWH). The HIV continuum of care indicates that only 25% of patients achieve undetectable viral load critical for optimal health to curb morbidity and mortality rates. Limited research has explored factors from the "upstream" perspective with patients who are newly diagnosed.

Purpose: The purpose of this study was to explore and examine perceptions and barriers of newly diagnosed HIV patients' engagement and retention in HIV treatment and care prior to them dropping out.

Methods: The Transtheoretical Model of Change provided conceptual background to understand people's readiness to engage and remain in care.

Results: Interviews were transcribed using qualitative content analysis. Eight identified themes centered around the will to live and include: 1) Desire to live well and stay well; 2) Positive influence from support system; 3) Struggles with psychological trauma and physical illness; 4) Safe haven in clinic and with staff; 5) System reminders to stay in care; 6) Life gets in the way; 7) Desire to feel needed; 8) Struggles with alcohol and substance use.

Conclusions: This study provides preliminary data from which intervention studies could be designed to increase HIV engagement and retention.

Implications for Practice: Sustainable evidence-based interventions are needed to support PLWH to stay engaged in HIV treatment and care. Further, key factors for HIV engagement and retention interventions can be integrated in current programs to provide the basis for high impact prevention for positive model programming. Addressing potential barriers at the time of engagement in care can increase the retention rate for PLWH, which will lead to a higher rate of viral suppression.

Objectives: The learner will be able to:

- Identify challenges and opportunities that will help clinicians work effectively with PLWH to keep them engaged and retained in care;
- Integrate study findings and apply them in the context of clinical practice implications and future studies.

**Once-Daily Oral Daclatasvir Plus Sofosbuvir for the Treatment of Patients
Coinfected With HIV and HCV Genotypes 1-4: The ALLY-2 Study**

Graham Ray¹
Sherilyn Brinkley²
Rafia Bhore³
Stephanie Noviello³
Peter Ackerman³

¹University of Colorado Denver, Denver, CO, USA

²Johns Hopkins University, Baltimore, MD, USA

³Bristol-Myers Squibb, Princeton, NJ, USA

Background: HIV-HCV coinfection accelerates the course of HCV-associated liver disease and is common among those with a history of intravenous drug use (IVDU). HCV therapies that are effective with combination antiretroviral therapy (cART) and opioid maintenance therapy are needed.

Purpose: Evaluate the efficacy and safety of the all-oral, once-daily, pangenotypic combination of daclatasvir (DCV) plus sofosbuvir (SOF) in patients with HIV-HCV coinfection.

Methods: This phase 3, open-label study enrolled HCV treatment-naïve (N=151) or treatment-experienced (N=52) adults coinfecting with HIV and HCV (any genotype). Treatment-naïve patients were randomized 2:1 to receive 12 or 8 weeks of DCV (60mg, dose-adjusted for concomitant cART) plus SOF 400mg, once-daily. Treatment-experienced patients received DCV+SOF for 12 weeks. The primary endpoint was sustained virologic response at posttreatment week 12 (SVR12) in treatment-naïve genotype (GT)-1 patients treated for 12 weeks.

Results: Patients were 62% white, 34% black, 83% GT-1 (17% GT-2, GT-3 or GT-4), 14% cirrhotic; 98% were receiving cART (50% PI-based, 25% NNRTI-based, 25% other-primarily integrase inhibitor-based). Median baseline HCV-RNA was 6.7 log₁₀ IU/mL and CD4 count 565 cells/μL. Seventy-seven treatment-naïve (38%) and 60 treatment-experienced patients (30%) self-reported IVDU as a risk factor for HCV or HIV infection. SVR12 occurred in 97% of all patients after 12 weeks of treatment (97% GT-1; 100% non-GT-1) and 76% after 8 weeks. For 12-week treatment, SVR12 was comparable across cART regimens (91-100%) and in patients with cirrhosis (92%) or without (98%). SVR12 in the 12-week group was ≥93% in those infected through IVDU, including all 5 patients on opioid maintenance. There were no HCV virologic breakthroughs, treatment-related serious AEs, or discontinuations for AEs. HIV suppression and CD4 stability were not compromised.

Conclusions/Implications for Practice: After 12 weeks of DCV+SOF, SVR12 was achieved by 97% of HIV-HCV coinfecting patients receiving a broad range of cART, including ≥93% of those with a history of IVDU or receiving opioid maintenance. No modifications of cART were required due to drug-drug interactions with DCV+SOF. These results suggest that DCV+SOF for 12 weeks is highly effective and well-tolerated for HIV-HCV coinfecting patients, including those with a history of IVDU and concurrent opioid maintenance therapy.

Objectives: The learner will be able to:

- Describe the efficacy and safety of DCV+SOF in HIV-HCV coinfecting patients;
- Demonstrate effective and safe HCV treatment for HIV-HCV coinfecting patients, including those with a history of injection drug use and concurrent opioid maintenance therapy;
- Assess impact of 12 weeks of DCV+SOF on HIV disease stability.

Transmission Risk Behaviors and HIV Viral Load in an Outpatient Clinic Cohort

Paul Sacamano¹
Jason Farley²

¹*Johns Hopkins University School of Public Health, Baltimore, MD, USA*

²*Johns Hopkins University School of Nursing, Baltimore, MD, USA*

HIV incidence has been stable since the 1990s. While an undetectable viral load (VL) essentially prevents transmission, only 30% of persons living with HIV (PLWH) are engaged in care and achieved viral suppression. Yet clinicians provide risk reduction counseling infrequently.

Purpose: 1) Describe a clinic cohort by viral suppression status; 2) Examine associations of heterosexual and MSM risk groups with detectable VL.

Methods: A cross-sectional analysis of Johns Hopkins University AIDS Service clients was conducted in 2010-2011 using a 51-item questionnaire including sexual and substance use behaviors. Associations were modeled using logistic regression.

Results: Of 500 subjects, 75.4% were undetectable. Median viral load was 13,452 HIV RNA/mL (IQR 97-260,163), and the detectable were more often African-American (83.7%), heterosexual (71.7%) and of lower income and education. Among those with detectable VL, 71.5% were sexually active; 53.4% inconsistently used condoms; 56.1% reported substance use. Odds of detectable VL in the full cohort declined 6% with increasing year of age (AOR 0.94; 95% CI 0.90, 0.99) and 68% with monogamous relationship (AOR 0.32; 95% CI 0.14, 0.75); among heterosexuals, declined 85% with monogamous relationship (AOR 0.15; 95% CI 0.05, 0.42); and among MSM, declined 6% with increasing year of age (AOR 0.94; 95% CI 0.90, 0.99).

Conclusions: A large proportion of PLWH in medical care were not virally suppressed while participating in transmission risk behaviors. Findings confirm a considerable opportunity to lower HIV incidence by improving prevention among those already engaged in care.

Implications: Clinical interventions have produced lasting reductions in risk behaviors and improved ART adherence. Nurses can support behavior change through screening and counseling to teach safer sex and drug use skills and making referrals to harm reduction, mental health care, and peer-led programs.

Objectives: The learner will be able to:

- Highlight need regarding transmission risk reduction in clinical settings;
- Discuss risk reduction screening and interventions for those engaged in care.

**Prevalence and Correlates of Intermittent Smoking among
HIV-infected Men who have Sex with Men**

Patricia Cioe¹
Kristi Gamarel¹
David Pantalone³
Peter Monti¹
Kenneth Mayer²
Christopher Kahler¹

¹*Brown University, Providence, RI, USA*

²*The Fenway Institute, Fenway Health, Boston, MA, USA*

³*University of Massachusetts Boston, Boston, MA, USA*

Background: Intermittent smokers have increased health risks compared with nonsmokers (NS), including increased rates of cardiovascular disease, pulmonary infections, and all-cause mortality. Cigarette smoking remains highly prevalent among men who have sex with men (MSM) and persons living with HIV (PLWH), yet most studies do not discriminate between daily smokers (DS) and non-daily (intermittent smokers). While the characteristics of intermittent smokers (ITS) have been explored in the general population, studies have yet to examine the prevalence and characteristics of ITS among PLWH.

Purpose: To describe the prevalence, characteristics, and quit intentions of ITS in a sample of heavy drinking HIV-infected MSM.

Methods: Cross-sectional study.

Results: Of the 124 participants, 66 (53.2%) reported having smoked cigarettes in the past 30 days; 30 (45.5%) were categorized as DS, and 36 (54.5%) as ITS. In analyses comparing ITS and DS, DS were significantly more likely to identify as Black (69.6%), and have lower education levels (i.e. less than a bachelor's degree), whereas ITS were significantly more likely to be white (67.5%), and have a college degree or higher. Compared with NS (18.0%), both ITS (32.4%) and DS (46.4%) were significantly more likely to report less than 95% antiretroviral adherence. DS reported significantly higher average number of drinks per drinking day, and more average number of drinks per week, compared with both ITS and NS. DS smoked significantly more marijuana in the past 30 days when compared with both ITS and NS. ITS were significantly more likely (27.5%) to report immediate quit intentions (i.e. within the next 30 days) or no intentions at all (37.1%), whereas, DS (70.0%) were more likely to report future quit intentions (i.e., 6 months or more).

Conclusions: Our results highlight important distinctions between DS and ITS among a sample of heavy drinking HIV-infected MSM. Identifying ITS among PLWH, who may not view themselves as smokers, may have important clinical implications. Tobacco cessation efforts are needed that address the unique needs of both DS and ITS among HIV-infected MSM.

Implications for Practice: Unique approaches to smoking cessation interventions and program planning may be needed with this population.

Objectives: The learner will be able to:

- Describe the prevalence and correlates of intermittent smoking among HIV-infected adults;
- Describe the quit intentions of intermittent smokers among persons living with HIV (PLWH).

A Comparison of the Existing Mobile Apps to the End-user Designed HIV Self-management App

Rebecca Schnall
Sarah Iribarren
Suzanne Bakken

Columbia University, New York, NY, USA

Background: Preliminary evidence supports mobile health technology as a feasible, attractive, and effective platform for the delivery of self-management tools for persons living with HIV (PLWH). As a foundation for the current study, we conducted formative research using focus groups, participatory design sessions and usability evaluations to inform the development of a mobile app for PLWH. Nine functional requirements for the self-management app (e.g., lab reports, medication log) were identified. The purpose of this study was to conduct an ecological review of the existing apps for PLWH to compare the functionality of existing apps to the app designed in our formative research.

Methods: We searched Google Play and iTunes using the following terms: HIV, AIDS, medication tracker/reminder/alarm/information, antiretroviral therapy/adherence, ARV, adherence, AIDS treatment, HIV test, pill and found a total of 5,606 apps. After initially using these broad search terms we found that many were not relevant (e.g. games, not HIV-related). We then refined our search terms to the following: HIV treatment/medication/reminder, HIV/AIDS treatment/care, AIDS medication, antiretroviral, living with HIV and identified a total of 111 potentially relevant apps. After full app assessment 95 were excluded due to non-English (n=10), targeted healthcare providers (n=26), not HIV-focused (n =32), conference schedule and events (n =7), fundraiser (n =7), clinic (n=7), no longer on the market (n=2), international or narrow local resource (n=4). Sixteen apps were included in our final review and were evaluated for inclusion of functionalities independently by at least two researchers.

Results: None of the apps included all of the functionalities that were identified in our formative work as needed by end-users. The following functionalities were included in the apps: communication between providers and peers (n=3), medication reminders (n=6), medication log (n=7), lab reports (n=4), pharmacy information (n=4), resources (n=6), settings (n=9) and search function (n=5). No apps included nutrition or fitness information.

Conclusions: Few self-management apps are available for PLWH. Of those currently available, none have all the desired functionalities identified as required for an effective tool by targeted end-users. Implications for Practice: There is a need to develop and evaluate mobile apps which meet PLWH's desired functional specifications.

Objectives: The learner will be able to:

- Identify the functional specifications of a self-management mobile app for PLWH identified by the targeted end-user;
- Discuss the apps that are currently available for PLWH to self-manage their illness.

Management of Adverse Drug Reactions During HIV/Multi Drug-resistant Tuberculosis (MDR-TB) Treatment in South Africa

Ana Kelly¹
Barbara Smith¹
Jason Farley²

¹Michigan State University, East Lansing, MI, USA

²Johns Hopkins University, Baltimore, MD, USA

Background: Management of the patient co-infected with multidrug-resistant *Mycobacterium tuberculosis* (MDR-TB) and HIV creates a complex treatment regimen with known overlapping adverse drug reactions (ADRs). Very few studies have documented management of ADRs in this population.

Purpose: Cross-sectional study to describe management of ADRs during MDR-TB treatment for patients co-infected with HIV.

Methods: In May – July 2014, ADRs associated with MDR-TB/HIV treatment were recorded through patient interviews using a revision of the HIV Symptom Index instrument. Documented management of ADRs was abstracted from the medical records.

Results: Ninety MDR-TB/HIV patients were interviewed, average age 35 years, 52 females (58%). The average amount of time on MDR-TB treatment was 4 months and 79 (88%) were on antiretroviral therapy (ART). Of these, 57 (72%) were on a fixed-dose combination pill of efavirenz, tenofovir and emtricitabine. For 32/90 (35.6%) patients, HIV was newly diagnosed on or near the time of MDR-TB diagnosis and 31/79 (25.6%) began ART during their MDR-TB treatment.

The average number of ADRs per patient was 8.8 (SD 3.9). There was no significant difference in total ADRs by ART status ($p=0.91$). The most common ADRs were insomnia (71.1%), peripheral neuropathy (65.6%), confusion (61.1%), nausea and vomiting (60%), and dizziness (57.8%). Only 1/64 (1.6%) patients had documented adjunct treatment with diphenhydramine for insomnia, 8/59 (13.6%) on low-dose amitriptyline for peripheral neuropathy, and 10/54 (18.5%) on metoclopramide for nausea and vomiting. The MDR-TB regimen was adjusted in 1/52 (1.9%) for dizziness and 1/55 (1.8%) for confusion. No non-pharmacological management of ADRs was documented.

Conclusions/Implications for Practice: ADRs were very common among patients receiving MDR-TB/HIV treatment, yet only a small percentage had documented management of the ADRs. Further study is needed to determine the effectiveness of the current medical management model and to detect non-pharmacological measures nurses may be taking to help patients manage ADRs which are not being documented in the medical record.

Objectives: The learner will be able to:

- Differentiate between those adverse effects associated with HIV/MDR-TB treatment compared to HIV or MDR-TB alone;
- Describe current medical management techniques and discuss potential nursing management techniques.

**Husband-wife Agreement and Concordance on Sexual Decision Making,
Positive Self-Management and Health Promotion among
Couples Living with HIV in Calabar, Nigeria**

Mildred John¹
Edidiong John²
Sylvia Eford²

¹*University of Calabar, Calabar, Nigeria*

²*University of Calabar Teaching Hospital, Calabar, Nigeria*

Background: Spousal agreement is important for couples with HIV because of shared risk for health outcomes. Although high spousal agreement (concordance) would be expected on most issues because of close daily contact and common living conditions, studies have shown discrepancies between husbands' and wives' reports on several family issues. Understanding spousal concordance on HIV-related issues offers opportunity to develop interventions that promote better health for both partners. In Nigeria few studies exist on spousal agreement among couples living with HIV on sexual decision making, disease-specific self management and health promotion.

Purpose: To assess the extent of spousal agreement on reproductive decision making, self management, health promotion and perception of partner's attitude and preferences on issues.

Methods: Mixed method was used to collect qualitative and quantitative data from 25 purposively selected, consenting couples living with HIV and attending two HIV Counselling & Testing clinics in Cross River State, Nigeria. Two men had two wives each giving a total of 23 husbands and 25 wives. Husband-wife pairs were interviewed separately and concordance calculated. Ethical clearance was obtained from relevant Gatekeepers as well as informed consent from participants.

Results & Conclusion: There was significant male domination in reproductive decision making. Observed concordance was poor for decision making power of the wife on sexual /reproductive issues (25.3%, kappa 0.16), perception of spouse's attitude on sexual matters and actual attitude (27.2%, kappa 0.20) and changes in patterns of sexual relations (27.8%, kappa 0.21). Weak concordance existed for perception of each other's preferences on issues (28.6%, kappa 0.30); communicating/discussing sexual and fertility issues with spouse (29.0%, kappa 0.24); and mutual support (35.3% (kappa 0.40), while strong concordance existed for starting medication & adherence to ART (72%, kappa 0.62), health promotion (86%, kappa 0.90) and positive self management (89%, kappa 0.91). We conclude that spousal agreement is poor for sex-related matters but good for health promotion and self management.

Implications for Practice: Partner agreement on HIV-related issues is important and contribute to a fuller understanding of decision making among spouses. Knowledge of this by health providers is critical for effective counselling and interventions for couples with HIV.

Objectives: The learner will be able to:

- Describe the attitude, preferences and health promotional /self management activities adopted by couples;
- Discuss the level of concordance (agreement) among couples.

Beyond Sex and Drugs, the "New "Taboo in HIV/AIDS Care

Anne Hughes

Laguna Honda Hospital, San Francisco, CA, USA

Background: Before antiretroviral therapy, viral loads, genotypic and phenotypic assays, and prophylaxis for opportunistic infections, dying, death, and grief were all too prevalent, at times overwhelming, and often traumatizing for the individuals and communities affected by this pandemic. A consequence of the treatment paradigm shift (and perhaps grief overload) has been that many persons today living with HIV/AIDS and their caregivers, react with shock and even outrage at the suggestion that HIV/AIDS is incurable, or if a clinician attempts to engage a client in a conversation about what matters about their life and care in the future beyond survival.

Purpose: To explore the need for palliative care for persons with HIV/AIDS regardless of stage of illness and to examine the concept of taboo of dying to understand barriers to palliative care.

Methods: This presentation will use multiple methods to identify the palliative care needs of persons living with HIV/AIDS and barriers to accessing palliative care for this population. The case of a long term AIDS survivor will be examined to describe the trajectory of decline and ethical considerations. In 2014, the Institute of Medicine published a report entitled, Dying in America Improving Quality and Honoring Individual Preferences at the End of Life which provided a report card of the state of serious illness care in the U.S. and offered a series of recommendations to improve care. Additional available evidence specific to palliative care and HIV/AIDS will be reviewed. The concept of taboo will be examined as explaining some reluctance to discuss HIV/AIDS as a chronic and serious illness.

Conclusions: In the 4th decade of HIV/AIDS remarkable gains in medical science has extended lives and improved hopes for an AIDS free generation. However, like other chronic and progressive illnesses, the needs for addressing quality of life considerations, i.e., palliative care, must be integrated into comprehensive HIV care management to assure that persons are indeed living well.

Implications for Practice: Palliative care for persons with HIV/AIDS is relevant regardless of stage of illness. Palliative care has been demonstrated to improve quality of life.

Objectives: The learner will be able to:

- To explore the need for palliative care for persons with HIV/AIDS regardless of stage of illness;
- To examine the concept of taboo to understand barriers to palliative care.

**End-of-Life and Advanced Care Planning for Persons
Living with HIV/AIDS in Southern Appalachia**

Sadie Hutson¹
Joanne Hall¹
Susan Gaskins²
Kenneth Phillips³
Frankie Pack¹
Myesha Pope²

¹*University of Tennessee-Knoxville, Knoxville, TN, USA*

²*University of Alabama, Tuscaloosa, AL, USA*

³*East Tennessee State University, Johnson City, TN, USA*

Background: Advances in prevention, treatment, and health policy have evolved HIV/AIDS from a terminal to a chronic condition. Half of the persons living with HIV/AIDS (PLWHA) will die from an AIDS-defining illness; advanced care planning is essential for PLWHA, particularly in the Appalachian South. An essential factor in health disruptions for PLWHA is interpersonal relationships and interactions regarding health and social issues faced at end-of-life (EOL). Anticipation of EOL presents complex subjective and cultural experiences that are often difficult to communicate.

Purpose: The purpose of this study was to explore perceptions of EOL needs of PLWHA, including diverse subgroups living in Appalachian TN and AL.

Methods/Practice: Data presented herein are from the qualitative phase of a mixed methods design. Forty PLWHA in Appalachian TN and AL participated in a single, semi-structured interview that was audio-taped and transcribed verbatim. We then selected 8 cases upon which we used a thematic narrative approach to explore individual stories for context and integration of qualitative-descriptive coded data. Narrative analysis comprised three steps: Identifying stories/statements describing and evaluating the life context, comparing parts to the whole of the account, and summarizing the narrative threads that run throughout the account. NVivo facilitated data management.

Results/Conclusions: We examined the narratives of eight individuals (4 male, 4 female) between 29-62 years. Themes emerged of contradiction; injustice; stigma; isolation; and living in the moment, as a strategy to avoid the reality of EOL and living with HIV. Financial strain and mental health issues, especially depression, were common themes in all of these narratives. Further, we found that the use of the term "end-of-life" is not culturally-acceptable and not something PLWHA wish to discuss. Yet, most participants have some cursory thoughts about advanced care planning.

Implications for Practice: Our data improve understanding of the many complex social, cultural, and bio-behavioral issues underlying the perceptions of EOL/advanced care planning among PLWHA in Appalachia. Though participants are interested and often knowledgeable about EOL (stated "advanced care planning") issues, few had taken any action toward these ends, underscoring the need for healthcare providers to address EOL with this population.

Objectives: The learner will be able to:

- Describe the major themes that emerged from qualitative interviews about EOL among PLWHA in Southern Appalachia;
- Summarize ways in which healthcare providers can integrate discussions about advanced care planning with their patients.

CASA Study: Care and Support Access – Implementation of a Palliative Approach for HIV+ Young Men who have Sex with men (yMSM) to Improve Engagement and Outcomes: Symptoms in yMSM

Rebecca Brotemarkle
Carla Alexander

University of Maryland Baltimore, Baltimore, MD, USA

Background: Between 2007 and 2009 HIV positive young men who have sex with men (yMSM) represented 61% of new HIV infections in the U.S. and was the only risk group to demonstrate a significant increase in HIV infections. Failure to acknowledge the impact of suffering from physical or mental symptoms experienced by this group can result in a lack of effective engagement. In order to address suffering, symptoms in yMSM need to be identified and managed by health care providers.

Purpose: One aim of this study is to assist health care providers in identifying and managing symptoms experienced by yMSM by using a palliative care approach.

Methods/Practice: Using a quasi-experimental design, outcomes in 2 groups of yMSM will be compared, where one group attends a clinic whose providers have had training in a palliative care approach to symptom identification and management and the other group attends a clinic without provider training. The initial interviews with 79 yMSM ages 18-35 years includes identification of symptoms and the degree to which the symptoms interfere with life activities.

Results: In a population that is 77% African American, headaches, joint/muscle aches, tingling & numbness were experienced by 44% of the sample with 18% of these describing these symptoms as being moderate to severe. Fifty percent experienced difficulties with sleeping described as “a lot” or “terribly disrupted.” Likewise 52% experience the same level of fatigue. Thirty-two percent of this young population have a mental health diagnosis. Seventy-three percent of this population had documented viral control.

Conclusions: This sample of yMSM ranging in age from 18 to 35 years experience a relatively high degree of symptoms despite having viral control and these can interfere with their life activities.

Implications for Practice: Health care providers in delivering patient-centered care to HIV positive yMSM should use a palliative approach to identify and manage symptoms as one way to improve engagement in care.

Objectives: The learner will be able to:

- Identify the top three symptoms that occur in yMSM;
- Describe the use of a palliative approach to engage yMSM in care.

Binge Drinking and Outcomes of Drug Use by Minority LGBTQ College Students

Sande Gracia Jones¹
Beatriz Valdes²
Eric Fenkl¹
Patricia R. Messmer³

¹*Nicole Wertheim College of Nursing and Health Sciences, FL
International University, Miami, FL, USA*

²*School of Nursing and Health Studies, University of Miami, Miami, FL, USA*

³*Benjamin Leon School of Nursing, Miami Dade College, Miami, FL, USA*

Background: The 2011 Institute of Medicine report on the health of LGBT populations noted that sexual minority youth may have high rates of substance use. Substance use is associated with unsafe sexual practices among college students, placing them at risk for HIV.

Purpose: Study purpose was to explore binge drinking (5 or more drinks at one sitting), drug use, and outcomes of substance use by LGBTQ college students at minority-serving institutions. This study was part of a larger study funded by the Center for Substance Abuse Prevention, SAMHSA.

Methods: After receiving IRB approval, LGBTQ students were recruited from a South Florida minority-serving state university and state college and were asked to complete the Core Alcohol and Drug Survey (University of Southern Illinois, 2000).

Results: The sample included 253 self-identified LGBTQ participants, of which 126 (49.8%) were female, 118 (46.6%) were male, 5 (2.0%) were transgender female, 3 (1.2%) were transgender male, and 1 (0.4%) did not report their gender. Of these students, 79 (31.2%) self-reported as Bisexual; 68 (26.9%) as Gay/MSM; 44 (17.4%) as Lesbian; 44 (17.4%) as Questioning; and 18 (7.1%) as Other. Hispanic ethnicity was reported by 140 (55.8%) students; Black race was reported by 88 (34.9%) and Asian by 12 (4.8%) students. For binge drinking in the past two weeks, 42 (16.6%) students reported one episode and 47 (18.6%) students reported 2 to 10 or more episodes. Alcohol was the most common drug used by students in the past 30 days (106; 41.9%), followed by marijuana (55; 21.7%); cocaine (55; 21.7%), other illegal drugs (31; 11.9%), and designer drugs (11; 4.0%). A variety of negative outcomes related to past-year use of alcohol or drugs were reported, including doing something they later regretted (62; 24.3%); memory loss (58; 23%); driving a car under the influence (48; 18.7%); being taken advantage of sexually (23; 9.1%); and taking sexual advantage of someone else (21; 8.3%).

Implications: Findings of this study will add to the knowledge base of risk behaviors for LGBTQ college students, and will be used to develop a campus-based HIV and substance abuse prevention program for LGBTQ students.

Objectives: The learner will be able to:

- Gain insight into the drug/substance use patterns of LGBTQ students;
- Achieve a better understanding of the implications of binge drinking among this population as related to high risk behaviour.

HIV Infection Risk and Protective Factors of Hispanic Women Living in the U.S. Mexico Border Region

Bibiana M. Mancera¹
Joseph P. De Santis²
Elias Provencio-Vasquez¹
Holly J. Mata¹

¹University of Texas at El Paso School of Nursing, El Paso, TX, USA

²University of Miami School of Nursing & Health Studies, Coral Gables, FL, USA

Background: Hispanics are the largest minority group in the U.S., and Mexican/Mexican Americans comprise the largest number of Hispanics. Mexican/Mexican-American women experience high rates of health disparities including HIV infection, mental health, and intimate partner violence (IPV). Little research has been conducted on specific risk factors that render these women at risk for HIV infection, while examining protective factors that may buffer HIV infection risk.

Purpose: The purpose of this study was to determine specific risk and protective factors that are associated with HIV infection risk among Mexican/Mexican-American women residing along the U.S.-Mexico border.

Methods: After receiving permission from the Institutional Review Board, participants were recruited from community agencies that provided services to women living in a U.S.-Mexico border community. A sample of Mexican/Mexican-American women (N=98) participated in a structured interview that collected data on HIV risk, mental health, familism, and family/IPV. The majority of the women had less than a high school education, were unemployed, were in a primary relationship, and reported incomes below the poverty level.

Results: Participants had a number of risk factors for HIV infection including IPV, depression, unprotected sex, multiple lifetime sexual partners, and not being tested for HIV infection. The majority of the participants did not have health insurance or a regular healthcare provider. Despite these risks, a number of protective factors were identified that may help buffer HIV risk. These included low levels of stress, Mexican acculturation, and religiosity. More research is needed to understand the role of protective factors in reducing HIV infection risk among Mexican/Mexican-American women in the U.S.

Implications for Practice: Hispanic women residing in the U.S.-Mexico border region may experience a number of factors that place them at risk for HIV infection. However, the results of this study indicate that some factors may offer some protection against HIV infection. Nurses and other healthcare providers working with this subpopulation of women need to be aware of the co-occurring health disparities experienced by Hispanic women such as HIV/HIV risk, IPV, and mental health. Nurses and other healthcare providers need to help Mexican/Mexican-American women to understand and appropriately use these protective factors to decrease the risk of HIV infection.

Objectives: The learner will be able to:

- Describe co-occurring health disparities such as IPV, depression, and demographic variables that place Mexican/Mexican-American women at risk for HIV infection;
- Discuss research findings on HIV-related risk and protective factors of Mexican/Mexican-American women residing in the U.S.-Mexico border region.

Quantitative Data: How to Tell the Story of Sex, Drugs and Living Well for People Living with HIV Readmitted to Hospital

Marik Moen

University of Maryland School of Nursing, Baltimore, MD, USA

Background: From 2006-2014, 2400 patients were readmitted to a large teaching hospital, many for multiple visits. This potentially represents 17% of all people living with HIV in Maryland.

Purpose: Why, in late 2000s, are so many people living with HIV hospitalized? What are the strengths and limitations of quantitative readmission data in the story of sex, drugs, or living well for people living with HIV readmitted to hospital?

Methods: Over 5000 entries of basic hospital admissions data on people with HIV (ICD9 diagnoses) was analysed to assess risks and trends from 2006-2014.

Conclusions/Results: Sex, Age, chronic and infectious diagnoses were associated with risk of hospitalization. Clear patterns in zip codes and payer representation were noted.

Implications for Practice: A focus on readmissions and use of quantitative data may be limited in increasing providers' and patients' understanding of living well with HIV or avoiding hospitalization.

Objectives: The learner will be able to:

- Recognize factors related to hospitalization and readmission for men and women with HIV;
- Describe limitations of secondary readmission data to tell the story of sex, drugs, or living well with HIV.

Violence and Sexual Risk Behaviors among Transgender Women

Joseph P. De Santis

University of Miami School of Nursing & Health Studies, Coral Gables, FL, USA

Background: Child and adult violence are common psychosocial health issues that affect transgender women. During childhood, transgender women experience all forms of violence related to gender nonconformity. During adulthood, violence stems from intimate partners, commercial sex work, or from society at large. Both child and adult violence have the potential of affecting physical and psychological health, and may influence HIV risk behaviors.

Purpose: The purpose of this pilot study was to explore the relationship of child and adult violence and HIV risk behaviors of a sample of transgender women.

Study Design: This study was a mixed method study that collected data on child/adult violence and sexual risk behaviors. The quantitative results on child/adult violence and sexual risk will be presented.

Sample: Fifty transgender women completed the Violence Assessment, an instrument that measures physical, psychological, and sexual violence experienced during childhood and adulthood and the Behavioral Risk Assessment Tool that measures HIV risk behaviors. Data were collected during home visits. The sample consisted of nearly equal numbers of Black, Caucasian, and Hispanic women ranging in age from 21 to 78 years of age.

Results: Almost all participants reported some form of child or adult violence. For experiences of child and adult violence, participants reported length of violent experience, the perpetrator of the violent act, and details regarding the outcome of the violence. In addition, a large number of participants presented information on violence experienced by other transgender women in their community. Relationships were noted between violence and sexual risk behaviors.

Implications: All forms of violence have the potential for affecting physical and psychological health of transgender women as well as HIV infection risk. It is important that nurses and other clinicians providing care for transgender women are aware of the importance of screening for all forms of violence during HIV testing and counseling. Appropriate referral to mental health providers is essential to ensure that physical and psychological health issues related to child and/or adult violence are addressed and treated.

Objectives: The learner will be able to:

- Describe the relationship of child, adult, and community violence and sexual risk behaviors of transgender women;
- Discuss research findings on the relationship of child and adult violence and sexual risk behaviors among transgender women.

A Qualitative Study of Wellness Perspectives among Persons Living with HIV (PLWH)

Patricia Cioe

Brown University, Providence, RI, USA

Background: Advances in the treatment of HIV have led to an increased lifespan for persons living with HIV (PLWH) in the U.S. and mortality rates now mirror that of the general population. A shift in focus from managing CD4 counts, HIV viral levels, and AIDS-defining illnesses and their symptoms, to a broad emphasis on the prevention and management of comorbid conditions, health promotion, and wellness is required. To date, no studies that have examined wellness perspectives among PLWH.

Purpose: To explore wellness perspectives in PLWH in order to understand more fully what may facilitate or prevent the adoption of health-promoting behaviors in PLWH.

Methods: Between January and April 2015, we conducted semi-structured in-depth interviews with 15 PLWH using an interview guide derived from the research question and the project goals. The interviews were audiotaped and qualitative thematic analysis was used to analyze the written transcripts.

Results: We found that while many participants understood the concept of wellness, a few participants had not previously heard the term and preferred to use the word "healthy". Participants who had been living with HIV longer did not differ in their definition or understandings of wellness. Common themes related to wellness included: the absence of HIV physical symptoms, having a positive outlook/attitude, connection to others (having social support/relationships), having energy and a sense of purpose, being involved in altruistic activities, and maintaining spirituality.

Conclusions: While data collection is ongoing and will continue until data saturation is attained, initial themes have emerged from the data. PLWH understand the concept of wellness and desire wellness while living with HIV as a chronic illness.

Implications for Practice: This previously unexplored perspective can contribute to the understanding of wellness within HIV care, and to the development of strategies to improve wellness among PLWH. PLWH need to be encouraged to not only manage their chronic HIV illness, but also to maximize their overall health and wellness.

Objectives: The learner will be able to:

- Describe wellness perspectives among persons living with HIV (PLWH);
- Describe the use of qualitative methods in understanding poorly described concepts in HIV care.

**Enhancing the Learning Capability of Students and Preceptors in the
Post-Master's Certificate & Doctor of Nursing Practice
AIDS/HIV Sub-Specialty Using the iPad Mini**

Edmund J. Y. Pajarillo

Anne Marie Linn

John Nelson

Suzanne Willard

Rutgers, RBHS School of Nursing, Newark, NJ, USA

Background: The proliferation of information that is readily available and accessible to both clinicians and patients alike can oftentimes be confusing and overwhelming. To support an HIV educational academic program for advanced practice nurses, each student and preceptor was provided an iPad Mini, loaded with applications and informational programs. There has not been any usability testing in the literature specific to the iPad Mini.

Problem Statement: The pervasive use of technology in health care settings makes it imperative to conduct usability studies prior to its adoption. This research is a usability study on whether or not the iPad Mini meets the criteria relevant to the students and preceptors of the AIDS/HIV subspecialty program: learnability, user satisfaction, functionality, portability, and usefulness.

Methodology: The iPad Minis were preloaded with well-established applications, e.g., Epocrates, UptoDate, Practice Fusion, and Clinical Practice Guidelines. Before the iPad Minis were given to the students and preceptors, a pre-issuance survey was conducted which included questions relating to their expectations of the iPad Mini and how it will affect their education and clinical practice. Prior to the end of the semester, the students and preceptors were asked to answer a post-semester self-report questionnaire.

Results: The study was mostly descriptive in nature. Five students and nine preceptors participated. In terms of the five criteria used to evaluate the iPad Mini's usability, its portability was the most favorable among the five metrics, followed by its learnability, then its functionality, and finally its usefulness. The one criterion that garnered the lowest usability score is in terms of its user satisfaction. A specific element of its user satisfaction that student and preceptors rated extremely low referred to them not particularly liking the use of the iPad Mini over other brands. Most of the others metrics (learnability, usefulness, and functionality) produced favorable ratings.

Conclusions & Recommendations: While the respondents have mostly positive comments regarding the iPad Mini, there were features that need to be addressed, such as the device having its own Internet access capability, as well as providing the students and preceptors with a structured orientation on the features of the iPad M.

Objectives: The learner will be able to:

- Explain the necessity for usability studies of technology used in education of AIDS/HIV APNs;
- Describe the results of the usability study conducted on the iPad Mini and its implication to the education of AIDS/HIV APNs.

Effect of Testing Positive for HPV on Perceived Threat of Cervical Cancer in Women with HIV

Jeanne Murphy¹
Jerilyn Allen²
Jean Anderson³
Jason Farley²
Hayley Mark²

¹*National Cancer Institute, National Institutes of Health, Bethesda, MD, USA*

²*Johns Hopkins University School of Nursing, Baltimore, MD, USA*

³*Johns Hopkins University School of Medicine, Baltimore, MD, USA*

Background: Women living with HIV are at higher risk for cervical cancer than other women, but many do not have adequate cervical cancer screening. Perceived threat of cervical cancer has been shown to influence women's decision to seek cervical cancer screening, but not to completing screening with a Pap test. It is unknown whether knowledge of the presence of a biomarker for cervical cancer risk—such as oncogenic human papillomavirus (HPV)—would increase perceived risk of cervical cancer in women with HIV, and prompt women to complete cervical cancer screening.

Purpose: The purpose of this study was to examine whether self-collected HPV tests and results counseling would change perceived threat of cervical cancer and Pap testing behavior in a group of women living with HIV.

Methods: This was an analysis of a subgroup of adult women with HIV who received HPV test results as part of a randomized controlled trial of self-collected HPV testing and results counseling in a primary HIV clinic. All women's last Pap test occurred 18 months or more from the baseline visit date. Women completed the Perceived Threat subscale of the Champion HBM Scale, modified to reflect cervical cancer and Pap testing, at baseline, and again 3-5 weeks later. Results were analyzed using descriptive statistics, ANOVA, ANCOVA, and multiple linear regression.

Results: 94 women were enrolled in the study; 63 of the participants were randomized to the HPV self-collection group. Among 63 women with HPV tests, 36 were negative, and 27 were positive. In adjusted analyses, women with a positive HPV result had increased Perceived Threat scores ($\beta = 2.871137$, $p < 0.05$). Neither HPV positivity nor Perceived Threat scores were associated with completion of follow-up Pap testing within 6 months of the baseline visit.

Conclusion: HPV positivity was associated with a statistically significant increase in perceived threat of cervical cancer in a group of women living with HIV who were late for Pap testing. HPV positivity was not related to an increase in Pap test attendance.

Implications for Practice: Abnormal lab results may alarm patients, but not prompt them to seek follow up care.

Objectives: The learner will be able to:

- Discuss perceived threat of cervical cancer among women with HIV infection;
- Understand how to conduct nursing research in a busy HIV clinic.

**Sexual Health Begins to Inform our Understanding of Risk
Behaviors in Older Women with and at Risk for HIV**

Tonya Taylor

*College of Medicine/Special Treatment and Research (STAR) Program,
SUNY Downstate Medical Center, Brooklyn NY, USA*

Women account for almost 25% of the US population infected with HIV, with Black women comprising the largest sector, followed by Latinas. Older Black women comprise upwards of 40% of new HIV diagnoses in females, but older women are more often not included in research and the dialogue on HIV and risk behaviors. Historically prevention efforts have focused on young MSM (Men who have Sex with Men). Few studies have concentrated on assessing those factors that underlie why older women with HIV or at risk for HIV engage in behaviors that place them at risk for HIV as well as other STI's. Typical factors such as inconsistent condom use, multiple sexual partners, psychosocial factors that include risk perception together with the effects of stress and trauma (including PTSD) have only begun to be assessed. Yet the dynamic of women who are heterosexual engaging partners who are heterosexual defines a dynamic that likely has unique characteristics when compared to MSM research efforts. Social structural factors such as lower socio-economic status, raising children/grandchildren, substance use, lower education rates are likely significantly different when compared to MSM. One example is the fact that men do not have a biological change that is equivalent to menopause and its physical and psychological ramifications. In that context sexual health evolves into a different dynamic in older women. Many women find social supports from family and friends and not from sexual partners. Similarly women are more likely to find support from their respective church communities, but remain reluctant to disclose their HIV status or discuss STI/HIV prevention issues. Similar barriers are found when interacting with their primary care providers. Empirical research is required where older women with HIV and at risk for HIV are assessed without the prisms of MSM research. By acknowledging that the needs of older women are likely unique, research can begin to better assess how women can best age with HIV.

Objectives: The learner will be able to:

- Identify how aging affects sexual health;
- Identify 2 risk behaviors among older women.

History of Substance Abuse May Not Impact Neurologic Outcomes in the HIV-positive Population

Sally Steinbach¹
 Manori Dealwis²,
 Peter Selim Siyahhan Julnes²,
 Govind Nair²,
 Daniel S. Reich²,
 Bryan Smith²,
 Angela Summers³,
 Joseph Snow³,
 Suad Kapetanovic³,
 Sungyoung Auh²
 Avindra Nath²

¹*Clinical Research Directorate/Clinical Monitoring Research Program, Leidos Biomedical Research, Inc., Frederick National Laboratory for Cancer Research, Frederick, MD, USA*

²*National Institute of Neurologic Disorders and Stroke, NIH, Bethesda, MD, USA*

³*National Institute of Mental Health, NIH, Bethesda, MD, USA*

Background: HIV infection is associated with neurologic sequelae despite treatment with antiretroviral therapy. The incidence of HIV infection remains high among substance abusers. However, it is unclear whether a history of substance abuse increases the risk of HIV-associated cognitive impairment.

Purpose: This study investigated the effect of lifetime drug and/or alcohol abuse on brain volume and neurocognitive functioning in HIV-positive patients.

Methods/Practice: Seventy-two virologically controlled HIV-positive participants from the National Institutes of Health Intramural NeuroHIV cohort were assessed using the CHARTER neuropsychological battery. A global T-score was calculated for each patient by averaging demographically corrected T-scores across 14 different tests.

Brain MRI was performed on 45 of these participants using T1-MPRAGE (for quantifying brain-structure volumes) sequences on a 3T scanner (Philips). T1-weighted brain images were segmented using FreeSurfer, and volumes of various structures were calculated. Brain parenchymal volume was normalized to the total intracranial volume, creating the intracranial cerebral volume fraction (ICVF).

Participants were grouped according to history of drug and/or alcohol abuse (drugs exclusively, alcohol exclusively, both, or neither) as self-reported on the Client Diagnostic Questionnaire.

Analysis of covariance (ANCOVA) was used to compare the ICVF and neurocognitive functioning between substance abuse groups.

Results and Conclusions: Study demographics were: 62% male, 65% African American, and a median age of 53 years (Interquartile range = 48-57). Drug abuse was self-reported in 29% (n=21), alcohol abuse in 7% (n=5), both in 25% (n=18), and neither in 39% (n=28). Age was inversely correlated with ICVF ($p = 0.0003$). Neither ICVF nor neurocognitive T-score showed significant differences among the four groups of patient-reported substance abuse history after controlling for age ($p=0.93$ and $p=0.14$, respectively). This study was limited by a small sample size, cross-sectional design and reliance on self-reported drug and alcohol history.

Implications for Practice: While sobriety remains important for risk-reduction behaviors and overall health, these data suggest that nurses can offer some reassurance to their virologically controlled HIV-positive patients with past drug and alcohol problems that they are not necessarily more likely to have HIV-associated cognitive impairment or brain atrophy.

Funded by the NCI Contract No. HHSN261200800001E.

Objectives: The learner will be able to:

- Recognize the importance of intact neurocognitive functioning to living well in the HIV-positive population;
- Describe the challenges of determining the contribution of other factors to neurocognitive functioning in adults living with HIV;
- Discuss research findings on the impact of a history of substance abuse on the neurocognitive functioning in the the NIH Intramural NeuroHIV cohort.

Psychological Distress Experienced Post-Diagnosis by HIV-Positive African American Women: A Qualitative Descriptive Study

Jill Peltzer¹,
Lisa Ogawa¹
Susan Tusher²
Rose Farnan³,
Mary Gerkovich⁴
Erik Steidley¹

¹University of Kansas School of Nursing, Kansas City, KS, USA

²Kansas AIDS Education Training Center, Wichita, KS, USA

³Truman Medical Center, Kansas City, MO, USA

⁴University of Missouri Kansas City School of Medicine, Kansas City, MO, USA

Background: HIV infection is a life-threatening and chronic disease which increases concerns about imminent mortality and how to manage a complex disease. Although African Americans represent 13% of the female population in the United States, 64% of U.S. females who are HIV-positive are African American. Despite the successes in the development and implementation of antiretroviral therapy to halt the disease trajectory, HIV/AIDS was the 7th leading cause of death in 2010 for African American women, ages 25–44. The occurrence of psychological distress among HIV-positive African American women is multi-factorial, including HIV-related stigma, consequences of disclosure, and isolation.

Purpose: The purpose of this qualitative descriptive study was to examine HIV-positive African American women's experiences of psychological distress and explore their use of coping strategies.

Methods: A purposive sample of 22 women participated in an in-depth one-to-one audio-recorded interview in the women's homes or at a meeting room at a public library. Data were collected until there was redundancy in the findings. The data are currently being analyzed using inductive content analysis. Three preliminary themes have emerged from the data: *psycho-emotional suffering*, *public-self- private-self*, and *seeking resolution for suffering*. *Psycho-emotional suffering* encompasses the many and varied negative thoughts and emotions, pervasive depression, anxiety, and suicidality. *Public-self, private-self* exemplifies the stigma that results in isolation, loneliness, and the perception of the women that they cannot fully be themselves with friends, and even family. *Seeking resolution for suffering* describes the coping strategies used by women to try to alleviate feelings of distress. The most common strategies were spiritual or religious activities, such as prayer, reading the bible, and talking with God, but also included use of drugs and alcohol.

Conclusions and Implications: Implications for nurses and other healthcare providers include holistic assessment to include evaluation of emotional and mental state and spiritual practices. Integration of spiritual practices into plan of care is also important. Evaluation of individualized coping interventions that address stigma and psychological distress through holistic modalities is warranted.

Objectives: The learner will be able to:

- To describe the psychological distress experienced by HIV-positive African American women;
- To examine coping strategies used by women to develop holistic interventions to reduce psychological distress experienced by this population of women.

The Aging of HIV/AIDS – Practice Redefined

Debra Kosko

East Carolina University, Greenville, NC, USA

Background: The average age of persons with HIV/AIDS in the US is increasing. People age 55 and older account for nearly one fifth of persons with HIV/AIDS in the US (CDC). The trajectory from HIV to AIDS in the older population can be swift so the approach to care and treatment should reflect the reality of a more vulnerable immune system. Although older persons with HIV are more adherent to antiretroviral therapy, their immune systems recover more slowly after initiation of treatment. Additionally, there is greater frequency of stigma among older persons and maladaptive coping (Emlet et al, 2013). This new reality has prompted the National Institutes of Health Institute on Aging to start a campaign to educate older persons about their HIV risk factors. Project ROADMAP (Reeducating Older Adult in Maintaining AIDS Prevention) was developed to reduce high-risk sexual behaviors among older HIV-positive patients (Illa et al, 2010).

Purpose: The aging of HIV/AIDS impacts how we care for those with HIV and how we care for all older persons no matter their HIV status.

Practice: Persons with HIV/AIDS are aging and new risk factors for older persons have emerged. Clinical practice should reflect the altered immune system of an older person by establishing best practices of care for older persons with HIV/AIDS and for the prevention of HIV transmission in this population. Nurse practitioners should adjust their diagnostic approach to older patients in order to increasingly consider HIV/AIDS in their differential of persons presenting with conditions such as pneumonia or dementia.

Conclusions: The average age of persons with HIV/AIDS in the US is increasing. This impacts how we care for those with HIV and how we care for all older persons no matter their HIV status.

Implication for Practice: Care and treatment of older persons with HIV/AIDS should reflect knowledge of the difference in the natural history and progression of the disease as compared to younger patients. Treatment plans should consider a more vulnerable immune system. Additionally, HIV should not be overlooked as a diagnosis in older HIV negative patients.

Objectives: The learner will be able to:

- Understand the changing demographic of HIV/AIDS;
- Describe the disease expression and natural history of HIV/AIDS in older persons;
- Describe the purpose of Project ROADMAP;
- Identify two changes to clinical practice that better serves older persons with HIV/AIDS.

Assessing a Tablet-based Clinical Training Approach for Nurses Providing Option B+ Services in Mozambique

Sarah Gimbel¹
Celso Inguane¹
Joao Luis Manuel²
Florencia Floriano³
Kenneth Sherr¹

¹University of Washington, Seattle, WA, USA

²National Institute of Health, Beira, Sofala Province, Mozambique

³Health Alliance International, Beira, Sofala Province, Mozambique

Background: Rapid introduction of Option B+, whereby all pregnant women who test HIV positive are placed on combination antiretroviral therapy (cART) for life regardless of CD4 count or clinical stage, is rapidly expanding in many sub-Saharan countries facing high HIV burden and limited resources, including Mozambique. Preparations to support the introduction of cART in antenatal care have targeted country-level readiness tools, while less attention has been given to building essential clinical competencies for mid-level nurses now responsible for the care and management of HIV-infected pregnant women.

Purpose: A tablet-based training approach to build core clinical competencies for nurses introducing cART in pregnancy, designed to be incorporated into routine supervision efforts by nurse managers was developed and evaluated in central Mozambique. Real-time syncing of results from competency assessments was embedded in the modular training. Specific aims included 1) Identification of gaps in maternal and child health nurse competencies related to Option B+; 2) Development of a tablet-based training approach using video vignettes and competency testing; and 3) Assessment of the acceptability and impact of the tablet-based training on clinical competencies among maternal and child health nurses providing cART for HIV-infected women during pregnancy, birth and breastfeeding.

Methods: A standardized assessment tool will measure nurse competency at baseline, endline and post 3 months across 30 health facilities (20 intervention, 10 control). Focus group discussions will be conducted at 3 clinics to assess acceptability. 60 nurses currently providing Option B+ will be recruited to receive the intervention, and 60 control nurses will receive the same assessment without the intervention as a control group.

Conclusions and Results: Preliminary results will be available in September 2015.

Implications for Practice: Option B+, which expands access to cART through task shifting clinical management roles from higher level providers to maternal and child health nurses, has the potential to dramatically decrease HIV transmission between mothers and babies in countries with high disease burden and limited resources. Ensuring maternal and child health nurses are adequately trained and supported to provide quality care is a priority to maximize the potential impact of this approach.

Objectives: The learner will be able to:

- Describe results of formative research regarding nurses current knowledge and capacity to effectively counsel HIV+ perinatal women on Option B+ services to prevent HIV transmission to their newborn;
- Discuss preliminary results of the appropriateness and acceptability of a tablet-based on-the-job training curriculum designed for nurses engaged in promoting the new Option B+ strategy in Mozambique.

Seeking Safety: A Trauma Informed Care Intervention at the Jersey City Center for Comprehensive Care

Fatima De La Cruz¹
Rachel Sakai¹
Mona Williams-Gregory¹
Patricia Hentz¹
Dean Wantland¹
Eileen Scarinci²

¹*Rutgers School of Nursing, Newark, NJ, USA,*

²*Jersey City Medical Center Barnabas Health, Jersey City, NJ, USA*

Background: Studies consistently report the increased prevalence of stigma, mental trauma and Psychosocial comorbidities in HIV positive individuals.

Purpose: An evidence based protocol was designed to implement Seeking Safety, a cognitive behavioral intervention, to address trauma, stigma, adherence and quality of life in people living with HIV (PLHIV) in an urban HIV clinic. Seeking Safety is a cognitive behavioral intervention created by Linda Najavits (2002) to address trauma and healthy coping behaviors.

Methods: Six participants completed eight Seeking Safety learning modules in a group therapy setting. Demographic data and scales measuring key outcomes were collected upon enrollment and upon completion of the intervention. Post session questionnaires were administered after each of the eight modules. Self-efficacy for adherence was measured via HIV ASES scale. Quality of life was measure via the Veteran's Rand SF-12 scale, and Berger Stigma Revised Scale measured perceived stigma. The data were assessed using repeated measures analysis of a variance to assess for change in the identified outcomes.

Results: Substantial changes in HIV ASES, SF -12 and Berger Stigma Revised scale were not noted post intervention. Scores on the HIV ASES decreased in both females (Mean 1= 105.3, SE=19.4; Mean 2=97.8, SE =34.1) and males (Mean 1= 117.5, SE =3.5; Mean 2= 113.0, SE=1.4). Scores on the mental health composite score of the SF 12 decreased post intervention in both females (Mean1 = 47.9, SE=09.1; Mean 2=44.6, SE= 9.1) and males (Mean 1=42.3, SE=6.4; Mean 2= 40.1, SE=11.6). Physical Health composite score decreased in females (Mean1 = 48.6, SE=09.5; Mean 2= 47.6 SE=3.8) and increased slightly in males (Mean 1=51.7, SE=2.5; Mean 2= 53.7, SE=6.6). Perceived stigma scores increased slightly in females (Mean1 = 15.8, SE=5.0; Mean 2=16.3, SE=3.1) and decreased slightly in males (Mean 1=20, SE= 4.2; Mean 2= 18, SE=8.5). Of significance, qualitative analysis revealed experiences of increased "self-awareness", "honesty", "self-efficacy" "spirituality" and "belonging" as result of the intervention.

Implications for Practice: Our results show that the intervention was overall beneficial and well received. Seeking Safety is an evidenced based intervention that is feasible for the integration of trauma informed HIV care.

Objectives: The learner will be able to:

- Become familiar with the Seeking Safety intervention;
- Understand of how Seeking Safety was implemented at the Jersey City Center for Comprehensive Care.

Social Support: A Critical Need for Women Living with the Challenge of HIV and Aging Up

Stephen Karpiak¹

Tonya Taylor¹

Dorcas Baker¹

¹*Johns Hopkins University AETC LPS, Baltimore, MD, USA*

²*Johns Hopkins School of Nursing, Baltimore, MD, USA*

HIV is the leading cause of death and disease among women of reproductive age (19-49) worldwide. The United Nations believes that the HIV epidemic exacerbates the persistent gender inequalities and human rights violations present in all societies, and that these wrongs continue to put women at a greater risk in terms of acquiring HIV and passing it on, accessing treatment and receiving care. Older Black women comprise upwards of 40% of new HIV diagnosis in the US. and like their counterparts, older Black women face many other interacting and challenging factors of biological, socio-cultural, economic and legal origins, which further increases vulnerability in relation to health and well-being. Many women with HIV worry hugely about the impact of a diagnosis of HIV on friends and family, (especially if they are caring for a sick partner or their children), on their finances, (after death, separation or divorce), and on their ability to work. Many feel isolated and have re-entered the dating scene without the knowledge of their increased risk for HIV and how to practice safer sex. More than often, their health care providers are not comfortable with and sometimes not aware of the need to do a sexual history and to discuss sexual health. Living in secrecy makes it difficult to establish peer support networks. Older Women aging up with HIV seek support from peers who can identify with the challenges of multimorbidities and the desire to live well in spite of a diagnosis of HIV. Older Women Embracing Life (OWEL) is a support group for older women living with HIV/AIDS well into their senior years who find strength in one another to move forward in spite of a stigmatizing diagnosis. Many of these women were able to disclose for the first time in their senior years and share the story of their journey coping with HIV and aging comorbidities. They serve as mentors and educators in the areas of prevention and awareness in their communities and have initiated ongoing HIV awareness campaigns.

Objectives: The learner will be able to:

- Describe the importance of social support for aging HIV positive women;
- Identify a support group for older women.

Meeting HIV Prevention Needs of the Older Adult

Donna Roberson¹
Deborah Bowers²

¹*East Carolina University College of Nursing, Greenville, NC, USA*

²*Virginia Department of Health, Alexandria Health Department, Alexandria, VA, USA*

Background: According to the CDC, by 2017 over half of persons living with HIV will be over the age of 50. Older adults are more likely to be diagnosed with AIDS at a later stage and HIV progresses to AIDS much quicker than in a younger patient. Reduction of HIV acquisition is often not on the minds of older adults, many of whom no longer are concerned with pregnancy and are not aware of their risks for acquiring HIV. Further, barriers such as stigma, ageism and lack of screening limit opportunities for HIV prevention Education between the patient and healthcare provider.

Purpose: This presentation aims to discuss the HIV prevention needs and methods to reduce barriers to meeting HIV prevention needs of the older adult. The role of the nurse in the dissemination of HIV prevention education for an aging adult will be emphasized.

Practice: Often the nurse has the necessary rapport to discuss sensitive matters with older adult patients. Nurses need resources to provide for HIV prevention needs of the older adult.

For example, the use of posters depicting older adults, condom use, and/or HIV risks may be an "ice-breaker" that can be utilized to begin a meaningful discussion tailored to the needs of the individual older adult. Peer-to-peer counseling and routine, consistent screening for sexual/substance use risk among older adults by the healthcare provider can normalize HIV discussion for the patient. Multiple methods can be used to meet HIV prevention needs.

Conclusions: Nurses should engage in collaborative HIV prevention care with patients and their partners or families and work with other healthcare professionals to reduce barriers to preventative behaviors. Together, individual, local and regional targeting can reduce HIV acquisition among aging patients.

Implications for Practice: Nurses who take the lead to consistently screen all patients appropriately regardless of age and provide time for HIV prevention discussions may reduce acquisition of HIV among older adults. Through deliberate HIV prevention care, nurses can empower older adults to take an active role in meeting their health needs including HIV prevention.

Objectives: The learner will be able to:

- Discuss barriers to HIV prevention among older adults;
- Describe methods to engage older adults in HIV prevention behaviors and increase consistent HIV screening among healthcare professionals.

Integrating Expert HIV care into the Community Health Centers Using a Model of Multidisciplinary Care (Poster Presentation)

Margaret Essex

Christine Balt

Bree Weaver, MD

Eskenazi Health, Indianapolis, IN, USA

Background: Approximately 20% of HIV positive individuals remain undiagnosed and 22% of those testing positive, are not linked to care within three months. Persons with HIV often have comorbid conditions necessitating primary medical care. A model of care is being developed to provide joint expert HIV care and primary care in Community Health Centers (CHCs).

Purpose: The purpose of this project is to integrate routine HIV screening and treatment into CHCs. Expanded routine HIV testing will identify patients to link to care. Using a multidisciplinary approach, the complex health care needs of persons with HIV/AIDS will be met.

Methods/Practice: With support from the Health Foundation of Greater Indianapolis, Eskenazi Health formed a traveling team; composed of a care coordinator, pharmacist, nurse practitioner, and two testing coordinators. This team has established rapid testing protocols for the CHCs, and will provide linkage to care, expert HIV care, education of primary care providers, and HIV prevention programs like Pre-Exposure Prophylaxis (PrEP).

Conclusions: As this is a newly created program, the model of care is under ongoing development. The team is developing best practice plans and initiating joint care with primary providers. Retention in care and increasing access to care will be a crucial measure of the program. More information on the practice and evaluation of the program will be available by the time of presentation.

Implications for Practice: This innovative model of care will improve delivery of HIV care in our community. Specific performance measures are expected to be met in this project, including, but not limited to: improved medication adherence, better appointment adherence, and increased patient satisfaction. We anticipate less duplication of labs and fewer clinic visits per patient per year.

Objectives: The learner will be able to:

- Define the program in terms of sustainability;
- Identify how this program could be duplicated in similar settings.

Establishing the Global Health Nursing (GHNING) Working Group: a Seattle-based Organization Engaged in Promoting Nursing Leadership in Global Health

Kristen Hosey¹
Jillian Pintye¹
Karen Hays³
Nami Kawakyu⁴
Sheena Jacob²
Sika Holman²
Shannon Duffy¹
Joachim Voss¹,
Karin Huster, RN⁵
Sarah Gimbel¹

¹University of Washington, Seattle, WA, USA

²International Training and Education Center on Health (I-TECH), Seattle, WA, USA

³Bastyr University, Kenmore, WA, USA

⁴Kawakyu Consulting, Seattle, WA, USA

⁵Partners in Health, Port Loko, Sierra Leone

Issues: Globally, ~33 million people live with HIV and nurses comprise a majority of the global health (GH) workforce delivering HIV care. Yet, nurses are underrepresented in critical GH decision-making bodies. Opportunities are needed to collaboratively strengthen nursing leadership across health systems and increase nursing perspectives in GH practice and policy.

Description: In September 2014, Seattle-based nurses and midwives actively engaged in global HIV issues established the Global Health Nursing (GHNING) Working Group to advocate for nursing leadership in GH. GHNING recognizes a vision of GH that addresses health, wellness and access to healthcare that transcends national boundaries, and promotes equity. GHNING has four main activity areas:

- increasing visibility of nurses' contributions and diverse roles in improving GH,
- promoting reciprocal interest of nurses in GH and GH practitioners in nursing,
- improving nurse leadership capacity through expanding and disseminating GH opportunities for nurses and
- supporting nurse membership in local, regional, national and international forums and decision-making bodies.

Lessons Learned: Interest in GH among nurses is high and several nurses in Seattle actively work on GH issues in various capacities, validating the establishment GHNING to provide a forum for GH nurses. Having a structured mechanism for convening like-minded GH nurses from academic, clinical and public health spheres has underscored the importance of nurse leadership in GH. Initial activities of GHNING have included conducting public talks highlighting the work of nurses on GH challenges attended by >300 students, faculty, medical professionals and lay persons. Topics included HIV/AIDS implementation science research, Ebola management and the ethics of volunteering with medical teams abroad. GHNING also established an online repository of global opportunities for nurses and interviews with inspiring nurse leaders working in the field.

Recommendations: Grassroots GH nursing initiatives are important. GHNING is empowered to serve as a platform for engaging the Seattle-based GH community in nurse-led education, research and practice activities that focus on HIV and other global health priorities. GHNING will also initiate discussions around nursing leadership in GH at larger forums such as conferences and symposiums to inspire others to join our mission and cultivate new partnerships.

Objectives: The learner will be able to:

- Understand the importance of nurse leadership in global health for the improvement of equity in global HIV care;
- Exercise awareness on how to engage collaboratively with other nurses working on global HIV issues to promote nursing leadership in global health.

Implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT) into HIV Practice Settings: An Example and a Chance to Practice

Lucy Graham¹
Kristy Watkins²
Alicia Gutierrez²

¹CU Denver, Aurora, CO, USA

²St. Mary's Hospital and Medical Center, Grand Junction, CO, USA

Background: Substance use increases the likelihood of HIV acquisition and transmission by altering inhibitions related to sex and drug use behavior (CDC, 2013). Because of this, 24% of PLWH nationally are identified as needing treatment for alcohol or illicit drug use (SAMHSA, 2010). Screening, Brief Intervention, and Referral to Treatment (SBIRT) evolved as a comprehensive, easy-to-use strategy to assess and intervene with tobacco, alcohol, and drug pre-dependent and dependent behavior in a variety of clinical settings (Babor, et al., 2007). While the SBIRT initiative is supported in the general literature, less is known about how this intervention works in outpatient HIV clinics.

Purpose: (1) To describe how SBIRT was implemented in an outpatient HIV clinic and review findings of six years of SBIRT data; and (2) To provide a guided practice session for ANAC attendings using the SBIRT process.

Methods/Practice: The clinic has been funded since 2008 to provide SBIRT to all PLWH in the region, a semi-rural area of about 500,000 square miles. A descriptive analysis of the data informed staff on SBIRT penetration in the clinic as well as specific substances of abuse and associated severity.

Results: The majority of PLWH in our population screened positive using SBIRT, 58% of unduplicated patients in 2013. The Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) scores were all in the moderate range, indicating patients may be experiencing substance-related health and non health problems along with substance dependence. The ASSIST accompanies SBIRT as way to score patients as low, moderate, or high risk. In our population, substance use is higher than the general population, with a more than 50-fold increase in amphetamine use.

Implications for Practice: Nurses and/or ancillary staff can quickly and effectively screen for tobacco, alcohol, and illicit drug use as part of HIV medical visits. Identification of substances of abuse in specific clinics can focus resources and interventions to those who need it most.

Objectives: The learner will be able to:

- Gain knowledge about SBIRT and how it has been implemented in an outpatient HIV clinic;
- Attendees will gain skills and practice administering the SBIRT tool.

¡Salud a la vida! Cheers to Life! Utilizing Peers for an Integrated HIV, Hepatitis C, Alcohol, and Substance Abuse Prevention Program for Young Latino Adults

Christina Tolentino-Baldrige¹
Ana-Alicia Carr¹
Mara Bird¹
Britt Rios-Ellis²
Melawhy Garcia¹
Miguel Angel Ortiz-Valenzuela¹

¹*California State University Long Beach, Long Beach, CA, USA*
²*California State University Monterey Bay, Monterey Bay, CA, USA*

Background: Long Beach is significantly impacted by HIV/AIDS, with a cumulative AIDS incidence rate double the rate of Los Angeles County (LAC) and nearly triple the rate of California in 2010. Minorities in Long Beach are increasingly affected by HIV, with Latinos representing 30% of those living with HIV/AIDS. Moreover, Long Beach is located in LAC Service Planning Area (SPA) 8, which exhibited higher rates of past month illicit drug use and alcohol dependence than LAC and the United States between 2008 and 2010. Additionally, alcohol and substance use among young adults has been linked to engaging in high-risk sexual behaviors, thus increasing the risk for HIV. Prevention efforts have been made to reduce the incidence rate of HIV, alcohol, and substance abuse among young adults, but few target Latinos.

Purpose: To establish a university and community partnership between California State University Long Beach (CSULB) and Bienestar Human Services, Inc. that will provide the campus and the Long Beach community with a peer-driven intervention created to deliver sustainable, culturally relevant, and integrated HIV, Hepatitis C (HCV), alcohol, and substance abuse prevention services for young Latino adults (18-24 years).

Methods/Practice: A place-based needs assessment is being conducted and consists of: a literature review; analysis of existing data, resources, and interventions; 11 focus groups; and insight from community stakeholders. These findings will provide the necessary framework for the campus/community driven strategic plan. Graduate students and peer health advocates will help deliver the intervention to 300 young Latino adults within the campus community and city of Long Beach.

Conclusions: Preliminary results from the needs assessment found the utilization of peers as an essential intervention component. Moreover, the assessment suggests an underutilization of available (albeit limited) services among young Latino adults.

Implications for Practice: A university and community collaboration driven by peers can help transform the institution and community into environments conducive to prevention efforts directed at reducing HIV/HCV, alcohol, and substance abuse among young Latinos. Utilizing students from nursing and other health-related disciplines will provide additional program sustainability and enable students to gain valuable experience in advocating for these critical public health issues.

Objectives: The learner will be able to:

- Discuss the need for increased HIV, hepatitis C, alcohol, and substance abuse prevention efforts among young Latino adults in Long Beach;
- Recognize the utilization of peers as an essential intervention component for promoting health education in young adults.

Nurse-Led Naloxone Distribution at a Syringe Access Site in New Jersey

Joanne Phillips¹
Babette Richter²
Georgett Watson²

¹*FXB Center, Rutgers School of Nursing, Newark, NJ, USA*

²*South Jersey AIDS Alliance, Atlantic City, NJ, USA*

Issues: In response to growing rates of opioid use and overdose deaths, the New Jersey State legislature enacted the *Overdose Prevention Act*, in May, 2013, which enabled the distribution of the drug naloxone (Narcan) to communities affected by drug use. The law allows providers to prescribe or dispense naloxone to people who may be in a position to help a person experiencing an opioid overdose. The law also protects a person from prosecution if they call for emergency assistance for a person who is experiencing a drug overdose.

Description: The South Jersey AIDS Alliance (SJAA) began a naloxone distribution program at one syringe access site in 2014. The agency was able to develop their program by building on resources already in existence, primarily the services of the Access to Reproductive Health and HIV Services (ARCH) nurse who was working on site to provide health education, screening, and referral for medical management to clients. SJAA worked with their nurse to develop the naloxone patient education and distribution program utilizing standing orders from a medical director. Key components of each naloxone education session includes: recognizing the signs and symptoms of an opioid overdose, calling 911, the performance of rescue breathing, and the intramuscular or intranasal administration of naloxone. Each overdose prevention kit contains the items necessary for naloxone administration as well as written educational materials and acknowledgment the person participated in naloxone training.

Lessons Learned: In 2014, SJAA distributed (1028 doses [or 514 kits]) naloxone kits to drug users, as well as friends, family, and contacts of drug users, and reported 16 reversals of opioid overdose. Opioid users and their close contacts can and will use naloxone to reverse opioid overdoses when properly trained. Nurse-led training at syringe access sites is a successful model for expanding naloxone distribution to at-risk opioid users.

Recommendations: The program was able to expand their model of naloxone distribution by nurses at four additional syringe access sites across the State of New Jersey. Nurse-led training and distribution of naloxone is a successful model for opioid overdose prevention. This model should be adapted for use in other states.

Objectives: The learner will be able to:

- Describe a nurse-led model of naloxone distribution at a syringe access site;
- Identify opportunities for implementing nurse-led models of naloxone distribution in their own setting.

**The Use of the Conceptual Model of Nursing & Health Policy to Improve
Substance Abuse Treatment for Incarcerated Individuals**

Shoshana Aronowitz¹

Teri Aronowitz²

Jacqueline Fawcett²

¹*University of Vermont, Burlington, VT, USA*

²*University of Massachusetts Boston, Boston, MA, USA*

Issue: Injection drug users [IDUs] make up 16% of people with new HIV diagnoses and two-thirds of people with new Hepatitis C diagnoses in the U.S. Transmission of HIV between IDUs is predominantly from sharing contaminated equipment but can also occur from sexual transmission. In 2012, 1.3 million individuals received opioid maintenance treatment (OMT) in the U.S. Although the WHO recommends OMT for the prevention of HIV and HCV transmission in all prisons, U.S. prisons do not universally provide OMT, and treatment is generally limited to medical detoxification rather than maintenance. The purpose of this Conceptual Model of Nursing and Health Policy-guided [CMNHP] study was to further explore selected findings from a qualitative descriptive study and to recommend policy changes. The policy change of interest is adequate and continued OMT, which includes collaboration between OMT clinics and prisons to enhance access to safe and effective OMT.

Description: Transcripts from semi-structured interviews with 10 adult clients of an OMT community-based clinic were analyzed using interpretative phenomenology.

Lessons Learned: All participants reported easy access to substances during the time they were in prison. The participants indicated that correctional officers frequently bartered sex for drugs, increasing the health risks from both IV drug use and unprotected sexual activity. The lack of OMT for inmates led to continued illicit drug use, unprotected sex, and corruption of staff through drug smuggling and dealing.

Recommendations: The provision of adequate substance abuse treatment, including OMT within all prisons is recommended, as is streamlined access to treatment in the community after release. These recommendations will be discussed employing CMNHP to suggest methods of affecting social policy change.

Objectives: The learner will be able to:

- Discuss the epidemiology opioid dependence and incarceration rates;
- Discuss the Conceptual Model of Nursing & Health Policy & how it related to the current policy of OMT in incarcerated individuals & how to affect change;
- Relate Opioid maintenance treatment (OMT) and increased quality of life.

**Medical, and Psycho-social Conditions among HIV Infected Veterans:
A Review of the Literature**

Million Mesfun
Sheldon Fields

Florida International University, Miami, FL, USA

Background: HIV infection and veteran status are independently associated with medical, mental, and social problems. Majority of HIV infected veterans are older adults, and with the help of combination ART (antiretroviral-therapy) they are expected to live longer than ever before. However, this also means that they will be exposed to several comorbidities, as their life expectancy increases. The complex interaction between HIV infection and being a veteran, and how this interaction influence health outcomes is poorly understood.

Purpose: The purpose of this study is to assess the current state of knowledge on the medical, psychological, and social conditions among HIV infected veterans.

Method: A systematic search of four electronic data bases (Google Scholar, PubMed, CINAHL, and AIDS line) was conducted to identify 23 articles that met inclusion criteria and published from 2003-2014.

Results: HIV infected veterans are at increased risk for medical and psycho-social comorbidities when compared to HIV negative veterans. Furthermore, HIV infected veterans are more likely to experience sub-optimum adherence to ART, and more likely to be to be hazardous drinkers and current smokers; factors that exponentially increase their risk of comorbidities. Interestingly health care providers have decreased awareness in detecting current smoking habits, and hazardous drinking with no clinically manifested complications.

Implication for Practice: For effective delivery of treatment and provision of better counseling and education services, health care providers should have increased awareness in detecting current smoking habits, and hazardous drinking.

Objectives: The learner will be able to:

- Identify the prevalence and severity of medical and psychosocial comorbidities among HIV infected veterans;
- Recognize the degree of awareness of health care providers in detecting current smoking and hazardous drinking among HIV infected veterans.

Improving Cognitive Function Utilizing A Web-Based Cognitive Training Program for Older Adults Living with HIV Who Have Experienced Mild Cognitive Decline

Judy Frain

Goldfarb School of Nursing at Barnes-Jewish College, St. Louis, MO, USA

Background: The number of older adults living with HIV is growing, and soon more than half of all persons living with HIV in the United States will be over the age of 50. Research has shown that this older population experiences cognitive decline earlier and at a faster rate than younger persons living with the virus. This cognitive decline affects many aspects of life, but perhaps most importantly it has a detrimental impact on treatment adherence. Previous research has shown the cognitive domain of executive function is strongly correlated with treatment adherence.

Purpose: This randomized controlled pilot study is designed to determine the feasibility of using a home-based internet computerized cognitive training program to improve cognitive function, and specifically executive function in older adults who have experienced mild cognitive decline. The study also explores if improving executive function specifically, or cognitive function in general will lead to an improvement in adherence to cART in this population.

Methods: This pilot study randomly assigns older adults with cognitive decline to an intervention (computerized training) or a control group (attention equivalent) for 16-weeks. Participants from both groups will come to the clinic once each month for pill counts and cognitive testing. Those in the intervention group perform at-home cognitive training every week. The attention equivalent group will receive internet newsletters focused on healthy aging. Each group receives a weekly phone call, either assessing the use of the training program, or to confirm receipt of the newsletter. After 16-weeks viral load and CD4 counts will be done on both groups, along with cognitive testing. These final evaluations will be repeated 8 weeks after completion of the training program to assess if changes are sustained.

Conclusion and Results: Interim results regarding feasibility of the program, as well as interim changes in adherence and cognitive function will be reported at the conference.

Implications for Practice: improving cognitive function outside of the health care setting will give individuals the ability to be an active partner in their health care. A home-based program eases the burden of additional healthcare visits on an already overburdened patient population.

Objectives: The learner will be able to:

- Understand the feasibility of incorporating a computerized training program for older adult patients with cognitive decline;
- Determine the benefits of improved cognition in relation to adherence for older adults living with HIV.

**Navigating the Journey; A Psychotherapeutic Modality
Addressing Issues of Long Term Survivors**

Erin Geribaldi
Bruce Vancil

Shanti Orange County, Laguna Hills, CA, USA

Background: Long term HIV patients experience with their diagnosis is different from patients diagnosed today. Often treatment fatigue and PTSD symptoms plague survivors causing barriers to care. Many HIV/AIDS patients were diagnosed before ART/HAART and had done the emotional work needed to accept their terminal condition only to live long enough to benefit from new medications. To address these issues Shanti Orange County developed a focused group therapy modality entitled "**Navigating the Journey.**"

Methods: Twelve male long-term survivors of HIV were selected to attend this group, and eight completed the group in its entirety. The group met monthly for four one and a half hour sessions at the office of Shanti Orange County. Before the group began, group members completed a short pre-intervention survey. This survey included questions from the Patient Self-Advocacy Scale (Brashers, et al, 1999) plus items specific to Shanti Orange County's needs. The group shared the skills they had used in the past and the barriers they were facing. The last two sessions of the group focused on these shared difficulties and explored ways in which the group members could find motivation to move past these problems. After the fourth session, the members completed the same survey given at the beginning of the program.

Conclusions and Results: After the group, the men gave higher ratings to the following: "I believe it is important for people with HIV/AIDS to learn as much as they can about their illnesses and treatments," "I actively seek out information on my illness," "I am more educated about my health than most U.S. citizens," "I have control in my healthcare," and "I am more assertive about my healthcare needs than most U.S. citizens."

Implications for Practice: This modality appears to be specific and effective with long term HIV/AIDS survivors as it keeps the focus on events and issues facing each individual in their life today and it keeps them looking forward. Given the strong response on the common items, "Navigating the Journey" could be an effective therapeutic modality in a variety of settings.

Objectives: The learner will be able to:

- Identify patients who are long term survivors suffering from psychological conditions that interfere with future planning by the end of the presentation;
- Describe the form and flow of the Navigating the Journey modality and differentiate patients appropriate for referral to care.

**Who Will Care for the Future?
The Critical Role of Nurses in Meeting the HIV Workforce Shortage**

Darcel Reyes
Anne Marie Linn
John Nelson
Suzanne Willard

Rutgers University, Newark, NJ, USA

Background: Advances in HIV treatment have resulted in an increased number of people living with HIV (PLWH) who require HIV-related primary care. However, 50% of HIV primary care providers plan to retire in 5-10 years (HealthHIV, 2012). Ryan White funded facility administrators cite a lack of HIV education as an obstacle to recruiting competent clinicians and 48% of clinicians indicate the need for more HIV training (HRSA, 2010). Task shifting to meet this shortage means that nurses at all levels of educational preparation will need HIV expertise. To meet this need, Rutgers School of Nursing's HIV Care Specialty program (HCS) faculty created an outreach strategy to inform nursing students and faculty about the need for HIV-related nursing education.

Purpose: The purpose of the outreach strategy was to inform nursing students and faculty of workforce needs, career opportunities in HIV care, and promote the integration of HIV-related education into nursing curriculum.

Methods: Faculty and staff of the HCS formed a committee to develop a one credit continuing nursing education (CNE) program about HIV workforce needs, career opportunities, prevention strategies, and nursing interventions for treatment adherence and retention in care. Counties in New Jersey with the highest prevalence of HIV disease were identified. The CNE program was offered to nursing schools located in those counties.

Results: Students and faculty attended the presentations. Participants reported an increase in knowledge about the epidemic in New Jersey, improved ability to intervene in the HIV Care Continuum, and an increased willingness to care for PLWH in the future. In addition, participants wanted more HIV-related information incorporated into the curriculum.

Implications for Practice: Advanced practice nursing HIV education is just one way to prepare for the shortage of HIV providers. HIV-related curriculum is needed at all levels of education to ensure a workforce prepared to care for PLWH. Directors and deans of vocational, associate degree, RN to BSN, Baccalaureate, Masters, post-Masters, and Doctor of Nursing Practice programs should consult with HIV nursing care experts to develop appropriate HIV-related curriculum. The HCS outreach program is one model to address future HIV nursing workforce needs.

Objectives: The learner will be able to:

- Analyze workforce demands for HIV primary care;
- To appraise areas for integration of HIV into nursing curriculum.

High Risk Behaviors in Adolescents: Is HIV/AIDS Education Making a Difference?

Rosemary Walulu
Andrea Berndt

*University of Texas Health Science Center
San Antonio, School of Nursing, San Antonio, TX, USA*

Background: Adolescents aged 10-19 make up about 15% of the United States (U.S) population. The Centers for Disease Control and Prevention [CDC] has identified that risky behavior among adolescents is a major contributing factor to adolescent morbidity (CDC, 2008). There is a need to understand the complexities of decision making that leads to sexual activity; this can help health care providers find effective ways to have a positive impact on the lives of sexually active adolescents (Fantasia, 2011).

Purpose: The purpose of this article is to examine the contribution of substance abuse behaviors (alcohol and marijuana), nonconsensual sex, and HIV/AIDS education to the prediction of adolescent sexual high risk behaviors, defined as more than four lifetime partners, two or more partners in the last 90 days, using drugs or alcohol prior to sex, and not using a condom or pregnancy prevention prior to sex.

Methods: Two samples (N = 10, 502) of sexually active adolescents (2007 & 2011) from the Youth Risk Behavior Survey were compared. Hierarchical regression analyses supported that nonconsensual sex and marijuana use significantly contributed to increased high risk behaviors, whereas the presence of HIV/AIDS education significantly decreased adolescents' high risk sexual behaviors.

Conclusions: Although HIV/AIDS education significantly decreased high risk sexual behaviors in adolescents; its contribution was limited, thus warranting further investigation. It appears that education is less effective in decreasing risk behaviors in this age group and that knowledge does not translate to change in behavior.

Implications for Practice: Health care providers need to consider other approaches to dialogue with adolescents to reinforce the importance of safe sex and HIV testing. The providers need to consider and understand the importance of sexual developmental to this age group when providing care or interacting with teens.

Objectives: The learner will be able to:

- Describe the role of substance abuse behaviors and nonconsensual sex in adolescent sexual risk behaviors;
- Discuss the contribution of substance abuse behaviors to the prediction of adolescent sexual high risk behaviors.

Use of a Telenovela for HIV Prevention among Hispanic Women in South Florida

Natalia Villegas
Julie Barroso
Rosina Cianelli
Nilda Peragallo

University of Miami, Coral Gables, FL, USA

Background: Although Hispanic women are disproportionately affected by HIV, they remain an understudied and underserved population. The use of telenovelas for HIV prevention has shown to be effective in reducing risky sexual behaviors among young African American women and Hispanic youth, and in increasing retention in HIV prevention programs among young African American women. However, there is limited literature about the efficacy of telenovelas for HIV prevention among Hispanic women.

Purpose: The purpose of the proposed study was to evaluate the acceptability of using a telenovela (soap opera) for HIV prevention among Hispanic women in South Florida.

Methods/Practice: Three focus groups were conducted with 25 Hispanic women 18 years and older to:

- investigate Hispanic women's perceptions of telenovelas for HIV prevention,
- collect recommendations about the content and features that should be included in the development of a telenovela for HIV prevention, and
- assess the types of technologies that women consider more appealing/feasible to deliver the intervention. A semi-structured interview guide was used to collect women's feedback.

Results: The mean age of the women was 51.4 ± 16.1 years old. The majority of them were from Cuba (n=17,68%), followed by Nicaragua (n=3,12%), Venezuela (n=2,8%), Colombia (n=2,8%), and Argentina (n=1,4%). The results revealed that women were not receiving education about HIV prevention and that a telenovela was an acceptable form of learning about HIV prevention. Women are comfortable with the use of different technologies (e.g., iPod Touch, smartphones, television, tablet, internet), and they preferred to watch a telenovela at home and after work hours (5-10 PM). The majority of the women preferred to watch the telenovela using a device that provides privacy (e.g., iPod Touch, tablet, smartphone). Many women did not have internet access to a computer at home due to cost and some of them did not feel comfortable watching an HIV prevention telenovela on a device or media that did not provide privacy (e.g. television).

Implications for Practice: There is a need for a multigenerational and culturally-appropriate HIV prevention intervention for Hispanic women. The use of a telenovela can be promising for HIV prevention among Hispanic women.

Objectives: The learner will be able to:

- Identify the principal aspects to develop and pilot a telenovela for HIV prevention intervention among Hispanic women;
- Identify relevant aspects related to the use of technology for a telenovela intervention.

HIV/HCV Co-infection: Overcoming Barriers to Treatment

Chloe Gross
Elizabeth Akoth
Price Angie
Silk Rachel
Sarah Kattakuzhy

University of Maryland Baltimore, Baltimore, MD, USA

Background: Hepatitis C is a major public health burden, affecting approximately 185 million people worldwide and 3 million people in the United States. People with HIV are disproportionately affected by HCV. HIV and hepatitis C continue to be a public health concern in Washington, DC. With the advent of interferon-free regimens, hepatitis C providers and patients gained hope that the success seen in clinical trials could be translated to the real world. However, the exorbitant cost of the new direct acting anti-virals (DAAs) limits access to these medications to underserved populations with public insurance thus creating unique challenges.

Purpose: To detail the measures necessary and challenges faced by the nursing team to obtain direct acting anti-virals (DAA's) for co-infected and mono-infected underserved patients in Washington, DC community clinics.

Methods: A descriptive qualitative study to examine the process for obtaining DAA's for 20 genotype-1 and -2 patients between February 2014 and March 2015 through public and private insurance and patient assistance programs.

Conclusions: A critical step in the eradication of hepatitis C is access to effective therapy. We can screen and diagnosis patients in greater numbers, link patients to providers, and provide simple staging mechanisms, but without access to medications, hepatitis C will remain a silent epidemic. It is our hope that in the future, a decrease in medication cost will drive a simplified approval process, allowing us to obtain HCV medication for our patients without additional burden on the healthcare system.

Implications for Practice: Despite the challenges faced in obtaining HCV medications, our perseverance has resulted in twenty patients who have accessed potentially life-saving medications. However, our experience has demonstrated that it will take significant time and dedication on the part of providers and staff to assist patients in the process of obtaining DAA's.

Objectives: The learner will be able to:

- Gain knowledge of how to obtain DAA's HCV medications for patients through public insurance;
- Gain knowledge of how to obtain DAA's HCV medications when insurance does not cover it.

HIV Testing in the Emergency Department: Overcoming Barriers to Increase Testing

Lisa Williams¹
Shannon Galvin²

¹*Northwestern Memorial Hospital, Chicago, IL, USA*

²*Northwestern University, Chicago, IL, USA*

Issues: Despite CDC recommendations for opt-out HIV testing in all healthcare settings, and the state law mandating HIV testing of pregnant woman, HIV testing had been extremely limited in our ED.

Description: We aimed to increase HIV testing in our ED, and assure testing of pregnant women, by developing a testing program that was tailored to the unique care environment of the ED. The interventions we instituted were developed based on previously identified barriers: the HIV test turn around time and impact on patient length of stay, and concerns regarding delivery of test results and linkage to care. Interventions included work with the lab to assure a one hour turn around time for the ED, and an enhanced HIV testing policy and procedure that included an HIV Rapid Diagnosis Team, comprised of ID physicians and APN, to assist with discussion of test results and provided 24/7 support and linkage to care, including a clear protocol for testing pregnant women in the ED and linking with care. Misconceptions among nursing staff about HIV testing was identified as a barrier. Brief, focused education to nursing was initiated, involving ID and OB teams.

Lessons Learned: To assure compliance with opt-out HIV testing of pregnant women and to further expand HIV testing overall in the ED, it was necessary to partner with nursing in the ED to address concerns particular to that environment. Regular education to address misconceptions about HIV testing and to empower the ED nursing staff to recommend and obtain consent for testing assisted this process.

Recommendations: Implementation of a collaborative relationship between the ED and ID/OB teams may serve as a model for other EDs across the country and in turn decrease the proportion of people who are unaware of their HIV status, particularly pregnant women who are not receiving prenatal care. Engaging ED nursing staff in the HIV testing process is critical to enhance and support the efforts to expand testing.

Objectives: The learner will be able to:

- Describe common barriers to HIV testing in the ED environment;
- Discuss strategies to decrease barriers to HIV testing in the ED.

Challenges and Strategies for Recruitment and Retention of Persons Living with HIV in a Household-Level Randomized Controlled Trial

Laura Starbird¹
Kelly Lowensen¹
Tracy Howard²
Jason Farley¹

¹*Johns Hopkins School of Nursing, Baltimore, MD, USA*

²*Johns Hopkins Medical Institutions, Baltimore, MD, USA*

Background: People living with HIV (PLWH) have a higher prevalence of Methicillin resistant *Staphylococcus aureus* (MRSA) colonization and likelihood of recurrent infection than the general population. Simultaneous treatment of MRSA-colonized household members may reduce MRSA treatment failure and redefine treatment practices, but challenges specific to recruitment and retention of PLWH and their associated households exist due to fears of disclosure.

Purpose: a) Describe recruitment methods and outcomes in the SUSTAIN Study; b) identify barriers and facilitators to recruitment and retention of households of PLWH; and c) present lessons learned and suggest strategies to improve recruitment and retention of households in HIV-related clinical trials.

Methods: The SUSTAIN Study is a randomized controlled trial to reduce MRSA colonization in PLWH with MRSA decolonization at 6 months as the primary outcome. PLWH with a history of MRSA were recruited in an HIV clinic through provider referral and flyers. We sent 538 emails to providers and approached them in clinic to refer patients with an MRSA history. Home recruitment and screening visits were offered for household members. Participants were randomized to individual or household-level decolonization with a standard decolonization regimen.

Results: One-hundred sixty-six patients were referred for MRSA screening; 74 (44%) were consented. Of those, 29 (39%) were colonized with MRSA, 17 were randomized, and 8 households (average size 2.6 people) have completed the study; 12 participants colonized with MRSA (41%) refused participation before the household was enrolled.

Conclusions: This is the first randomized controlled trial to report the barriers to recruitment of PLWH that simultaneously recruited their households. Recruitment and retention challenges include poor provider referral rate, stigma and confidentiality concerns over enrolling households, and dynamic living situations. Efforts to maintain confidentiality of HIV status with households must be emphasized.

Implications for Practice: Prevention of antibiotic resistant infections in PLWH decreases morbidity and mortality, helping our patients live well with HIV. Although household-level interventions may benefit PLWH, recruitment and retention challenges specific to this population limit the ability to conduct household-level research. Efforts to minimize these barriers in clinical trials are needed to inform evidence-based practice.

Objectives: The learner will be able to:

- Describe the challenges to recruitment and retention of household members in clinical trials involving people living with HIV;
- Identify strategies to improve recruitment of people living with HIV and their households in research;
- Apply strategies to improve recruitment in household-level studies involving people living with HIV to ongoing and future research which can inform clinical management.

Implementing HIV Testing in Substance Use Treatment Programs: A Systematic Review

Claire Simeone

Johns Hopkins School of Nursing, Baltimore, MD, USA

Background: Undiagnosed Human Immunodeficiency Virus (HIV) infection in the United States (U.S.) is a major problem impacting individual and public health. More than three decades after the availability of effective screening for HIV, approximately 25% of people living with HIV are unaware of their diagnosis. Transmission from undiagnosed persons accounts for more than half of new HIV infections in the U.S. People with a substance use disorder (SUD) are at elevated risk for HIV acquisition through both sexual and parenteral routes, are more likely not to be engaged in medical care and have more advanced HIV disease when diagnosed than the general population. Guidelines recommend rapid, routine HIV testing in non-traditional settings for high-risk populations. Nationally, less than 30% of substance use treatment programs (SUTPs) offer HIV testing.

Purpose: This systematic review evaluated current evidence about the efficacy and feasibility of providing HIV testing services in SUTPs in the U.S.

Methods: A search was conducted in Pubmed, Embase and the Cumulative Index to Nursing and Allied Health Literature (CINHAL), and was limited to research conducted in the U.S. and published in the English language. Key search terms included HIV/AIDS, substance use/abuse, undiagnosed and methods/programs. Evidence was graded using the Johns Hopkins Nursing Evidence-Based Practice Research Evidence Appraisal tool.

Conclusions: The search yielded 534 articles for title and abstract review; 21 were kept for final review and categorized as implementation research (13) or organizational surveys (eight). Two randomized controlled trials (Level I) and 19 observational, case report or secondary analysis studies (Level III-V) were evaluated. There was strong Level IA evidence with support from Level III-V studies for rapid HIV testing in SUTPs. The evidence demonstrated that a routinized, on-site process improved testing rates and was acceptable to clients. Furthermore, risk-reduction counseling did not reduce sexual risk behavior. Critical factors for successful implementation of HIV testing in SUTPs included leadership support, staff commitment, adequate staff training and funding.

Implications: The evidence clearly supports the efficacy of a rapid, routine and streamlined HIV testing strategy in SUTPs. Primary challenges to implementing HIV testing in SUTPs include organizational support and sustainable funding.

Objectives: The learner will be able to:

- State the best evidence-based practices for HIV testing in substance use treatment programs;
- Describe barriers and facilitators to implementing HIV testing in substance use treatment programs.

HIV-related Stigma Among Women in Appalachian Tennessee and Alabama

Caroline Darlington
Sadie Hutson

University of Tennessee, Knoxville, TN, USA

Background: Southern Appalachia holds the highest incidence rate of HIV/AIDS in the United States (US). While HIV/AIDS is most commonly transmitted among men who have sex with men (MSM), heterosexual contact and IV drug use are the most common modes of transmission among Appalachian women. Societal stigmatization of HIV/AIDS due to assumptions about transmission and associated lifestyle plays a substantial role in the psychosocial well-being of people living with this chronic illness, particularly women in religiously and politically conservative areas.

Purpose: A review of current literature on HIV-related stigmatization among women in the United States was conducted to identify gaps in the current knowledge on the nature of HIV-related stigma sources, effects, and interventions in this population.

Methods: The investigator systematically searched electronic databases CINAHL, PubMed, and PsycInfo to identify scientific articles pertaining to HIV-related stigma, particularly stigma among HIV-positive women in the Southeastern US.

Conclusions: Of the 94 journal articles reviewed, 33 studies and literature reviews were identified in which HIV-related stigma and its effects were defined and/or interventions were tested. Misconceptions about HIV among healthcare professionals and the cultural community values were the most commonly identified sources of external stigma. The internalized impact of such stigma among women included lack of medication adherence, depression, self-isolation, and decreased self-worth. Results from stigma intervention studies demonstrated that spiritual coping and visual media were effective in reducing both externalized and internalized stigma. While broad definitions of HIV-related stigma among women in the South exist, stigma specific to Appalachian women in Tennessee and Alabama remains undefined.

Implications for Practice: Due to the cultural specificity of stigma, further investigation of HIV-related stigma unique to Appalachian women is required. The purpose of the investigator's proposed study is to comprehensively describe stigma among HIV-positive women in Appalachian Tennessee and Alabama to set the stage for future intervention research. The long-term trajectory would include testing these interventions in the health care setting to mitigate the destructive effects of stigma, particularly those effects that may interfere with early identification of the illness and adherence to highly-effective pharmacological treatment regimens.

Objectives: The learner will be able to:

- Understand the state-of-the-science regarding the clinical significance of external HIV-related stigma and its internalized effects among women;
- Describe a research study in progress that will explore specific stigma sources which may impact the psychosocial well-being of HIV-positive women in Appalachian Tennessee and Alabama.

Anal Pap Screening among HIV+ MSM: A Practice Improvement Initiative for the HIV Healthcare Team

Monique Welbeck

Rutgers University, Newark, NJ, USA

Background: HIV positive men who have sex with men (MSM) have the highest rates of anal dysplasia and anal cancer when compared to HIV negative counterparts and when compared to HIV positive heterosexual men and women. Despite the significantly increasing rates of anal dysplasia and anal cancer among the MSM HIV+ population, no standard protocol or guideline is in place to screen for anal dysplasia among this high-risk group.

Purpose: The purpose of the practice improvement project is to incorporate and increase the rates of anal pap screening as part of primary comprehensive care of HIV+ MSM individuals at a HIV community health center.

Methods: A one hour education session describing the evidenced based practice of anal pap screening was delivered to the HIV healthcare team at a HIV primary care center. Additionally, a pre-test-post-test questionnaire assessing knowledge of HPV and anal pap screening was distributed to the HIV healthcare team with composite scoring done to assess for change in knowledge.

Analysis: Chart reviews conducted pre-education intervention (baseline) and ninety-days (90) post-program signified a change in practice as evidenced by a 17 percentage point increase in anal pap screening referrals as a result of the educational intervention. Composite scoring of healthcare team knowledge from post-test questionnaire 1 and post-test questionnaire 2 also revealed a change and increase in knowledge from a baseline of 17% to 69 and 70% respectively, as a result of the educational forum.

Implications for Practice: Informing healthcare providers of the significance and evidence of anal pap screening will lead to increased knowledge and an improvement in practice as more routine anal pap screening will occur in this high-risk group. Routine screening will lead to the surveillance and treatment of precancerous lesions, decreasing morbidity and mortality among HIV+ MSM individuals. Routine screening will add years of quality adjusted life and reduce expenses to the national health expenditures similar to other screening tests have done.

Objectives: The learner will be able to:

- Discuss the evidenced practice of anal pap screening and recommendations for follow up of abnormal anal cytology;
- Understand the role and contribution of the DNP in healthcare on an organizational and healthcare systems level by being a facilitator of evidenced based practice and a monitor of practice improvement systems.

Using the Theory of Planned Behavior (TPB) to Enhance Nursing Students' Ability to Provide Care for People Living with HIV/AIDS (PLWHA)

Christina Tolentino-Baldrige

California State University Long Beach, Long Beach, CA, USA

Background: As the number of people living with HIV/AIDS (PLWHA) continues to grow, so can the likelihood for nursing students to take care of PLWHA. However, the stigma associated with HIV/AIDS still exists and a reluctance to provide care for PLWHA can be found among nursing students worldwide. To address this issue, studies emphasize the importance of HIV/AIDS education and the need for nurse educators to evaluate the effectiveness of the HIV/AIDS curriculum. However, a further understanding of factors influencing these future nurses' ability to provide care for PLWHA is needed and an application of theory can help guide nurse educators in this process.

Purpose: To utilize Azjen's Theory of Planned Behavior to assess and enhance nursing students' ability to provide care for PLWHA.

Methods: TPB was chosen because of its capacity to predict the likelihood of performing a given behavior. A conceptual framework was derived from the main concepts of TPB to illustrate factors contributing to nursing students' ability to provide care for PLWHA.

Conclusions: The conceptual framework identifies nursing students' ability to provide care for PLWHA as the given behavior and nursing student's willingness to provide care for PLWHA as the behavior intention. Three factors influencing nursing students' willingness to provide care are: attitudes toward HIV/AIDS, subjective norms of HIV/AIDS, and perceived behavioral control of providing care for PLWHA. Therefore, the more positive the attitude and subjective norm towards HIV/AIDS, and the higher the student's perceived control of providing care for PLWHA, the greater the intention will be of the student to provide care for PLWHA. Moreover, nursing students' knowledge, demographics, and previous experiences caring for PLWHA could further influence these factors. Thus, the individual assessment of these factors can help schools of nursing identify weaknesses in their HIV/AIDS curriculum and incorporate interventions specific to students' needs, ultimately enhancing their students' ability to provide care for PLWHA.

Implications for Practice: The application of TPB provides nurse educators with a framework to describe the determining factors for their nursing students' ability to provide care for PLWHA and therefore evaluate if adjustments need to be made to their existing curriculum.

Objectives: The learner will be able to:

- Discuss the importance of evaluating existing HIV/AIDS education within the nursing curriculum;
- Describe how the Theory of Planned Behavior (TPB) can be used a guideline to help nurse educators assess nursing students' ability to provide care for people living with HIV/AIDS (PLWHA).

SY1

**A Doctor of Nursing Practice Program - Preparing the
Future of Nurses in HIV Care and Treatment**

Suzanne Willard
Anne Marie Linn
Darcel Reyes
John Nelson

Rutgers University, Newark, NJ, USA

Background: The Doctor of Nursing Practice (DNP) program prepares nurse practitioners with the skills to improve primary and acute health care. Rutgers has a long history of quality nursing programs including the first advanced practice in mental health nursing in the United States. Rutgers is located in the State of New Jersey which has some of the highest rates of HIV infection. It is important that nurses have the knowledge and the skills to meet the needs of the patients and their families living with HIV/AIDS.

Purpose: The purpose of the Rutgers HIV Care Specialization Program is threefold:

- Develop a cadre of advanced practice nurses to provide high quality care for people living with HIV (PLWH) and those at-risk for infection, with a special emphasis on care of minority, urban populations.
- Increase the number of racial/ethnic minority nurse practitioner graduates who are skilled and interested in working with PLWH and those at-risk.
- Increase the number of racial/ethnic minority and minority-serving nurse practitioners who are able to provide care for PLWH and complex co-morbidities including chronic viral hepatitis.

Methods/Practice: Three HIV specific courses were designed to augment the standard advanced practice curriculum. They have a variety of clinical experiences and courses that will prepare them for certification and work in primary care settings as well as HIV treatment programs.

Conclusions: To date, Rutgers, School of Nursing has enrolled a pilot group of 5 students and a first cohort of 19 students. The curriculum has been integrated within standard DNP course work.

Implications for Practice: The Rutgers HIV Care Specialization Program DNP graduate is prepared to affect practice design and implement programs that improve health and health care delivery for PLWH and those at-risk, apply data management and informatics skills to evaluate outcomes, and influence policy.

This grant was funded by USDHHS, HRSA, HIV/AIDS Bureau (Grant #H4HA26223, PD: Willard)

Objectives: The learner will be able to:

- Understand the curriculum demands of a DNP program;
- Incorporate promising practices into their own programs.

SY1

UCSF, School of Nursing HIV/AIDS Primary Care Capacity Program

Carmen Portillo,
zan Stringari-Murray
Christopher Fox
Erica Monasterio
Carol Dawson Rose

School of Nursing, UCSF, San Francisco, CA, USA

Background: University of California, San Francisco, School of Nursing (UCSF, SON) has been educating masters nursing students in HIV/AIDS since the beginning of the epidemic. In 2004, UCSF, SON was funded to train advanced practice nurses (CNS and NP) with a specialty focus in HIV/AIDS care. With three advanced nursing education grants from the Division of Nursing, HRSA in the last 10 years, we have trained 91 masters prepared students. Yet the provider shortage has only increased over the years due to turnover of nurse professionals, people living longer with HIV/AIDS, and the redesign of primary care which has impacted specialty services, such as HIV/AIDS.

Purpose: The purpose of UCSF, SON HIV/AIDS Primary Care Capacity Program is threefold: 1) Identify HIV/AIDS primary care competencies for entry into practice 2) Integrate these competencies into existing NP primary care curricula and HIV/AIDS specialty curricula: and 3) Develop faculty to teach HIV primary care content in NP programs in the general San Francisco area

Methods/Practice: To date, UCSF, SON developed a list of core competencies identifying specific knowledge, skills, and attitudes necessary to provide high-quality HIV primary care. A Delphi survey was developed and completed by 15 nurse practitioners and 1 physician who are experts in HIV/AIDS care. Competences that achieved expert consensus were mapped into NP curricula and HIV/AIDS specialty courses.

Conclusions: UCSF SON HIV/AIDS faculty have identified a set of entry level competencies for HIV/AIDS primary care that can be used to revise curricula and integrate HIV/AIDS content into NP training programs.

Implications for Practice: UCSF, SON Primary Care Capacity Program is a model for training future primary care providers in HIV/AIDS. Lessons learned include: evaluation processes, the resulting need of HIV/AIDS content in NP curricula due to students' inadequate level of knowledge, curricula development using gap analysis and mapping processes, and strategies for integrating HIV primary care content into clinical training program for NP students.

This grant was funded by USDHHS, HRSA, HIV/AIDS Bureau (Grant #H4HA26223, PD: Portillo)

Objectives: The learner will be able to:

- Identify 2-3 HIV/AIDS core competencies essential in nurse practitioner curricula;
- State one strategy utilized to integrate HIV/AIDS content into a nurse practitioner curriculum.

SY1

**Transforming Nurse Practitioner Education in HIV Primary Care:
Experiences from the Johns Hopkins University School of
Nursing HIV Primary Care Certificate Program**

Jason Farley
Kelly Lowensen

Johns Hopkins University School of Nursing, Baltimore, MD, USA

Background: There is a shortage of high quality clinicians with expertise in treating HIV and associated comorbidities in primary care. We describe the development and implementation of an innovative adult/geriatric nurse practitioner (AGNP) program.

Purpose: The purpose of this program is to increase the clinical and cultural competency of AGNP graduates in the primary care of persons living with HIV/AIDS (PLWHA) through the HIV primary care certificate program (HIV-PCC).

Methods: A 12-credit didactic and clinical experiential learning certificate was integrated within the existing AGNP program. The primary care clinical experience is transformed into an HIV continuity-clinic model with students receiving a 30 patient panel to follow over 12 months. Students complete an additional 112 clinical hours in HIV specialty rotations. Successful graduates are awarded a Certificate in HIV Primary Care and afforded the opportunity to obtain national certification through the Advanced AIDS Certified Registered Nurse (AACRN) examination upon completion of the program.

Results: We have enrolled 20 students to date, with 4 graduates. All 4 have successfully completed the AGNP national board certification and were offered positions caring for PLWHA and/or co-morbid conditions. A continuous quality improvement logic model guides all program innovations and key metrics in the program will be presented. Focus group discussions with students identify a common theme of 1) high confidence and 2) clinical readiness to facilitate HIV primary care management upon completion.

Conclusions: The HIV-PCC program is producing clinically and culturally competent AGNP graduates who pass boards as AGNPs, but also have the opportunity to receive AACRN certification upon completion of the program. This metric will demonstrate the ability of this program to produce graduates with expertise in the field of HIV primary care.

Objectives: The learner will be able to:

- Increase knowledge of this innovative program;
- Describe the importance of preparing the HIV nursing workforce.

SY1

Integrating HIV/AIDS Education in a Distance-Based Nurse Practitioner Graduate Program

James Harmon

Kara McGee

Michael Relf

Duke University School of Nursing, Durham, NC, USA

Background: Preparing nurse practitioners to join a national workforce of HIV care providers and deliver culturally-competent primary care to minority and underserved HIV-infected populations helps to achieve the goals of the National HIV/AIDS Strategy by reducing HIV-related health disparities, increasing access to care, and optimizing health outcomes for people who become infected with HIV.

Purpose: The purpose of this project is to increase distance-based educational opportunities at the Duke University School of Nursing (DUSON) for nurse practitioners who wish to provide primary medical care to HIV-infected individuals throughout the US.

Methods: A distance-based educational program has been designed that integrates HIV content into the nurse practitioner curriculum for all students, and offers an area of concentration for those students wishing to specialize in HIV/AIDS. In addition to the primary care clinical hours students complete in the MSN NP program, the students who complete the HIV/AIDS specialty complete 392 hours of supervised clinical experience with HIV care providers in or near their home communities. The distance-based program utilizes an online learning platform, and students come to the Duke University campus each semester for intensive inter-professional learning experiences.

Conclusion: Upon completion of the HIV/AIDS specialty, nurse practitioner graduates will have demonstrated the necessary skills to enter the workforce and provide primary medical care to people with HIV/AIDS as part of an inter-professional team.

Implications for Practice: As HIV infection becomes a more manageable chronic condition, it is increasingly more important for nurse practitioners to develop skill at managing HIV-infected patients in the primary care setting.

Objectives: The learner will be able to:

- Describe ways to enhance existing NP curriculums to include more HIV/AIDS primary care content;
- Identify strategies for providing distance-based educational opportunities for nurse practitioner students wishing to specialize in HIV/AIDS primary care.

SY2

**Linkage to Care and Retention in Care Issues:
A Qualitative Metasynthesis of Published Works from 2008 to 2013**

Dalmacio Flores

Duke University School of Nursing, Durham NC, USA

The successful medical management of newly diagnosed HIV-infected individuals has been a consistent goal because it ensures the quality of life of those infected and affected by the pandemic and has implications for HIV prevention. Distinctive personal, cultural and structural factors inhibit linkage to and retention in HIV/AIDS care. To assist care providers to eliminate these barriers and replicate successful care strategies, literature on this aspect of the Gardner Cascade were examined. This metasynthesis will detail impediments to and facilitators of linking and keeping patients engaged with their medical care.

We conducted a systematic review of all qualitative studies from CINAHL, MEDLINE (PubMed) and PsycINFO that were peer-reviewed and published worldwide from 2008 to 2013 that specifically pertain to linking and retaining HIV-infected individuals in medical care. The validated McMaster Qualitative Filter for Maximum Specificity was used in the search strategy along with PRISMA guidelines for data retrieval and reporting - from article identification, screening, and eligibility to inclusion.

Engagement in HIV/AIDS care is hampered by manifold barriers that involve patients' psychological impediments, difficulties centered around care systems and provider concerns, societal obstacles related largely to stigma and gender inequity, and macro-institutional resource challenges. However, opportunities that have been reported to counter these barriers remain mostly educational in nature. Integrated care delivery models that incorporate concerns about access issues, discrimination, and threats to livelihood assist people to link to care and stay in care. Thorough post-test counselling for all individuals newly diagnosed with HIV is underscored to enhance immediate HIV/AIDS competency and future retention in care.

Sound medical interventions will remain unavailable to large groups of people living with HIV/AIDS unless the reasons that prevent them from being linked to care are addressed.

Objectives: The learner will be able to:

- Describe the factors that hamper and facilitate the linkage and retention in care of HIV-infected individuals;
- Enumerate the strategies nurses can use to address some of the care and retention issues present in their workplace.

SY2

**Getting on ARV and Staying on ARV: A Qualitative Metasynthesis of
Published Works from 2008-2013**

Julie Barroso

University of Miami School of Nursing and Health Studies, Coral Gables, FL, USA

One of the great scientific advancements of the past 5 years was the finding that if we achieve viral suppression in individuals with HIV infection, we reduce transmission of virus by 96%. Thus, it is critical that people who need to take ARV medications are able to do so, and can take them successfully in order to achieve viral suppression. Getting on ARV medications and staying on them to the point of viral suppression are the last 2 domains in the Gardner cascade. This metasynthesis will detail barriers and facilitators to getting on and staying on ARV among patients with HIV infection.

We conducted a systematic review of all qualitative studies from CINAHL, MEDLINE (PubMed) and PsycINFO that were peer-reviewed and published worldwide from 2008 to 2013 that specifically pertain to getting people on ARV therapy to the point of viral suppression. The validated McMaster Qualitative Filter for Maximum Specificity was used in the search strategy along with PRISMA guidelines for data retrieval and reporting - from article identification, screening, and eligibility to inclusion.

People need to be educated about ARV therapy soon after diagnosis, to dispel misperceptions about taking such medications. Adherence partners may be of use to shepherd them as they start medications. Stigma remains a barrier to medication adherence. An adequate supply of ARTs is critical to helping people remain on their medications. Patient/provider relationships are also critical to success; patients must feel that they are in a supportive, collaborative environment. Patients must have access to the basics - food, transportation, money - to be successfully adherent. Distribution of ARV medications should be decentralized to make it easier for patients to access refills. Providers should celebrate patients' success on ARV and assist them to prepare for the future. Consideration for special populations will be described.

The importance of adherence when taking ARV medications cannot be overstated. The ways to determine how to work with patients to make this a reality can be found in qualitative research. From the patients' perspectives, we can learn about the barriers and facilitators to ARV adherence, and how to remove the barriers and enhance the facilitators.

Objectives: The learner will be able to:

- Describe the role of providers in patients' perspectives of barriers and facilitators of ARV adherence;
- Discuss the nuances of ARV adherence with special populations.

SY2

**How to Get People to Test for HIV and Obtain their Results:
A Qualitative Metasynthesis of Published Works from 2008 to 2013**

Natalie LeBlanc

University of Miami School of Nursing and Health Studies, Coral Gables, FL, USA

Accomplishments in biomedical research combined with innovative interventions have globally expanded HIV testing but shortcomings remain. To optimize the benefits of HIV testing, a better understanding of the barriers and motivators to testing is warranted.

Principles of the preferred reporting items for systematic reviews and meta-analysis (PRISMA) were adapted and used in tandem with the McMaster qualitative filter for maximum specificity. Using a combination of keywords, a total of 130 articles were reviewed.

Our metasynthesis revealed that factors influencing HIV testing were universal and ecological in nature. These factors included individual attributes, interpersonal experiences, and broader contextual elements. The prevailing individual attributes were fear of a positive test result and anticipated stigma, and inaccurate knowledge about HIV testing, diagnosis and treatment. Interpersonal factors included partner serostatus as proxy for ones own, provider interpersonal behavior with patients, and provider confidence in service provision. Broader contextual factors included national policies, convenient testing locations and provision of routine testing.

We concluded that there is a need for: further exploration of provider perspectives on the provision of testing; better community education about couple serodiscordance and that seropositivity is not synonymous with imminent death; improved provider training regarding communication skills and HIV related issues; and greater support for strategies like provider-initiated, and couples and home-based, testing to engage people who would not test otherwise.

Objectives: The learner will be able to:

- Become aware of the qualitative work around HIV testing;
- Consider recommendations for improving uptake of HIV testing among patients.