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ABSTRACT 1

Social Network HIV Testing at a Youth Clinic in Oakland, CA

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BACKGROUND: There is a generalized HIV epidemic in African American and Latino communities throughout the United States. Unfortunately, HIV testing programs receive the fewest resources and face the greatest challenges in precisely these same communities. The social and developmental issues affecting youth add to these challenges. We urgently need high-yield HIV testing programs for youth in African American and Latino communities. Downtown Youth Clinic (DYC) is located at the East Bay AIDS Center in Oakland, CA, where HIV among African Americans has been declared a local emergency. Since 2003, the clinic has provided comprehensive sexually transmitted infection screening, HIV treatment and prevention services to youth ages 13-24 regardless of insurance status.

METHODS: From January to June 2010, we conducted a social network HIV testing program at DYC. HIV positive youth who were patients in our clinic referred acquaintances for HIV testing. We paid \$10 to index patients for each person they referred and \$20 to each of their contacts that received an HIV test. We provided counseling to all youth tested.

RESULTS: We tested 78 contacts of 11 index patients in our clinic. Thirteen (17%) were HIV positive on rapid testing, 11 (14%) of those for the first time. All were African American or Latino. Eleven were men who have sex with men, and 2 were transgender women. They ranged from age 19 to 25. Seven of 14 were newly linked to HIV primary care services, and 6 remained in care as of January 2011. Of those lost to follow-up, 4 did not even receive confirmatory testing. Over the same time period, we tested 291 other youth in the surrounding community. Of those, 2 (0.7%) tested HIV positive, and both had tested positive in the past.

CONCLUSIONS: Our social network HIV testing program led to a much higher percentage of newly diagnosed people compared to other types of testing. The high proportion of newly diagnosed people also suggests there is a large number of HIV-positive youth unaware of their status in our community. All patients who tested positive were

African American or Latino, a sign that social network testing could potentially help reduce HIV-related ethnic disparities. Despite our best efforts to create a youth-friendly atmosphere, to maintain strict confidentiality, and to reach out repeatedly following positive test results, our linkage-to-care results are somewhat discouraging. We speculate that fear of unintended disclosure to peers testing at the same time--either through visible emotional distress or the extra time for confirmatory testing--was a significant reason that youth left before getting confirmatory tests. The problem may be mitigated if counselors perform confirmatory tests when delivering initial results, either through phlebotomy or dual rapid test protocols.

ABSTRACT 2

How Can We Improve Online HIV Prevention for Men Who Have Sex With Men? Perspectives of Hook-Up Website Owners, Website Users, and HIV/STD Directors

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BACKGROUND: Online interventions have potential to reduce STD and HIV transmission among men who have sex with men who meet sexual partners on the internet. No consensus currently exists about the relative effectiveness of different online HIV/STD prevention strategies or the acceptability of these strategies to both owners and users of hook-up websites.

METHODS: We conducted internet-based surveys of sexual networking website owners, website users, and HIV and STD directors and asked them to evaluate 41 potential behavioral and structural online HIV and STD prevention interventions. Website owners were asked to rate how willing they were to implement each intervention; website users were asked to rate their likelihood of using different services or strategies; and HIV/STD directors were asked whether the interventions would likely decrease HIV or STD transmission.

RESULTS: Eight interventions that could be implemented online were identified that the majority of HIV/STD directors (n=81) believed would reduce HIV transmission,

a majority of website users (n=3050) were willing to use, and a majority of website owners (n=18) were willing to implement. These included: 1) use of anonymous e-card partner notification for STDs; 2) automated HIV and STD testing reminders; 3) local STD test site directories; 4) links to sex-positive safe sex videos; 5) access to sexual health experts; 6) the profile option to select safer sex preference; 7) chat rooms for specific sexual interests; 8) filtering partners by profile information. HIV-positive participants were less interested in most proposed strategies than HIV-negative participants. With some exceptions, African American survey participants were generally more supportive of strategies than white participants.

CONCLUSIONS: These findings may inform prioritization of limited resources for online HIV and STD prevention interventions. This study highlights the importance of collaborative partnerships between sexual networking website owners and HIV/STD directors.

ABSTRACT 3

Addressing Disparities and Social Stigma: Health Promotion with Crack Smokers

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BACKGROUND: Crack-cocaine smoking is associated with an increased risk of HIV, STIs, HCV, oral sores, burns, respiratory injuries, and infections. Together with pervasive demonization, our criminal justice and public health systems exacerbate these health risks and produce massive disparities between even injection drug users and crack smokers. Offering crack smokers relatively paltry resources denies this already marginalized, vulnerable population any of the numerous direct or ancillary benefits of harm reduction participation. In response to the obvious need for increased engagement with, and service provision to, crack smokers, we pursue the hypothesis that material distribution to crack smokers addresses these needs and should be significantly expanded.

METHODS: GLIDE operates harm reduction programs in San Francisco's Tenderloin District. We serve many habitual crack smokers, so distribute safer-smoking kits: pipecovers, filters, pushsticks, paper clips, and safety information cards. We use a survey instrument to investigate client attitudes about notional crack pipe distribution. Our ethnographic data overlaps with the survey data, but more broadly explores

harm reduction among crack smokers. Ethnographic data is subjected to qualitative content and narrative analysis. Survey data includes qualitative and quantitative components, so is analyzed using a mixed-method approach.

RESULTS: Crack kit distribution catalyzes interaction and health promotion opportunities including requests for condoms, lube, wellness and treatment information. We receive many requests for crackpipes from clients using broken or improvised pipes. Many clients report that they would definitely or probably frequent a syringe access program that provided crackpipes.

CONCLUSIONS: Distributing harm reduction materials to crack smokers creates opportunities to engage and educate a high-risk, underserved, oft ignored population. Crackpipe distribution would augment these opportunities and reach more cracksmokers. Offering crackpipes through syringe access programs could extend the concomitant health benefits, such as increased likelihood of entering treatment, adopting safer smoking techniques, and educating peers, to crack smokers.

ABSTRACT 4

Enhancing HIV Testing and Linkage to Care with Peer Recruitment, Financial Incentives, and Persons Living with HIV Infection: The Oakland Connect Study

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BACKGROUND: Non-stigmatizing strategies to increase demand for HIV testing (HT) are needed, especially among African Americans. We piloted an HT approach using respondent-driven sampling, financial incentives, and persons living with HIV infection (PLHIV) to promote HT among African American adults.

METHODS: Eligible participants were aged 30-60 years, African American or Black, and residents of Oakland, California. After a brief interview, participants were tested for HIV infection and then asked to refer up to three

people from their social network for HT. Participants were randomized to receive either a flat cash incentive for each eligible recruit (\$20) or a variable cash incentive (range: \$10-35) depending on the recruit's characteristics, for example, never having been tested for HIV.

RESULTS: Forty-eight participants (10 PLHIV and 38 HIV-negative) initiated recruitment chains that ultimately resulted in 241 participants who were predominantly male (64%), heterosexual (84%), high-risk (71%), and had a mean age of 47 years (range: 30-65). There was no difference in the mean number of total or high-risk recruits between participants in the two incentive schemes ($p=0.46$ and $p=0.80$, respectively). However, recruits from social networks initiated by PLHIV more often reported high-risk behavior than recruits from networks initiated by HIV-negative participants (88% vs. 61%, $p<0.01$). Nine (3.7%) recruits tested HIV-positive, of which 7 (78%) were previously recognized. Six (86%) of the 7 known PLHIV had no evidence of care in the 6 months prior to enrollment (median: 35 months).

CONCLUSIONS: Social network strategies with financial incentives efficiently identify people at higher risk of HIV infection, especially when PLHIV are recruiters. Unexpectedly, these methods also led to the recruitment of known PLHIV who were out of care, despite the study's focus on people of unknown serostatus. Thus, in addition to increasing demand for HT, social network methods may also provide second opportunities for linking PLHIV to care.

ABSTRACT 5

Seeking Safety Therapy for Co-occurring PTSD and Substance Use in HIV-positive Transgender Women: A Feasibility Study

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BACKGROUND: Post-traumatic stress disorder (PTSD) and substance use disorder disproportionately affect HIV-positive male-to-female transgender women and are associated with poor HIV-related health outcomes and increased transmission-risk behaviors. This study sought to determine the feasibility of using Seeking Safety, a cognitive-behavioral therapy, with HIV-positive transgender women and assess its impact on PTSD symptoms and substance use.

METHODS: A panel of social workers and physicians selected 12 of 25 Seeking Safety modules most appropriate for HIV-positive transgender women. HIV-positive transgender women from 2 San Francisco clinics were included if they reported recent substance use and recent or past trauma. PTSD symptom (PCL-C 17), HIV stigma (HIV Stigma Scale), and drug and alcohol use (DAST-20, MAST-22) scales were administered pre- and post-intervention. Patients were incentivized \$180.00 for completion of all sessions. Post-intervention focus groups with facilitators and participants identified important future considerations.

RESULTS: Participants ($n=7$) were predominantly African-American (71.4%), aged 42.3 years ($SD=10.1$), on HAART (85.7%), sexually active (57.1%), and receiving $< \$1000$ /month (85.7%) with government-provided health insurance (100%). Six participants (85.7%) completed ≥ 7 sessions. PTSD, stigma, drug and alcohol use mean scores decreased post-intervention. At baseline, 71.4% met criteria for PTSD diagnosis, 71.4% for any drug problem, and 100% for any drinking problem. Post-intervention, 57.1% of participants met criteria for PTSD diagnosis, 57.1% for drug problems, and 57.1% for drinking problems.

CONCLUSIONS: Seeking Safety is feasible to conduct with HIV-positive transgender women and may reduce PTSD symptoms and substance use. Larger studies should fully explore its potential to benefit HIV-positive transgender women.

ABSTRACT 6

Seeking Safety Group Therapy for Co-occurring PTSD and Substance Use Disorder in HIV-positive Transgender Women: A Feasibility Study

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BACKGROUND: Post-traumatic stress disorder (PTSD) and substance use disorder (SUD) disproportionately affect HIV-positive male-to-female transgender women and are associated with poor HIV-related health outcomes and increased transmission-risk behaviors. This study sought to determine the feasibility of using Seeking Safety, a flexible cognitive-behavioral therapy, for the first time with HIV-positive transgender women and assess its impact on PTSD symptoms and substance use.

METHODS: An expert panel of social workers and physicians selected 12 of 25 Seeking Safety modules most appropriate for HIV-positive transgender women. Participants from 2 clinics in San Francisco, California were included if they were HIV-positive, identified as transgender women, and reported recent substance use and recent or past trauma. PTSD symptom (PCL-C 17), HIV stigma (HIV Stigma Scale), and drug and alcohol use (DAST-20, MAST-22) scales were administered pre and post-intervention. Patients were incentivized \$180 for completion of all 12 sessions. Post-intervention focus groups were held with facilitators and participants.

RESULTS: Participants (n=7) were predominantly African-American (71.4%), aged 42.3 years (SD=10.1), on HAART (85.7%), sexually active (57.1%), and receiving < \$1000/month (85.7%) with government-provided health insurance (100%). Six participants (85.7%) completed ≥ 7 sessions. PTSD, HIV stigma, drug and alcohol use mean scores decreased post-intervention. At baseline, 71.4% met criteria for PTSD diagnosis, 71.4% for any drug problem, and 100% for any drinking problem. After Seeking Safety, 57.1% of participants met symptomatic criteria for PTSD, 57.1% for drug problems, and 57.1% for drinking problems. Focus groups identified important future considerations: module selection; amount/content of materials; session structure; role of incentives; and long-term impact.

CONCLUSIONS: Seeking Safety is feasible to conduct with male-to-female HIV-positive transgender women and may reduce PTSD symptoms and substance use. Larger studies should fully explore the potential for Seeking Safety to benefit HIV-positive transgender women.

ABSTRACT 7

A Theatrical Performance Group Intervention to Empower HIV-Positive Women to Publicly Disclose Their HIV Status: An Analysis of the Impact

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BACKGROUND: In the United States, women living with HIV (WLHIV) face high rates of morbidity and mortality despite the existence of effective antiretroviral therapy. A San Francisco-based arts organization, Cultural Odyssey, in collaboration with the Women's HIV Program at UCSF, adapted a performance-based empowerment group intervention to include WLHIV. Participants translated personal experiences related to HIV into vignettes that were performed during a theatrical run of eight shows entitled Dancing with the Clown of Love (DCL), which was seen by approximately 1,000 people. The purpose of this study is to describe the impact of the group intervention on WLHIV.

METHODS: In-depth interviews with HIV-positive participants (n=8) were conducted between May and December 2011. An analytic team transcribed and analyzed data using thematic analysis. All transcripts were double coded.

RESULTS: Participants were primarily African American (62.5%), the median age was 48 (range 23-65), and all had earned a high school diploma. All HIV-positive participants disclosed their HIV-status during the performance. Core themes about the impact of the intervention emerged from the data, including: forming relationships, decreasing isolation, normalizing HIV, providing a sense of purpose, and personal transformation. The concept of personal transformation was further analyzed; major themes included: gaining a voice, exploring self-identity, catharsis, gaining a sense of accomplishment, and developing self-esteem.

CONCLUSIONS: WLHIV are often marginalized and isolated because of continuing HIV stigma. Women who participated in DCL and publicly disclosed their status reported achieving many aspects of personal empowerment,

such as decreased isolation. By participating in a performance group, women found their voice and learned to value their experiences. As we strive to address disparities in HIV, especially among women, it is critical to explore new ways of confronting and diminishing the challenges of living with HIV. This intervention has the potential for significant personal and public health benefits.

ABSTRACT 8

Differences in Substance-Related Risk Behavior between Dual and Triple Diagnosed Severely Mentally Ill Adults

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BACKGROUND: The purpose of this study was to determine if differences exist between adults with dual and triple diagnoses with regard to substance-related risk behaviors.

METHODS: This secondary analysis was a cross-sectional study. There were 252 subjects with dual and triple diagnoses recruited from residential crisis programs in San Francisco. Using descriptive and logistic regression analyses, subjects in the two groups were compared with regard to demographic data, types of substances, and routes of administration used in the previous 30 days to determine risk for exposure and/or transmission of HIV/HCV.

RESULTS: When compared to the dual diagnosis group, subjects with triple diagnoses were four times more likely to have engaged in IDU ($p=.001$) and 2.6 times more likely to use amphetamines ($p=.05$). They also reported using more types of substances over the lifetime ($p<.0001$). But with regard to other risk behaviors such as alcohol use to intoxication and cocaine/crack use, there were no significant differences.

CONCLUSIONS: Though many substance-related risk behaviors occurred in both groups, adults with triple diagnoses were more likely to engage in IDU, amphetamine use, and to use more types of substances over the lifetime. This information has the potential to inform interventions that might prevent/reduce substance-related risk in this population.

ABSTRACT 9

A Theatrical Performance Group Intervention to Empower HIV-Positive Women to Publicly Disclose Their HIV Status: An Analysis of the Process

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BACKGROUND: Women living with HIV/AIDS (WLHIVA) often have poor health outcomes despite access to quality healthcare. HIV-related stigma, isolation, and nondisclosure are thought to contribute to poor health outcomes. In collaboration with the Women's HIV Program at UCSF, a San Francisco arts organization, Cultural Odyssey, adapted a performance-based empowerment group intervention to incorporate WLHIVA. The purpose of this study is to describe that intervention process.

METHODS: In-depth interviews with all HIV-positive participants ($n=8$) and five of seven HIV-negative participants were conducted between May and December 2011. A research team transcribed and analyzed the data, double coding all transcripts. Data was analyzed using thematic analysis.

RESULTS: 46% of participants were African American, ages ranged 23 to 65 (median 44), and all participants had earned, at minimum, a high school diploma. Thematic analysis determined that the process of the intervention consisted of five core elements coupled with a highly skilled leader. These elements were: formation of community, writing, movement, personal transformation, and performance. The leader's power to "show up" was central to the process of the intervention. Definitions of "showing up" that emerged from the data refer to the leader's capacity to be open and honest about her personal experiences. Data indicated that participants modeled the leader's presence – her commitment to be physically present and emotionally engaged in all aspects of the process.

CONCLUSIONS: An established community-based arts organization incorporated WLHIVA into their programming. Analysis of participants' descriptions of

the program identified the critical components of this intervention: a highly skilled leader and five core elements of the process. This novel intervention created an environment for WLHIVA to address HIV-related stigma, isolation, and nondisclosure. Further research should explore the impacts of this process on the WLHIVA who participated. Understanding the formula of this intervention is essential to implementing it in other communities of marginalized WLHIVA.

ABSTRACT 10

Creating a Model Prevention and Education Program for Young Adult Injection Drug Users (IDU)

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BACKGROUND: Young adult IDU are at high risk for HIV, HCV and HBV. Among young adult IDU across the US, there are reports of increases in utilizing syringe exchange and drug treatment programs as well as increases in HCV and accidental overdose. Many of these young adults are suburban, live at home and have little knowledge of safer injecting or disease prevention. Despite this, there are no research-based model programs for prevention among young adults.

METHODS: The UFO Model program is based on 14 years of research and services with young adults at risk. We have developed a Replication Manual for the UFO Model and training and technical assistance (TA) products to assist agencies implementing UFO. We are working with two agencies (Sacramento, CA and Newark, NJ) to test the usability of our materials and TA products. We conducted site visits at each agency at the beginning of implementation and once the program was running. We conducted pre- and post-site visit surveys and video interviews during the site visits.

RESULTS: We have created two web trainings and one day-long in-person training on working with young adult IDU. We created three video tutorials on topics of interest to agencies, most notably, rapid HCV testing. These are

available on www.ufomodel.org, as well as video tips and testimonials from agencies implementing the UFO Model.

CONCLUSIONS: Across the country there is a need for programs for young adult IDU. Many agencies are knowledgeable in addressing older IDU and HIV, but need training in how to work with young adults and HCV. The UFO Model is modular and adaptable to communities, and our Replication Manual and TA products are available for free online. The UFO Model engages young adult IDU and helps reduce HIV and HCV risk among and this growing yet overlooked population.

ABSTRACT 11

A Theatrical Performance Group Intervention to Empower HIV-Positive Women to Publicly Disclose Their HIV Status: An Analysis of the Experience of Writing

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BACKGROUND: Many women living with HIV (WLHIV) experience stigma, shame, and isolation, which can lead to poor health outcomes. A San Francisco-based arts organization, Cultural Odyssey, in collaboration with the Women's HIV Program at UCSF, adapted a performance-based empowerment group intervention. As part of the process, WLHIV were directed to write about evocative topics surrounding their HIV diagnosis. At group meetings, women shared and choreographed their written works into theatrical vignettes that included voice, expressive movement, and dance, which were eventually acted out in a performance. The purpose of this study is to describe how HIV-positive participants experienced the writing component of this intervention.

METHODS: Semi-structured interviews with all HIV-positive participants (n=8) were conducted between May and December 2011. An analytic team transcribed and analyzed data using thematic analysis. All transcripts were double coded. Writing was further assessed to better understand its role in the process.

RESULTS: Participants were predominantly African-American (62.5%), average age 48 (range 23-65), with at least a high school education. Four themes of the writing experience emerged: 1. confronting the challenge of writing, in which participants overcame longstanding insecurities about writing; 2. self-discovery, in which participants translated emotional experiences into language; 3. letting go, or participants' descriptions of self-growth as a result of releasing suppressed feelings; and 4. changing the narrative, in which participants achieved a new level of self-acceptance.

CONCLUSIONS: Women reported achieving many aspects of personal empowerment through the experience of writing, such as increased self-awareness and psychological resilience. Considered by the participants to be a transformative aspect of the process, writing enabled a type of personal empowerment that was first very private and internal before the pieces were shared and choreographed by the group. Further studies should explore the benefits of performing expressive writing for women with low-levels of social support or with a history of trauma.

ABSTRACT 12

The End of Racial Disparity? Tracking Racial Sexual Mixing and HIV Prevalence Trends among Men Who Have Sex with Men in San Francisco 2004-2011

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BACKGROUND: In San Francisco, men who have sex with men (MSM) account for nearly 90% of HIV infections. The key to understanding racial/ethnic disparities in HIV, and the potential to intervene to halt transmission, will depend upon data collected on sexual partners and relationships within and between racial/ethnic groups rather than from individuals alone. This study tests the hypothesis that HIV prevalence is becoming more evenly distributed across races due to racial sexual mixing. The aims of the study were to: 1) examine HIV prevalence by racial group; 2) explain trends by individual health risk behaviors and sexual partnerships.

METHODS: This analysis uses data from the National HIV Behavioral Surveillance System (NHBS) collected at three time points using time-location sampling between November 2003 to December 2011. We use Newman's coefficient to assess racial mixing. Sample of 1207 observations were analyzed using chi2 statistics and logistic regression to look at association between race and HIV status.

RESULTS: From 2008 to 2011, HIV prevalence among Black MSM declined from 36.7% to 20.0%, while HIV prevalence among API almost doubled from 7.0% to 12.8%. The study found significant differences in HIV status across race groups in 2004 and 2008; in 2011, there were no racial significant differences by HIV status. Results also demonstrate that racial mixing across all races increased from 2004 to 2011; in other words, individuals were more likely to sexually partner outside their own race/ethnicities.

CONCLUSIONS: Using three waves of NHBS data from San Francisco, we found, for the first time, that HIV prevalence is not significantly different across racial/ethnic groups due to a decline among Black MSM, rise among API MSM, and relative stability among White and Latino MSM. Increased racial mixing may explain this trend, although full social network studies are necessary in order to fully explain these findings.

ABSTRACT 13

Mobile4Health: A Feasibility Study to Assess the Impact of Text Messaging On HIV Treatment Adherence

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BACKGROUND: Researchers have found mobile phones and text messages are effective mechanisms to improve adherence among HIV-positive persons. We examined the feasibility of using mobile phones to non-adherent HIV clients in Washington D.C.

METHODS: A database query was conducted to identify patients with detectable viral loads > 5000 copies/ml. Ten were assigned to the intervention group and received a mobile phone with daily SMS reminders and ten in the control received standard of care. Viral load and CD4 count were selected as biological markers to measure the impact of the intervention.

RESULTS: The mean age of clients in the control arm is 38.2 years old compared to 41.6 years old in the mobile phone arm. The mean baseline CD4 count and viral in the control group were 258 cells/mL and 209,119 copies/ml, respectively compared with 89 cells/mL and 210,918 copies/mL for treatment group. Data are still being collected but thus far, CD4 count and viral load are similar in both groups but the number of missed appointments is slightly decreased in the intervention compared to the control group (20% vs. 32%).

CONCLUSIONS: Use of text messaging is a feasible strategy for improving and maintaining engagement in care. Because challenges with engagement in medical care are not unique to HIV, this model should be replicated and assessed among chronic disease patients and potentially streamlined as a routine mechanism to improve healthcare outcomes.

ABSTRACT 14

Implementaion Of A Clinic-Based Mediset Program For Vulnerable HIV-Infected Patients

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BACKGROUND: Adherence barriers to HIV antiretroviral therapy (ART) have significant health consequences. Often, the most vulnerable patients with advanced disease, concomitant mental health, substance use and homelessness have significant challenges to accessing, storing and adhering to a ART. Use of medisets has been an intervention that has improved adherence to complicated medication regimens.

METHODS: A clinic-based mediset program for HIV-infected patients has been developed to assist in access, adherence and side-effect monitoring for vulnerable patients. Patients are referred to this program when there is evidence that they are unable to access medications via pharmacies on their own, have difficulty storing medications, have had adherence challenges or are starting new regimens for which they need regular montitoring for side-effects and adherence. The program involves coordinating pharmacy services to deliver medications to the clinic and stored for the patient. Patient-specific indications and goals for participation in this program are set and reassessed at regular intervals. Patients come to the clinic to pick up their medicines from clinic nurses or pharmacists, often filling a mediset for patients. These visits are coordinated with other services from the clinic such as primary care, laboratory, social work, mental health or substance use services.

RESULTS: Strengths of the program include pharmacy services and the team approach to patient care. This program has allowed for engagement into care for an otherwise vulnerable patient population (substance use, mental health and homelessness). Areas of improvement for the program include establishment of enrollment criteria, standardization of documentation, standardization of the medication reconciliation process, and program disenrollment criteria.

CONCLUSIONS: The mediset program was valuable in engaging patients who are otherwise vulnerable to poor adherence due to health literacy, mental health problems, homelessness, or substance use. Strengths of the program included coordination with pharmacy services and a cohesive team-based approach to patient care. Improvements of this program include formalizing enrollement and documentation to further improve quality care.

ABSTRACT 15

The Greying Of an Epidemic: Disparities among Aging HIV+ and AIDS Populations in Santa Clara County

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BACKGROUND: The “greying” of the HIV/AIDS epidemic as documented by CDC, the Institute for HIV Medicine, and increasing reports from the medical literature represents a critical area of health disparities. The growing numbers of men and women > 50 years of age present with specific medical, bio-psycho-social, and disabilities challenges.

METHODS: In Santa Clara County, CA, approximately 43% of the AIDs cases and 35% of those with HIV are > 50. At the PACE clinic of Santa Clara Valley Medical Center (SCVMC) 53% of patients being seen are > 45. At the same clinic 47% are Hispanic.

RESULTS: The authors present demographic and results of preliminary needs assessment on this critical emerging population.

CONCLUSIONS: And make recommendations as to strategies to address the current gaps.

ABSTRACT 16

Hispanic and Immigrant HIV+ and AIDS Cases in Santa Clara County: 2012 Health Disparities and Recommendations

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BACKGROUND: HIV + and AIDS diagnosed Hispanic populations in the Bay Area , both native born and immigrant represent important patient groups to understand with respect to health disparities.

METHODS: In Santa Clara County, Hispanic populations now constitute nearly 48% of those seen at the Santa Clara Valley County Medical Center (SCVMC), and over 35% of those in the County overall.

RESULTS: The authors summarize salient characteristics of these populations by age, HIV risk behavior and both care and prevention modalities.

CONCLUSIONS: And make recommendations as to strategies to address the disparities.

ABSTRACT 17

Mortality Rates by Race/Ethnicity, Gender, and HIV Risk Group among HIV-Infected Individuals with Equal Access to Health Care

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BACKGROUND: Unequal access to care may be the primary contributor to disparities in mortality rates among

demographic subsets of HIV-infected individuals in the US. Such disparities may be significantly reduced among the insured, who have equal access to care, including life-preserving antiretroviral therapy.

METHODS: Adult HIV-infected members of Kaiser Permanente Northern California (KPNC) were followed from entry to care (1996-2009) until death, health plan disenrollment, or 12/31/2009. Data were collected from the KPNC HIV registry, electronic medical records, and state and national death records. Poisson models for death included terms for race/ethnicity (white, black, Hispanic), HIV risk (men who have sex with men [MSM], other men, i.e. heterosexual or injection drug use [IDU], and all women), age, and calendar era (1996-99, 2000-04, 2005-09).

RESULTS: We identified 9,657 HIV-infected patients (65% white, 19% black, 16% Hispanic). The majority were MSM (74%), with 16% other men (including 49% IDU, 46% heterosexual), and 10% women. Unadjusted mortality rates (per 100 person-years[py]) were lower among Hispanics (1.7/100py, p=0.007) and similar among blacks (2.3/100py, p=0.77) compared with whites (2.2/100py). Rates were higher among other men (3.0/100py, p <.001) and similar among women (1.7/100py, p=0.09) compared with MSM (2.1/100py). Adjusted rate ratios (RR) indicated no difference in mortality for blacks (RR=1.03; 95% CI=0.88, 1.2) and Hispanics (RR=0.91; 95% CI=0.75, 1.11) compared with whites. RRs for death by HIV risk group showed increased mortality for other men (RR=1.51; 95% CI=1.29, 1.76), but not women (RR=0.9; 95% CI=0.74-1.17), compared with MSM. Finally, mortality rates declined over time for all patients, but RRs by race and HIV risk group did not change over time.

CONCLUSIONS: In the setting of equal access to care, we did not observe a disparity in mortality by race/ethnicity, but did find a higher risk of death among HIV-infected men not identified as MSM, likely attributed to IDU.

ABSTRACT 18

Community Based Participatory Approaches to Understanding and Addressing Late HIV Diagnosis in Oakland: A Collaborative Case Study

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BACKGROUND: From 1999-2008, 1,353 people in Oakland, CA were diagnosed with HIV, and 54% of these progressed to AIDS within a year of detection. The majority of these “late” cases are African American, however, when comparing within groups, Latinos were 1.2 times more likely to test late than African Americans. Late diagnosis of HIV remains a substantial public health problem with alarming racial disparities. The collaborative efforts of the Pangaea Global AIDS Foundation, CAL-PEP, La Clinica de la Raza, Alameda County Public Health Department, and UC Berkeley seek to develop community driven solutions to this issue.

METHODS: Using community based participatory research (CBPR) approaches, 9 focus groups were conducted with a total of 30 African American and 36 Latino/a participants who had not received HIV testing or HIV prevention and education services within the past 12 months. Peer recruitment was used to identify African American and Latino/a participants.

RESULTS: Themes that emerged from the focus groups included: lack of trust (with sexual partners, and of the health care system); lack of perceived risk despite multiple sex partnerships; low prioritization of HIV testing; and inaccessibility of HIV testing and treatment. Additional structural barriers specific to Latino/as included language and immigration status.

CONCLUSIONS: Racial and ethnic health disparities have multiple causes and require a multi-pronged approach in biomedical and social interventions. Inclusion of community co-researchers in scientific investigation enables innovation and creativity, while enhancing the relevance of the research to the work of eliminating health inequities. Emergent themes from this study contribute to an evidence base that

will be used to create strategic interventions specifically addressing the needs of the African American and Latino communities, ideally in turn helping to reduce unnecessarily high and disparate HIV transmission and AIDS mortality rates.

ABSTRACT 19

A Peer Navigation Assessment for HIV+ African American Men in Oakland: Outcomes of Two Focus Groups

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BACKGROUND: African Americans in the Oakland area make up 42% of HIV cases and 43.2% of AIDS diagnosis. From 2006 – 2009, new HIV infections increased by 48% among young (13 – 29) black men who have sex with men (MSM) in the US. Distrust and stigma are found to be barriers around HIV disclosure among this population impacting their ability to access HIV care. The Bay Area Network for Positive Health (BANPH) project held 2 focus groups in Oakland to: assess efficacy and success of a Peer Navigator Program that would link these men into care; and to obtain community input and understand barriers and facilitators to maintain care.

METHODS: Two Focus Groups with African American Men from the Oakland Community were held. First group comprised 10 community leaders: clinicians, community and faith-based leaders, and some HIV+. The second group comprised 6 community advocates: HIV+ men active in community, speakers, some post-incarcerated and in recovery. 3 questions were asked to both groups regarding: barriers to care, in/accessibility to care, possible solutions, and what could make a peer navigator program successful linking these men into HIV care. Transcriptions of consented focus group recordings were coded and thematically categorized.

RESULTS: Stigma Around Sex and HIV from Family, Friends, Work and Church is a topic difficult to address within community circles and deep rooted in distrust. The expectation of inadequate care was common due to historical events of medical exploitation, internal and external homophobias were addressed, as were services not available or just broken down. HIV Education and Resources are minimal to non-existent in some areas, which perpetuates barriers and accessibility to care.

CONCLUSIONS: Ideas for a successful Peer Navigation Program were discussed as a platform to address and eliminate disparities for successful HIV linkages to care. Further research is necessary to determine feasibility.

ABSTRACT 20

A Systems Change: Linking HIV+ People to Care through Developing a Diverse Network of CBOs

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BACKGROUND: CBOs must often compete with each other for limited funds, thus not collaborating on goals of mutual interest. In today's economic climate efforts to improve HIV service networks are critical. In addressing these issues of limited resources and service delivery gaps, a new model of multi-agency collaborations was created in 2010. The Bay Area Network for Positive Health has the explicit goal of building infrastructure for inter-agency collaborations to help link some of the most marginalized HIV+ persons into care, ultimately decreasing HIV transmission rates.

METHODS: Using prevalence data between two urban counties to ascertain out of care HIV+ persons, an academic team identified and brought together 11 agencies with complementary strengths and abilities, creating a multidimensional network. The network of 12 agencies co-wrote a proposal and was funded to deliver a comprehensive model for linking their HIV+ populations to HIV care, which include drug users, immigrants, women, homeless, transgender persons, racial minorities, and the incarcerated. The network agencies include CBOs, clinics, health departments, and jail and prison facilities. This paper will expand on network specificities, challenges and successes.

RESULTS: Communication and service delivery gaps are closing and being enhanced at network, intra-agency and individual levels, enabling a greater safety net and assuring linkages to care. Gaps were closed by assessing HIV service capacity of agencies and supporting them in: resource acquisition and provision; outreach training; technical assistance; system change efficacy; ongoing meetings, communication and follow-up.

CONCLUSIONS: Efforts to build collaborative networks for HIV care may be a much better strategy than NGOs working in silos, isolation or in competition. Partnerships at various levels can improve service delivery and structure systems. Creating an urban collaborative network model built with mutual respect and a common mission has proven to be an effective approach to systems change in hard economic times.

ABSTRACT 21

Engaging the Invisible: Locating and Linking the Long-Term, Out-of-Care PLWH in the Bay Area

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BACKGROUND: The United States prioritizes locating over 650,000 PLWH that are not receiving HIV care, and linking them to HIV clinical services as a critical strategy in ending the pandemic. Yet little is known about the contextual realities that keep PLWH out of care.

METHODS: The Bay Area Network for Positive Health is a consortium of 12 CBOs and HIV clinics in San Francisco and Oakland identifies individuals not receiving HIV medical care and links them to care. Using mixed-method approaches, we illustrate the resource-intensive nature of this work. PLWH are identified through street outreach, syringe exchange, jails, prison, support groups, and review of clinic records. Interested individuals complete a survey to assess barriers and needs, and are linked to HIV care and other auxiliary services. Agreements exist with major HIV clinics to provide an appointment within one week of a request.

RESULTS: 151 eligible PLWH were engaged in the project in year 1. It took an average of 56 days from first contact to first medical appointment. These individuals knew their status on average for 10 years. Barriers to HIV care included drug use (44%), transportation (40%), homelessness (39%), and competing priorities (39%). Needs included housing (40%), food (48%), dental care (46%), financial assistance (44%), and mental health services (30%). Approximately 65% reported being incarcerated as an adult. 72% were referred to non-HIV medical care or social service. An average of ten attempts were necessary to engage individuals prior to successfully linking them into HIV care.

CONCLUSIONS: This population experiences multiple barriers that are difficult to remediate, and that persist in a resource-rich setting. Other needs must be met before linking to HIV medical care. Extra time and resources are necessary to effectively reach and serve these individuals who are also critical to the successful containment of the pandemic.

ABSTRACT 22

Consumer Perspectives on Alcohol Use among HIV-Positive African Americans

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BACKGROUND: Alcohol misuse is thought to contribute to disparities in the health and survival of HIV-positive African Americans, yet little research focuses on the etiology of this phenomenon. This analysis was conducted to explore the perspectives of HIV-positive African Americans on issues that influence their alcohol misuse in the context of living with HIV/AIDS, the impact of alcohol misuse on their HIV-related self care and the factors critical to their recovery in the context of HIV/AIDS.

METHODS: 40 qualitative open-ended interviews were conducted with HIV-positive African Americans identified as having histories of alcohol abuse or dependence since being diagnosed with HIV. Participants were asked open-ended questions about their HIV self care behaviors, the impact of alcohol misuse on HIV self care and other HIV-related behaviors and the factors critical to their cessation of alcohol misuse in the context of HIV/AIDS. Interview transcripts were subjected to content analysis using the 'coding, consensus, co-occurrence and comparison' method rooted in grounded theory and NVivo was used to generate categories, trees and nodes based on the codes and themes that emerged from this analysis.

RESULTS: The emergent patterns from the content analysis suggested two parallel processes influencing alcohol misuse and HIV self care among participants, both set into action by contextual factors related to historical backdrops of childhood abuse and adult victimization as well as critical points at which deficits created by this backdrop compromised coping. Participants perceived stress, depression, lack of positive social support and engagement in unhealthy social networks as influencing them toward alcohol misuse. They viewed the consequences of their

alcohol misuse as the failure to respond to an initial HIV diagnosis as well as longer term neglect of medical, emotional and spiritual care needs. Participants reported that factors critical to their recovery included participation in formal treatment programs, 12 step or peer support models, making an individual decision to recover, developing greater self awareness and addressing unresolved underlying issues, as well as creating more supportive social networks.

CONCLUSIONS: Interventions focused on reducing alcohol misuse among HIV-positive African Americans must address issues related to HIV as well as substance abuse and should focus on bolstering social support through the creation, support and reinforcement of positive social networks. While this approach emphasizes a traditional cultural strength among African Americans, educational efforts that reduce the social stigma, shame and isolation related to HIV/AIDS in the African American community may help to increase the social support available to these individuals.

ABSTRACT 23

Participant Attrition by Race/Ethnicity for HVTN 505 at the San Francisco Dept. of Public Health (SFDPH) Clinical Trial Unit (CTU)

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BACKGROUND: African-Americans and Latino men who have sex with men (MSM) are disproportionately represented in HIV vaccine trials. This study's objective was to determine the exit points in the enrollment process for the HVTN 505 study for MSM who identify as Caucasian, Latino, and African-American.

METHODS: Data was gathered from July 1, 2009 to April 1, 2012 for the SFDPH CTU. Enrollment stages were identified; number of MSM advancing to each stage tabulated; and relative percentages calculated; stratified by race/ethnicity. Rates of non-circumcision were also determined.

RESULTS: Six enrollment stages emerged: 1) contact, 2) phone screen, 3) appointment scheduled, 4) appointment seen, 5) informed consent form (ICF) signed, and 6) enrollment. Of 5231 MSM in Stage 1, 42% identified as Caucasian, 18% Latino, and 10% African-American. Of the

135 in Stage 6, 75% identified as Caucasian, 11% Latino, and 7% African-American. 18% of African-Americans and 28% of Latinos in Stage 2 advanced to Stage 3, as compared to 40% of Caucasians. 21% of Latinos in Stage 5 advanced to Stage 6, as compared to 40% of Caucasians. Latinos also had a higher rate of non-circumcision at 38% as compared to 9% for Caucasians and 10% for African-Americans.

CONCLUSIONS: A significant increase in the proportion of Caucasians who enrolled (Stage 6) when compared to those who initiated the process (Stage 1) was observed. A lower percentage of African-Americans and Latinos who conduct phone screens (Stage 2) advanced to schedule appointments (Step 3), and a lower percentage of Latinos who sign the ICF (Stage 5) advanced to ultimately enroll in the study (Step 6). The internal external processes that advance African-Americans and Latinos from Step 2 to Step 3, and Latinos from Step 5 to Step 6, should be examined.

ABSTRACT 24

Risk Factors for HIV and Acceptability of HIV Testing at Community-Based Substance Abuse Treatment Centers in San Jose, California

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BACKGROUND: In the United States, African-Americans, Latinos and women frequently undergo HIV testing only after the development of symptoms. Targeted testing of individuals at higher risk for HIV in non-medical settings has the potential to reduce HIV-associated morbidity and mortality and reduce transmission.

METHODS: We surveyed clients at two residential substance abuse treatment programs in San Jose, California, on their knowledge, attitudes, and behaviors towards HIV and history of previous HIV testing. We evaluated the effects of an educational session on HIV and substance abuse by a psychiatrist and a community educator on HIV knowledge and rates of HIV testing at local testing sites.

RESULTS: 22 women and 18 men, mean age of 37 years old, participated in the study. Subjects were African-American or Latino. 70% of the participants were unemployed, only 38% having completed high school. Methamphetamine was the drug of choice with 85% reporting its use. 28% reported a history of injection drug

use. 73% of subjects reported at least one sexual partner in the past 6 months (range 0-25). 40% of subjects reported never using a condom for anal or vaginal sex. 20% of women reported having sex in exchange for money, food or favors. 28% report a prior history of sexually-transmitted infection. 55% of men and 72% of women report a prior history of HIV testing. There were no significant correlations between high-risk behaviors and a history of HIV testing. Women had higher baseline information regarding HIV. The single educational session increased HIV knowledge, especially among the men, but led to HIV testing in only one participant.

CONCLUSIONS: Residents at substance abuse centers report frequent high-risk behaviors likely warranting frequent testing. While the centers' educational program enhanced HIV knowledge, more targeted approaches are required to increase testing in these high-risk clients.

ABSTRACT 25

Addressing Health Disparities in HIV with Point-Of-Care Diagnostics for Rapid Detection of Acute HIV-1

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BACKGROUND: Nationally, Blacks/African Americans and Hispanics/Latinos are heavily impacted by the HIV epidemic, with rates that were 7.7 and 2.9 times the rate of Whites in 2009. Many at-risk individuals seek treatment in ambulatory care settings care for the "mono"-like symptoms that occur in the first 2-3 weeks of acute HIV infection. Unfortunately, HIV rapid antibody tests cannot diagnose acute HIV, since the onset of symptoms precedes the development of anti-HIV antibodies by 1-2 weeks. HIV RNA can detect acute HIV; however, existing HIV RNA lab tests are expensive and have a 1-2 week turnaround. We are investigating an interventional approach using a new POC HIV RNA rapid test for diagnosing acute HIV in ambulatory care settings, enabling a test-and-treat algorithm within a single visit.

METHODS: The new point-of-care (POC) HIV-1 RNA Rapid Test employs a non-PCR signal amplification method for HIV-1 RNA detection above a 1000 copies/mL threshold from a fingerstick sample, with turnaround time less than an hour. The feasibility of the POC RNA test-enabled

intervention will be evaluated in a cross sectional study for individuals who present at Urgent Care with both complaints and possible risk exposures suggesting an acute retroviral syndrome, comparing test results of the research-use-only HIV-1 RNA Rapid Test in tandem with an FDA approved rapid test. HIV positive specimens will undergo a second FDA-approved test and Western blot for confirmation.

RESULTS: Current POC HIV-1 RNA Rapid Test assay results demonstrate CVs of 15% with >5 logs of dynamic range. Performance and accuracy of the HIV-1 RNA Rapid Test performance is currently under evaluation.

CONCLUSIONS: Clinical studies are currently being planned with academic partners to establish the feasibility of using the POC HIV-1 RNA Rapid Test for rapid turnaround of results with minimal loss-to-follow-up in health disparity populations seeking Urgent Care.

ABSTRACT 26

Exploring Social Context in Framing HIV Risk: Do HIV Risk Profiles of API MSM Differ in and out of the Clinical Encounter?

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BACKGROUND: The co-location of HIV prevention and testing services where our most risky clients live, work, party and play is the talk of the town! Bathhouses, public sex venues, and nightclubs have all been a part of the conversation. Although strategies like these that take HIV prevention and testing to the streets have proven to be effective in terms of service utilization and access, this proposed presentation will assess differences in HIV risk behavior between a clinic-based sample and a mobile, street-based sample of API MSM in San Francisco. We will also identify emergent drivers of HIV risk and protective factors in a sample of at-risk API MSM and discuss how API MSM HIV risk differ from other populations.

METHODS: Questionnaires are completed by API MSM who receive an HIV test or participate in HIV prevention programs at a community-based AIDS service organization (ASO). This includes participants who interface with the ASO as a result of traditional methods (e.g. clinic-based walk-ins, programs and activities) and mobile, street strategies (e.g. club outreach and mobile HIV testing). In addition to univariate and bivariate analyses, HIV risk behavior data

will be analyzed cross-sectionally, using linear and logistic regression. Interactions between key constructs will also be tested.

RESULTS: Data collection for this study has not ended; therefore, results are not final. Data (n=100) on HIV risk behavior, substance use, social support, exposure to and burnout from HIV prevention messages, HIV-related stigma, internalized homophobia, HIV testing, partner seeking behavior and internet and mobile application use will be analyzed.

CONCLUSIONS: Public health systems cannot rely on data verified at the aggregate level to speak for all populations; this essentialist approach only leaves marginalized groups such as API MSM behind. Instead, ASOs must lead research priorities by innovating novel HIV risk constructs and understanding the socio-cultural contexts of HIV/AIDS.

ABSTRACT 27

Amenability of HIV-Positive African American Men to Shared Medical Appointments for Primary Care

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BACKGROUND: African American (AA) men constitute a disproportionate percentage of individuals living with HIV and have poorer health outcomes. Reasons include low adherence to anti-retroviral therapy, mistrust of medical system, discontinuation of HAART, and low follow-up with primary care. The shared medical appointment (SMA) is a model in which medical care is provided to two or more patients concurrently after private history-taking and physical examination. A growing body of evidence shows this model to improve patient satisfaction, health literacy, and biological outcomes. The SMA may be an effective model of care for HIV, but there appear to be no studies on this model for this population. Our study aim was to determine whether HIV-positive AA men were amenable to an SMA for primary care.

METHODS: We conducted a cross-sectional survey of HIV-positive men at a university-affiliated outpatient HIV clinic in San Francisco to assess amenability to an SMA for primary care. Descriptive statistics and regression analyses were conducted to assess patient demographics and factors associated with amenability to an SMA.

RESULTS: 40 individuals completed study. Mean age was 50.7; 17.5% heterosexual; 77.5% homosexual or bisexual. 72.5% used Medical; 37.5% used Medicare; 0.5% used private health insurance. 67.5% of participants expressed amenability to participation in SMA at our clinic. Factors associated with amenability to SMA included: (i) confidentiality of shared information; (ii) retaining private time with PCP; (iii) similar health issues between group members; (iv) group led by patient's PCP.

CONCLUSIONS: Despite the stigma associated with HIV, a majority of AA men at our HIV clinic are amenable to SMAs for primary care. These results are comparable to another study on acceptability of SMAs for hypertension. Further studies are needed to assess implementation of SMAs in HIV practices and long-term effects on HIV-associated outcomes.

ABSTRACT 28

An Urban HIV Telemedicine Program for Specialty HIV Services for Underserved Populations in San Francisco

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BACKGROUND: The Urban HIV Telemedicine Program attempts a new approach of connecting HIV specialty services to 360: The Positive Care Center at UCSF to San Francisco community-based clinics and service organizations that provide care to underserved individuals living with HIV with an emphasis on HIV-positive people of color. The goal of the program is to provide resource allocation in a time of decreasing funds for HIV care and improve access to subspecialty HIV services needed for optimal management of today's HIV patient (e.g. pharmacist, nutritionist, and expert HIV resistance assessments and consultations). Three community clinics (Maxine Hall Health Center, South of Market Health Center, and Haight Ashbury Free Clinic) and two community-based organizations (Black Coalition on AIDS and San Francisco AIDS Foundation) are participating in this project. San Francisco has disproportionate rates of substance abuse, mental illness, and homelessness, and the population of people living with HIV/AIDS are generally impoverished, homeless, and struggling with co-morbidities such as addiction and mental illness. Community clinics are a vital part of San Francisco's healthcare system, especially for uninsured or low-income patients. These clinics serve a

large number of HIV-positive patients for primary care, but they have minimal access to other HIV specialty services. The Urban HIV Telemedicine program allocates resources and expertise from UCSF to these clinics via a secure telemedicine network, allowing specialists to remain in one place (UCSF) while patients receive their care at a setting where they feel comfortable.

The aims of this study are:

1. To characterize patients who access urban HIV Telemedicine services.
2. To evaluate the distribution of HIV Telemedicine specialty services accessed.
3. To describe patients' experiences with Urban HIV Telemedicine services.

METHODS: Subjects are recruited at three community based clinics via referral by primary care provider for desired services. Subjects are also enrolled from two community-based organizations from referrals by case managers or self-referral during drop-in sessions. At the end of each telemedicine session, patients complete an 8-question patient satisfaction survey to capture their perceptions of the telemedicine consultation. This study uses descriptive statistics to examine the preliminary utilization and effects of the Urban HIV Telemedicine Program.

RESULTS: From September 2008 to January 2012, a subset of patients who participated in the Urban HIV Telemedicine Program completed a post consultation questionnaire about their satisfaction with the telemedicine process. All of these patients had never experienced a telemedicine consultation before. We present the results of 42 of those patients. 79% of patients agreed or strongly agreed that telemedicine answered their health questions adequately, while 17% were not sure and 5% strongly disagreed. 59% of patients believed that the telemedicine technology is confidential, however, 24% were not sure of the confidentiality and 17% disagreed that telemedicine is confidential. 88% of patients reported the quality of the visual image as satisfactory to very satisfactory and 98% reported the audio quality as satisfactory to very satisfactory. Overall, 90% of patients (30 of 33 who chose to answer) reported they would participate in telemedicine consultation again.

CONCLUSIONS: Overall patients were very satisfied with their telemedicine experience, believing their consultation(s) adequately addressed their health questions, and preferred this modality of service rather than commuting for needed HIV subspecialty services. However patients did express concerns about the confidentiality of the consultation as well

as if the session was being videotaped. Patients repeatedly ask if it is being videotaped and if the T-1 line can be “tapped into” (data not collected).

Results of this study suggest that despite reservations over confidentiality and any social stigma related to HIV, low-income, HIV-positive patients are willing to use telemedicine for access to needed. Thus, an urban-based telemedicine program targeted to HIV-positive patients can increase the access of underserved populations even in this time of decreased funding.

ABSTRACT 29

A Community-Academic Collaborative to Reduce HIV/AIDS Health Disparities in the African American Community in Alameda County

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BACKGROUND: Community-based organizations (CBO) are typically in direct, daily contact with individuals most at risk for HIV infection. However, CBOs often express frustration both at having researchers approach them in a perfunctory manner to provide access to participants for studies that were not relevant to their community's needs and at not having access themselves to the research process, including investigation of the issues they identified as most pressing. Accomplishing the goal of reducing HIV disparities requires facilitation of strong partnerships and collaboration between health science investigators and the communities most impacted by HIV.

METHODS: A coalition of academic researchers, community-based organizations that serve the African American community (CBO researchers), and community members (community researchers) to answer significant scientific HIV research questions has been developed. This presentation will provide an overview of the process, facilitators, barriers and lessons learned in developing academic-community partnerships and building a community-level research agenda.

RESULTS: The coalition of researchers and community partners have developed relationships that bridge the gap between research and communities by developing structures, trainings and forums that build the capacity of research partners to engage in community-involved research, leveraging existing electronic infrastructure to build support mechanisms for that research, and seeding the next generation of HIV research. We will present a model for building a sustainable research consortium to develop and implement authentic community engagement via collaborative research projects, as opposed to a model where the academic researcher conducts a study with the CBO providing access to clients and being excluded in the research process.

CONCLUSIONS: By bringing the skill of scientists to the service of HIV prevention and the knowledge of service providers into the domain of research, we can more adequately understand and address the contexts and factors that result in STI/HIV health disparities among African Americans.

ABSTRACT 30

Does Expressive Writing in Group Therapy Settings Decrease Symptoms of Depression in HIV-Positive Minority Cohorts?

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BACKGROUND: It is well documented that HIV-positive individuals are at increased risk for poorer self-report of mood. Depression in this population has been identified as a predictor of physical decline, poor medication adherence and risky sexual behavior. Pennebaker has documented the potential for expressive writing to improve negative mood states, finding that expressive writing, while initially increasing negative mood states, actually improves mood and overall health. Furthermore, Sloan found expressive writing can buffer against maladaptive rumination. Finally, Rivkin studied 79 HIV-positive individuals and found increasing insight/causation and social words resulted in better immune function. To our knowledge, no studies thus far have included expressive writing as a component of ongoing supportive group therapy with minority research participants. Additionally, we were not able to find citations combining supportive group therapy and expressive writing in HIV-positive minority participants. While both expressive

writing and ongoing group therapy have been documented to improve mood states separately, we propose the combination of the two improves overall self-report of mood.

METHODS: This research investigates expressive writing within the context of an 8-week group therapy format with HIV-positive minority research participants. The research is conducted at the PACE Positive Care Clinic, Santa Clara Valley Medical Center. Data, including the DASS (Depression Anxiety Stress Scale), is collected prior to the first week of writing, and at the end of the 8-week protocol. Participants were not to change medications during the protocol.

RESULTS: Pilot study data based on two completed groups demonstrated a reduction in depression sub-scores on the DASS Scale at the completion of the 8-week protocol.

CONCLUSIONS: Based on limited pilot data, expressive writing in a group setting for those living with HIV/AIDS can reduce symptoms of depression. These results may have broader implications for a larger public health investigation using expressive writing with minority populations.

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