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THE FEASIBILITY OF EDUCATING KOREAN AMERICAN WOMEN VIA WEB: BREAST CANCER SCREENING

Eunice E. Lee, Jongwon Lee, Natsanet Keleta

**Purpose/Aims:** This pilot study was designed to test the feasibility and efficacy of delivering an established couple-based, theory-based culture-specific intervention designed to improve mammography uptake among Korean American (KA) women, Korean Immigrants & Mammography—Culture-Specific Health Intervention (KIM-CHI), via the WEB for its efficacy (mammography attainment and intention to get one between baseline and two-months follow-up), feasibility, and acceptability.

**Rationale/Conceptual Basis/Background:** Regular mammogram screening has proven to be effective in reducing breast cancer deaths. However, KA women’s mammography screening rates are lower than other ethnic groups. Although the Web has proven to be an effective delivery medium of health related information and has economic and logistic advantages over printed materials, no studies have tested Web-based educational interventions to improve KA women’s breast cancer screening uptakes.

**Methods:** A pre- and post-test randomized two group experimental design was used. Recruiting study participants, delivering the intervention, and collecting data were conducted via Web.

**Results:** Initially, a total of 198 women responded to a banner announcement posted on 3 Korean language Websites, but 16 women withdrew. The remaining 182 women and their husbands were randomized into either intervention (n = 88) or delayed control (n = 94) groups. A total of 136 women (75% completion rate) completed the baseline study. At 2 months post-baseline, a total of 75 women (75/136 = 55%, attrition rate of 45%) completed the survey. Women were on average 48 years old, with nearly 16 years of education. Although not statistically significant, a higher percentage of women in the intervention group had mammograms at follow-up than women in the control group (19.4% vs. 15.9%). At 2 months’ follow-up, intention to have a mammogram within the subsequent 12 months increased significantly in the intervention group compared to the control group (p = .005). Women who had fewer barriers, perceived greater benefits, and higher self-efficacy were more likely to be screened at follow-up.

**Implications:** These findings suggest that Web-based delivery of the KIM-CHI program is feasible and could improve KA women’s breast cancer screening intention and behavior. Combining off-line contact such as face-to-face or telephone contact for recruitment or data collection with online intervention material could successfully decrease attrition rate.

**Study funding:** This work was supported by the UCLA School of Nursing Intramural Grant.
**Purpose/Aims:** To investigate the role of automatic thoughts in the cognitive change process during an eight-week course of Cognitive Behavioral Therapy (CBT) for depressed post-cardiac surgery (CS) patients.

**Background:** Cognitive theorists posit that depression results from cognitive distortions manifested by a propensity to experience the world in a negative way. Negative automatic thoughts (ATs) are believed to provide a common pathway for cognitive distortions. In post-CS patients, CBT is known to improve depressive symptoms. However, in this population, there have been no reports of the role of ATs in the cognitive change process during CBT.

**Methods:** Thirty-six depressed CS patients (mean age 64 ± 10 years, 83% male) were randomized to usual care (UC) or 8 weeks of CBT by trained nurses. For this report, patients in the UC group were matched for age and gender to those in the CBT group. At baseline and post-CBT, the intervention group (n=18) completed the Beck Depression Inventory (BDI) and the Automatic Thoughts questionnaire (ATQ), which includes four subscales (i.e., negative self-concepts and expectations [NSNE], personal maladjustment and desire for change [PMDA], helplessness, and low self-esteem [LSE]). The UC group (n=18) completed only the BDI at both points. Group comparisons of changes in BDI scores from baseline to 8 weeks were evaluated by general linear modeling. Changes in pre- and post-CBT ATQ scores were measured by independent t-tests. Correlations of total BDI scores and ATQ subscale scores were evaluated by Spearman’s rho.

**Results:** Compared to UC, the CBT group showed a significant reduction (time × group interaction, p < .001) in BDI scores (Fig 1, Panel A). In the CBT group, there were significant decreases in both BDI (47.46 ± 17.8 vs 16.6 ± 18.9, p = .001) and ATQ (56 ± 20.7 vs 50.4 ± 18.5, p = .01) in pre- vs post-CBT scores (Fig 1, Panel B). All ATQ subscale scores were significantly correlated with BDI scores (NSNE, rs = .57, p = .01; PMDA, rs = .52, p = .03; Helplessness, rs = .74, p < .01; LSE rs = .53, p = .03).

**Implications:** This study demonstrates a significant improvement in depressive symptoms and automatic thoughts in a small group of post-CS patients who received CBT. Helplessness was most strongly correlated with depressive symptoms at pre- and post-CBT. Further study in a large population is needed to investigate further the role of automatic thoughts in the CBT process and potentially improve depression outcomes.
Purpose/Aims: The aim of this research was to understand the meaning and experience of moral distress among Intensive Care Unit (ICU) nurses from their own perspectives and in light of their socio-cultural context. The main questions of this research were: “In which socio-cultural context do ICU nurses experience moral distress?” and “What is the meaning of their moral distress?”

Rationale/Conceptual Basis/Background: As professionals, nurses experience high levels of stress and emotional disturbance related to their moral responsibilities. This stress does not arise from insufficient knowledge and education on ethical issues, but much more from performing duties related to patient care. In South Korea, even if patient is at the end of life, discussion of death is taboo, and the South Korean healthcare environment is family-centered. Doctors primarily make clinical decisions about medical treatment for dying patients. Previous studies show that South Korean nurses experience a great deal of moral distress but lack taking any behavioral approaches to find and solve the problems related to end-of-life care. We sought to articulate South Korean nurses’ moral distress within their socio-cultural context and systematically analyze how nurses feel, think, and respond are greatly needed. Moral distress of ICU nurses is most severe when caring for patients receiving aggressive life-sustaining treatment even with an uncertain or unstated prognosis.

Methods: This study analyzed through qualitative content analysis data collected by in-depth interviews of 29 ICU nurses in 6 groups, including 2 groups of new nurses, 2 groups of experienced nurses, and 2 groups of head nurses. Data collection and analysis were conducted simultaneously. For data analysis, all of the group interviews were recorded and transcribed. A critical ethnography strategy was used to analyze the data.

Results: This study found practicing as a nurse with limitations to be a major source of moral distress experienced by ICU nurses in South Korea. According to the findings of this study, ICU nurses accepted nursing roles while having experiences of moral distress throughout their clinical experiences. Themes that emerged were feeling limitation as a nurse (for new nurses), expressing limitation as a nurse (for experienced nurses), and acting on the limitation as a nurse for head nurses. In addition, 6 descriptive categories were derived from the qualitative content analysis: personal characteristics, clinical situation, relation, perception, behavior, and outcomes.

Implications: ICU nurses in South Korea are experiencing considerable moral conflicts around their patients' best interest between their clinical experience and cultural taboos. Therefore, it would be beneficial to develop systematic customized empowerment, support, and ethical education programs grounded in nurses’ clinical experience.
ACCOMPLISHING POSITIVITY: DEPRESSION, ANDROGEN DEPRIVATION THERAPY, AND COLLATERAL HEALTH RISKS FOR LATINO MEN WITH PROSTATE CANCER
Sally L. Maliski, Elisabeth M. Hicks, Stanley K. Frencher, Mark S. Litwin

Purpose: In this study we elicited Latino men’s perceptions of side effects linked to androgen deprivation therapy for prostate cancer. Androgen deprivation therapy for the treatment of prostate cancer may produce life-altering (and occasionally life–threatening) side effects, including depressive symptoms.

Background: Studies have resulted in contradictory findings about ADT’s role in exacerbating depression or initiating depression. It could be that radical hormonal changes cause or worsen depression or it could be the overarching context of prostate cancer and the severe side effects ADT engenders. Regardless, men with prostate cancer receiving ADT are at risk of experiencing severe depression that may worsen over time. Men with pre-existing depression are especially at risk for worsening depression while on ADT. Another threat requiring further study is the link between cardiovascular risk, ADT, and depression. It is well documented that men treated with ADT are at increased risk for cardiovascular disease (CVD) and diabetes as a result of metabolic and endocrine that accompany ADT. Latino men are under diagnosed with depression and use fewer mental health services than their Caucasian counterparts. Depression is often stigmatized within Latino families.

Methods: We conducted 19 interviews with underserved Latino men taking androgen deprivation therapy to treat prostate cancer. We analyzed the data using grounded theory techniques in Atlas.ti 7. We reviewed clinical notes and quality of life measures for each participant to triangulate findings.

Results: Depressive symptoms emerged as an ongoing issue for the men. Men had poor awareness of what side effects were associated with ADT. Strategies for dealing with depression included controlling emotions, concealing depression, and “being positive” to avoid depression. In this sample, the juxtaposition between the accounts of depressive symptoms and the way the men encouraged themselves and other men to be positive brought to mind the phrase, “grin and bear it.” Men were open to psychotherapy and peer to peer counselling. The men’s coping processes and culturally based stigma also contribute to poor identification of serious depression.

Conclusion: These men’s ongoing depressive symptoms and behaviors may be overlooked during treatment for prostate cancer. The links between depression and cardiovascular disease make this issue especially important to address in Latino men receiving ADT. The coping strategy “being positive” needs to be re-evaluated as it can be an avoidant technique. Consistent, accessible and culturally acceptable mental health resources are needed for Latino men with depression. Interventions that include cognitive behavioral therapy and peer-to-peer counseling are culturally acceptable methods to mitigate depression for Latino men with prostate cancer.

Implications for nursing: Nurses can support men by allowing them to feel a variety of emotions and by being advocates for mental health support. Healthcare providers need to be trained to identify diverse ways of explaining depression to better screen Latino men. This is especially true for men who face cultural stigmas around mental health. The issues Latino men face discussing depression may not fit a checklist and may require a broader vocabulary.

This research was supported by the National Institutes of Health through the grant, Underserved Men's Understanding of Androgen Deprivation Therapy Related Risks 1R21NR012786-01, PI: Sally Maliski
Purpose: The well-established link between decreased physical activity (PA) and Cardiovascular Disease (CVD) underscores the importance of examining PA levels in populations with high risk factors. This study investigated the following research questions: (1) What are the levels of PA among overweight Mexican American Women (MAW) living in Ventura County, California (CA)? (2) What are the relationships between levels of PA, Body Mass Index (BMI), self-reported health conditions and selected background characteristics (age, acculturation, and employment status)?

Background: MAW, identified as the fastest growing subgroup of Latino/Hispanic populations in CA, show rapidly rising obesity rates and sedentary lifestyles that can potentially lead to chronic health conditions (i.e. CVD and diabetes). Reported low levels of leisure time PA and discrepancies found in reports showing mixed results on levels of PA among MAW accentuate the need to further examine PA in this population.

Methods: Using community-based participatory research methods, community leaders from recruitment sites assisted in selecting six women of Mexican descent with community work experience to form a Community Advisory Board (CAB). The CAB guided in recruitment procedures done by two trained bilingual Research Assistants (RAs). Following screening and informed consent procedures, the Principal Investigator and RAs conducted face-to-face interviews on measures of PA (Short International Physical Activity Questionnaire), acculturation level (General Acculturation Index) and socio-demographic data (i.e. age, health conditions, employment status). BMI was calculated from measured height and weight. Data analysis was performed using SPSS-V22 to compute frequencies and descriptive. A test of correlations and ordinal regression analyses were performed to examine relationships among variables.

Results: Study sample consisted of 117 self-identified MAW who were married or single and living with a partner. Women ranged in age from 19 to 64 (mean=38.9 years; SD =11.08) and most were obese based on BMI (mean=31.1; SD=7.05). Total number of self-reported health conditions ranged from 1 to 2 (n=32, 27.4%; n=14, 12%, respectively) to 8 conditions (n=1, .9%). Sixty five percent of women (n=76) were unemployed and acculturation level was low (mean=1.8, SD=.77; (possible range 1 [low] to 5 [high]), indicating most participants spoke Spanish only or had limited English. Self-reported PA was categorized with 23% (n=24) low, 34% (n=35) as moderate and 43% (n=44) as high.

Although Spearman Correlations between PA and predictors: BMI, health conditions, age, acculturation and employment were .046, .069, -.059, .263, and -.158, respectively, none were shown to be significant. However, further analysis using an ordinal regression, controlling for other factors, showed that acculturation (p=.025) was significant in predicting levels of PA.
There was a 2.1 increase in the ratio of the odds from lower to higher PA for each unit increase in GAI. This ratio stayed the same for all categories.

**Implications:** Contrary to popular beliefs, a large percent of overweight/obese MAW in this study were found to be physically active. Future interventions are needed to address weight management and loss. Culturally-focused lifestyle behavior programs should support maintenance of this behavior in physically active MAW and include strategies to promote PA in those who are more sedentary.

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**Friday, April 24, 2015 [5:10 – 6:10 pm]**

**CORRELATES OF SELF-REPORTED FALLS AMONG MIDDLE AGE AND OLDER HOMELESS ADULTS**

Benissa E. Salem

**Purpose/Aims** The purpose of this study was to understand correlates of self-reported falls among middle aged and older homeless adults.

**Background:** The United States is home to a substantial aging and homeless population. In Los Angeles, close to 40% are over 51 years of age, while 11% are 62 years and older. Falls are a significant and preventable public health issue and are experienced by up to one-third of community-dwelling older adults over 65 years of age.

**Methods:** Guided by the Frailty Framework among Vulnerable Populations (FFVP), this study assessed 178 homeless men and women in Los Angeles, California, aged 40-73. These participants were recruited from four agencies which served homeless populations. A structured instrument measured socio-demographic data, comorbid conditions (i.e. hypertension, diabetes, arthritis, etc.), use of assistive devices, depressive symptomology, pain, frailty, drug and alcohol use, emergency department use, social support and falls in the past year. Unadjusted relationships between these variables and falls were examined using Pearson Chi-square tests. Characteristics significant in bivariate analysis were included as potential predictors in adjusted analyses. Adjusted relationships between potential predictors and falling were assessed using logistic regression.

**Results:** The mean age of participants was 52.8 (ages 40-73; SD 6.87) and the majority were female (57.9%) and primarily African American/Black (66.9%), White (11.8%), and Latino/Hispanic (9.0%). In unadjusted analyses, women were more likely to fall in the past year (57.3%, p=.023), along with those who were older (p=.035); moreover, those who had a comorbid condition (82.0%) were more likely to fall (p=.002). Further, those who used an assistive device (79.6%) were more likely to fall (p<.001). Those who met the criteria for depressive symptomology were more likely to fall (p<.001) as were those who self-reported back pain (p<.001). Homeless adults who were frail were also more likely to fall (p<.001). In terms of substances, those who had drug dependency (p=.024) were less likely to fall. Last, those who had low social support were more likely to fall (p<.001) and those who had used the emergency department were more likely to fall (p=.004). In the final logistic regression, significant predictors of falling included self-reported back pain (p=.005), using an assistive device (p<.001), and those with higher levels of social support had lower odds of falling (p=.003). Non-significant predictors included gender, age, depressive symptomology, emergency department use, and drug dependency.
Implications: Given that half of the sample self-reported falling within the last year, multidisciplinary health promotion interventions with community partners should be targeted for middle age and older homeless adults to decrease fall risk which could encompass building social support networks among those who utilize assistive devices; client education for fall prevention and management, along with adapting evidence-based fall prevention interventions among this population.

Funding: This work was supported by the NIH/NINR T32 NR007077.

SYMPOSIUM: LOCAL AND GLOBAL APPLICATION OF CBPR METHODS TO PREVENT AND TREAT HIV/AIDS (R)
Moderator: Deborah Koniak-Griffin, RNC, EdD, FAAN, School of Nursing, University of California, Los Angeles, CA

Friday, April 24, 2015 [11:15 am – 12:15 pm]

COMMUNITY-BASED PARTICIPATORY RESEARCH TO ADVANCE NURSING SCIENCE: AN OVERVIEW
Deborah Koniak-Griffin, Adeline Nyamathi, Benissa E. Salem, Ariel Rankin

Purpose/Aims: This symposium illustrates how researchers design and implement quantitative and qualitative research methods that apply principles of community-based participatory research (CBPR) to promote the health of vulnerable populations. As a foundation for the studies, an overview of CBPR principles is presented as an approach for addressing health disparities in order to promote social justice; attention will similarly be given to the theoretical and philosophical groundings for the approach.

Background: In the past decade, CBPR, also known as community-partnered research, has become increasingly popular whereby researchers collaborate with communities in the design, implementation and evaluation of health promotion research. CBPR differs from traditional research by involving community members in the research process to promote culturally-relevant studies and sustainability of interventions over time. Use of the approach builds on strengths and resources within the community and fosters capacity building among all partners. The phases of CBPR are delineated in Anderson’s Community Partnership Model (i.e. pre-engagement; engagement; community assessment; intervention design; implementation, evaluation and dissemination; and sustainment).

Overview of studies: Exemplary models of how CBPR principles are integrated into research and the strategies applied are provided by symposium presenters. First, Dr. Adey Nyamathi will describe how application of CBPR principles led to development of a culturally-relevant, theory-based intervention for the treatment of HIV-infected women in India and the involvement of village women as direct caregivers in her longitudinal experimental study. Second, Dr. Benissa Salem will discuss the development of a two-phased pilot study which addresses health needs, HIV risk behaviors and areas of intervention among middle age and older homeless women. Next, Ariel Rankin describes applications of CBPR in designing her qualitative research study aimed to examine the experience of older African American women, diagnosed with HIV/AIDS at the age of 50 and older, experiences navigating the healthcare system.
Implications: Domestically and internationally, the insights gained from these studies enhance understanding about differing strategies used to integrate CBPR principles in research with vulnerable populations. Researchers working with communities recognize the strengths of their community partners and how their combined efforts may lead to co-learning that fosters development of relevant research that promises to improve health outcomes of vulnerable populations.

Funding: NIH/NINR T32 NR007077 Vulnerable Populations/Health Disparities

Friday, April 24, 2015 [11:15 am – 12:15 pm]

UTILIZING CBPR TO IMPROVE ANTIRETROVIRAL ADHERENCE AMONG RURAL INDIAN WOMEN
Adeline Nyamathi, Sanjeev Sinha

Purpose: To assess the impact of Community-based Participatory Research (CBPR) strategies utilized by lay village women in India to improve antiretroviral therapy (ART) compliance and health outcomes of rural women living with AIDS (WLA) in India.

Background: CBPR ensures full engagement of communities in the research process. By understanding social and health inequities, researchers can better understand the profound challenges rural WLA face in caring for themselves and their families, and maintaining optimal health. While Asha (lay village women) in India have predominantly focused on reproductive health for mother and infants, investigators have utilized CBPR approaches to train Asha, partnered with healthcare providers, to deliver an intervention designed to improve the medication adherence among rural WLA and enhance their physical and psychological health.

Method: CBPR approaches were infused in the conduct of a randomized clinical trial designed to improve psychological and physical health of 68 rural WLA. Community leaders and WLA living in similar villages guided the research design, assisted with revision and clarity of the questionnaires, and were actively involved in implementing and evaluating the program. Rural WLA were randomized into Asha Life (AL) or usual care (UC) groups. The AL - intervention was delivered over six months and included group sessions, nutritional supplements, life skills and Asha support in maintaining adherence to ART. Inclusion criteria for the WLA were: (a) aged of 18-45; and (b) screened as receiving ART for a minimum of 3 months. Physical health status was obtained by anthropometry (bio-impedance analyzer) and CD4 counts, while depressive symptomology was assessed by structured instruments. ART adherence was measured by monthly pill counts and self-reports for frequency taken. Except for anthropometry and ART monitoring- all other assessments were conducted at baseline and six months.

Findings: At six-month follow-up, findings revealed that adherence was significantly improved ranging from 93% -100% for the AL group (mean 99%; 0.02) and 60% - 95% for the UC group (mean 67%, 0.22). In multivariate analyses, the AL participants also had significantly greater odds of reducing depressive symptoms, improving CD4 levels and weight, BMI, percent fat, fat weight, and lean weight significantly higher in the AL group compared to the UC group.
Implications: The findings of this intervention highlight the benefits of CBPR in addressing the challenges which rural WLA face in overcoming barriers to care and improving psychological and physical outcomes. Likewise, the culturally-relevant AL intervention was significant in impacting the HIV medication adherence.

Funding: NIH/NIMH R34 MH082662 ASHA HIV Health Promotion Intervention in India

Friday, April 24, 2015 [11:15 am – 12:15 pm]

ADRESSING HEALTH NEEDS AND HIV RISK BEHAVIORS AMONG MIDDLE AGE AND OLDER HOMELESS WOMEN
Benissa E. Salem, Jenn Ma-Pham

Purpose/Aims The purpose of this study was to utilize the tenets of community-based participatory methods (CBPR) to develop a two-phased pilot study which addresses health needs, HIV risk behaviors and areas of intervention among middle age and older homeless women.

Background: The United States faces consistently high rates of homelessness; in large urban cities, such as Los Angeles County, recent reports indicate that over 50,000 people were homeless and 23% were women. Among homeless women in particular, estimates of drug use have ranged from 26% to 50%; moreover, only 52% of homeless women reported having access to condoms and/or birth control. Less is known about middle age and older homeless women who may have unique health needs and may be at risk for HIV due to drug use and lack of consistent condom use.

Methods: Utilizing CBPR methods, a two-phased study was developed. In phase one, a descriptive, qualitative study among older homeless women (N=20; ages 43-62) was conducted; women were eligible if they were: (a) > 40 years of age; (b) homeless; (c) pre-frail or frail; (d) free of evidence of acute, psychotic hallucinations, and (e) English-speaking. Content analysis was utilized; codes and subcategories were developed based on line-by-line coding and reviewed by several researchers. Trustworthiness of the data was established by using credibility, transferability, dependability and confirmability. Building upon phase one, phase two focused on the development of a pilot intervention for homeless women in collaboration, discussion and development with community partners.

Results: In phase one, several themes emerged which included 1) healthcare access, seeking and management; 2) lack of information about sex and sexual decision making; 3) lack of availability of food options and healthy eating; 4) seeking employment and support systems; and 5) areas of future program planning. Participants discussed program planning which included having those who experienced homelessness to be involved in the program delivery; further, challenges negotiating sex and sexual decision making were described. In phase two, a two-group, six session intervention and attention control program was designed by the researchers and formerly homeless community health workers (CHWs) from the community. Working in tandem with the partner site, CHWs were trained to lead six sessions. Topics presented included Hepatitis A, B, C and HIV transmission, drug use, chronic health conditions, nutrition, etc.
**Implications:** Utilizing the hallmarks of CBPR and working with the community-based partner site, these study findings provide a foundation for future work with this community which should build upon a CHW-delivered intervention designed to address drug use and dependency, HIV risk behaviors and health needs among middle age and older prefrail and frail homeless women.

*Funding: NIH/NINR T32 NR007077 Vulnerable Populations/Health Disparities*

**Friday, April 24, 2015 [11:15 am – 12:15 pm]**

ENTRY INTO HIV TESTING AMONG NEWLY DIAGNOSED OLDER AFRICAN AMERICAN WOMEN

Ariel Rankin

**Purpose:** This qualitative study aimed to describe the experience of older African American women, diagnosed with HIV/AIDS at the age of 50 and older, experiences in navigating the healthcare system.

**Background:** The National HIV/AIDS Strategy highlights the need to increase access to care and improve health outcomes for people living with HIV. The first step in this strategy is to ensure timely testing. It is estimated that approximately 20% of individuals living with HIV are unaware of their HIV status. For older African American women, barriers to timely testing include a decreased perception of HIV risk and failure of healthcare providers to offer HIV tests.

**Methods:** Constructivist Grounded Theory (CGT) was used for this study. In taking the constructivist approach, analysis stemmed from shared experiences and relationships with participants. Semi-structured interviews were conducted, audio-recorded and transcribed. Women were eligible if they (a) received an HIV/AIDS diagnosis at the age of 50 or older, and (b) self-identified as African American and/or Black. A total of eleven interviews were used. The interview guide was created using community-based participatory research (CBPR) methods. Open-ended, non-leading questions and probes were developed from a literature review and community member’s suggestions. Coding, mapping, analytic strategy usage, and memoing all assisted in creation of the categories.

**Results:** A provisional grounded theory was constructed, which emphasized that delayed entry into HIV care was related to delayed HIV testing. Majority of the women reported receiving an AIDS diagnosis within months of being tested. Two categories that emerged from these interviews included: “missed opportunities” and “it was almost too late.” Both categories emerged from codes surrounding gaps in care.

**Implications:** The use of CBPR principles aided in gathering meaningful data from the participants. The data elicited from these categories have highlighted several common concerns among older African American women diagnosed with HIV/AIDS after the age of 50. The question that arose for many of the women was “why didn’t anyone test me before?” Nurses and other healthcare providers are in a prime position to assess risk behaviors and educate older women about their HIV risk earlier in their disease trajectory. Aligned with the principles of CBPR, implications for this research study include the dissemination of these findings to both healthcare providers and the African American community.

*Funding: NIH/NINR T32 NR007077 Vulnerable Populations/Health Disparities*
Purpose: Our overall aim is to report on the role of the environment as inhibiting equity and access to healthcare services among vulnerable populations. A second aim is to make recommendations for alleviating barriers to healthcare that arise from the environment.

Background: It is now widely recognized that health outcomes depend far more on social and physical environments than on medical care. The interplay of biologic, social, economic, behavioral, environmental, and other factors influence the health of individuals, populations, and sub-groups. The environmental context contributes to the underlying causes of health, wellness, and illness and perpetuates health disparities, particularly among vulnerable populations. Nurse researchers face many barriers when working with vulnerable populations, such as rural residence, poverty and isolation. Barriers rooted in the environment create unique challenges in research that require attention. An environmental perspective in nursing research can result in a broader understanding of determinants of health and improved access to high-quality health services.

Methods: This presentation briefly highlights the components of succeeding presentations that address the role of the environment in healthcare equity and access among vulnerable populations.

Results: A detailed background that identifies several research projects that both identifies barriers to care and reports on methods used to either overcome these will be presented. A nurse scholar conducting research among low-income populations with latent tuberculosis infection identifies complex social-cultural barriers, such as personal illness beliefs to accepting and completing treatment. A research project among American Indian Plains tribes identifies both environmental factors and illness beliefs that inhibit access to care. And finally, a post-doctoral fellow presents the very real problem of uranium contamination on the Navajo reservation that is mired in unequal access to information, screening and healthcare surveillance which may result in future illness. These presentations have both common factors as well as unique issues that require exploration for adequate solutions.

Implications: There is a significant need for increased attention and recommendations regarding the contribution of environmental factors on health as well as equity and access to healthcare among vulnerable populations. Key findings in these research projects point to the need for better understanding of environmental contexts of health as well as environmental barriers to care. These research projects call for an environmental lens in nursing research as well as changing structures for healthcare delivery and policy to address complex equity and access issues.
Purpose: Successful treatment for latent tuberculosis infection (TLTBI) can reduce active TB cases among vulnerable populations consisting of both immigrants and low-income individuals. The purpose of this study is to identify barriers to accepting and completing TLTBI from eligible patients receiving care at the Orange County, CA Health Care Agency Public Health TB clinics from January 1, 2010 to August 31, 2011.

Background: Low-income populations including immigrants experience complex social-cultural barriers to accepting and completing TLTBI. National completion rates for TLTBI continue to fall short of the Healthy People 2020 goal of 79% for persons who were diagnosed with latent TB infection that started and completed a course of treatment. Current literature lacks data describing barriers to TLTBI reported by patients from various racial/ethnic groups. A better understanding of these barriers will help inform current practice to improve acceptance and completion rates thus reducing the number of active TB cases in the future.

Methods: This retrospective, descriptive study examined barriers to accepting and completing TLTBI from both the Public Health Department’s LTBI database and chart review of all eligible patients within the time frame specified. Descriptive statistics and chi-square analysis were used to identify barriers and predictors related to treatment acceptance and completion.

Results: The study population consisted of 854 males (50.6%) and 832 (49.3%) females categorized as White, Black, Asian and Hispanic. The largest age group was 18-44 years of age (32.0%). Of the 1687 persons diagnosed with LTBI, 1660 were eligible for TLTBI and 1280 (77.1%) accepted. A total of 380 (22.9%) patients declined treatment primarily due to concerns with medication side effects (23.4%). Of the 1280 patients that accepted TLTBI, treatment was not completed by 429 (33.5%). Reasons for treatment dropout include patients’ decision to stop (7.1%) and lost to follow-up (5.6%). Race was not a significant predictor of treatment non-completion among this study group. Barriers to LTBI compliance were identified as fear of side effects and personal illness beliefs that reduced their access to care.

Implications: Findings from this study informs health care providers of the barriers immigrants commonly encounter when deciding to accept, initiate, or complete TLTBI. Future interventions aimed at improving overall TLTBI completion rates among immigrants should consider these barriers and tailor current treatment practices to address the concerns identified.
ENVIRONMENTAL ISSUES OF EQUITY & ACCESS TO DIABETES CARE AMONG THE SIOUX
Felicia Schanche Hodge

Aims: This presentation reports on a 5-year type 2 diabetes intervention study among American Indian tribes in South Dakota and Nebraska. The study findings, tied to environmental barriers to care, identified cultural illness beliefs and the physical environment as limiting access and equity to care.

Background: Type 2 diabetes is highly prevalent among American Indian populations (more than three times that of the general population). This study designed and tested a culturally sensitive intervention among the Sioux and Winnebago tribes. Focus groups identified cultural constructs of type 2 diabetes which pointed to illness beliefs that inhibited healthcare usage. Environmentally based barriers were also identified.

Methods: Adult American Indians (324) residing on the Yankton, Rosebud, Pine Ridge and Winnebago reservations and diagnosed with type 2 diabetes were recruited to participate in the experimentally-designed study. Focus groups provided a window into the cultural constructs of illness and barriers to care. An intervention was designed consisting of diabetes education delivered via storytelling and self-empowering Talking Circles sessions. Grounded Theory methods identified environmental issues of equity and access to diabetes care. Descriptive statistics and chi-square analysis examined the impact of the intervention.

Results: Environmental factors that inhibited access and equity to care included isolation, rural reservation roads, poor food access, sedentary lifestyles and illness beliefs stemming from historical trauma and cultural beliefs. The intervention proved statistically significant in increasing diabetes knowledge and self-help behaviors, however, many environmental barriers remain.

Implications: Improved access to health education and to healthcare services must consider solutions that will respond to special population needs. Equity in health education and health services must start at the level of the targeted vulnerable population and take into consideration long-held beliefs and lifestyles that inhibit diabetes prevention and control. Equal access to educational information healthcare services is often lacking among vulnerable populations.

Funding: NIH/NINR R01 NR04722-04S1 Diabetes Wellness: American Indian Talking Circles

URANIUM & OTHER HEAVY METAL CONTAMINATION IN HERBAL TEA IN AN AMERICAN INDIAN COMMUNITY
Christine Samuel-Nakamura

Aims: This study examines environmental contamination in a commonly used American Indian herbal tea in New Mexico (NM). Uranium (U) and associated heavy metals (As, Cd, Cs, Mo, Pb, Se, Th, V) were examined. The study aims were to: (1) identify dietary behavior in relation to the intake of locally harvested herbal tea, (2) compare U and heavy metal (HM) levels in tea from
areas with high and low levels of U contamination, and (3) disseminate study findings to the Diné (Navajo) leadership and communities.

**Background:** Vulnerable populations are disproportionately exposed to toxic environmental materials. From the 1940s - 1980s, northwestern NM contributed 40% of the U.S. U production. There remain more than 1,100 unreclaimed mining sites in the study area. In the Diné community, *Thelesperma megapotamicum* is infused and utilized as a common beverage and is also a diuretic to address urinary or digestive problems or used to dye sheep wool for textiles. Studies that examine *T. megapotamicum* in relation to HM contamination do not exist. Preliminary human studies are emerging from the current community that demonstrate that chronic HM exposure may be correlated to increased incidences of autoimmune disorders, increased risk of developing hypertension, diabetes and renal failure. Uranium enters the body by inhalation or ingestion (contaminated water or food). Human/animal studies of those exposed to U have shown kidney chemical toxicity and damage to liver, muscle, cardiovascular, and nervous systems. Surveillance and screening for health problems is problematic.

**Methods:** Participants from the Diné Network for Environmental Health study were asked to join the study. New participants were invited by word-of-mouth, public announcements, chapter house meetings fliers, and community event announcements. Two questionnaires were administered. Data plant and soil levels were determined on a scale of milligrams (mg) per kilogram (kg). Heavy metal concentration levels were derived from fresh tea and paired with soil samples utilizing Inductively Coupled Plasma-Mass Spectrometry (ICP-MS). GIS data collected distance proximity data and sample location information.

**Results:** In herb soil, As exceeded the Human Health Screening Level (HHSL) but was not reflected in the infused portion of tea. Tea roots contained greater levels of HM than those parts used to infuse tea. Overall, the infused portion of tea was not contaminated above the recommended guidelines set by the World Food and Agriculture Organization.

**Implications:** Larger tea samples in other mine impacted areas of the community should be explored to identify potential contamination. Education regarding safe drinking water use needs to be emphasized. Research should focus on the extent of HM transfer to boiled tea water and determine biological contaminant levels in humans who consume tea. The use of herbal tea is common world-wide but safe ingestion is unknown. Equal access to contaminant assessment and information is lacking when discussing herbal products or traditional use of plants.

**Funding:** NIH/NINR T32 NR007077 Vulnerable Populations/Health Disparities

**POSTERS:**

Thursday, April 23, 2015  [8 – 12 pm]

**USING MHEALTH TO INCREASE SEXUAL HEALTH EQUITY AND ACCESS AMONG VULNERABLE POPULATIONS**

Tiffany M. Montgomery

**Purpose/Aim:** This poster presents the background and methods of a sexual health intervention adaptation study.
**Background:** Young adult minority women have disproportionate rates of sexually transmitted diseases, compared with men and women of other age and ethnic groups. Additionally, these women report unintentional pregnancies at higher rates than other age and ethnic groups. These sexual health disparities are often associated with lack of healthcare access and utilization, sexual relationship concurrency, and healthcare provider misreporting. New learning styles are needed for young adults because they are so different from the generations that came before them. Based on the high rates of text messaging among minority women and the efficacy of prior sexual health text message interventions, the use of a sexual health text messaging interventions among vulnerable populations is warranted. Instead of creating entirely new interventions, however, adaptation of effective interventions is recommended.

**Methods:** The ADAPT-ITT model can be used to guide the adaptation of evidence-based, sexual health interventions from traditional, face-to-face interventions to text message interventions. The steps of the model include: assessment, decision, adaption, production, topical experts, integration, training, and testing. These steps can be implemented as a three-phase, mixed methods study.

**Results:** Study findings will be presented in future scholarly posters, presentations, and journal articles.

**Implications:** There is a strong need for effective mHealth interventions. The adaptation of traditional evidence-based interventions to mobile phone interventions allows for the delivery of these newly adapted interventions in various settings. Previously, only specially trained health practitioners or educators could implement the sexual health interventions. Through text-messaging delivery, untrained employees schools, community centers, health clinics, churches, and other facilities outside of the traditional healthcare settings can promote these interventions. The findings of this research study will help other researchers to understand how to adapt a successful intervention from a face-to-face model to a promising mHealth model. Receiving a sexual health intervention via text message may decrease barriers to health education associated with lack of time or access to quality healthcare facilities. The use of mHealth removes the burden of trying to find the time to learn about sexual health and incorporates this much needed education into the lives of young women using a form of media with which they are already familiar and use often. It also has the potential to reach disenfranchised women and those with limited access to health care.

**Thursday, April 23, 2015 [8 – 12 PM]**

**Early Life Structural Racism Experiences & Diabetes Self-Management in Older Age**

Kia Skrine Jeffers, Linda R. Phillips, MarySue V. Heilemann, Mary Cadogan, Elizabeth Anne Thomas, Sarah Haley

**Purposes/Aims:** To develop a framework for understanding the ways in which the self-management behaviors of African American older adults with uncontrolled type 2 diabetes mellitus are influenced by the structural racism-related experiences that they have encountered throughout their lives.
Conceptual Basis: This study was sensitized by four concepts: symbolic interactionism, social determinants of health, life course perspective, and structural racism.

Methods: This study is using a constructivist ground theory (CGT) methodology. Through the use of focus groups and individual interviews, CGT provides a systematic means for data collection, analysis and theory generation, and acknowledges that the participant and researcher are co-constructing the data. In addition, photo elicitation is being used to generate recall of events experienced from the participants’ early years through older age. Photos from events that affected African Americans in several regions of the country were selected.

Results: In-progress

Implications: Mullings described an “emancipatory knowing nursing perspective”, which provides guidance on how to critically examine hidden ideologies and assumptions in social structures, and to challenge what is known. Emancipatory knowing seeks to discern underlying, more invisible problems that are fundamental to the more obvious and visible problems. This study will lay the groundwork for the development of deep structural, community-based, nurse-led, culturally-tailored interventions. It will deepen our understanding of the underlying factors that contribute to health disparities among African American seniors with type 2 diabetes.

Thursday April 23, 2015 [1 – 5 pm]
CONCEPT ANALYSIS: PATIENT SAFETY
Linda Kim, Courtney Lyder, Donna McNeese-Smith, Linda Searle Leach, Jack Needleman

Purpose: The purpose of this concept analysis was to identify the defining attributes and to present sample cases that would help distinguish the concept of patient safety from the concept of quality of care. Applicability of CALNOC indicators as empirical referents of patient safety were also explored, in preparation for future research.

Background: Since the publication of the To err is human: Building a safer health system report by the Institute of Medicine (IOM), various government and private sectors across the nation, including the Agency for Healthcare Research and Quality (AHRQ) and the Joint Commission, have been committed to ensuring basic patient safety, tracking progress, and investing in research and dissemination of information related to prevention of medical errors. In addition, alliances of health care organizations and providers such as the National Quality Forum (NQF), the National Center for Nursing Quality (NCNQ), the Hospital Quality Alliance, and the Collaborative Alliance for Nursing Outcomes (CALNOC) have endorsed lists of measurable indicators to facilitate collection, monitoring, and reporting of healthcare performance and patient outcomes. Unfortunately, these lists of indicators vary from entity to entity, making consistent collection and measurement of outcomes challenging. Furthermore, previous concept analyses found in nursing literature do not provide a clear explanation of the attributes and sample cases that would help distinguish the concept of patient safety from the concept of quality of care; hence, the two concepts are often used interchangeably.

Methods: A concept analysis on patient safety was conducted applying Walker and Avant’s (2010) conceptual analysis process: 1) selecting a concept, 2) determining the aims/purposes of analysis, 3) identifying all uses of the concept, 4) determining the defining attributes, 5) constructing a model case, 6) constructing borderline, related, contrary, and illegitimate cases, 7) identifying antecedents and consequences, and 8) defining empirical referents. A literature
search was conducted through PubMed and Cumulative Index to Nursing and Allied Health Literature Plus (CINAHL Plus) using the terms “patient safety” and “concept analysis,” “attributes,” or “definition” in the title and or abstract. All English-language literature published between 2002-2014 were considered for the analysis.

**Results:** The primary emphasis of patient safety is the prevention of the negative aspects of care that can potentially harm patients, while the emphasis of quality care is promoting the positive aspects of care. The defining attributes most frequently associated with the concept of patient safety in the reviewed literature include: 1) prevention or reduction of errors and adverse events, 2) protection of patients from harm or injury, and 3) collaborative efforts by individual healthcare providers as well as the healthcare system. The application of CALNOC indicators as empirical referents would facilitate the measurement of identified defining attributes of patient safety.

**Conclusions:** The defining attributes and empirical referents identified in this analysis may help facilitate consistent measurement of patient safety across healthcare organizations. The results of this concept analysis may also be used to guide development of a conceptual model and framework that can be applied in an international context, strengthening future patient safety research.

**Thursday April 23, 2015 [1 – 5 pm]**

**COGNITIVE LOAD AND INFLUENCES EXPERIENCED BY RNS DURING MEDICATION DELIVERY**

**Linda Searle Leach, Jennifer McFarlane, Susan D’Antuono, Lulu Rosales, Linda Nawa**

**Purpose:** The purpose of this study is to: 1.) describe the cognitive load Registered Nurses (RNs) experience during the course of medication delivery to patients in acute care hospitals, 2.) explore the extent that interruptions and disruptions occur and add to a nurse’s cognitive load, and 3.) investigate the impact of these factors on lapses in procedure and medication errors at a large, community hospital which was one site among 9 in a national research collaborative.

**Background:** Nurses believe there are multiple factors contributing to medication errors (Kreckler, Catchpole, Bottomley, Handa & McCulloch, 2008). These include distraction, interruption, heavy workload, inexperience and neglect (Tang et. al, 2007). Interruptions and distractions place a greater demand on memory and increase cognitive load (Agyemang & While, 2010). Increased cognitive loads lead to loss of attention, increasing the vulnerability and potential for errors. Nurses are at risk of an interruption and distraction with every medication pass (Elganzouri, et al, 2009). A better understanding of these factors as reported and observed by nurses is needed to improve system reliability, reduce risk and prevent medication administration errors among hospitalized patients.

**Methods:** The design is a descriptive, correlational study among a virtual network of hospitals sponsored and coordinated by the Improvement Science Research Network (ISRN). The unit of analysis is an episode of medication administration given to one patient in a medical surgical unit. Data was collected by 2 trained observers during the process of medication administration using a structured observation sheet at each site. Distractions were measured using RN self-report. RNs observed completed the NASA Task Load Index questionnaire to measure cognitive load. To analyze the hierarchical design with episodes nested in nurses and nurses nested in hospitals, multilevel regression models using maximum likelihood estimation will be used.

**Results:** Data analysis will be completed by November 2014. The type and frequency of
interruptions, distractions, and cognitive load RNs reported and associations with procedural and administration errors will be presented from the site in relation to the aggregate.

**Implications:** Findings from this study have implications for identifying the unique and challenging demands RNs encounter delivery medications in acute care hospitals. Medication errors can take an emotional toll on nurses (Treiber & ones, 2010). Knowledge about interruptions, distractions and cognitive load can inform safeguards to prevent errors and reduce risks for both patients and nurses.

**Funding:** ISRN funding by NINR 1RC2NR011946-01, 01S1, 01S2; RWJF grant 63510

Thursday April 23, 2015 [1 – 5 pm]

**PARENTING A CHILD WITH AUTISM: FILIPINO AMERICAN BELIEFS AND PERCEPTIONS**

Sharee B. Anzaldo

**Introduction:** Autism spectrum disorders (ASD) encompass developmental disabilities that impacts an individual’s behavioral patterns, social interactions, and ability to communicate with others. According to the CDC, ASD strikes approximately 1 out of 68 children in the United States. The prevalence of ASD in Asian Americans ranges from 3.0 to 21.0 per 1,000 children. Aggregating data about ASD in the Asian American and Pacific Islander group does not consider the unique cultural beliefs held by each group.

**Significance:** Few studies have been conducted on ASD in Filipino Americans, and largely remain underreported in the United States. Stigma and shame is associated with parenting a child who is developmentally disabled. Children may experience a delay in treatment as a result of the stigma. Seeking early intervention is necessary to promote optimal development for the child with ASD. Parents may experience psychological and/or physical health consequences from stressors associated with managing care for their child.

**Purposes/Aims:** This research study aims to attain a better understanding of ASD from the perspective of Filipino American parents. Cultural beliefs and values influence patterns of help-seeking behavior and perception of illness. Filipino American cultural beliefs and perceptions about ASD, and understanding and management of ASD will be explored. A theory about the processes involved in how Filipino American parents of a child with ASD understand and manage their child’s developmental disability will be generated.

**Background:** Health and illness in Filipino culture is based on *timbang* (balance), where health stems from attaining balance, and illness stems from a consequence of imbalance. Traditional Filipino cultural values that may affect help-seeking behavior include *hiya* (shame), *amor propio* (self-esteem), *pakikisama* (getting along), and *bahala na* (leaving things in the hands of God). As a collectivist culture, group needs are prioritized over individual needs, and influence communication patterns and help-seeking behavior.

**Methods:** Grounded theory will explore ASD from a cultural perspective. In-person interviews will be conducted to glean insight into the beliefs and perceptions of ASD and to capture processes involved in managing and understanding the developmental disability. Research questions will be framed using Kleinman’s exploratory model of illness. The study will be guided using social constructionism as a theoretical perspective, and symbolic interactionism and pragmatism as philosophical underpinnings.

**Results:** Data analysis will commence with coding processes based in grounded theory. The constant comparative method drives data analysis supported by inductive processes. Other tools
will be used in analysis—memos, diagrams, field notes, and reflexive journals. Demographic information will also be collected and analyzed through descriptive statistics.  

**Implications:** Research efforts exploring ASD in the context of Filipino American culture is crucial for nursing interventions and parental management of the developmental disability. Future nursing research will need to focus on the development of culturally-sensitive, validated screening tools to assist with early identification of ASD in Filipino Americans. Implementation of culturally tailored programs would integrate traditional Filipino health beliefs to optimize overall health outcomes in children with ASD through early screening and intervention programs.  

**Funding:** Sigma Theta Tau International Honor Society of Nursing Alpha Eta Chapter Research Award

Friday, April 24, 2015  
[8 – 12 pm]  
**FAMILY AND FRIENDS INVOLVEMENT IN SELF-CARE FOR AFRICAN AMERICANS WITH TYPE 2 DIABETES**  
Judy McKelvy

**BACKGROUND:** Diabetes is a common chronic condition that is associated with devastating health consequences for African Americans, who experience higher prevalence of diabetes and its complications. African American women, in particular, face a disproportionate burden of diabetes and its complications. Although there are well documented evidence-based therapies and self-management strategies to reduce morbidity and mortality from diabetes, use of these therapies among African American women is suboptimal.  

**OBJECTIVE:** To conduct a systematic review of the nature and effectiveness of social network (e.g. friends and family members) involvement in self-care for African American adults with type 2 diabetes (T2DM). Results of this review will be used to inform a culturally tailored intervention to enhance intrinsic motivation for engaging in recommended diabetes self-care behaviors among African American women with T2DM.  

**METHODS:** We conducted a systematic review of the published English-language literature (including PubMed, Web of Science, and CINAHL databases) using standardized search terms including African American, friends and family, social support, type 2 diabetes, and self-management to identify articles on the involvement of family and friends in self-management practices for African American adults with T2DM. We further identified those studies that focused on African American women. We also reviewed the references of each article selected for inclusion to identify other relevant articles. The text of each article was reviewed and content abstracted by one author (JLM).  

**RESULTS:** We reviewed 111 articles and identified 18 that met inclusion criteria; 5 of these focused on African American women. Characteristics of social networks that may influence diabetes self care and outcomes were identified, including several specific to African American women. Overall for African Americans, friends/family members who can serve as role models are more effective in helping person with diabetes be successful in obtaining glycemic control. African American women with diabetes obtained better glycemic control when they are satisfied with social support and when friends/family members are educated in diabetes care and can provide positive support. One recent study suggests that text messages may be considered an additional “friend” that can augment the support provided by members of the social network through reminders and opportunities to increase mastery.
CONCLUSION: Friend/family centered approaches to supporting diabetes self-management can help African American adults improve glycemic control. Supplementing support with text messaging may enhance social support interventions. Additional research is needed to identify culturally-tailored social network interventions that result in improved diabetes outcomes for African American women.

Friday, April 24, 2015  [1 – 5 pm]
CORRELATES OF PHYSICAL STATUS AND LENGTH OF TIME IN FOSTER CARE AMONG FORMER FOSTER YOUTH
Angela L. Hudson

Aim: The aim of this pilot study was to describe correlates of physical and mental health status with length of time in the foster care system, among former foster youth, ages 18-25.

Background: Young adults who are former foster youth (FFY) experienced early life adversity through physical or sexual abuse, or through physical neglect. Although research highlights the link between early life adversity and morbidity/mortality, little is known about correlates of mental/physical health status and length of time in foster care among former foster youth.

Methods: This was a descriptive, cross-sectional pilot study where physical and mental health status data were collected at baseline and three months later. Data collected were perceived health, systolic and diastolic blood pressures, BMI, depression symptoms, and length of time in foster care, as well as socio-demographic data.

Results: A total of 18 men and women, ages 18 to 25, participated. Mean age was 19.4 (SD=1.04); participants were primarily Hispanic (50%) and African American (43%). Average length of time in foster care was 8.7 years (SD=6.25); perceived health at baseline and three months later was reported as “very good.” Mean BMI, depression symptoms and systolic blood pressure, however, were not within normal limits according to adult health maintenance guidelines. Using spearman correlation, years in the foster care system was significantly associated with BMI at .45 and depression symptoms at .52. Baseline depression symptoms and BMI also were significantly associated with a correlation of .69. There also was a significant negative correlation at .70 between perceived health and diastolic blood pressure at baseline. Significant correlates at three months, after baseline data collection, also will be presented.

Implications: Based on Heart, Lung, and Blood Institute guidelines as well as US Prevention Services Task Force guidelines for adult health maintenance, former foster youth participants scored out of normal range on blood pressure, BMI, and depression symptoms. These preliminary findings are consistent with literature documenting the association between early life adversity and poor health outcomes and highlight the need for health maintenance interventions targeted to former foster youth.

Friday, April 24, 2015  [1 – 5 pm]
MONITORING DAILY ROUTINES OF OLDER ADULTS WITH IN-HOME SENSOR TECHNOLOGY: A CASE STUDY
Maria Yefimova, Akshay Jain, Diana Lynn Woods, Marilyn Rantz

Background: The boom of in-home monitoring technology offers unprecedented information about an individual’s interaction with the environment, as they experience changes in health. A variety of low cost sensors can continuously and unobtrusively collect information about various
activities in the living space. Capturing and analyzing changes in the daily routines of vulnerable older adults residing in these “smart homes” may allow clinicians to identify changes in functional status and predict negative health consequences.

**Purpose:** To identify features of daily routines that are most sensitive to changes in health, using a currently developed in-home environmental sensor network.

**Methods:** A collaborative, multi-campus project between the Schools of Nursing and Department of Electrical and Computer Engineering analyzed sensor data from an aging-in-place community. The apartments were equipped with a wireless network consisting of motion, depth and hydraulic bed sensors that collected continuous information about resident’s activity. This descriptive retrospective single case examined the change in daily routines of an 88-year-old female resident who experienced dramatic health changes in the last two months of her life. Ten features of duration, frequency and timing of apartment activity, extracted from the sensor data were inspected for trends. These trends were examined for association with clinical assessments and nursing notes extracted from the electronic health record.

**Results:** The resident experienced six health changes in the two month period prior to a prolonged hospitalization culminating in her death. Two trends were noted from the extracted features. There was a sudden dramatic increase in time spent in the bedroom from an average of 8 hours/day to 12 hours/day two days prior to hospitalization. A long-term trend was noted in the decreased frequency and increased duration of activity in the bathroom/closet area of the apartment 30 days prior to hospitalization.

**Implications:** Abrupt changes in time spent in bedroom may signal a need to monitor the individual more closely to assess the reason for the change and to intervene. Long-term changes in bathroom activity parallel the deteriorating functional status of the resident. Passive in-home monitoring provides objective information about the older adult’s activity that can supplement nursing assessments. As the cost of technology adoption decreases, nurses can use these innovative tools to coordinate care and intervene early to prevent or mitigate the functional decline associated with vulnerable older adults.

*This project was funded by John A. Hartford Foundation’s NHCGNE Award Program*

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**Friday, April 24, 2015**

**USING TECHNOLOGY TO PROMOTE SELF-MANAGEMENT PRACTICES AMONG AGING AFRICAN AMERICAN’S WITH HEART FAILURE: A SYSTEMATIC LITERATURE REVIEW**

Brendan Oluoha, Linda R. Phillips, Janet C. Mentes

**Aim:** To examine current literature on the use of technology to promote self-management practices among aging African Americans with heart failure.

**Background:** According to the Centers of Disease Control and Prevention (CDC) African Americans (AA) and older individuals are at high risk for cardiovascular disease (CVD). Nearly 44% of AA men and 48% of AA women have some form of CVD including heart failure. Assuring the best outcomes for heart failure requires patients to actively engage in self-management practices. Yet, sustained engagement with self-management practices remains a challenge. Both self-management practices and clinical outcomes differ by race, with the poorest self-management and clinical outcomes reported in AAs. Some intervention studies on self-management have used technological innovations, such as text messaging, social networking, and online learning platforms. The degree to which these innovations have been studied among older AAs with heart failure is unknown.
Method: A literature search was conducted using CINAHL, PubMed and Google Scholar databases. The following keywords were used: African Americans, Blacks, Heart disease, Heart failure, Technology, Lifestyle changes, Self-management, Self-care, Technology, Text messaging, Telemedicine, e-Health, m-Health, Email, Internet, Web, Cell phone, Mobile technology, Patient education, Social networking, and Social support. Data were analyzed for methodological strengths and for focus on elder AAs with heart failure

Results: Few studies evaluated use of technology for self-management in AA. The consensus of the literature review was that social norms, cultural beliefs, and cultural preferences significantly influence self-care practices of many AAs. Although there were similarities, findings and generalizability differed significantly. Because two studies had small convenience samples and did not include control groups, conclusions from these intervention studies cannot be generalized. One study included randomization and a control group, but the short study duration (30 days) did not allow for evaluation of treatment sustainability. Despite these limitations, the studies suggest significant implications for the future of research regarding using technology to facilitate heart failure self-management in AAs. The findings were useful in the process of evaluating effect on outcomes such as function, mood and disease progression, as well as acceptability and feasibility of use.

Conclusion: The literature specific to AA is limited. Interventions such as text messaging programs, online programs for education and monitoring, and social networking platforms provide synchronous and asynchronous education and support that are necessary for successful heart failure self-management. They may also significantly enhance patient and caregiver engagement and improve clinical outcomes. However, the feasibility and acceptability of technology use among older AA or those living in poverty still requires elucidation.

Implications: Using technology may increase compliance with self-management plans in AAs with heart failure. Receiving emails or text messages may increase the patient’s ability to remember exact timing of medications and daily blood pressure screenings. Nurses can take an active role in loading the technology into the gadgets and educating patients how to use it effectively. More studies are needed to determine how to remove barriers for AAs living in poverty who may not have access to computers, phones, or other technology health tools.

Saturday, April 25, 2015 [8 – 12 pm]
NURSE CHARACTERISTICS ASSOCIATED WITH PERCEPTIONS OF COMMUNICATION AND TEAMWORK EFFECTIVENESS
Linda Kim, Courtney Lyder, Donna McNeese-Smith, Linda Searle Leach, Jack Needleman

Objective: The purpose of this study was to investigate nurse characteristics associated with positive or negative perceptions of communication effectiveness, teamwork, and patient safety culture.

Background: Although there is a general consensus in the literature that healthcare providers’ characteristics are associated with their perceptions of communication, teamwork, and perceptions of patient safety culture, it is unclear which specific provider characteristics are associated with positive or negative perceptions of communication effectiveness, teamwork, and patient safety culture.

Methods: This study uses a cross-sectional design. A convenience sample of 61 providers from medical/surgical units at two hospitals in Los Angeles participated in the study.
RESULTS: In this study, nurse characteristics including race/culture, gender, age, years of practice in the U.S., years of employment in the current unit, primary language, and English proficiency had significant effects on nurse perceptions of communication and teamwork.

IMPLICATIONS: Based on the results of this and previous research findings, it would be helpful to tailor healthcare provider communication and teamwork training and interventions according to specific provider characteristics to maximize results and improve effectiveness. Further research investigating specific factors, including provider characteristics that improve these provider outcomes is essential for ensuring patient safety and quality healthcare.

This study was supported in part by a grant from the Collaborative Alliance for Nursing Outcomes (CALNOC), San Ramon, CA

Saturday, April 25, 2015 [8 – 12 pm]
NURSES ROLE IN CELLULITIS CASES TO REDUCE FALL-RELATED HOSPITALIZATION
Gerardo Rene Flores, Dorothy J. Wiley

Purpose: Evaluate associations between falls and anatomical location of cellulitis for Emergency Department (ED) patients.

Background: Falls are a major cause of injury and affected adults and children strongly impact nursing practice. For example, the combined domestic direct-care and lost-productivity costs of falls exceeds $81 billion annually. Also, while cellulitis rates affect relatively few, ~24/1000 person-years Americans annually, over 9 million office and emergency department (ED) visits are attributable to cellulitis, costing >$98 million annually. Nurses evaluate and treat patients with cellulitis in a variety of settings. However, nurses do not see patients with cellulitis at an increased risk for falls. Fall-related hospitalizations may be reduced if new preventable causes are identified, such as cellulitis. Ultimately, nursing research can identify causes that lead to effective nursing practice interventions that will reduce costs and resource utilization and improve the public’s health.

Methods: Cross-sectional population-based analysis of the Nationwide Emergency Department Sample (NEDS) dataset; a weighted random sample of U.S. hospital-based emergency department visits, linked to hospitalization records, yielding national and regional rates. Exposure of interests, upper extremity ([UE], ICD-9 682.0-682.4) and lower extremity ([LE], ICD-9 682.8-682.9) cellulitis were identified from ICD-9 coded ED diagnoses. Outcome of interest, hospitalization rates (/100,000) was estimated using weighted, tabular age-specific stratified analyses.

Results: Together hospitalization and lower extremity cellulitis rates increased with age: e.g., 237/100,000 18-44 year olds were evaluated in EDs for fall-related injuries while 712 cases of LE cellulitis (/100,000) adults ≥85 year olds were similarly evaluated. Among people that presented to the ED with a fall as an external cause of injury, LE cellulitis increased risk for hospitalization across all age groups, when compared to those without cellulitis (Rate Ratio [RR]=1.78-5.57, p-values ≤0.05). Fallers with both LE and UE cellulitis showed higher hospitalization rates than unaffected infants, children, and adults (RR=2.17-8.24, p-values<0.05). However, fallers with only UE cellulitis were less likely to be hospitalized than unaffected comparators younger than 65 years (RR= 0.40-0.94, p-values ≤0.05); however, those older than 65 were no more likely than those without UE cellulitis (RR=1.19, p>0.05).

Implications: Developing early intervention strategies to prevent falls resulting in major injury is important; LE cellulitis may physiologically alter sensorium and balance in ways that lead to
falls. These analyses show LE cellulitis more commonly affect older age groups and increase rates of hospitalization among those who fall. Although fallers with UE cellulitis <65 years of age are less likely to be hospitalized, findings may relate to differences in fall characteristics and comorbid conditions. Questions for future nursing research include explicating causal risk factors for LE cellulitis associated falls, especially those that result in hospitalization. Injury-reduction strategies may be informed by early screening and treatment strategies targeted at LE cellulitis are integral to nursing practice.

Saturday, April 25, 2015  [8 – 12 pm]

MENTAL HEALTH OF AFRICAN AMERICAN ADOLESCENTS (AAA’S): A THEORETICAL REVIEW
Lindsay Williams

Rationale/Conceptual Basis/Background:
African-American adolescents (AAA’s) are more likely to suffer from untreated mental health conditions than their counterparts in the general population (Lindsey, Barksdale, Lambert, & Ialongo, 2010). Besides the aspects of urban neighborhoods that can influence mental health in AAA’s, such as community violence and poverty, recent criminal justice issues such as the Trayvon Martin and Jordan Davis shootings raise the question of the psychological impact of racial bias and interracial violence on the mental health of AAA’s (Lindsey et al., 2010; Mays, Johnson, Coles, Gellene, & Cochran, 2013; Thompson et al., 2013). Although utilization of mental health services by AAA’s and their families have been explored, the factors that determine the mental health service use of AAA’s are poorly understood (Thompson et al., 2013).

Purposes/Aims: Therefore, the purpose of this theoretical and literature review is to create a theoretical model of the factors shaping mental health of AAA’s and the subsequent effects on mental health services utilization. This poster will address the following objectives:

1. To describe the existing literature on the state of mental health in AAA’s
2. To describe the impact of racially based acts of violence on the mental health of AAA’s
3. To describe the theoretical frameworks that may explain the mental health service use of AAA’s
4. To identify the role media plays in disseminating racial stereotypes, biases and it's role in mental health.
5. To propose a framework linking the mental health need and mental health utilization among AAA’s

Methods: The psychological science framework will be used to shape the review of the literature. The tools offered by psychological science can reveal the embedded nature of the pervasive negative cultural/racial bias and stereotypes (Dhont, Roets & Van Hiel, 2011; Flaskerund, 2011; Paluck & Green, 2009) that destroy the lives of AAA’s. These models will be
used to shape the review of the literature that will inform this analysis the psychological role of bias and racism.

**Results:** Contributing factors to the unique mental statuses of diverse young African Americans may include discrimination, poverty, or lack of a role model. The literature indicates the size and quality of social networks are a potential mediator of services use. Racism and media influences influence how those social networks are formed and maintained. Racism, as presented through media contributes to an internalized poor self-image, which may be especially harmful during the adolescent transition.

**Implications:**
While avoiding potentially harmful and limiting biases, nurses must be aware of such behavioral and physical signs for such emotional distress. Nurses must also realize that this diverse population calls for the creation of multifaceted therapeutic approaches. These may include not just emotional counseling but economic, judicial, and social guidance

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**Saturday, April 25, 2015 [8 – 12 pm]**

**A Profile Assessment of Aging Blacks in Pain Presenting to a Healthcare Provider**

Sharon Cobb, Janet Mentes

*After attending this session participants will be able to “understand risk factors for pain among aging Blacks visiting a health care provider”.*

**Background:** Studies have shown that aging Blacks report more pain and a higher level of suffering than aging Whites. Research on aging Blacks with pain tends to focus on their pain beliefs and perceptions. However, it is crucial that we understand risk factors for pain among this vulnerable population to provide improved outcomes of pain prevention and management.

**Purpose:** The current study aims to understand the influencing risk factors for pain among aging Blacks who present to a healthcare provider in pain.

**Methods:** Using data from the 2009 National Ambulatory Medical care survey, 1233 aging Blacks were included in our analysis, of whom 233 reported pain. Binary logistic regression analyses was performed to identify sociodemographic characteristics, weight, tobacco use, and other factors as predictors of pain in this population.

**Results:** Results showed 61% of the 50-64 age group and 39% of the 65+ age group presented with pain during their visit with the healthcare visit. 63% of our sample has a household income of less than $40,000/year and 62% uses Medicare/Medicaid. Among aging Blacks, higher BMI, polypharmacy significantly increased the odds of presenting to a healthcare provider in pain.

**Implications:** These findings underscore the need to pay more attention to aging adults that are overweight/obese, taking multiple medications, or participating in other unhealthy behaviors. Recommendations to provide health education to aging adults are discussed.
Saturday, April 25, 2015 [8 – 12 pm]

SYMPTOM BURDEN IN CHRONIC HEART FAILURE
Patricia Leads

ABSTRACT: Experts estimate that 8 million people will be afflicted with chronic heart failure (HF) by 2030 (American Heart Association [AHA], 2014). Despite medical advances, HF continues to rise in incidence, prevalence, hospitalizations, mortality and costs. Direct costs associated with HF are predicted to be as high as $53.1 billion per year by 2030 in the United States (US) (AHA, 2014). Latinos develop HF at an earlier age, are often underinsured, experience higher hospital readmission rates and demonstrate worse health outcomes compared to non-Latino HF patients (Thomas et al, 2011; Russo et al, 2010).

Latinos have the second highest rate of HF development, 3.5 per 1000 persons, compared to other ethnic/racial groups (AHA, 2012). Compared to non-Latino whites, Latinos have increased rates of hypertension, metabolic syndrome, insulin resistance and diabetes (Vivo et al, 2009). They also suffer higher obesity and dyslipidemia rates, all which impact cardiovascular health, including HF development and management (Vivo et al, 2009; Thomas et al, 2011, Bahrami, 2008). These increased cardiometabolic risk factors place Latinos at high risk for HF development at an earlier age (Bahrami et al, 2008; Vivo, et al, 2009). Given the anticipated growth of Latinos in the U.S. population (Ennis et al., 2011) there is a pressing need to expand existing knowledge regarding the relationships of the Latino HF patient’s perceptions of HF symptoms and symptom burden on HF outcomes.

Previous studies suggest that effective symptom management should address symptom burden, not only the presence or absence of symptoms (Zambroski, et al, 2005: Cleeland, 2009). The Memorial Symptom Assessment Scale-Heart Failure (MSAS-HF) is an instrument developed to evaluate symptom burden in the HF population. However, this useful instrument has not been evaluated in Latino patients with HF. In addition no studies to date have investigated the understanding of HF symptoms and the burden these symptoms have within the Latino population. Further instruments that are to be used in patient populations other than originally developed must be validated for cultural appropriateness (Lee et al, 2003). A comprehensive instrument such as the MSAS-HF will provide a better understanding of symptoms and symptom burden in the HF Latino population and will aid in identification of tailored and effective interventions for this population.

OTHER:

Thursday, Friday April 23-24, 2015 [10 – 11 am]

Walk the Talk: Communicating the Impact of Nursing Science
Speakers: Jenny Carrick, Senior Director for Communications and Marketing, Betty Irene Moore School of Nursing at UC Davis; Laura Perry, Director of Communications, UCLA School of Nursing
Description: Confuse You Lose: Refining Your Elevator Message (in Two Parts)
You are passionate about what you are doing. So much so that when someone asks, “What is your research?” you launch into a detailed explanation that soon has the listener’s eyes glazed over and mind headed to Tahiti. But what you do IS interesting – and important. In part one of this session, you will be given tips and tools to simplify your message and to make listeners want to hear more. You will have all day to think about key words and an attention grabbing statement. We will reconvene on Friday morning for you to present your new message. Participants will walk away with the rule of 3’s.

Networking with the Expert Luncheon Roundtable

Saturday, April 25, 2015  [11:45 – 1 pm]

**Designing Culturally Appropriate Interventions.** There are few studies to improve screening for diseases such as hypertension, diabetes, or cancer in ethnic minorities. The discussion will focus on designing culturally appropriate interventions to improve knowledge, perceptions, and behavior in the targeted minority population. Dissemination and implementation of such interventions will also be discussed. **Moderator: Eunice Lee**

**Expanding Knowledge of Your Work.** You spend so much time producing knowledge, why are you sharing it with a tiny number of people? There are a lot of ways you can reach a broader audience. This session will produce you with a number of tips to expand your reach. Bonus: Potential ideas for financial support as well! **Moderator: Laura Perry, Director, Communications**