

effort led by faith leaders and their congregations to address HIV/AIDS. YBH highlights the importance of developing and testing promising programs that originate from the community to address complex and sensitive health issues among marginalized populations.

EFFECTIVE HIV/STD INTERVENTIONS IN RURAL COMMUNITIES: BEST PRACTICES AND SUCCESSES

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Few interventions have been designed for and tested in rural settings to determine if they can change people's attitudes, knowledge, and behaviors. Over the past decade, the CDC has identified the types of evidence needed to show that an intervention works. Increasingly, organizations that serve rural communities have adapted best-practice interventions for their settings. Some have also developed their own interventions based on identified local needs. This session will explain the standards for effective interventions, introduce the principles of adapting interventions for rural settings, and provide examples of successful and promising rural programs to prevent HIV and other STDs.

PREVENTION AND ADVOCACY IN AN ERA OF REALITY, RECESSION, & RESCISSION

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The past three years have seen unprecedented obstacles during the era of AIDS. The country's financial crisis saw the slashing of prevention and treatment budgets, the creation of ADAP waiting lists, and the closing of hundreds of AIDS service organizations. Some of the hardest hit communities were rural communities - where resources were already tight to begin with. How can we continue to do more with less is the question we keep asking ourselves and is a very realistic question to pose. Programs have to function and prevention has to take place. However, the question that we cannot ignore is how can we get more or get more back. The minute we stand by and let resources slip away, is the day rural communities will be left with nothing to fight this epidemic in our communities. Looking at examples of best practices, as evidenced in rural and reservation-based settings, how can we do more with less? And then how can we use that as evidence in our continuous battle to secure additional resources? How do we balance hope and reality in this time of recession and rescission?

ORAL PRESENTATIONS

THE BRIEF CONDOM ATTITUDES SCALE: ASSESSING ATTITUDES AND BEHAVIORAL INTENTIONS FOR CONDOM USE AMONG HETEROSEXUAL COLLEGE-AGED MEN AND WOMEN

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The purpose of this study was to assess the attitudes college-aged men and women have about condoms and condom use. An online questionnaire was constructed and completed by 584 self-identified heterosexual college students ages 18-24 years. The online questionnaire incorporated modified items from the Attitudes Toward Condom Scale (1984) and Multidimensional Condom Attitude Scale (1994), with the addition of gender-neutral worded and condom positive/erotic items. The original 40 items were reduced to 18 Likert-type items comprising the Brief Condom Attitude Scale (BCAS). Gender

comparisons indicated that women were significantly more likely to view condoms as less protective, while men were significantly more likely to consider condoms as more interruptive. Additional analyses indicated that monogamous individuals were significantly more likely to view condoms as less interruptive, more erotic, and less negative than non-monogamous individuals. The BCAS appears to be a reliable measure for assessing US college-aged individual's attitudes about condoms.

GENDER DIFFERENCES IN HUMAN PAPILLOMAVIRUS VACCINATION BEHAVIOR AMONG RURAL, ROCKY MOUNTAIN REGION UNDERGRADUATES

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In 2008 we assessed the HPV vaccination knowledge and behaviors of undergraduate rocky mountain region women (N=118). The majority of recruited participants had already received at least one inoculation in the series (n=74) and knowledge scores were high (mean = 11.53, SD = 1.19, range = 0-14). In 2009 and 2010 we assessed HPV knowledge and behaviors of undergraduate men in the rocky mountain region at pre- and post- approval of the vaccine for use among males. The majority of recruited men in each group (n = 88, pre-approval; n = 126, post-approval) had not received the vaccine and had no intention of receiving it in the future. Knowledge scores were low in both groups (mean = 8.56, SD = 2.42; pre-approval and mean = 8.62, SD = 2.13; post-approval). Logistic regressions indicated that regardless of gender, "Cues to Action" from the Health Belief Model significantly increased the odds of a participant being in a higher Stages of Change. For women, important cues included: family member recommendation and having a friend who vaccinated, while for men the key cue was doctor recommendation. Results will be discussed in terms of how they may inform future public health and individual interventions.

ONE TEST TWO LIVES: PREVENT HIV INDIANA

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Indiana has seen a 400% increase in babies infected through perinatal transmission since 2007. Concerned community members and medical providers have formed a committee and adopted a Center for Disease Control and Prevention (CDC) campaign. Adapted to fit the needs of Indiana residents, the *One Test Two Lives, Prevent HIV Indiana* initiative is an effort to increase awareness and promote practices that will reduce the risk of perinatal transmission. Launched on World AIDS Day 2009, the initiative has created educational tools for medical providers caring for pregnant women as well as for the patients themselves. To date, the initiative has reached more than 10,000 providers and community members, and Indiana has learned that coordinated efforts will be crucial in improving health care for pregnant women. Although our campaign has been extremely successful within the metropolitan areas of the state, we continue to look for opportunities to raise awareness within rural communities.

EMPOWERING YOUNG GAY, BISEXUAL, AND QUEER MEN FOR HIV PREVENTION

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Youth Empowered Against HIV (YEAH) was developed to address rising HIV incidence in young men who have sex with men. YEAH uses a positive youth development framework paired with a popular opinion leader strategy. Participants were self-identified gay, bisexual, and queer men between ages 18-24 years who completed an intervention designed to increase HIV/AIDS knowledge, comfort and confidence for discussing HIV/AIDS, and self-efficacy for HIV prevention and peer education. Participants remained engaged through structured (e.g. booster sessions) and unstructured (e.g. community-based peer education) mechanisms. Twenty-four participants completed the pilot test. Participants completed pre- and post-test assessments and participated in focus groups. Paired sample t-tests showed significant increases in participants' knowledge between pre-test and post-test ($t(22)=-8.044$, $p=.000$). Significant increases were also reported for comfort in discussing HIV/AIDS-related behaviors ($t(19)=-3.193$, $p=.005$); confidence in knowledge to discuss HIV/AIDS-related behaviors ($t(20)=-9.151$, $p=.000$); and self-efficacy for HIV prevention and peer education ($t(20)=-5.451$, $p=.000$). Focus groups showed that participants attributed increased community-based peer education and personal leadership development to YEAH. Results of this pilot test support the utility of locally developed community-based interventions in providing knowledge and skills for HIV/AIDS peer education and risk reduction. YEAH may serve as a model for other locally developed interventions.

CORRELATES OF PERCEIVED IMPORTANCE OF HPV VACCINATION AMONG HIGH SCHOOL MALES IN RURAL SOUTHEAST KENTUCKY

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Despite recent approval of the Human Papillomavirus (HPV) vaccine for males, little is known about HPV vaccine acceptance among rural high school males. Accordingly, we conducted a cross-sectional survey assessing rural high school males' perceptions about the importance of receiving the newly approved HPV vaccine (N=332). About one-third of the sample indicated the vaccine was "extremely important" or "important" to them. These males were compared to the remainder. In controlled analyses, perceptions of vaccine importance were significantly ($P<.0001$) associated with the influence of parents, peers, and healthcare providers. Also, male's condom use intent to protect partners against HPV was significantly ($P=.002$) associated with importance. Future studies should test strategies designed to engage rural providers and other rural adults in the promotion of the HPV to young males. Further, the findings suggest that HPV vaccination programs for young rural males may be effective if combined with condom promotion programs.

ANCHORAGE COMMUNITY PROMISE: AN HIV/STD PREVENTION INTERVENTION FOR ALASKA NATIVE WOMEN

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This presentation will focus on an adaptation of the Community PROMISE intervention for Alaska Native women aged 21-35 in the Anchorage area. The community assessment (CID) and adaptation process will be discussed with special emphasis on the inclusion of additional behavioral targets associated with collective caring behaviors. The assessment uncovered several key issues that relate to HIV/STD risk behavior in this community including: historical trauma, low levels of self-esteem and cultural pride, pervasive sexual and domestic abuse, and high levels of discrimination. An original documentary about these issues entitled *Breaking the Cycle: Stories of Alaska Native Women* will be presented along with a corresponding Discussion Guide that community members can use to facilitate local discussion on these topics. Preliminary plans for a formal evaluation project funded by a Native American Research Centers for Health (NARCH) grant will also be discussed.

LIFE AFTER RYAN: A CASE STUDY IN THE SYMPATHY LETTERS OF JEANNE WHITE-GINDER

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Analysis of Jeanne White-Ginder's sympathy notes offers recommendations for dissemination of HIV/AIDS awareness as well as counteracting the stigma experienced by YPLH/PWA. Research in this area of study focuses on educational institutions and their use of media to spread awareness of HIV/AIDS and decrease stigma toward YPLH/PWA's.

RURAL HIV AND STD PREVENTION IN CHALLENGING ECONOMIC TIMES

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Rural HIV/STD prevention specialists face stable or rising HIV and STD rates and flat or declining funding. An online survey conducted by the Rural Center for AIDS/STD Prevention in June 2010 generated responses from 230 respondents from 44 states and three national organizations. The two primary needs identified were for adequate funding to meet testing, prevention, and care needs and for a centralized organization to promote networking and share information about current epidemiology, research, and effective prevention programs. HIV/STD prevention respondents described 230 education, testing, and behavioral interventions being used in rural settings. This presentation shares information about affordable, effective education and prevention interventions that may help rural areas reduce their costs for adapting programs. It also discusses the need to integrate STD/HIV testing and counseling into mainstream health care to sustain rural HIV/STD prevention and detection in rural areas in challenging economic times.

USING ELECTRONIC GAMING IN HIV/STD PREVENTION IN AFRICAN AMERICAN RURAL ADOLESCENT

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Although many sexual risk reduction interventions have been developed for African American adolescents few interventions are directed toward young African American rural adolescents (AARA) in the Deep South. The search for intervention strategies appropriate for young adolescents has recently led to the use of electronic games. Electronic gaming interventions hold promise of being developmentally appropriate for adolescent populations. However, research on gaming in HIV/STD prevention is quite limited. The purpose of this research is to develop a proof of concept prototype for an individually tailored electronic HIV prevention adventure game for young AARAs, age 12-14 years. The study represents the first steps in a user-centric approach which involves identifying user needs and using a rapid iterative prototyping process. The intervention is being developed in collaboration with participants from the target population and game programming experts. Findings will contribute to the development of a contextually and culturally relevant intervention that is predictably effective in reducing health disparities in sexual health experienced by AARAs in the Deep South. The game capitalizes on the inherent interest to adolescents and circumvents traditional barriers to access to prevention interventions faced by rural African American adolescents.

DIGITAL SOLUTIONS FOR HIV/STD PREVENTION WITH RURAL YOUTH

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Rural youth are leading the “digital revolution” in significant ways and if HIV and STD prevention providers wish to reach them with sexual health messages, they need to harness the power of the new media effectively. This presentation will discuss the current state of new technologies as used by rural youth in dramatic numbers and demonstrate the connection between the use of new technologies and the risk for HIV/STDs. Participants will gain an understanding of the use of helpful technological resources in screening for, and educating about, HIV and STD risks. Participants will also gain an understanding of potential future advances in the area of new technology, along with additional resources for HIV and STD prevention.

HIV: USA – A CREATIVE WRITING AND DOCUMENTARY VIDEO PROJECT

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HIV: USA is an affordable empowerment, anti-stigma, prevention, creative writing and documentary film project that puts a face to HIV/AIDS in local communities through participant writings that address living with HIV/AIDS today. Collaborating agency benefits include a creative writing workshop, videography, video editing, participant journals, and 90 retail ready DVD's that may be used in clinic waiting rooms, or sold for fundraising purposes such as at a public screening. HIV: USA contributes to agency marketing, branding and advocacy on a national level and advances the prevention and education services in the state. 31 people have participated in the HIV: USA creative writing workshop. 14 participants have been featured in the HIV: USA documentary video project. Data collection suggests participants respond positively to the writing and video workshop and feel empowered when lending their voice and writings to the anti-stigma, education, prevention and testing encouraging campaign.

NEEDLES IN THE HAYSTACK: SYRINGE EXCHANGE IN RURAL COMMUNITIES

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Sterile syringe access in rural communities poses myriad challenges rarely encountered by programs located in urban centers. The greatest barrier faced by participants of Southern Tier AIDS Program's (STAP) two Syringe Exchange Programs (SEP) is transportation to the storefront exchange. The Peer Delivered Syringe Exchange (PDSE) program is one initiative that has been crucial to expanding SEP services throughout a larger population of injection drug users. Information will be presented on the structure of STAP's exchange program, successes and challenges of the program, and strategies other organizations can utilize to enhance syringe access in their region.

THE ROLE OF THEORY IN HIV PREVENTION INTERVENTIONS: A COMPREHENSIVE EVALUATION STUDY

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HIV continues to be an epidemic in the US as 56,300 people become infected with HIV and 14,000 die of AIDS annually. The best solution to combat HIV is through prevention interventions.

This study is a secondary data analysis of 25 articles that evaluated theory-based HIV prevention interventions published between January 2000 and August 2010. To be included in this review studies had to evaluate an HIV intervention that was specifically theory driven. The authors assessed various characteristics of the interventions. Theory-based HIV prevention interventions are effective in changing behaviors that result in HIV transmission. Most of the interventions applied constructs from more than one theory in their design. The most frequently utilized theories included SCT, TRA, and TPB and most interventions focused on changing condom use behaviors and their determinants.

Public health professionals should design interventions that utilize constructs from multiple health behavior theories in order to develop more effective interventions. Public health should also continue to design interventions geared toward community-based settings and increase school-based interventions. Given the lack of resources and stigma attached to HIV transmission among rural populations, it is important to design interventions that are culturally sensitive and target this population.

INCLUSION OF HEPATITIS C INTO HIV PREVENTION EFFORTS

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In 2007, the Western Colorado AIDS Project (WestCAP) launched an effort to include Hepatitis C (HCV) education and testing into HIV prevention programs. The need for this expansion was evident: an extremely high rate of injection drug use (IDU) in western Colorado and subsequent public health threat (37% of WestCAP's HIV-positive clients indicated infection through IDU) and the fact that at the time, there were no other public Hepatitis C screening sites in the 44,000 square miles of western Colorado. The existence of WestCAP prevention programs already serving high-risk individuals for viral hepatitis made this effort feasible. Using the Health Belief Model as a basis, WestCAP's program incorporated on-site outreach screenings with HIV testing after educational interventions in collaboration with partners such as correctional facilities and substance addiction recovery programs. This project has been highly successful, screening over 1,000 clients with a 22% positivity rate over four years. Clients testing positive include not only those with a history of IDU but sexual partners of positives and military veterans. Over 85% of clients screened for HCV were previously unaware of their status. Thus, this intervention should lower HCV transmission and infection, according to the theoretical basis for the intervention.

RISK REDUCTION EDUCATION

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Risk Reduction Education (RRE) is a regionally focused and internally developed intervention by WestCAP, the Western Colorado AIDS Project, aimed at individuals with a history of substance use and/or addiction. Though these individuals are not classified as "high risk" by the CDC (Centers for Disease Control), 80% of WestCAP's HIV-positive clients indicate they were under the influence of alcohol or other substances at the time of infection. Key informant interviews, focus groups and provider input helped create an intervention specific to the target population's needs. Also incorporated were the health belief and transtheoretical models of behavioral change. The resulting intervention has been funded by the state of Colorado for four years and delivers HIV and Hepatitis C (HCV) education and testing in collaboration with correctional and substance treatment facilities. Since its inception in 2007, 2,178 individuals have received HIV/HCV education through RRE, 1,140 have been tested for HIV and 616 screened for HCV. Over 80% of clients served indicated an increase in HIV/HCV knowledge. Additionally, over 50% of clients tested for HIV and 85% for HCV were previously unaware of their status. Thus, long-term outcomes of decrease in HIV/HCV transmission and infection are expected according to the program's theoretical basis.

INCORPORATING SOCIAL JUSTICE INTO HIV CARE AND PREVENTION SERVICES: A CONVERSATION

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Social justice: the newest buzzword in HIV/AIDS care and prevention in the United States. How can we as providers better advocate on behalf of our clients, many of whom may not have a voice due to historic levels of stigma and discrimination on familial, cultural, regional, and socio-political fronts? In turn, how do we empower our clients to better advocate for themselves? How can agencies model strategic plans to reflect the White House's National AIDS Strategy guidelines for HIV prevention and social justice? This conversation will touch on a) a micro to macro view of how social justice on an individual level can create a ripple effect in communities and other social systems, b) the different forms of stigma and how they impact individuals and communities affected by HIV/AIDS, and c) how we as providers can implement social justice initiatives within the framework of prevention, mental health/substance use, and case management services. Participants will take essential tools back to their settings to improve the quality of life of their prevention and case management clients through advocacy and empowerment.

TAKING IT TO THE COMMUNITY: REACHING RURAL IDU

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Northern Colorado AIDS Project's mission is to improve the quality of life for people living with HIV/AIDS, and to reduce the spread and stigma of the disease. Our program, Reaching Rural IDU, served IDU on more than 1,000 occasions in 2010. Through our counseling/testing/referral program, we administer over 100 HCV tests to IDU every year; we have exceeded a 15% positivity rate for HCV the past three consecutive years. The program has proven successful in reaching out to a population that, in rural areas, is historically difficult to access. We continue to develop innovative programming that is specific, measurable, achievable, relevant, and timely to our high-risk populations and our communities. This presentation will give a brief overview of the history of the program, and will then discuss such issues as drug user stigma, outreach and in-reach via peer advocacy, prevention staff cultural competency, syringe exchange, tools for developing policy and procedure when implementing IDU programming, and other relevant topics.

VARIATIONS IN YOUNG MEN AND WOMEN'S CONDOM ATTITUDES, BEHAVIORAL INTENTIONS, AND USE WITH DIFFERENT TYPES OF SEXUAL PARTNERS

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The most effective method for the prevention of unwanted pregnancy and sexually transmitted infections (STIs), including HIV, continues to be the consistent and correct use of condoms. The purpose of the current study was to assess the attitudes college-aged men and women have toward condoms and their behavioral intention to use condoms with different types of sexual partners. 594 self-identified heterosexual men and women aged 18-25 years old (M=21.2 years, SD=1.33) completed the online questionnaire. Significant gender differences were examined for demographic questions; condom use behaviors; behavioral intentions to use condoms with specific types of sexual partners (i.e. monogamous v. casual); and a brief condom attitude scale. Results indicated that men were significantly older ($t=-3.20$, $p=.001$); significantly more likely to report condom use for penile-vaginal intercourse ($F(1)=4.66$, $p=.03$); indicated less intention to use condoms with non-monogamous ($F(1)=4.40$, $p=.036$), casual-monogamous ($F(1)=4.98$, $p=.026$), and casual ($F(1)=14.72$, $p<.001$) types of sexual partners; and were significantly

more likely to consider condoms as interruptive ($F(1)=13.33, p<.001$) and negative ($F(1)=4.65, p=.03$) than women. Gender differences in condom attitudes and behavioral intentions to use condoms, particularly where discontinuities exist across genders, highlight the importance of gender relations the study of condoms and condom use behaviors.

ADVANCING ECONOMIC OPPORTUNITIES FOR WOMEN LIVING WITH HIV/AIDS UTILIZING DOMESTIC AND GLOBAL PARTNERSHIPS

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The socio-economic conditions that women experience often pre-determines: 1) their vulnerability for HIV infection, 2) the success of HIV prevention and care programs in addressing their vulnerability and needs, and 3) their ability to care for themselves and successfully live with HIV/AIDS. This presentation will explore domestic and international economic development models that will help women living with HIV/AIDS and women vulnerable to HIV infection gain self-sufficiency and self-management of their own lives by making a strategic and timely transition to economic stability. This presentation will also explore the incorporation of policy and advocacy activities within these programs. The purpose of these policy and advocacy activities is to help women living with HIV/AIDS make a strategic and timely transition to economic stability. Domestically, there is a need for policies which will ensure that women living with HIV/AIDS, who want to return to work or school, are able to easily access state vocational rehabilitation programs, take advantage of return-to-work programs such as the Social Security Administration's Ticket to Work program, and ensure that health reform policies are in place that will secure their medical benefits without financially burdening them.

MENTAL HEALTH AND COPING AMONG HIV-AFFECTED FAMILIES IN THE RURAL DEEP SOUTH

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HIV-affected families in the United States have become more numerous and more rural since the 1990s. Most of these families live in the rural South, are woman-headed, and are overwhelmingly poor and disenfranchised. In this talk, I will present the results of interviews with social workers and a chart review of clients at HIV clinics in Alabama. The aggregated results indicated that stigma affected all aspects of the clients' lives; that mental health was often poor for both mothers and children; and that stigma, economic hardship and health problems undermined the ability of HIV-infected caregivers to care for their children. In rural areas, these problems were exacerbated by a lack of transportation, discrimination against HIV-affected families, and poor housing. Rural areas were measurably worse off in terms of stigma and discrimination. Perhaps the worst outcome for children was being relocated with other family members or foster care when things became too tough or when their caregiver formed a new relationship. The results of the study indicate that greater awareness about the circumstances of HIV-affected families is needed, along with resources for family-centered HIV services in the rural South.

HIV IN THE MIGRANT AND SEASONAL FARMWORKER POPULATION

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Migrant and seasonal farmworkers (MSFWs) are an underserved population in our rural communities. As with many diseases, they are disproportionately affected by HIV. Their mobility, low level of acculturation, and cultural beliefs regarding sexual behavior place them at higher risk for HIV infection. Barriers to HIV testing and health services include language, transportation, lack of knowledge about where to go for testing and care, and loss of wages from lost work time. Education and prevention efforts should concentrate on overcoming these issues and barriers to better serve the population. Some of the earliest indications of an HIV infection is manifested in the oral cavity and includes oral candidiasis, hairy leukoplakia and in some cases, Kaposi's sarcoma. Rural physicians treating MSFWs should be knowledgeable about the clinical appearance of these oral conditions so that timely HIV testing and treatment options are provided for best possible long term outcomes. In this presentation, we will present an overview of MSFWs environmental health challenges, HIV prevalence in MSFW communities, optimizing HIV testing, and prevention strategies specific to this population. This presentation will also provide an overview of early clinical oral indication of HIV infection.

RURAL YOUNG MSM'S VIEWS OF HIV PREVENTION: A CASE STUDY

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About one-half of new HIV infections in the U.S. are among young men who have sex with men (YMSM). Research concerning HIV risk among YMSM, particularly in rural communities, is limited. This study utilized the Theory of Planned Behavior to examine rural YMSM's views of HIV/AIDS prevention. Five YMSM were recruited from rural counties in Southern Indiana and interviewed. Several shared commonalities and key concepts emerged. HIV/AIDS was not prominent in their lives. Consistent condom use was a normative belief among their peers but was not always practiced. The Internet provided a non-judgmental and comfortable forum for obtaining sexual health information. These young men's stories demonstrate the need for comprehensive approaches to HIV prevention for YMSM in rural communities.

CREATING PROJECT CREATE: LESSONS LEARNED AND BEST PRACTICES FOR DEVELOPING WEB-BASED RESOURCES FOR PUBLIC HEALTH PRACTITIONERS

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This paper discusses the Rural Center for AIDS/STD Prevention's effort to develop a novel web-based service called Project CREATE. Responding to a need for tailored intervention materials expressed by directors of HIV prevention services in predominately rural states, Project CREATE allows users to select customized photos, taglines, and applicable statistics in order to design tailored prevention posters to reach persons at risk for HIV/STDs in their areas of rural America. Unlike top-down efforts to disseminate behavioral interventions after their development by public health researchers (such as the CDC's diffusion of effective behavioral interventions website), Project CREATE resulted from a bottom-up development process that involved pilot testing the website prototype with members of the target audience (i.e., rural HIV/AIDS health educators, prevention specialists, and program coordinators). In addition to making the case for services like Project CREATE that are developed in close coordination with the practitioners who will ultimately use these resources, this paper describes the process of designing and pilot testing the website prototype, presents the results of the survey completed by pilot testers to evaluate the website prototype, and recommends best practices for public health researchers working with software developers to create web-based tools for use by practitioners.

PARTNER SERVICES THROUGH A RURAL COMMUNITY BASED ORGANIZATION: HAVING A CONVERSATION RESULTS IN HIGHER RATE OF PARTNER IDENTIFICATION AND HIV TESTING

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Evidence suggests that more than half of new HIV infections in the United States originate from HIV-infected persons who are unaware of their status. PCRS has shown to be a cost-effective tool in reaching those most at risk for HIV. The Drop-In Center (Center) began offering Partner Services in January 2009 as a pilot program for CBOs through the Virginia Department of Health. Since inception, the Center's Partner Services program has excelled in obtaining partner data, while partnering with local health departments across rural southwest Virginia to ensure CTR services. Offering PCRS through a CBO has resulted in a less threatening venue for newly diagnosed persons. Staff simply has an open conversation with clients, establishing a rapport of safety and understanding, in order to obtain partner information. January 2009 through December 2010, the Center documented 34 new HIV positive cases; through those cases: 122 partners named; 87 contained locating information; 44 partners tested through the Drop-In Center; and 14 new cases of HIV were identified. In March/April 2010, a "cluster" was discovered, identifying 8 new cases of HIV among young African American MSM. The Center's partner index rate for 2009 was 3.6 and January – June 2010, a 3.3.

A RETROSPECTIVE ANALYSIS OF HIV IN A MIXED RURAL/METROPOLITAN STATISTICAL AREA ACADEMIC CENTER CLINIC OF CENTRAL TEXAS: WHEN DOES RURAL MATTER?

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There is paucity of information on PLWHA in central Texas; a region with a continuum of urban and rural communities. Scott & White Infectious Disease (SWID) provides care to majority of these patients. This is a retrospective analysis of HIV-infected adults in our clinic from January 1990 to December 2008. Specific demographic, geographic (rural vs. non-rural), medical parameters, and psychiatric illness were obtained on currently enrolled patients. A total of 1215 patients were enrolled in our clinic during the study period; 397(32.7%) currently enrolled patients, 678 (55.8%) lost to follow-up, and 140 deceased (11.5%). Analysis revealed 828 males (68%), 387 (32%) females, with 541(45%) white, 390 (32%) black, 117 (9.5%) Hispanic, and 167 (13.5%) other/unknown. Rural patients comprised 23% (93/397) of currently enrolled patients, with an initial CD4 count (cells/mm³) comparable to non-rural patients (395 versus 373), and accounting for 21% (30/140) of deaths. Of significance, rural areas were comprised primarily of whites and males, while non-rural areas of blacks and females; rural areas had more psychiatric illnesses compared to non-rural patients, and had lower mortality. There are some significant differences between rural and non-rural patients, without any difference in degree of immunosuppression at enrolment, nor outcome based on mortality.

TESTING IN BARS/BATHHOUSES

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Testing in a bar or bathhouse can be a daunting though. Where do you start? What do you need? What do you need to think through? Is it even worth it? These can be questions any manager or employee may have. Come learn how a local community based organization works hand in hand with the local

health department to provide HIV and STD testing in these difficult environments. Learn how we have made this an effective model to provide another outlet to target high risk populations. Participants should come away with concrete ideas on how to proceed in their local community.

HIV/STD PREVENTION IN RURAL KENYA

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To share diverse HIV/STD prevention strategies used to empower a rural community with the highest HIV/AIDS incidence and prevalence rates in Kenya. HIV/STD prevention programs are designed to encourage the community to use local, cultural and traditional assets to help prevent and control the spread of HIV/STDs in the villages. This presentation discusses steps taken to develop community buy-in for sustainable and effective HIV/STD prevention and education. The presentation will highlight strategies that are being used to reduce stigma, wife inheritance and polygamous practices which are the core facilitators of HIV/STD transmission in Western Kenyan rural communities. The presentation also will discuss differences and similarities between US rural communities and Kenyan rural communities and how these influence what HIV/STDs intervention strategies are likely to be adopted and sustained.

REAL PEOPLE URBAN TO RURAL HARM REDUCTION & SYRINGE EXCHANGE IN THE HEARTLAND

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The presentation will cover the history of Harm Reduction & Syringe Exchange in the Heartland, the pros and cons of Health Department involvement in Harm Reduction and Syringe Exchange, how public funding or the lack of public funding and politics have affected services, and what it will look like now that the ban has been lifted. What strategies are used to maintain the level of services and the interagency of relationships? What the future looks like-continued public/private cooperation? The use of Secondary Exchangers & Development of Gate Keepers and strategies for working with rural & urban health departments, including rural & urban law enforcement will be discussed. We will also share the current data and information research that we participant in from Harm Reduction Institute and others throughout the Midwest. The participants attending this workshop will receive a CD-ROM containing the most-up-to-date research on Harm Reduction & Syringe Exchange and other substance abuse relating to HIV/AIDS/HEP-C and over-dose prevention. We hope to open a conversation about what will work or not work in their communities surrounding the work of Harm Reduction & Syringe Exchange. What will it look like for us that have been doing this work, now that the ban is lifted and the State of Indiana and area funders can now fund this work?

CONDOM AND SAFER SEX PRODUCT AVAILABILITY AMONG COLLEGES AND UNIVERSITIES IN RURAL SETTINGS

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The purpose of the present study is to use a theoretical framework to assess condom and safer sex product availability, condom distribution procedures, and *M* number of condoms distributed/year among colleges and universities located within rural settings. In addition, the relationship among the number of condoms distributed/year and perceived institutional benefits, perceived institutional barriers, student

population, student health center population, and institutional complexity were correlated. Data from 99 colleges and universities located within rural settings were procured as part of a large-scale national investigation representing 38 states. Results indicate that the majority of institutions (92.9%) distribute condoms to their students. Increased institutional benefits, total student population, student health center employee population, and institutional complexity was positively associated with condom program utilization ($r(71) = .26, p = .03$; $r(71) = .41, p < .001$; $r(70) = .53, p < .001$; and $r(72) = .60, p < .001$, respectively) and increased institutional barriers was negatively associated with program utilization ($r(72) = -.28, p = .02$). Results will help in the establishment of benchmarks for schools within rural settings and suggests that service availability within colleges and universities may play a role in the reduction of STI-related disparities in rural environments.

SUBSTANCE USE AMONG INDIANA YOUTH: EXAMINING THE DIFFERENCES AND SIMILARITIES AMONG RURAL AND URBAN YOUTH

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The Youth At Risk program serves incarcerated youth and youth in substance abuse treatment facilities. In 2010, youth in four rural and three urban facilities were asked about their drug use. The survey went beyond the more familiar substances such as alcohol and marijuana to ask about over-the-counter medications, prescription drugs, household products and other substances that are being used recreationally including Spice/K2, cough syrup and others. Additional questions were asked in regard to where and how the drugs were obtained, what was the first substance they tried and what were some of the consequences or effects; i.e. did they feel more calm, did it help them forget their problems, did it result in a trip to the emergency room, did they commit crimes associated with their substance use? They were also asked about engaging in sexual activity while using drugs/alcohol, i.e. have they had unprotected sex while under the influence. The findings were used primarily to improve the program curriculum to better address the needs of the youth. We also compared the types of substances used by the rural youth vs. the urban youth. Survey results as well as a program overview will be shared with the session participants.

RURAL PREVENTION FOR A HIV-POSITIVE/HIGH-RISK EX-OFFENDER POPULATION

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This presentation will review the complex strategies needed to develop and implement a HIV prevention program for ex-offenders in rural populations. The discussion will address different approaches that include proper community assessments needed to develop effective programs and collaboration to reduce recidivism for ex-offenders with chronic diseases. It will also share some best practices about working within the state penal systems to develop effective discharge planning activities for HIV-positive ex-offenders and/or ex-offenders who have a history of risky behaviors. The prevention methods are culturally diverse and have the capacity to support a poor financial base and the underdeveloped infrastructures. More importantly it will address the service gaps currently viewed as a barrier to access of care by ex-offenders and the steps needed to overcome these barriers. Participants will receive a step-by-step guide of an effective process to transitioning an ex-offender with a chronic disease back into the community. A key component to this presentation will also include how to develop partnerships when working with diverse populations.

PILOT STUDY EVALUATION OF NATIVE STAND: A PEER EDUCATOR TRAINING PROGRAM FOR SEXUAL RISK REDUCTION AMONG NATIVE AMERICAN YOUTH

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Native STAND is a 29-session peer educator training program that addresses sexual and reproductive health, decision-making, communication, and peer education skills, based on an intervention that was developed for rural youth in the southern U.S. The aim of the program is to reduce sexual risk taking. In 2008, Native STAND was adapted by a group of American Indian and Alaska Native (AI/AN) partners, and activities were pretested with Native youth.

A pilot study was conducted in four residential Bureau of Indian Education (BIE) boarding schools. Using a peer nomination process, we selected 80 students to be trained as peer educators using the Native STAND curriculum. At each school the curriculum was delivered in 1½ hour classes by two or three adult well trained staff. A comprehensive pre- and post- computer-assisted self-interview (CASI) survey was administered to assess changes in knowledge, attitudes, intentions, behaviors, and skills. At the end of the program focus groups and key informant interviews were also carried out with separate groups of students, facilitators, and school staff.

Positive outcomes and impacts were experienced at all four schools as indicated by both qualitative and quantitative measures. Recommendations also emerged that can guide future use of the program.

BIENESTAR: A RURAL LATINO HIV OUTREACH PROJECT

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Bienestar (formerly Community Mamas) is a rural Latino HIV Outreach project sponsored by Positive Link, a program of Indiana University Health Bloomington. Funded by the Indiana AIDS Fund, Bienestar focuses on a holistic approach to health and wellness with a focus on community and relationship building. Offering a unique approach to HIV prevention, Bienestar relies heavily on feedback and guidance from a local advisory board to provide comprehensive and accessible HIV prevention services. Education is provided through training health promotoras, participating in Latino community events, and working in partnership with local Latino resources, such as the Catholic Church, Latino cultural center, and Latino owned businesses. Individual education and testing is conducted at local work sites, community events, and rural health clinics. Working with both established community members as well as recent immigrants, Bienestar provides comprehensive access to healthcare through a grassroots effort of assisting the community in attaining its goals for wellness. In an oral presentation, we will offer a planning and implementation guide, describe our comprehensive evaluation efforts, and outline the future progression of the project.

INCREASING THE RIGOR, REDUCING THE RISK: NORTH DAKOTA SCHOOLS ADDRESS HIV/STD

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North Dakota is a predominantly rural state, facing numerous challenges in its effort to reduce sexual risk behaviors of school-age youth. The North Dakota Department of Public Instruction (DPI) has undertaken several recent initiatives to help local public school districts provide medically accurate, inclusive,

evidence-based sexuality education that includes HIV/STD prevention. With assistance from SIECUS, a national NGO, and other state and local partners, North Dakota DPI is taking a leadership role to build the capacity of schools in rural states to prepare youth for responsible 'sexual citizenship' in the 21st century.

INCREASING UPTAKE AND ADHERENCE TO THE HUMAN PAPILLOMAVIRUS (HPV) VACCINE IN RURAL APPALACHIA KENTUCKY: PRELIMINARY RESULTS

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With the advent of the Human Papillomavirus (HPV) vaccine to prevent cervical cancer, it is important to ensure young women, ages 19-26, receive the vaccine and follow through with all three doses on the right time schedule. This is particularly important in rural Appalachia Kentucky where cervical cancer incidence and mortality rates are elevated compared to the rest of the state and the nation and the population is considered medically underserved. Previous research in rural Appalachia Kentucky indicates both initial HPV vaccine uptake and adherence to the dosing schedule is marginal at best. In an effort to address low uptake rates and increase overall adherence, we implemented a social media campaign to engage young women in receipt of dose 1 of the HPV vaccine, followed by randomization to either a DVD-based counseling intervention promoting return for doses 2 and 3 and regular Pap testing or usual care which included a reminder telephone call. All efforts were informed by our community partners and involved significant formative research and message testing. Here we will present preliminary results from the Rural Cancer Prevention Center's social marketing campaign and intervention study which began in August 2010.

SPEAK UP!! INCREASING EQUITY OF HIV PREVENTION AND CARE SERVICES IN RURAL AREAS VIA POLICY ADVOCACY

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This is a critical time in the evolution of HIV/AIDS prevention and care systems in the U.S. and the Southern region of the U.S. continues to be hardest hit by the epidemic. Despite being the center of a growing HIV/AIDS epidemic, the South continues to be disproportionately impacted by inequitable funding and limited availability of prevention and care services. This trend is particularly prominent in rural areas which are statistically underrepresented in the formula used to qualify for federal prevention and care funding. These factors, coupled with the social determinants that increase the risk for HIV infection and predispose those living with HIV/AIDS to higher morbidity rates, call for larger systemic changes in the South. Widespread coordinated advocacy on the local, state and regional level are effective in achieving the system changes necessary for reversing the burgeoning epidemic in the South. Facilitators will present information about the support provided through the Southern REACH initiative, including: 1.) individual Technical Assistance assignments and consultants; 2.) advocacy/messaging trainings; and 3.) a summary of strategies to include in a policy advocacy tool kit.

POSTER SESSION

HIV PREVENTION FOR THE YouTube GENERATION

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HIV Prevention and education presentations have been updated and uploaded into entertaining sound bites and frank and real discussions. East Texas junior college baseball and basketball teams, housing project neighbors, and homeless shelters men's groups are not only listening to the message...they are getting it. Heterosexual men are being given interactive and lively discussions, presentations, and demonstrations that highlight mainstream media and are geared toward a target audience that responds best to tweets, sound bites, and youtube videos. During this 75 minute poster session, samples of the presentations will be given, along with guidance and support on how to work with the heterosexual male population with very little resources aimed at the target population. Participants will laugh, listen, and learn new techniques, new opportunities to present, and new avenues to pursue in rural HIV prevention education. The focus of the presentation will be looking to the media and the young heterosexual males to find out how to reach them, and how to make them listen.

TRADITIONAL GENDER ROLES AND SOCIALLY PRESCRIBED BEHAVIOR: BARRIERS TO ENGAGEMENT AND ADHERENCE TO HIV SERVICES AMONG FAMILIES IN RURAL KENYA

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HIV interventions in sub-Saharan Africa continue to face social challenges to engaging and retaining individuals and families at risk for HIV infection and transmission. Apart from high levels of HIV stigma, widespread poverty, and low levels of education HIV interventions in Kenya are challenged with other social and cultural barriers, which negatively influence program effectiveness. To be more efficacious in their efforts, interventions in Kenya must be attentive and innovative in their approach to HIV service delivery. This study is part of a larger study to assess barriers to HIV-related services in western Kenya. Data were collected from 146 participants through focus groups held in 4 clinics in rural Kenya. Participants identified several key social and cultural barriers, which were likely to limit the extent in which families and individuals might engage in HIV care services. Traditional gender roles and culturally prescribed behaviors appear to limit men and women from fully engaging in comprehensive HIV services in rural Kenya. Participants indicated rigid social expectations and regulations of men and women's behavior were found to be contradictory with many components of family centered HIV programs. These findings and participant suggestions offer guidance for further development of culturally appropriate HIV treatment and prevention in rural Kenya.

INFRASTRUCTURE RELATED BARRIERS TO HIV PREVENTION AND TREATMENT IN RURAL KENYA

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Engaging and retaining HIV positive individuals in prevention and treatment regimens has been a public health challenge in many parts of sub-Saharan Africa. Existing literature has well documented various aspects of social and behavioral barriers, which negatively impact HIV programs, but infrastructure-related barriers have received less attention. The purpose of the current study is to explore structural and logistical issues, which impact participation in HIV-care services in rural Kenya. Focus groups were held in four locations of rural Kenya to assess barriers to seeking and adhering to HIV-related services. The focus group sessions were held at four satellite facilities of a large HIV treatment network in western Kenya. Data were collected from 146 participants at clinic sites across rural Kenya. Participants identified several barriers to participating in HIV-related care services: 1) program-specific structural factors, 2) poor quality and limited availability of transportation, and 3) the cost and time required to travel to clinic. These findings provide insight into the structural barriers that effect participation in HIV-related services in these remote areas. These findings and participant suggestions provide guidance for developing innovative HIV interventions and improved strategies to better engage and retain those living with HIV in rural regions of Kenya.

PSYCHOMETRIC EVALUATION OF THE INSTITUTIONAL CONDOM ASSESSMENT QUESTIONNAIRE

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The purpose of the present study was to design a valid/reliable questionnaire to be used to assess condom availability among universities using a theoretical framework. The instrument titled the Institutional Condom Assessment Questionnaire (ICAQ) contains 159-items and includes the Perceived Benefits and Perceived Barriers of the Health Belief Model, Complexity Construct of the Diffusions of Innovations Theory, as well as the Precomplementation, Contemplation, Preparation, Action, and Maintenance constructs of the Transtheoretical Model. Prior to implementation, 9 expert panelists reviewed the instrument for validity purposes. Investigators mailed/emailed 1,200 copies to a geographically representative sample of U.S. universities and received 544 responses including 99 colleges and universities located within rural settings. Internal consistency assessments were conducted and Cronbach alpha values ranged from .60 to .83 for individual constructs and .93 for the entire questionnaire. Split half reliability was conducted and Cronbach alpha values for each section were .75 and .91 with a Pearson correlation of .62. The Guttman Split Half value was .68 and the Spearman Brown Coefficient .77. A sub-sample of 32 participants recompleted the questionnaire and the test-retest assessment indicated a consistency of 85% across all items. Overall, assessments indicate that the ICAQ can be used in future research endeavors.

TRENDS IN LOCAL HEALTH DEPARTMENT (LHD) PROVISION OF HIV/AIDS, OTHER STD* AND TB SERVICES

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The National Association of County and City Health Officials (NACCHO) regularly conducts the National Profile of Local Health Departments (the Profile) study, a comprehensive, representative survey of all 2,800 LHDs in the United States. The data from the 2005 and 2008 surveys were analyzed to identify trends in HIV/AIDS, other STD and TB service provision at LHDs, and will be combined with preliminary results from the 2010 survey to identify trends in HIV/AIDS, other STD and TB services provided by

LHDs. The results of the 2005 and 2008 Profile studies indicate that 59-62% of LHDs provided HIV/AIDS screening, 60-64% of LHDs provided screening for 'other' STDs, and 81-85% of LHDs provided TB screening. Data from the 2005 and 2008 Profile studies indicate that 20-26% of LHDs provided HIV/AIDS treatment, 57-61% of LHDs provided treatment for 'other' STDs, and 72-75% of LHDs provided services for TB treatment. LHDs are an important component of the public health system and provide HIV, STD and TB services in many communities. The current fiscal environment has contributed to a shifting the services provided by many LHDs. *'other STDs' describes any sexually transmitted infection that is not HIV/ AIDS.

BARRIERS TO CORRECT CONDOM USE: CONSIDERING SEXUAL AROUSAL AND SENSATION DURING CONDOM APPLICATION

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Erection problems associated with condom application (CAEP-condom associated erection problems) are not uncommon and have been linked with inconsistent and incomplete condom use. The aim of this study was to examine correlates of CAEP. Men were recruited to complete an online questionnaire. Eligibility criteria included: self-identified heterosexual, 18-24 years old, not currently in a monogamous committed relationship, and having used a condom for penile-vaginal intercourse within the past 90 days. Men with CAEP were oversampled. The findings of two types of analyses will be presented: 1) group comparisons of CAEP and non-CAEP men and 2) comparisons of erectile functioning with and without a condom among those experiencing CAEP, as well as attributions for erectile difficulties, attempts to deal with arousal and condom use, and contextual factors. Forty-five percent of the 281 participants reported CAEP. When this occurred, they engaged in additional stimulation, did not use a condom for intercourse, and/or delayed condom application. When asked why they thought they lost their erections, men reported that condom application was too distracting, that they worried about CAEP, that condom application took too long, that alcohol played a role. Problems with condom fit and/or feel were attributed to CAEP.

INCONSISTENT AND INCOMPLETE CONDOM USE: EXPLORING THE LATE APPLICATION AND EARLY REMOVAL OF CONDOMS IN HETEROSEXUAL MEN

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The consistent and correct use of the male condom is the single best method of reducing the risk of acquiring and transmitting sexually transmitted infections (STIs), including HIV, in heterosexual men. The current study examined the understudied phenomena of applying condoms after penile-vaginal intercourse (PVI) has begun and of removing them before completion of PVI. Men were recruited to complete an online questionnaire. Eligibility criteria included: self-identified heterosexual, 18-29 years old, not currently in a monogamous committed relationship, and having used a condom for penile-vaginal intercourse within the past 90 days. Analyses explored the frequency of late condom application during PVI; attributions why participants started PVI without a condom and put the condom on later; and the rationalizations why participants chose to apply the condom late for PVI. Early removal of the condom and continuation of unprotected PVI was explored using questions regarding the frequency of early removal for PVI and the attributions why participants removed the condom early and continued PVI. Results will be presented.

HIV AND STDS PREVENTION POLICIES: FOCUS ON RURAL STATES

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This presentation will describe the status of four effective public health policies that support HIV and STD prevention and reduce disparities in rural states, specifically: a.) Encourage screening tests for sexually transmitted infections -- chlamydia and HIV infections, b.) Expedited partner therapy for treatment of sexually transmitted infections, c.) Availability of syringe exchange programs for HIV prevention, and d.) Mandated school health education programs on sexual health and prevention of sexually transmitted diseases and HIV. Rural states will be selected that are the 25 states with the highest rural population or percent rural population. The legal status in these states of the four policies will be examined to describe the availability of prevention policy tools to address disparities in sexual health. Key elements of the four public health policies will be described. Supporting evidence for the policies will be presented, as well as examples of legislation from states that have adopted the policies. State policy profiles developed for each state will be available for participants (see: <http://knowledgecenter.csg.org/drupal/content/state-policies-std-hiv-and-teen-pregnancy-prevention>).

DEFINING 'RISKY SEXUAL BEHAVIOR AND ITS IMPLICATIONS FOR HIV/STI RESEARCH AND PRACTICE

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"Risky sexual behavior" is not clearly defined within the scientific literature, and little research has investigated those sexual behaviors which are perceived as "risky" by the general public. Indeed, laypersons' perceptions of which behaviors constitute risky sex may differ from those defined by researchers and clinicians. This discrepancy may hinder communication between researchers and participants, and between clinicians and consumers of sexual health information. Here we report on findings from several laboratory- and internet-based studies in which 686 participants aged 18-72 ($M = 25.7 \pm 9.6$ years) were asked to define term "risky sexual behavior" in their own words. Findings reveal that a majority of persons identified inconsistent condom use and having a large number of lifetime sexual partners as "risky sexual behaviors". However, definitions varied widely across subjects in terms of situational factors (e.g., alcohol/substance use) as well as factors involving the sexual partner (e.g., infidelity). These results demonstrate that discrepancies exist regarding individuals' perceptions of what constitutes "risky" sexual behavior and suggest that future scientific inquiries into risky sexual practices, as well as communication between clinicians and consumers of sexual health information, may benefit from a clearer definition, or greater specification, when using this term.

SEXUAL AND HIV/STD RISK BEHAVIORS OF BISEXUAL LATINO MEN IN THE MIDWESTERN UNITED STATES

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Relatively little is currently known about sexual health among bisexual Latino men, including the range of sexual behaviors that they engage in. This has important implications for potential interventions in terms of which behaviors may need to be targeted. Additionally, previous research on male bisexuality and its associations with HIV/STI transmission has not yet adequately described the complexity of Latino bisexual men's sexual experiences and associated risks, for themselves and their male and female partners. The project involved an interdisciplinary collaboration among researchers at Indiana University, the Marion County Health Department (Indianapolis), and a local community-based organization serving the needs of the growing Latino community in this area. Qualitative in-depth interviews and self-administered diagnostics for STI were used with a diverse sample of 25 Latino men who had sex with both men and women in the past six months. Most of the participants came from migrant and rural backgrounds. Bisexual Latino men engage in a wide range of behaviors, both in terms of lifetime and recent sexual experiences. The most commonly reported sexual behaviors were masturbation, vaginal intercourse, and receiving oral sex from male and female partners. Participants also reported on how their cultural experience was related to their sexual experiences in a variety of ways. The study provides rich insights into the individual and sociocultural factors, as well as the structural factors impacting these men, that could be targeted for sexual health promotion efforts for Latino bisexual men. Funding for this study was provided by the National Institutes of Health grant R21 HD059494 (Brian Dodge, PhD, Principal Investigator).

A COMPARISON OF CONDOM USE ERRORS AND PROBLEMS FOR HETEROSEXUAL ANAL AND VAGINAL INTERCOURSE

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Condom use errors and problems were compared for anal and vaginal intercourse among a convenience sample of heterosexual men age 18-66 years (n=757). Men completed an online questionnaire for the last male condom use event for penile-anal (10.4%) or penile-vaginal (89.6%) intercourse. The prevalence of condom use errors and problems was similar regardless of intercourse type with a few exceptions; those reporting anal intercourse were significantly more likely to report using water-based ($P<.001$) and oilbased. ($P=.037$) lubricant and to remove condoms before sex was finished ($P<.001$). The large majority of the sample (93.8%) reported at least one of the nine errors assessed and almost half (46.2%) reported at least one of the seven problems, indicating that many adults may need assistance with these issues. Condom use promotion programs designed for heterosexual adults are needed that address condom use errors and problems for penile-anal as well as penile-vaginal intercourse.