approaches for addressing disparities for vulnerable populations.

Addressing Life Limiting Illness in Elders

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Background: Elder patients often experience chronic life limiting conditions, such as vascular diseases, malignancies, renal or liver failure, stroke, advanced heart or lung disease, neurodegenerative disorders, and dementia. The 1995 SUPPORT study demonstrated a pervasive lack of communication between patients and their health care providers about goals of end of life care, significant levels of inadequately treated pain in seriously ill and dying patients, and, most importantly, discrepancies between stated preferences of care and continued use of aggressive care.

Purpose: To address this issue in elder patients, Massachusetts General Hospital developed The *RN Residency: Transitioning to Geriatrics and Palliative Care*, an innovative program funded by the Division of Nursing, Bureau of Health Professions, Health Resources and Services Administration.

Methodology: The RN Residency program is a nine-month residency program. This program utilizes cohort learning to build skills and competencies to improve practice and initiate unit based quality improvement. The National Consensus Project for Quality Palliative Care's *Clinical Practice Guidelines* serve as the blueprint for end of life education, along with The End of Life Nursing Education Consortium Curriculum and other resources from the Center to Advance Palliative Care and Hospice and Palliative Care Nurses Association. The John A Hartford Foundation Evidence-based geriatric curriculum serves to structure education for the older adult patient.

Findings: Evaluation is ongoing, including qualitative assessments and pre- and post-test of skills and attitudes toward seniors.

Summary Concluding Statement: The RN Residency provides nurses knowledge and expertise through state of the science, evidence-based palliative care and geriatric education, thereby improving end of life care for elder patients.

A Human Rights Approach: The Role of Nursing

Sheila Maureen Davis, DNP, ANP-BC, FAAN

Background: Addressing health disparities in the US and globally via a human rights approach has thus far not been widely incorporated into nursing. The role of human rights in contemporary nursing is not well defined and there are limited nurse identified leaders in the human rights field. As part of our professional legacy, nurses have a responsibility within the broad area of human rights. On a daily basis nurses confront situations in which the basic human rights of patients are violated. Among the most common of human rights violations that nurses witness are persistent poverty; hunger; abuse (physical, emotional, and sexual), homelessness; unrecognized or untreated physical/mental health problems; racial, ethnic, and gender discrimination, and the less common atrocities of genocide and rape as a weapon of war. When nurses personally witness these situations, they often feel frustrated and helpless as to what can, and should, be done to help victims of human rights violations. Currently there is not an easily identified nursing effort to address health disparities as human rights abuses.

Purpose: To educate the nursing community about the basic tenets of human rights and to raise awareness about the critical incorporation of human rights into daily nursing practice on a local, national, and global scale.

Methodology: Utilizing a non-nursing fellowship from a Washington DC based anti-genocide human rights non-governmental organization, a nursing and human rights program was initiated.

Findings: *Nurses' Voices for Human Rights* is an effort to infuse human rights into nursing. The three aspects of the program are awareness, education, and advocacy.

Summary Concluding Statement: Nurses are well positioned to take the leadership role in addressing health disparities via a human rights approach.

The Effect of Structured Writing on HIV+ Black Women: Self-Advocacy, Stigma, Healthcare Adherence

Rosanna F. DeMarco, PhD, PHCNS-BC, ACRN, FAAN

Background: The HIV epidemic disproportionately affects heterosexual Black women in the United States There are no interventions that target HIV-positive Black women with complex co-morbid psychological and physical conditions by using structured writing as a way to disclose emotions related to these experiences and effect change in at risk behaviors.

Purpose: To test the efficacy of a structured writing intervention with seropositive Black women.

Methodology: A peer-led RCT pre- and post-test design at 6 weeks and 6 months, guided by the Ecological Model (Bronfenbrenner, 1979; 2004) and the Theory of Silencing the Self (Jack, 1991). Outcome measures included safe sex expectancy (behaviors, intentions, attitudes), self-advocacy, healthcare adherence, and stigma. Comparisons were made of paired 6-session

interventions, ie, structured writing using film clips of a commissioned local film called *Women's Voices Women's Lives* as a focal point and usual care support group.

Findings: Retention was 82% in a hard to recruit and retain sample, (*n*=75). Positive effects across time comparing intervention and usual care using GLM repeated measures on selected outcomes: decreased "silencing the self" behaviors significant for time (*p*=015) and type (*p*=000); decreased negative self image for time (*p*=000) and type (*p*=000); decreased stigma for time (*p*=000) and type (*p*=014); significant mean differences between intervention and usual care across time for condom use and safe sex practices.

Summary Concluding Statement: Although the intervention affected self advocacy in sexual relationships and safe sex expectancy, there is less than the ideal of consistent use of condoms and safe sex practices. These findings highlight the importance of addressing skill-building combined with structured writing as a way to boost the effect disclosure of emotions with behavior change.

Community-Based Maternal Mental Health Screening

Jennifer Doering, PhD, RN and Kris Pizur-Barnekow, PhD, OTR

Background: Maternal depression is the most common complication of childbirth affecting 13% of the population. Due to additional social and economic burdens, the sub-population of mothers who have children with special needs may be at even higher risk for poor mental health outcomes, including depression and birth-related post-traumatic stress disorder (PTSD). Untreated, maternal mental disorders have moderate-severe consequences on child development. Detection of maternal mental health concerns may improve maternal entry into treatment, which may reduce programmatic costs and improve outcomes for children with special needs.

Purpose: The purpose of this project was threefold:.

1. Examine differences in levels of health literacy and symptoms of depression and PTSD across a sample of urban and suburban/rural mothers who have children with special needs.

2. Adapt existing maternal depression screening best-practice standards for use in a community-based early intervention program.

3. Design mental health education materials specifically for mothers of children with special needs.

Methodology: A pilot study examined health literacy levels and symptoms of depression and PTSD in a convenience sample of 25 urban and 25 suburban/rural mothers who had children in an early intervention program. Instruments included the Short Test of Functional Health Literacy, Center for Epidemiological Studies-Depression, and Perinatal PTSD Questionnaire-II.

Findings: Positive screens for maternal mental health symptoms differed significantly across type of county. The percentage of positive screens for depression and PTSD was high. Health literacy was adequate in 98% of the total sample.

Intervention: Pilot study results and best-practice recommendations for maternal mental health screening were used to develop a maternal depression screening algorithm and accompanying consumer materials for use within a community-based early intervention program.

Summary Concluding Statement: Early intervention programs guided by family-centered care models should consider the impact of maternal mental health on child development and implement screening programs to detect maternal mental health concerns.

Note: Please note this work was presented as a poster at the Association of Maternal and Child Health Programs (AMCHP) conference in February, 2009.

Cancer Survivorship: Embracing Virtual Communities

Maria C. Dolce, PhD, RN, NEA-BC, FACHE

Background: The need for health information has propelled cancer survivors and caregivers to search for information on the Internet. Little is known about how the Internet, as a source of health information and resources, is changing the healthcare relationship in survivorship care.

Purpose: The aim of this study was to describe the experiences of cancer survivors and caregivers with healthcare providers in the context of online health information and resources.

Methodology: A secondary analysis of unanalyzed qualitative data from the 2006 Pew Internet and American Life Project (N = 1,680) was conducted to better understand how the Internet is transforming the healthcare relationship for participants of cancer-related online communities. Thematic clustering technique of qualitative content analysis was used to discover recurring themes in the healthcare relationship experienced by cancer survivors and caregivers in survivorship care.

Findings: Content analysis of online survey responses (n = 488) revealed failures or inadequacies in healthcare relationships. Failed expectations were related to evidence-based practice, clinical expertise, informational support, and therapeutic interpersonal communication Nursing was noticeably absent in this context of healthcare relationships and online communities.

Summary Concluding Statement: The immediacy of addressing failures in cancer survivorship care is recognized as a global nursing imperative. Advanced practice