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**A MIND-BODY INTERVENTION FOR OLDER PLWH: A MIXED-METHODS STUDY OF THE ACCEPTABILITY AND FEASIBILITY OF QIGONG**

**Background**
Almost half of the people living with HIV (PLWH) in the United States are over 50 years old. Yet, few interventions exist targeting this population. Tai Chi/Qigong (TCQ) uses breath-work, meditative focus, and fluid body movements. The present study is a mixed-methods study that examines the preliminary acceptability and feasibility of a TCQ intervention for older PLWH in Miami, Florida.

**Methods**
Qualitative. Interviews were conducted with key informants (n=9) to determine the acceptability and feasibility of the intervention. Key informants had a minimum of 15 years of experience in the HIV field and included peer-educators, case managers, and healthcare providers. Thematic analyses were conducted using two coders. Quantitative. PLWH aged 50 and older (n=24) were randomized to either a 12-week TCQ intervention, sham qigong, or standard of care control group. Surveys and logs were administered to each participant and collected pre- and post-weekly intervention classes to assess acceptability.

**Results**
Qualitative. Nineteen sub-codes were identified describing acceptability: (1) having benefits, (2) meditation and relaxation, (3) non-strenuous exercises, (4) seniors love exercising, and (5) worth trying alternatives. Under the feasibility theme, the main sub-codes were (1) doable for different physical levels, (2) non-strenuous exercises, and (3) can start with a chair. Quantitative. In the clinical trial, participants’ ages ranged from 50-68 years (M = 58.2, SD = 5.4) with 50% identified as female. Most were African American (80%) and Latinos (13%). Enjoying the TCQ classes was reported by 95% of participants, and 93% said it was meeting their expectations. Ninety percent ranked daily classes as excellent on a 1 (poor) to 5 (excellent) rating scale, with an average ranking of 4.88. Most participants (86%) also identified the movements as very easy or easy; only 3% reported movements as very hard. Most reported doing TCQ home practice (58%), with half of them using the exercise booklets. 90% did not use the DVD or video streaming for the movements because of not having a DVD player or internet. Lastly, the mean attendance in both the intervention and control group for every week was 64%, ranging from 60% to 75%.

**Conclusion**
Our study found preliminary acceptability and feasibility of a TCQ intervention for older PLWH. This is the first step in developing an intervention for a group that currently has very few intervention options.