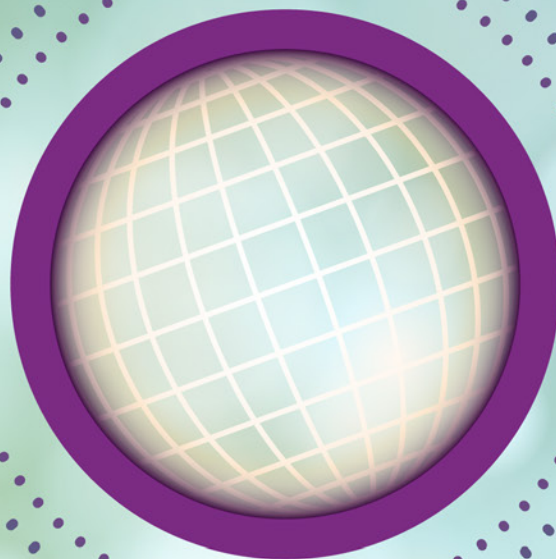


Poster Abstracts

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# Adherence 2023

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## 1006 The Synergistic Effect of Social Support and Depressive Symptoms on ART Adherence among PLWH

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**Background:** Depression has been consistently established as a significant predictor of poor ART adherence among adult people living with HIV (PLWH). However, the gap has been identified regarding how social support and depressive symptoms can synergistically influence ART adherence among adult PLWH in South Africa. Therefore, this study aimed to investigate the interaction between social support and depressive symptoms on ART adherence among adult PLWH.

**Method:** The study utilized a cross-sectional research design and time location sampling technique (TLS) to recruit 201 adult patients enrolled in ART program using a survey questionnaire. The study was conducted at a tertiary hospital in Durban between June and October 2020 during the COVID-19 lockdown in South Africa.

**Results:** The results indicated that depressive symptoms were significantly associated with ART adherence with and without the product term ( $B=-0.105$ ; OR .901; 95%CI=0.827, 0.981;  $P=0.016$ ), while social support was not significantly associated with ART adherence ( $B=0.007$ ; OR 1.007; 95%CI=0.989, 1.025;  $p=0.475$ ). However, a statistically significant interaction was found between social support and depressive symptoms ( $B=-0.006$ ; OR .994; 95%CI=0.989, 1.000;  $P=0.037$ ) on ART adherence.

**Conclusion:** Depressive symptoms and social support have a synergistic influence on ART adherence. Thus, this highlights the event of comorbidity among this population which should be addressed along with strengthening patients' relationships serving as resource for social support.

## 1007 Initiatives to Integrate Patient-Reported Outcome Measures (PROMs) into Routine HIV Care: A Rapid Scoping Review

Kim Engler (presenting)<sup>1</sup>, Francesco Avallone<sup>1</sup>, Bertrand Lebouché<sup>1</sup>

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**Background:** Agreement is growing on the utility of integrating patient-reported outcome measures (PROMs) into routine HIV care. However, little work has synthesized knowledge on these PROM initiatives and their targeted outcomes.

**Method:** We conducted a rapid scoping review of literature published since 2005 to describe efforts to feed PROM data back to health-care providers within HIV clinical practice. Four databases (Medline, Embase, PsychINFO, CINAHL) were searched on May 4, 2022, using a search strategy designed with an academic librarian. Projects involving symptom screens for tuberculosis case-finding were excluded. Here, we present findings on retained initiatives' country of origin and the patient-reported outcomes they measured, using an adapted taxonomy.

**Results:** Of 13,062 records generated for review, we retained a final sample of 106 documents which referred to 70 distinct initiatives. Represented were the United States of America ( $n=31$ ; 44% of initiatives), seven European countries ( $n=20$ ; 29%), nine African countries ( $n=12$ ; 17%), two Southeast Asian countries ( $n=3$ ; 4%), Australia ( $n=3$ ), Canada ( $n=2$ ), and Korea ( $n=1$ ). In order of frequency, the measured patient-reported outcome categories were: mental health ( $n=42$ ; 60%, most often depression), substance use ( $n=26$ ; 37%, most often alcohol and/or drug use), self-management ( $n=19$ ; 27%, most often adherence), symptoms ( $n=14$ ; 20%, most often perceived side effects), sexual health ( $n=12$ ; 17%, most often sexual behavior), physical health ( $n=10$ ; 14%, most often perceived health), treatment ( $n=9$ ; 13%, measured variously), violence/abuse ( $n=8$ ; 11%, most often interpersonal violence), cognition ( $n=7$ ; 10%, measured variously), quality of life ( $n=7$ ; 10%), stigma ( $n=6$ ; 9%, most often disclosure of HIV status), socioeconomic issues ( $n=5$ ; 7%, measured variously), social support ( $n=3$ ; 4%), and body/facial appearance ( $n=1$ ; 1%).

**Conclusion:** PROM initiatives in HIV care appear most prevalent in North America, Europe, and Africa, and disproportionately target mental health, substance use, and self-management (especially adherence).



## 1008 PrEP Service Delivery Models for Emergency Departments: A Qualitative Study

Yvette Calderon (presenting)<sup>1</sup>, Susie Hoffman<sup>2</sup>, Laurie Bauman<sup>3</sup>, Ethan Cowan<sup>1</sup>, Tatiana Gonzalez-Argoti<sup>3</sup>, Christine Tagliaferri Rael<sup>4</sup>, Joanne Mantell<sup>2</sup>

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**Background:** HIV pre-exposure prophylaxis (PrEP) remains underutilized in the United States (US). Emergency Departments (EDs) can be strategic locations for identifying PrEP-eligible individuals and initiating PrEP because they serve people at disproportionate risk for HIV infection due to intersecting social-structural vulnerabilities. However, no successful model of ED PrEP has been identified. We examined ED stakeholder's views on ED PrEP to identify models for implementation.

**Method:** We recruited people planning or implementing ED PrEP across the US using purposive and snowball sampling for semi-structured qualitative interviews informed by the PrEP Service Delivery Cascade. Interviews were audio-recorded, transcribed and coded using rapid analysis methods.

**Results:** Twenty-two interviews were conducted representing 17 unique settings and 7 fully or partially executed ED PrEP programs. Participants included 15 ED staff (physicians, leadership, nursing and support staff) and 7 non-ED staff (researchers, navigators and referral site staff). Key challenges were limited capacity, identification of patients who would benefit from PrEP, reliable linkage pathways, and sustainability. Some ED providers and patients lacked PrEP knowledge; patients lacked motivation to initiate PrEP. Provider "buy-in" was low, attributed to burnout and high turnover. None of the 7 ED PrEP programs developed their model based on public health services delivery or behavior change theory. Three models emerged from the data: (1) "full navigation", where PrEP services were provided by a navigator with limited ED staff involvement, (2) "turf it out", where the ED only identified and referred patients, and (3) "comprehensive PrEP care" where the ED fully integrated comprehensive sexual health services, including status neutral navigation.

**Conclusion:** Challenges to ED PrEP were considerable and consistent across settings. Lack of strong motivation to integrate PrEP services in EDs underpins challenges expressed by providers and patients. Despite these challenges, there was persisting enthusiasm for developing innovative approaches and different solutions for ED PrEP.

## 1009 Socio-Cultural and Pharmacological Factors Influencing PrEP Adherence among Members of Key Populations (MSM and FSW) in Abia State, Nigeria: A Cross-Sectional Quantitative Study

Miracle Uzu (presenting)<sup>1</sup>, Adedoyin Rebecca Badejo<sup>2</sup>

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<sup>2</sup> Society for Family Health, Abuja, Nigeria

**Introduction:** Adherence has been a major problem amongst KPs. Research has showed that there is a nexus between sociocultural factors and adherence amongst KPs. Using a quantitative cross-sectional survey design, a questionnaire was administered. Data was analysed using percentages. 150 participants comprising of 82 MSM (55.3%) and 67 FSW (44.7%) participated in the study including, those aged 15-25 years constituting 66.7%, 26-40(32%) and 41-50 years (1.3%) were used for study. Based on educational qualification, those with SSCE constitute 60% of the participants.

**Description:** Working in partnership with the CBOs in Abia State, providing HIV/AIDS prevention and treatment interventions for KPs in the GF- NAHI grant through the one stop shop (OSS). Working with Society for Family Health (SFH) Abia OSS started a research advocacy survey project on KPs non-adherence to PrEP, specifically MSM and FSW clients, to ascertain KPs knowledge on PrEP, PrEP accessibility, KPs belief on effectiveness of PrEP, belief on pharmacological safeness of PrEP and to ascertain the level of stigma by KPs sexual partners or KPs families which is negatively influencing PrEP adherence. A gift box containing written adherence tips was used to improve PrEP adherence.

**Lesson Learned:** Based on the knowledge indicator, there is still a significant gap in the levels of awareness with regards to the intake, side effects, functionality, effectiveness of PrEP to prevent HIV acquisition. Fear of stigma and proximity was also identified as a major barrier to adherence.

**Recommendations:** To increase adherence of PrEP amongst KPs, healthcare professionals, policy makers and other stakeholders should create awareness about PrEP, deconstruct stigma at all ecosystem levels and debunk the widespread myth about the adverse effects of PrEP on the kidney and liver. Also, drop-in centers and injectable PrEP should be prioritized.



# 1011 Mental Health Initiative to End the Epidemic

Febuary D'Auria (presenting)<sup>1</sup>, Steven Sawicki<sup>2</sup>, Hamid Pahlevan<sup>3</sup>, Yasmin Tabassum<sup>3</sup>

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**Introduction:** The New York State Department of Health-AIDS Institute houses the Quality of Care (QOC) program and New York Links (NYLinks); both programs collaborate with HIV providers to build capacity for quality improvement (QI). One of those programs, Nassau University Medical Center's – Center for POSITIVE Health (CPH), is an HIV program that provides medical care to adults living with HIV/AIDS in New York.

**Description:** Based on data that originated with QOC (5 years of Viral Load Suppression Drill-Down data), CPH analyzed and identified mental health barriers as one of the main and frequent contributors to the low VLS rate. CPH utilized the QI methodology to initiate a project to increase the utilization of the Mental Health Program (MHP) through increased referrals and linkage efforts. CPH aimed to increase referrals of patients seen at CPH to MHP from 8% to 12% and to increase the linkage of patients referred to MHP from 50% to 60% within six months. CPH utilized the Force Field Analysis to brainstorm the driving and restraining forces of the change and created an Action Plan, which delineated the intervention, responsible individual(s), and timeframe for completion. MHP's name was changed to Supportive Counseling Services (SCS).

**Lesson Learned:** CPH saw a 25% increase in referrals and a 2.7% decrease in linkages to SCS. CPH did not meet its referral goal and linkages decreased rather than increased. CPH concluded their goal to increase referrals by 50% was too high for their timeframe and the number of available mental health counselors was inadequate to meet the increased need for SCS.

**Recommendations:** In response, CPH will procure additional mental health counselors and focus on providing early SCS education for newly diagnosed patients in addition to its established patients who have been referred multiple times. CPH will continue to build capacity through QI training and technical assistance.

# 1014 Prevention S.A.V.E.S.

Kristin Garling (presenting)<sup>1</sup>

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**Background:** Texas residents have one of the highest HIV rates in the country which continues the HIV epidemic and health crisis in the U.S. Many strategies are needed in Texas to improve the diagnosis, prevention, and treatment of HIV to reduce negative health outcomes and further transmission. One strategy, that is a top priority in public health, is to improve provider education on Human Immunodeficiency Virus (HIV). By educating all healthcare providers on the importance of Screening, Adherence, Viral suppression, Exposure reduction, and Support (S.A.V.E.S.) for patients living with or at risk for living with HIV, there is hope for people across the state.

**Method:** Faculty at The University of Texas at Austin is collaborating with Austin Public Health and the Fast Track Cities Initiative to create and provide free and accessible education to all healthcare providers in Texas. This education will be dispersed initially in community pharmacy settings and spread to include nurse practitioners, pharmacists, physician assistants, and doctors in the state of Texas. The Prevention S.A.V.E.S. continuing education program aligns with the CDC HIV Care Continuum, the "U=U" Austin Public Health HIV initiative, and the Fast Track Cities program. This continuing education aims to reduce provider and community stigma in order to engage new patients in care, retain current patients in care, and ultimately suppress viral load in all patients living with HIV in Texas.

**Results:** The Prevention S.A.V.E.S. education program has been developed and is in the initial implementation phase while gathering community data to continue to help providers understand their role and provide resources to improve the quality of life for these patients.

**Conclusion:** The multiple-member collaboration looks forward to completing the Prevention S.A.V.E.S. education program implementation and publishing data on the impact in Texas.



## 1015 A Community Health Worker Using Intensive Outreach is an Effective way to Improve Medication Adherence and Engage Women without Viral Suppression in Care

Lauren Richey (presenting)<sup>1</sup>, Paula Seal<sup>1</sup>, Maria Frontini<sup>1</sup>, Laura Finnegan<sup>1</sup>

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**Background:** Viral suppression at a large urban HIV clinic (N~1500) in New Orleans was 88.5% in the middle of 2021. A disparities analysis showed that the lowest viral load suppression (VLS) was among women aged 25 to 44 years (VLS 81%). A community health worker (CHW) was hired to serve as a liaison between our clinic staff, social services and the community to provide intensive outreach and navigation to this group of women.

**Method:** All women under the age of 45 who were not virally suppressed (VL>200) or did not have a viral load in the past year were included for intensive outreach (n=40). An interdisciplinary team of physicians, patient navigators, social workers and the CHW met monthly to discuss barriers to care and determine a personalized approach to engage these women in care. By building a trusting relationship and using preferred communication methods, the CHW performed outreach to these women to engage them in care and improve medication adherence.

**Results:** Data on medical visits and lab tests were recorded, analyzed and summarized at 6 and 12 months. Forty women were followed; the average age was 37 and 90% were African American. Three (8%) died and 9 (23%) transferred care. Eight women were re-engaged into care (20% improvement). Twelve women became virally suppressed (30% improvement). This resulted in an improvement in the total clinic's viral suppression by 1.2%, now 89.7%. The last recorded information remained in the analysis.

**Conclusion:** A CHW providing intensive outreach tailored to the patient's unmet needs can be an effective way to re-engage out of care and very hard to reach patients. By providing personalized intensive outreach to those women that continue to have viral replication despite robust wrap around clinic services, we can decrease transmission to sexual partners and newbo

## 1016 Factors Associated with Disengagement and Reengagement in Care among Persons Living with HIV in Southern US Cohort

Naseem Alavian (presenting)<sup>1</sup>, Frances Hung<sup>1</sup>, Andrea Carmack<sup>1</sup>, Charles Burns<sup>1</sup>, Clemontina A Davenport<sup>1</sup>, Nwora Lance Okeke<sup>1</sup>

<sup>1</sup> Duke University, Durham, NC, USA

**Background:** Little is known about factors associated with engagement in care for persons living with human immunodeficiency virus (PLWH) in our region. Within an academic Southern healthcare system, we aimed to evaluate patient-level determinants associated with disengagement and voluntary reengagement in HIV care.

**Method:** The healthcare system electronic health records were used to identify PLWH with ≥1 HIV clinic visit from 2016–2021. Multivariable logistic and multinomial regression were performed to assess factors associated with disengagement alone (≥14 months between consecutive visits) and simultaneously with reengagement (<14 months between consecutive visits after disengagement).

**Results:** Of the 2932 patients included (median age 47.5 years; 58.6% Black, 74% male), 1725 (58.8%) disengaged from care at least once. Among the disengaged, 959 (56%) returned to care, while 766 (44%) never reengaged. Smoking and alcohol abuse were associated with disengagement (OR, 95% CI 1.34, 1.12-1.62 and 1.46, 1.08-1.98, respectively). Uninsured patients had higher odds of disengagement compared to those with private insurance (1.23, 0.99-1.53). There was no significant difference in disengagement (0.88, 0.74-1.05) nor reengagement after disengagement (0.97, 0.79-1.19) between Black and White patients.

**Conclusion:** Disengagement from care from a Southern US Clinic was higher than reported in prior US studies, although over half of those that fell out of care ultimately returned at least once. High intermittent disengagement may reflect COVID-19 related disruptions in care. Smoking and alcohol abuse association with disengagement may represent markers of psychosocial stressors or structural barriers impacting health. In contrast to prior studies, we found that Black race was not significantly associated with disengagement suggesting there may be other features of this minoritized group not captured in this study that warrant further evaluation.



## 1017 Preferred Characteristics of mHealth Interventions to Support HIV Testing and PrEP Decision Making

Steven John (presenting)<sup>1</sup>, Juan Zapata<sup>2</sup>, Kimberly Nelson<sup>3</sup>, Rob Stephenson<sup>4</sup>, Sabina Hirshfield<sup>5</sup>, Keith Horvath<sup>6</sup>

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**Background:** mHealth strategies are increasingly being developed to support advances in HIV testing, HIV prevention and sexual health, and HIV care engagement. Understanding the best ways to use mHealth to increase uptake and adherence to biomedical technologies, including HIV self-testing and pre-exposure prophylaxis (PrEP), is critical to the development of feasible, acceptable, and effective mHealth approaches. We conducted online focus groups to obtain feedback on preferred mHealth intervention strategies to support HIV testing and PrEP decision making among a nationwide sample of young sexual minority men (YSMM).

**Method:** In 2020, HIV-negative YSMM (n=41; M<sub>age</sub> =21.0; 85.4% cisgender; 26.8% Black, 29.3% Latino, 34.2% white, 9.8% multiracial/another; 65.9% gay-identified) who met CDC criteria for PrEP were recruited via social media and men-for-men geosocial networking apps to participate in 9 synchronous online focus groups, eliciting preferences and opinions about mHealth HIV prevention modalities. Data were analyzed using inductive and deductive thematic analysis with constant comparison.

**Results:** We identified five themes related to mHealth intervention preferences to support HIV prevention, including: (1) virtual simulation of prevention scenarios inclusive of diverse experiences; (2) interactive software with individually-tailored videos and quizzes; (3) real-time connection to additional services (e.g., mental health, HIV testing, PrEP services), (4) non-stigmatizing language and imagery inclusive of all gender and sexual identities; and (5) access to HIV self-testing to support—and sometimes augment—clinic-based HIV testing.

**Conclusion:** YSMM requested mHealth interventions with video-based content, real-time connection to additional services, and creative strategies to build more inclusive virtual and mobile-friendly content. Findings provide direction to build, adapt, and connect HIV prevention to YSMM. Intervention strategies responsive to preferred characteristics of YSMM may support higher user engagement and implementation success.

## 1019 Using Focus Groups to Inform the Development of a Social Media Campaign Promoting PrEP to Young Black and Latino Men who have Sex with Men

Alan Chen (presenting)<sup>1</sup>, Laurie Bauman<sup>2</sup>, Asa Radix<sup>3</sup>, Tatiana Gonzalez-Argoti<sup>2</sup>, William J. Nazareth, Jr.<sup>3</sup>, Joanne Mantell<sup>1</sup>

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**Background:** Young US Black and Latino men who have sex with men (YBLMSM) are disproportionately at risk of HIV acquisition and underutilize preexposure prophylaxis (PrEP). Social media and its influencers may be promising conduits for increasing PrEP awareness, knowledge, and uptake among YBLMSM, but this dissemination strategy is understudied. This study aimed to understand YBLMSM's patterns of social media use to inform the development of a social media campaign featuring influencers to promote PrEP to this population.

**Method:** Five virtual focus groups were conducted with 22 YBLMSM aged 18-29 recruited at New York-based healthcare and LGBTQ organizations and through social networking and dating sites. Three researchers used template analysis methods to independently identify and summarize key themes before consolidating their findings.

**Results:** Two themes that characterize popular types of social media content and influencers among our sample were identified: *perceived authenticity* and *sex positivity*. Influencers perceived as authentic and warm were reportedly appealing, and content featuring candid discussion of sexual topics was viewed as captivating. Four considerations were identified for the development of a PrEP social media campaign: (1) *value of lived experiences* — participants expressed greater likelihood of trusting influencers who had used PrEP; (2) *tension between target marketing and overall reach* — only casting people relevant to YBLMSM would make the campaign less acceptable to non-YBLMSM populations; (3) *balance between humor and seriousness* — humor is incredibly appealing on social media, but dissemination of PrEP information must be taken seriously; and (4) *importance of sex and aesthetics* as a “good-looking face” will attract initial interest.

**Conclusion:** Social media is a constantly evolving landscape that modulates YBLMSM's patterns of its use. The aforementioned themes and considerations can inform the development of a nuanced and effective PrEP promotion campaign to increase its uptake among YBLMSM.



## 1020 Assessing Perceptions and Preferences around Long-Acting Injectables (APLI) in Safety-Net Services Programs for People with Barriers to HIV Care and Treatment Engagement

Rebecca Zimba (presenting)<sup>1</sup>, Mary Irvine<sup>2</sup>, Tigran Avoundjian<sup>2</sup>, Tyeirra Seabrook<sup>2</sup>, Jennifer Carmona<sup>2</sup>, Meghan Peterson<sup>2</sup>, Connor Emmert<sup>2</sup>, Sarah Kulkarni<sup>1</sup>, Elizabeth Kelvin<sup>3</sup>, Denis Nash<sup>3</sup>

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**Background:** Long-acting injectable (LAI) antiretroviral therapy (ART) presents an opportunity to increase viral suppression and reduce outcome disparities. Our project aims to adapt Ryan White HIV/AIDS Program (RWHAP)-funded medical case management (MCM) service strategies to promote equitable LAI ART access, uptake, and adherence.

**Method:** Focus groups with MCM clients informed the design of a discrete choice experiment (DCE) assessing preferences for four attributes: type of ART, service location/mode, support, and rewards. The latter three were alternative-specific attributes, defined according to type of ART (pills or injections). Using latent class multinomial logit regression, we estimated utilities (measures of preference for levels within attributes); positive values indicate greater preference. We offered the survey in English, Spanish, and Haitian Creole.

**Results:** From June 2022 through January 2023, 201 New York RWHAP MCM clients with median age of 54 years (IQR: 42 to 62) and median MCM enrollment of 31 months (IQR: 11 to 45) completed the DCE. Most (92%) were Black or Hispanic; 40% identified as women. One-quarter self-reported imperfect adherence to daily ART. Two-group latent class analysis identified a subset of clients with a strong preference for daily ART and a subset preferring LAI ART. Both groups preferred higher-value monetary incentives and transportation to primary care appointments or injection appointments over other rewards or supports. (See Table 1.) Nine out of ten clients reported currently taking daily ART. Half of clients knew of LAI ART prior to taking the survey, but only 6% had tried it.

**Conclusion:** Assessing preferences among groups under-represented in clinical trials is essential to effective and equitable real-world implementation of LAI ART. A survey with New York RWHAP MCM clients showed limited familiarity with injectable ART. Two subgroups had divergent preferences for daily versus LAI ART. To inform regimen selection, we will pilot-test an informational video and patient-provider decision-making tool in 2023.

## 1023 Rapid HIV Testing and Counseling in Labour in GUI and Gbessa Villages in The FCT Abuja Nigeria

Dennis Anthony (presenting)<sup>1</sup>

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**Background:** Mother-to-Child Transmission (MTCT) of HIV is responsible for more than 80% of the pediatric AIDS cases. Perinatal interventions could substantially reduce the risk of vertical transmission of HIV if pregnant women are identified early before delivery. Many women present in labor without prior knowledge of their HIV status. It is also possible that pregnant women who previously tested negative for HIV may sero-convert during pregnancy. We examined the value of rapid HIV testing and counseling, using the opt-out approach, in the labor ward of Makwalla hospital and the university of Abuja Teaching Hospital.

**Method:** This study was Conducted between April 2019 and August 2019. Following new recommendations in the Nigerian National PMTCT programme, all pregnant women in labor at both hospitals were offered rapid HIV testing and counseling with opportunity to decline testing. Women who tested positive for HIV were given a single dose of intrapartum nevirapine 200mg and within 72 hours of delivery, their babies received single dose of nevirapine.

**Results:** During the study period, 430(99.8%) of the 431 pregnant women who were offered rapid HIV testing and counseling, agreed to test. A sero-conversion rate of 2.1% (5 of 235) was found among women who had previously tested negative for HIV during the index pregnancy. A sero-prevalence rate of 9.6% (16of166) was found among women with unknown HIV status. One patient who had an indeterminate HIV status prior to labor tested positive in labor.

**Conclusion:** The practice of rapid testing and counseling in labor is well accepted in the FCT Nigeria. In high HIV Prevalence settings, particularly where pregnant women commonly present for the first time in labor, this practice can substantially improve access to perinatal interventions for PMTCT.





# 1025 PrEP Awareness and Use among Persons Receiving CDC-Funded HIV Testing in Non-Healthcare Settings

Deesha Patel (presenting)<sup>1</sup>, Weston Williams<sup>2</sup>, Carolyn Wright<sup>1</sup>

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**Background:** CDC funds health departments and community-based organizations to conduct HIV prevention services. We assessed PrEP awareness, current PrEP use, and PrEP use in the past 12 months among persons receiving CDC-funded HIV testing in non-healthcare settings.

**Method:** Using 2019-2021 data submitted by CDC-funded recipients to the National HIV Prevention Program Monitoring and Evaluation system, we analyzed the variables by population groups. We calculated adjusted prevalence ratios (aPRs) and 95% confidence intervals (CI) with men who have sex with men (MSM) as the referent group and adjusting for age, race/ethnicity, and U.S. Census region.

**Results:** MSM (75.4%) and transgender persons (75.6%) were most aware of PrEP. Heterosexual men (39.3%; aPR=0.52, 95% CI: 0.41-0.65), heterosexual women (38.7%; aPR=0.52, 95% CI: 0.42-0.66), persons who inject drugs (PWID) (37.1%; aPR=0.48, 95% CI: 0.42-0.55), and other/unknown population group (32.9%; aPR=0.44, 95% CI: 0.30-0.63) were less aware of PrEP compared to MSM. All groups had lower prevalence of current PrEP use than MSM (14.5%): transgender persons (10.5%; aPR=0.78, 95% CI: 0.65-0.94), other/unknown population group (2.3%; aPR=0.16, 95% CI: 0.09-0.32), heterosexual men (1.1%; aPR=0.8, 95% CI: 0.04-0.18), PWID (1.1%; aPR=0.7, 95% CI: 0.04-0.12), and heterosexual women (0.8%; aPR=0.06, 95% CI: 0.05-0.08). Similarly, all groups had lower prevalence of PrEP use in the past 12 months compared to MSM (16.6%): transgender persons (12.6%; aPR=0.81, 95% CI: 0.68-0.97), other/unknown population group (2.7%; aPR=0.18, 95% CI: 0.08-0.37), PWID (1.5%; aPR: 0.08, 95% CI: 0.05-0.13), heterosexual women (1.0%; aPR=0.06, 95% CI: 0.05-0.08), and heterosexual men (1.0%; aPR=0.06, 95% CI: 0.4-0.10) (see Figure 1).

**Conclusion:** MSM and transgender persons had the greatest awareness and use of PrEP. Nonetheless, PrEP use was low even in these groups. Our results suggest that more can be done by HIV prevention services to educate and advocate for PrEP among all persons at risk for HIV acquisition.

# 1027 Trajectories of Antiretroviral Therapy Adherence and Virologic Failure in Women with HIV in the United States

Abubaker Abubaker Saeed (presenting)<sup>1</sup>

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**Background:** Women with HIV (WHIV) in the United States face many challenges with adherence to antiretroviral therapy (ART), and suboptimal adherence often leads to virologic failure. This study aimed to determine the association between ART adherence trajectories and the risk of virologic failure.

**Method:** We included WHIV (aged  $\geq 18$ ) enrolled in the Women's Interagency HIV Study in the US from April 2014 to September 2019 who had at least two consecutive measurements of HIV RNA and  $\geq 3$  measurements of adherence. Group-based trajectory modeling was used to identify adherence trajectories. Cox proportional hazard ratios were used to measure the association.

### Main outcome measure

Virologic failure, was defined as HIV RNA  $\geq 200$  copies/mL at two consecutive visits.

**Results:** We included 1,437 WHIV (median age 49 years). Of all women, 173 (12.0%) experienced virologic failure. Four adherence trajectories were identified, namely 'consistently high' (26.3%), 'moderate increasing' (9.5%), 'moderate decreasing' (30.6%), and 'consistently low' (33.5%). Women in the consistently low adherence group consumed alcohol and experienced depression more than other groups. Compared to the 'consistently high' trajectory, the risk of virologic failure was higher among women with 'consistently low' (adjusted hazard ratio (aHR) 2.8; 95% CI: 1.6-4.9;  $P < 0.001$ ) and 'moderate decreasing' adherence trajectories (aHR 1.8; 95% CI: 1.0-3.2;  $P = 0.04$ ), but it was similar to those with 'moderate increasing' adherence trajectory (aHR 1.0; 95% CI: 0.4-2.5;  $P = 0.94$ ).

**Conclusion:** Adherence to ART remains a challenge among WHIV. Multilevel behavioral interventions to address poor adherence, alcohol consumption, and depression are needed.



## 1031 Loneliness among Black/ African-American Adults Living with HIV: Sociodemographic and Psychosocial Correlates and Implications for Adherence

**Nipher Malika (presenting)**<sup>1</sup>, Laura Bogart<sup>1</sup>, Matt Mutchler<sup>2</sup>,  
Kathy Goggin<sup>3</sup>, David Klein<sup>1</sup>, Sean Lawrence<sup>2</sup>, Glenn Wagner<sup>1</sup>

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**Background:** Loneliness, an emerging public health problem, is higher among people living with HIV (with reported rates of 30- to 60-percent) and is associated with negative health outcomes. Black/African Americans have a high burden of HIV, and little is known about the characteristics of loneliness among Black adults living with HIV. This study sought to understand the sociodemographic and psychosocial correlates of Black adults living with HIV who are lonely, and the implications of loneliness for their health outcomes.

**Methods:** A sample of 304 Black adults living with HIV (73.8% sexual minority men) in Los Angeles County, California completed survey items assessing sociodemographic and psychosocial characteristics, social determinants of health, health outcomes, and loneliness. Antiretroviral therapy (ART) adherence was assessed electronically with the Medication Event Monitoring System.

**Results:** Ninety-five percent of the sample reported loneliness symptoms. Bivariate linear regressions showed higher loneliness scores among those with higher levels of internalized HIV stigma, depression symptoms, unmet needs, and discrimination related to HIV-serostatus, race, and sexual orientation. In addition, participants who were married or living with a partner, had stable housing, and reported receiving more social support had lower levels of loneliness. In multivariate regression models controlling for stable housing, loneliness was found to be a significant independent predictor of worse general physical health [b(SE) = -0.37 (0.06),  $P < 0.001$ ], worse general mental health [b(SE) = -0.72 (0.05),  $P < 0.001$ ], and greater depression [b(SE) = 5.49 (0.41),  $P < 0.001$ ]. Loneliness was marginally associated with lower ART adherence [b(SE) = -3.96 (2.26),  $P = 0.08$ ].

**Conclusion:** Findings suggest that Black adults living with HIV, who experience multiple intersectional stigmas, require targeted interventions and resources.

## 1033 Cultural Competency and Holistic Harm Reduction

Zina Age (presenting)<sup>1</sup>

<sup>1</sup> ANIZ INC, Atlanta, GA, USA

**Background:** Aniz, Inc. has 26 years' experience with the black community of Atlanta, and in 2019 expanded into Puerto Rico. Both communities benefit from the harm reduction approach with addresses key health disparities by providing trauma informed care, with the emphasis being on "informed" as to how it relates to each population. Aniz opened its Puerto Rico satellite office in 2019. Since that time Aniz staff and management have experimented with applying principles and applications from the Atlanta office, and have learned that indeed, one size does not fit all.

**Method:** The Aniz presentation focuses upon adapting well-established holistic harm reduction techniques to individuals, with particular focus on how certain communities suffer social determinant disparities unique to their own cultural identity

**Results:** Holistic harm reduction focuses upon addressing disparities in social determinants and offering counseling and therapy based upon individualized needs. Unfortunately, one size does not fit all. African Americans living the U.S. South, for example, are recipients of the legacy of slavery and associated stigmas. Puerto Ricans, as another example, are descendants of native Americans and Spanish colonials who have an entirely distinct cultural and linguistic background from most non-Latino North Americans.

**Conclusion:** The key to cultural competency lies in identifying and recruiting individuals who identify with the target demographic. In the case of the Aniz Puerto Rico office, this includes linguistic understanding, specifically colloquialisms, and thorough understanding of the uniqueness of Puerto Rican culture compared not only to Atlanta, but to other Latino communities. Of particular note is the degree of danger Aniz outreach workers face when confronting individuals in areas of San Juan known for illegal narcotics trafficking, and how cultural competency plays a critical role in insuring Aniz staff safety.



# 1034

## A Latent Class Analyses of Economic Stability, Medical Mistrust, and Barriers to Care in Relation to PrEP Knowledge in Black Communities in Miami, FL

**Devina Boga (presenting)**<sup>1</sup>, Kimberly Lazarus<sup>1</sup>, Kalenthia Nunnally<sup>2</sup>, George Gibson<sup>3</sup>, Roxana Bolden<sup>1</sup>, Sherkila Shaw<sup>1</sup>, Maria Fernanda Silva<sup>1</sup>, Daniel Feaster<sup>1</sup>, Sannisha Dale<sup>4</sup>

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<sup>3</sup> FlashLight of Hope, Miami, FL, USA

<sup>4</sup> University of Miami, Coral Gables, FL, USA

**Background:** In the U.S., Black communities are disproportionately impacted by HIV due to barriers including economic instability, racism, historic unethical medical practices, and structural inequities. Consequently, HIV-related health inequities are manifested at multiple stages of the HIV care continuum.

**Method:** Data was collected via the Five Point Initiative (FPI), a bundled implementation strategy carried out in Miami, FL. Utilizing Latent Class Analysis, this study examines (a) which latent classes are most prevalent based on indicators of economic stability (ES; income, work, housing, zip-code poverty thresholds), medical mistrust (MM), and barriers to care (BAC) and (b) the latent classes in relation to PrEP knowledge (prior to meeting FPI team) and speaking with a doctor regarding HIV (e.g., testing, protection, treatment).

**Results:** Among 569 Black residents (mean=42.4 years) 67% had never heard of PrEP, but 64% had spoken with a doctor about HIV. Four salient classes emerged: Class 1(34.8%) reported the second highest ES, lowest MM and least BAC. Class 2(18.7%) had the lowest ES, low MM and moderate BAC. Class 3(33.0%) exhibited the highest ES, high MM, and no BAC. Class 4(13.5%) had the third highest ES, highest MM, and highest probability for BAC. No significant differences between classes were found for PrEP knowledge, but Class 1 had a higher likelihood of a conversation about HIV with a provider.

**Conclusion:** Despite varying ES, MM levels and BAC, Black residents of HIV high impact communities are not being informed about PrEP. Ironically, a significant percent had conversed with a provider regarding HIV, especially Black residents with the highest ES, least BAC, and lowest MM. Findings echo that (a) better strategies to improve PrEP knowledge are needed (b) improving ES, lowering BAC, and building trust may advance HIV-related conversations and (c) provider conversations with Black individuals about HIV are lacking information on PrEP.

# 1038

## Structuring Services around the Client to Keep People on ART

**Jessica Posner (presenting)**<sup>1</sup>, Adamson Ndhlovu<sup>2</sup>, Lackeby Kawanga<sup>2</sup>, Caitlin Madevu-Matson<sup>2</sup>

<sup>1</sup> John Snow R&T, Washington, DC, USA

<sup>2</sup> JSI/Zambia, Ndola, Zambia

**Introduction:** Retaining people on HIV treatment is key for countries like Zambia who are striving to improve from 90-90-90 targets to reach 95-95-95. Health and social support systems, and their associated elements, must be centered around the distinct needs of individuals and communities. The USAID DISCOVER-Health Project, implemented by JSI Research & Training Institute Inc. (JSI) attempts to do just that.

**Description:** The project structures ART services around client needs and engages clients to choose what works for them. In many cases, this includes providing a range of HIV and non-HIV services in an integrated way at primary health care posts. Other person-centered care (PCC) interventions include locating clinics in busy urban markets for client convenience, using a diverse workforce of community case managers that appeal to clients (by gender, age), reminder and follow up calls prior to appointments, and viral load champions to coordinate community-based sample collection.

**Lesson Learned:** Rather than diluting the quality of HIV services, we found that offering a fully integrated service package at health post-level using PCC approaches enabled 99% continuity on ART while growing the ART cohort from 58,483 to 72,049 in FY2022. Cohort analysis showed continuity in treatment of 95% for one year after initiation and 93% for two years after initiation, with similar results for male and female clients ([figure 1](#)).

**Recommendations:** Service provision that focuses on integrated and coordinated care that includes respect for a person's preferences is an important component to keeping people in care and on treatment. Providing differential and tailored care based on the person's needs, offering a range of options that meet frequency, intensity, location, and timing of service delivery to address access issues are important components of care. This experience adds to the growing body of evidence that demonstrates that PCC approaches lead to improvements across the HIV care continuum.



## 1039 Identifying, Engaging, and Sustaining Men (20-34 years) for Epidemic Control in Zambia

Jessica Posner (presenting)<sup>1</sup>, Adamson Ndhlovu<sup>2</sup>, Lackeby Kawanga<sup>2</sup>, Caitlin Madevu-Matson<sup>2</sup>

<sup>1</sup> John Snow R&T, Washington, DC, USA

<sup>2</sup> JSI/Zambia, Ndola, Zambia

**Introduction:** For Zambia to achieve HIV epidemic control, HIV services must address the missing men. Men 20-34 years are among the least virally suppressed groups and are the likely sexual partners of adolescent girls and young women, the group with the highest HIV incidence. The 2017/18 USAID DISCOVER-Health (implemented by JSI) Zambia Male Characterization Study found that men feel shut out of the health system.

**Description:** DISCOVER-Health implemented a set of person-centered interventions, including improving staff attitudes through training, increasing the number of male providers, opening weekend and evening clinics, carving out space called 'men's clinics' to make men feel more comfortable, instituting appointment reminders, and tracking missed appointments immediately on the same day. To make ART more accessible, the project offered multi-month dispensing and community-based ART distribution.

**Lesson Learned:** The emphasis on engaging men in the health system and addressing their concerns around comfort, privacy, and convenience led to an increase from FY21 to FY22 for both continuity in treatment and viral suppression. The increase in continuity in treatment and viral suppression reached all age groups ([figure 1](#)).

**Recommendations:** Service provision that focuses on treating the person and not their disease and that adapts to men's desires and circumstances is an important component to keeping people in care and on treatment. This experience adds to the growing body of evidence that demonstrates that person centered care (PCC) approaches lead to improvements across the HIV care continuum.

## 1040 Development of a Person-Centered Care Framework and Tool

Jessica Posner (presenting)<sup>1</sup>, Caitlin Madevu-Matson<sup>1</sup>

<sup>1</sup> John Snow R&T, Washington, DC, USA

**Introduction:** Despite recognition that person-centered care (PCC) is essential for high quality HIV services, consensus on how to define, operationalize, and measure PCC remains elusive. Evidence demonstrates that PCC approaches lead to improvements across the HIV care continuum: people remain in care when offered tailored, convenient services.

**Description:** A systematic review, conducted by the authors, identified PCC approaches that improved HIV care continuum services. This research also informed a framework which helps to define PCC interventions. To assess and strengthen facilities' ability to operationalize PCCs, we have drawn upon this framework to develop a PCC assessment tool (PcCAT) that provides standards and metrics to assess and contribute to operationalizing PCC. The PCC framework and the PcCAT examine PCC HIV treatment through three domains: direct client support, staffing, and service provision ([figure 1](#)). The staffing domain includes composition, availability, leadership and competency. The service provision domain includes client feedback, service efficiency and integration, convenience, and access, and health worker support tools. The direct client support domain includes psychological support, logistical support, self-efficacy and client support tools.

**Lesson Learned:** The authors employed a performance benchmarking approach, breaking each subdomain into discrete performance expectations and breaking the framework's subdomains into discrete performance expectations led to the identification of simple measures and additional interventions that could strengthen PCC.

**Recommendations:** Routine measurement of people-centered outputs and outcomes has the potential to shape the trajectory of HIV care. PCC HIV care is shaped by client's priorities and is strengthened through performance improvement loops, and incentives to deliver superior outcomes. This ultimately helps to overcome challenges in access to services across the continuum. This approach holds potential to support client's broader mental and psychosocial wellbeing through offering friendly services that attend to each client's holistic needs. The next steps for this tool are to pilot the PcCAT in HIV treatment facilities in Ghana and Zambia.



## 1043 A Network Analysis of Positive Psychosocial Factors and ART Adherence among Black Women Living with HIV

Chika Christle Chuku (presenting)<sup>1</sup>, Maria Fernanda Silva<sup>1</sup>, Jasper Lee<sup>2</sup>, Rachele Reid<sup>1</sup>, Kimberly Lazarus<sup>1</sup>, Sannisha Dale<sup>3</sup>

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**Background:** Black women living with HIV (BWLWH) face barriers that impact HIV management and health outcomes. However, there are positive indicators that may influence well-being and antiretroviral therapy (ART) adherence.

**Method:** Cross-sectional study of 119 BWLWH living in a city in the south-eastern US utilized network analysis to examine the interrelationships among positive psychosocial factors and ART adherence. Measures included the Connor-Davidson Resilience scale, Post-Traumatic Growth Inventory, Generalized Self-Efficacy scale, Rosenberg Self-Esteem scale, Multidimensional Scale of Perceived Social Support scale, Brief RCOPE scale, and WisePill for adherence. The network used partial polychoric correlations (edges) to analyze the interrelationships between factors (nodes).

**Results:** Eighty-three percent of BWLWH had adherence greater than 90% at baseline. Five significant associations between the factors were found: self-efficacy/self-esteem ( $b = 0.390$ ,  $SD = 0.084$ , 95% CI [0.222, 0.557]), self-efficacy/post-traumatic growth ( $b = 0.221$ ,  $SD = 0.095$ , 95% CI [0.032, 0.410]), post-traumatic growth/religious coping ( $b = 0.232$ ,  $SD = 0.100$ , 95% CI [0.032, 0.433]), religious coping/perceived social support ( $b = 0.225$ ,  $SD = 0.111$ , 95% CI [0.002, 0.447]), and self-esteem/perceived social support ( $b = 0.217$ ,  $SD = 0.087$ , 95% CI [0.042, 0.391]). No significant associations were found with adherence. Self-efficacy was found to be the most central node within the network. Adherence was the least central node, indicating that these positive psychosocial factors were more closely linked with each other, but not with adherence in general.

**Conclusion:** The use of network analysis in public health research can illustrate relationships in ways different from commonly used statistical approaches and can provide new insights. The current findings showed that self-efficacy is an important positive psychosocial factor amongst BWLWH. However, adherence was not strongly connected to positive factors within the network and future work is needed among a larger sample with greater variation in adherence levels.

## 1047 Pilot Test of Mopati, a Multi-level Adherence Intervention for People Living with HIV and their Treatment Partners in Botswana

Laura Bogart (presenting)<sup>1</sup>, Nthabiseng Phaladze<sup>2</sup>, Keonayang Kgottletsile<sup>2</sup>, David Klein<sup>1</sup>, Kathy Goggin<sup>3</sup>, Mosepele Mosepele<sup>2</sup>

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<sup>3</sup> Children's Mercy, Kansas City, MO, USA

**Background:** Treatment partners, informal caregivers selected by people living with HIV to support antiretroviral therapy adherence, are included in national HIV guidelines, including in Botswana, a country with high HIV prevalence.

**Method:** From June 2021-June 2022, we pilot-tested a clinic-based treatment partner intervention ("Mopati") that included standardized language for providers to guide patients on treatment partner selection and workshops to train treatment partners on how to provide non-directive support to patients using a non-confrontational, non-judgmental approach. Sixty unsuppressed patients (30 per clinic) and 45 treatment partners (17 intervention, 28 control) were recruited from an intervention-control clinic matched-pair in Gaborone, Botswana.

**Results:** Mopati significantly increased patients' past-month adherence, adherence self-efficacy, intrinsic motivation for adherence, and perceived non-directive support from treatment partners, and decreased treatment partner caregiver burden. Aggregate viral suppression rates significantly increased in the intervention (vs. control) clinic. Qualitative data from 14 clinic staff, 21 patients, and 16 treatment partners indicated that Mopati was viewed as effective in improving adherence. Providers said the guidance empowered them to be proactive in communicating with patients about adherence. Most providers reported using the guidance.

**Conclusion:** This study shows preliminary support for the use of treatment partners in HIV care, and further evidence for interventions that leverage patients' existing support. This research can inform ways to improve adherence to HIV treatment as well as the treatment of HIV-related comorbid conditions in lower-resource settings.



# 1054 SOMOS Alianza: Building a Strategic Alliance to Advance Implementation Research and Practice and End the HIV Epidemic affecting Latino MSM

**Audrey Harkness (presenting)**<sup>1</sup>, Susanne Doblecki-Lewis<sup>1</sup>, Jairo Farinas<sup>2</sup>, Jahn Jaramillo<sup>3</sup>, Jorge Lanza<sup>4</sup>, Souhail Malavé Rivera<sup>5</sup>, Omar Martínez<sup>6</sup>, Guillermo Prado<sup>1</sup>, Manuel Quiñones Morales<sup>7</sup>, Nequiel Reyes<sup>1</sup>, Carlos Rodríguez-Díaz<sup>8</sup>, Rana Saber<sup>9</sup>, Steven Safren<sup>1</sup>, Edda Santiago Rodríguez<sup>5</sup>, Ruth Soto-Malave<sup>10</sup>, Eric Schrimshaw<sup>6</sup>

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<sup>7</sup> Proyecto TIES, San Juan, PR

<sup>8</sup> George Washington University, Washington, DC, USA

<sup>9</sup> Northwestern University, Evanston, IL, USA

<sup>10</sup> Puerto Rico Community Network for Clinical Research on AIDS, San Juan, PR

**Introduction:** Evidence-based interventions for Ending the HIV Epidemic (EHE) are insufficiently scaled up to Latino MSM. Three jurisdictions where HIV prevention and treatment suboptimally reach Latino MSM are Miami-Dade County FL, Orange County FL, and San Juan PR. These jurisdictions are linked via migration, suggesting the utility of a shared effort to achieve EHE goals.

**Description:** We formed the San Juan, Orlando, Miami Organizational Strategic Alliance (SOMOS Alianza). SOMOS Alianza is a network weaving implementation strategy designed to enhance the reach of evidence-based HIV prevention and treatment services to Latino MSM. We recruited implementers, researchers, and community members (N=26) from each jurisdiction and held a 2-day kickoff meeting in Orlando, FL. The meeting involved network weaving within and between jurisdictions. Activities included developing a shared vision, exploring collaborations, discussing implementation needs and assets, and identifying priorities and next steps.

**Lesson Learned:** Attendance and engagement suggested the feasibility and acceptability of this implementation strategy. Members indicated the following benefits: acquired knowledge about services, programs, or people in the community (100%), enhanced ability to contribute to my community (100%), developed valuable relationships (96%), enhanced ability to address important issues (92%), and enhanced ability to have a greater impact than I could have on my own (92%). Our experience suggests the need to begin with relationship building and grounding in members' needs, which may strengthen the alliance and foster later benefits such as obtaining funding for implementation research, dissemination projects and affecting public policy (less commonly indicated benefits from the kickoff meeting). The meeting also underscored the need for a member-driven approach to establishing priorities, designating roles, and structuring the alliance.

**Recommendations:** Our experience suggests the acceptability, feasibility, and potential impact of using strategic alliances as a network weaving implementation strategy to enhance the reach of evidence-based HIV prevention and treatment interventions to key populations currently experiencing disparities.



## 1059 Long-Acting Antiretroviral Therapy Attribute Importance and Interest among PLWH in Florida

Rebecca Fisk-Hoffman (presenting)<sup>1</sup>, States Yiyang Liu<sup>1</sup>, Mattia Proserpi<sup>1</sup>, Robert Cook<sup>1</sup>

<sup>1</sup> University of Florida, Gainesville, FL, USA

**Background:** Long-acting forms of antiretroviral therapy (ART) are of great interest to people with HIV (PWH). One long-acting injectable (LAI) is available now and several types of long-acting options are in development. The purpose of this study was to identify important ART attributes and the level of interest in hypothetical long-acting ART options. Attributes were selected based on the literature and concerns with the COVID-19 vaccine.

**Method:** The Florida Cohort enrolls adult PWH from community-based clinics around the state. Questionnaires are available in English, Spanish, and Haitian Creole. Participants provided demographic information and responded to items asking about the importance of eight ART attributes. Participants were asked to select the ART option of greatest interest among 4 hypothetical long-acting ART options or daily pills. We described the proportion of participants who rated each attribute as “very important” and the proportion of participants selected each ART option as their top choice.

**Results:** Overall, 379 participants were included (54.9% non-Hispanic Black, 20.4% Hispanic, 56.9% men, 58% aged 50+). The most important attribute was effectiveness (endorsed as very important by 92%), followed by FDA approval and side effects (77% each), doctor’s recommendation (75%), being able to take it at home and frequency (72% each), treatment type (63%), and cost (58%). A yearly implant was the most popular long-acting option (28% endorsed as their preferred choice), followed by a shot every 3 months (25%), a monthly pill (20%), and a monthly shot (3%). About a quarter (23%) selected daily pills as their top choice.

**Conclusion:** Of the attributes assessed, effectiveness was the most commonly endorsed as very important and cost was the least commonly endorsed. A plurality of participants preferred a yearly implant, but daily pills remained popular. Preferences among PWH are heterogeneous and more long-acting options are needed for HIV treatment.

## 1060 Who Wants a Long-Acting Injectable Antiretroviral Therapy for HIV Treatment?

Rebecca Fisk-Hoffman (presenting)<sup>1</sup>, Yiyang Liu<sup>1</sup>, Mattia Proserpi<sup>1</sup>, Preeti Manavalan<sup>1</sup>, Robert Cook<sup>1</sup>, Maya Widmeyer<sup>2</sup>, Ana Conde<sup>3</sup>, Charurut Somboonwit<sup>4</sup>

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<sup>4</sup> University of South Florida, Tampa, FL, USA

**Background:** Long-acting injectable (LAI) antiretroviral therapy (ART) is now available to many people with HIV (PWH), but it is unknown which PWH prefer these options. Using the Andersen Behavioral Model this study sought to identify characteristics of PWH with higher preference for LAI ART.

**Method:** The Florida Cohort enrolls adult PWH from community-based clinics around the state. Participants provide information on predisposing (demographics, mental health, substance use), enabling (transportation, housing, income, support), need (ART adherence), external environment (employment, rurality), and healthcare environment (time to clinic) factors. The outcome of interest is ART preference which includes three options: prefer pills, prefer a quarterly LAI, no preference. Bivariate multinomial logistic regressions were run to compare those who preferred pills to a LAI.

**Results:** Overall, 312 participants were included (40% non-Hispanic Black, 19% Hispanic, 62% assigned male, 63% aged 50+). Most (63%) preferred the LAI, 22% preferred pills, and 14% had no preference. Predisposing factors associated with preference for pills included being non-Hispanic Black (OR 2.44, 95% CI 1.27-4.69), while identifying as gay or bisexual (OR 0.34, 95% CI 0.19-0.60) or having some college education (OR 0.46, 95% CI 0.27-0.81) was associated with decreased preference for pills. In enabling factors, preference for pills compared to LAI was associated with not having a close social network (OR 2.96, 95% CI 1.10-7.97), a car (OR 3.14, 95% CI 1.79-5.52), or a usual place of care (OR 2.43, 95% CI 1.11-5.30), and decreased preference for pills was associated with higher income (OR 0.38, 95% CI 0.22-0.65). ART adherence (OR 5.37, 95% CI 1.24-23.2), a need factor, was associated with preference for pills over LAI ART.

**Conclusion:** Preference for LAI ART was largely associated with predisposing and enabling factors. Addressing enabling factors, which are mutable, may increase interest in LAI ART by reducing care barriers.



## 1065 “I Felt that I Should Just Leave Him and also Leave those Drugs”: Low HIV-risk aligned Discontinuation among PrEP users within Public HIV Clinics in Kenya

Emmah Owidi (presenting)<sup>1</sup>, Kenneth Ngure<sup>2</sup>, Lydia Etyang<sup>1</sup>, Njeri Wairimu<sup>1</sup>, Vallery Ogello<sup>1</sup>, Margaret Mwangi<sup>1</sup>, Dominic Mwangi<sup>1</sup>, Simon Maina<sup>1</sup>, Catherine Kiptinness<sup>1</sup>, Nelly Mugo<sup>1,3</sup>, Kenneth Mugwanya<sup>3</sup>,

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<sup>2</sup> Jomo Kenyatta University of Agriculture and Technology, Nairobi, Juja, Kenya

<sup>3</sup> Kenya Medical Research Institute, University of Washington

**Background:** Persistence is critical for effectiveness of biomedical HIV prevention interventions including oral pre-exposure prophylaxis (PrEP). Understanding reasons for PrEP discontinuation can inform rollout in priority populations. We conducted a qualitative study to gather insights on discontinuation among former PrEP users.

**Method:** Between November 2021 and January 2023, we conducted in-depth interviews with clients who had initiated but discontinued PrEP within a programmatic study to improve the efficiency of PrEP delivery in four public HIV clinics in central Kenya (the Efficiency Study). We used semi-structured interview guides informed by the theoretical framework of acceptability to understand individual experiences and reasons for PrEP non-persistence. Interviews were audio-recorded, transcribed, and data analysed using inductive and deductive approaches.

**Results:** Of 30 participants interviewed, 50% were female, median age was 39 years (IQR: 29-46), and self-reported PrEP use duration was 11.5 months (IQR: 3.6-34.3). Participants' motivations for initiating PrEP included being in HIV serodifferent relationships (67%), multiple sexual partnerships (23%), or partners of unknown HIV status (10%). Primary reasons for PrEP discontinuation aligned with low HIV risk states which included provider-initiated discontinuation following partner viral suppression, while client-initiated discontinuation was attributed to perceived reduced HIV risk due to partner separation, ending multiple sexual partnerships, and relocation. Some clients reported considering side effects concerns, pill burden, inadequate information pre-initiation, and privacy, in decisions to discontinue. Clinic factors reported by some clients included HIV clinic and community stigma, long wait times, and opportunity costs like distance to clinics and lost work time. Overall, participants reported willingness to reinstate PrEP if their HIV risk increased or were advised by providers.

**Conclusion:** Discontinuations in public PrEP programs in Kenya were appropriate PrEP non-use aligned with low HIV risk states or other prevention strategies.

## 1067 Barriers and Facilitators to Accessing HIV Prevention and Treatment Services among Migrant Youth

Kevin Li (presenting)<sup>1</sup>, Anita Dam (presenting)<sup>1</sup>, Natasha Thaweesee<sup>1</sup>, Allison Kimmel<sup>1</sup>, Emily Dorward<sup>1</sup>

<sup>1</sup> USAID, Alexandria, VA, USA

**Background:** Both migrants and young people experience disproportionately high rates of HIV acquisition and poor access to HIV prevention and treatment services. To develop effective interventions and reach epidemic control, it is necessary to understand the barriers and facilitators to accessing HIV services among migrant youth. We conducted a scoping review to identify these factors for migrant youth ages 15-24, globally.

**Method:** We conducted a PRISMA-concordant scoping review using keyword searches in PUBMED and Web of Science for peer-reviewed primary literature published between January 2012 and October 2022. We included studies that investigated barriers and facilitators to accessing services for migrant youth participants. We used the Socio-Ecological Model as an analytical framework.

**Results:** The 20 studies meeting the inclusion criteria spanned 10 countries, of which 80% (n=16) were low- and middle-income countries. Study methods were: quantitative (n=8, 40%), qualitative (n=11, 55%), and mixed methods (n=1, 5%). Six studies included refugee youth (30%), 5 included migrant worker youth (25%), 3 included immigrant youth (15%), and 2 included rural migrant youth (10%). The remainder represented unspecified migrant youth populations (35%). At the individual level, barriers to HIV services include language barriers and lack of knowledge, while facilitators include risk perception. At the relationship level, barriers include lack of social support and relationship power. At the community level, barriers to HIV services included discrimination by the community and by healthcare providers, while community and religious outreach efforts facilitated access to HIV services. At the societal level, barriers to HIV services were: stigmatizing social norms, lack of health insurance, and legal barriers.

**Conclusion:** Migrant youth face significant, unique barriers to accessing HIV services. However, facilitators exist that can be leveraged to enable access. Future implementation science research and adapted programmatic interventions should prioritize migrant youth as a distinctive sub-population to receive targeted HIV services.





## 1071 Willingness to Receive HIV Self-Testing Kits from Recent Sexual Partners Among Men in Dar Es Salaam, Tanzania: Findings from the STEP Project Baseline Survey

**Kelia Olughu**(presenting)<sup>1</sup>, Gaspar Mbita<sup>2</sup>, Larissa Jennings Mayo-Wilson<sup>3</sup>, Frank Mhando<sup>5</sup>, Christa Hall<sup>1</sup>, Sandrine Desir<sup>1</sup>, James S. Ngocho<sup>4</sup>, Donaldson F. Conserve<sup>1</sup>

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**Background:** Globally, men are less likely to access HIV services and men living with HIV fare poorly compared to women. Addressing HIV service challenges among men is crucial to the global HIV/AIDS response. HIV self-testing (HIVST) has been demonstrated to be a potentially effective strategy in improving HIV testing coverage among men. However, limited studies have examined men's willingness to receive HIVST kits from their sexual partners. This study assessed and identified factors influencing willingness to receive HIVST kits from sexual partners among men in Tanzania.

**Method:** Data are from the baseline survey of the Self-Testing Education and Promotion (STEP) project, a five-year study among men in Tanzania. Participants were recruited from 18 camps (social networks) in Dar es Salaam, Tanzania, and included men aged 18 years or older who self-reported as HIV-negative and were camp members for at least three months. Logistic regression models were used to assess factors associated with men's willingness to receive HIVST kits from their sexual partners.

**Results:** A total of 505 heterosexual male participants were enrolled in the study with an average age of 29 years, of which 69% reported being willing to receive HIVST kits from their sexual partner. Logistic regression models demonstrate that willingness to receive HIVST kit from sexual partner was significantly associated with awareness of HIVST (aOR = 4.3, 95%CI [2.6 – 7.2]), previous discussion of HIVST with sexual partner (aOR = 12.2, 95%CI [7.1 – 20.9]), and previous testing for HIV with sexual partner (aOR = 2.1, 95%CI [1.2 – 3.9]).

**Conclusion:** These findings support the potential for partner-delivered HIVST kit distribution among men in Tanzania. Furthermore, it suggests that additional promotional strategies to improve men's awareness of HIVST and support open conversation about HIVST and HIV testing with sexual partners could improve men's willingness to receive HIVST kits when distributed through their sexual partners.

## 1072 Implementing Bundled Interventions to Reduce HIV Disparities among Black Women Living with HIV

**Allison Byrd** (presenting)<sup>1</sup>, Rahab Goodwin<sup>1</sup>

- <sup>1</sup> AIDS Care Group, Chester, PA, USA

**Introduction:** Historically, the HIV epidemic's disproportionate effect on Black people warrants the need to address some of the social and structural issues that hamper HIV prevention strategies in Black communities. Black women with HIV face significant barriers to accessing, engaging, and staying in medical care. Decreased adherence to antiretrovirals (ART), increased missed medical appointments, and poorer mental health status are all in part impacted by socio-cultural factors, such as unstable housing, lack of transportation, and lack of trust in health care providers.

**Description:** AIDS Care Group received 3-year funding to deliver bundled interventions for black women living with HIV. Bundled interventions are a group of evidence-informed practices put together into a package that when implemented together produces better health outcomes than when the practices are delivered separately. Our bundled interventions comprise: 1. red carpet care in the form of transportation assistance, food assistance, and linkage to a housing counselor 2. Enhanced outreach and linkage through community health workers (CHWs), and 3. Trauma informed care.

**Lesson Learned:** 75 women who were previously out of care or newly diagnosed have been enrolled in the 2 or 3 of the bundled interventions. Many barriers have been eliminated through transportation assistance, food assistance from our food and wellness program, linkage to case management, emotional support from the CHWs. 8 women in the program have been referred and engaged in residential treatment services, and overall increased medication adherence and viral suppression at 6 months post enrollment for the entire cohort.

**Recommendations:** Employing a bundled intervention to those who have fallen out of care has proven effective in relinkage and retention efforts. While ongoing challenges such as substance use and recidivism pose a challenge to our program, bundled interventions address multiple facilitators in staying engaged in care and having better health outcomes.



## 1073 Evaluating the Impact of Substance Use on Viral Suppression and Self-Reported ARV Adherence among PWH, DC Cohort

Morgan Byrne (presenting)<sup>1</sup>, Lauren O'Connor<sup>1</sup>, Michael Horberg<sup>1</sup>, Amanda Castel<sup>1</sup>, Anne Monroe<sup>1</sup>

<sup>1</sup> George Washington University, Washington, DC, USA

**Background:** Substance use (SU) disorders are prevalent among PWH and are associated with worse HIV-related outcomes, specifically lower antiretroviral (ARV) adherence and viral suppression (VS). The patient-reported outcomes survey (PROs) was implemented within the DC Cohort Longitudinal HIV Study for the recognition and treatment of SU disorders and improving HIV-related outcomes. We performed a cross-sectional analysis of PROs SU and HIV-related outcomes.

**Method:** PWH >18 years self-reported SU was measured with the Alcohol Use Disorder Identification Test and the WHO Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). Risk-score frequency was categorized as low, moderate, and high-risk by substance. Unadjusted models determined the association between demographic factors, ARV adherence, and VS. Multivariable logistic regression models were used to determine the effect of ARV adherence on VS by each SU type.

**Results:** 868 completed PROs (median age 56 years, 75% Black). 65% reported alcohol use, 64% reported cannabis use, 36.8% cocaine use. Additional substances reported at <18%. HIVRNA results were available for 763 participants within 24 months of survey. Increased ARV adherence corresponded to higher VS (OR:1.5;95%CI:1.4-1.7). Participants reporting inhalant use were likelier to report >80% ARV adherence and greater VS ( $p<0.05$ ). After adjusting for age, employment, and housing, participants with >80% ARV adherence were over 5 times more likely to be VS ( $p<.0001$ ). Multivariable models (figure 1) of VS stratified by drug type identified a decreased likelihood of VS for high-risk opioid use (OR:0.43; 95%CI:0.07-2.79) and moderate (OR:0.32; 95%CI:0.16-0.65) to high-risk cocaine use (OR:0.32; 95%CI:0.07-1.63).

**Conclusion:** Opioid and cocaine use may reduce the probability of VS, even among PWH reporting high ARV adherence. Research is ongoing exploring polysubstance use defined by ASSIST scores and ICD-coding to validate current SU.

## 1082 PharmD and RN-Led PrEP Implementation: Long-Acting Cabotegravir

Melanie Berry (presenting)<sup>1</sup>, Jessica Stewart<sup>1</sup>, Brian Johnstone-Stewart<sup>1</sup>, Jessica Taylor<sup>1</sup>, Cassandra Pierre<sup>1</sup>, Taylor Ward<sup>1</sup>, Ruiz-Mercado<sup>1</sup>, Marquis Jamison-Harris<sup>1</sup>, Samantha Johnson<sup>1</sup>

<sup>1</sup> Boston Medical Center, Boston, MA, USA

**Introduction:** In 2021 the Food and Drug Administration approved long-acting injectable Cabotegravir (CAB-LA) for PrEP. This novel HIV prevention tool offers promise to end the HIV epidemic. Nevertheless, implementation presents operational challenges, even for specialized PrEP programs.

**Description:** Boston Medical Center (BMC) is the largest safety-net hospital in New England and is located in one of 48 counties with the highest rates of new HIV infection. The BMC STI clinic provides free HIV prevention services to circumvent barriers impeding PrEP uptake, which are prevalent in our patient population. Funding from the Massachusetts Department of Public Health supports the BMC STI Clinic and a hospital-wide HIV PrEP team, which includes a Quality Manager (QM), two PrEP Navigators, a RN Case Manager and two physician champions. Hospital funding supports a Pharmacist and Pharmacy Liaison. Implementation barriers to CAB-LA include obtaining recommended HIV testing and follow-up support for target injection dates. To address these barriers, we developed a Pharmacist and RN-led protocol.

**Lesson Learned:** The HIV testing recommendation includes a negative HIV RNA test <7 days prior to each injection, which is time-consuming and outside the scope of MDPH testing. Through this protocol we evaluate patients for clinical appropriateness and cost considerations. If patients agree to CAB-LA they present for a lab-only visit and return for a counseling and injection PharmD and RN co-visit. Monitoring of target injection dates is possible with a database and QM.

**Recommendations:** Infrastructure continues to lag behind science, making CAB-LA implementation difficult even in specialized settings. Operability to PrEP services is vital to scale up, making the downside of this protocol that PrEP will continue to need specialized services. To end the HIV epidemic providers will need to manage PrEP care in a variety of settings.



## 1083 Re-Engagement at AIDS Healthcare Foundation (AHF) HIV Clinics in Eswatini in 2022: Lessons from Clients Returning after More than 90 Days Out of Care

**Sukoluhle Khumalo (presenting)**<sup>1</sup>, Yves Mafulu<sup>1</sup>, Nkululeko Dube<sup>1</sup>, Victor Williams<sup>2</sup>, Nduduzo Dube<sup>1</sup>

- <sup>1</sup> AIDS Healthcare Foundation (AHF) Eswatini, Manzini, Eswatini
- <sup>2</sup> Centre for Global Health and Impact, Georgetown University, Manzini, Eswatini

**Background:** Despite having the highest global HIV prevalence, Eswatini has met and surpassed the 2030 UNAIDS 95-95-95 targets. To sustain these gains, retention of people living with HIV (PLWHIV) in care is vital, as disengagement leads to higher morbidity, mortality and drives new infections. AHF in Eswatini provides HIV services to about 32,000 clients across five healthcare facilities. In 2021, 546 clients (1.7%) disengaged from care from all 5 AHF facilities with unknown outcomes. This study investigates barriers to retention using information from patients re-engaging in care at AHF Eswatini facilities in 2022.

**Method:** A retrospective cross-sectional review of routinely collected data from counselling sessions of patients returning to care  $\geq 90$  days after their last appointment date was done. Descriptive data analysis was done for four AHF Eswatini facilities from April to December 2022.

**Results:** N=238 client records were reviewed. The mean age was 36.7 years (SD:9.7) and 54.7% were males. 212 (89%) had been on treatment for over a year, and 192 (80.6%) had suppressed viral loads at disengagement. The overall reasons given for disengagement included: visit/work/relocation/prison in South Africa (n=55, 21%), relocation around Eswatini (n=48, 20%), Self-stopped due to pill- fatigue/ social / mental health reasons (n=39, 16.3%), and lack of treatment knowledge (n=25, 10%). [Further disaggregation by duration out is presented in figure 1.](#)

**Conclusion:** Cross-border migration and local relocation were the major contributors to disengagement. PLWHIV, who self-stop therapy, returned after longer periods out of care. Implementation of multi-month dispensing models, comprehensive psychosocial support, and client education can ensure continuation of care. Additionally, trans-border collaboration between countries for HIV treatment and data sharing can limit disengagement while ensuring clients remain in care.

## 1084 Factors Associated with PrEP Discontinuation in a US National Cohort Study of Sexual and Gender Minorities, 2017–2022

**Yan Guo (presenting)**<sup>1</sup>, Drew A Westmoreland<sup>2</sup>, Meredith A Ray<sup>3</sup>, Chloe Mirzayi<sup>1</sup>, Alexa D'Angelo<sup>1</sup>, Matthew Stief<sup>1</sup>, Adam Carrico<sup>4</sup>, Denis Nash<sup>1</sup>, Christian Grov<sup>1</sup>

- <sup>1</sup> City University of New York, New York, NY, USA
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- <sup>3</sup> University of Memphis, Memphis, TN, USA
- <sup>4</sup> University of Miami Miller School of Medicine, Miami, FL, USA

**Background:** Studies on pre-exposure prophylaxis (PrEP) uptake and adherence are increasing, but few have examined PrEP discontinuation among populations at high vulnerability for HIV. This study explores predicting factors of PrEP discontinuation.

**Method:** Data are from a U.S. national cohort of cisgender men and transgender people who have sex with men aged 16 to 49, who were not on PrEP at baseline. We examined PrEP discontinuation among those who began PrEP during the study, using generalized estimating equation (GEE) models. Inverse probability of censoring weighting was used to adjust for longitudinal attrition.

**Results:** In total, 2321 participants started using PrEP during the study. At 12-, 24-, 36-, and 48-months, 1185, 1559, 1735, and 1931 participants used PrEP in the past year and 423 (35.7%), 619 (39.7%), 708 (40.8%), and 765 (39.6%) discontinued, respectively. Multivariable results of a GEE model showed that time-varying factors predictive of PrEP discontinuation were housing instability (aOR: 1.43, 95% CI [1.16, 1.77]) and history of PrEP discontinuation (aOR: 1.45, 95% CI [1.22, 1.73]). Conversely, factors associated with staying on PrEP included being clinically indicated for PrEP (aOR: 0.48, 95% CI [0.42, 0.56]), having health insurance (aOR: 0.55, 95% CI [0.47, 0.65]), and having experienced PrEP side effects (aOR: 0.61, 95% CI [0.492, 0.693]). Neither race or ethnicity nor methamphetamine use in the past year were associated with PrEP discontinuation.

**Conclusion:** Over one-third of participants who began using PrEP discontinued at some point. Results suggest that strategies such as screening for and assisting those at high risk for PrEP discontinuation (e.g., those without stable housing, health insurance, or with a history of PrEP discontinuation) may be effective in maintaining persistent PrEP use.



## 1094 Barriers and Facilitators to Antiretroviral Therapy Initiation and Adherence in Indonesia: Perspectives of People Living with HIV and HIV Service Providers

Bona Hutahaean (presenting)<sup>1</sup>:

<sup>1</sup> Faculty of Psychology and Neuroscience Maastricht University, Maastricht, Netherlands

**Background:** The number of people living with HIV (PLHIV) who initiate and adhere to antiretroviral (ARV) treatment in Indonesia is far from the 95-95-95 UNAIDS target. To improve initiation and adherence, we investigated barriers and facilitators to ARV treatment, using a socioecological framework, from the perspectives of PLHIV on treatment (PLHIV-OT), PLHIV not on treatment (ARV-naïve), and HIV service providers (HSP).

**Method:** Semi-structured interviews of approximately 1.5 hours were conducted with 67 participants (30 PLHIV-OT, 17 ARV-naïve, and 20 HSP). Interviews were transcribed verbatim and thematic analyses were conducted to ascertain barriers and facilitators at intrapersonal, interpersonal, health system, and societal levels.

**Results:** Rational and irrational fears, such as fear of side effects and lifetime commitment, were major barriers to initiation, particularly when patients felt physically healthy. Deteriorating physical health due to opportunistic infections and low CD4 levels, coupled with the fear of negative consequences if not on treatment, facilitated recently diagnosed patients to initiate ARV. PLHIV-OT reported stigma as the primary barrier to adherence at every socioecological level, and claimed that less stigma, also and particularly in healthcare facilities, could facilitate treatment adherence. ARV adherence was also considered, by all participants, to be facilitated by the provision of sufficient support and the use of camouflaging terminology for ARVs (e.g., 'vitamin' or 'beauty pills'), as well as easy access and reduced bureaucracy (e.g., one-stop service provision, courier-based ARV home delivery). Prescribing ARV for more than one month at a time was also considered a facilitator for adherence.

**Conclusion:** ARV initiation and adherence depend on accessible individual and structural support; and PLHIV and their HSPs play their pivotal role in diminishing stigma to create a safe and supportive lifetime treatment environment.

## 1095 Leveraging OVC Programs to Reach 95-95-95 for Mothers and their HIV-Exposed Infants

Hanna Amanuel (presenting)<sup>1</sup>, Megan Gleason<sup>1</sup>, Meena Srivastava<sup>1</sup>, Emnet Aberra<sup>1</sup>, Alexandra Vrazo<sup>1</sup>

<sup>1</sup> USAID, Silver Spring, MD, USA

**Background:** The U.S. President's Emergency Plan for AIDS Relief (PEPFAR)-supported Prevention of Mother-to-Child Transmission (PMTCT) programs have implemented interventions aimed at reducing vertical transmission of HIV through scale-up of pediatric case identification, ART optimization, and comprehensive care to children living with HIV (CLHIV). Despite efforts to improve care for HIV-exposed infants (HEI), significant gaps exist in ensuring continuity of treatment (CoT) for mothers and timely infant HIV diagnostic testing within 2 months. PEPFAR-supported Orphans and Vulnerable Children (OVC) programs, in conjunction with PMTCT platforms, support mother-infant pairs (MIPs) at-risk for interruption in treatment and increase early infant diagnosis (EID) uptake.

**Method:** A 17-question survey was completed by United States Agency for International Development (USAID) PMTCT and OVC advisors and Implementing Partners (IPs). The survey elicited information about current gaps in CoT and EID services for MIPs across PEPFAR/US-AID-supported countries.

**Results:** Data from 40 respondents were analyzed. Among respondents, 45% identified systems-level challenges as the largest barriers to CoT for MIPs, including: health facility wait times, staff shortages, and distances. Challenges reported in achieving 2-month EID testing for HEI included: commodity stockouts (21%), mothers not returning for testing (55%), and EID results taking longer than three weeks (58%). Respondents reported existing interventions support CoT among MIPs, including: collaboration with community and facility Mentor Mothers (81%), MIP joint OVC/PMTCT services and home visits (55%), and appointment reminders (67%). Responses varied by country.

**Conclusion:** Ensuring CoT and EID among MIPs can be challenging, yet programs identified several opportunities, most notably strengthened collaboration between OVC and clinical programs. While several systems-level solutions may be broadly applicable, country programs must identify and tailor appropriate synergistic solutions for their own contexts to ensure the best outcomes for MIPs.



## 1096 Lessons Learned in Developing a Multidisciplinary PrEP Bootcamp for Healthcare Professional Students

Crystal Walker (presenting)<sup>1</sup>, Samuel Scruggs<sup>1</sup>, Shannon Han<sup>1</sup>, Drew Armstrong<sup>1</sup>, Alina Cernasev<sup>1</sup>, Summers<sup>1</sup>

<sup>1</sup> University of Tennessee Health Science Center, Cordova, TN, USA

**Introduction:** In the fight to combat the HIV epidemic, treatment with Pre-exposure Prophylaxis (PrEP) continues to be a vital tool. This tool is utilized best when clinicians are educated appropriately on PrEP initiation and management. However, future clinicians/healthcare professional students have limited knowledge and low confidence with PrEP<sup>1-4</sup>.

**Description:** To mitigate these barriers, we developed an 8-hour multidisciplinary PrEP bootcamp for students that includes PrEP knowledge and other less common topics in PrEP education such as epistemic injustice and social determinants of health. The bootcamp originally targeted graduating nurse practitioner, medical, and pharmacy students at our institution along with medical and pharmacy residents. It was designed to enhance knowledge, comfort, attitudes, and perceptions of PrEP early in their careers.

**Lesson Learned:** There is a lack of literature on the inclusion of physician assistant students in PrEP education, but in aiming for inclusivity of all clinicians who may be in the position to prescribe and manage PrEP, these students were also invited to the bootcamp. Adding this discipline also allows us to create more opportunities to address the 'purview paradox'<sup>5</sup> and dispel misconceptions about who should prescribe and manage PrEP. We also learned that recent graduates/new clinicians also need PrEP-related education, but the day-long bootcamp may be a challenge due to work schedules. To address this issue, online PrEP bootcamp modules are being created to offer quick and accessible snapshots of the bootcamp to meet the needs of the working clinician.

**Recommendations:** As all healthcare professional students are often not included in PrEP-related education, future studies or PrEP bootcamps should consider all students who would benefit from PrEP education, not only those who are historically targeted. Also, when developing PrEP-related education for healthcare professional students, recent graduates/working clinicians should also be considered with course formatting and structuring that is tailored to fit their needs.

## 1108 Exploring Predictors of the Decision to Initiate PrEP among Cisgender Black Women

Mandy Hill (presenting)<sup>1</sup>, Sarah Sapp<sup>1</sup>, Shadawn McCants<sup>2</sup>, Jeffrey Campbell<sup>2</sup>, Diane Santa Maria<sup>1</sup>

<sup>1</sup> UTHealth, McGovern Medical School, Houston, TX, US

<sup>2</sup> AIDS Foundation, Houston, TX, US

**Background:** Black women account for 67% of new HIV diagnoses among women in the South. Optimal progress toward ending the HIV epidemic requires strategies that will interrupt transmission pathways among women in HIV hotspot locations. Qualitative work exploring the perceptions of factors related to the decision to initiate pre-exposure prophylaxis (PrEP) among cisgender Black women are lacking.

**Method:** Qualitative methods were used to explore how culture, race, and gender influence individual decisions to use PrEP among 20 cisgender Black women through focus group discussions.

**Results:** Themes identified from focus groups during an interim data analysis highlighted PrEP knowledge, PrEP awareness, awareness of peers who take PrEP, self-advocacy with providers about health, and PrEP accessibility. Several participants highlighted that their PrEP knowledge was rooted in media campaigns, which implied that PrEP was not for Black women. One participant stated, 'What I know of PrEP is the one commercial where they said PrEP has not been studied in cis women, which I feel was a little shady.' In regard to awareness of peers who take PrEP, one participant stated, 'Most of my friends who are gay men take PrEP, but that is as much as I know about it. None of my female friends hear about it, know about it, and if they do, they think of it as like the 'gay drug'...taking the 'gay man's drug' would be admitting to the community that I have sex with gay or bisexual men.'

**Conclusion:** Study findings emphasize gaps in media marketing regarding who can benefit from PrEP. Healthcare providers should be aware that some of their female patients may perceive that PrEP is not for them. This information elucidates the urgency of provider-led sexual health discussions to bridge the gap between PrEP-eligibility and initiation among Black women.



## 1111 Perceptions of PrEP as a Tool for Self-Protection among Cisgender Black Women

Mandy Hill (presenting)<sup>1</sup>, Sarah Sapp<sup>1</sup>, Shadawn McCants<sup>2</sup>, Jeffrey Campbell<sup>2</sup>, Diane Santa Maria<sup>1</sup>

<sup>1</sup> UTHealth, McGovern Medical School, Houston, TX, US

<sup>2</sup> AIDS Foundation, Houston, TX, US

**Background:** Heterosexual sex accounts for 85% of new HIV cases among women in Texas and most of those cases are among Black women. There is a need to explore perceptions of cisgender Black women relative to their reasons to consider pre-exposure prophylaxis (PrEP) for HIV prevention.

**Method:** Qualitative methods were used to explore why women choose PrEP for HIV prevention among 20 Black women through focus group discussions.

**Results:** Themes identified from focus groups during an interim data analysis explored reasons to choose or not to choose PrEP. Participants conveyed fear of infection from male partners when engaging a new partner with an unknown HIV status. One participant stated, '[I would choose PrEP] because men are out here killing us and so the probability of me being raped or me being taken advantage of is higher. If I had access to PrEP, then condoms are starting to get high too, well, I am doubly covered.' In regards to engaging in new sexual relationships, one participant stated, 'If I am with someone who hasn't made their status known, or they don't know... especially being single in these dating streets, it would just be a lot easier to know that I could get a shot like Gardasil or the flu shot and I know that I am covered in some way, shape, or fashion. As opposed to always having a condom on me at all times.'

**Conclusion:** Study findings point to fear, a lack of trust, and perceived lack of transparency by male partners as motivators for PrEP initiation among some cisgender Black women who are aware that their risk of HIV through heterosexual sex is led by male partners. This information suggests better alignment of personal and actual risk among cisgender Black women.

## 1112 Adapting Provider Training and PrEP Advertising to Increase PrEP Uptake among Black Cisgender Women

Samantha Devlin (presenting)<sup>1</sup>, Amy K. Johnson<sup>2</sup>, Alicia Dawdani<sup>1</sup>, Ososese Enaholo<sup>2</sup>, Maria Pyra<sup>3</sup>, Lisa Hirschhorn<sup>3</sup>, Sadia Haider<sup>4</sup>, Kelly Ducheny<sup>5</sup>, Jessica Ridgway<sup>1</sup>

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<sup>5</sup> Howard Brown Health, Chicago, IL, USA

**Background:** Black cisgender women (ciswomen) have disproportionately high rates of HIV infection yet low rates of pre-exposure prophylaxis (PrEP) utilization. Barriers to PrEP uptake include limited PrEP knowledge among patients, inaccurate self-perception of risk, and low comfort level prescribing PrEP amongst providers. To learn how existing training and education processes can be adapted to address gaps within PrEP service delivery, we conducted focus groups with providers and Black ciswomen patients in the Midwest and South.

**Method:** Participants were recruited at 3 healthcare networks in the Midwest and South, screened for eligibility, and consented verbally. Discussions occurred either in-person or remotely over Zoom and were audio recorded and professionally transcribed. Patients were asked about their knowledge and thoughts on PrEP. Providers were asked about individual and contextual factors influencing their decision-making about PrEP. A codebook was developed based on the Consolidated Framework for Implementation Research (CFIR). Transcripts were coded using the Stanford Lightning Report Method via Dedoose software.

**Results:** We completed 4 focus groups with 10 providers and 9 focus groups with 25 patients from August 2022 to February 2023. Three major themes emerged: 1) low comfort level and limited cultural sensitivity/competency among providers regarding Black ciswomen; 2) patient concerns about PrEP, particularly about its impact on pregnancy; and 3) lack of Black ciswomen representation in PrEP advertisement/educational materials. Compared to the Midwest, participants in the South reported more misconceptions about PrEP and lower PrEP awareness overall.

**Conclusion:** PrEP trainings for providers should include case scenarios and role-playing to enhance cultural competency and should highlight the disproportionately low rates of PrEP utilization among Black ciswomen. Likewise, PrEP flyers should include accurate information regarding PrEP and images of Black women and their experiences to increase accessibility, understanding, and use of PrEP among this vulnerable population.



## 1115 Title: Improving Motivational Interviewing with Cultural Humility and Antiracism for HIV-Related Behavior Change

Maurice Bulls (presenting)<sup>1</sup>

<sup>1</sup> Behavior Change Consulting Institutue, Tallahassee, FL, USA

**Introduction:** A common question asked in real-world practice is whether MI is too Eurocentric or too straight? MI is an evidenced-based practice that facilitates positive health behavior change. However, MI may have failed to incorporate the unique concerns of other cultures such ethnic, sexual and gender minorities. In order to address stigma and racism at multiple levels. MI could benefit from a stronger cultural lens, theoretical framework, and specific provider skills to support behavior change in HIV prevention and treatment. The Multicultural Orientation (MCO) framework (cultural humility, cultural comfort, cultural opportunities) was designed to show how cultural dynamics can improve evidence-based practices like MI.

**Description:** Motivational Interviewing was culturally tailored in a community-academic partnership for the Tailored Motivational Interviewing implementation trial (ATN 146) by integrating MCO and antiracism constructs, by developing videos with diverse clients and providers, by utilizing item response theory methods to develop a new fidelity coding item, and by crafting cooperative learning activities to increase competence in this domain. The revised TMI approach was used health force development in housing case managers across FLORIDA HOPWA and in an End the Epidemic youth initiative in Orange County, Florida.

### Lessons Learned

Lessons learned include: 1) community engagement is critical to tailoring evidence-based practices, 2) trainees reported high satisfaction with the tailored program, 3) race and cultural bias are hard to talk about and training activities to build “building racial stamina are needed, and 4) adolescents and young adults are a key population with their own cultural values.

**Recommendations:** Next steps are to measure the effect of TMI on new fidelity items and in Mystery Shopper initiatives to improve HIV testing services and consider TMI in leadership to promote antiracism beyond the patient provider interaction.

## 1116 Construct Validity of the 7-Item I-Score Patient-Reported Outcome Measure: A Promising Tool to Comprehensively Assess Adherence Barriers in HIV Care

Kim Engler (presenting)<sup>1</sup>, Serge Vicente<sup>2</sup>, David Lessard<sup>2</sup>, Hayette Rougier<sup>3</sup>, Lucas Delvallez<sup>2</sup>, Karine Lacombe<sup>3</sup>, Dominic Chu<sup>3</sup>, Jean-Pierre Routy<sup>2</sup>, Alexandra de Pokomandy<sup>3</sup>, Marina Klein<sup>2</sup>, Bertrand Lebouché<sup>2</sup>

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<sup>3</sup> Hôpital Saint-Antoine, Montreal, QC, Canada

**Background:** To identify adherence barriers to antiretroviral therapy (ART) in routine HIV care, we created a 7-item patient-reported measure (Interference-Score). It assesses seven barrier domains (Thoughts/Feelings, Habits/Activities, Social situation, Economic status, Medication, Care, and Health) and has undergone cognitive testing.

**Method:** To evaluate the measure’s construct validity, we recruited people with HIV (PWH) on ART at our HIV clinic in Montreal, Canada, from Jan-Aug 2022. Participants completed the measure along with 4 dependent variables (DVs) at baseline (Time 1) and 4 weeks later (Time 2). DVs were dichotomized self-reported measures of adherence (past 7 days, past 4 weeks), intention to adhere, and viral load. Analyses included: a) inter-item correlations (Spearman’s coefficients) to check item redundancy (Time 1); b) logistic regressions, with one model per DV, to assess the significance of each item (covariate); and c) Receiver operating characteristic (ROC) curve analyses with corresponding areas under curves (AUCs), to determine the 7-item models’ predictive capacity. Analyses b) and c) were performed using I-Score Time 1 items to predict DVs at Time 1 and Time 2, respectively.

**Results:** Analyses included 127 PWH at Time 1 and 107 at Time 2. Correlation coefficients ranged from 0.26 to 0.69. The items (covariates) of “Habits/Activities”, “Health” and “Economic status” were significantly and independently associated with from 1 to 3 DVs. AUCs showed the 7-item models’ predictive capacity to be “excellent” for viral load, correctly classifying ≥84% of respondents. The models were also “acceptable” for adherence in the past 4 weeks and past 7 days, correctly classifying ≥70% of respondents.

**Conclusion:** The 7-item I-Score is a simple, comprehensive tool to evaluate ART adherence barriers in HIV care and is statistically associated with self-reported viral load and adherence.



## 1117 Supporting our Patients Holistically

Khaled Salama (presenting)<sup>1</sup>

<sup>1</sup> VIP Community Services, Inc., Bronx, NY, USA

**Introduction:** Our MSA department consists of a retention and adherence program (RAP) specialist, pre-exposure prophylaxis (PrEP) specialist and a peer navigator. Many of the patients we provide HIV primary care/prevention services to have a diagnosis of substance use disorder (SUD), specifically Intravenous drug use. Working with this population comes with additional unique barriers and challenges that we are actively working to address to provide the best HIV treatment/preventative care to those in our community.

**Description:** Utilizing our multi-service approach, our peers and specialists work together to make constant efforts to reach out to patients and provide the support necessary to ensure the patient is retained in care and adherent to medication. Sometimes our patients may need additional support and efforts involving their therapists, providers, case managers and outpatient treatment providers. A holistic approach to care can greatly improve outcomes and we've identified some strategies that demonstrate this holistic approach.

**Lesson Learned:** Case conferences are a great way to understand the individual barriers patients are facing and allow the patient and all parties involved in their health care to create a plan and be on the same page. Additionally, the support of a peer can be instrumental in getting a patient back to care. Sometimes patients find more comfort receiving support from someone with lived experience and that unique perspective can make the difference. Lastly, identifying and addressing a patient's social determinants of health can improve retention and adherence while recognizing that sometimes other things in a patient's life can interfere.

**Recommendations:** Every patient's care plan needs to be individualized. However, we can still identify effective strategies such as case conferences, peer involvement and addressing social determinants of health and include them in every patient's engagement effort to achieve our goal of getting HIV+ patients undetectable and prevent our high-risk patients from getting infected.

## 1119 Optimizing ART Adherence of Young, Breastfeeding Mothers Living with HIV

Naomi Reich (presenting)<sup>1</sup>, Obert Darara<sup>1</sup>, Karen Rowe<sup>1</sup>

<sup>1</sup> World Education Inc., Newburyport, MA, USA

**Introduction:** In Mozambique, the Bantwana Initiative of World Education has identified high demand from young HIV+ moms (age 17-24) and from Government for our resiliency building program, Siyakha Plus.

**Description:** To reduce vertical transmission, we support young, HIV+ breastfeeding mother-baby pairs with a set of services that optimize the mother's adherence to treatment while increasing overall socioeconomic resilience. Through *entrepreneurship groups*, we embed critical knowledge and skills — early childhood stimulation (ECS); viral suppression support; HIV-prevention strategies for their HIV-exposed infants; and tailored economic empowerment that links vulnerable young women to sustainable employment or business opportunities. The groups serve as a support network for the young women to address stigma, discrimination, and self-esteem.

**Lesson Learned:** After six months of implementation and iterative learning, we have honed an adherence-enhancing and resiliency-building package that retains HIV+ mothers on treatment, motivates them to improve their own and their babies' health status, and enhances ability to thrive in the local economy. We've learned: adherence support for at-risk groups should prioritize strengthening of social and human capital to reduce vulnerability and treatment interruption; mothers' desire to keep babies' HIV negative is a key driver to becoming and staying virally suppressed; vocational training, entrepreneurship, and employment support rooted in local market opportunities are vital to risk reduction by helping young women become economically self-reliant. Our presentation will detail the key strategies used for each of these results.

**Recommendations:** With full endorsement of local government, health facilities, and participants, we plan to expand the program to reach many more HIV+ young mothers. We will also track current mother-baby pairs until the babies get HIV tested at 18 months old, to demonstrate how the program significantly reduces positivity rates among babies born to HIV+ young Mozambican women.





## 1121 Experience with a Rapid Access Program and Telemedicine in San Juan, Puerto Rico

Ruth Soto-Malave (presenting)<sup>1</sup>, Garcia-Perez<sup>1</sup>, Joan Castro-Esteva<sup>1</sup>, Janet Rodriguez-Rodriguez<sup>2</sup>, Sanabria-Morales<sup>1</sup>

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**Introduction:** Rapid Access (RA) is an initiative that cities with a higher incidence of HIV should embrace as a priority. San Juan is included as one of those cities and our population, mostly Latinos, is one of the ethnic groups disproportionately affected by HIV. Implementing a RA program has provided insight at our community-based organization about feasibility and challenges. Telemedicine(TM) was implemented as a resource for this program.

**Description:** RA is an intervention to link to care and start antiretroviral therapy (ARV) in 7 days or less, for all people with a positive HIV test result including people with presumptive and confirmed HIV diagnosis. From February 1, 2022, to February 1, 2023, we have a total of 34 patients that access care through this initiative. For this population, we assess acceptability, engagement in care, time to engagement, time to ARV initiation, need to change therapy (including reasons), and retention in care at 6 and 12 months. Three patients have RA with the use of telemedicine. We have identified barriers to implementing the program that may help other organizations starting this initiative.

**Lesson Learned:** RA is an accepted model for linkage to care by our population and outcomes are comparable to that reported in the literature but there is an increased demand for the resources needed. Telemedicine can be suitable for RA in our population.

**Recommendations:** Continue the research on the use of RA and TM and the outcomes associated with this implementation.

## 1123 Perceptions of Cisgender Black Women Regarding Self-Advocacy for Sexual Health with Healthcare Providers

Mandy Hill (presenting)<sup>1</sup>, Sarah Sapp<sup>1</sup>, Shadawn McCants<sup>2</sup>, Jeffrey Campbell<sup>2</sup>, Diane Santa Maria<sup>1</sup>

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**Background:** Sociocultural factors like medical mistrust and avoidance by healthcare providers (HCPs) can avert PrEP initiation among cisgender Black women. Yet, there is a dearth of qualitative work exploring perceptions of Black women regarding their experiences with engaging HCPs in sexual health discussions where pre-exposure prophylaxis (PrEP) is considered.

**Method:** Qualitative methods were used to inquire about personal experiences with sexual health discussions with HCPs among 20 adult cisgender Black women ages 18 and older.

**Results:** Themes identified from focus groups during an interim data analysis explored feelings of comfort when conversing with HCPs about sexual health. One participant stated, 'I feel comfortable enough to say, yes...whether or not she will listen to me or not, that's another story, but I feel comfortable enough being my own advocate now, but that is recent.' When inquiring about offerings of HIV testing, one participant stated, 'I don't ask for it [sexual health testing], they will not test me for it'. One participant expressed hesitancy in identifying a new HCPs and specifically stated, 'Unfortunately, I just have to take the good with the bad in acknowledging that I can just have this conversation with her [current HCPs] or ... someone else, and start over with someone minimizing my concerns, not listening to me, or adding their own unjust biases on me...keeping the devil you know versus the devil you don't... so because she is a Black woman, I try really hard to humanize myself with her... If it were you, give me everything that you would want.'

**Conclusion:** Study findings illuminate gaps in health communication about PrEP. Provider-patient relationships require attention to bridge the gap between HCPs and Black female patients. Overcoming barriers to PrEP initiation, like racial bias, is necessary to end the HIV epidemic.



## 1124 Developing a Target Product Profile for Point-of-Care HIV Medication Adherence Test through a Multi-Stakeholder Consultation

Noel Kalanga (presenting)<sup>1</sup>, Ashley Bardon<sup>1</sup>, Katherine Buckley<sup>1</sup>, Melody Wang<sup>1</sup>, David Katz<sup>1</sup>, Paul Drain<sup>1</sup>, Ayokunle Olanrewaju<sup>1</sup>

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**Background:** Objective measures of adherence to antiretroviral therapy (ART) or pre-exposure prophylaxis (PrEP) are critical to inform better clinical decisions. However, there has yet to be a consensus on the desired specifications for a test that objectively assesses adherence to HIV medication.

**Method:** We conducted iterative consultations with diverse stakeholders from all global geographical regions (Figure 1) to develop a target product profile (TPP) describing the desired characteristics of an optimal HIV medication adherence test. During the scoping phase, we individually interviewed 18 stakeholders using semi-structured interview guides to identify the unmet clinical needs, potential use cases, and test characteristics to include in the TPP. In the drafting phase, we conducted six focus group interviews with 3 – 5 stakeholders per group (n=22) to refine and prioritize the requirements for each characteristic of the TPP. We performed a rapid qualitative analysis of each interview to identify critical domains and summaries.

**Results:** At a minimum, the stakeholders preferred a low-cost, point-of-care (POC) test that can accurately measure medication adherence quickly and conveniently. The test should have high sensitivity and specificity to detect missed doses, with the ability to distinguish finite margins of optimal versus sub-optimal adherence levels. An optimal test should be non-invasive and easy to use, requiring minimal training for possible use by community health workers and client self-testing. The test results should also be integrated into electronic health systems for real-time clinical decision-making. There was a consensus to prioritize biomarkers for standard first-line ART regimens among the high-risk groups of adolescents and other key populations.

**Conclusion:** Overall, a quick and accurate measure of adherence to ART or PrEP can enhance clinical response. In the project's next phase, we will conduct Delphi-like surveys to build consensus among the stakeholders and consolidate the specifics of the TPP.

## 1127 Lessons Learned from iTransition: An mHealth Intervention to Support Transition to Adult Care for Youth Living with HIV

Sophia Hussen (presenting)<sup>1</sup>, Nadia Dowshen<sup>2</sup>, Kelly Rulison<sup>3</sup>, Kamini Doraivelu<sup>4</sup>, Kayla Knowles<sup>2</sup>, Madeleine Goldstein<sup>4</sup>, Susan Lee<sup>2</sup>, Kaja Darien<sup>2</sup>, Chloe Chaudhury<sup>4</sup>, Rosalind Byrd<sup>4</sup>, Sulianie Mertus<sup>5</sup>, Mohammed Jibriel<sup>5</sup>, Amanda Tanner<sup>5</sup>

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**Introduction:** Health care transition from pediatric/adolescent to adult-oriented HIV care is associated with disruptions to care engagement and retention, medication adherence, and viral suppression. Although these challenges are well documented, no evidence-based interventions have been shown to improve care engagement through this transition for youth living with HIV.

**Description:** To address this challenge, we developed a theory-based mobile health intervention for youth living with HIV and their care teams. We undertook an iterative, participatory intervention development process engaging youth living with HIV and pediatric and adult-oriented health care providers. The resultant *iTransition* intervention includes: (1) a youth-facing mobile phone app with educational tools, medication reminders, readiness assessments and interactive quizzes, and (2) a provider-facing web console with educational content, opportunities to track youth progress, and a private chat option.

**Lesson Learned:** In the ongoing pilot implementation trial, the historical control group has been recruited and enrolled (N = 20 youth; 57% male, 76% Black, and 67% sexual minorities) in Atlanta and Philadelphia. Active recruitment of the intervention group (goal N=50) of transition-eligible youth across the two sites are underway. Currently, we have enrolled 30 youth (70% male, 90% Black, and 70% sexual minorities). We have also enrolled 11 providers and have 8 Transition Champions situated within participating clinics. Frequent reminders (e.g., push notifications and/or direct reminders from staff) are being used to sustain engagement. To date, however, *iTransition* usage levels have been suboptimal for both youth and provider/staff intervention participants.

**Recommendations:** *iTransition* has the potential to address a critical gap in HIV care engagement for youth living with HIV. However, we will need to draw upon implementation science approaches to increase buy-in from clinic staff and providers. Continued and future testing of this and similar apps should invest more time in pre-implementation preparation at the organizational level, to maximize the chances of success.



## 1128 Predictors of Mental Health Service Utilization among Young Black Gay, Bisexual, and other Men who have Sex with Men Living with HIV

Sophia Hussen (presenting)<sup>1</sup>, Michael Curtis<sup>1</sup>, Ryan Wade<sup>2</sup>, Marxavian Jones<sup>1</sup>, Antonio Newman, Jr.<sup>1</sup>, Kamini Doraivelu<sup>1</sup>, Gary Harper<sup>3</sup>

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**Background:** Depression, anxiety, and trauma symptoms disrupt adherence to antiretroviral therapy (ART) among young Black gay, bisexual and other men who have sex with men (YB-GBMSM). Unfortunately, mental health services are under-utilized in this population. As a first step towards addressing mental health barriers to adherence among YB-GBMSM, we sought to examine predictors of mental health service utilization.

**Method:** We conducted a cross-sectional survey study with 200 YB-GBMSM living with HIV in Atlanta, Georgia. Our study was guided by Andersen's Model of Healthcare Utilization, which posits that predisposing factors (e.g., cultural and demographic factors), enabling factors (e.g., access) and need (e.g., symptoms) predict health service use. Our primary outcomes were formal (e.g., psychologist, psychiatrists) and informal (e.g., peer groups, religious leaders) mental health service use. We conducted multivariate logistic regression analysis to examine associations between the model's constructs and mental health service utilization outcomes.

**Results:** Participants ranged from 18-29 years of age. Formal mental health service use was associated with adverse childhood experiences (aOR 1.11 [95%CI 1.02-1.21]) and positive attitudes towards mental health care (aOR 1.13 [95% CI 1.01-1.26]). Informal mental health service use was associated with educational attainment (aOR 1.53 [1.17-2.01]), adverse childhood experiences (aOR 1.17 [1.07-1.28]), concerns about acceptance of sexuality (aOR 1.09 [1.00-1.18]), and positive attitudes towards mental health (aOR 1.13 [1.01-1.27]). Psychological symptoms were not significantly associated with either outcome.

**Conclusion:** We found that predisposing factors were more likely to be associated with mental health service use than current psychological symptoms. Our findings suggest that interventions to address predisposing factors including mental health stigma could be useful for increasing rates of mental health service use, and ultimately for improving ART adherence among YB-GBMSM.

## 1130 Quantitative Analysis of a Warm Handoff Approach for Cisgender Black Women to Pre-Exposure Prophylaxis (PrEP): Linkage and Follow-Up

Mandy Hill (presenting)<sup>1</sup>, Olivia Morris<sup>1</sup>, Bethany Russell<sup>1</sup>, Sarah Sapp<sup>1</sup>, Jeffrey Campbell<sup>2</sup>, Jovaun Hicks<sup>2</sup>, Teriya Richmond<sup>2</sup>, Angela Heads<sup>1</sup>, Angela Stotts<sup>1</sup>

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**Background:** Pre-exposure Prophylaxis (PrEP) is effective Human Immunodeficiency Virus prevention in sexually active people but remains underutilized. HIV in cisgender Black women is a critical public health issue due to high disease burden and low PrEP uptake. Unique structural PrEP barriers for cis Black women urgently require innovative approaches. Leveraging existing use of emergency departments as preventive care with a warm handoff may facilitate PrEP linkage.

**Method:** We studied a novel approach for linking PrEP-eligible patients from an emergency department visit to PrEP clinics in Houston, Texas. The approach was tested by enrolling participants (n=40) in a PrEP-initiation behavioral intervention RCT. PrEP appointments were scheduled live with roundtrip transportation. Participants were followed through 30, 90, and 180-day follow-up calls. Follow-up attendance was assessed and linkage to care was verified with clinics through participant IDs.

**Results:** One participant was successfully verified as attending their PrEP visit, with another unverified attendance reported. Of those unlinked at 6 months, 8% reported desire to attend a future PrEP clinic visit. For follow-ups, 28% attended all calls, 35% completed at least one, and 38% completed none. Of the partials, 29% who missed a 1- or 3-month follow-up later returned. Reasons for missed follow-ups and linkage failures were primarily logistical challenges, illness, technical difficulties, incarceration, and relocation.

**Conclusion:** One participant was successfully linked, illustrating proof of concept. Importantly, failure to link PrEP-eligible patients to HIV prevention within 6 months did not represent participant disinterest in receiving care, as many reported ongoing linkage attempts. Ongoing support beyond 6 months may be needed to securely link this population to PrEP care and linkage may be amplified via warm handoff. Consideration of structural barriers, which may preclude participants from receiving care, should be emphasized in future research.



## 1132 Same-Day Psychosocial Predictors of Antiretroviral Therapy Adherence among Young Latino Sexual Minority Men with HIV: An Ecological Momentary Assessment Study

Diana Sheehan (presenting)<sup>1</sup>, Tendai Gwanzura<sup>1</sup>, Daisy Ramirez-Ortiz<sup>1</sup>, Cynthia Ibarra<sup>1</sup>, Melissa Ertl<sup>2</sup>, Patrice Lewis<sup>1</sup>, Dallas Swendeman<sup>2</sup>, Dustin Duncan<sup>1</sup>, Mary Jo Trepka<sup>1</sup>

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**Background:** Viral suppression is suboptimal among young Latino sexual minority men (YLSMM). We assessed the relationship between same-day antiretroviral therapy (ART) adherence and mental health, substance use, adherence self-efficacy, and routine disruptions in an ecological momentary assessment (EMA) study.

**Methods:** A convenience sample of 54 YLSMM, ages 18-34 years, was recruited from South Florida into a 28-day EMA study. Daily data were collected by texting participants a link to a web-based survey each afternoon. For ART adherence self-efficacy and each mental health (e.g., anxiety, depression, stress) and substance use (e.g., alcohol and drug use) factor, a single question from an empirically validated questionnaire was selected and adapted for the EMA survey. Generalized mixed models estimated odds ratios (OR) and 95% confidence intervals (CI) for associations between daily predictors of interest and same-day ART adherence controlling for race and baseline age, education, and employment status.

**Results:** Median percent ART adherence during the 28-day study was 100.0 (interquartile range 4.8). The odds of ART adherence were lower on days when YLSMM reported poor vs. good sleep quality (OR 0.43; 0.23-0.82), moderate (OR 0.30; 95% CI 0.15-0.61) or high (OR 0.08; 95% CI 0.03-0.18) vs. no disruptions to daily routine, and low vs. high ART adherence self-efficacy (OR 0.22; 95% CI 0.07-0.72). Daily reports of depression, anxiety, or stress symptoms were not associated with same-day adherence, nor was alcohol or drug use.

**Conclusions:** Findings suggest a potential opportunity to design and test an innovative intervention for YLSMM to improve ART adherence by increasing daily adherence self-efficacy and providing real-time assistance during changes of routine and days following poor sleep.

## 1134 HIV Risk Perception and PrEP Adherence among South African Women Planning for Pregnancy and Participating in STI Screening

Oluwaseyi O. Isehunwa (presenting)<sup>2</sup>, Ivana Beesham<sup>1</sup>, Kathleen E. Hurwitz<sup>3</sup>, Kara Bennett<sup>3</sup>, Manjeetha Jaggernath<sup>1</sup>, Yolandie Kriel<sup>1</sup>, Shannon Bosman<sup>4</sup>, Jennifer Smit<sup>1</sup>, Lynn T. Matthews<sup>2</sup>

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**Background:** Adherence to oral PrEP is a challenge. We hypothesized that participating in STI screening and care would increase HIV risk perceptions and PrEP adherence among women planning for pregnancy.

**Method:** We conducted a STI sub-study within a single-arm interventional study of safer conception care, including provision of tenofovir/emtricitabine (TDF/FTC) as PrEP, among HIV-uninfected South African women aged 18-35 years and planning for pregnancy with a partner living with or of unknown HIV-serostatus. Sub-study participants provided vaginal swabs for STI testing at enrollment and six months. The primary exposure of interest was STI sub-study participation. Sub-study group women without pregnancy (47) were matched 1:1 on age and time in the study to those in the parent group. The primary endpoints were mean perceived HIV risk (perceived risk of HIV scale) and proportion with plasma TFV concentration  $\geq 10\text{ng/mL}$  (among PrEP initiators) at six months. Differences in HIV risk perception and plasma TFV concentration according to sub-study participation were tested via independent t- test and Fisher's exact test, respectively.

**Results:** Among 50 sub-study participants, we matched 47 with 47 parent study participants; 44 per group had plasma TFV at 6 months. Baseline demographic characteristics were similar. While mean enrollment HIV risk perception scores did not differ, mean HIV risk perception scores among sub-study group women were lower at 6-month follow-up compared to those in the parent study group: 18.4 (17.3, 19.6) vs 20.1 (19.2, 21.0);  $p=0.02$ . Fourteen percent ( $n=6$ ) of women in the sub-study and 23% ( $n=10$ ) in the parent study group had TFV concentrations  $\geq 10\text{ng/ml}$  at 6 months ( $p=0.27$ ).

**Conclusion:** Women at-risk for HIV acquisition and planning pregnancy enrolled in STI screening and care had lower HIV risk perception at 6 months. This suggests the need to continue seeking novel strategies to support women to use HIV prevention strategies when indicated.



## 1135 HIV Risk Awareness and Pre-Exposure Prophylaxis (PrEP) Cascade among Black Women in the Southern United States

Sylvia Shangani (presenting)<sup>1</sup>, Kristin Heron<sup>2</sup>, Rainier Masa<sup>3</sup>, Kenneth Mugwanya<sup>4</sup>, Jessica Sales<sup>5</sup>

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**Background:** Black women in the U.S. account for nearly 60% of new HIV infections among U.S. women. Preexposure prophylaxis (PrEP) is a biomedical intervention that is effective in preventing HIV. To be effective, eligible individuals must adhere to the PrEP cascade i.e., PrEP awareness, willingness, use, and adherence. Little is known about Black women's PrEP cascade outcomes. We assessed HIV risk awareness and PrEP cascade outcomes among Black women.

**Method:** Between March and June 2022, we administered a cross-sectional survey to HIV-negative cisgender Black women who resided in the U.S. South and reported condomless sex in the past six months. In addition to sociodemographic characteristics, individuals were asked about HIV knowledge, PrEP, stigma, HIV risk, and healthcare access. Descriptive statistics and multivariate logistic regression models were used to characterize the PrEP cascade and correlates of PrEP willingness respectively.

**Results:** Participants were 491 (*Mean*=40.1 [*SD*=17.5], 53% ≤ college degree, 79% single). Mean (SD) HIV risk awareness was 6.0 (2.5) and ranged from 0-10, 40% were PrEP aware, 26% were PrEP willing, and only 6% were using PrEP. Correlates of PrEP willingness were: PrEP awareness (adjusted odds ratio [aOR]=1.56, 95% CI 1.01, 2.52, *p*=0.05), HIV testing annually (aOR=1.76, 95% CI 1.05, 2.96, *p*=0.03), worrying about HIV (aOR=1.88, 95% CI 1.11, 3.16, *p*=0.01), and younger age (aOR=0.98, 95% CI 0.97, 0.99, *p*=0.03).

**Conclusion:** Black women vulnerable to HIV are interested in PrEP if they are younger, PrEP aware, recently tested for HIV, and worried about HIV. Interventions that promote PrEP awareness during HIV testing may effectively support informed decision-making about using PrEP among Black women.

## 1136 Factors Influencing Utilization of Oral Pre-Exposure Prophylaxis (PrEP) among Adolescent Girls and Young Women (AGYW) in Chingola District of Zambia

James Mwanza (presenting)<sup>1</sup>, Adamson Ndhlovu<sup>1</sup>, Mutinta Nyumbu<sup>1</sup>, Jessica Posner<sup>2</sup>, Musonda Musonda<sup>1</sup>, Antonia Powell<sup>3</sup>

<sup>1</sup> John Snow, Inc., Chingola, Zambia

<sup>2</sup> John Snow R&T, Washington, DC, USA

<sup>3</sup> John Snow, Inc., Boston, MA, USA

**Background:** AGYW are disproportionately affected by HIV and face many personal, social, and systemic barriers to access, uptake, and use of traditional HIV prevention methods such as condoms (PEPFAR, 2020). PrEP offers another layer of prevention as HIV prevalence was 5.7% among women compared to 1.8% men in the age group from ages 20-24 years (ZAMPHIA, 2021). This study was conducted in Chingola district of Zambia to determine factors influencing PrEP utilization among AGYW in DREAMS Programs.

**Method:** A quantitative descriptive study of AGYW who were randomly selected from the four catchment areas of Chingola DREAMS sites in 2022. A structured questionnaire was used to collect data which was analyzed using Stata version 15.1. Chi-square and Fisher's exact test were used to test the relationship between variables influencing PrEP utilization with 5% level of significance.

**Results:** The study enrolled 178 participants, 63.5% of whom were aged 21 to 24 years. Of these, 98.1% were knowledgeable of HIV prevention and utilized PrEP (*p*<0.001). Additionally, 70.9% of the AGYW initiated PrEP as a proportion of them (72.5%) reported having multiple sexual partners (*p*<0.017). No change in sexual behavior was observed among 80.8% AGYW who initiated PrEP. Acceptance of PrEP utilization was significantly higher among AGYW who discussed HIV prevention with their parents than those who did not (81.3% versus 44.8%, *p*<0.000). Respectful and supportive healthcare worker's attitude promoted continuation of PrEP utilization in 97.4% AGYW.

**Conclusion:** Factors influencing AGYW PrEP utilization include knowledge of HIV prevention and perceived risk of HIV acquisition. The supportive and respectful attitude of health care workers and parents discussing HIV prevention methods with AGYW promotes PrEP continuation.



## 1138 Knowledge and Attitudes of Obstetrics-Gynecology Residents Regarding HIV Pre-Exposure Prophylaxis among Medicaid and Uninsured Patients

Tal Lee (presenting)<sup>1</sup>

<sup>1</sup> Main Line Health System, Philadelphia, PA, USA

**Background:** The CDC recommends health care providers discuss HIV Preexposure Prophylaxis (PrEP) with all sexually active people without HIV, including pregnant, postpartum, and breast/chest feeding people. A substantial number of Medicaid and uninsured patients in resident-run clinics meet these criteria. The primary objective was to assess Ob Gyn residents' knowledge and attitudes toward PrEP among Medicaid and uninsured patients. Secondly, we assessed the impact of a brief educational intervention on these findings.

**Method:** The IRB reviewed this project and deemed approval unnecessary. Anonymous, voluntary, electronic surveys were administered to Ob Gyn residents prior to an educational intervention. The pre-survey objectively assessed perception of personal knowledge, relevance, and attitudes toward PrEP, and subjectively assessed residents' knowledge about PrEP. After an hour-long didactic session about PrEP, an identical post-survey was administered, to assess the impact of the intervention.

**Results:** 77% of residents thought their patients could benefit from PrEP, yet only 7% reported counseling patients on PrEP over the past 6 months. Proceeding the educational intervention, 100% of residents desired additional PrEP education. Post survey, a higher percentage of residents felt comfortable counseling patients (100% vs 0%,  $p < .001$ ), including pregnant and breastfeeding patients (100% vs 7.7%,  $p < .001$ ), prescribing PrEP (100% vs 23%,  $p < .001$ ), and ordering PrEP labs (100% vs 8%,  $p < .001$ ) compared to pre-survey. Stigma surrounding PrEP, proved to be a steadfast barrier to counseling, despite the educational intervention. Residents were worried that their patients may feel judged when bringing up PrEP ( $p = 1.0$ ).

**Conclusion:** Educational sessions may further residents' knowledge about PrEP, however, this intervention alone did not statistically alter residents' perceived stigma surrounding PrEP. Additional work is needed to shift resident attitudes about PrEP and reduce bias, in order to maximize PrEP access for Medicaid and uninsured patients.

## 1139 Examining Social Inequities in Pre-Exposure Prophylaxis Adherence among a National Sample of Publicly Insured Patients

Natalie Crawford (presenting)<sup>1</sup>

<sup>1</sup> Emory University, Atlanta, GA, USA

**Background:** Daily oral pre-exposure prophylaxis (PrEP) can prevent up to 99% of HIV infections. But early data show that the populations who need PrEP the most (e.g., racial and ethnic minorities) fail to take it consistently. Previous studies on PrEP adherence have small samples and it is unclear whether inequities in adherence to PrEP by race and sex persist, particularly among patients who are publicly insured and would have their medication costs covered.

**Method:** We used nationally representative data from a publicly insured population using IBM MarketScan Medicare Supplemental and Coordination of Benefits Databases data from 2017-2019 to examine correlates of PrEP adherence. PrEP adherence was measured by the proportion of days covered; a standard measure of medication adherence based on pharmacy claims data that estimates the proportion of days a patient has their medication over a period of time.

**Results:** Of the 9,284 adult patients prescribed PrEP, the median age was 44, most were male (57.7%), of Black (60.5%) followed by White (36.2%) race and had a comprehensive (48.9%) versus HMO (39.1%) or combined comprehensive/HMO (12.0%) insurance plan. The median PDC was 65.75%, and only 39.7% of the sample had a PDC  $\geq$  80%, the conventional threshold signifying adherence over 12 months. In age-adjusted models for adherence, significant two-way interactions were found between race and sex ( $p < 0.001$ ), and race and insurance plan type ( $p < 0.05$ ). The probability of being adherent to PrEP was the lowest for Black men compared to other race and sex groups. Black people in the combined comprehensive/HMO plan had the lowest adherence of any other racial group by insurance plan type.

**Conclusion:** Significant improvement in PrEP adherence is needed to reduce HIV transmission. Social inequities by race, sex and health insurance type persist even in a publicly insured sample.



# 1141 Implementation Gaps, Successes, and Determinants in Scaling Up and Disseminating HIV-Prevention and Treatment Services to Latino MSM in Three Ending the HIV Epidemic Priority Jurisdictions: A Rapid Qualitative Analysis

**Nequiel Reyes (Presenting)**<sup>1</sup>, Susanne Doblecki-Lewis<sup>1</sup>, Audrey Harkness<sup>2</sup>, Jahn Jaramillo<sup>3</sup>, Souhail Malavé Rivera<sup>4</sup>, Guillermo Prado<sup>1</sup>, Manuel Quiñones Morales<sup>5</sup>, Carlos Rodríguez-Díaz<sup>6</sup>, Rana Saber<sup>7</sup>, Steven Safren<sup>1</sup>, Edda Santiago Rodríguez<sup>8</sup>, Ruth Soto-Malave<sup>9</sup>, Eric Schrimshaw<sup>10</sup>, SOMOS Alianza<sup>11</sup>

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<sup>10</sup> University of Central Florida, FL, USA

<sup>11</sup> SOMOS Alianza, Chicago, IL, USA

**Background:** Latino MSM are inadequately reached by evidence-based HIV-prevention and treatment services, fueling disparities. Miami-Dade County (MDC), Orange County (OC), and San Juan (SJ) are three EHE priority jurisdictions tied by migration in which these disparities are apparent.

**Method:** Within a strategic alliance to achieve EHE goals among Latino MSM (called SOMOS Alianza) in MDC, OC, and SJ, members (N=26) discussed implementation gaps, successes, and determinants related to scaling up and disseminating HIV-prevention and treatment services to Latino MSM. Participants discussed within jurisdictions, then compared across jurisdictions. Discussions were audio recorded and analyzed via rapid qualitative analysis, yielding the identification of common and unique implementation gaps, successes, and determinants.

**Results:** Analyses identified common implementation barriers: lack of funding, political challenges, and HIV stigma. Common facilitators across jurisdictions were: client-centered resources and innovative engagement strategies. Some barriers were not shared across all jurisdictions. In OC and SJ, a barrier was not being able to provide sexual education and STI testing in schools; in MDC, in-school STI testing was allowed, which was an implementation facilitator. We also identified unique implementation successes and gaps across jurisdictions, such as MDC and OC being part of the Gilead Frontlines of Communities in the United States program where HIV screening is routinized in clinical settings. Still, in SJ, routinized HIV testing remained a critical gap.

**Conclusion:** MDC, OC, and SJ are interconnected via migration and HIV disparities among Latino MSM. These jurisdictions share common implementation determinants as well as some that are unique and impact the implementation of HIV services for Latino MSM. A strategic alliance between these jurisdictions can help to address common barriers, leverage common facilitators, and build on one another's successes to address implementation gaps. Ultimately, this can facilitate scaling up and disseminating HIV interventions to reach Latino MSM and achieve EHE goals.



## 1142 Applying the Observational-Implementation Hybrid Approach to Collect Implementation Data on Evidence-Based Practices to Support Drinking Reductions among Black Sexual Minority Men for Delivery in HIV Prevention and Care Settings

Justin Knox (presenting)<sup>1</sup>, Elvin Geng<sup>2</sup>

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**Background:** We recently proposed the observational-implementation hybrid approach, or the incorporation of implementation science elements into observational studies to collect information that will allow for anticipation, estimation, and/or inference about the effects of interventions and implementation strategies. We describe how we are applying the observational-implementation hybrid approach to an ongoing observational study among n=600 Black sexual minority men (SMM) to collect implementation data regarding the use of evidence-based practices to support drinking reductions for delivery in HIV prevention and care settings.

**Method:** Evidence-based practices to reduce alcohol use that we will focus on include: electronic screening and brief intervention, motivational interviewing, HealthCall (an mHealth intervention for people living with HIV), and naltrexone. We will employ various approaches to collect information on delivery of these alcohol interventions to Black SMM in HIV prevention and care settings.

**Results:** We are using survey measures to collect factors related to transportability (e.g., access to a primary care physician, treatment-seeking). We are conducting a discrete choice experiment among n=240 participants who report heavy drinking to collect preference data on the delivery of alcohol interventions. Among a HIV-status neutral sub-sample of participants who report heavy drinking (n=30), we are using a human-centered design approach to journey map their experiences accessing HIV prevention and care service in clinical settings. Lastly, we are conducting in-depth interviews with n=10 HIV prevention and care service providers to collect input on implementation factors related to co-locating alcohol interventions into HIV prevention and care services.

**Conclusion:** Applying this observational-implementation hybrid approach provides an opportunity to conduct observational research so that it can achieve translational gains in terms of understanding how to deliver evidence-based practices to support reductions in alcohol use among Black SMM.

## 1143 Comparison of Measures of Adherence to Antiretroviral Therapy in a Population of Young African American Men who have Sex with Men

Cornelia Wagner (presenting)<sup>1</sup>, Kara Nitti<sup>1</sup>, Sierra Upton<sup>1</sup>, Jeb Jones<sup>3</sup>, Casey Luc<sup>1</sup>, Paul Burns<sup>4</sup>, Robert Garofalo<sup>5</sup>, Li Liu<sup>1</sup>, Anthony Jimenez<sup>1</sup>, Mark Dworkin<sup>1</sup>

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**Background:** Among methods of measuring medication adherence, self-report is inexpensive and easy to obtain but subject to recall limitation, social desirability bias, and adherence overestimation. Pill count has similar advantages but depends on the participant bringing the correct bottle and accurately reporting medication start date. Electronic adherence monitoring (EAM) is objective, identifies patterns, and can monitor in real-time, but is subject to technology limitations and is relatively expensive. We assessed concordance between these three measures in a sample of young African American men who have sex with men (AAMSM) living with HIV and estimated the cost of EAM.

**Method:** One month of baseline adherence data were collected from 207 AAMSM (ages 18 to 34 years) living in 23 US cities using self-report, pill count, and EAM. Correlation analyses were conducted to determine the strength and direction of the relationship between the different adherence measures. Cost of EAM per subject was estimated based on purchase, median device shipping costs, and monitoring fees.

**Results:** Self-report data were available for all, however 52 lacked pill count and 32 lacked EAM. Medication adherence averaged 88% (SD 15%) for self-report, 71% (SD 27%) for pill count, and 57% (SD 31%) for EAM. Weak correlations were found between EAM and pill count ( $r=0.1192$ ), EAM and self-report ( $r=0.2572$ ), and between pill count and self-report (0.2637). The estimated cost per subject for EAM totaled approximately \$255.

**Conclusion:** EAM did not correlate well with self-report or pill count, and measures varied widely in young AAMSM. EAM was relatively costly for non-intervention monitoring.





## 1144 Utilization of Mobile Van to Impact of Quality of Medically Assisted Therapy (MAT) Services in Nairobi, Kenya

Kiplagat Anthony (presenting)<sup>1</sup>

<sup>1</sup> Nairobi Metropolitan Services, Nairobi, Kenya

**Background:** HIV prevalence rates are elevated among people who inject drugs (PWID) in all parts of the world, and in Kenya the documented prevalence is 18.7%, even higher than regional estimates. People who Inject Drugs (PWID) faces stigma and fewer MAT clinics due to resources limitation which affect access to quality care for Harm reduction package of care. In June 2021, during the height of COVID-19 pandemic the Mobile Van MAT Service was established to address the access gap, decongest the static MAT clinic and facilitate overall improvement in quality of services offered.

**Method:** Retrospective program MAT data from Ngara MAT Clinic which hosts the Mobile services was analyzed from June 2021 to February 2023, were characterized in terms of uptakes and retention, HIV testing and psychosocial outcomes.

**Results:** Through this approach 147 clients were enrolled to Mobile van services as of February 2023, with a gross retention of 110 (75%). 37 (25%) attrition rate attributed to 19 (51%) Lost to Follow up, 6 self-discontinued, 5 transferred Out, 4 weaned off, 2 in prison and 1 deceased. 113 (100%) were offered HIV testing with Zero HIV positivity. Good psychosocial outcomes (45 stable accommodation, 28 have occupation, 35 re-integrated, 2 legal problems and 1 Gender Based Violence concern).

**Conclusion:** Mobile MAT Services approach proves to be cost-effective Differentiated model with good retention and psychological outcomes and reduced financial burden and time saving to client. Scale up and adoption of other community Methadone delivery model is encouraged.

## 1147 Tailored to Meet Their Needs: The Use of Peer Mentors to Improve Pre-Exposure Prophylaxis (PrEP) Continuation among At-Risk Adolescent Girls and Young Women in Peri-Urban Communities in Zambia

Musonda Musonda (presenting)<sup>1</sup>, Mwansa Njelesani-Kaira<sup>2</sup>, Luigi Ciccio<sup>2</sup>, Kalasa Mwanda<sup>2</sup>, Muka Chikuba-Mcleod<sup>2</sup>, Lackeby Kawanga<sup>2</sup>, Jemmy Musangulule<sup>1</sup>

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<sup>2</sup> John Snow Health, Ndola, Zambia

**Introduction:** PrEP initiation in Zambia has grown exponentially since its introduction in 2018. USAID DISCOVER-Health began implementing PrEP in 2018 focusing on at-risk adolescent girls/young women (AGYW), who account for 78% of new HIV infections in individuals aged 15-24. Initial challenges included myths and misconceptions in the community and suboptimal continuation rates, with only 49% of new clients continuing at one month. To address poor continuation, DISCOVER-Health trained older AGYW/former PrEP clients as PrEP mentors to provide adherence support.

**Description:** DISCOVER-Health capacitated healthcare workers to provide supportive and non-judgmental information and services to improve PrEP continuation among AGYW. DISCOVER-Health also trained older AGYW, including former Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) 'graduates', as PrEP mentors to identify at-risk AGYW to receive quality PrEP services and support. The PrEP mentors provided targeted adherence support to AGYW through in-person psychosocial counseling at the facility and in the community. Multi-month dispensation of PrEP with automated reminders and telephone follow-ups reduced frequency of clinical visits/PrEP refills and strengthened engagement with parents/guardians within communities and sharing of PrEP information further increased support for AGYW on PrEP.

**Lesson Learned:** Tailored PrEP services for at-risk AGYW and strengthening adherence support improved one-month PrEP continuation rates among AGYW from 49% pre intervention in 2018 to 88% in December 2022. Continuation at 3-months and 6-months also improved, from 31% to 81% and 30% to 79% respectively.

**Recommendations:** Improving PrEP continuation is key to reducing new infections among AGYW. Tailored services and adherence support by trusted mentors/peers address primary barriers to PrEP continuation. Addressing myths and sharing information with parents/guardians to understand the risks faced by AGYW can expand access to PrEP to Zambia's vulnerable adolescents.



# 1148 The Complex Relationship between Stigma, Health Literacy, and Chronic Disease in People with HIV

Lauren Richey (presenting)<sup>1</sup>, Kyle Mistretta<sup>1</sup>, John Apolzan<sup>2</sup>, Hui-Yi Lin<sup>1</sup>, Connie Arnold<sup>1</sup>, Jonathan Schroeder<sup>3</sup>, David Welsh<sup>1</sup>

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**Background:** Stigma and discrimination may result in poorer health literacy, negative health outcomes, and increased morbidity from other chronic diseases in PWH. We created a multidisciplinary team to study stigma, health behaviors, and outcomes in PWH in Louisiana. The team HIV clinics in three cities; New Orleans, Baton Rouge, and Shreveport, forming the Louisiana Translational Collaborative on Health Behaviors [LATCH]. We hypothesized that PWH who report increased stigma would have lower health literacy and more comorbidities.

**Method:** PWH aged ≥ 18 were recruited from three HIV clinics during regular appointments. Participants completed standardized surveys that assessed stigma via the HIV stigma scale short form, health literacy using the REALM, and comorbidities with a calculated Charlson comorbidity index. T-tests were performed using Epi Info.

**Results:** 109 PWH were enrolled as of Jan 2023. The average age was 51 years, most were African American (81%), men (55%, women 40%, transgender 5%). The group had been HIV positive for an average of 18 years. The average on the HIV Stigma Scale was 28; high stigma was defined as >28. The average realm score was 5.87, with 7 indicating sufficient health literacy. Participants with sufficient health literacy (realm=7) had an average stigma score of 28.6, those with inadequate health literacy, 28.1 (p=0.68). Participants with a Charlson score of 2 or higher has an average stigma score of 27.8, those with a Charlson score of <2 had an average of 28.5 (p=0.66). Participants with a Charlson score of 2 or higher had an average realm score of 5.5 and those with <2 had an average realm of 6 (p=0.20).

**Conclusion:** Stigma and health literacy are multifaceted, and while likely impact each other and health outcomes, that was not found in our cohort.

# 1151 Access to Pre-Exposure Prophylaxis for HIV Prevention among Adolescent Girls and Young Women Aged 15-24: Lessons Learned from Three DREAMS Districts in Malawi

Naomi Reich (presenting)<sup>1</sup>, Tsitsi Chirinda<sup>1</sup>, Angella Kamwendo<sup>1</sup>, Kondwani Kanjelo<sup>1</sup>, Patience Ndlovu<sup>1</sup>, Blessings Banda<sup>1</sup>, Stephano Sandfolo<sup>1</sup>

- <sup>1</sup> Bantwana Initiative of World Education, Inc., Blantyre, Malawi

**Introduction:** Though oral pre-exposure prophylaxis (PrEP) is a priority for Adolescent Girls and Young Women (AGYW) at substantial risk of acquiring HIV, uptake in Malawi has been slow due to a variety of interrelated factors including myths about PrEP, stigma, provider attitudes, parental objections, and transportation costs for AGYW to travel to the clinic.

**Description:** The PEPFAR/USAID-funded Ana Patsogolo Activity (APA) DREAMS programming uses a range of strategies to address these barriers. First, APA trains DREAMS Club Facilitators (near peer mentors) as PrEP ambassadors to create demand for PrEP at every club session through education, dispelling myths, and helping AGYW have more accurate HIV risk perceptions. Second, trained DREAMS Club Facilitators conduct screening for PrEP and coordinate transportation support for AGYW to clinics to make it easier for AGYW to access PrEP at the clinic. Third, APA leverages all multiple activities (social asset building, financial literacy, savings and lending groups) as a platform for PrEP demand creation. Fourth, APA trained Parenting Facilitators who deliver the Families Matter Program, to educate parents and caregivers about PrEP and address the stigma that fuels parental objections.

**Lesson Learned:** Through the above strategies, APA assessed 31,646 AGYW for PrEP eligibility, of which 1,731 were eligible, and of those, 1,704, (98%) were successfully initiated on PrEP. PrEP eligibility screening facilitates health service linkages for other sexual reproductive health services for AGYW as well as reduces the initial screening burden on busy Health Care Workers while significantly opening up access to essential HIV prevention services to a wider beneficiary.

**Recommendations:** To expand access to PrEP, implementing partners should advocate for PrEP provision in other service delivery points in the clinic (e.g., youth friendly health services corners, HTS clinics) as well as exploring models for community delivery of PrEP.



## 1154 Trends in Non-Adherence Rates for ART Services: A Review of Evidence from Mozambique

Orrin Tiberi (presenting)<sup>1</sup>, Helder Macul<sup>1</sup>, Irenio Gaspar<sup>1</sup>, Aleny Couto<sup>1</sup>

<sup>1</sup> National Control Program for STIs and HIV/AIDS, Ministry of Health, Maputo, Mozambique

**Background:** In Mozambique there are approximately 1.9 million people living with HIV on ART treatment, of which approximately 35% are men. As the country nears the UNAIDS 95-95-95 targets for 2025, there has been an increased focus on improving adherence and retention. In Mozambique, the current definition for non-adherence is a beneficiary that has missed their appointment by more than 7 days.

**Method:** To better understand the factors that can negatively or positively influence adherence status a report was created in the electronic patient tracking system. This report disaggregates the non-adherence beneficiary population into the age groups <10, 10-14, 15-24, 25-49>=50 as well as by gender. An analysis was done to help inform priority intervention areas, focusing on gender differences in the data. Overall, men had a higher non-adherence than women, with a six-month average of 34% vs 27%. When comparing the age groups, children 0-9 and 10-14 have very different gender differences. In the 15-24 age group there increasing is a gap between men and women in the rate of non-adherence, 30.6 % and 33.8% respectively, which continues to increase in the 25-49 age group. In this group men have a 9.6% higher nonadherence rate over the last 6 months than women, with a six-month average of 37% of missed appointments.

**Results:** Finding and retaining men has been a challenge in Mozambique, especially due to the high mobility of job-seeking men in the southern half of the country. In 2018, the National Male Engagement Guide was launched, with the aim of specifically creating interventions and programs for men.

**Conclusion:** Adhesion is an important indicator of the HIV care and treatment system in the country, and the high percent of defaulters seen in men 25-49 is worrying. The level of engagement and quality of services offered to adult men should be reviewed and reinforced at all levels.

## 1155 Tracking Therapeutic Failure through the Transition from TLE to TLD

Irenio Gaspar (presenting)<sup>1</sup>, Orrin Tiberi<sup>1</sup>, Sergio Correia<sup>1</sup>, Aleny Couto<sup>1</sup>

<sup>1</sup> National Control Program for STIs and HIV/AIDS, Ministry of Health, Maputo, Mozambique

**Background:** In November 2019, Mozambique started the transition from TDF/3TC/EFV (TLE) to TDF/3TC/DTG (TLD) for adult beneficiaries of ART in the country. The new medication brought many benefits, including a low profile of drug resistance. As part of the monthly monitoring of beneficiaries of HIV care, the Ministry of Health also had established a suspected therapeutic failure system that submitted cases to the national level for review and approval. Though not specifically designed to track the impact of the transition to TLD, during the transition the platform registered a significant decline in the number of suspected therapeutic failure cases from Oct 2019 to April of 2020 when the transition was completed.

**Method:** When taken as a three-month rolling average, before the initiation of the TLE to TLD transition there was consistently above 1000 cases of suspected therapeutic failure in the 15+ population, with a three-month average max of 2,118 in July 2019. Starting in November submitted cases decreased to 1,195, until April when the transition finished it dropped even further to 561 average cases. During 2020 the cases continued to drop, with the year closing with a three-month average of 130 cases per month. The impact of this transition, which is the only medication change during that time, is clear from these data. During the year of 2021 the number of suspected therapeutic failure remained below 190.

**Results:** New HIV medication combinations can significantly impact the number of suspected therapeutic failure cases owing to their novelty in the prescribed regimes.

**Conclusion:** The transition of TLE to TLD improved the quality of beneficiary care throughout the country, decreasing suspected therapeutic failure cases from consistently over 1,000 cases to slightly above 150 cases in three-month averages. The increase of suspected cases toward the end of 2022 should be followed to ensure identification of any resurgence of suspected therapeutic failure.



## 1156 Analysis of Advanced HIV Disease Eligibility Differences in Mozambique

Irenio Gaspar (presenting)<sup>1</sup>, Eudoxia Filipe<sup>3</sup>, Ferreira Ferreira<sup>2</sup>, Aleny Couto<sup>1</sup>, Ministry of Health<sup>1</sup>, Orrin Tiberi<sup>1</sup>

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- <sup>3</sup> Ministry of Health, Accra, Ghana

**Background:** With an estimated 25% prevalence in newly initiating beneficiaries of HIV care, the Advanced HIV Disease (AHD) care package is critical for the successful linkage and treatment of a substantial percentage of people living with HIV in Mozambique. The AHD package is still in the expansion phase in the country, and more information is needed to properly tailor the approach for the populations most at risk.

**Method:** To characterize the occurrence of ADH in Mozambique a review of first CD4 after ART initiation was conducted at all the health facilities with electronic medical record systems (n=625). Aside from criteria for WHO Staging, any ART beneficiary aged 5 or above with a result of less than 200 cell/ml is eligible to be enrolled in AHD. Of the approximately 7% of CD4 tested newly initiates, 26% received a result with a CD4 count lower than 200. When distributed to gender, 21% of women and 31% of men at the national level were ADH eligible. The disparity between genders has surprising differences at the provincial level, with the northern provinces of Cabo Delgado and Nampula with 6% and 2% difference respectively, much lower than the national difference of 10%. The remaining three provinces in the analysis, Gaza, Maputo Province, and Maputo City, all were above 10% difference. Gaza was the highest with 16% higher men eligible for CD4, or a total of 18% women and 34% men eligible for AHD.

**Results:** Provinces in the southern part of the country had a significant gap between men and women when reviewing eligibility for AHD.

**Conclusion:** With the expansion of the AHD into more health facilities there must be an increased focus on CD4 testing men, particularly in the southern part of the country. In addition, more must be done to understand the underlying factors that make men more likely to initiate ART with AHD.

## 1157 Monitoring of Mozambique National CD4 Testing for Advanced HIV Disease

Eudoxia Filipe (presenting)<sup>3</sup>, Irenio Gaspar<sup>1</sup>, Ferreira Ferreira<sup>2</sup>, Aleny Couto<sup>1</sup>, Ministry of Health<sup>1</sup>, Orrin Tiberi<sup>1</sup>, Beatriz Simone<sup>1</sup>

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- <sup>2</sup> USAID, Washington, DC, USA

**Background:** Though CD4 testing initiated in Mozambique in 2003, with the approval of the National Acceleration Plan for the HIV Response in Mozambique in 2013, CD4 testing entered a usage acceleration phase, becoming widely available for HIV care initiation. This approach to HIV care was practiced until the adoption of Test and Start in late 2016 that shifted the testing importance away from CD4 and towards Viral Load. Starting in 2021 demand for CD4 increased to provide further analysis for newly initiated beneficiaries of care and for the Advanced HIV Disease (AHD) care model implemented March in 2022.

**Method:** An analysis using the electronic patient tracking systems was conducted to improve understanding of the current CD4 testing situation. The review collected all CD4 results for all newly initiated beneficiaries from October 2021 until September 2022. Of those 250,000 newly initiated beneficiaries during this period, only approximately 17,000 had CD4 tests nationally mandatory test for new initiates on HIV care. The number of tests almost doubled from the first quarter (October to December 2021) until the last, going from 2,585 tests to 4,800. In the 31 health facilities (HF) in the first phase of AHD expansion, there is a clear increase in percentage newly initiated tested, from only 5% in the last quarter of 2021 to 21% in quarter 3 of 2022.

**Results:** Despite the increasing numbers of CD4 tests for diagnosis of AHD, Mozambique is still a long way from reaching universal coverage for CD4 testing in new ART initiates.

**Conclusion:** Despite the increase in CD4 testing, new approaches are needed for increasing CD4 availability, including CD4 point of care testing, that would allow an increased access to reagents as well as reducing the laboratory response time and delivery of the result to the beneficiary.



# 1158

## 3-Year Retention in Care and Viral Suppression among mHealth Platform Members with and without Documented Substance Use

**Karen Ingersoll (presenting)**<sup>1</sup>, Kori Otero<sup>1</sup>, Brooke Williams<sup>1</sup>, Ben Elliott<sup>1</sup>, Lauren Richey<sup>2</sup>, Ava Lena Waldman<sup>1</sup>, Rebecca Dillingham<sup>1</sup>

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<sup>2</sup> LSU Health Sciences Center New Orleans, New Orleans, LA, USA

**Background:** PWH and substance use (PWSU) have more gaps in care, lower RIC, poorer ART adherence, and lower rates of viral suppression. We evaluated whether 3-year outcomes varied by SU among *PositiveLinks* (PL) members.

**Method:** We examined notes and diagnoses from CareWare and Epic for 600 patients from 2017-2020. SU included diagnoses of illicit SU and/or SU-related visits (PWSU n=117). Patients who used tobacco or reported alcohol use with no AUD were categorized as non-SU (n=483). We compared PL members with and without documented SU at baseline (April 2017) and three years later (April 2020) on demographics and HIV clinical outcomes with t-tests and Chi square analyses.

**Results:** Across 3 years, 13% of patients were PWSU. Notes showed that 65% used >1 substance. There were 2540 SU counseling visits among 179 patients with an average of 14 visits per patient. There were 1466 general visits among 117 PWSU, a mean of 13 visits each, compared to 8 visits each among 483 PWH without documented SU ( $p<.01$ ) over 3 years. Among PWSU, RIC increased from 56% to 79% ( $p<.01$ ) while among PWH without SU, RIC increased from 47% to 69% ( $p<.01$ ). VS increased significantly from 2017 to 2020. Among PWSU, VS increased from 71% to 90% ( $p<.01$ .) while PWH without documented SU, VS increased from 70% to 87%, ( $p<.01$ ).

**Conclusion:** 600 PWH using *PositiveLinks* app showed good HIV clinical outcomes across 3 years regardless of SU status, including significant improvement in VS and RIC for patients with and without substance use. Unexpectedly, PL users who were PWSU received more care visits and had higher rates of achieving HRSA-1 retention in care during both study periods compared to patients without documented SU. Even without specific tailoring for SU, *PositiveLinks* facilitates good HIV outcomes in PWH with and without documented substance use.

# 1162

## VLS Rates Maintained Due to COVID-19 Adaptation

**Steven Sawicki (presenting)**<sup>1</sup>, Divyanka Pawaskar<sup>2</sup>

<sup>1</sup> New York State Department of Health, Albany, NY, USA

<sup>2</sup> University of Buffalo, Buffalo, NY, USA

**Background:** COVID created fear that HIV viral suppression rates would plummet during the pandemic. We looked at four years' worth of data-2018 through 2022 to see whether this was the case. Our hypothesis was that, because providers had received a great deal of training, pre-COVID, on quality improvement and adaptation, suppression rates would not be significantly impacted. We evaluated data from HIV providers in the Western geographic region of New York.

**Method:** We compiled data from 2018 through 2021 for each of the major HIV providers in the Western region of NY (15 counties around Buffalo/Rochester) and looked at patient level data for dates of labs, viral loads, and demographics. We translated this data into aggregate data for each provider and then combined provider data for each of the four years. We specifically looked at: dates of labs, viral load rates, race, ethnicity, age, gender, and housing status. We then charted the data to identify COVID impact. Separately we identified the ways in which these providers adapted their services under COVID.

**Results:** Viral load suppression rates rose from 2018 to 2019 and then fell in 2020, the first year of COVID. Viral load rates then rose in 2021, the first full year of COVID. The rates for 2021 were higher than the rates for 2018. Viral load testing also fell from 2019 to 2020. This is significant because it fell at a comparative rate to suppression rates. The state of NY counts individuals as being unsuppressed if they have not had a viral load test in the previous 12 months.

**Conclusion:** HIV providers adapted their services, so PLWH received what they needed to maintain med adherence as indicated by suppression rates. The drop in 2020 was tied to individuals not getting viral load work done.



## 1164 Formative Work to Customize a Mobile Health Platform to Meet the Needs of People with HIV Living in the District of Columbia

Sylvia Caldwell (presenting)<sup>1</sup>, Karen Ingersoll<sup>1</sup>, Tabor Flickinger<sup>1</sup>, Jacqueline Hodges<sup>1</sup>, Ava Lena Waldman<sup>1</sup>, Chloe Garofalini<sup>2</sup>, Wendy Cohn<sup>1</sup>, Rebecca Dillingham<sup>1</sup>, Amanda Castel<sup>2</sup>, Karen Ingersoll<sup>1</sup>

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<sup>2</sup> The George Washington University, Washington, DC, USA

**Background:** Achieving HIV viral suppression and retention in care are challenging for people with HIV (PWH) in the Washington, DC area. The *PositiveLinks* (PL) mobile application was associated with increased retention in care and viral suppression rates among rural and suburban people. This formative study aimed to guide tailoring of PL for the unique needs of urban PWH.

**Method:** This study addressed the DC Cohort, a longitudinal cohort of PWH receiving care from clinics in Washington, D.C. Study components were in-depth interviews with providers at DC Cohort study clinics (n=28), focus groups with PWH enrolled in the cohort (n=32), and a focus group with members of the DC Planning Commission on Health and HIV (COHAH) (n=35). Qualitative analysis of transcripts used a constant comparison iterative approach to identify emerging themes to inform tailoring of PL for patients and providers in the DC Cohort.

**Results:** Themes across all three groups included: population needs and concerns, facilitators and barriers of engagement and viral suppression, technology use, anticipated benefits and questions/concerns, and suggestions. DC Cohort clinic and COHAH providers articulated an additional theme of clinic processes. Themes from all groups were reviewed and discussed with DC Cohort Study investigators. After reviewing the data, investigators selected core PL app features including Daily Check-ins (medication adherence, mood and stress), Resources, FAQs, and the Community Board. Three additional app features (Messaging, Labs, and Documents) were made optional for clinical sites. Two features (Appointments and Telehealth) were not included for PL in the DC Cohort.

**Conclusion:** Patient and provider perspectives of PL had some overlap and some themes unique to each group, which were taken into account for platform tailoring. This formative work was completed in preparation for a large cluster randomized trial of PL efficacy, which launched December 2022.

## 1168 Psychosocial Factors Predicting Transitions in HIV Disclosure Stages: An Evaluation of a Theory-Based Parental HIV Disclosure Intervention among Parents Living with HIV in China

Ran Zhang (presenting)<sup>1</sup>

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**Background:** Parental HIV disclosure is influenced by various psychosocial factors, including outcome expectancy and self-efficacy. The Health Action Process Approach (HAPA) identifies three stages of HIV disclosure: pre-intention, intention, and action. However, the specific roles of psychosocial factors in HIV disclosure stage transition have not been adequately studied. This study aims to assess the predictive effects of psychosocial factors on parental HIV disclosure stage transitions.

**Method:** We utilized secondary data from a theory-based parental HIV disclosure intervention conducted in China in 2012. A latent change score (LCS) method was used to evaluate the intervention's effect on disclosure-related psychosocial factors, including knowledge, outcome expectancy (i.e., perceived costs and rewards), self-efficacy, and planning. The predictive effects of these psychosocial factors on disclosure stage transitions were examined by treating them as covariates in a Markov chain model that estimated the HIV disclosure stage transition matrix.

**Results:** Statistically significant intervention effects were observed for disclosure knowledge ( $\beta=0.137$ , 95% CI [0.037-0.237],  $p=0.007$ ), action self-efficacy ( $\beta=0.277$ , 95% CI [0.120, 0.434],  $p=0.001$ ), and action planning ( $\beta=0.344$ , 95% CI [0.168, 0.519],  $p<0.001$ ) at the first follow-up, but not for disclosure outcome expectancy. Our analysis revealed that action self-efficacy and action planning facilitated progression from pre-intention to intention, while action planning prevented regression from intention to pre-intention.

**Conclusion:** Identifying stage-specific psychosocial predictors can assist in matching future interventions to psychologically defined HIV disclosure stages and ultimately improve the lives of families affected by HIV. These findings have important implications for the development of effective interventions that can support parents living with HIV in disclosing their status to their children.



## 1172 COVID-19 Vaccination Acceptability among People Living With HIV

Aldonza Milian (presenting)<sup>1</sup>, Aarathi Nagaraja<sup>1</sup>, Lisa Reid<sup>1</sup>, Katrina Winston<sup>1</sup>

<sup>1</sup> Sun River Health, Peekskill, NY, USA

**Background:** Sun River Health is a network of 43 FQHC's in Hudson Valley (HV), Long Island (LI), New York City (NYC), 16 of which provide comprehensive HIV care. People living with HIV can benefit from COVID-19 vaccination because of the elevated risk for poor clinical outcomes associated with COVID-19 infection. Vaccine hesitancy among this population was examined to investigate low vaccination rate and to identify barriers. However, peer support, onsite vaccination clinic, and individual and group education improved vaccination rate.

**Objective:** To increase the percentage of PLWH in our Ryan White Part A program from 3/1/22 to 12/1/2022 who receive COVID-19 vaccination by providing targeted outreach to unvaccinated patients focusing on communities of color, identify barriers to vaccination, and provide education about COVID-19 vaccine and booster.

**Method:** Electronic medical record (*eClinical Works*) and an informatics platform (COGNOS) were used to collect vaccination data for program patients. Percentage of PLWH who were vaccinated, unvaccinated, and boosted was calculated for 9 months. Telephonic and in person interviews with unvaccinated patients were conducted. Questions assessed willingness to accept COVID-19 vaccine and concerns regarding COVID-19 vaccination. Peer support, individual and group education, and onsite vaccination clinics were available.

**Results:** Vaccination rate among PLWH in the Ryan White Part A program improved from 57% to 73%, and the percentage of patients who received booster shots increased from 23% to 34% (figures [1](#), [1A](#), and [1B](#)).

**Conclusion:** There was a notable increase in willingness to accept COVID-19 vaccination and booster shot despite identified barriers including low perceived benefit of vaccination, safety and efficacy concerns, and distrust in government and health organizations; however, education emphasizing efficacy of COVID-19 vaccination and safety helped address misinformation.

## 1177 Gaps in Reporting the 95-95-95 Targets in Cities

Helen Omowumi Olowofeso (presenting)<sup>1</sup>, Sindhu Ravishankar<sup>2</sup>, José M. Zuniga<sup>2</sup>

<sup>1</sup> International Association of Providers of AIDS Care, Lagos, Nigeria

<sup>2</sup> International Association of Providers of AIDS Care, Washington, DC, USA

**Background:** For almost a decade, HIV responses have prioritized attainment of the 2014 UNAIDS 90-90-90 targets and, subsequently, more ambitious 95-95-95 targets announced in 2021, to close HIV treatment continuum gaps. Despite calls to utilize programmatic data to guide continuum optimization efforts, there remain gaps in (consistently) reporting such data, including at city/municipal levels.

**Method:** A systematic review of three publicly available databases for city/municipal-level 95-95-95 data was conducted using the IAPAC Fast-Track City database, UNAIDS NAOMI Spectrum, and US AHEAD dashboard as reference sources. Cities/municipalities were organized by region, with regions <20 cities excluded from the analysis, resulting in data from 235 cities/municipalities across Eastern and Southern Africa (ESA); Western and Central Africa (WCA); Western and Central Europe (WCE); and North America (NA). Gaps in reporting the 95-95-95 targets were supplemented by a desk review of Fast-Track City regional and city/municipal workshop reports to inform reasons for reporting gaps.

### Results:

In ESA and WCA, non-reporting for the 3rd 95 target was attributed to low viral load testing coverage; and 100% reporting rate of the 1st 95 target was attributed to city-/municipal-level modelling tools (Spectrum/Thembisa). In WCE, gaps in reporting on the 1st 95 target were attributed to inapplicability of estimation models in cities/municipalities with small population size; and in NA the reporting gap was attributed to inapplicability of the CD4 back-calculation model when HIV diagnosis unaware estimates were unavailable. Gaps in reporting on the 2nd and 3rd 95 targets in NA could be attributed to the fact that the US Ending the HIV Epidemic Strategy does not include an antiretroviral therapy target (2<sup>nd</sup> 95 target). [See Figure.](#)

**Conclusion:** Improved estimation models considering city/municipal population dynamics, advocacy for on ART data in NA, and increased viral load coverage, may result in a larger number of cities/municipalities consistently monitoring progress against all three 95-95-95 targets.



## 1184 Implementing a New Method of Self-Collected Finger-Stick Blood for Remote HIV Testing to Help PWH Maintain Engagement in Care

Amanda J. Smith (presenting)<sup>1</sup>, Wei Luo<sup>1</sup>, Tashyra Burnside<sup>1</sup>, M. Leanne Ward<sup>1</sup>, Jeffrey Johnson<sup>1</sup>

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**Introduction:** Current FDA-approved HIV testing methods for viral suppression monitoring require attendance at clinics to obtain a venipuncture blood specimen. Some persons with HIV (PWH) do not engage in care or often discontinue care due to stigma or socioeconomic and structural barriers such as living in rural areas. These challenges are reported to disproportionately hinder care for Black and Hispanic PWH.

**Description:** We developed a self-collected blood protocol using EDTA microtainers as a strategy to provide remote testing options for PWH. The specimen handling and testing procedure underwent rigorous validation to generate specimen acceptance criteria and includes an irreversible temperature monitor attached to the inside packaging. Participants are mailed a collection kit with detailed instructions to perform the collection and to properly package and ship their specimens for HIV RNA testing using a dilution protocol on a widely available platform. We are currently evaluating feasibility and participant acceptability to successfully perform fingersticks and return a usable sample.

**Lesson Learned:** The  $\geq 250\mu\text{L}$  of blood collected in microtainers renders  $100\mu\text{L}$  of plasma required for testing. Obtaining a plasma specimen avoids excessive sample manipulation and potential DNA contamination from dried blood spots. The established acceptable conditions for specimen transport are ambient temperature  $<37^\circ\text{C}$  for up to 4 days after collection, which results in  $<0.3 \log_{10}$  difference in viral load as compared to testing on the day of collection. These criteria support specimen handling conditions well beyond what is currently FDA-approved.

**Recommendations:** We have developed a viable, rigorous protocol to support remote blood sample collection for HIV testing. To make self-collections a part of HIV telemedicine, FDA approval of assays using self-collected blood is needed. Our new method could eliminate barriers to testing and empower individuals to engage in the HIV continuum of care.

## 1185 Disparities in Cardiovascular Risk Factors among Hispanics with HIV in a Southern City in the USA

Jorge Fleites, Jr., (presenting)<sup>1</sup>, Ryan Severdija<sup>1</sup>, Michaela Larson<sup>1</sup>, Sanjana Satish<sup>1</sup>, Karla Inestroza<sup>1</sup>, Bertrand Ebner<sup>1</sup>, Catherine Boulanger<sup>1</sup>, Dushyantha Jayaweera<sup>1</sup>, Maria Alcaide<sup>1</sup>, Claudia Martinez<sup>1</sup>

<sup>1</sup> University of Miami, Miami, FL, USA

**Background:** HIV enhances the risk of cardiovascular disease (CVD) and disproportionately affects minority groups. The purpose of this study was to evaluate potential disparities among CVD risk factors in people with HIV (PWH) of Hispanic ethnicity.

**Method:** Retrospective chart review (n=1,202) analyzing demographic and clinical data of PWH seen at the University of Miami/Jackson Memorial Hospital Special Immunology clinic between 2017-2019. The focus was on the prevalence of CVD risk factors among PWH who self-identified as Hispanic vs. Non-Hispanic (including Black, White, and Haitian). For statistical analysis between groups, T-test, Mann-Whitney U test, and Chi-squared test were utilized. Significant p-values were  $p < 0.05$ .

**Results:** 420 subjects self-identified as being Hispanic (68.3% male) and 781 subjects as non-Hispanic (53% female, 94.6% Black or African American, 5.7% White, 0.6% Other). There was no significant difference in age ( $52.2 \pm 11.4$  vs.  $52.4 \pm 11.8$ ). Hispanics had significantly higher levels of triglycerides ( $186.2 \pm$  vs.  $130.6 \pm$   $p < .001$ ), lower levels of HDL ( $46.85 \pm$  vs.  $50.5 \pm$   $p < .001$ ), lower hemoglobin A1c levels ( $5.8 \pm 1.3$  vs  $6.1 \pm 1.6$   $p < .001$ ), and significantly lower prevalence of morbid obesity (4.0% vs. 8.2%  $p = 0.006$ ). Also, prevalence of smoking and recreational drug use was lower among Hispanics (20.0% vs. 26.3%  $p = 0.018$ , 4.6% vs. 10.3%  $p < .001$ , respectively). There were no significant differences in the levels of total cholesterol and LDL, average BMI, and prevalence of hypertension and diabetes mellitus.

**Conclusion:** Given a growing Hispanic population and increasing rates of CVD in PWH, further studies analyzing CVD risk factors and impact of hypertriglyceridemia on CVD outcomes are warranted to develop personalized preventative strategies for this population.





## 1186 Factors Associated with Mortality among Patients on ART: Analysis from a Case-Control Study in Côte D'Ivoire

Marie-Lauren Greenberg (presenting)<sup>1</sup>, Huguette Kingbo<sup>1</sup>, Marc N'goran<sup>1</sup>, Nicole Herrera<sup>1</sup>, Ignace Tosseu Ban<sup>1</sup>, Rhoderick Machezano<sup>1</sup>, Fathim Kamagate<sup>2</sup>, Alexandre K. Ekra<sup>2</sup>, Samuel Tchwenko<sup>2</sup>, Charles Joseph Diby<sup>1</sup>, Appolinaire Tiam<sup>1</sup>

<sup>1</sup> Elizabeth Glaser Pediatric AIDS Foundation, Takoma Park, MD, USA  
<sup>2</sup> Centers for Disease Control and Prevention, Center for Global Health, Division of Global HIV/AIDS and TB, Abidjan, Cote d'Ivoire

**Background:** HIV remains a leading cause of death in Côte d'Ivoire, with little known about factors associated with mortality among people living with HIV (PLHIV) receiving antiretroviral therapy (ART).

**Method:** This case-control secondary data analysis utilized electronic health records to match 1-2 controls (ART clients alive and in care) by age and sex to cases (deceased ART clients with reported date of death October 2020 -September 2021). We abstracted data from 27 health facilities in Côte d'Ivoire. Variables significantly associated with mortality in univariate logistic regression were included in multivariate analysis.

**Results:** We matched 1087 cases to 1891 controls (61% female, 3% age <15). In adjusted analysis, cases had significantly higher odds of CDC stage B or C at ART initiation (OR 1.3, 95% CI 1.2-2.0 and OR 1.5, 95% CI 1.2-2.8 respectively compared to stage A) and history of opportunistic infection (OR 2.9, 95% CI 1.8-4.7). Cases had significantly lower odds of being married (OR 0.6, 95% CI 0.5-0.8), having received cotrimoxazole prophylaxis (OR 0.2, 95% CI 0.2-0.3), having received isoniazid prophylaxis (OR 0.2, 95% CI 0.1-0.3), and of having secondary (OR 0.7 95% CI 0.5-0.9) or tertiary education (OR 0.4, 95% CI 0.3-0.7) compared to primary school. While precise date of death was not always available, ≥37% of deaths occurred <6 months after ART initiation. 38% of cases were unsuppressed at last viral load, compared to 8% in controls.

**Conclusion:** Mortality is associated with clinical condition at presentation, with many clients dying <24 weeks after ART initiation. This underscores the need to strengthen advanced HIV disease programs to reduce mortality among PLHIV.

## 1189 Increased Stress among Transgender and Non-Binary Individuals Decreased PrEP Intervention Engagement

Dafna Paltin (presenting)<sup>1</sup>, Maximo Prescott<sup>1</sup>, Leah Burke<sup>1</sup>, Sheldon Morris<sup>1</sup>, David Moore<sup>1</sup>, Jessica Montoya<sup>1</sup>

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**Background:** Pre-exposure prophylaxis (PrEP) is an effective HIV prevention medication when used with adequate adherence. Despite elevated risk for HIV, transgender and nonbinary individuals (TGNB) experience lower adherence than cisgender individuals. The individualized Texting for Adherence Building (iTAB) system, a texting-based intervention for PrEP adherence, was adapted to include motivational interviewing (iTAB\_MI) to engage TGNB individuals. TGNB individuals report greater perceived stress than their cisgender counterparts, which may impact engagement in iTAB\_MI and PrEP adherence. The present study examined the relationship between perceived stress and iTAB\_MI engagement, and whether gender modified the association.

**Method:** 127 participants were enrolled into a 48-week intervention to receive brief MI support for adherence. Brief telephone-based MI was indicated if participants didn't respond to daily text messages or self-reported non-adherence to PrEP for three consecutive days. Intervention engagement was categorized as: *MI never indicated*, *MI indicated and completed*, and *MI indicated but not completed*. The association between perceived stress and intervention engagement was evaluated by one-way ANOVA.

**Results:** Perceived stress was significantly associated with intervention engagement ( $F(2, 122)=4.11, p=0.02$ ). A post hoc Tukey test showed that individuals in the *MI indicated but not completed* group ( $M=29.03, SD=5.37$ ) reported significantly greater perceived stress than the individuals in the *MI never indicated* group ( $M=24.80, SD=7.33$ ) ( $p=0.03$ ). Gender didn't significantly moderate the association between perceived stress and engagement.

**Conclusion:** Perceived stress was significantly associated with engagement in an intervention designed to increase PrEP adherence among TGNB. Individuals who were least engaged (*MI indicated, not completed*) had higher perceived stress compared to participants who were the most engaged (*MI not indicated*). Addressing perceived stress may benefit interventions designed to increase PrEP adherence among TGNB.



## 1192 The Prevention and Behavioural Intervention (PBI) Model: Increasing PrEP Adherence in Zambia

Pule Mundende (presenting)<sup>1</sup>, Brenda Simpasa<sup>1</sup>, Adamson Ndhlovu<sup>1</sup>, Mutinta Nyumbu<sup>1</sup>

<sup>1</sup> JSI USAID DISCOVER-Health Project, Lusaka, Zambia

**Introduction:** The USAID DISCOVER-Health Project in Zambia implemented by JSI Research & Training Institute Inc. (JSI), supports the Ministry of Health in the provision of quality HIV, MNCH, FP/RH services and products. In 2018, the Project rolled out oral Pre-Exposure Prophylaxis (PrEP) to Adolescent Girls and Young Women at risk of HIV infection in 40 DREAMS centres and to other population categories, namely, adolescent boys and young men, discordant couples, men who have sex with men, transgender people, people who inject drugs, prison inmates and the general population through 205 health facilities. From the outset, the Project used the Prevention and Behavioural Intervention (PBI) Model, which it designed, to enhance PrEP adherence across the service delivery continuum.

**Description:** The PBI model is a strategy for sustaining clients on PrEP and other HIV services while their risk for HIV infection or transmission persists. It enhances adherence to PrEP before, during and after service delivery by motivating clients to access PrEP, providing them supportive client-friendly environment and sustaining compliance and client pro-health behaviours as depicted in [this diagram](#). Cross-cutting the model is a focus on supply chain considerations and strategic information to guide programming. As a result of using the PBI model, the Project reached 32,753 people with PrEP during the period October 2021 and September 2022 against a target of 18,459, which is 177 percent achievement.

**Lesson Learned:** Prioritizing adherence support across the service delivery continuum, results in greater adherence among clients on PrEP.

**Recommendations:** The PBI model ensures that adherence support is provided in all the components of service delivery. The model helps clients to gain insight into their sexual behaviour, risk for HIV infection and their decision to take PrEP, consequently creating a sense of ownership and responsibility for their sexual health.

## 1193 Utilizing Pharmacy Claims Data to Identify People with HIV at Risk of Antiretroviral Non-Adherence

Andrea Perez (presenting)<sup>1</sup>, Hemant Lanjewar<sup>1</sup>, Ethan Fusaris<sup>1</sup>, Jennifer Kaufman<sup>2</sup>, Mark Brennan-Ing<sup>2</sup>, Jerome Ernst<sup>1</sup>

<sup>1</sup> Amida Care, New York, NY, USA

<sup>2</sup> Brookdale Center for Healthy Aging, Hunter College, City University of New York, New York, NY, USA

**Background:** Adherence to antiretrovirals (ARV) is essential for HIV suppression. Identifying people with HIV (PWH) with unsuppressed viral loads (VLs) usually occurs long after they have stopped their ARVs, due to the gap between stopping ARVs and VL measurement. In cases where PWH were at risk of ARV nonadherence due to a failure to fill ARVs, Amida Care, a Medicaid health Plan in NYC, proactively identified these individuals within the first month after missing an ARV fill so they could be offered adherence support and thus minimize the opportunity for HIV VL rebound.

**Method:** Plan members must fill all ARVs at in-network pharmacies, which submit fill reports daily to the Plan. PWH that fill 3-month/90-day prescriptions are easily identified by the number of tablets received. We reviewed pharmacy claims, VLs, and CD4s for every PWH filling prescriptions for 3-drug or more ARV regimens in 2022 (n=7210).

**Results:** In 2022, 60% (n=4311) failed to fill 1 or more months of ARV prescriptions. Of the 4311 who missed  $\geq 1$  monthly fill in 2022, 30% (n=1300) missed 1, 18% (n=782) missed 2, 11% (n=494) missed 3, 18% missed 4-6 (n=781), 9% missed 7-9 (n=395), and 13% missed  $\geq 10$  (n=559). VLs were obtained from 76% of Plan members (n=5473); a total of 85% (n=4646) were suppressed (VL<200 copies). CD4 T-cell results were obtained from 61% of members (n=4404); 15% (n=643) had CD4s  $\leq 200$  and 28% (n=1249) had CD4s  $\geq 201$  and  $\leq 500$ .

**Conclusion:** Not filling ARVs is an early indicator of adherence difficulties. Utilizing pharmacy claims to immediately identify PWH who missed filling their ARVs can allow for the provision of early adherence support which may improve clinical outcomes for this group.



## 1197 Early Adopters of Long-Acting Injectable Cabotegravir for HIV Prevention: A Cohort Analysis at an Academic Hospital in New York City

Joshua Klein (presenting)<sup>1</sup>, Caroline Carnevale (presenting)<sup>1</sup>, Jason Zucker<sup>1</sup>, Emma Molina<sup>1</sup>, Brian Simpson<sup>1</sup>, Angelica Arache<sup>1</sup>, Edward Perez<sup>1</sup>, Alywn Cohall<sup>2</sup>, Peter Gordon<sup>2</sup>, Kathrine Meyers<sup>2</sup>

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<sup>2</sup> Columbia University Medical Center, New York, NY, USA

**Background:** Black and Latinx individuals have disproportionately higher rates of HIV infection, yet approximately 65% of US PrEP users identify as White. We describe the introduction of long-acting cabotegravir (CabLA) within a large-scale NYC sexual health program servicing primarily LGBTQ+ people of color. The program, established in 2015, has since assessed 4051 individuals for HIV prevention services — of whom 56% identify as Black/Latinx. We began offering CabLA in March 2022.

**Method:** A retrospective analysis of 879 patient records was conducted (March 2022–2023). The first 33 sexual health patients educated and offered CabLA for PrEP were compared to the overall patient population seen during the same period. Demographic data, previous oral PrEP use, duration of engagement in PrEP program, insurance requirements, barriers to CabLA uptake and initiation, and reasons for discontinuation of CabLA were assessed.

**Results:** In the past year, 388 new patients were engaged, and 33 patients were educated about CabLA. Of those educated, 11 (33%) initiated injections, 10 (90%) of whom transitioned from oral PrEP. Three (27%) discontinued injections. The majority (82%) of CabLA initiators identified as Black/Latinx compared to the total patient population seen (57%); all were insured. Average duration engaged in sexual healthcare at our clinic before CabLA initiation was over two years. Insurance authorization, dosing schedules, and residual drug levels post termination of CabLA were the most cited reasons to not initiate CabLA.

**Conclusion:** In our small sample, a higher proportion of CabLA initiators were Black/Latinx when compared to our program's oral PrEP users, suggesting that injectable PrEP may have a role in increasing PrEP uptake among Black/Latinx patient populations. Despite our program having well-established infrastructure to deliver HIV prevention services, barriers to offering CabLA remain significant and impede our ability to scale up injectable PrEP.

## 1202 Mitigating the Disruption of HIV Research during the COVID-19 Pandemic

Andres Vazquez (presenting)<sup>1</sup>, Nicholas Fonseca Nogueira<sup>1</sup>, Patricia Raccamarich<sup>1</sup>, Maria Alcaide<sup>1</sup>, Deborah Jones<sup>1</sup>

<sup>1</sup> University of Miami Miller School of Medicine, Miami, FL, USA

**Introduction:** The COVID-19 pandemic had a devastating impact globally and presented significant challenges and disruptions to HIV research. Social distancing restrictions, reduced clinical research capacity, closure of institutional regulatory boards (IRB), and rapidly changing university policies limited face-to-face activities and stimulated hesitancy to participate in research. We examined COVID-19 disruption of the Miami HIV research unit between 2019–2022 and identified strategies utilized that sustained community engagement in research in the urban, ethnically diverse region of South Florida.

**Description:** Number of research encounters decreased from 1332 (2019) to 523 (2020), and steadily increased to 1170 (2021) and 1623 (2022). Revised procedures necessitated increased IRB modifications; the frequency of sample collection visits increased from 2019 to 2021 due to addition of COVID-19-related metrics. The percentage of persons living with HIV attending research visits decreased from 61.9% (2019) to 47.6% (2020). The number of studies, interest in research, age, ethnicity, and racial distributions remained stable.

**Lesson Learned:** Heightened concerns regarding potential COVID-19 infection made PPE training and safety regulations crucial to sustaining infection-free environments in which participants felt comfortable. Addition of remote visits, electronic payments, and protective product incentives (e.g., gloves, masks) were critical to reduce risk and increase acceptability of research visits. Additional strategies included reviewing consent-to-contact databases, promoting studies virtually, and stress reduction events followed by a shift to community events once vaccinations began.

**Recommendations:** Adaptable recruitment and retention protocols are a critical component of planning for a health crisis. Clear and consistent communication in combination with electronic reimbursement strategies contributed to sustainment of community trust in research and participant involvement. The pandemic highlighted the need for proactive training to engage in multidisciplinary roles to create teams capable of developing and implementing innovative research solutions and protocols.



## 1203 If I Had Less Melanin, I would have More Access: Implementation Barriers and Facilitators to Long-Acting Injectable PrEP and ART Treatment Uptake among Black and Latino MSM in California and New York

Orlando Harris (presenting)<sup>1</sup>, Joseph Egbunikeokye<sup>1</sup>, Whitney Bagby<sup>1</sup>, Simran Brar<sup>1</sup>, Mark Heringer<sup>2</sup>, Jin Deng<sup>2</sup>, Finn Black<sup>1</sup>, Liam Elliott<sup>1</sup>, Mitchell Wharton<sup>2</sup>

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**Background:** Black and Latino men who have sex with men (BLMSM) are disproportionately affected by HIV/AIDS in the United States. Compared to their White counterparts, BLMSM living with or at-risk of becoming infected with HIV are significantly less likely to initiate pre-exposure prophylaxis (PrEP) or maintain antiretroviral adherence to achieve viral suppression. Long-acting injectable (LAI) medications for treatment and PrEP offer opportunities to narrow this disparity. Despite the availability of these novel prevention and treatment options, limited research exists that documents LAI implementation barriers and facilitators among BLMSM. Thus, the purpose of this study is to explore the barriers and facilitators to LAI PrEP and treatment uptake among BLMSM living in California and New York.

**Method:** We utilized in-depth, individual, semi-structured interviews to collect qualitative data from BLMSM (N=41) in California and New York between August 2021 and December 2022. Interviews were recorded, transcribed verbatim, and analyzed using thematic content analysis.

**Results:** Participants range in age from 19-65 years, majority Black (73%), and described their gender as male (93%). Awareness of LAI among participants was low with less than 1/3 able to provide a general description. Participants identified barriers to acceptability as racialized medical distrust, fear of needles, preference for pill-based regimen, and unknown long-term side-effects. Convenience, communication, and routine engagement with a trusted care provider were identified as facilitators to increasing acceptability and uptake. Accessibility is impeded by participant's race, provider awareness of LAI as a treatment modality, medication cost and insurance coverage.

**Conclusion:** These findings highlight ongoing challenges BLMSM experiences with accessing HIV treatment and prevention services and provide guidance for developing strategies to enhance LAI uptake among BLMSM.

## 1204 Implementing Rapid ART in Houston/Harris County: Baylor College of Medicine ECHO Facilitating Antiretroviral StART Earlier (BE FASTER) Community of Practice

Naomi Sequeira (presenting)<sup>1</sup>, Bich Dang<sup>1</sup>, Melanie Goebel<sup>1</sup>, Meheret Adera<sup>1</sup>, Caleb Brown<sup>2</sup>, Monisha Arya<sup>1</sup>, Avishek Ghosh-Hajra<sup>1</sup>, Kathryn Fergus<sup>1</sup>, Shiva Sharma<sup>1</sup>, Shital Patel<sup>1</sup>

<sup>1</sup> Baylor College of Medicine, Houston, TX, USA

<sup>2</sup> AIDS Foundation Houston, Houston, TX, USA

**Background:** Rapid initiation of antiretroviral therapy (Rapid ART) is a key strategy of the *Ending the HIV Epidemic* (EHE) initiative. The BE FASTER program was developed in 2021 to address this call-to-action. The program uses the Project ECHO tele-mentoring model as an implementation tool for increasing Rapid ART in Harris County, a priority EHE jurisdiction. In this study, we present interim results on the acceptability and feasibility of the BE FASTER program.

**Method:** Multidisciplinary health professionals (providers, social workers, pharmacists, administrators) from five Ryan White Part A funded agencies formed the community of practice. The BE FASTER program included 12 monthly one-hour virtual sessions from January 27, 2022, to January 12, 2023. The sessions consisted of a brief didactic presentation followed by case-based discussions focused on Rapid ART implementation challenges and best practices. We administered surveys to participants at baseline, 3 months, and 9 months. Surveys included 4 items on cross-agency collaboration, 3 items on sense of professional development, 3 items on knowledge/skills and 4 items on overall experience.

**Results:** Overall, 64 unique participants attended the first 9 ECHO sessions, with an average attendance of 26 participants per session. Knowledge/skills significantly increased at 9 months (3.63 vs. 3.96,  $P < 0.01$ ). Cross-agency collaboration and sense of professional support also increased, but were not statistically significant (2.88 vs 3.03,  $P = 0.49$ ; 3.51 vs. 3.72,  $P = 0.25$ , respectively). Satisfaction scores were high; 80% of participants were "mostly" or "completely" satisfied with the program, and 97% of participants would "probably" or "definitely" recommend the program.

**Conclusion:** The ECHO model is an acceptable and feasible intervention to bring organizations together as a community of practice to develop, disseminate, and adopt vital initiatives for EHE.



## 1208 Depression Severity Predicts Antiretroviral Therapy Adherence among Black People with HIV in the Individual Community Care for HIV/AIDS Now: Getting Engaged (iC-CHANGE) Study

Vanessa Serrano (presenting)<sup>1</sup>, Jessica Montoya<sup>1</sup>, Elizabeth Pasipanodya<sup>1</sup>, David Moore<sup>1</sup>

<sup>1</sup> University of California, San Diego, San Diego, CA, USA

**Background:** Black people living with HIV (PWH) have lower rates of antiretroviral therapy (ART) adherence compared to other racial/ethnic groups in the U.S and may benefit from adherence interventions. The iC-CHANGE (individual Community Care for HIV/AIDS Now: Getting Engaged) study evaluated the efficacy of a personalized, culturally adapted text messaging intervention to support ART adherence among Black PWH. We investigated whether depression severity was associated with changes in ART adherence.

**Method:** 91 Black PWH were enrolled in iC-CHANGE and sent daily adherence text message reminders. ART adherence was assessed by self-report at the study visits (baseline, weeks 12, 24, 36, and 48). Beck Depression Inventory-II (BDI-II) was administered at baseline, from which participants were characterized as having minimal depression or mild-to-severe depression. Statistical analyses included descriptive statistics of baseline data and mixed effects linear regression to examine the association between depression severity group and changes in ART adherence with each study visit.

**Results:** A majority of participants were male (82.0%) and mean (SD) age was 46.5 (11.7) years. The mixed effects linear regression indicated a significant depression severity group by study visit interaction, indicating a difference in slopes between the depression severity groups. Specifically, ART adherence decreased to a greater extent with each study visit for the mild-to-severe depression group compared to the minimal depression group ( $p = 0.02$ ). The main effect of the study visit was not statistically significant ( $p = 0.64$ ). The main effect of depression severity group was statistically significant ( $p = 0.02$ ), indicating a significant difference in ART adherence at baseline between the depression severity groups.

**Conclusion:** Among Black PWH who participated in iC-CHANGE, different trajectories in ART adherence were observed over the study period based on depression status at baseline. Interventions may be needed to support ART adherence for Black PWH with elevated depression symptoms.

## 1209 Impact of Experiences of Violence on HIV Care Engagement among Young Black and Latinx Men who have Sex with Men (MSM) Living with HIV: A Sequential Mixed-Methods Study

Victoria Frye (presenting)<sup>1</sup>, Hong Van Tieu<sup>2</sup>, Breanne Baez<sup>2</sup>, Michael Bianco<sup>2</sup>, Vijay Nandi<sup>2</sup>, Melonie Walcott<sup>2</sup>

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**Background:** Young Black and Latinx MSM living with HIV experience discrimination, stigma and violence that negatively impact care engagement. ENVIO examines how interpersonal, community, and structural violence relate to HIV care over time and space in New York City.

**Method:** ENVIO included a computer-assisted survey, community asset/risk mapping, in-depth interviews, and app-based daily diary. Blended data on impacts of violence on health/well-being and care engagement is presented.

**Results:** Of 24 MSM (age=25.9±3.4), mean years since diagnosis was 6.2 (2-13 range); 88% were in care (2+ visits P12M) and 12/19 (63%) had undetectable VL (biotesting). 92% reported 1+ PTSD triggering event. Witnessing/experiencing violence (e.g., verbal/physical/sexual partner abuse, stranger assault, stigma/discrimination, police brutality) were common and occurred in multiple life spaces (relationships, work, socializing/community). Violence within the gay community was damaging (*"Being ridiculed. Being attacked, and especially in the gay community... that's where the hardest discrimination comes from."*) Violence triggered depression, anxiety, and stress, and lowered self-esteem, which influenced HIV care (e.g., missed appointments/medications, reduced care motivation). Sex and/or substances were used to cope with psychological distress (*"I'll just forget like taking my meds, do like self-destructive things like... a lot of sex, have [a lot of] sex partners in a day."*) A feedback loop including violence, negative mental health effects/substance abuse/sex seeking, status disclosure and care engagement emerged. Most reported that violence negatively impacted mental health; few reported that violence and related stigma/discrimination motivated HIV care engagement: "That stuff gives me confidence to keep going."

**Conclusion:** Interventions to disrupt connections between violence, psychological distress, substance use and HIV care engagement across time and space are needed.



## 1210 Protecting Vulnerable Populations from COVID-19: Harnessing the HIV Program to Provide COVID-19 Vaccination to People Living with HIV in Zambia

Adamson Ndhlovu (presenting)<sup>1</sup>, Repsina Chintalova-Dallas<sup>2</sup>, Mutinta Nyumbu<sup>1</sup>, Jemmy Musangulule<sup>1</sup>, Musonda Musonda<sup>3</sup>, Antonia Powell<sup>2</sup>

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**Background:** People Living with HIV (PLHIV) are more likely to get severely ill or die from COVID-19, regardless of their CD4 count (UNAIDS 2021). Studies have shown 38-45% excess mortality risk among HIV patients compared to individuals without HIV. However, COVID-19 vaccine hesitancy among PLHIV has affected vaccine uptake (Kabir Sulaiman *et al.*, 2023) in this population in many countries including in Zambia.

**Method:** Between June and September 2021, healthcare workers and community health workers from 205 USAID DISCOVER-Health-supported facilities implementing the PEPFAR program were oriented in COVID-19 vaccination, following Ministry of Health guidelines. Before offering vaccination within these HIV clinics, service providers conducted brief sensitization sessions to recipients of care highlighting the benefits of vaccination, whilst also addressing common misconceptions and misinformation surrounding it. Data on the number of individuals who accepted or declined vaccination were recorded in a custom reporting template, from which multivariate analysis was performed.

**Results:** In October 2021, 3,362 recipients of HIV care were offered the vaccine, 50.2% of whom declined vaccination with only 6.5% (1,673/25,606) of the total vaccinated. By October 2022, vaccination coverage rose to 74.6% (45,773/61,357) with a 45.3% (95% CI = 42.8- 47.4%,  $p=0.00$ ) absolute reduction in the number of recipients of care declining vaccination compared to October 2021. Recipients of care were more likely to refuse vaccination at baseline than at end line (OR=19.35; 95% CI: 13.78-27.88,  $p=0.00$ ) and refusal rates reduced steadily across the four quarters of the year as shown in [this chart](#).

**Conclusion:** Integration of COVID-19 vaccination into HIV programs has shown to improve COVID-19 vaccination coverage and health outcomes among PLHIV through person-centered service provision. Sensitization approaches that highlight the benefits of vaccination, whilst addressing vaccine misinformation should be prioritized for improved COVID-19 vaccine uptake.

## 1211 Acceptability of an Automated Directly Observed Therapy Application for PrEP Adherence Support among Young Men who have Sex with Men: A Qualitative Exploration

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**Background:** HIV pre-exposure prophylaxis (PrEP) adherence remains a challenge among young men who have sex with men (MSM). Real-time PrEP adherence measurement and support could improve adherence. We developed and tested a smartphone application (“app”), “DOT Diary”, which combines automated directly observed therapy (DOT) with supportive counseling about PrEP protection levels, pill-taking reminders, a sexual behavior diary, and a PrEP dosing and sexual activity calendar. DOT Diary did not substantially increase PrEP adherence. To contextualize trial results, we qualitatively explored participants’ app experiences.

**Method:** The DOT Diary trial enrolled 100 MSM (18-35 years) in San Francisco and Atlanta. Participants were randomized 2:1 to DOT Diary versus standard of care and followed for 24 weeks. Interviews were conducted with 24 intervention participants, sampled by site, age, and race/ethnicity, to explore app experiences and acceptability. Transcripts were analyzed using a memo-writing approach

**Results:** The mean age of participants was 24 years; 15 (63%) were Black or Latino. Most expressed overall satisfaction with the app (“it was good for its purpose”), despite concerns about technical glitches and app speed. Overall, the most popular app features were the weekly calendar showing days PrEP was taken and the messaging about level of protection based on number of pills taken (“it felt like a ‘game’ to achieve high protection”). The DOT component helped participants establish a PrEP routine, particularly if they were new to PrEP pill-taking. The reminders were “annoying but effective” at motivating PrEP dosing. Opinions about the sexual behavior diary varied, with some liking it and others feeling concerned about privacy of information

**Conclusion:** DOT Diary was acceptable; participants were able to use it daily to record pill-taking. Critical components included supportive counseling and calendar, while others may be removed or modified to improve future success.



## 1216 Oral Pre-Exposure Prophylaxis (PrEP) Uptake in Walk-in STI Clinics

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**Background:** PrEP uptake has been shown to vary by geography, age, perceived transmission risk, insurance status, and race and ethnicity. Minorities in the South are less likely to receive a prescription for oral PrEP.

**Method:** From April 2019 through October 2022, 5081 patients had 8405 encounters at four walk-in STI clinics co-located within Ryan White-funded health centers. The HIV prevalence rate was 2.4%. 4<sup>th</sup> generation HIV tests were obtained through opt-out screening. 3395 received PrEP education; 275 (8.1%) received a prescription for oral PrEP.

**Results:** Of the 3395 patients who received PrEP education. Significant differences were noted by Chi square analysis for older age groups (45-54) received PrEP in 11% of cases vs <24 year old (6.6%); previous gonorrhea or chlamydia (9.9%) vs no STI (7.6%); sexual orientation- gay (33.7%) vs. heterosexual (2%); gender- cis-man (12.9%) vs cis woman (2.3%) vs. trans-woman 3.3%; insurance group- no insurance (8.6%) vs. private insurance (25.9%); racial group- Black or African American (4.3%) vs. White (12.8%); ethnic group- Hispanic or Latino (12%) vs. not Hispanic or Latino (6.6%). A binomial regression model revealed that sexual orientation independently predicted receiving a PrEP prescription. Adjusted odds ratios for gay and bisexual patients compared to heterosexuals were 14.1 (95%CI 9.2-24.5) and 9.3 (95%CI 5.4-16), while cis women compared to cis men (aOR- 0.43, 95%CI 0.25-0.74) and uninsured patients compared to privately insured (aOR 0.52, 95%CI 0.32-0.84) were less likely to receive PrEP prescriptions.

**Conclusion:** Increased prevention efforts to provide PrEP to patients presenting with STIs should be tailored to cis women and to those who lack insurance.

## 1220 In the Era of COVID-19, Safeguarding PrEP Adherence and Continuity in AGYW in Zambia

Brenda Simpasa (presenting)<sup>1</sup>, Mutinta Nyumbu<sup>1</sup>, Adamson Ndhlovu<sup>1</sup>, Nelly Nkhoma<sup>1</sup>, Mable Chitalu<sup>1</sup>

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**Introduction:** The COVID-19 pandemic disrupted healthcare systems worldwide, including HIV prevention services. Adolescent Girls and Young Women (AGYW) at high risk of HIV were affected, as they faced challenges accessing and adhering to pre-exposure prophylaxis (PrEP). In Zambia, 5.9% of females aged 20-24 are living with HIV, compared to 1.8% of males in the same age group (Zambia 2021). AGYW face many challenges that their male counterparts do not; such as gender stereotyping, societal stigma, and a lack of resources limiting their access to sexual and reproductive health (SRH) and HIV services.

**Description:** The USAID DISCOVER-Health Project, implemented by JSI Research & Training Institute Inc. (JSI), provides PrEP services in Zambia. The COVID-19 pandemic presented specific challenges to the provision of PrEP to this group; including the closure of DREAMS centers. The Project implemented the person-centered approaches used in the ART platform; including direct service delivery (DSD), peer support through phone calls, and community mobilization. The Project provided longer prescriptions, 3 months or more, and introduced self-testing at home for eligible clients.

**Lesson Learned:** These person-centered approaches played a significant role in addressing barriers to AGYW PrEP uptake and adherence. Throughout the COVID-19 era, AGYW contributed 27% in 2020, 40% in 2021, and 33% in 2022 of all the PrEP clients on the Project.

**Recommendations:** During the COVID-19 era, 10% of eligible AGYW stayed on PrEP for more than 18 months from initiation. A comprehensive and collaborative approach is necessary to ensure the continued success of HIV prevention services, during and beyond the COVID-19 pandemic to reach AGYW.



## 1222 The Impact of Person-Centered Care (PCC) on Pediatric Viral Load Suppression in Copperbelt Province, Zambia

Lackey Kawanga (presenting)<sup>1</sup>

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**Introduction:** With introduction of dolutegravir for HIV treatment in the pediatric population by WHO in 2018, considerable progress in achieving viral suppression among children has been made. However, much more needs to be done to attain the 95% viral suppression UNAIDS global target by 2025. Person centered care principles have been recognized to help to improve treatment outcomes, including viral suppression.

**Description:** The USAID DISCOVER Health project implemented by JSI, structured a pediatrics enhanced adherence counseling (EAC) package built on PCC principles in Copperbelt province, Zambia. It was implemented from October to December 2022 with the combination of interventions that included training for caregivers, assigning trained community health workers (CHW) and health care workers (HCW) to each unsuppressed child, weekly home visits within first month, and one week of direct observed therapy. Additionally, HCW, CHW, caregiver and the child held a meeting to discuss treatment opportunities, challenges and way forward each month. All these activities were reported to the clinical supervisor for accountability

**Lesson Learned:** Out of 815 children on ART, eligible for viral load suppression assessed, the number with unsuppressed viral loads reduced from 106 to 63 (41%) by the end of three months. The average monthly suppression rate for repeat viral load after EAC rose from 67% to 90% before and during implementation respectively. Overall viral suppression rate improved from 87% to 92% in this period. During implementation, dolutegravir coverage was at 95% throughout the 3 months.

**Recommendations:** This activity demonstrated that EAC embedded in PCC principles can improve pediatric viral suppression and accelerate achievement of the last 95 UNAIDS targets. While shared decision-making and capacity-building of caregivers improved adherence, coordinated home visits addressed socioeconomic barriers and contributed to better treatment outcomes.

## 1227 Emotional Stress is More Detrimental than the Virus Itself: Towards an Understanding of HIV Testing and Pre-Exposure Prophylaxis (PrEP) Use among Internal Migrant Men in South Africa

Maria Nardell (presenting)<sup>1</sup>, Caroline Govathson<sup>2</sup>, Salomé Garnier<sup>3</sup>, Dolapo Babalola<sup>4</sup>, Ashley Watts<sup>5</sup>, Nkosinathi Ngcobo<sup>2</sup>, Lawrence Long<sup>2</sup>, Mark Lurie<sup>6</sup>, Jacqui Miot<sup>2</sup>, Sophie Pascoe<sup>2</sup>, Ingrid Katz<sup>1</sup>

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**Background:** South Africa has one of the highest rates of internal migration on the continent, largely comprised of men seeking labor in urban centers. South African men who move within the country are at higher risk than non-migrant men of acquiring HIV yet less likely to test or use pre-exposure prophylaxis (PrEP). We sought to explain challenges migrant men face in HIV testing and/or using PrEP.

**Method:** We recruited 30 internal migrant men (born outside Gauteng Province) for in-depth qualitative interviews at sites in Johannesburg (Gauteng) where migrants gather, a factory and homeless shelter. Interviewers used open-ended questions to explore experiences and challenges with HIV testing and/or PrEP. An inductive content analytic approach was used to review data and explain why participants may not use these services.

**Results:** Migrant men come to Johannesburg to find work, but their struggles to survive without reliable income causes daily stress and anxiety. Despite caring about their health, constraints on their time and cognitive bandwidth limit their ability to seek health services, particularly at clinics, which they perceive as time-consuming and female oriented. All participants had tested for HIV at least once, and many preferred doing so in Johannesburg given their sense of anonymity at an urban health site. Yet participants also described how men avoid testing out of fears of testing positive and anticipated stigma. Given participants showed little to no knowledge of PrEP, including how it could help them if they test negative, these fears may outweigh the benefits of knowing their status. [Figure](#)

**Conclusion:** Migrant men contend with numerous life stressors. Bringing male-friendly PrEP information and counseling to them, alongside HIV testing, may help overcome the fear of testing positive, especially if they feel empowered by the possibility of PrEP to protect their future.





## 1229 Implementing Immediate Initiation of ART in Philadelphia EHE-Funded Sites

Christina Cruz (presenting)<sup>1</sup>, Anna Thomas-Ferraioli<sup>1</sup>, Kathleen Brady<sup>1</sup>

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**Introduction:** To achieve Ending the HIV Epidemic goals in Philadelphia, widespread implementation of immediate antiretroviral therapy (iART) is imperative. The local definition of iART is the initiation of HIV treatment within 96 hours of the first reactive test. Philadelphia aims for 95% of people living with HIV to be virally suppressed by 2025. An important strategy to achieve viral suppression is to ensure availability of HIV treatment initiation at the time of diagnosis across HIV care provider sites.

**Description:** After completing a series of learning collaborative sessions on the evidence base supporting and strategies to implement iART during the previous project year, PDPH issued award enhancements to Ryan White Part A-funded Outpatient Ambulatory Health Services sites operating in Philadelphia (13 sites total). The EHE-funded enhancements supported the time and effort needed to develop and implement facility-specific iART protocols. PDPH met with funded sites to introduce an iART protocol checklist and to communicate program expectations. Each site then created a protocol according to their site-specific barriers and facilitators. Because of the time-sensitive nature of iART, a checklist was created that focused on how the facilities would reduce or eliminate any barriers that may result in delays in treatment initiation. This checklist allows PDPH to be assured of some standardization of iART initiation policies and procedures across the HIV care system.

**Lesson Learned:** Facility-specific iART protocol development based on standardized requirements is preferable to a one-size-fits-all approach. Barriers and facilitators vary by facility and allowing flexibility in protocol development will help facilities take ownership of the process and improve performance.

**Recommendations:** Once sites implemented iART protocols, data reporting for iART performance measures began. This data will help identify ongoing barriers to iART implementation, which can then be addressed with ongoing technical assistance and policy clarifications.

## 1233 Pharmacists Identified Required Resources Needed for Adherence Promotion Activities to Persons Living with HIV in Ambulatory Pharmacy Settings

Jennifer Kibicho (presenting)<sup>1</sup>

<sup>1</sup> University of Wisconsin-Milwaukee, Franklin, WI, USA

**Background:** Decades after HIV transitioned from death sentence to chronic manageable condition, persons living with HIV (PLWH) continue to struggle with long-term consistency adherence to antiretroviral treatment (ART) despite simplified drug regimens. Pharmacists are strategically positioned to promote ART adherence, and in previous studies routinely provide above and beyond prescribing services (i.e., Adherence Promotion Activities (APA)). This study identified individual and aggregate Required Resources (RR) and examined if lack of RR impacted the likelihood of providing APA.

**Method:** Pharmacists who met eligibility criteria completed a survey. We asked about pharmacy and pharmacist characteristics, eight RRs (staffing patterns, pharmacists, technicians, technology/automation, equipment/supplies, remodeling facilities, private counseling space and HIV training). We created the Required Resource Index (RRI). We examined the association of validated 11-item APA index and RR/RRI using univariate and multivariate logistic regressions.

**Results:** 207 pharmacists from 40 states met eligibility criteria. 39% reported 0RRs, 47% reported 1-3RRs and 14% reported 4-6RRs. Most frequent RR was HIV training (34%) and least RR equipment/supplies (7%). APA was negatively associated with 3RRs—technicians ( $r=-0.196$ ,  $p<0.01$ ), remodeling facilities ( $r=-0.139$ ,  $p<0.05$ ), and private counseling space ( $r=-0.147$ ,  $p<0.05$ ). Binary logistic regression unadjusted Odds Ratio (OR) of providing APA was negatively associated with 4RRs—staffing patterns (OR=0.51,  $p=0.053$ ), technicians (OR=0.318,  $p=0.006$ ), remodeling facilities (OR=0.379,  $p=0.051$ ), and private counseling space (OR=0.479,  $p=0.036$ ). Only 3RRI (OR=0.331,  $p=0.016$ ) and 5RRI (OR=0.241,  $p=0.03$ ) were statistically significant. In multivariate logistic regression controlling for pharmacy and pharmacist characteristics, neither individual RRs nor RRI significantly impacted APA.

**Conclusion:** 26% of pharmacists reported not providing APA. They identified the need for HIV training and more technicians. As the last healthcare provider in contact with PLWH before taking medications, pharmacists can improve PLWH health outcomes and reduce healthcare costs.



## 1238 High Willingness to Participate in Research of Long-Acting HIV Prevention Products during Pregnancy and Lactation in Kenya; A Qualitative Analysis

**Vallery Ogello (presenting)**<sup>1</sup>, Nicholas Thuo<sup>1</sup>, Zachary Kwena<sup>1</sup>, Catherine Makokha<sup>1</sup>, Rennah Anyango<sup>1</sup>, Nelson Muteti<sup>1</sup>, Emmah Owidi<sup>1</sup>, Catherine Kiptinness<sup>1</sup>, Nelly Mugo<sup>1,2</sup>, Kenneth Ngure<sup>3</sup>

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**Background:** Long-acting (LA) HIV prevention products could support uptake and adherence of pre-exposure prophylaxis among populations at risk of HIV. Pregnant and lactating women have been historically excluded from clinical trials due to ethico-legal challenges. We explored willingness and considerations to participate in research of LA HIV prevention products.

**Method:** Between October 2022 and January 2023, we conducted in-depth interviews with 80 purposively sampled HIV-uninfected pregnant and lactating women. Participants were recruited from four public health facilities attending antenatal and child welfare clinics in central and western Kenya. We performed qualitative rapid analysis, using inductive and deductive approaches to derive concepts related to willingness and key considerations.

**Results:** The median age of pregnant and lactating women was 24 years [IQR 20-30]. Participants were either pregnant (n=37) or lactating (n=43) with 1-2 children. The median education level is 12 years [IQR 10-13]. Overall, women reported that they were willing to participate in research of LA HIV prevention products because they perceived these products to potentially address adherence challenges such as competing needs while lactating and morning sickness during pregnancy. Reasons for agreeing to participate were; perceived exposure to HIV risk, need to prevent HIV, the desire to know more about LA products and perceived benefits of LA products like privacy. Other considerations that would motivate participating in research were few product side effects, high product efficacy and long-term baby follow-up for adverse effects. Additionally, essential considerations that would influence willingness include product knowledge and integration of LA HIV prevention products into their routine clinic services.

**Conclusion:** Our study found high willingness to participate in research of LA products among pregnant and lactating women motivated by various reasons, which holds promise for optimizing use of LA products during pregnancy and lactation.

## 1241 A Qualitative Development of an HIV Disclosure Tool in Rural, Southwestern Uganda

**Pooja Chitneni (presenting)**<sup>1</sup>, Winnie Muyindike<sup>2</sup>, Moran Owembabazi<sup>2</sup>, Eunice Kanini<sup>2</sup>, Rosemary Kansime<sup>2</sup>, Christina Psaros<sup>3</sup>, Jessica Haberer<sup>4</sup>, Lynn T. Matthews<sup>5</sup>

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**Background:** HIV disclosure is integral to HIV care and preventing HIV transmission, as it allows people with HIV and partners to better engage in care. Few tools exist to measure HIV disclosure, including disclosure goals, event details, and outcomes. We describe formative qualitative research to develop an HIV disclosure tool.

**Method:** We conducted qualitative individual in-depth interviews and quantitative questionnaires in rural, southwestern, Uganda with adults (≥18 years) with HIV stratified by 50% sex and 75% disclosure to a primary partner. Interviews explored HIV disclosure attitudes, antecedent goals, event details, and outcomes. We used inductive and deductive approaches to thematic analysis guided by the Disclosure Processes Model.

**Results:** In this preliminary analysis, the median age for 10 women and 10 men was 47 (range 27-53) and 49 (range 30-70), respectively. All participants had cohabitating partners, 4 had regular partners, and 3 had casual partners. Ten participants had partners with HIV, 9 had partners without HIV, and 8 did not know their partner's HIV-status. Emerging themes include: 1) Attitudes: Participants believe HIV disclosure is appropriate for spouses but unnecessary for other partner types; 2) Antecedent goals: Social support is a motivation and relationship discord/dissolution are barriers to HIV disclosure; 3) Disclosure event: Participants prefer in-person and couples testing disclosure methods. Some participants disclose HIV indirectly (e.g., leaving HIV documents/medications for partners to find); 4) Outcomes: The balance between participants' positive and negative HIV disclosure outcomes affects their views on current and future disclosure events.

**Conclusion:** The HIV disclosure attitudes, antecedent goals, and outcomes impact the disclosure event and proclivity towards future disclosures. We will develop our future HIV disclosure tool to capture these HIV disclosure categories with the goal of understanding the full HIV disclosure process cycle from goals to outcomes.



## 1243 Subjective Exchange for Solutions to Improve HIV Adherence

Zeke Garcia Murton (presenting)<sup>1</sup>, Cherise Rohr-Allegrini<sup>1</sup>

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**Introduction:** There is a need for tailored solutions for diverse demographics, stages of HIV infection, and micro and macro cultural trauma. The San Antonio AIDS Foundation (SAAF) is utilizing the concept of Early Intervention Services program to address the challenges of individuals who have a high probability of disengaging from care.

**Description:** Launched in early 2022, the SAAF EIS program incorporated PLWH who have been out of care or who are disengaging from incarceration and struggle to navigate HIV care. In 2022, 110 individuals were linked to care, 51% of whom had a new diagnosis. Thirty-six percent had previous diagnoses but had been out of care. Finally, 24% were recently released from incarceration. SAAF has created a panoramic approach to wellness that includes education, consistency, and extra care. Including biomedical health literacy programs, the individuals gain knowledge about their HIV diagnosis and learn how they may thrive with HIV. Rather than the standard three months of EIS support, the patients may spend up to six months with the EIS Specialist. This provides consistency, limiting the interaction to a small number of providers, developing trust between the patient and provider. As language is often a barrier to care, the EIS Specialist attends initial medical appointments with the patient. Having developed a trusting relationship, this intensive involvement in the patient's care plan empowers the patient to access other key services such as mental health support.

**Lesson Learned:** The intensive and comprehensive approach applied not just to those newly diagnosed but to those people living with HIV who are more likely to fall out of care has proven effective as evidenced by decreased viral load. Education, Consistency, and Enhanced Care are critical elements in achieving adherence.

**Recommendations:** This expansion of EIS emphasizes treatment acceleration, quality care services and adherence improving community health.

## 1244 Towards a Better Understanding of HIV Prevention Knowledge among Latino MSM: A Latent Class Analysis Study

Jahn Jaramillo (presenting)<sup>1</sup>, Francisco Cardozo<sup>1</sup>, Daniel Hernandez Altamirano<sup>1</sup>, Daniel Feaster<sup>1</sup>, Audrey Harkness<sup>1</sup>

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**Background:** Latino men who have sex with men (LMSM) are disproportionately affected by HIV in the United States. Despite advances in HIV prevention, LMSM have inequitably low access to knowledge about HIV, HIV testing, and pre-exposure prophylaxis (PrEP), contributing to disparities in prevention service use.

**Method:** We first identified subgroups of LMSM based on their patterns of HIV prevention knowledge by using latent class analysis and analyzing differences in class composition. Secondly, following a three-step logistic regression procedure, we examined differences in demographics (e.g., nativity) by class composition. Lastly, we evaluated the relationship between knowledge patterns and HIV prevention behaviors (e.g., PrEP engagement and sexual behavior that could lead to HIV acquisition), using Lanza's method to estimate the probability of class membership.

**Results:** We identified three classes: Class 1: HIV/PrEP Experts, Class 2: Low Knowledge of HIV/PrEP Innovations, and Class 3: Knowledge Limited to HIV (Not PrEP). We found no significant association between class membership and demographics (education, income, nativity). Class membership was associated with prevention behaviors: HIV testing ( $\chi^2(2) = 27.107, p < .001$ ), PrEP engagement ( $\chi^2(2) = 158.295, p < .001$ ), and sexual behavior that can lead to HIV ( $\chi^2(2) = 11.659, p < .05$ ). In class 1, 83% of LMSM tested recently, 71% were on PrEP, and 3% reported sexual behavior that could lead to HIV. In class 2, 53% recently tested, 19% were on PrEP, and 17% reported sexual behavior that could lead to HIV. In class 3, only 20% recently tested, 2% were on PrEP, and 5% reported sexual behavior that could lead to HIV.

**Conclusion:** This study unpacks specific knowledge/gap clusters among LMSM and how specific knowledge/gaps relate to HIV-prevention behaviors. Findings may inform future programs to support HIV-prevention uptake among LMSM.



## 1246 What Makes Peers Credible? A Qualitative Analysis of Peer Credibility in HIV Prevention and Treatment Programs for Latino MSM

Jahn Jaramillo (presenting)<sup>1</sup>, Daniel Hernandez Altamirano<sup>1</sup>,  
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**Background:** Peer-led strategies have effectively engaged men who have sex with men (MSM) in HIV prevention and treatment programs. Peers are well- to address health disparities among Latino MSM (LMSM)

**Method:** We conducted a secondary analysis (using a rapid qualitative approach) of semi-structured interviews with 20 LMSM and 11 implementors/stakeholders. The parent study collected formative data to inform the content, design, and implementation of a strategy to enhance the reach of HIV prevention and treatment services to LMSM, leveraging peer influence. This secondary analysis explored factors that influenced the degree to which participants viewed peers as credible.

**Results:** Overall, the findings suggested that shared identity alone is important but not sufficient to enhance the credibility and uptake of HIV services. Specifically, we identified five themes regarding peer credibility, including (1) Peers must be trained in HIV prevention and care, (2) Peers should be verified and have a special designation (e.g., a star next to their username) to be considered knowledgeable and trusted when providing information online, (3) Peers should convey accurate information and not spread misinformation, (4) Peers should be empathetic and sensitive to the needs and preferences of LMSM, and (5) Peers should be actively engaged with the general LGBTQ+ community to generate trust and credibility.

**Conclusion:** Our findings help to clarify which peers may be most influential in the context of interventions and programs that leverage peer influence. Although peers need to have shared identities, additional attributes make peers credible for influencing LMSM's uptake of HIV services. For example, establishing peer credibility by providing accurate, informational peer support and using online verification processes may enhance the impact of peer messages. Findings can inform the development of acceptable peer-led strategies for LMSM, peer recruitment, training, and the supervision of peers.

## 1250 Trends in the HIV Status Neutral Care Continuum Using Medicaid Claims Data, Illinois, USA

Joseph Mason (presenting)<sup>1</sup>, Moira McNulty<sup>1</sup>, Eleanor Friedman<sup>1</sup>

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**Background:** In the United States, persons of low socioeconomic status who qualify for Medicaid insurance coverage are more likely to be impacted by HIV. Reaching this population for treatment and prevention is critical to reaching goals for Ending the HIV Epidemic.

**Method:** We examined Illinois Medicaid claims data for 2012, 2015, and 2016 to assess trends in the HIV status neutral care continuum. We identified persons with indications for PrEP using diagnosis codes for risky sexual behavior, needle stick injuries, and sexually transmitted infections (STI), and identified those with PrEP prescriptions. We identified persons with HIV (PWH) using ICD diagnosis codes and antiretroviral (ARV) prescriptions. We compared PWH engaged (1 lab test or primary care/infectious disease encounter with HIV diagnosis) and retained in care (2 lab tests or primary care/infectious disease encounters at least 90 days apart) using laboratory tests (HIV-1 viral load and CD4 count) versus clinical encounters and examined ARV use among PWH. Finally, we describe demographics for those with indications for PrEP and PWH.

**Results:** We found that the ARV prescriptions increased over time for both PrEP and PWH. While persistence on PrEP increased over time, the percent of PWH engaged and retained remained stable (Table 1). The majority of those with indications for PrEP were Black, female, 13-24 years old, and resided in Cook County, which encompasses Chicago. The majority of PWH were Black, male, and over age 45. For PWH, use of encounters (versus labs) resulted in a higher percentage of those engaged and retained in care (table 1).

**Conclusion:** Increases in ARV prescriptions over time mirror trends in the United States. Yet, for PWH, engagement and retention remained suboptimal. Medicaid claims data can inform the status neutral care continuum and supplement surveillance data to understand ARV use and care engagement and retention.



## 1257 Breaking Down Barriers to Pre-Exposure Prophylaxis: Global Analysis of Eligibility Criteria for HIV PrEP

Sharonann Lynch (presenting)<sup>1</sup>, Varsha Srivatsan<sup>1</sup>, Agrata Sharma<sup>1</sup>, Yu-Wei Chen<sup>1</sup>, Varsha Srivatsan<sup>1</sup>

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**Background:** Pre-exposure prophylaxis (PrEP) lowers the risk of HIV acquisition. Since 2016, WHO strongly recommends PrEP for HIV prevention for all people at substantial risk of HIV infection. Despite its proven efficacy, policy gaps continue to curtail access to PrEP. Therefore, mapping and analyzing PrEP policies across countries and regions help identify barriers to bringing PrEP to scale. Our study seeks to provide an analysis of country-level eligibility criteria to access PrEP.

**Methodology:** Georgetown University's HIV Policy Lab (HIVPL), a collaborative project of academia, civil society, and multilateral organizations, analyzes the global HIV policy environment for 194 countries. Here, we assess if provisions for PrEP are made for anyone who requests PrEP in the national PrEP guidelines. Further, we examine if provisions for PrEP have been made for at least three key populations: men who have sex with men, sex workers, and serodiscordant couples.

**Result:** Our preliminary analysis of 138 countries indicates that while 90% (N=117) of the countries have granted regulatory approval to at least one PrEP technology, only 59% (N=107) of the countries provide PrEP to anyone who considers themselves high risk for HIV acquisition as a matter of national policy. For key populations, 89% (N=109) of the countries provide PrEP access to men who have sex with men as part of their national policy, while 69% (N=107) and 84% (N=106) of the countries do so for sex workers and serodiscordant couples, respectively.

**Conclusion:** Inclusive eligibility criteria in alignment with WHO recommendations is critical to ensure the successful implementation and widespread adoption of PrEP as a key preventive biomedical intervention.

## 1262 The Effects of Socially Disadvantaged Identities and Structural Factors on the Use of HIV Prevention and/or Sexual Health Services among Immigrant Latino Gay/Bisexual/Men who have Sex with Men Residing in the United States

Ronald Brooks (presenting)<sup>1</sup>, Omar Nieto<sup>1</sup>, Katherine Morales<sup>1</sup>, Zurisadai Inzunza<sup>1</sup>

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**Background:** Immigrant Latino men who have sex with men (ILMSM) are disproportionately affected by HIV infections compared with U.S. born Latino MSM. Socially disadvantaged identities such as being foreign born, Latino, and gay, along with existing structural factors can deter or facilitate access to and use of HIV prevention and/or sexual health services by ILMSM. Strategies to overcome negative influences could help support greater use of these services by this population.

**Method:** From May to July of 2022, we conducted in-depth interviews with ILMSM to explore their experiences accessing HIV prevention and/or sexual health services considering their multiple disadvantaged identities of being gay/bisexual/MSM, immigrant and Latino. Data was analyzed using thematic analysis.

**Results:** Twenty-five ILMSM were interviewed (10 in English and 15 in Spanish). Six themes were constructed from the data highlighting the influence of disadvantaged identities and structural factors on ILMSM's use of services, and included four barriers to access: (1) recent arrivals to the U.S. have greater difficulty accessing services due to a lack of knowledge and support, (2) Compared to ILMSM who are socially disadvantaged, US born White gay men are socially advantaged with more resources and better access to services, (3) Unable to access public assistance programs due to immigrant status, and (4) Lack of English-language proficiency, and two facilitators to use of services that included: (1) attending LGBTQ-affirming and/or Latino-centered healthcare organizations and their supportive staff and (2) receiving services from medical providers who are gay and/or Latino.

**Conclusion:** This study underscores how the disadvantaged positions of ILMSM and existing structural factors can serve as barriers or facilitators to the use of HIV prevention and/or sexual health services by this population. Structural interventions are needed to help healthcare organizations provide LGBTQ-affirming medical services and to train providers in understanding the social/cultural context of ILMSM living in the US.



## 1266 EPIC: Enhancing Peer Involvement in Care

Vanessa Johnson (presenting)<sup>1</sup>

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**Introduction:** National data shows a disproportionate impact of HIV among U.S. Black women. Of the new HIV diagnoses in U.S. women, 60% are in Black cisgender women, although this population makes up 12% of the U.S. female population (CDC, 2019). Black women in the U.S. comprise most of the new HIV cases (incidence) and the majority of women living with HIV (prevalence). Furthermore, Black women living with HIV struggle to achieve viral suppression (CDC, 2022).

**Description:** *Enhancing Peer Involvement in Care* (EPIC) provides educational and skills-building activities to improve HIV peer navigation programs. EPIC *aims* to integrate health literacy, health systems navigation, self-care management, and trauma-informed and gender-responsiveness concepts as the foundation of an innovative small group intervention for increasing the retention of Black cisgender women living with HIV (BCGWH) in care and achieving viral suppression. EPIC's *primary strategy* is to help BCGWH map their HIV Continuum of Care journeys using trauma-informed and use the findings to develop a self-care management plan for staying in care, achieving viral suppression, and sustaining a quality life.

**Lesson Learned:** EPIC will use project data from year one to demonstrate that if adequately trained, peer navigators within existing navigation programs, and in partnership with BCGWH, can deliver three specific enhanced navigation sessions — addressing medical mistrust, mapping the HIV Continuum of Care journey, and developing a personalized self-management care plan — to support BCGWH sustain viral suppression and quality life.

### Recommendations:

1. Increase involvement of BCGWH in the delivery of navigation services.
2. Reinvest in group interventions for BCGWH to counter isolation and increase socialization.
3. Integrate HIV Continuum of Care mapping and self-care management tools in HIV care.
4. Establish core program requirements and performance measures for peer navigation services recognizing various HIV navigation programs.

## 1267 Determinants and Strategies among HIV Treatment in Ending the HIV Epidemic Projects

Morgan Purrier (presenting)<sup>1</sup>, Maria Pyra<sup>1</sup>, Artur Queiroz<sup>1</sup>, Benbow<sup>1</sup>, Brian Mustanski<sup>1</sup>

<sup>1</sup> Northwestern University, Chicago, IL, USA

**Background:** Since 2019, the Ending the HIV Epidemic in the U.S. (EHE) initiative has funded over 200 projects to reduce new HIV infections by 90% by 2030. This initiative focuses on four pillars: diagnose, treat, prevent, and respond. We analyzed the projects within the treat pillar focused on HIV treatment and medication adherence.

**Method:** Methods: Using Implementation Research Logic Models (IRLM), we coded 31 projects focused on HIV treatment. From these IRLMs, we utilized Consolidated Framework for Implementation Research (CFIR) and Expert Recommendations for Implementing Change (ERIC) categories to identify determinants and strategies. Projects that did not utilize CFIR nor ERIC categories were excluded from analysis. We created correlation matrices to identify relationships between determinants and strategies.

**Results:** The most common barriers were individual's knowledge and beliefs, individual's identification with organization, and engagement. Although determinants were less likely to be identified as facilitators than as barriers, the most common facilitators were external policies, adaptability of the intervention, and organizational culture. Among individual barriers, the most common strategies were developing stakeholder relationships, adapting, and tailoring interventions to context, and engaging consumers. Among process-level barriers around engagement, the most common strategies were centered on engagement and using evaluative and iterative strategies. Most projects utilized developing stakeholders and engaging consumers, while seldom focusing on policy nor restructuring.

**Conclusion:** Our analyses demonstrate the utility in standardizing implementation science domains across interventions. These findings illustrate the prevalence of interpersonal strategies in projects focused on increasing HIV treatment and medication adherence, while also highlighting the potential for a greater focus on structural-level strategies such as policy change or organizational restructuring. Further analyses will center on a subset of populations, intervention types, and geographic areas.



## 1268 Gender Differences in the Association of Traumatic Life Experiences with HIV Viral Suppression among People Living with HIV in Florida

Nanyangwe Siuluta (presenting)<sup>1</sup>, Karina Villalba<sup>2</sup>, Yancheng Li<sup>1</sup>, Jacqueline Sherbuk<sup>3</sup>, Widmeyer<sup>4</sup>, Robert Cook<sup>1</sup>

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<sup>4</sup> Project Response, Melbourne, FL, USA

**Background:** Trauma is associated with poor HIV-related health outcomes. The aim of this study was to determine gender differences in the association between traumatic experiences (across different times of exposure) and self-reported viral load suppression among people with HIV.

**Method:** A secondary analysis of the Florida Cohort wave III data was conducted (n=475, 60% Male, 57% 50+ years, 41% Black, 35% White, and 19% Hispanic). Self-reported viral suppression was measured by asking participants if their viral load was detectable in the past 12 months. Traumatic events were measured by questions about experiencing physical, emotional, or sexual abuse, or hate crimes – ever, before 18 years, and in the past 12 months (recent). Data were analyzed separately by gender using SAS V9.4 software for Chi-square, Fischer's exact test, and logistic regression.

**Results:** Overall, self-reported detectable viral load in the past year (25%) was reported (30% Males and 18% Females). Among males who experienced recent sexual abuse, 60% reported viral non-suppression. Among females who experienced recent emotional abuse, 30% reported viral non-suppression. Males who experienced recent sexual abuse had three times the odds of having viral non-suppression (OR=3.9, 95%CI 1.1-14.1) compared to males who had not experienced recent sexual abuse. Females who experienced recent emotional abuse had twice the odds of having viral non-suppression (OR=2.3, 95%CI 0.9-5.3) compared to females who had not experienced recent emotional abuse. Among both genders, no statistically significant differences existed in self-reported viral suppression by physical abuse and hate crimes across different exposure times.

**Conclusion:** Only recent emotional and sexual abuse were associated with self-reported viral non-suppression. Thus, screening for recent trauma may be important in achieving viral suppression.

## 1269 Empowering Women: A Logistic Regression Analysis to Identify Factors Associated with HIV Treatment Continuity among Female Sex Workers in Ghana

David Nartey (presenting)<sup>1</sup>, Yussif Ahmed Abdul Rahman<sup>1</sup>

<sup>1</sup> JSI Research and Training Institute, Inc., Takoradi, Ghana

**Background:** HIV Treatment Continuity (TC) among female sex workers (FSWs) in Sub-Saharan Africa is generally low, ranging from 38% to 73%. Contributing factors include limited access to treatment, food insecurity, lack of intimate partner support, low trust in health care providers, and substance use. The study aims to assess other factors associated with HIV TC among FSWs in Ghana.

**Method:** Secondary data on FSWs obtained from national DHIS2 HIV database was analyzed using Stata 10. We extracted 647 FSWs ever-initiated on treatment in the three PEPFAR-supported regions. A binary logistic regression analysis was employed for the analysis.

**Results:** Mean age of FSW was 36 years, 32% (205) no education 51% (329) single and 26% (171) married. A total of 524 (81%) FSWs initiated HIV treatment at hospital compared to 113 (17.5%) at health centre; 54% (352) were on MMD and TC was estimated to be 45.4% (294). Age, MMD and treatment regimen were significantly associated with TC. A one-year increase in age resulted in 1.1 times likelihood of staying in treatment (AoR=1.1, CI=1.0-1.1, p<0.001). FSWs who were on MMD were 7.2 times more likely to adhere compared to those on single month dispensation (AoR=7.2, CI=5.0-10.7, p<0.001). Clients on DTG-based regimens were 17 times more likely to adhere compared to those on EFV-based regimens (AoR=17.0, CI=6.5-44.4, p<0.001).

**Conclusion:** This study found that factors significantly associated with HIV TC among FSW in selected regions of Ghana include age, treatment regimen and MMD. Marital status was not associated with TC. These results suggest focusing on younger FSW, promoting MMD and DTG-based treatment may help improve TC among FSWs.



## 1270 Optimizing Care for People on Antiretroviral Therapy: Development of a Target Product Profile for Point-of-Care HIV Viral Load Test

Noel Kalanga (presenting)<sup>1</sup>

<sup>1</sup> University of Washington, Seattle, WA, USA

**Background:** Point-of-care HIV viral load tests are being developed to monitor patients on antiretroviral therapy (ART). However, there has yet to be a consensus on the optimal specifications of these tests. Our study aimed to develop a target product profile (TPP) for a point-of-care HIV viral load test describing the desired characteristics to meet the end users' needs.

**Method:** We applied a modified framework for developing TPP for medical tests and used an iterative stakeholder consultation with three decision-making phases. During the scoping phase, we interviewed diverse stakeholders from all global geographical regions to identify the unmet clinical needs, potential use cases, and test characteristics to include in the TPP. In the drafting phase, we conducted focus group discussions to refine and prioritize the requirements for each characteristic of the TPP. We used rapid qualitative analysis to identify critical domains and summaries.

**Results:** We interviewed 19 stakeholders working in 14 countries across North America, South America, Europe, sub-Saharan Africa, Southeast Asia, and Oceania. At a minimum, the stakeholders preferred a low-cost, easy-to-use, point-of-care (POC) test that gives viral load results within a short turnaround time. The test should detect high versus low viral load threshold margins for possible use by self-testing. At health facilities, there was a preference for a more specific semi-quantitative test. There was a consensus to use these tests routinely on every client on ART; however, priority should go to clients with discordant partners and those who experience greater barriers to adherence, such as adolescents and commercial sex workers.

**Conclusion:** A POC HIV viral load test that gives quick and accurate results can help monitor treatment effectiveness and inform clinical decisions. In the project's next phase, we will conduct Delphi-like surveys to build consensus among the stakeholders and consolidate the specifics of the TPP.

## 1271 Linkage to Treatment and HIV Prevention Services for Patients with Syphilis Diagnosed through Routine Emergency Department Screening

Jackson Montgomery (presenting)<sup>1</sup>, Damaris Garcia<sup>1</sup>, Aniruddha Hazra<sup>1</sup>, Jessica Schmitt<sup>1</sup>, Kimberly Stanford<sup>1</sup>

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**Introduction:** Syphilis is a known risk factor for HIV transmission, as well as an indicator for HIV pre-exposure prophylaxis (PrEP). To address rising syphilis rates, a large, urban emergency department (ED) implemented a novel universal syphilis screening program, which has identified high rates of untreated syphilis and successfully resulted in increased uptake of PrEP. Linkage to care is essential to the success of such a program.

**Description:** Results of syphilis testing are generally not available until patients have left the ED. To connect patients with syphilis to treatment, education, and PrEP services, a three-point contact attempt and alert-based notification system was developed. The workflow begins with phone calls from patient care coordinators, followed by text message notifications, and finally a registered letter.

**Lesson Learned:** If no contact is made by phone or text message, an alert is created in the electronic medical record that activates during the next ED visit, notifying the care team of unaddressed syphilis results. The alert was introduced later, when it was observed that many patients were unable to be contacted but then returned to the ED for unrelated reasons. This contact system has been successful at linking patients with syphilis to care. Using this system, only 12.4% of patients with syphilis were unable to be contacted by the care team. This system leverages multimodal communication and ongoing care events in the ED to optimize linkage to care.

**Recommendations:** Further study is needed to evaluate optimal means and timing of communication with patients after the ED visit, and to assess reproducibility of this model in other settings, which may not have dedicated staff members for this task. This model may prove useful not just for syphilis, but also for patients routinely screened for HIV or with any ongoing communication needs after the ED visit.





## 1272 “Yes, She Delivers it to My House, but I Still Miss Taking”: An Explanatory Analysis of Low Adherence Despite Peer-delivery of HIV PrEP in Kisumu, Kenya

**Kevin Oware (presenting)**<sup>1</sup>, Alfred Odira<sup>1</sup>, Nyerere<sup>1</sup>, Lawrence Juma<sup>1</sup>, Lindsey Garrison<sup>2</sup>, Josephine Oduyo<sup>1</sup>, Elizabeth Bukusi<sup>1,3</sup>, Jessica Haberer<sup>2,4</sup>

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- <sup>4</sup> Harvard Medical School, Boston, MA, USA

**Background:** Stigma and structural barriers reduce access and young women’s use of HIV pre-exposure prophylaxis (PrEP). PrEP My Way was designed to overcome these barriers through peer-based, community delivery of discreet and appealing kit containing HIV PrEP, self- testing kit, pregnancy testing kit, and contraception. Randomized trial comparing this, and standard clinic visits demonstrated high acceptability and feasibility of the intervention, but low PrEP adherence. We conducted qualitative study to obtain in-depth feedback on experiences with the intervention.

**Method:** We conducted qualitative interviews between February and September 2022 with HIV uninfected young women aged 16 – 24 years using PrEP My Way in the trial in Kisumu, Kenya. Participants were systematically and purposively selected based on age, PrEP use, and utilization of other kit components. Data were analysed thematically using a combination of inductive and deductive approaches.

**Results:** We interviewed 20 participants who reported high acceptability and appreciation for PrEP My Way kit, citing its convenience and peer support. Although they accepted PrEP in the kit, most indicated that their adherence was low. Reduced risk of HIV infection due to reduced sexual partners was the main reason for stopping PrEP. Participants noted that some parents were unsupportive of the idea of PrEP use, and some expressed lack of interest and low motivation to continue on PrEP. Some expressed fear of experiencing social harm if their sexual partners learned about their PrEP use. Another reason for discontinued PrEP soon after initiation was due to its perceived big size, pill burden, and side effects. Despite peer support, some reported inadequate knowledge on how to use PrEP.

**Conclusion:** Given the acceptability of peer-based service delivery, challenges of daily pill adherence remain a concern. Consideration of other forms of HIV PrEP including long-acting PrEP formulations may provide young women with options of effective HIV prevention.

## 1273 Trends and Reasons for HIV Viremia in a Safety-Net HIV Clinic Over 11-Years

**Tyler Degener (presenting)**<sup>1</sup>, Edward Gardner<sup>1</sup>, Kellie Hawkins<sup>2</sup>, Margaret McLees<sup>2</sup>, Sarah Rowan<sup>2</sup>

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- <sup>2</sup> Denver Health, Denver, CO, USA

**Background:** People with HIV (PWH) who are engaged in care and consistently take ART can live healthy lives. There exists a continuum in which PWH can enter, remain in, or exit care. We examined trends and patterns of HIV viral-suppression and engagement-in-care within an inner-city HIV clinic over an 11-year period.

**Method:** Long-term retrospective cohort study including all PWH accessing HIV-specific care at Denver Public Health from 2011-2021. We abstracted clinical data from December each year including provider described reasons for HIV-1 viremia. Patients had a clinical visit in that year to qualify and had to be a patient of the clinic in December. Viral loads were suppressed (<200copies/ml), not suppressed (≥200copies/ml), or missing if no viral loads were done in that calendar year.

**Results:** 3,128 unique PWH accessed HIV care from 2011-2021. 2,024 viremic encounters or patients without labs were reviewed. We observed an increase in PWH seen from 1,054 to 1,497 from 2011-2021. Viral suppression (<200 copies/mL) for PWH seen in clinic improved from 76.9% to 91.1% from 2011-2021 (Figure). Some specific trends in reasons for HIV viremia included: high CD4/not treated 21.03% (2011) to 0.76% (2021); substance use 8.15% (2011) to 14.39% (2021); virologic failure 6.87% (2011) to 1.27% (2015) to 0.76% (2021); financial/insurance issues 5.15% (2011) to 13.10% (2020); patient declined treatment 7.73% (2011) to 0.76% (2021) (figure 1).

**Conclusion:** Total numbers of PWH as well as HIV viral suppression increased steadily from 2011 to 2021. High CD4/not treated per guidelines, virologic failure, and patients declining treatment markedly decreased from 2011 to 2021. Substance use contributing to viremia and financial/insurance issues increased from 2011 to 2021.



## 1274 High Long-Term PrEP Retention Seen in a Community PrEP Specialist-Led Clinic at a Federally Qualified Health Center in Washington, DC

Rupa Patel (presenting)<sup>1</sup>

<sup>1</sup>Whitman-Walker Health, Washington, DC, USA

**Introduction:** PrEP scale up and optimized retention will require engaging community health workers or non-traditional trained health staff to work along the PrEP continuum of care.

**Description:** Whitman-Walker Health (WWH) is an urban, multi-site FQHC specializing in LGBTQ care in Washington, DC. In 2018, WWH launched the “PrEP Clinic,” a clinic where center-qualified peer health staff (or PrEP Specialists), who are trained in PrEP care follow up discussions, navigation, rapid HIV testing, and phlebotomy, conduct follow-up visits after individuals have been initiated on oral daily PrEP by their licensed primary medical provider. Each 20-minute quarterly visit includes follow up per the CDC guidance; care includes a rapid HIV test, adherence counseling, HIV/STI prevention counseling, screening for acute HIV infection, lab work, onsite 30-day medication dispensation (i.e., Specialists pick up the medications for the client from the onsite WWH pharmacy), telephone and other outreach strategies, and notifications send to the medical provider for acute, mental health and/or other care.

**Lesson Learned:** As part of the multi-year program review, we will share baseline program evaluation data from 900 of the total 2300 WWH PrEP users who access services through the PrEP Clinic. Retention and persistence data will be reported and compared with clinic historic data. We report high retention in a PrEP Specialist led clinic. Creation of detailed workflow PrEP care protocols implemented by PrEP Specialists under the guidance of a PrEP user’s primary care provider allowed for greater flexibility to potentially identify and resolve barriers to PrEP care for communities at risk for HIV, including persons of color and transwomen. The PrEP clinic increases provider capacity for appointments and ensures care that is quick, convenient, and patient-centered.

**Recommendations:** Other organizations can adopt similar models to reach and retain those who would benefit most from PrEP. Programs that incorporate community health workers into the model of PrEP care can aid PrEP scale up and curb HIV transmission.

## 1276 Engaging in HIV Care During the COVID-19 Pandemic: Perspectives of Black Men who have Sex with Men (BMSM) in the NNHIV Cohort Study

Victoria Frye (presenting)<sup>1</sup>, Melonie Walcott<sup>2</sup>, Angel Rodriguez<sup>1</sup>, Natalie Echavarria<sup>1</sup>, Michael Bianco<sup>2</sup>, Vijay Nandi<sup>2</sup>, Hong Van Tieu<sup>2</sup>

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**Background:** The disruptions caused by the COVID-19 pandemic (e.g., lockdown, social and economic challenges) followed by Mpox outbreaks could undermine HIV care among MSM. This study describes BMSM experiences engaging in HIV care and accessing services for COVID-19 and Mpox.

**Method:** BMSM enrolled in the New York City-based Neighborhoods, Networks, and HIV Care cohort study were randomly selected to participate in this qualitative study. Participants were asked to complete a brief survey and in-depth interview (IDI). IDIs were transcribed verbatim and Nvivo was used to facilitate coding and data management. Thematic analysis was used to present preliminary findings of 20 completed IDIs.

**Results:** Of the 20 BMSM (mean age 43 years  $\pm$ 13.4) 65% were virally suppressed (<20 copies/mL), 95% and 30% reported being vaccinated against COVID-19 and Mpox, respectively. Experience of stigma, discrimination, and racism was relatively low, with most reporting that these experiences did not influence their ability to manage their HIV-infection. Reports of Mpox-related stigma were higher than that of HIV and COVID-19. Although the COVID-19 pandemic presented challenges to engaging in HIV care, in most instances it did not disrupt care (maintaining doctor’s appointments and medication adherence). Challenges included increased transportation costs, increased wait time, and high provider turnover. Telehealth played a central role in care continuity, and most were satisfied with telehealth, with key advantages being convenience, less time-consuming, pandemic-safe, and reduced anticipated stigma. However, in-person care was preferred (more personable, less likely for providers to miss key signs and symptoms, etc.). Strategies for integrating telehealth post-pandemic were highlighted.

**Conclusion:** In most instances, the COVID-19 pandemic and Mpox virus outbreaks did not disrupt HIV care. Telehealth played a central role in HIV care continuity.



## 1279 Exploring Participant Perceived Impacts of an Urban Gardens and Peer Nutritional Counseling Intervention with People Living with HIV and Food Insecurity in the Dominican Republic: A Qualitative Analysis

Alane Celeste-Villalvir (presenting)<sup>1</sup>, Kartika Palar<sup>2</sup>, Amarilis Then-Paulino<sup>3</sup>, Deshira D. Wallace<sup>4</sup>, Gipsy Jimenez-Paulino<sup>3</sup>, Maria Altagracia Fulcar<sup>5</sup>, Kathryn Derose<sup>1</sup>

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**Background:** Food insecurity among people living with HIV (PLHIV) has been associated with poor mental and physical health outcomes. While previous gardening interventions have found that gardening programs may improve nutrition and health, few studies (and none in Latin America and the Caribbean) have explored what changes, if any, are most salient to participants in these programs. This qualitative study explores perceived impacts of participants engaged in a 12-month urban gardens and peer nutritional counseling intervention with PLHIV experiencing food insecurity in the Dominican Republic.

**Method:** Qualitative data were collected at end line from a purposive sample of intervention participants (n=21), all of whom had either severe (78%) or moderate (22%) food insecurity at baseline. In semi-structured interviews, participants were asked about changes in diet and food security. Interviews lasted on average 45-90 minutes and were recorded and transcribed verbatim. A codebook was created iteratively using the interview guide and field notes. Code summaries relevant to dietary and food security changes were analyzed using code matrices to identify overarching topics and consistent themes. Quotes that exemplified salient themes in the experiences of participants were selected to illustrate thematic trends.

**Results:** Participants shared that prior to the intervention, they ate more fried and greasy street foods (known as “fritura” and “pica pollo”), fast food, inadequate portions (some too small and others too large). Participants indicated that the intervention led to greater dietary diversity as well as increased consumption of and access to fruits and vegetables. A few participants also reported positive changes in food security and cost savings following the intervention.

**Conclusion:** An urban gardens and peer nutritional counseling intervention with PLHIV who are experiencing food insecurity in low-resource settings has the potential to have meaningful impacts in access to and consumption of healthy food, dietary diversity, and cost savings.

## 1281 Exploring the Barriers to HIV Treatment Continuity among Men who have Sex with Men in Ghana

Thomas Ayuomah Azugue (presenting)<sup>1</sup>, Edward Adiibokah<sup>1</sup>, Henry Nagai<sup>1</sup>, Felicia Amihere<sup>2</sup>, Yussif Ahmed Abdul Rahman<sup>1</sup>

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**Background:** Men who have sex with men (MSM) often have limited access to HIV prevention and care services, particularly in environments where MSM face criminalization, such as Ghana. This study aims to identify predictors of antiretroviral therapy (ART) adherence among MSM, to improve supportive treatments.

**Method:** The study analyzed data from the national HIV database in three PEPFAR-supported regions, focusing on a sample of 647 MSM with complete data. Binary logistic regression was used to analyze the association between treatment continuity (the outcome variable) and several factors, including age, education level, marital status, treatment plan, type of facility, and whether the client was on Multi-Month Scripting and Dispensing (MMSD).

**Results:** Regarding the characteristics of the respondents, 89% had initiated ART at hospitals, while 11% had started at health centres. The mean age was 36 years, and 15% had no formal education. The results showed that a one-year increase in age resulted in a 1.1 times likelihood of staying in treatment (adjusted odds ratio (AoR)=1.1, 95% confidence interval (CI)=1.0-2.1, p<0.01). Married MSM were 1.9 times more likely to adhere to treatment than single MSM (AoR=1.9, CI=1.2-3.0, p<0.001). MSM on MMSD were 4.4 times more likely to continue HIV treatment compared to those on single-month dispensing (AoR=4.4, CI=3.0-7.0, p<0.001). Clients on DTG-based regimens were 37 times more likely to adhere to treatment compared to those on EFV-based regimens (AoR=37.0, CI=65.0-269, p<0.001).

**Conclusion:** The study found that among MSM in Ghana, the continuation of antiretroviral therapy (ART) was strongly associated with marital status, treatment regimen, and Multi-Month Scripting and Dispensing (MMSD). Scaling up MMSD and providing better access to improved treatment regimens could help increase ART continuation among MSM.



## 1283 Lingered Providers' Stigma towards Key Populations May Influence their PrEP Prescribing Behaviors: Findings from a Qualitative Study in Ghana

Edward Adibokah (presenting)<sup>1</sup>, Yussif Ahmed Abdul Rahman<sup>1</sup>, Henry Nagai<sup>1</sup>

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**Background:** Since 2020, Ghana has been rolling out oral Pre-Exposure Prophylaxis (PrEP) for populations at risk of HIV acquisition. PrEP can substantially reduce HIV acquisition among key populations (KPs). Health Care Providers (HCPs) are critical for PrEP provision in Ghana where PrEP remains HCPs initiated. This study aimed to deepen the understanding of the causes for PrEP decline or discontinuation among KPs in Ghana

**Method:** One of the Care-Continuum project's continuous qualitative improvement efforts included conducting 60 qualitative in-depth interviews (IDIs) in September and October 2022. Participants included HCPs providing PrEP services to KPs, individuals from KPs, and 10 CSO staff from across the three regions. Data was recorded, transcribed verbatim, and analysed using NVIVO 12 software. Coding followed an analytical framework developed a priori.

**Results:** A prominent theme that emerged from all interviews suggests provider stigma may restrict PrEP uptake and decrease continuation. Some of the HCPs interviewed expressed discomfort in serving KPs. Respondents in the IDIs referred to the worsening legal environment for KPs since the introduction of the bill criminalizing LGBTQI in the country. CSO personnel cited situations when MSM declined PrEP because of the health facility entrance obligation for initiation or fear of stigmatization from HCPs through outreach. Illegal migrant FSWs, a prominent sub-group in the study catchment area, were also reticent of contact with the HCPs.

**Conclusion:** As Ghana prepares to introduce long-term injectable PrEP, understanding oral PrEP will mitigate PrEP adherence challenges. Focusing on components like policy and stigma may also lead to greater PrEP initiation. Policymakers in Ghana should act rapidly to guarantee that PrEP initiation is decentralized and de-medicalized in accordance with worldwide best practices. Addressing provider stigma and attitude towards KPs is key to influencing PrEP initiation and adherence. Together, these efforts could educate providers, reduce stigma towards KPs, and change prescription behaviors.

## 1284 mHealth Tools for Youth Living with HIV in the Southern US: Opportunities for Adherence Support

Sayward Harrison (presenting)<sup>1</sup>, Sarah Miller<sup>1</sup>, Wendy Chu<sup>1</sup>

<sup>1</sup> University of South Carolina, Columbia, SC, USA

**Background:** Youth living with HIV in the Deep South region of the United States (US) experience poor outcomes across the HIV Care Continuum. Their engagement in care and adherence to antiretroviral therapy (ART) are often complicated by intersecting, multi-level barriers. Youth who are minoritized by race, ethnicity, gender identity, and/or sexual identity must contend with personal and systemic exposure to racism, homophobia, and/or transphobia. Mobile health (mHealth) tools offer promise in overcoming existing barriers to HIV care, yet youth face unique challenges with utilizing mHealth tools for HIV care engagement and ART adherence.

**Method:** This formative, qualitative study aimed to elucidate perceptions of mHealth and barriers to mHealth for youth living with HIV in South Carolina. Providers (n=15), HIV community-based organization (CBO) staff (n=23), and youth living with HIV (n=16) participated in either individual, semi-structured interviews (i.e., providers and youth) or focus group discussions (i.e., CBO staff) to share their experiences and perceptions of mHealth HIV tools. A rapid qualitative analytic approach with multiple coders was employed to identify salient themes and illustrative quotes.

**Results:** Adolescents and young adults living with HIV described being deeply immersed in digital worlds yet often keep their HIV status concealed within social networks—limiting opportunities for adherence support. While providers and CBO partners recognized opportunities to support adherence through digital means, few were currently utilizing specific mHealth tools or other digital interventions with youth.

**Conclusion:** While mHealth tools hold promise for improving HIV adherence for youth living with HIV, multiple barriers must be overcome, including concerns about confidentiality and access-related needs. In addition, engagement and interest must be prioritized for mHealth tools to be successful.



## 1286 Cost Analyses of Using an Ingestible Sensor System to Improve Adherence to Antiretrovirals in HIV-Infected Adults

Yan Wang (presenting)<sup>1</sup>, Honghu Liu<sup>1</sup>, Yilan Huang<sup>1</sup>, Jie Shen<sup>1</sup>, Di Xiong<sup>1</sup>, Linyu Zhou<sup>1</sup>, Lisa Siqueiros<sup>1</sup>, Marc Rosen<sup>2</sup>, Eric Daar<sup>1</sup>

<sup>1</sup> University of California, Los Angeles, Los Angeles, CA, USA

<sup>2</sup> Yale University, New Haven, CT, USA

**Background:** Given the effectiveness, level of complexity and associated cost of ingestible sensor (IS) system for improving adherence to antiretrovirals (ARV), it is important to understand the cost-benefit in using such system for HIV treatment. We aim to evaluate the cost-effectiveness of an IS system compared with usual care (UC).

**Method:** A cost-effectiveness analysis was performed in the randomized controlled trial of IS versus UC for ARVs in HIV-infected adults over a 16-week intervention. Costs were assessed from a patient perspective. The effectiveness measures for this analysis included both the primary outcome of adherence and the secondary outcome of plasma HIV RNA viral load (VL). The average costs of IS intervention were calculated, and the average effects were compared between the IS and UC groups using an incremental cost-effectiveness ratio (ICER). A subgroup analysis was performed to evaluate the cost-effectiveness of the intervention for participants with detectable VLs at baseline.

**Results:** Between 5/2018 to 2/2020, 115 participants were randomized to IS (n=57) or UC (n=58) group and completed baseline visits. The average cost per participant of the IS intervention was \$3,629, with a cost of \$95 per patient for each 30-pill of co-encapsulation. The ICER for adherence improvement is \$18,601 per 10% increase of average self-reported adherence during the intervention period compared with UC group. From baseline to week 12, the ICER for one additional participant having viral suppression in the IS group compared with UC group was \$32,659. Subgroup analyses showed that for patients who started with detectable VL, the ICERs were \$8,858 per 10% additional adherence increase and \$8,619 per additional virally suppressed participant.

**Conclusion:** These results indicate that the IS intervention had a better cost-effectiveness ratio among those with detectable VLs at baseline, and the IS system can be potentially implemented in HIV clinics to improve the rate of viral suppression.

## 1287 EPIC: Enhanced Peer Involvement in Care

Vanessa Johnson (presenting)<sup>1</sup>

<sup>1</sup> Ribbon Consulting Group, Washington, DC, USA

**Introduction:** National data shows a disproportionate impact of HIV among U.S. Black women. Of the new HIV diagnoses in U.S. women, 60% are in Black cisgender women, although this population makes up 12% of the U.S. female population (CDC, 2019). Black women in the U.S. comprise most of the new HIV cases (incidence) and the majority of women living with HIV (prevalence). Furthermore, Black women living with HIV struggle to achieve viral suppression (CDC, 2022).

**Description:** *Enhancing Peer Involvement in Care* (EPIC) provides educational and skills-building activities to improve HIV peer navigation programs. EPIC *aims* to integrate health literacy, health systems navigation, self-care management, and trauma-informed and gender-responsiveness concepts as the foundation of an innovative small group intervention for increasing the retention of Black cisgender women living with HIV (BCGWH) in care and achieving viral suppression. EPIC's *primary strategy* is to help BCGWH map their HIV Continuum of Care journeys using trauma-informed and use the findings to develop a self-care management plan for staying in care, achieving viral suppression, and sustaining a quality life.

**Lesson Learned:** EPIC will use project data from year one to demonstrate that if adequately trained, peer navigators within existing navigation programs, and in partnership with BCGWH, can deliver three specific enhanced navigation sessions — addressing medical mistrust, mapping the HIV Continuum of Care journey, and developing a personalized self-management care plan — to support BCGWH sustain viral suppression and quality life.

### Recommendations:

1. Increase involvement of BCGWH in the delivery of navigation services.
2. Reinvest in group interventions for BCGWH to counter isolation and increase socialization.
3. Integrate HIV Continuum of Care mapping and self-care management tools in HIV care.
4. Establish core program requirements and performance measures for peer navigation services recognizing various HIV navigation programs.



## 1290 Barriers to Care and Respond to the needs of BMSM

Tony Sillemon (presenting)<sup>1</sup>

<sup>1</sup>Alta Bates Summit Medical Center, Oakland, CA, USA

**Background:** East Bay Advanced Care is the only program in the San Francisco Bay Area's East Bay that integrates HIV specialty care with hospital-based primary care. African American men in our region are 3-6 times over-represented among persons living with HIV and have lower rates of linkage to and retention in care and viral suppression, leading to disproportionately high HIV-related mortality rates. To address these disparities, our Eradicating Racism and Striving for Excellence in HIV Care (ERASE) Project provided comprehensive services to black men who have sex with men (BMSM) living with HIV who were newly diagnosed, never entered into care, fallen out of care or ask risk of doing so, and/or not virally suppressed.

**Method:** To address barriers to care and respond to the needs of BMSM, ERASE employed the following strategies: (1) weekly case management visits for clients for two months, then monthly visits for up to 18 months; (2) peer case management staff with lived experience; (3) a BMSM-specific space within EBAC's clinic; (4) linking clients to onsite, integrated, primary care and wraparound services, and offsite support services, (4) a "clinic without walls" approach to serve clients "where they are."

**Results:** Lessons learned and **recommendations:** ERASE improved clients' linkage to HIV care and support services. In addition, ERASE clients demonstrated improvements in taking HIV medications as prescribed, their sense of being able to manage HIV effectively, and viral loads. We learned that focusing on building close, long-term relationships with clients help staff to understand the issues clients face and provide relevant support, which creates greater trust and healthier bonds, and in turn clients' deeper engagement in the program. Secondly, strong collaboration and communication between program staff, community partners, clients, and their natural support systems helped to effectively address clients' needs and promote their retention, resulting in better outcomes.

## 1291 Achieving Positive Outcomes: Investigating the Factors that Impact HIV Treatment Continuity among Young Adults in Western Region, Ghana

Issifu Zakaria Dindan (presenting)<sup>1</sup>, Edward Adiiibokah<sup>1</sup>, Henry Nagai<sup>1</sup>, Yussif Ahmed Abdul Rahman<sup>1</sup>

<sup>1</sup> John Snow, Inc., Takoradi, Ghana

**Background:** HIV treatment continuity is crucial for long-term health outcomes among people living with HIV. This study investigates factors associated with HIV treatment continuity among young adults (15-24 years) living with HIV in the Western region of Ghana.

**Method:** A retrospective analysis of secondary data with 2,589 young adults (ages 15-24) living with HIV in the Western Region of Ghana was conducted. On January 15, 2023, data was extracted from the national HIV database (E-tracker), using clients' most recent facility visit dates. The outcome variable was HIV treatment continuity, which was defined as the ability of young adults living with HIV to remain in care and continue taking their medication as prescribed. We analyzed the data using Pearson's Chi-square and a stepwise multiple-logistic regression

**Results:** Of the 2,589 young adults recruited for the study, 2,041 (79%) were females with a mean age of 21yrs. In this study population, 1,099 (43%) were currently on HIV treatment, of whom 78% were initiated on treatment at a hospital. This included 861 (78%) females and 238 males (22%), with no statistical significance between sex and young adults' treatment continuity. However, the association between being on multi-month dispensing (MMD) and treatment continuity was statistically significant ( $p < 0.001$ ). Young adults on EFV-based treatment were 0.01 times less likely to be on treatment compared to those on DTG-based treatment (OR:0.01, CI=0.001-0.05,  $p < 0.001$ ). MMD clients were 3.4 times more likely to be on treatment compared to those not on MMD (OR=3.4, CI=2.8-4.0,  $p < 0.001$ ).

**Conclusion:** Our study suggests that MMD and DTG-based treatment are the key factors in determining treatment continuity among young adults living with HIV. This conclusion could inform interventions to improve treatment continuity in this sub-population.



## 1296 Prioritizing Mental Health in US Ending the HIV Epidemic Plans

Christopher Duncombe (presenting)<sup>1</sup>, Dashiell Sears<sup>1</sup>, José M. Zuniga<sup>1</sup>

<sup>1</sup> International Association of Providers of AIDS Care, Washington, DC, USA

**Background:** Ending the HIV Epidemic (EHE) is an operational strategy to reduce the number of new HIV infections in the United States by 75% by 2025 and by at least 90% by 2030. The first phase prioritized 48 counties plus Washington, DC, and San Juan, Puerto Rico. An additional seven states were prioritized in phase 1. Phase 1 jurisdictions were required to develop county or state EHE plan and post them on public-facing websites.

**Methods:** A cross-sectional analysis was conducted of 48 county EHE plans. The search's objective was to identify which plans included a mental health component in the plans' design, objectives, interventions, and outcomes. The search utilized the National Alliance of State and Territorial AIDS Directors (NASTAD) public-facing website that houses the plans. Jurisdiction websites were also searched, and interviews conducted where plans were unavailable. See [figure 1](#).

**Results:** EHE plans were analyzed for 43 available jurisdictions across the six domains of mental health; advocacy, community engagement, and partnerships; social determinants of health; capacity building; integrated care; and lowering barriers to care. Mental health services were explicitly cited as a priority in all but two county EHE plans, which absorbed mental health under the term behavioral health. Mental health services were viewed as critically needed, yet lacking, especially among people who are unhoused, people who use substances, immigrants, refugees, and LGBTQ youth. The most commonly cited social health determinant was the lack of secure housing. The most frequently cited strategy for improving mental health services was the provision of integrated care in co-located services.

**Conclusion:** Mental health services are critically needed, but access to and utilization is often suboptimal. There is room for an amplification of the county EHE plans to facilitate a consistent wide-ranging focus on mental health that is required to end the HIV epidemic.

## 1297 Reaching Key Populations with Timely and Credible Information on COVID-19 through the Healthy Living Platform

Richard Adupong (presenting)<sup>1</sup>, Yussif Ahmed Abdul Rahman<sup>1</sup>, Egbert Bruce<sup>1</sup>, Henry Nagai<sup>1</sup>

<sup>1</sup> JSI Research and Training Institute, Inc, Takoradi, Ghana

**Introduction:** As of January 19, 2023, at 20:50 GMT, Ghana had confirmed 171,099 cases of COVID-19, with 1,462 deaths and 169,626 recoveries. The ongoing pandemic highlights the need to combat misinformation and provide access to timely, credible, and life-saving information. However, key populations (KPs) in Ghana's Western, Western North, and Ahafo regions continue to face stigma and discrimination, leading to social exclusion and low healthcare utilization. The stigmatization experienced by COVID-19 patients, combined with the spread of misinformation regarding vaccination, is likely to further exclude KPs from accessing critical COVID-19 safety information and general healthcare in these regions.

**Description:** The USAID Strengthening the Care Continuum Project is leveraging its Healthy Living Platform (HLP) to share safety tips that KPs should follow to prevent COVID-19 infection. The HLP is a two-way system that transmits short message services, offers interactive voice response, and is integrated with helpline counseling via a three-digit shortcode on major telecommunication networks in Ghana. Subscribers have access to professional counselors (nurses) who provide private and confidential phone counseling as an entry point to the HIV care continuum.

**Lesson Learned:** From October 1, 2021, to December 31, 2022, the HLP serviced 29,296 new users with an average engagement time of 1.41 minutes and 3,381 counselor interactions. The counselors responded to COVID-19 questions from subscribers including, the difference between COVID-19 and HIV, where and when to get shot in arms, how COVID-19 is prevented, if COVID-19 is airborne, how COVID-19 is transmitted, as well as the location of COVID-19 testing centers.

**Recommendations:** The HLP should continue to be supported and expanded as a critical link for KPs to necessary healthcare information and services, including COVID-19, while mitigating barriers to care such as S&D.



## 1299 Factors Associated with Achieving Viral Suppression among People Living with HIV in Ghana: A Retrospective Analysis

**Abdul-Wahab Inusah (presenting)**<sup>1</sup>, Thomas Azugnué Ayoumah<sup>1</sup>, David Nartey<sup>1</sup>, Edward Adiibokah<sup>1</sup>, Zakaria Dindan<sup>1</sup>, Felicia Amihere<sup>2</sup>, Yussif Ahmed Abdul Rahman<sup>1</sup>, Henry Nagai<sup>1</sup>

- <sup>1</sup> JSI Research and Training Institute, Inc, Takoradi, Ghana  
<sup>2</sup> Western Regional Health Directorate, Ghana Health Service, Bulenga, Ghana

**Background:** Viral load (VL) suppression remains a challenge to achieving epidemic control in most sub-Saharan Africa. This study investigates the factors associated with viral suppression among people living with HIV (PLHIV) in Ghana, using retrospective data from a large cohort.

**Method:** We conducted a retrospective analysis of 14,777 HIV clients with viral loads results on the National HIV database system (E-tracker). We extracted two years of clients' data (2020-2022). A stepwise regression model was used to determine factors associated with viral load suppression among HIV clients with VL results.

**Results:** Among the 14,777 clients with VL results, 76% were females. The mean age was 42. From the results, 13,116 representing 88% of the clients were virally suppressed. Clients currently active on ART were 1.8 times more likely to be virally suppressed compared to those who interrupted treatment (OR=1.8, CI=1.6-2, p<0.001). Clients on multi-month dispensing (MMD) were 2.3 times more likely to be virally suppressed compared to single month dispensing (OR=2.6, CI=2.0-2.5, p<0.001). Clients-initiated at hospitals had higher odds of experiencing viral load suppression than clients initiated at lower-level facilities, i.e., clinics [(OR=1.7, CI=1.1-2.6, p=0.02)]. For every one-year increase in age, there was a 1.7 timely increase in VL suppression (OR=1.0, CI=1.0-1.1, p<0.001). Males were 0.8 times less likely to be virally suppressed (OR=0.8, CI=0.7-0.9, p<0.001).

**Conclusion:** The study findings suggest that scaling-up of MMD and addressing the inherent challenges faced by sub populations including males and younger clients, is key to achieving VL suppression nationwide.

## 1300 Assessing Perceived Quality of Care among PLHIV in Kyiv: Challenges with Interpersonal Communication and Experienced Stigma in Healthcare Settings

**Andrey Kosinov (presenting)**<sup>1</sup>, Imane Sidibe<sup>1</sup>, Karen Chale<sup>2</sup>, Mariam Diallo<sup>2</sup>, Christopher Duncombe<sup>2</sup>, José M. Zuniga<sup>1</sup>

- <sup>1</sup> International Association of Providers of AIDS Care, Washington, DC, USA  
<sup>2</sup> International Association of Providers of AIDS Care, Lusaka, Zambia

**Background:** Poor perceptions of quality of care (QoC) have a significant impact on the health system's ability to retain people living with HIV (PLHIV) in care. Understanding QoC from the perspectives of PLHIV, and how these perspectives affect their ability to engage and be effectively retained in care is essential to achieving the UNAIDS 95-95-95.

**Method:** A 36-question qualitative survey was conducted to identify the primary clinical, structural, and social factors influencing PLHIV perceptions on QoC delivered in urban healthcare settings. The survey evaluated differences in QoC domain perspectives including linkage and retention in HIV care; antiretroviral therapy (ART) and adherence; HIV literacy; secondary HIV prevention; whole-person care; and interpersonal communication, notably in relation to stigma.

**Results:** Of the 337 PLHIV surveyed, 64% of respondents were male and 33% identified as female with 19% of respondents identifying as men who have sex with men (MSM), 20% as people who inject drugs (PWID), and 8% identifying as sex workers. Respondents expressed positive perceptions on counseling with 96% having received counseling on HIV care and ART. When asked about interpersonal communication and perceptions of feeling welcome in the healthcare facilities where they receive HIV services, 40% of respondents indicated feeling staff were unwelcoming and 24% "rarely" to "never" feeling confident when accessing care. Close to a third (31%) of respondents indicated apprehension about returning to their health facility. A majority of respondents (65%) expressed fears of unapproved HIV status disclosure to others by their healthcare providers with 27% reporting receiving substandard medical care due to their status.

**Conclusion:** Knowledge of QoC perspectives will enable healthcare providers to better address barriers PLHIV confront in accessing and utilizing HIV services. Continuous efforts are also required to eliminate stigma in healthcare facilities and reinforce non-stigmatizing communication between PLHIV and healthcare providers to improve HIV and other health outcomes.





## 1301 Measuring and Assessing PLHIV Perceptions of Quality of Care in Efforts to Achieve 95-95-95 in eThekweni

**Chalone Savant (presenting)**<sup>1</sup>, Imane Sidibe<sup>2</sup>, Nombulelo Magula<sup>3</sup>, Karen Chale<sup>4</sup>, Mariam Diallo<sup>2</sup>, Christopher Duncombe<sup>2</sup>, José M. Zuniga<sup>2</sup>

<sup>1</sup> International Association of Providers of AIDS Care, Durban, South Africa

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<sup>3</sup> University of KwaZulu-Natal, Durban, South Africa

<sup>4</sup> International Association of Providers of AIDS Care, Lusaka, Zambia

**Background:** Increasing access and sustained use of antiretroviral therapy (ART) has reduced AIDS-related mortality and morbidity associated with opportunistic infections, transforming HIV into a chronic disease requiring planned care and lifetime clinical and psychosocial follow-up. Gaining insight on the quality of care (QoC) delivered to people living with HIV (PLHIV) is essential for evaluating and addressing barriers to accessing and utilizing quality of HIV care and achieving the UNAIDS 95-95-95 targets in eThekweni.

**Method:** A qualitative survey was fielded to collect document PLHIV perceptions about QoC related to HIV services they received within their healthcare facilities across various domains including HIV literacy, HIV counselling, linkage to HIV care, retention in HIV care, HIV-related stigma, interpersonal communication, and economic accessibility.

**Results:** A total of 300 PLHIV were surveyed with 71% of respondents identifying as women and 29% men. All PLHIV surveyed reported currently being on ART with 69% having been diagnosed within the last 10 years. Regarding HIV literacy and counselling, 97% reported receiving counselling on the importance of ART adherence from their healthcare providers, yet 42% did not know the meaning of an undetectable viral load, with 30% reporting not having received information about the Undetectable=Untransmittable (U=U) message. When asked about their experiences attending healthcare facilities, 83% reported feeling welcome. Of the respondents who reported feeling unwelcome, 29% cited as their primary reasons: receiving substandard care (10%), fear of HIV status disclosure by healthcare professionals to others (9%), and denial of care (10%). Economic and transport challenges did not pose a barrier to accessing quality HIV care for 97% of respondents.

**Conclusion:** Healthcare services may not recognize the impact that perceived QoC can have on the physical, social, and mental health wellbeing of PLHIV, as well as on ART adherence. Continuous efforts are required to ensure access to quality HIV services, including reinforcing patient literacy to adequately meet PLHIV care and treatment needs.

## 1303 Pilot Implementation Study of Objective Marker of Adherence: Measuring Tenofovir in Urine by a Novel Point-of-Care Test

**Homaira Hanif (presenting)**<sup>1</sup>, Mags Beksinska<sup>2</sup>, Bongiwe Zulu<sup>2</sup>, Cecilia Milford<sup>2</sup>, Karen Dominguez<sup>1</sup>, Jennifer Smit<sup>2</sup>, Gustavo F. Doncel<sup>1</sup>

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<sup>2</sup> University of the Witwatersrand, Johannesburg, South Africa

**Background:** There remains an unmet need for a reliable point-of-care (POC) test that can be utilized in low resource settings to provide immediate feedback to participants and providers about oral PrEP adherence. SureQuick is a urine POC test that detects tenofovir non-use over the past 48 hours in a qualitative lateral flow assay.

**Method:** This study used mixed methods to examine feasibility, acceptability and usability of the POC test in a public health service delivery setting in South Africa. Health care providers (HCPs) were trained to use the test. Participants were current female oral PrEP clients aged 18-35 years old. Survey data were collected from clients at their clinic visits (n=50) and a subsample (n=19) completed qualitative in-depth interviews (IDIs). HCPs responded to survey questions (n=12) and participated in a focus group discussion (FGD). Analysis focused on provider experiences and participants' perceptions of the test, including barriers/facilitators for implementation.

**Results:** Participants had been using oral PrEP for a mean of 1.5 years with 40% having stopped and re-started oral PrEP in the past. Most participants reported being motivated by seeing their results, providing proof that PrEP was in their body. All participants said this test would help HCPs provide better care, however, many, including HCPs, felt that clients would "cheat" and take pills before an appointment since results indicate recent pill intake (48 hours). HCPs thought the test was easy to use, trusted the results, and thought it would help with patient care. However, they felt the test interpretation was counter intuitive, given a reactive test shows non-adherence. HCPs and participants felt it was important that the test results not be used in a punitive manner.

**Conclusion:** The POC test was acceptable, feasible and usable. This type of test may be useful to motivate clients and help with adherence counselling, especially during the initiation of oral PrEP.



## 1304 Digital Pill Systems to Enhance PrEP Adherence in Substance Users: A Preliminary Analysis of Adherence Conversions Post-Intervention

Hannah Albrechta (presenting)<sup>1</sup>, Georgia Goodman<sup>2</sup>, Zachary Jonas<sup>3</sup>, Joanne Hokayem<sup>1</sup>, Pamela Alpert<sup>4</sup>, Tony Carnes<sup>4</sup>, Justin Noggle<sup>5</sup>, Edward Boyer<sup>6</sup>, Rochelle Rosen<sup>7</sup>, Kenneth Mayer<sup>1</sup>, Conall O’Cleirigh<sup>1</sup>, Peter Chai<sup>10</sup>

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- <sup>9</sup> Harvard, Boston, MA, USA
- <sup>10</sup> Brigham and Women’s Hospital, Boston, MA, USA

**Background:** Digital pill systems (DPS) utilize ingestible radiofrequency sensors to measure real-time adherence to oral HIV pre-exposure prophylaxis (PrEP). Substance use can increase PrEP nonadherence among men who have sex with men (MSM). A pilot randomized control trial is evaluating a cognitive behavioral therapy-based adherence intervention utilizing DPS adherence data among MSM with substance use.

**Method:** Adult, cisgender MSM on PrEP with substance use disorders enrolled. Participants self-identified a dosing window (i.e., expected ingestion time) and, after a 2-week run-in, were randomized to the intervention (received intervention messages two hours after dosing window on nonadherent days) or control (used DPS without interventions). Both arms ingested PrEP digital pills for 90 days. In a subsample of intervention participants, we measured the proportion of ingestions that occurred after intervention message delivery (“conversions”). Conversions occurred: (1) by system-defined “end of day” (i.e., midpoint between current dosing window and start of next window), or (2) after system-defined “end of day” (i.e., until start of next window).

**Results:** Participants (n=10, median age: 46) were primarily White (90.0%) and non-Hispanic/Latinx (90.0%). Of 911 total monitored days (mean=91; SD=7 days), the DPS recorded 705 adherent (77.4%) and 206 nonadherent days (22.6%). Intervention messages were delivered on 447 of 911 days, resulting in 241 conversions (53.9%). Conversions accounted for 34.2% of adherent days. Most participants (n=8) demonstrated consistent adherence (≥70.0%), one exhibited episodic nonadherence (57.8%), and one exhibited consistent nonadherence (29.3%). Of 127 seven-day weeks, prevention-effective adherence (≥4 doses/week) occurred during 66 weeks without intervention (51.9%). Intervention messages resulted in 34 additional weeks of prevention-effective adherence (n=100, 78.7%), when analyzing ingestions that occurred by system-defined “end of day.”

**Conclusion:** Preliminary analyses demonstrate the potential of a DPS-based intervention to interrupt PrEP nonadherence and improve adherence among adult MSM who use substances.

## 1305 Prevención sin Barreras: Scaling Up PrEP with Spanish Speaking Latinx

Joana Lagunes Arauz (presenting)<sup>1</sup>, Mariajosé Paton<sup>2</sup>, Sayward Harrison<sup>2</sup>, Anahyra Fernandez<sup>2</sup>

<sup>1</sup> Benedict College, Columbia, SC, USA

<sup>2</sup> University of South Carolina, Columbia, SC, USA

**Introduction:** Pre-exposure prophylaxis for HIV (PrEP) was approved by the United States (US) FDA in 2012 with the promise of ending the epidemic. Despite technological advances, marginalized groups, such as Latinx people, are still facing the burden of the HIV epidemic. Prior research has shown that intersecting cultural and structural barriers put Latinx LGBTQ+ youth at a higher risk for acquiring HIV. To our knowledge, there is no research on Spanish-speaking youth for HIV prevention in the southern US.

**Description:** The current study uses Youth Participatory Action Research to increase the use of PrEP among Black and Latinx LGBTQ+ youth ages 16-25 in South Carolina, US. The first two authors are youth co-researchers who contribute to protocol development, recruitment, data collection, analysis, and research dissemination. With a research team of bisexual Latinas, the authors describe their experiences recruiting Spanish-speaking Latinx LGBTQ+ youth and offer recommendations for future research.

**Lesson Learned:** This study will uncover barriers to recruiting Latinx youth for HIV prevention interventions in the South. The authors anticipate the following challenges in recruiting and retaining LGBTQ+ Spanish-speaking Latinx youth: historical/structural racism and prejudice leading to disempowerment, institutional distrust, language barriers, immigration status, and different perceptions of cultural differences.

**Recommendations:** To ensure Latinx youth representation, we must have funding for the resources the Latinx communities need. This includes interpreters and researchers with a Latinx cultural background and understanding at the federal, state, and local levels; without these resources, we cannot expect linkage to retention and re-engagement in HIV care to Latinx youth. The financial support will improve patient care and the future betterment of the Latinx communities. These changes would cause many ripples in breaking down the cultural and linguistic barriers many researchers such as us often face.



## 1306 ART Adherence Experiences of People Living with HIV Receiving a Point-of-Care Adherence Assay Versus Standard of Care: A Qualitative Data from Cape Town, South Africa

**Lauren Jennings (presenting)**<sup>1</sup>, Dillon Wademan<sup>1</sup>, Lario Viljoen<sup>1</sup>, Hanlie Myburgh<sup>1</sup>, Abenathi Mcinziba<sup>1</sup>, Eric Decloedt<sup>1</sup>, Catherine Orrell<sup>1</sup>, Gert van Zyl<sup>1</sup>, Marije van Schalkwyk<sup>1</sup>, Monica Gandhi<sup>2</sup>, Graeme Hodinott<sup>1</sup>

<sup>1</sup> Desmond Tutu TB Centre, Stellenbosch University, Cape Town, South Africa

<sup>2</sup> University of California-San Francisco, San Francisco, CA, USA

**Background:** A newly developed Urine Tenofovir Rapid Assay (UTRA) assesses and tests tenofovir in urine at point-of-care and immediately responds to adherence levels of people living with HIV (PLHIV). A qualitative evaluation nested in a pilot randomized controlled trial investigating the acceptability of UTRA, compares the adherence experiences of PLHIV receiving this point-of-care adherence intervention versus standard of care.

**Method:** We are completing three series of longitudinal in-depth qualitative interviews with 25 PLHIV (a total of 75 interviews) at a primary health facility, Gugulethu, Cape Town, South Africa. Participants at risk of virologic failure and receiving a tenofovir-based antiretroviral therapy (ART) regimen are purposively sub-sampled by arm (1:1 intervention vs. control) from the parent trial, for diversity in age and gender, and for rich-case sampling. Data collection started in May 2022 and will be completed in April 2023. Data analysis involves descriptive summaries of key emergent themes with illustrative case examples.

**Results:** Participants from both arms reported that obstacles to ART adherence were food insecurity, alcohol consumption, stress of daily life challenges, and lack of adequate adherence support. Participants in the intervention arm reported that being tested and informed about their adherence performance in real-time served as a motivation for accountability to take treatment consistently and created a platform for adherence discussions with health workers on how to overcome adherence barriers. Participants in the control arm reported that they rely on relatives for adherence support and accountability because there is limited time to have adherence discussions with health workers in their busy clinic.

**Conclusion:** Overall, PLHIV in the intervention arm, through immediate results from the assay and education from counselling, managed to find ways to overcome some of the barriers to adherence compared to those in the control arm.

## 1309 Student Perspectives Regarding HIV and STI Testing at a Historically Black College and University in the Southern United States

**Jessica Corcoran (presenting)**<sup>1</sup>, Lynn T. Matthews<sup>1</sup>, Samantha Hill<sup>1</sup>, Billy Kirkpatrick<sup>2</sup>, Derrick Steverson<sup>2</sup>, Katherine Waldon<sup>2</sup>, Corilyn Ott<sup>2</sup>, Victoria McDonald<sup>2</sup>, Mirjam-Collette Kempf<sup>2</sup>

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**Background:** In the United States (US), Black adolescents and young adults (AYAs) are disproportionately affected by the HIV epidemic, especially in the South. We evaluated implementation of HBCU STEP, a pilot program integrating both HIV and STI testing and PrEP delivery for primarily Black AYAs attending a historically black college and university (HBCU) in a Southern U.S. state. This project focuses on the first 90 of the UNAIDS 90-90-90 goals for 90% of people living with HIV to know their status.

**Method:** We conducted in-depth interviews via telephone with AYAs attending a Southern HBCU to evaluate the implementation of HBCU STEP between April-2022 and Feb-2023. Completed interviews included sociodemographic information, questions about STI and HIV knowledge, testing history, and implementation questions evaluating the acceptability and feasibility of HBCU STEP. Participants were recruited using flyers, gave verbal informed consent, and were compensated \$30 for their time. Two authors analyzed the data using thematic analysis. Initially, we developed a codebook, coded the interviews, then combined similar codes into overall themes.

**Results:** Thirty-five participants were interviewed. Three themes emerged from the interviews: (1) HIV and STI knowledge (2) HIV and STI risk reduction strategies (3) and acceptability of HBCU STEP for students. The students discussed risk reduction strategies they have personally used as well as strategies their friends have utilized (i.e., condom usage, decreasing the number of sex partners, PrEP usage, regular HIV and STI testing). The participants said the STI/HIV testing services offered through HBCU STEP were convenient and acceptable, and they were likely to return for future care.

**Conclusion:** Overall, participants were aware and knowledgeable about HIV and STIs. HBCU STEP was considered to be an acceptable method of delivery of HIV/STI testing and PrEP.



# 1324 HIV and Aging: Identifying the Need for Geriatric Care and Services

Jessica Schmitt (presenting)<sup>1</sup>, Samantha Devlin<sup>1</sup>, Eleanor Friedman<sup>1</sup>, Moira McNulty<sup>1</sup>, Jacob Walker<sup>1</sup>

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**Introduction:** With access to more effective antiretroviral therapies, individuals with HIV are living longer. Even with advancements in medication, it is estimated that around a quarter of older adults with HIV (OAWH) experience some form of cognitive impairment ranging in severity from mild memory loss to more severe functionally limiting cognitive impairment. OAWH also have higher rates of comorbid depression, substance use disorder, social isolation, frailty, hearing loss, and polypharmacy, all of which are associated with cognitive impairment and functional decline. HIV Care clinics are well positioned to provide co-located geriatric care and HIV care with interdisciplinary staff and specialty services.

**Description:** The Ryan White HIV/AIDS Program (RWHAP) at The University of Chicago currently serves 278 OAWH over the age of 50, making up approximately 44% of all patients in the clinic. Located on the south side of Chicago, in one of the highest areas of economic hardship, there have been few supports or initiatives focused on OAWH, especially those experiencing dementia or other cognitive decline. About 80% (n=223) OAWH in clinic have received social work support ever and have relied on RWHAP to receive routine health screenings and vaccinations. Of these 278 OAWH, 23% (n=65) have a CDC-Defined AIDS diagnosis, and 90% (n=250) are currently virally suppressed.

**Lesson Learned:** The University of Chicago RWHAP program plans to implement a dementia champion training program for all RWHAP staff interested, including social workers, nurses, providers, and health educators in order to support our growing population of OAWH and to address growing health disparities.

**Recommendations:** Assessment and referrals for OAWH experiencing memory loss and other cognitive decline is central to their overall health and should be incorporated in RWHAP across the country.

# 1325 Perceptions and Realities of Care Engagement for Youth Living with HIV in the US South: A Call for Youth Voice and Reduction of Structural Barriers to Care in Program Design

Catherine Johnson (presenting)<sup>1</sup>, Barbara Taylor<sup>1</sup>, Autumn Chidester<sup>1</sup>, Divya Chandramohan<sup>1</sup>, Hueylie Lin<sup>1</sup>, Nhat Minh Ho<sup>1</sup>, Joe R.<sup>1</sup>, Teresa Lozano<sup>1</sup>, Anna Taranova<sup>1</sup>, Ank Nijhawan<sup>1</sup>, Susan Kools<sup>2</sup>, Karen Ingersoll<sup>2</sup>, Rebecca Dillingham<sup>2</sup>, Barbara Taylor<sup>1</sup>

<sup>1</sup> University of Texas Health Science Center, San Antonio, TX, USA

<sup>2</sup> University of Virginia, Charlottesville, VA, USA

**Background:** Youth living with human immunodeficiency virus (YLWH) face challenges in achieving viral suppression. In the US South, YLWH are less likely to engage in care and achieve viral suppression. The Theory of Planned Behavior (TPB) describes factors that influence change in behavior. The Positive Youth Development (PYD) framework supports the design of youth strength-focused programs. We applied TPB and PYD to explore root causes of care engagement challenges and adapt an adherence intervention, PositiveLinks, for YLWH in South Texas.

**Method:** We conducted semi-structured interviews with 14 YLWH and focus groups with 26 stakeholders (providers, nurses, case managers, clinic staff) using guides informed by TBP, PYD, and themes from a youth advisory board (YAB). The research team and YAB were informed of emerging themes. Feedback led to iterative revision of interview guides and codebook development. Thematic analysis was used to develop and compare themes by respondent type and overlap between TPB and PYD.

**Results:** Themes associated with care engagement emerging from the overall dataset included: varying responses to HIV diagnosis, from acceptance to fear of death and grief; financial and insurance-related struggles; mental health challenges and history of trauma; high self-efficacy and desire for independence; and a wish for peer engagement and youth staff in clinics. Perceptions of YLWH lifestyle, including partying and drug use as barriers to care were limited to stakeholders, while YLWH described multiple jobs and family responsibilities. Overlap between TPB and PYD is described in the Figure. Two notable gaps: the importance of youth voice in programming and structural barriers to care were captured in PYD but not in the TPB model.

**Conclusion:** Youth-centered care engagement programs should incorporate the PYD framework, which aligns with YLWH expressed desire for representation and agency. Some clinic worker perceptions of youth culture are contradicted by YLWH experience.



## 1326 Accelerated Oral PrEP Uptake among KP/PPs at DIC: Inputs from Enhanced Peer-Led Community Outreach Approach-Busia District

Edward Maweje (presenting)<sup>1</sup>

<sup>1</sup> USAID-Makerere University Joint AIDS Program, Kampala, Uganda

**Introduction:** Key and priority (KP/PP) populations are at substantial high risk of contracting and transmitting HIV hence contributing to 47% for the new HIV infections, impacts negatively towards zero infections by 2030, (UPHIA, 2020). Oral PrEP is clinically proven to reduce HIV transmission, studies indicate efficacy correlates to user adherence. Ministry of health Uganda with support from regional implementing partners rolled out the EPOA, Enhanced Peer Led Outreach approach hybrid facility-community to scale up initiations, the DIC adopted this alongside resilient data management and QI collaboratives. Only 8% (2/24) of the eligible KP/PPs had been initiated on Oral PrEP by end of September 2022, the EPOA model was launched as the best change package through catch up QI modalities to close the gap by end of December 2022.

**Description:** District KP/PP Focal persons comprehensively oriented DIC Peers in EPOA strategy implementation, SOPs, data management, entries into registers after field activities. Assigned daily Oral PrEP initiations to Peers to track, report back during QI weekly joint performance meetings, institutionalized data concordance and synchronizations in registers and online KPIC tracker and the national PrEP collaboratives.

**Lesson Learned:** DIC recorded accelerated gain in monthly Oral PrEP initiations, October –December 2022 quarter surpassing monthly target of 24; October 8% (2/24), November 158% (38/24) and December 195% (47/24) among KP/PPs. Retention, PrEP Continuation also improved from 5% September to 86% by December 2022, hence good adherence among the KP/PPs.

**Recommendations:** KP/PPs can efficiently be reached out to greatly improve Oral PrEP uptake and retention through high yielding and sensitive EPOA approach with resilient data driven approaches to track performance gains. DICs and other PrEP accredited sites should scale up EPOA and QI collaborative synergistic approaches that yield good demand and service retention among KP/PPs.

## 1327 The Zambia U-Report Platform

Rita Chilambu-Kalamatila (presenting)<sup>1</sup>

<sup>1</sup> National HIV/AIDS/STI/TB Council, Lusaka, Zambia

**Introduction:** The population of young people (15 – 35 years) in Zambia currently stands at 4.8 million [36.7% of Zambia's population] – the largest population of young people in its history – and the number of U-reporters on the platform is 242, 626 (with 14,557 between the ages 15-19 however, 4,610,657 of Zambia's youth population are not on the platform. Data from a 2009 survey (Audiences capes National survey of Zambia April 2010: survey of adult (15+), n=2000) showed that Youth and young adults (15 – 29) represented 52% of all mobile phone users in Zambia. Young people will increasingly access mobile phones over time. With the figures above, it is becoming increasingly evident that there is a need to explore and incorporate social media with the aim of reaching and attracting young people.

**Description:** Zambia U-report is a youth-led SMS-based HIV response initiative and is using the short code 878. The platform currently has over 10,000 subscribers nationwide and shares Sexual Reproductive Health (SRH) information with subscribers to promote behavioural change. The system enables subscribers to have access to SMS information on a variety of sexual reproductive health topics giving them the ability to ask questions on issues that are not adequately explained in the auto-generated SMSs. Zambia U-report additionally conducts polls in order to ascertain knowledge levels to a specific demographic.

### Lesson Learned

Following are the lessons learned: 1) young people have a diverse range of questions and challenge, 2) implementing incentivised initiatives is a best practice to increase engagement, and 3) adolescent engagement is key.

**Recommendations:** The platform aims at reaching a wider scope by creating more linkages for specified services with partners implementing similar interventions. The platform has since migrated to rapid pro in order to incorporate WhatsApp.



## 1329 Utilization of Longitudinal Register to Strengthen Collaboration between OVC and Clinical Programs to Improve Health Outcomes for CALHIV in the OVC Program in Nairobi County, Kenya

Leah Ng'ang'a (presenting)<sup>1</sup>, Julie DeSoto<sup>2</sup>, Vionah Omollo<sup>1</sup>, Valeria Ndege<sup>1</sup>, Samwel Orina<sup>1</sup>

<sup>1</sup> World Vision, Inc., Nairobi, Kenya

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**Background:** Despite the extensive collaboration between OVC and HIV clinical programs in Kenya, many children and adolescents living with HIV (CALHIV) on antiretroviral therapy (ART) are receiving sub optimal follow up. Novel approaches are needed to strengthen OVC and clinical partnership to improve the health outcomes for CALHIV in the OVC programs.

**Method:** An OVC longitudinal register was developed and utilized by World Vision, Nairobi City County Government and HIV Clinical partners to track key outcomes including, enrolment, service uptake, antiretroviral treatment adherence, retention and viral suppression among CALHIV. The register was piloted over a 6-month period at five health facilities in Nairobi County. It facilitated joint review and planning between the community and health facility teams, to fast-track identification and enrolment of children in the OVC program, documentation and tracking of CALHIV with interruption in treatment, mobilization and support for CALHIV due for viral load testing, viral load root cause analysis and development of corresponding interventions. We analysed site-level data for each indicator at the end of the intervention period (December 2022) and compared it to site-level baseline data (June 2022).

**Results:** Identification of children receiving ART and eligible to be enrolled in the OVC program increased by 10% from baseline (384 to 424). The relative proportion of enrolment of CALHIV in the OVC program improved from 76% at baseline to 80% at the end of the intervention period. The uptake of viral load tests among CALHIV increased by 32% from baseline (210 to 278). Retention rates among CALHIV improved from 94% at baseline to 100% at the end of the implementation period. Viral load suppression rates among CALHIV improved from 82% at baseline to 95% at the end of the implementation period (174 to 300).

**Conclusion:** Health outcomes among CALHIV can improve significantly through a collaborative approach between the OVC and clinical programs, using a structured follow up tool. Similar approaches should be employed across all OVC programs countrywide.

## 1330 Risk Factors for Early Nonadherence Identification and Successful Linkage to Support among Individuals Beginning ART In South Africa: Data from the Ongoing SUSTAIN (Supporting Sustained HIV Treatment Adherence after Initiation) Randomized Trial

Lauren Jennings (presenting)<sup>1</sup>, Lora Sabin<sup>2</sup>, Nafisa Halim<sup>2</sup>, Jessica Haberer<sup>3</sup>, Allen L. Gifford<sup>2</sup>, William MacLeod<sup>2</sup>, Jeanette Kaiser<sup>2</sup>, Rebecca L. West<sup>2</sup>, Natacha Berkowitz<sup>4</sup>, Catherine Orrell<sup>1</sup>

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**Background:** Many individuals struggle with ART adherence and retention in care. The SUSTAIN trial will assess five evidence-based ART adherence monitoring and support interventions in South Africa. Here we describe an initial study cohort and associations between various risk factors and receipt of interventions.

**Method:** The trial is enrolling 512 individuals initiating ART at Cape Town community clinics and randomizing them to one of 16 experimental conditions, each a unique combination of three interventions identifying nonadherence (via viral load test, missed pharmacy refill, and insufficient dose-taking, per electronic pillbox) and two providing support (weekly texts and counseling with motivational interviewing). Over 12 months, outreach calls are made to nonadherent participants for linkage to support. One year after starting enrollment, we assessed participants' self-reported risk factors (substance use, depression, perceived gender inequity, HIV stigma, transportation issues, and food insecurity) and explored their associations with nonadherence, time to nonadherence identification, successful outreach, and linkage to support.

**Results:** By March 2023, 285 participants were enrolled, with 5.6 months median study participation. Average age was 29.7 years; 69.1% were female. At baseline, risk factors were depression 56.8%, stigma 32.3%, food insecurity 32.3%, transportation challenges 24.9%, substance use 22.8%, and perceived gender inequity 8.4%. Overall, 35.1% were nonadherent, with no significant differences across risk factors, although nonadherence among participants reporting substance use was high (44.6%,  $p=0.067$ ). Mean time to nonadherence identification was 97 days; 69% of outreach efforts were successful. Among those reached, 52.2% were linked to support, with no significant differences.

**Conclusion:** In this initial study cohort, prevalence of known risk factors was high. Nonadherence was high (approaching significance) among participants reporting substance use, though risk factors were otherwise not associated with nonadherence and linkage to care.



## 1335 Identifying Nonadherence and Improving Linkage to Support: Interim Progress from the SUSTAIN (Supporting Sustained HIV Treatment Adherence after Initiation) Study

Lora Sabin (presenting)<sup>1</sup>, Nafisa Halim<sup>1</sup>, Lauren Jennings<sup>2</sup>, Jessica Haberer<sup>3</sup>, Allen L. Gifford<sup>1</sup>, William MacLeod<sup>1</sup>, Jeanette Kaiser<sup>1</sup>, Rebecca L. West<sup>1</sup>, Ioanna Bourla<sup>1</sup>, Natacha Berkowitz<sup>4</sup>, Catherine Orrell<sup>4</sup>

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**Background:** SUSTAIN is a randomized trial to assess effectiveness and implementation of five evidence-based ART adherence monitoring and support interventions in South Africa. Here we provide progress on intervention implementation after one year of enrollment and follow-up.

**Method:** In March 2022, SUSTAIN began enrolling individuals initiating ART at three community clinics in Cape Town. Each participant receives an electronic adherence monitor (EAM) and is randomized to one of 16 experimental conditions, each a unique combination of interventions. Three interventions identify nonadherence (M1: viral load test; M2: missed pharmacy refill; M3: insufficient dose-taking, per EAM) followed by outreach call; two interventions provide support: weekly texts and counseling with motivational interviewing. Participants are monitored and linked to support over 12 months. We analyzed: nonadherence flagging by monitoring approach, singly or in combinations (seven total pathways); time to flagging; proportion receiving outreach; and proportion linked to support.

**Results:** After one year, 285 participants were enrolled. Average age was 29.7 years; 30.9% were male. A total of 37, 35, and 35 participants, respectively, were assigned to M1, M2, and M3 (single monitoring); 98 were assigned to two-way monitoring; 39 were assigned to all three. Nonadherence flagging was highest among participants assigned to M3 alone (48.6%) or combinations including M3 (25.9%-63.3%); 10.8% and 28.6% were flagged if assigned to M1 or M2, respectively. Average time to nonadherence flagging was 97 days from enrollment, but only 63 days for participants assigned to a condition with M3 (EAM). Most had been called two times; 69% were reached by phone and 52% were linked to support.

**Conclusion:** After starting ART, participants monitored by EAM were more likely to be identified as nonadherent, with potential for rapid linkage to support, than participants monitored via other approaches.

## 1344 A Mixed-Methods Exploration of Stigma and the Impact of COVID-19 on HIV Preventive Care among Young Sexual Minority Men

Harsh Agarwal (presenting)<sup>1</sup>, Daniel Stegmueller<sup>2</sup>, Lori Ward<sup>3</sup>, Kenneth Mayer<sup>4</sup>, Emory University<sup>5</sup>, Allysha Maragh-Bass<sup>1</sup>,

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- <sup>4</sup> Fenway Health, Boston, MA, USA
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**Background:** Stigma related to racial minority status, sexual orientation or gender identity, and/or PrEP exacerbates HIV disparities. We explored race differences in participant experiences with COVID-19 and HIV preventive care in the PrEP@Home Study, a clinical trial evaluating home PrEP care among sexual minority men in the US.

**Method:** Interviews and surveys evaluated healthcare experiences, PrEP and sexual stigma, resilience, and COVID-19 impact. Analyses used adapted grounded theory (qualitative) and descriptive statistics (quantitative).

**Results:** Interview participants were aged 30-35 (N=7); most were non-Hispanic Black (n=5). Participants described receiving non-stigmatizing care from LGBTQ+-friendly providers and easy PrEP access as facilitating care retention. Regarding healthcare-based stigma, participants enacted multiple forms of resilience which was critical to remaining in care during COVID-19. Individual-level resilience included "self-care" and "reviewing providers' care quality online." Interpersonal-level resilience included "venting to loved ones or friends" about stigma. In quantitative analyses (N=360), White participants' mean levels of stigma in feeling ashamed of taking PrEP in front of others was higher than Black participants (1.84 vs. 1.51, respectively; difference 95% CI: [-0.54, -0.16]). Black participants endorsed greater PrEP stigma than White participants for being proud to take PrEP every day (1.58 vs. 1.88; [-0.48, -0.12]) and having family support PrEP use (1.85 vs. 2.54; 95% CI [-0.94, -0.44])

**Conclusion:** Race differences in stigma were observed and may be exacerbated by different social dynamics around PrEP. Although home-based care during COVID-19 helped to mitigate some PrEP stigma, stigma due to sexuality, sexual practices, and taking PrEP were still constant challenges in sexual minority men's daily lives. Our preliminary findings from the ongoing PrEP@Home study suggest that future interventions should promote access to multi-level resilience and stigma reduction for consistent engagement in HIV preventive care and racial disparities to be mitigated.



# 1346 An Exploratory Program of an At-Home HIV Testing Kit Program with a Collaboration of SHAPE Tri-County Partners to Address the Rates of STIs/HIV in the Tri-County Area of Charleston, SC

Shanna Hastie (presenting)<sup>1</sup>

<sup>1</sup> Department of Health and Environmental Control, Goose Creek, SC, USA

**Introduction:** Addressing the epidemic of HIV has been challenging because of gaps in our healthcare systems. Moreover, gaps in healthcare for our most vulnerable populations became evident as the world experienced the unprecedented changes and challenges experienced during the initial phases of Covid-19 in 2020. With more than half of all new HIV diagnoses taking place in the South, with increases in health disparities, stigma, lack of access to care or HIV testing options; healthcare professionals had to reimagine how to work collaboratively in order to address the needs of those individuals at risk for STIs/HIV, and those in need of ART in hopes of becoming undetectable with adequate care that would lead to individuals leading healthier lives.

**Description:** This presentation will focus on the Sexual Health (STI) Awareness and Prevention Education (SHAPE Tri-County) developed an exploratory At-Home HIV Testing Kit program to support testing in the Tricounty (Berkeley, Charleston, Dorchester) areas of Charleston, SC. This program provided 72 At-Home Testing Kits to community-based programs that provided At-Home Testing Kits to organizations and communities partners that worked with individuals at-risk home for STIs/HIV. The presenter will discuss lessons learned, as well as discuss the perspectives of health professionals who designed the program to address the needs of their community members.

### Lesson Learned

Following are lessons learned: 1) develop a plan when there are transitions in staff, 2) create pre- and post-evaluations for community partners and recipients, 3) ensure individuals who would be considered a recipient of resources are also involved with the planning of an intervention, and 4) utilize electronic filing system(s) to store program protocol(s).

### Recommendations

Key recommendations include: 1) more at-home Kits programs should be considered for distribution at the community-level, and 2) create evidence-based interventions to support the health of clients holistically.

# 1351 End the Epidemic: Examining the Health Equity Implications of Health Systems, Policy, and Data Gaps for People Living with HIV in the Southern U.S.

Jareese Stroud (presenting)<sup>1</sup>

<sup>1</sup> SHLI, Atlanta, GA, USA

**Introduction:** The End the Epidemic Program (ETEP) examines the health systems gaps and policies that impact healthcare utilization among historically marginalized populations living with HIV/AIDS to reduce their disease burden in Atlanta, New Orleans, and Baton Rouge. Data from the Centers for Disease Control and Prevention show that Blacks represent 42% of new HIV cases yet only 14% of Black people “who could benefit” from pre-exposure prophylaxis (PrEP) drugs were given prescriptions. Innovative interventions are needed to address health inequities.

**Description:** One arm of ETEP, the Health Equity Tracker (HET) is a data and visualization platform that aims to collect health equity data from across the United States and centralize it all in one place, providing evidence on the implications of health inequities for people living with HIV/AIDS (PLWHA) in the US. It aims to help policymakers understand the resources and support affected communities need to improve their outcomes.

**Lesson Learned:** 1) Incidence and Prevalence data for Black PLWHA is readily available on a state level across all races and ethnicity, but inherently more difficult to obtain on county level throughout the US inclusive for our target populations in Atlanta, Georgia, New Orleans and Baton Rouge, Louisiana. 2) While the overall incidence of HIV diagnosis among Black people compared to other races show a steady decline since 2008, the gap in HIV prevalence amongst Black people compared to other races continue to be quite large. 3) Information on the availability/distribution and adherence of HIV medication for PLWHA were not readily available in all states and in some cases non-existent at the county level.

**Recommendations:** HET will expand data aggregation to include medication usage by Black PLWHA. The data will be mapped to county-level systems indicators to examine the trajectory of health inequities among this vulnerable population.





## 1353 Psychosocial Impact of Long-Acting Injectable Antiretroviral Therapy in A Diverse Group of People Living with HIV in the United States

**Katerina A. Christopoulos (presenting)**<sup>1</sup>, Mollie Smith<sup>1</sup>, Xavier Erguera<sup>1</sup>, Kaylin Dance<sup>2</sup>, Alicia. Dawdani<sup>3</sup>, Ryan Walker<sup>1</sup>, Tiyanika Williams<sup>3</sup>, Mallory O. Johnson<sup>1</sup>, Elizabeth Montgomery<sup>4,1</sup>, John Saucedo<sup>1</sup>, Jose Gutierrez<sup>1</sup>, Lauren Collins<sup>2</sup>, Jonathan Colasanti<sup>2</sup>, Moira McNulty<sup>3</sup>, Kimberly Koester<sup>1</sup>

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**Background:** Qualitative research is uniquely positioned to explore the impact of long-acting injectable cabotegravir/rilpivirine (CAB/RPV-LA) on people living with HIV (PLWH), including motivations for persistence or discontinuation. We present some of the first qualitative findings from early adopters of CAB/RPV-LA outside of pharmaceutical-supported research.

**Methods:** As part of a National Institutes of Health R01 (MODERN ART) evaluating the implementation of CAB/RPV-LA at three clinics caring for the urban underserved in San Francisco, Atlanta, and Chicago, we conducted semi-structured interviews with PLWH who had received  $\geq 3$  injections or discontinued at any point. We oversampled for individuals viremic at initiation. Following the rapid analysis approach of Hamilton et al., interviewers completed a template informed by interview guide domains and two analysts reviewed and summarized each templated case vis-à-vis the domain of psychosocial impact to identify emerging themes.

**Results:** Between May 2022–January 2023, we conducted 47 interviews, including 12 with individuals viremic at CAB/RPV-LA initiation and 7 who had discontinued CAB/RPV-LA. Median age was 50 (range 25–73), 26% cis-women, 9% trans-women, 68% Black/Latinx/other racial minority, 32% experiencing homelessness/unstable housing, 51% diagnosed with HIV >15 years prior. Compared with taking oral ART, participants described a sense of freedom and reduced anxiety around not missing medication. Indeed, CAB/RPV-LA use created space to focus on other important health issues as well as to engage with social networks. These benefits were amplified among those viremic at CAB/RPV-LA initiation, many of whom experienced increased self-worth, particularly in the context of clinic encounters, upon achieving viral suppression. Nearly all participants who discontinued CAB/RPV-LA cited pain at the injection site as the reason but acknowledged similar benefits of therapy and remained open to other LA formulations. While most in our sample expressed that CAB/RPV-LA was less work than managing daily oral ART, there were some who felt it required a similar amount of mental and emotional effort, but their commitment to the regimen was so strong they developed strategies to handle pain and logistical hurdles.

**Conclusions:** In a large, multi-site sample of early adopters of CAB/RPV-LA, we found that its use had significant psychosocial benefits that generally outweighed concerns, particularly among those viremic at initiation.

## 1355 An Innovative Approach to Improving Viral Load Demand Creation and Testing Coverage in Health Facilities in the Western Region of Ghana

**Paul Yikpotey (presenting)**<sup>1</sup>, Nagai Henry<sup>1</sup>, Edward Adiiobokah<sup>1</sup>, Felicia Amihere<sup>2</sup>, Yussif Rahman Ahmed Abdul<sup>1</sup>, Mark Kowalski<sup>1</sup>

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- <sup>2</sup> Effia Nkwanta Regional Hospital, Takoradi, Ghana

**Background:** In 2020, UNAIDS established the 95-95-95 goal of 95% of all people living with HIV to know their HIV status, 95% of all people diagnosed with HIV infection to receive sustained antiretroviral treatment (ART), and 95% of all people receiving ART will achieve viral suppression. Attainment of the third 95% remains a huge challenge to the National HIV response of low and middle-income countries (LAMICS). Most of the research and programmatic attention has focused on above-site and individual-level barriers to access. This approach has not sufficiently recognized facility-based challenges. According to a 2019 study by the USAID Ghana Strengthening the Care Continuum Project, implemented by JSI Research & Training Institute, Inc., over 50% of low viral load coverage was caused by poor facility-based viral load management practices, provider oversight, and multi-month dispensing, without alignment to viral load due dates. Here we illuminate a strategic approach to addressing this critical programmatic gap in Ghana's Western Region.

**Description:** The Project designed a "person-centered viral load management plan" (PVLm) as an addendum to ART client folders. This was a major component of the Project's Quality Improvement (QI) activities. From October 2021 to October 2022, a team of facility-based service providers and QI project officers conducted quarterly assessments facility-based viral load coverage and viral load management culture, in 21 ART sites in the Western region.

**Results/Lessons Learned:** The intervention was successful and resulted in a significant improvement of viral load coverage and suppression. Data from Ghana's national electronic e-Tracker HIV service database showed that viral load testing coverage improved from 54% in December 2016 to 90% for all eligible clients by December 2022. There was a corresponding increase in viral suppression from 64% in December 2020 to 95% in December 2022.

**Conclusion:** Viral load is not only a key determinant of a successful HIV treatment program, but also is key to achieving the 3<sup>rd</sup>95%. Closely monitoring facility- and provider-based challenges and developing person-centered viral load management plans are effective strategies to achieve higher viral load coverage and suppression. The results of this intervention can inform national level policy and management for scaled implementation.



# Adherence 2023

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