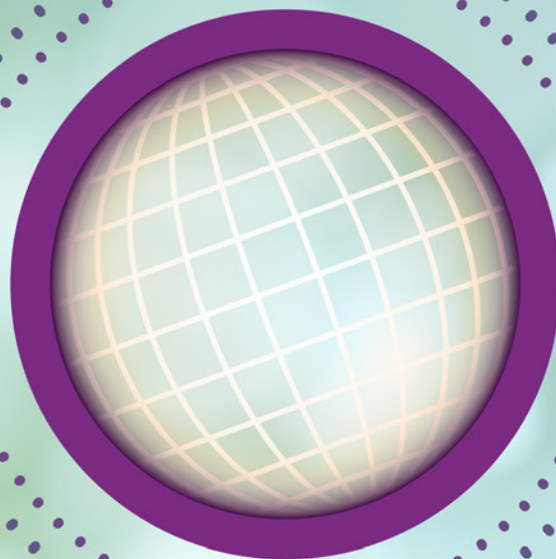


Poster Abstracts

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This activity is supported by independent educational grants from Gilead Sciences and Merck & Co., and a corporate sponsorship from ViiV Healthcare.



1005 Meeting the Quality Improvement Needs of Everyone All at Once

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Introduction: New York Links (NYLinks) is a statewide project that focuses on improving linkage to and engagement in care New York. NYLinks utilizes a geographically based regional approach to bring HIV clinical staff, supportive service providers and people living with HIV (PLWH) to work under a collaborative model that focuses on quality improvement (QI) methodologies.

Description: In 2023, NYLinks hosted a QI conference and invited HIV clinical and supportive providers and PLWH from across New York State. Attendees learned the benefits of interagency collaboration, capacity building for QI, and how integration of QI within their organizations to provide better health outcomes, decrease disparities and improve consumer involvement. Attendees were given the opportunity to share their current QI projects, which also provided opportunities for peer learning.

Lesson Learned: The success of the NYLinks QI Conference was largely due to the opportunity the conference gave attendees to choose what sessions would be most beneficial to them, as well as the many peer learning and networking opportunities. The pandemic has shown us the power of virtual meetings and what they could best be used for and how. Lengthy presentations and QI projects are presented virtually, as this enables a broader and wider audience and the opportunity to record and make them available at later dates. In addition, in-person meetings and training are most useful for content that requires participation or benefits from an in-person interaction, such as networking.

Recommendations: As NYLinks meetings resumed in-person, we realized that in-person meetings are useful for content that requires participation or benefits from in-person interaction. NYLinks has determined to move from 4 in-person regional meetings per year, to a one-day conference model. NYLinks encourage organizations to review their current structure of their meetings, peer learning sessions and networking opportunities.

1008 Time to First PrEP Injection: Key Performance Measures for a LAI-PrEP Program in NYC

Elie Goldfarb (presenting)¹, Emma Kaplan-Lewis¹, Brandi Moore¹, Eunice Casey¹, Ofole Mgbako¹, Farzana Kapadia¹, Christina Kaul¹, Sahnah Lim¹, Maria R. Khan¹, Robert Pitts²

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Introduction: At our NYC municipal hospital, we launched a LAI-PrEP program in collaboration with four community-based organizations (CBOs) focused on underserved populations with high HIV risk. We present data on time to the first PrEP injection.

Description: This program launched in February 2023. Eligibility criteria include age >18, NY resident, English or Spanish speaking, self-identify as Black and/or Latine men who have sex with men (BLMSM), Black and/or Latine cisgender women (BLCGW), or transgender/nonbinary (TGNB) individuals and HIV negative status. A full-time LAI-PrEP navigator is responsible for: (1) triaging referrals, (2) scheduling appointments, and (3) prior authorizations (PA) or medication assistance program (MAP) enrollment. Time from first contact with navigator to intake appointment [time to linkage], time from PA or MAP initiation to approval [time to PA or MAP] and time from intake appointment to first LAI- PrEP dose [time to administration] were calculated and compared by demographic factors.

Lessons Learned: 52 of 76 enrollees (68%) received LAI-PrEP injection at the time of analysis. All times are calculated as mean number of days: linkage 11.6 (SD 24.6; 0-123), PA 13.3 (SD 25.2; 0-164), MAP 30.5 (SD 39; 1-164). Time to administration overall was 37.8 (SD 30.7; 3-126), however time to MAP approval was over twice as long as PA, leading to prolonged time to administration for patients requiring MAP. Time to linkage varied with BLMSM and TGNB experiencing longer times (>12) compared with BLCGW (<3) days. Time to PA varied with BLMSM experiencing the longest interval 15.2 (SD 28; 0-164) days. BLMSM and TGNB experienced longer time to administration (>38) compared with BLCGW (<30) days.

Recommendations: Differences in time to linkage and administration by enrollment group were observed including significantly prolonged time to first injection for those requiring MAPs. Future goals are to identify facilitators and barriers to timely first injection and eliminate gaps between groups.



1011 Unmet Subsistence Needs and Antiretroviral Therapy Adherence among Women in the Miami-Dade County Ryan White Program

Mary Jo Trepka (presenting)¹, Diana Sheehan¹, Melissa Ward¹, Tan Li¹, Aaliyah Gray¹, Ekperereka Nawfal¹, Seyedeh Y. Alemohammad¹, Michele Jean-Gilles¹, Robert Ladner¹

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Background: Unmet subsistence needs are associated with lack of success along the HIV care continuum. Ryan White Part A Program (RWP) medical case managers refer clients with unmet needs to RWP-supported and other community services. This study aimed to determine the prevalence of unmet subsistence needs among women in the Miami-Dade County RWP and its association with antiretroviral therapy (ART) adherence.

Method: Cisgender women who had at least 1 HIV care visit during the year prior to participation were interviewed via telephone in English, Spanish or Haitian Creole from June 2021 through March 2022. Adherence was measured using a linearly transformed 3-item adherence scale, categorized into two groups: $\geq 90\%$ (adherent) and $< 90\%$ (non-adherent). Unmet food, housing, and transportation needs during the previous 6 months were assessed. The number of needs was summed (range 0 to 3). Multivariable logistic regression was used to assess the association between unmet needs and adherence.

Results: Of 561 participants, 157 (28.0%) were non-adherent; 33.9% reported food insecurity, 15.2% housing insecurity, and 13.0% transportation problems affecting HIV clinic attendance or ability to obtain ART prescriptions. In total, 3.5% reported 3, 10.9% reported 2, and 30.3% reported 1 unmet need. Controlling for age and race, non-adherence was significantly associated with a number of unmet needs. Relative to no unmet needs, the adjusted odds ratio and 95% confidence intervals for non-adherence were: 4.89 (1.87-12.80) for 3, 2.03 (1.11-3.71) for 2, and 1.44 (0.93-2.23) for 1 unmet need.

Conclusion: Despite RWP support, there are ongoing unmet needs among women clients. These pose a barrier to ART adherence and highlight the need to enhance services beyond core medical services for this population.

1012 Use of Bioreference at Home Lab Service “Scarlet” to Reach 90% Viral Load Suppression and Retention

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Background: Retention in care and viral load suppression is critical to promoting health outcomes for PLWHIV. Patients retained in care have decreased likelihood of developing HIV opportunistic infections, greater viral load suppression, and increased survival rates. On the other hand, poor retention is associated with higher viral loads and lower CD4 counts, increased HIV risk behavior, and more hospitalizations. Program analysis comparing 2022 data with 2023 data for Ryan White Part A identified the need to increase lab draws and provider visits. Social determinants of health and access to lab were significantly impacting these areas.

Goal: To improve quarterly lab draw and provider visits to target of 90% while addressing barriers to care such as:

- Transportation Barrier
- Mobility issues
- Employment schedule conflict
- Lack of accessible lab
- Wait time/comfort

Method:

1. Trained medical providers and staff on the use of Scarlet, Bioreference at home lab service and incorporate telehealth visits.
2. Reviewed data report for quarterly lab and visit completion.
3. Discussed process at case conference, weekly and monthly support and peer groups. Mailed communication to patient about Scarlet at home lab draw availability.

Results: Quarterly lab and provider retention visits were analyzed and compared between 2022 to year 2023. The data was broken down into trimesters 1) January through April 2) May through August 3) September through December. Results demonstrate that patients in the Ryan White Part A program increased quarterly lab draws and provider retention visit to 90% and above. At home lab service utilization rate was 35% in 2023 within one year of rollout, serving 67 PLWHIV. Service was primarily used by patients who could navigate telehealth visits, had transportation barriers, mobility issues, and/or work conflicts.

Conclusion: The use of Bioreference at home lab draw reduced barriers to care and lead to increased quarterly lab draws and provider retention visit.



1013 Using Machine Learning to Predict PrEP Retention Using Routine Clinical Data among Clients Seeking Services at Safety Net Clinics

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Background: Pre-exposure Prophylaxis is an effective HIV prevention strategy; however, individuals initiating PrEP often experience interruptions and get off PrEP. Having prior knowledge of likelihood of PrEP retention and interruption can inform interventions that can prevent such interruptions and keep individuals on PrEP. We aimed to use routine clinic data of clients accessing services at Center for Health Empowerment (CHE) to predict PrEP retention through a machine learning model and test its accuracy.

Method: We extracted routine clinic data including sociodemographic characteristics and PrEP use for CHE clients using sql from 2017 to March 2023 and divided it in 80-20 ratio. 80% of the data was used to train the model and the rest, 20% was used for testing the model's sensitivity, specificity along with positive predictive value (ppv) and negative predictive values (npv). Retention was defined for two consecutive intervals including 0-3 months and 4-6 months and an individual was considered retained if they kept an appointment in the given time period.

Results: We had a total of 853 rows. For 0-3 months retention, out of all the ML models generated by the pycaret library, the knn and logistic regression model were the most accurate. With the help of confusion matrix, we calculated the PPV to be 0.7529 and NPV to be 0.4884 for knn model. The lr model's confusion matrix provided PPV of 0.7113 and NPV of 0.4516. For 4-6 months, only the lr model had high enough accuracy and recall being considered. We created a confusion matrix and calculated PPV at 0.6512 and NPV at 0.7176 for lr model for 4-6 months retention.

Conclusion: Despite limited data, we were able to achieve a moderate positive predictive value while using the usually available routine clinic data. These prediction models can inform tailored interventions for the clinic. More data could further improve the accuracy with which we can predict outcomes.

1015 Guided Internet-Based LGBTQ-Affirmative Cognitive-Behavioral Therapy: A Randomized Controlled Trial among Sexual Minority Men in China

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Background: LGBTQ-affirmative cognitive-behavioral therapy (CBT) represents an evidence-based intervention that seeks to address minority stress to reduce sexual minority men's HIV-transmission-risk behaviors and co-occurring mental and behavioral health concerns. This treatment has never been tested in high-stigma contexts like China using asynchronous online delivery.

Method: Chinese young sexual minority men ($n=120$; ages 16-30; HIV-negative; reporting depression and/or anxiety symptoms and past-90-day HIV-transmission-risk behavior), were randomized to receive 10 sessions of culturally adapted LGBTQ-affirmative ICBT or to complete weekly assessments only. The primary outcome included HIV-transmission-risk behavior (i.e., past-30-day condomless anal sex). Secondary outcomes included HIV social-cognitive mechanisms (e.g., condom use self-efficacy), mental health (e.g., depression, and behavioral health (e.g., alcohol use), as well as minority stress (e.g., acceptance concerns), and universal (e.g., emotion regulation) mechanisms at baseline and 4- and 8-month follow-up. Moderation analyses examined treatment efficacy as a function of baseline stigma experiences.

Results: Compared to assessment only, LGBTQ-affirmative ICBT did not yield greater reductions in HIV-transmission-risk behavior or social-cognitive mechanisms. However, LGBTQ-affirmative ICBT yielded greater improvements in depression ($d=-0.50$, $d=-0.63$) and anxiety ($d=-0.51$, $d=-0.49$) at 4- and 8-month follow-up, respectively; alcohol use ($d=-0.40$) at 8-month follow-up; and certain minority stress (e.g., internalized stigma) and universal (i.e., emotion dysregulation) mechanisms compared to assessment only. LGBTQ-affirmative ICBT was more efficacious for reducing HIV-transmission-risk behavior for participants with lower internalized stigma ($d=0.42$).

Conclusion: LGBTQ-affirmative ICBT demonstrates preliminary efficacy for Chinese young sexual minority men. Findings can inform future internet-based interventions for young sexual minority men in contexts with limited affirmative supports.



1025 PrEPared for Navigation: Assessing an Implementation Science Strategy for Increasing PrEP Uptake and Sustainment among Black and Latino Sexual Minority Men in NYC

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Background: Black and Latino sexual minority men (BLSMM) continue to face structural barriers to PrEP uptake, such as prohibitive cost, access, and lack of information and person-centered care. Healthcare navigation can offer a person-centered, low-threshold strategy to increase and sustain PrEP use. However, there is limited data rigorously assessing such implementation strategies and their impact.

Method: We examined the impact of a PrEP navigation implementation strategy at nine NYC FQHCs in an EHE jurisdiction. We extracted electronic medical record (EMR) data on navigation services attempted/delivered, HIV prevention service delivery (e.g., HIV testing, PrEP prescription, PrEP visit), and demographics for 303 patients identified as eligible for navigation between 03/2021-04/2022 (27.4% Black, 48.8% Latino). We analyzed differences in care engagement by navigation success.

Results: Patients who were successfully navigated (n=95; 31%) compared to those who were not had significantly greater care engagement during the study period, including higher rates of HIV testing (82% vs. 52%), STI testing (74% vs. 44%) and initial prescription (61% vs. 42%), all $P < .001$. In addition, patients who were successfully navigated were more likely to have had timely care engagement (HIV testing < 6 months 57% vs 33%; PrEP visit < 6 months 25% vs 7%). There were no differences in navigation success by demographic factors examined (e.g., sex in EMR, race/ethnicity, age, or insurance status). Medical appointment assistance was the navigation service most utilized (78%) and follow-up visit assistance was least used (7%).

Conclusion: Navigation strategy appeared effective in enhancing PrEP care engagement. Although additional strategies may be needed to reach patients not successfully navigated through this implementation strategy, our work may inform researchers, policymakers, and practitioners focused on enhancing PrEP care among BLSMM about evaluating implementation strategies in vulnerable communities.

1026 What Happens to the Physical and Mental Well-Being of Women with HIV (WWH) When They Reduce or Quit Drinking? A Qualitative Study

Isaac Payton (presenting)¹

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Background: Many of the women reported improvements in both physical and mental well-being by reducing their drinking to nonhazardous levels or quitting altogether. Regarding physical health, several women reported an improvement in appetite (i.e., eating regular meals) and increased weight once they reduced or quit drinking. Moreover, many women experienced an improvement in their mood, anxiety, and stress levels. Increases in mindfulness were endorsed by participants. WWH also reported better relationships with their family and friends, and those who were furthering their education experienced improved attention and concentration in school.

Method: Semi-structured in-depth interviews were conducted with 20 WWH (mean age of 49, 85% Black/African American, 80% single, and 60% had less than a high school diploma) recruited from the WHAT-IF study, an alcohol reduction clinical trial conducted in Miami, Florida. Women were asked to discuss life changes that occurred by reducing or quitting their drinking. A reflexive thematic approach was used to identify and interpret themes related to the impacts of reduced drinking on the physical and mental well-being of WWH.

Results: Many of the women reported improvements in both physical and mental well-being by reducing their drinking to nonhazardous levels or quitting altogether. Regarding physical health, several women reported an improvement in appetite and increased weight once they reduced or quit drinking. Moreover, many women experienced an improvement in their mood, anxiety, and stress levels. WWH also reported better relationships with their family and friends, and those who were furthering their education experienced improved attention and concentration in school.

Conclusion: WWH in our sample who reduced or quit drinking reported improvements in physical and mental well-being. Findings suggest that holistic treatment approaches that emphasize improvements in physical and mental health can help WWH fully realize the benefits of reductions in hazardous drinking. Future research should incorporate treatment modalities that focus on producing these potential benefits, including improved attention and concentration.



1027 HIV Providers' Perspectives on Harm Reduction: From 'Patient First' to 'Sobriety First'

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Background: Harm reduction (HR) aims to minimize harm associated with substance use, rather than assuming or requiring abstinence. Besides tangible services like naloxone and medication for opioid use disorder, HR encompasses the patient-provider relationship. While nearly half of all people with HIV (PWH) in the United States have a diagnosed substance use disorder, little is known about HIV providers' knowledge of or application of HR in HIV care settings. Thus, we assessed HIV providers' knowledge of, attitudes towards, and application of HR via individual qualitative interviews.

Method: We interviewed n=23 providers working at three HIV clinics in Pittsburgh, PA (n=11) and Birmingham, AL (n=12) using Zoom. Providers were defined as anyone who had worked at their respective clinic for ≥ 1 year and who had face-to-face contact with patients, including employees like front desk staff and research coordinators, as well as licensed medical professionals such as nurses, physicians, and dietitians. The data was coded using thematic analysis in Dedoose.

Results: A wide continuum of HR definitions and approaches were described. Some providers exhibited principles of HR when discussing interactions with patients, consistent with a patient-first approach in which patients set their own health goals. Others lacked knowledge in using HR with patients who use drugs, with several providers unfamiliar with the term "HR." Finally, others described interactions that were not in line with HR, such as assuming abstinence as the expected end goal of HR or viewing HR as 'enabling' or giving patients 'a pass.'

Conclusion: Despite substance use being a common comorbidity among PWH, providers' approaches to working with PWH who use drugs and their understanding of HR varied widely. Given evidence showing HR improves outcomes for those who use substances, our findings suggest missed opportunities to strengthen healthcare approaches in HIV primary care settings.

1028 The Intersections of Intimate Partner Violence, HIV, Trans and Queer Identities, and Substance Use

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Introduction: People with HIV and transgender (trans) and queer identities experience intimate partner violence (IPV) at more than double the average rate in the United States and have distinctive experiences of IPV due to their unique positionality. Survivors of IPV are also more likely to use drugs and alcohol. Yet IPV intervention and harm reduction are not a common focus in HIV care and treatment, and factors of diversity and intersectionality are seldom taken into consideration in dominant IPV scholarship, policy, interventions, and organizations.

Description: Because of the alarmingly high rate of IPV among those with HIV, all HIV agencies and practitioners are bound to interact with survivors of IPV – survivors who have intersecting identities as trans and queer individuals, as substance users, or both – which is why it's so important for IPV, intersectionality, and harm reduction to be centered in our discussions about HIV care and treatment. It is critical to educate ourselves on the inequities, distinctive experiences, and unique barriers faced by HIV-positive, queer, and trans survivors of IPV. However, rather than simply acknowledging these disparities, we must explore solutions to the issues at hand. Liberatory frameworks that address power hierarchies, such as harm reduction, decarceration, and intersectionality, are critical in the pursuit of equity for diverse survivors.

Lesson Learned: Implementation challenges include systemic issues such as the criminalization of non-normative identities and behaviors (substance use, queerness, etc.) under white supremacy, colonization, and cis-heteropatriarchy. Thus, it is critical to adopt liberatory solutions to systemic oppression for HIV justice.

Recommendations: To serve our society's most vulnerable populations with inclusion, dignity, respect, and justice, there are special considerations that providers must adopt for working with HIV-positive, LGBTQIA+, and substance-using survivors of IPV. Our recommendations include adopting decarceral harm reduction frameworks, intersectionality as critical praxis, queer theoretical methodology, and social justice-oriented research.



1036 Prevalence of HIV-Related Stigma and the Association with HIV Treatment Engagement and Antiretroviral Therapy Adherence among People with HIV

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Background: HIV-related stigma is multifaceted and adversely impacts mental health, treatment engagement, and antiretroviral therapy (ART) adherence among people with HIV. As part of a systematic literature review (SLR) evaluating 6 research questions on HIV-related stigma, data on prevalence and associations with treatment engagement and outcomes across the HIV care continuum are presented.

Method: Searches were conducted in MEDLINE[®] and Embase[®] via the OVID platform from database inception (care continuum search) or May 2020 (prevalence search) to May 2023. Relevant conferences, SLR bibliographies, and websites from 2021 to 2023 were also searched. Eligibility criteria were applied using the Condition, Context, and Population framework. Records were independently screened by 2 reviewers until $\geq 90\%$ inter-rater reliability was achieved. Data were extracted by a single reviewer and validated by a second.

Results: The SLR identified 15 studies reporting prevalence of HIV stigma and 29 studies reporting associations between HIV stigma and treatment outcomes, including engagement/retention in HIV care and ART adherence. The prevalence of multiple stigma types was reported across geographic locations, including Brazil, China, Europe, and the United States (Figure). Among 10 studies evaluating associations between stigma and engagement/retention in care, 7 reported significant associations ($P < 0.05$) between higher internalized, perceived, or unspecified stigma and reduced engagement/retention in HIV care. Among 20 studies evaluating associations between stigma and ART adherence, the majority reported significant associations ($P < 0.05$) between higher internalized, enacted, personalized, anticipated, perceived, or unspecified stigma and suboptimal ART adherence.

Conclusion: This SLR found HIV-related stigma in people with HIV was broadly reported and negatively impacted engagement/retention in HIV care and ART adherence. Findings underscore the need for strategic interventions that reduce HIV-related stigma and enhance treatment outcomes for people with HIV.

1039 Successful Transition of Pediatric Clients from ABC/3TC+LPV/r Pallet to ABC/3TC+DTG 10mg in ART Clinics in Kogi State, Nigeria

Idowu Orogbemi (presenting)¹, Ikemefuna Onyeyili¹, Shaibu Ejoga¹, Moses Luke¹, Aminat Adewole¹, Emmanuel Nwabueze¹, Lydia Buzaalirwa², Echey Ijezie¹, Penninah Iutung²

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Introduction: In 2022, Nigeria's National HIV program directed the transition of pediatric HIV clients from ABC/3TC+LPV/r to ABC/3TC+DTG 10mg. This transition is crucial for improving HIV management in children. It presents an opportunity to enhance treatment outcomes and reduce long-term side effects. The shift from ABC/3TC+LPV/r to ABC/3TC+DTG 10mg signifies a significant advancement in pediatric HIV treatment, offering a more tolerable and effective option for pediatric patients living with HIV.

Description: Successful transitioning planned includes information dissemination to all relevant stakeholders, Clinic ART teams, ensuring the availability of the newly introduced drug 10mg, systematically placing the pediatric clients on the new regimen. The transition committee was set up in each clinic to oversee the seamless coordination at each facility. The committee and team are to meticulously monitor patients during the transition period to ensure safety and efficacy of the new medication regimen and to report any identified adverse drug reactions.

Lesson Learned: The transition emphasized close monitoring, patient/caregiver education, and collaboration for a successful switch. This experience can guide similar initiatives in other regions. The successful transition from ABC/3TC+LPV/r to ABC/3TC+DTG 10mg marks a milestone in pediatric HIV care in Nigeria, highlighting the importance of newer, more effective treatment options to improve the quality of life and long-term health outcomes for children with HIV.

Recommendations: This successful transition serves as a model for future transitions to more advanced and better-tolerated antiretroviral regimens in pediatric HIV care. It has also resulted in improved treatment adherence, reduced pill burden, and minimized adverse effects for pediatric clients. Furthermore, the use of ABC/3TC+DTG 10mg has shown promising virological suppression and immune reconstitution in pediatric patients, leading to better long-term outcomes.



1055 Increasing HIV Self-Testing among Young MSM and Transgender Women: A Social Network Strategy

Simwogerere Jonah (presenting)¹, Kasozi Muzafalu¹

¹ Out and Proud Uganda (OaP-U), Wakiso, Uganda

Introduction: The Joint United Nations Program on HIV/AIDS (UNAIDS) set goals to end AIDS by 2030 but challenges persist, particularly in reaching young MSM (Men who have Sex with Men) and young transgender women aged 15 to 24 years in Uganda. The situation was even worsened by the passing of the anti-homosexuality act of 2023 that criminalizes same sex relationships.

Description: According to the out and proud drop-in-center data from January 2022 to December 2022 indicated that, of the 152 people tested HIV positive, 60% of new HIV infections were in men who have sex with men (MSM) and transgender women (TGW). Of these, 55% occurred in young people aged 15 to 24 years. HIV testing coverage, defined as receipt of a test in the last 12 months, was less than 50% among MSM and TGW compared to targets of over 90% by UNAIDS. The project adopted a social network strategy in order to increase HIV self-testing among young MSM and young TGW in Kampala metropolitan area.

Lesson Learned: 6 Peer leaders within the social networks were identified 250 young people were identified and provided with HIV self-testing kits. Out of these participants, 215 individuals tested positive for HIV, and they were referred to an ART Clinic for confirmatory testing. Subsequently, all 215 cases were confirmed as HIV positive. More than half of Network Members reached were first-time HIV testers. They have since been started on ART and enrolled in an adherence club where they are offered ART refills and adherence support by a clinician.

Recommendations: By leveraging the power of social networks, the program successfully increased HIV testing rates among young MSM and young transgender women.

1061 Don't Get Mad... Get Elected

Elias Diaz (presenting)¹

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Introduction: The "Don't Get Mad... Get Elected!" workshop addresses the urgent need to understand how historical political decisions in healthcare have perpetuated structural racism, classism, and discrimination based on sexuality. It focuses on empowering aspiring politicians and activists to run for political office with an emphasis on healthcare policy, aiming to challenge and change these deep-rooted systems.

Description: This workshop offers a critical examination of the healthcare political landscape, highlighting the historical context of healthcare politics and its impact on various communities. Through interactive sessions, expert talks, and case studies, participants will explore strategies to address these systemic issues. The program focuses on understanding the complexities of healthcare politics, developing effective campaign strategies that resonate with diverse voters, and building coalitions for systemic change.

Lessons Learned: The workshop is designed to impart knowledge on the dynamics between government agencies, healthcare providers, and public needs, with a goal of creating equitable healthcare policies. Key lessons include the development of inclusive campaign strategies, the importance of challenging historical injustices in healthcare, and the art of building effective coalitions across different sectors to advocate for systemic changes.

Recommendations: Further recommendations include continued engagement with communities affected by healthcare inequalities, fostering ongoing dialogues to understand and address new challenges, and promoting collaborations with diverse stakeholders. Additionally, participants are encouraged to pursue further education and advocacy in healthcare policy, aiming to create a sustained impact on healthcare systems and to advocate for policies that ensure health equity for all.



1062 Prevention of Anal Cancer: A Structured HRA Provider Preceptorship and Practice Management Training Program

Gary Bucher (presenting)¹, Emily Miller¹

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Introduction: The incidence of anal cancer in PLWH in the U.S. is increasing. The incidence of anal cancer in MSM LWH is estimated to be 89 per 100,000 person-years. Anal cancer is similar to cervical cancer in that both are caused by persistent high-risk HPV which causes anal and cervical high-grade squamous intraepithelial lesions (HSIL). Screening and treatment of cervical precancer by proficiently trained providers is standard of care in the U.S. To date, there are no standardized training programs to screen and treat anal precancer in PLWH.

Description: The Anal Dysplasia Consulting International (ADCI) Preceptorship and Practice Management Program is the first structured program to provide individualized training through didactic sessions, hands-on training, simulation exercises, observation and preceptorship, assessment and feedback, continuing education and proficiency certification. HRA and HSIL treatment proficiency are monitored by procedure logs tracking anal cytology, anal high-risk HPV testing, biopsied lesions with histology results, and presence of persistent HSIL after treatment. All persons receiving HRA and HSIL treatments by trained providers complete the ANCHOR anal health-related symptom index questionnaire (A-HRSI). It is an indirect measure of morbidity associated with the HRA and HSIL treatment.

Lesson Learned: The published ANCHOR Study results showed that screening and treating anal HSIL in PLWH reduces the incidence of anal cancer by 57%. It also showed that the progression in PLWH with HSIL to anal cancer was 402 per 100,000 person years. Based on these results, the U.S. HIV Clinical Guidelines recommend screening and treatment of anal HSIL to prevent anal cancer. The ADCI Program is the first structured program to train providers in HRA and HSIL treatment to prevent anal cancer.

Recommendations: The ADCI program is effective in training providers in HRA and HSIL treatment.

1063 Pre-Exposure Prophylaxis (PrEP) Program Performance Indicators by Race/Ethnicity among Men who have Sex with Men (MSM) Receiving CDC-Funded HIV Testing Services in Non-Healthcare Settings, United States, 2019-2021

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Disclaimer: The findings and conclusions in this abstract are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Background: Despite being effective at reducing risk of HIV acquisition, pre-exposure prophylaxis (PrEP) use is low among minority racial/ethnic groups. We examined PrEP program performance indicators by race/ethnicity among men who have sex with men (MSM).

Method: We analyzed 2019-2021 National HIV Prevention Program Monitoring & Evaluation HIV testing data submitted by CDC-funded health departments and community-based organizations to assess the following for MSM with negative CDC-funded HIV test results in non-healthcare settings: current PrEP use, eligibility for PrEP referral among those not currently using PrEP, referral to a PrEP provider among those eligible, and assistance with linkage to a PrEP provider among those referred. We calculated adjusted prevalence ratios (aPRs) with 95% confidence intervals (CIs) and p-values (adjusted for age, U.S. Census region, and year) for race/ethnicity comparisons.

Results: Current PrEP use among MSM overall was 15.0%; in adjusted models, use was lower for Black/African American (11.8%; aPR: 0.58), Hispanic/Latino (14.3%; aPR: 0.78), American Indian/Alaska Native (13.3%; aPR: 0.75), Native Hawaiian/Pacific Islander (11.2%; aPR: 0.63), and multiracial (13.5%; aPR: 0.80) versus White MSM (18.3%; all p<0.0001). Eligibility was higher for Black/African American (74.1%; aPR: 1.04), Asian (67.7%; aPR: 1.02), and American Indian/Alaska Native (68.2%; aPR: 1.09) in adjusted models, but lower for Hispanic/Latino (59.5%; aPR: 0.90), versus White MSM (69.9%; all p<0.01). Referral was higher for American Indian/Alaska Native (60.1%; aPR: 1.19), but lower for Hispanic/Latino (48.0%; aPR: 0.90) and Asian (44.0%; aPR: 0.88), versus White MSM (50.5%; all p<0.0001). Assistance with linkage was higher for American Indian/Alaska Native (78.0%; aPR: 1.09), but lower for Hispanic/Latino (66.6%; aPR: 0.90), versus White MSM (70.6%; all p<0.001) ([Table](#)).

Conclusion: PrEP use was suboptimal among all MSM with negative CDC-funded HIV test results. Receipt of PrEP-related services was generally lower among Hispanic/Latino MSM, suggesting that PrEP programs could implement strategies to specifically reach Hispanic/Latino MSM.



1064 An integrated intervention: using a pill ingestible sensor system to trigger actions on multifaceted social and behavioral determinants of health among PLWH

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Introduction: Strategies to enhance adherence have focused on pill-taking reminders without real-time monitoring or interventions to address social and behavioral determinants of health (SBD OH). Suboptimal adherence to antiretroviral therapy (ART) often requires interventions from multidisciplinary teams, including nurses, social workers, and case managers to address SBD OH; which, however, often only occurs weeks to months after such problems arise, leading to delays in effectively addressing patient needs.

Description: To mitigate these barriers, we will test an innovative integrated intervention that combines the latest pill ingestible sensor system (the ID-Cap from etectRx) and SBD OH. The intervention will be able to trigger in real-time an automated message that will initiate actions to rapidly address barriers related to SBD OH when pre-specified patterns of poor adherence are detected. A cohort of 110 PLWH who have or are at high risk for sub-optimal adherence will be recruited from a Los Angeles County HIV clinic. Participants will be randomized into the intervention arm using ingestible sensor or the usual care arm. The intervention will run for 20 weeks, followed by a 10-week post-intervention period for evaluation of sustainability.

Lesson Learned: Existing HIV clinic care models largely address SBD OH at the time of clinic visits or through contacting patient after missed clinic visits; events that often occur weeks to months after adherence problems have developed. Real time monitoring of adherence will enable multidisciplinary teams to promptly address SBD OH with tailored content to fit each individual's unique challenges.

Recommendations: Patients' SBD OH profiles must be evaluated and incorporated with a coordinated plan to fit the patient's specific needs. Interventions to address SBD OH can be conducted in timely manner when integrated with ingestible sensor system to avoid treatment failure.

1066 Optimizing Access to HIV Injectables through Alternative Sites of Administration

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Background: The Center for Infectious Diseases (CID) is the largest HIV/AIDS ambulatory care clinic in New England providing multidisciplinary comprehensive care. Over 135 patients received HIV injectable therapy at CID with either of the two FDA-approved, healthcare provider administered, injectable medications for treatment of HIV, cabotegravir-rilpivirine and lenacapavir. Clinical pharmacists ensure eligibility and initial access to HIV injectable therapy, but there is a gap in services for improving sustainable access. Challenges with clinic hours, space, and staffing constraints lead to limited availability to enroll new patients. There is an opportunity to increase accessibility if patients can receive injections at an ASA.

Method: The goal of this quality improvement project is to provide Alternative Sites of Administration (ASA) for injectable HIV therapy for patients who have difficulty maintaining clinic appointments. The aim is to offer home administration to improve access to HIV injectable therapies for up to 10 patients by June 2024. This project will occur over two years. The first year will focus on developing ASA and switching patients on HIV injectable therapy to an ASA.

Results: The ASA developed for this project is utilization of the Home Infusion nurses to offer home injections for up to 10 patients the first year. 40 of the 108 eligible patients have been surveyed and 20 (50%) report interest in receiving injections at home. The most common reason for denying interest was privacy. Main reasons for interest include commuting time, transportation type, commuting cost, missed injections. Enrollment eligibility and screening are starting the first patients at ASAs.

Conclusion: Expansion of access to ASAs would promote equity for those who struggle with adherence to frequent in person medical appointments due to financial and transportation difficulties. With successful implementation, ASAs could be expanded to include injectables for HIV prevention.



1067 Who is Not Receiving Pre-Exposure Prophylaxis in the United States?

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Background: Pre-exposure prophylaxis (PrEP) is an effective tool to prevent HIV predominantly marketed to groups shouldering a disproportionate burden of HIV, such as Black men who have sex with men. This study examined the demographic characteristics of people who had and had not received PrEP prior to their HIV diagnosis.

Method: Findings were from a cross-sectional survey of 103 people living with HIV between November 2019 and October 2023 in the South-eastern U.S. and New England. Demographic differences between those who did and did not receive a PrEP prescription prior to HIV diagnosis were explored using chi-squared and t-tests.

Results: Those identifying as female ($\chi^2= 11.077$, $p=0.004$), heterosexual ($\chi^2= 4.915$, $p=0.021$), and races aside from Black and multi-racial ($\chi^2= 18.174$, $p=0.003$) were all significantly less likely to have received PrEP preceding HIV diagnosis. Socioeconomic factors generally associated with reduced healthcare access were not associated with previously receiving PrEP. Further, those who reported a recent lack of money for necessities were more likely to have received PrEP ($\chi^2= 8.893$, $p=0.031$).

Conclusion: Demographic groups not currently targeted by PrEP outreach and advertising efforts in the U.S. were significantly less likely to have used PrEP prior to receiving an HIV diagnosis. In this sample, no one identifying as female, or heterosexual received PrEP. This suggests that PrEP efforts tailored to higher HIV risk groups may be at the expense of others. Novel strategies to undo the perception that PrEP is only for certain demographic groups must be developed and implemented to reach those currently overlooked. The surprising finding that those from lower socioeconomic backgrounds did not have reduced access to PrEP shows that successful navigation of hurdles to PrEP care is possible.

1073 Examining the Effect of Dolutegravir-Based ARV Regimen on the Weight of Treatment-Naïve Clients in Resource-Constrained Settings

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Background: Ghana adopted the use of the Dolutegravir-based regimen as its first line ARV treatment for recipients of HIV care in 2020 as part of its strategies to accelerate its goal of attaining epidemic control in Ghana by 2025. This study explores the effect of the Dolutegravir-based regimen on the weight of treatment-naïve clients in the Ahafo, Western North, and Western regions of Ghana. Understanding the impact of this treatment change on weight is crucial for comprehensive patient care.

Method: Utilizing a retrospective cohort analysis, the research encompassed clients who initiated treatment from October 2020 to September 2022. The study focused on tracking individual participants over twelve months following initiation. A systematic sampling strategy was employed to ensure representativeness and unbiased results. This methodology allows for a comprehensive examination of weight fluctuations in treatment-naïve clients who were put on a Dolutegravir ARV regimen.

Results: Preliminary findings from the retrospective cohort analysis indicate notable patterns in weight changes among the participants during the twelve-month observation period. There was a significant change in the average weight of naïve clients at ART initiation (55.3Kg) compared to weight at 12 months after initiation (60.2Kg) ($P<0.05$). Female naïve clients had more significant weight gain than their male counterparts. These insights contribute to the ongoing discourse on the broader implications of antiretroviral treatments, providing valuable information for healthcare practitioners and policymakers.

Conclusion: In conclusion, this study adds valuable knowledge to the field by addressing the impact of the Dolutegravir ARV regimen on the weight of treatment-naïve clients in Ghana. These findings hold the potential to inform evidence-based practices, contributing to improved patient outcomes and healthcare strategies in resource-constrained settings like Ghana. Further research and exploration into these dynamics will be essential for a comprehensive understanding of the medication's implications on the health of treatment-naïve populations.



1074 A Pilot Program Assessing Pre-Exposure Prophylaxis Uptake among Key Populations in Indonesia

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Introduction: Indonesia is still struggling with HIV epidemic. We conducted a pilot program to collect empirical data for determining effective ways of implementing PrEP in Indonesia.

Description: The Indonesia PrEP Pilot program was a multisite, real-world study of oral PrEP among key populations (men who have sex with men [MSM], female sex workers [FSW] 'Waria' [shemale/transgender women], people who inject drugs [PWID]), and the serodiscordant partners of people with HIV, conducted in provinces with high HIV prevalence. Recruitment started on 12/2021 and participants were followed up until 12/2023. Eligible participants offered same-day daily (D) or event-driven (ED) PrEP and completed baseline (screening) and follow-up at month 1 and three-monthly visits. For each clinic visit, HIV/STI testing, adherence, side effects and sexual behaviors were assessed.

Lesson Learned: In 2022, the program has covered 21 districts, and over 120 HIV providers in 10 provinces. Up to 31/10/2023, 16,015 individuals were screened for eligibility, of whom 14,964 (93.4%) were eligible and 8,502 (56.8% of those eligible) initiated PrEP. The median age of PrEP starter was 27 (IQR 23-32), 85.2% were men, 74.8% were MSM, followed by FSW (12.3%), serodiscordant partners (7.6%), Waria (5.2%) and PWID (0.1%). The number of people who initiated PrEP increased from 74 new people in 2021q1 to 2327 in 2023q3q4. Most (8,188; 96.22%) individuals were PrEP naïve and the majority (5,551; 65.2%) chose D-PrEP over ED-PrEP at the initiation.

Recommendations: In this pilot study, only around half of eligible individuals initiated it. Men and MSM can effectively be reached for PrEP program. Reasons for inequitable PrEP uptake should be identified and tackled, especially among key populations other than MSM.

1079 Antiretroviral Adherence Support using Pharmacy Data: Application of a Structure, Process, Outcomes Framework for Longitudinal Data Collection, Analysis, and Dissemination

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Introduction: Collaborations to improve antiretroviral therapy (ART) adherence among people with HIV involve Pharmacies, Prescribers, Payers, and Public health agencies (AdhereP4). While pharmacy data can support delivery of adherence interventions, there is limited guidance on integrating claims data analyses into routine medical care. We utilized a structure, process, and outcome framework to develop a multi-institutional collaboration (AdhereP4) program to investigate how pharmacy data can help deliver real-time adherence support.

Description: The program's objective was to determine the effectiveness of the AdhereP4 collaboration to target adherence interventions using pharmacy claims data. Participants were eligible for intervention by community pharmacies, clinics, and/or health departments if they were 30-, 60-, or 90-days late in refilling ART. The structure included: 1) data use agreements to govern data access/use; 2) availability of patient- and program-level data; and 3) personnel with clinical, information technology, and analytical backgrounds. The processes included: 1) data use/sharing among collaborators; 2) pilot tests of data collection and sharing processes; 3) protocols for monthly data cleaning/transfer; and 4) communication strategies. This program evaluated 11,918 individuals; 1,702 of which were deemed eligible for intervention between Nov 2020 and Sep 2022. Seventy-three percent of patients had an intervention completed (n=1237).

Lesson Learned: This program was implemented during the COVID-19 pandemic and required support from informatic, legal, clinical, and compliance experts. Lessons learned from this program included 1) proactive engagement of sites to plan staff involvement; 2) development of data dictionary of key data fields from sites prior to data collection; 3) site discussions to review/manage staff program-related workload; and 4) continuous communication with collaborators to discuss any priority/process changes.

Recommendations: For successful collaborations it is recommended to include experts from various levels of health care to implement processes, ensure open and continuous communication/training among collaborators, and review of data collection often throughout the program.



1080 Using Paradata to Optimize South African Women's Engagement with a Digital Health App (Vuka+) for HIV Pre-Exposure Prophylaxis Adherence

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Background: Adolescent girls and young women (AGYW) in sub-Saharan Africa experience disproportionate HIV burden despite increasing availability of Pre-Exposure Prophylaxis (PrEP). Mobile Health (mHealth) tools can support PrEP adherence and persistence, however data-driven approaches are needed to optimize end-user engagement.

Method: Working with AGYW in Sub-Saharan Africa, we co-designed Vuka+, a multi-feature PrEP adherence and persistence app. In a 2022 four-week pilot trial (n=30), Vuka+ had high acceptability and usability. We analyzed the app using paradata to understand intervention engagement. Findings were employed to optimize app features, content and study implementation for an ongoing six-month randomized controlled trial (RCT) (n=330).

Results: In the pilot, we found four app medication tracking patterns: consistent daily, intermittent, declining over time, and no tracking. Most app-use events occurred "online" via cellular (70%) or wireless (17%) networks while 13% occurred "offline". Staff reminders (in-app, WhatsApp, phone calls) prompted re-engagement among low users. In exit interviews, participants who encountered technical problems (e.g. no Wi-Fi, ran out of data, log-in issues) reported not seeking staff support. Paradata-informed RCT enhancements included: focusing app onboarding on most popular features (medication tracker, health resources); employing engagement-based automated log-in reminders and staff outreach; improving functionality for offline use and password reset; and increasing content in most-read health topics.

Conclusion: Vuka+ extends prior mHealth interventions for PrEP among AGYW through data-driven tailoring and engagement. In the ongoing RCT, all participant app use is recorded and can be analyzed for patterns of app use and associations between app use, participant characteristics and study outcomes. While mHealth tools are acceptable to many AGYW, additional user-centered technical support and engagement may help optimize the benefits of digital health tools for HIV prevention.

1085 Improving Coverage of Viral Load Testing through a Referral System Led by People Living with HIV (PLHIV) in Greater Metro Manila (GMM), Philippines

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Background: Viral Load (VL) testing coverage in the Philippines stood at 27% by the end of 2022. The limited number of facilities performing VL testing and lack of information among eligible PLHIV about accessing the service contributed to this. The USAID-supported Meeting Targets and Maintaining Epidemic Control (EpiC) Project in the Philippines piloted the "VL for ALL" in Greater Metro Manila (GMM) to increase VL testing coverage.

Method: EpiC and Pinoy Plus developed "VL for ALL" pilot, streamlining referrals using their PLHIV Response Center (PRC); linking clients to three pilot facilities regardless of their treatment hub origin: Tarlac Provincial Hospital and Social Hygiene Clinics in Caloocan City and General Trias. The referral system was integrated into EpiC's online booking platform, Quickres.org and promoted in facilities and online from May to September 2023. Data from the national HIV information system (OHASIS) and the PRC log confirmed results.

Results: Pinoy Plus successfully linked 345 eligible PLHIV to VL testing, contributing to increasing coverage from 44% in March to 52% in September in EpiC sites. Results also showed significant demand for VL testing among PLHIV residing outside GMM. This showcased optimization of Caloocan City SHC's testing capacity increasing coverage from 48% in December 2022 to 69% in September 2023. Beyond the pilot period, the facilities continued to accept eligible clients even outside their catchment areas.

Conclusion: A streamlined referral system and demand generation optimized facilities to upscale demand for VL testing, efficiently facilitate access of PLHIV, and increase VL testing coverage. Lessons will be used in 2024 to motivate other facilities to follow suit.



1086 PEP to PrEP: Leveraging Virtual Health for Transition and Retention

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Introduction: In 2021, 1,594 people were newly diagnosed with HIV in New York City, an increase from 1,407 in 2020. More than 1 in 4 cases of newly diagnosed patients were in Brooklyn, the highest of any borough. In 2021, Brooklyn had the highest rates of newly diagnosed gonorrhea and chlamydia in both New York City and New York State. Additionally, Brooklyn had the second highest rate of early syphilis diagnosis.

Description: The Family Health Centers at NYU Langone (FHC) is a large federally qualified health center network that serves a largely immigrant, people of color, low-income, and English as a second language patient population in Brooklyn, New York. Transitioning from PEP to PrEP services can be challenging for members of communities that lack the health education and knowledge of public health strategies to prevent new HIV infections. The integration of a PEP virtual urgent care tele-health model at the FHC presented an opportunity to engage and educate at-risk populations and implement a comprehensive strategy involving a multidisciplinary approach from the care team. In this presentation, we will review an innovative approach implemented to improve access and retention to biomedical services (PrEP and PEP). As a result, we have a turnover from PEP to PrEP of 38% with a retention rate of 73%.

Lesson Learned:

- The importance of quick initiation of PrEP, striking while the iron is hot
- Improved access of PEP services by utilizing telehealth
- Education and risk reduction counselling leads to PEP to PrEP transition
- PrEP Navigation Model leads to retention in care

Recommendations: The implementation of PEP Virtual Urgent Care as the starting point of the transition into PrEP services recommendations:

- The integration of motivational interviewing
- A new approach to patient education, engagement, and retention
- Transition from emergency service to primary care
- Multidisciplinary care interaction

1088 “Where They Treat Me with Respect as My Concerns are Real”: Characteristics of Comforting, Non-Stigmatizing Patient-Centered Healthcare among People Living with HIV in Pennsylvania

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Background: Stigma significantly impacts the healthcare experiences and health outcomes of people with HIV (PLWH) and research underscores the need to develop interventions and improve healthcare practice to reduce stigma and improve HIV care outcomes.

Method: Using open-ended text responses drawn from a statewide anonymous survey that heard from 1,421 clients of Pennsylvania’s AIDS Drug Assistance program from all seven Ryan White Coalition regions, this study explores preferences and characteristics of comforting, non-stigmatizing healthcare among PLWH in Pennsylvania (2021). Data were classified by broad thematic codes and re-occurring sub-themes in Dedoose.

Results: Participants identified HIV doctors, HIV clinics and infectious disease specialists as the provider type and setting where they feel most comfortable and least stigmatized when engaging in healthcare (25%) and PCPs were preferred by 15% of responses. Some participants described feeling a close relationship with their provider, feeling understood, believed, listened to, and that their needs are taken seriously. Participants described valued provider approaches and attributes of healthcare practice that is: non-judgmental, affirming, open-minded, equitable, respectful, trustworthy, nurturing, engaging, patient, anti-racist, HIV and LGBTQ+ friendly. Several participants described preference for a provider with shared characteristics like HIV diagnosis, sexuality, gender and age. Spanish speaking participants noted a lack of comfort and understanding when receiving care in English, and 37 participants described never having a healthcare experience where they feel comfortable or not stigmatized.

Conclusion: Our findings provide important insight into the comforting, positive, preferred and empowering aspects of patient-provider interactions within healthcare settings according to PLWH from throughout Pennsylvania. We need to learn from providers who provide the most comfortable and least stigmatizing healthcare for PLWH in order to build the capacity of a diverse HIV workforce, support and recognize anti-stigma champions and develop strengths-based intervention models intended to reduce experiences and anticipation of stigma in healthcare settings among PLWH.



1089 Breaking the Silence: Understanding Caregiver-Adolescent Communication about Sex among South African Adolescents Living with HIV

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Background: Adolescents living with HIV in South Africa face heightened vulnerability due to low retention in care and high HIV prevalence rates. Effective caregiver-adolescent communication about sex is crucial for mitigating sexual risk-taking behaviors and promoting safe sex practices. Yet, little is known about this communication dynamic, particularly in Cape Town, South Africa.

Method: Semi-structured interviews were conducted with 20 adolescents living with HIV, 19 caregivers, and 20 community stakeholders from a local HIV clinic in Cape Town. Thematic analysis was employed to analyze interview data, focusing on caregiver-adolescent communication about sex.

Results: Participants stressed the importance of comprehensive communication about sex, covering topics such as condom use, HIV and STI transmission, and pregnancy prevention. Parents were identified as primary educators, with discussions expected to begin around age 13. Interestingly, few discussions addressed adolescent's HIV status.

Conclusion: This study highlights the significance of caregiver-adolescent communication about sex among South African youth living with HIV. Findings underscore the need for tailored interventions to promote effective communication within this population, emphasizing the responsibility of adults to impart critical knowledge for safe sex practices.

1091 Barriers and Facilitators to Supporting People Aging with HIV in Ryan White Clinics

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Introduction: Most people living with HIV in the US are now over 50 and more likely to experience conditions associated with aging. However, HIV care has been slow to integrate age-related supportive aspects of care.

Description: HRSA HIV/AIDS Bureau funded 10 demonstration sites to implement and evaluate emerging interventions to support people with HIV over 50 (PWH50+). Each of the 10 sites focused on improving a different aspect or aspects of care for PWH50+, such as frailty, dementia, polypharmacy, and care coordination. This presentation reports on the barriers and facilitators to initiating these emerging strategies across all 10 sites, along with site-specific examples from Centro Ararat in Ponce, PR. Data sources included key informant interviews and other qualitative sources.

Lesson Learned: Internal barriers included organizational siloes, lack of organizational support, insufficient clinic space, and staff turnover. Client-level barriers included changing contact information, language issues, lack of transportation, insufficient coverage, and visit no-shows. Provider-level barriers included insufficient time for longer visits and a shortage of specialists. Internal facilitators included leadership support, regular communication, and team member willingness. Client-level facilitators included offering incentives and pre-visit coordination, appointment reminders, and accommodation of client schedules. Provider and organizational-level facilitators included proactive communication, leveraging EMR systems, dedicated clinic space, and improving client experience. More specifically, Centro Ararat found that developing the intervention based on our previous experience aligned it to our organizational culture and reality, therefore making it easier to implement and integrate. Also, having an excellent rapport with clients resulted in successful and meaningful Patient Liaisons collaboration.

Recommendations: Clinics wishing to expand their services to support PWH50+ could consider these barriers and facilitators before implementing new strategies and could learn from Centro Ararat's experience. More work is needed to understand the implementation of these strategies in additional settings.



1093 Corrective Strategies and Adaptive Beliefs to Address Maladaptive Thoughts and Reduce Internal HIV Stigma in Individuals with Trauma Histories

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Background: Although people with HIV (PWH) face many unique psychosocial risk factors that impact health outcomes, trauma exposure and posttraumatic stress disorder (PTSD) have been consistently identified among the most prominent stressors for this population. Additionally, the stigmas attached to HIV, mental health, and minoritized identities are one major barrier to retention in care and ART adherence. Stigmas can impact PWH through: (a) external stigma experienced in the form of actual rejection or discrimination by people and society; (b) anticipated stigma, which is the expectation of discrimination and marginalization; and (c) internalized stigma or negative self-perceptions related to having the disease. Intersectional stigma has been shown to differentially impact PWH, such that individuals with additional minoritized identities (e.g., women, individuals that identify as sexual and gender minorities, minoritized racial groups) report higher rates of stigmatization. Stigma inhibits engagement in HIV care resulting in poor clinical outcomes.

Method: HIV-related stigma, intersectionality of identities, PTSD, and other mental health struggles can lead to patterns of maladaptive thoughts and ineffective coping strategies. Using a trauma framework, maladaptive thoughts and beliefs were collected from community advocates, HIV physicians, and mental health providers and summarized and collated into themes. The corrective strategies and adaptive beliefs were designed for the provider to counter and address these maladaptive thoughts.

Results: [Figure 1: Trauma Framework](#)

Conclusion: In the context of known health disparities, not everyone will experience the same level of stigma, treatment barriers and outcomes. Individual patients may have only one or many of the maladaptive thoughts related to HIV presented. However, the proposed framework provides a clear approach with corrective strategies and adaptive beliefs to counteract the maladaptive thoughts in HIV primary care, mental health care visits, and therapy. By reducing internal stigma, ART adherence and clinical outcomes can be improved.

1095 50 Shades Un-Greyed: Harnessing Sex Positive Care & Exploring Biases in BDSM and Kink Healthcare

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Introduction: The BDSM/Kink community includes LGBTQIA+ as well as straight identified people; and is often overlooked or misunderstood. Members of this community often feel unable to discuss their sexual health with providers due to stigma, shame and fear of being misunderstood regarding consent and abuse. These fears can hinder people who practice BDSM/Kink from accessing healthcare and thereby increase their vulnerability to HIV, STIs and Hepatitis C. Furthermore, providers of healthcare services have limited access to resources on sexual health-care and counseling. This presentation will bring these conversations and resources to the front and center.

Description: This workshop addresses sexual health for people who practice BDSM/Kink by looking into the intersectionality of STI, HIV, and Hepatitis C education and prevention through community engagement, cultural competence and risk reduction for this population. It will explore the impact of healthcare bias on the sexual health needs of people who practice BDSM/Kink with a sex-positive lens. The workshop will define basic terminology and provide examples of BDSM practices to help providers better navigate conversations regarding STI, HIV and Hep C prevention and education. Attendees will learn to distinguish between healthy and consensual BDSM sexual expression and abusive sexual relationships in an interactive learning environment. Lastly, attendees will examine personal biases regarding BDSM/Kink and learn evidence-based strategies to cultivate inclusive healthcare practices when delivering services.

Lesson Learned: Having providers of healthcare and public health workers adopt a sex positive approach and examine their personal and professional biases regarding BDSM/Kink will help them develop strategies to create a safe space for their patients to discuss their sexual practices. Open dialogue will allow providers to better educate members of this often-overlooked community in HIV, STIs and Hepatitis C prevention.



1100 Temporary Mobility and Longitudinal HIV Care Continuum Outcomes among People Living with HIV Initiating HIV Care in Cameroon

Angela Parcesepe (presenting)¹, Lindsey Filiatreau², Peter Vanes Ebasone³, Anastase Dzudie³, Marcel Yotebieng⁴, Kathryn Anastos^{4,5}, Rogers Ajeh⁶, Denis Nash⁷

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Background: Mobility is common among people with HIV (PWH) and often motivated by income generation. The impact of temporary mobility (as opposed to permanent migration) on HIV care outcomes remains poorly understood among PWH in Cameroon.

Methods: We interviewed 426 PWH in 2019-2020 entering HIV care in Cameroon. Past-year temporary mobility was ascertained at care initiation. Clinical data was extracted through January 1, 2022. We estimated the cumulative incidence of disengagement from the clinic (>3-month gap in visits) and documented transfers across two years following care enrollment. Hazard ratios were used to compare outcomes among those who did versus did not spend >1 month away from home in the prior year.

Results: Overall, 422 individuals contributed 605 person-years of follow-up. Most (58%) individuals were female. Temporary mobility was common with 39% having spent >1 month away in the prior year. In the population overall, 1- and 2-year cumulative incidence of disengagement from the clinic was 25% (95% CI: 21, 30) and 36% (95% CI: 32, 41), respectively; 1- and 2-year cumulative incidence of transfer-out was 8% (95% CI: 1, 5) and 10% (95% CI: 4, 13), respectively. Disengagement from the clinic in the first two years was similar between the two groups (Hazard Ratio: 0.9; 95% CI: 0.7, 1.3). However, transfers in the first two years following care initiation were more common among those who reported spending >1 month away from home compared to those who did not (Hazard Ratio: 2.3; 95% CI: 1.3, 4.3). [IAPAC_Mobility_Image](#)

Conclusions: Temporary mobility was associated with documented HIV care transfers in the first two years after HIV care initiation. More research is needed to understand the extent to which mobility-related transfers are associated with interruptions in HIV care.

1103 HIV Care Coordination Model: Concept to Service Delivery

David Verona (presenting)¹

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Introduction: The aim of this presentation is for Henry Ford Health (HFH) and Unified HIV Health & Beyond (UHHB) to discuss our program concept and implementation, challenges / success stories, quality improvement projects and address audience questions and feedback for other agencies to consider program design / execution within their community.

Description: Panel discussion consisting of HFH and UHHB staff (sub-contractor) on our Care Coordination model and lessons learned. Address audience questions within a safe environment.

Lesson Learned: HFH has a Care Coordination program for over 5 years focusing on the development of a program on the Care Continuum Model to address newly identified HIV+ individuals and those individuals struggling to maintain viral load suppression. In our unique approach, HFH has conceptualized and implemented our program around our nursing lead as the key to facilitating and coordinating care access to newly diagnosed / medically frail or those patients demonstrating poor viral load control within the care continuum to include primary and other specialty care providers, mental health and substance use providers. In addition, our sub- contracted agency UHHB provides Medical Case Management services to address identified Social Determinates of Health. Once the patient achieves viral suppression, they are retained in medical and case management services for up to two years (extended as needed). Over the past five years, the collaboration between HFH and UHHB has been able to report to MDHHS our program challenges along with many of our successes – evidenced by patient graduations (33 patients) from our program and maintenance of viral load suppression / retention in HIV care one greater than one year post graduation (95%).

Recommendations: Understand concept of Care Coordination, program design/development, Partnerships and next steps.



1107 QUILTS Awards: Evidence-Based Recognition of Improved Treatment Services by Community and Government Facilities in Greater Metro Manila, Philippines

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Background: Globally, the HIV community commemorates the International AIDS Candlelight Memorial (IACM) to remember people lost to AIDS and to honor the continued solidarity of different sectors in helping people living with HIV. EpiC Philippines, a PEPFAR-USAID project, commemorates IACM through QUILTS Awards – “Quality Uptake and Improvements in Lifesaving Treatment Services” to recognize exemplary government and community partners that made outstanding improvements in providing care and treatment services to people living with HIV in Greater Metro Manila.

Method: From 2022, EpiC Philippines with AIDS Society of the Philippines, UNAIDS, and USAID developed the criteria for four award categories: Treatment Enrollment; Adherence; Viral Load Testing; Overall Champion for Differentiated Service Delivery and Client Centered Case Management. Using data from Department of Health Epidemiology Bureau (DOH-EB)’s OHASIS (One HIV, AIDS, and STI Information System), facilities that showed highest increase in performance in the preceding 12 months were awarded.

Results: With the 2-year implementation, facilities became more open to accepting technical assistance and capacity-building on differentiated strategies such as rapid ART initiation, enhanced case management, and tracking viral load testing. Among five (5) facilities in 2022 not implementing Same-day ART enrollment, four (4) started implementing in 2023. Moreover, by the end of September 2023, the proportion of treatment interruption decreased to 8% as compared to 11% in September 2022. Additionally, viral load testing coverage also increased to 53% among eligible people living with HIV compared to 32% in 2022.

Conclusion: Evidence-based recognition helped reinforce the message to facilities to report their data on OHASIS, take ownership and understand their data. Through this, they can identify challenges and ways to mitigate and address barriers to implement quality service delivery and reach targets towards the national 95-95-95 HIV goals.

1111 An Integrative Literature Review on Existing Education Programme for the Improvement of QoL of PLHIV

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² University of Western Cape, Johannesburg, Gauteng, South Africa

Background: The purpose of this review was to examine and describe existing characteristics of education programs which contributed towards the development of an education program for the improvement of QoL of PLHIV on ART. The research question that guided the study was, “*What are the characteristics of existing education programs?*”

Method: All studies which directly developed a program were assessed for relevance. Only articles written in English from January 2010 to July 2021 were retrieved and no authors were contacted. Studies that did not directly develop a program were excluded. The Boolean words “OR” and “AND” were used in conjunction with the following search keywords/statements: Program development and HIV; Designing an education program and HIV; Development of a program and HIV and education programs and HIV. Critical appraised checklist tools were employed which are Bowling’s and Pearson checklists.

Results: Six themes addressing the review question emerged which are needs assessment, program objectives, theory-based methods and strategies, planning and development of the program, program implementation and program evaluation. From the reviewed articles, all thirteen had needs assessment as an initial step in their program development followed by twelve articles which mentioned program implementation and also twelve articles which had a planning and development of a program step. Out of the thirteen articles eleven conducted a program evaluation while nearly half of the articles had program objectives as their second step in development of a program.

Conclusion: The findings of this review demonstrated that in the articles searched and reviewed, there were no programs that adequately addressed QoL. This implies that there is no uniform standard in addressing this phenomenon. However, the result suggests important steps to consider when developing a program. Therefore, for a program to be successful and solid, one needs to consider six themes. It is also evident from the review that similar measured results from existing programs can be used to develop education programs that can contribute towards the improvement of QoL of PLHIV on ART.



1113 Examining the Use of Non-Pharmacological Interventions on Reducing Risk Factors for Cardiovascular Disease in People Living with HIV/AIDS: A Scoping Review

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Background: People living with human immunodeficiency virus infection (HIV) are now living longer due to effective combination antiretroviral therapy (ART). Yet, such effective treatment has also led to HIV infected people living longer with significant increased risk of cardiovascular disease (CVD) as ART has been associated with an increased risk of CVD. The purpose of this review was to identify and describe non-pharmacological interventions that may reduce CVD risk in people living with HIV.

Method: The PRISMA Extension for Scoping Reviews was used to guide the scoping review.

Results: A total of six articles met the eligibility criteria and were included in the review. Of the six studies, the non-pharmacological intervention components consisted of lifestyle/behavioral risk factors such as physical activity (N=4), diet (N=3), and smoking cessation (N=2). Four of the studies consisted of single component interventions mainly focusing on physical activity (N=2), diet (N=1) and smoking cessation (N=1). Two of the studies consisted of multicomponent interventions that looked at both physical activity and diet combined. All six studies found significant decreases in risk factors relating to CVD including systolic and diastolic blood pressure, cholesterol levels and glucose. Interventions ranged in terms of their duration from 20 days to 24 weeks.

Conclusion: Lifestyle/behavior interventions that include components such as diet, physical activity and smoking cessation can be recommended in combination with existing pharmacological treatments in reducing the risk of CVD in people living with HIV.

1114 Awareness, Attitudes, and Use of HIV Pre-Exposure Prophylaxis in Adolescents with Recent Sexually Transmitted Infection Enrolling in an HIV Prevention Intervention Trial

Sarah Wood (presenting)¹, Alexander Fiks¹, Jami Young², Nadia Dowshen², Haley Richardson², Elizabeth Odunaiya², Mikia Croom², Rinaid Beidas³, Naomi Pressman², Jose Bauermeister¹, Robert Gross¹

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Background: Adolescents with sexually transmitted infections (STI) are at disproportionate risk of HIV, yet their uptake of pre-exposure prophylaxis (PrEP) remains limited. We investigated PrEP baseline care continuum constructs among adolescents with recent STI(s) in a randomized trial of a behavioral intervention.

Method: The TAKE (Treat Act Know Engage) Steps trial enrolled adolescents (ages 13-19) within 30 days of gonorrhea, chlamydia, syphilis, and/or trichomonas treatment at five primary care clinics in Philadelphia beginning September 2022. Baseline surveys assessed sociodemographics and HIV prevention behaviors. After a brief explanation of PrEP, participants reported their awareness, knowledge, willingness to use, past use, intentions to initiate within 3 months, and, if not interested in PrEP, reasons why. Exploratory logistic regression assessed associations between intentions to start PrEP and objective HIV risk factors including substance use [CRAFFT total score >3], lifetime number of STIs, and inconsistent condom use.

Results: Participant characteristics (n=94) are in Table 1. Only 8% were aware of and only n=2 had used PrEP. Willingness to use was 43% for oral and 63% for injectable PrEP, with 35% intending to start PrEP in the next 3 months. Adolescents not interested in PrEP most frequently cited not perceiving themselves at risk of HIV and not wanting to take medication. In knowledge assessment, 37% correctly cited PrEP's effectiveness and 30% answered that PrEP does not protect against other STIs. Our exploratory analysis (n=93) found no significant associations between HIV risk factors and intention to start PrEP.

Conclusion: Among youth with recent STIs in an HIV prevention trial, baseline PrEP awareness and use were low. Encouragingly, most were willing to use PrEP, with higher interest in injectable PrEP. Our findings underscore the need for multi-level interventions supporting PrEP uptake for adolescents with STIs.



1118 Associations between Cannabis Use and HIV-Related Outcomes among Black Sexual Minority Men: A Systematic Review

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Background: Black gay, bisexual, and other sexual minority men (BSMM) are inequitably impacted by HIV and have a high prevalence of cannabis use. We conducted a systematic review evaluating the extant literature examining the impacts of cannabis use on HIV-related outcomes among BSMM.

Method: We conducted a search in June 2023 of PubMed, EMBASE, CINAHL, PsycINFO, and Web of Science using keywords related to BSMM, HIV, and cannabis. 78 unique articles were screened with 43 undergoing full-text review. 19 met the following inclusion criteria: peer-reviewed, primary research, English language, an analytic sample/subsample exclusively among BSMM, cannabis use as an exposure variable, and an HIV-related outcome (HIV prevalence, HIV continuum of care (CoC), PrEP CoC, sex behaviors).

Results: Of the 19 studies, 18 were published between 2013-2023. 18 studies were conducted in the U.S. and 1 in South Africa. 14 of the studies were cross-sectional, 4 were longitudinal, and 1 was an intervention trial. Sample sizes ranged from 86 to 1553. Measures of cannabis use included any use (e.g., ever, past 30 days), daily/intermittent/heavy use, use before/during sex, and problematic use. Outcomes included: HIV prevalence (n=7 studies), HIV CoC (n=5 studies), PrEP CoC (n=2 studies), and sex behaviors (n=10 studies). Results were mixed. 14 studies reporting ≥ 1 significant association. These included positive associations between measures of cannabis use and HIV seroconversion, being HIV-positive and unaware of one's serostatus, suboptimal ART adherence, and inconsistent condom use.

Conclusion: There is a growing literature examining associations between cannabis use and HIV-related outcomes among BSMM. Findings are mixed but suggest a positive association between cannabis use and HIV transmission related outcomes. Cannabis use should be considered as part of HIV transmission elimination efforts among BSMM. Further research is needed that more rigorously measures cannabis use, and that evaluates mechanism and contexts of cannabis use.

1120 Barriers and Facilitators within HIV/STI Testing Interventions for Black African and Black Caribbean Migrants in the United Kingdom: A Scoping Review

Ritu Khanna (presenting)¹

¹ University of Bristol, Birmingham, United Kingdom

Background: Despite stable HIV and STI prevalence among black Africans (BA) and black Caribbeans (BC) in the UK, testing rates among these populations remain low. Enhancing access and availability to sexual health testing services is crucial to optimize sexual health outcomes, reduce transmission rates, and alleviate the disproportionate burden of disease experienced by these populations. This review systematically examines interventions aimed at improving HIV/STI testing for BA and BC in the UK, identifying key barriers and facilitators of testing behaviors to inform the development of tailored interventions.

Methods: A comprehensive search strategy was conducted across five databases, resulting in 21 studies selected, conducted after 2008. Inclusion criteria were applied to select studies evaluating the effectiveness of HIV/STI testing interventions among BA and BC adults in the UK. Data extraction, synthesis quality assessment and risk of bias were completed. Qualitative and quantitative results for the review and narrative synthesis were utilized to enable comparison due to heterogeneity.

Results: The review included a total of 21 studies, employing various intervention strategies. Personal- and interpersonal-related, provider-related, and system-related factors emerged as significant themes influencing testing uptake. Within these themes, subthemes included knowledge and risk perceptions, stigma and discrimination, confidentiality and autonomy, the patient-provider relationship, cultural and linguistic competency, and testing type. The review highlighted the effectiveness of home-based testing, community-based point-of-care testing, and interventions that were targeted, accessible and integrated.

Conclusion: This systematic review provides valuable insights into the facilitators and barriers influencing HIV/STI testing among BA and BC in the UK. The findings underscore the importance of interventions which encourage the acknowledgement of the social, cultural, and structural contexts of BA and BC. These insights can inform the development of effective interventions and policies to bridge the implementation gap between effective tools and strategies and their translation into social and ecological contexts.



1128 “I Hustle to Put Food on the Table for My Children”: A Longitudinal Qualitative Analysis of Financial Precarity among Pregnant and Postpartum Women Living with HIV in Cape Town, South Africa

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Background: Antenatal care in South Africa includes a maternal HIV test and, where applicable, antiretroviral therapy (ART) initiation. Unfortunately, the rates of disengagement from HIV care following delivery are alarming. Financial precarity may influence individuals’ experience with HIV and access to appropriate healthcare. On average, Black women in South Africa are at an increased disadvantage for attaining employment compared to their counterparts, and when employed they are compensated at lower rates than males.

Method: This paper uses intersectionality to explore how financial precarity is understood by the participants and how it relates to healthcare engagement from pregnancy to 6-months postpartum. The paper uses a secondary analysis of data from a study conducted in Cape Town, South-Africa between March 2018 and May 2019. Recruitment criteria were: a) individuals 18 years or older, b) at 32-35 weeks of pregnancy, c) diagnosed with HIV, d) prescribed antiretroviral therapy, and e) fluent in isiXhosa or English. We used thematic analysis of interviews from pregnancy (n=30) and 4 – 6 months postpartum (n=23) and applied cross-sectional profiling to compare prevalent themes at each timepoint.

Results: We identified three themes, increased financial strain postpartum; limitations in the Child Support Grant; and social support structures for financial security. Intersectionality as a praxis explains how structural violence in South Africa placed our participants at a disproportionate disadvantage for equitable employment and compensation. During this transition, they had to rely on social grants and their partners for financial support; both of which proved unreliable and rendered them in a precarious financial state.

Conclusion: Financial precarity was as a perceived barrier for engagement in healthcare services postpartum. We recommend that low-income women be eligible to apply for the child support grant during pregnancy and receive subsidized childcare services to lessen the financial strain.

1130 Using HRSA’s Ryan White HIV/AIDS Program Data to Reach, Serve, and Improve HIV Care and Treatment Outcomes among Key Populations of People Living with HIV

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Introduction: The Health Resources and Services Administration’s (HRSA) HIV/AIDS Bureau (HAB) uses Ryan White HIV/AIDS Program (RWHAP) data to expand the reach, quality, and impact of HIV care and treatment among priority populations as an essential strategy to end the HIV epidemic.

Description: The RWHAP provides a comprehensive system of HIV primary medical care, essential support services, reaching over 566,000 people in 2022 – more than half of all people with diagnosed HIV in the US. HRSA HAB developed and released the RWHAP Compass Dashboard, the most expansive, user-friendly, and interactive dissemination tool of RWHAP data to date. The Dashboard includes a new standardized RWHAP performance tool to support jurisdictional comparison and evaluation. Standardized performance allows “like-to-like” comparison of jurisdictions that may serve different populations. The Dashboard is updated annually with new data and expanded functionality. This presentation will include a demonstration of the Dashboard, a walkthrough of the performance benchmarking tools, and an overview of future enhancements.

Lesson Learned: Ongoing identification of priority and disproportionately affected populations is essential to ending the HIV epidemic. High quality and interactive data visualization tools support this while also supporting optimal data quality. Performance benchmarking methodologies complement the non-standardized data by incorporating contextual factors influencing outcomes.

Recommendations: Through advancements in data transparency and interactivity, HRSA HAB is improving the ability of RWHAP recipients and other key stakeholders to leverage program data for decision-making. The RWHAP Part F – Special Projects of National Significance (SPNS) Program uses the Dashboard to identify areas of need and guide implementation science studies to identify innovative, real world care strategies to improve outcomes along the HIV care continuum, support health equity, and disseminate best practices and resources to HIV care providers.



1133 HIV and HCV Prevention: Breaking Down Barriers to Treatment in Appalachia

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Introduction: West Virginia Health Right (WVHR) was founded in 1982 and is West Virginia's largest and oldest free and charitable healthcare clinic that recognizes the need for healthcare for vulnerable members of the community. West Virginia is primarily a rural state which creates unique barriers to access medical treatment, such as absence of transportation, shortages of healthcare facilities in impoverished counties, and lack of healthcare coverage. WVHR has three clinic locations, a community wellness center, a mobile medical clinic, and a mobile dental clinic. The use of medical mobile units has allowed WVHR to target hard to reach populations.

Description: WVHR offers human immunodeficiency virus (HIV) and Hepatitis C (HCV) prevention services such as a syringe service program, vivitrol injections, Hepatitis A and B vaccinations, pre-exposure prophylaxis, patient education, behavioral services, and naloxone training and dispensing. In addition to the prevention services mentioned, WVHR implements routine "opt-out" testing for HIV and HCV. In 2023 WVHR partnered with Gilead Sciences FOCUS program to increase reach to eligible patients and support expedient linkage to care for HIV and HCV.

Lesson Learned: Within the last year, WVHR conducted 4,356 HIV tests, and 4,117 HCV antibody tests. These outcomes represent a 269% increase in HIV tests, and a 249% increase in HCV antibody tests conducted in the year prior to partnering with FOCUS. Currently there are sixty-five patients on pre-exposure prophylaxis at WVHR. The FOCUS program for HIV and HCV has allowed WVHR to increase surveillance and has helped link many patients to appropriate care.

Recommendations: WVHR continues to partner with Gilead Sciences to increase HIV and HCV surveillance, in addition to offering linkage to comprehensive prevention services. As West Virginia's only free and charitable clinic, WVHR continues to reach hard to target populations.

1134 Predictors of Asymptomatic Sexually Transmitted Infections among Under-Resourced Women in the Dominican Republic

Michelle Chang (presenting)¹, Delivette Castor¹, Sara Wallach¹, Jason Zucker¹, Jonathan Gelfond², Brian Hernandez², Angelina Gomes³, Samantha Stonbraker⁴, Barbara Taylor⁵, Silvia Amesty¹

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Background: Sexually transmitted infections (STIs) remain an important cause of morbidity, especially among women, and potentiate transmission of HIV. In most resource-constrained settings, STIs are managed syndromically. Prevalent asymptomatic infections and the nonspecific nature of syndromes limit this approach. Understanding the predictors of asymptomatic STIs is crucial to improving screening strategies. We examined correlates of asymptomatic Chlamydia trachomatis (CT), Neisseria gonorrhoeae (NG), Treponema pallidum (TP), and Trichomonas vaginalis (TV) among women in the Dominican Republic (DR).

Method: We sampled asymptomatic cisgender women from a time- and place-sampling study conducted in the DR 2015-2019 among several populations, including people with HIV (PWH), sex workers (SW), pregnant youth (PY), and batey residents (BR). We defined asymptomatic as absence of self-reported vaginal discharge, dysuria, and genital lymphadenopathy/pain/ulcers. STIs were detected through nucleic acid amplification test for urogenital/pharyngeal/rectal CT/NG, urine TV assay, and rapid plasma reagin. We conducted descriptive analyses and examined associations between sociodemographic and behavioral factors and STI status using logistic regression analyses.

Results: Among 939 asymptomatic women, 238 were PWH, 267 SW, 315 PY, and 119 BR. Mean age was 29 years. Of the 223 with STI, 193 had one infection. There were 134 cases of CT, 35 of NG, 49 of TV, and 36 of TP. STI prevalence was 45.3%, 31.8%, 11.7%, and 11.2% in PY, SW, BR, and PWH, respectively. In the adjusted analysis, age ≤ 24 (aOR 2.19, 95% CI 1.47-3.29), age ≤ 14 at sexual debut (aOR 1.59, 95% CI 1.09-2.32), and lack of regular doctor (aOR 1.52, 95% CI 1.04-2.23) were associated with asymptomatic STI (Table).

Conclusion: Elucidating predictors of asymptomatic STIs will inform implementation of more effective screening and prevention strategies.



1135 “Stop Calling Me! I Am Not Late; I Still Have Drugs!” Determining Reasons Why Clients Interrupt Antiretroviral Treatment in the Copperbelt Province of Zambia

Musonda Musonda (presenting)¹, Maureen Simwenda², Luigi Ciccio², Muka Chikuba-Mcleod²

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Background: 1.2million people are accessing antiretroviral treatment (ART) in Zambia, with 300,000 accessing ART in the Copperbelt Province, the second most populous in the country. Interruption in treatment (IIT) is high in the province, with clients making intra and inter province movements seeking economic opportunities. In March 2023 a survey was conducted among clients who interrupted treatment to determine why they had missed clinical and/or drug refill appointments.

Method: Clients 30+ days late were tracked to establish their outcome, return them to care where possible and determine reasons for missed appointments. 7,516 clients (4,852 female/2,664 male) from 57 facilities were tracked and their information recorded and analyzed. 91 (1%) were found to have died and 2,883 (38%) could not be tracked and were true lost to follow. Client information was recorded using a standardized data collection tool. Of those tracked, 4,538 (61%) were asked to participate in the survey, with 3,616 (80%) consenting to participate in the survey (2,286 female/1,330 male).

Results: 3,616 clients tracked 1,219 (34%) missed appointments for personal reasons, e.g. feeling better or being busy. 851 (38%) had self-transferred, which was more prominent among females (62%). 3% (115) interrupted treatment due to a lack of transportation or food. 1% (23) attributed their IIT to structural barriers, e.g. long lines or no privacy. 9% (309) stated that they were not late because they still had drugs, with some clients having an excess of 60 pills.

Conclusion: To reduce IIT, it is critical to understand the reasons that affect clients. Structural barriers can be addressed through differentiated ART service delivery to facilitate access. Strengthened treatment literacy and psychosocial support should be provided to clients who stop ART due to personal reasons.

1138 Breaking Stigmas, Building Bridges: DISH AZ’s Holistic Approach to HIV Care and Equity Enhancement in Arizona

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Introduction: Using academic detailing (AD) strategies to address gaps in knowledge and methods, we assist healthcare staff to improve equity in patient care, especially for LGBTQ+ and HIV patients, through comprehensive clinic-wide connections, education, and support while combatting HIV-related stigma.

Description: DISH AZ (Detailing for Improved Sexual Health in Arizona) is an AD program launched in 2021 by Arizona State University (ASU) in collaboration with the Arizona Department of Health Services (ADHS). Targeting health care staff caring for individuals with and at risk for HIV, DISH AZ emphasizes a holistic approach to improve care and patient outcomes using AD sessions to promote evidence-based and status neutral practices. In 2023, 250 sessions were held with 144 providers in Arizona and Nevada and 18 group presentations had 500+ attendees. The strategy involves developing programs and education with a status-neutral and pleasure-based biomedical approach, addressing outreach methods, protocols, and clinical practices.

Lesson Learned: DISH AZ responds to recent needs assessments indicating that only half of Arizona healthcare staff were very comfortable working with diverse populations. By focusing on connection, education, and support, and the inclusion of motivational interviewing techniques DISH AZ has shown enhanced acceptance that AD content should be integrated into practice. This includes pleasure-based prevention and care, status neutral approaches, and gender expansive care. ASU and ADHS working closely produced challenges to organizational styles but was worthwhile in leveraging contacts and expertise.

Recommendations: Several recommendations are proposed: (1) Provide/develop additional AD training for healthcare providers to reduce HIV-related stigma, fostering a supportive environment. (2) Expand workshops on cultural competency, communication, and intersectionality for a holistic patient care approach. (3) Develop metrics for long-term patient outcomes, tracking engagement, retention, and well-being to assess the program’s impact on HIV care.



1143 Optimizing Retention in Care and Adherence to HIV and AIDS Treatment with Back in Care (BIC) Initiative in Northern Nigeria

Dr. Emmanuel Nwabueze (presenting)¹, Lydia Buzaalirwa², Nduduzo Dube¹, Fernanda Fernandes³, Echej Ijezie¹, Adedola Adeoluwa¹, Penninah Iutung², Kate Ssamula², Oluwakemi Gbadamosi²

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Introduction: Nigeria Government has been budgeting and providing food palliatives for citizens to cushion the severe economic situation, which are limited. Poor economic conditions affect retention and clinical outcome of ARVs for PLWHA, including indigent children and women populace from hard-to-reach areas and insecurity affected regions. Many are Lost-To-Follow-Up and consciously avoiding refill visits, with resultant poor clinic outcome. BIC reviews deterrents from tracked back LTFU clients, which are used to proffer solution. Observational studies suggest that food insecurity is associated with increased HIV transmission risk behaviors. Aids Healthcare Foundation AHF's food for health program, regularly provided refills of food items which has tremendously improved PLWHA tracked back to health care service, retention, and wellbeing.

Description: AHF Africa bureau during COVID in 2020 launched the Food for Health program across their 13 supported LMIC with the goal of optimizing HIV care, retention, and adherence. From the BIC register, over 80% of LTFU PLWHA often complain mainly of hunger and inflation as deterrents. The program provides scheduled regular food supports and target days for distribution to optimize care provision. AHF also collaborated with government stakeholders to ensure continued availability of different food supplies and palliatives.

Lesson Learned: Food supplementation can be a very strong pull-factor for tracking back LTFU clients, to adhere to their appointments and retained on treatment. Within 3 years of this implementation, over 1000 households have benefitted and site level review showed a pattern consistent with increased adherence and retention in care among clients tracked back, with over 90% promptly keeping to their schedule.

Recommendations: Programing with regular distribution of food to supplement HIV care especially for tracked back PLWHA, children and women in sub-Saharan Africa is highly encouraged.

1144 A Multi-Informant Qualitative Analysis of Desired Features for an mHealth Tool for Youth Living with HIV in South Carolina

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Background: Youth living with HIV (YLHIV) in the United States (US) have poor HIV care continuum outcomes and are at high-risk for virologic failure. YLHIV in the Southern US face unique barriers to care including a lack of youth-friendly providers and high levels of HIV-related stigma. Mobile health (mHealth) tools may improve engagement in care and medication adherence but need to be tailored to youths' unique needs. The present study used a community-engaged qualitative approach to inform the development of a tailored mHealth tool for YLHIV in South Carolina.

Method: Individual, semi-structured interviews were conducted with YLHIV (n=16) and HIV care providers (n=15) in South Carolina. Two focus groups were conducted with HIV-focused community-based organization staff (n=23). Interviews and FGDs queried desired components for a future mHealth tool tailored for YLHIV. Data were analyzed using a team-based rapid qualitative approach.

Results: YLHIV (M age=19.8 years) were primarily male (94%) and African American (81%). Key themes emerged related to self-management, including a desire for connections with healthcare providers, medication reminders, and accurate HIV information. Participants also voiced a desire for mental health resources and services to be accessible via the tool. Connection with fellow YLHIV emerged as a key desired feature. In terms of design, informants emphasized the importance of privacy protections, designing the app in a youth-friendly way, providing rewards for engagement, and integrating the app with youths' electronic medical records.

Conclusion: mHealth tools have the potential to improve subpar HIV care continuum outcomes for YLHIV in the Southern US by addressing existing gaps in service and allowing youth to build critical self-management skills. Qualitative findings show a strong desire to have such tools move beyond provision of basic HIV care information and address key aspects of mental health and peer social support for YLHIV.



1145 PrEP-SIC: A Potential Roadmap to Support Introduction of PrEP into New Settings

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Background: The number and diversity of settings offering Pre-exposure Prophylaxis (PrEP) for HIV prevention needs to increase to decrease disparities in HIV acquisition. Little evidence exists documenting “what it takes” to introduce different PrEP modalities into clinical settings in the United States. The Universal Stages of Implementation Completion (U-SIC) was developed as an observational tool to document how evidence-based interventions are introduced into new settings; we customized the U-SIC for PrEP.

Method: We customized the PrEP-SIC through (1) Assessing alignment of U-SIC and the PrEP implementation process by five subject matter experts; (2) Iterative discussions between the project lead and SIC creator to map the PrEP implementation process onto the U-SIC; (3) Pilot testing in nine programs offering daily oral, event-driven, or injectable PrEP across a diverse set of clinic types; (4) Debriefing interviews to assess the extent to which the PrEP-SIC reflected implementation processes; (5) Refinement of PrEP-SIC.

Results: 8/9 programs utilized the SIC, providing data on the dates pre-specified activities were completed. These activities were examined for patterns of implementation behavior. Key findings include (1) Cost assessment of PrEP services was not a necessary activity across 4/8 programs, including four clinics that reached sustainment; (2) Identification of clinical targets (Stage 5), measurement of progress toward targets (Stage 7), and definition of sustainment as reaching pre-defined targets (Stage 8) were lauded as important, however these activities were not completed across 4/8 programs; (3) Champions endorsed the PrEP SIC as a roadmap that captured their implementation process, however, they recommended it be accompanied by tools and coaching to support activities (e.g. feasibility questionnaire; PrEP metrics) for maximum impact.

Conclusion: The PrEP-SIC has reasonable face validity in reflecting the PrEP implementation process. If deployed with tools and implementation coaching, the PrEP-SIC could be useful in supporting settings introducing PrEP for the first time.

1147 Improving Spanish-Language Patient Education Materials on PrEP through End-User Inputs

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Background: Use of patient education materials in provider-patient encounters is a key strategy to combat low PrEP awareness in populations with high rates of HIV acquisition and low rates of PrEP uptake. Little is known about the educational preferences of Spanish-speaking Latine* communities, especially among those hearing about PrEP for the first time.

Method: We elicited Spanish-speakers’ assessment of patient-education materials about oral and injectable PrEP through three community- recruited focus groups and four individual interviews conducted between September and December 2023. Participants reviewed and annotated materials, evaluated them for comprehensibility and suitability, and completed a 5-question knowledge check about PrEP.

Results: Focus groups participants (n=13) included 10 (77%) cisgender women and 3 (23%) cisgender men, all of whom identified as Hispanic and heterosexual. One (8%) participant had heard of PrEP. Individual interviewees included 3 cisgender men and 1 non-binary person, all of whom identified as Hispanic and gay and all of whom had used PrEP. The average age was 34 (21-52). Our gain-framed patient education materials describe PrEP as “a medication for anyone who wants to reduce their anxiety around HIV.” Focus group participants assessed this language as vague and confusing, desiring more explicit information about “who PrEP is for.” Participants expressed logistical concerns navigating PrEP services and healthcare access related to immigration status, cost and insurance coverage that were not addressed in the materials. Participants answered 86% of learning check questions correctly. We observed low baseline knowledge about sexual health and HIV, impacting comprehension of PrEP-specific patient education materials that assumed such knowledge.

Conclusion: To increase comprehensibility and suitability, we revised patient educational materials to: (1) more explicitly place PrEP into the context of sexual health and HIV prevention; (2) clearly articulate who could benefit from PrEP, without resorting to stigmatizing risk categorizations; (3) communicate logistical aspects related to PrEP access.



1149 Enhancing HIV Prevention through Community Health Workers: Mobilization, Advocacy, Access

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Introduction: The escalating challenges in HIV prevention necessitate innovative, inclusive strategies, emphasizing the critical role of Community Health Workers (CHWs) in enhancing access to biomedical prevention methods. Recognizing that effective prevention requires comprehensive community engagement, especially among high-risk populations, this presentation explores CHWs' ability to connect biomedical interventions with their intended communities. Through evidence-based advocacy, CHWs amplify community voices, employing civil disobedience, organizing, and advocacy to influence policy and funding, thereby improving accessibility and acceptance of prevention methods.

Description: An immersive workshop that delves into the critical role of the Community Health Workers (CHWs) in advancing biomedical HIV prevention. This workshop will explore innovative strategies for community engagement and education tailored to the unique challenges and opportunities in HIV prevention. Participants will gain insights into effective advocacy techniques, community-based participatory research, and the development of impactful health communication campaigns.

Lesson Learned: Specifically, the session aims to:

1. Highlight the Importance of Community Engagement: Demonstrate the vital role of CHWs in mobilizing communities at risk of HIV infection.
2. Showcase Evidence-Based Advocacy and Mobilization Strategies.
3. Strengthen Policy and Funding Support for CHWs: Advocate for integrating CHWs into the national HIV prevention framework.
4. Create a Collaborative Network: Foster a collaborative environment for CHWs, policymakers, healthcare providers, and community members to share experiences and challenges and collaborate on future strategies for HIV prevention.

Recommendations:

1. Community-Based Participatory Research (CBPR): Illustrating how CHWs can use CBPR to understand community needs and tailor HIV prevention strategies accordingly.
2. Health Advocacy Frameworks: Discussing frameworks for CHWs to advocate for policy changes, increased funding, and better healthcare services tailored to HIV prevention.
3. Capacity Building and Training Models: Detailing methods to enhance the skills of CHWs in areas like counseling, outreach, and patient navigation specific to HIV prevention.

1152 Tuberculosis among Hospitalized South African Patients with Virally Suppressed HIV

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Background: With the rollout of dolutegravir-containing antiretroviral therapy (ART) regimens in South Africa, a growing proportion of hospitalized patients with HIV (PWH) are virally suppressed. Updated studies are needed to understand tuberculosis prevalence in this subgroup and its impact on short-term mortality.

Method: We report preliminary results from a prospective observational cohort of PWH admitted to internal medicine wards at a district hospital in Klerksdorp, South Africa. To be eligible, a viral load (VL) ≤ 1000 copies/mL within 90 days of admission was required. Participants were followed to 30 days post-discharge. After obtaining consent, we collected demographic details; clinical data were abstracted from medical and laboratory records. Participants were categorized as TB or non-TB based on discharge diagnoses and TB treatment initiation. We employed Wilcoxon rank tests and Fisher's exact tests to explore inter-group differences.

Results: From October 2023 to January 2024, 53 participants were enrolled; 57% were women. Median age was 46 years (IQR 37-57), median year of HIV diagnosis was 2013 (2008-2022), and 88% had VL ≤ 50 copies/mL. 30.2% (n=16) of participants were hospitalized with tuberculosis. Compared to the non-TB group, participants with TB were younger (median 38.5 years vs. 48, $p = 0.01$), had lower BMI (20.0 vs. 23.0, $p=0.05$), lower CD4 counts (226 vs. 449, $p=0.02$), and reported higher household crowding indices (1.4 vs. 0.86, $p=0.01$), with no significant difference in time on ART or percentage with VL ≤ 50 copies. Short-term mortality, defined as death in-hospital or within 30 days of discharge, was higher in the TB group (3 deaths, 18.8%) compared to the non-TB group (3 deaths, 8.1%), though not statistically significant ($p=0.36$).

Conclusion: Among virally suppressed PWH, tuberculosis remains a significant contributor to hospitalized illness and death and is associated with lower CD4 count. TB preventive therapy may reduce admissions and death in suppressed patients.



1158 HIV Stigma in Southern Florida: Perspectives of People with HIV and Health Care Providers

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Background: Stigma affects many people with HIV (PWH) in the Southern US, a region disproportionately affected by the HIV epidemic, and may contribute to HIV care disengagement. To better understand experiences and perspectives of HIV stigma and inform a planned intervention study, we conducted a qualitative study with PWH and health care providers in South Florida.

Method: Between May and November 2023, semi-structured interviews were conducted with 18 PWH (median age 59; 61% women; 78% Black; 39% rural; 44% with viral non-suppression) and 16 HIV and mental health providers recruited from a Ryan White community organization in southern Florida. Participants were asked about their background and their experiences receiving and delivering health care. Thematic analysis was used to identify emerging themes centered around 4 a priori domains: HIV stigma drivers, physical manifestations, impacts, and opportunities for improvement.

Results: Drivers of HIV stigma included lack of education about HIV, historical context, fear of HIV, and intersectional stigma. Participants emphasized that intersectionality of HIV, race/ethnicity, LGBTQ+ identity, poverty, substance use and mental health amplified experiences of stigma. Manifestations of stigma included social isolation, perceived negative interactions with providers and mistreatment from community members. Predominant impacts of stigma were psychosocial stress, care disengagement, and reduced quality of health care. Participants vocalized the need for high-level system changes to reduce stigma, including: increasing community and provider education of HIV, strengthening social connections and support for PWH, and changing public policy to advocate for the needs of PWH.

Conclusion: This study highlights the encompassing nature of HIV stigma and its clinical and psychosocial impacts on PWH in the South. Future research should develop scalable interventions that address the intersectionality and drivers of stigma among PWH to lead to system level changes that could improve their health and wellbeing

1159 Exploring the Impact of Loneliness and Isolation on the Mental Health of Black and Latino Sexual Minority Men during and after the COVID-19 Pandemic

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Background: Loneliness and isolation were declared as an epidemic in the United States. Loneliness poses significant health risks that are as deadly as daily cigarette smoke, costing the health industry billions of dollars annually. The COVID-19 crisis further exacerbated this threat to public health. A review of the literature provided limited studies that have explored the threat of loneliness and isolation across all populations—with little to no studies among Black and Latino sexual minority men (BLSMM). The purpose of this study is to explore the experience of loneliness and isolation among BLSMM 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, with the majority identifying as male (93%). The majority identified as Black (73%), with Latinos accounting for 25%. Participants narratives revealed that the quarantine measures implemented around the COVID-19 pandemic exacerbated loneliness and isolation. Loneliness and isolation also increased anxiety and depression and resulted in poor mental health—with limited ability to seek mental health support due to COVID-19 shelter-in place orders. To alleviate the effects of loneliness and isolation, many participants engaged in virtual social gatherings with friends and family. Desire for social and sexual intimacy to cope with loneliness and isolation increased engagement in high-risk behaviors.

Conclusion: These findings suggest BLSMM experienced loneliness because of COVID-19 quarantine measures, which significantly impacted their mental health. Further research is needed to explore these issues quantitatively, and to identify potential interventions to mitigate loneliness among this population.



1161 Adolescent and Clinician-Derived Preferences and Components of a Clinical Decision Support System To Improve PrEP Delivery in Pediatric Primary Care

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Background: HIV testing and pre-exposure prophylaxis (PrEP) delivery remain suboptimal in pediatric settings, despite recommended preventive guidelines. We elicited preferences for and components of a pediatric primary care-based clinical decision support (CDS) and workflow system to improve HIV screening and PrEP delivery.

Method: Cross-sectional user-centered design study enrolling 1) pediatricians and 2) adolescents ages 13-19 within 3 months of sexually transmitted infection (STI) testing at four Philadelphia-area primary care clinics. Surveys assessed demographics and CDS component preferences. Pediatricians completed interviews grounded in the sociotechnical model, prioritizing CDS components and workflow preferences for HIV testing and PrEP across clinical scenarios. Adolescent interviews used the scenario of STI testing to delineate health system HIV testing and PrEP needs (e.g. navigation, counseling) and delivery preferences (e.g. text, face-to-face, video). Qualitative analysis of all interview data yielded components and preferences for an ideal system, with double coding of the first 12 interviews.

Results: Adolescent (n=21) and pediatrician (n=12) characteristics are in [Table 1](#). Interviews yielded 11 distinct workflow components that could enhance HIV testing and PrEP delivery ([Table 2](#)). While many components were electronic CDS (e.g. screeners, order sets), adolescents and pediatricians emphasized that a successful workflow would require person-based supports, including an HIV prevention navigator. Similarly, while 80% of adolescents found electronic messaging for general HIV prevention information acceptable, they preferred person-to-person conversations for discussion of sensitive topics including STI results or sexual behavior. Nearly all adolescents (95%) reported they would be comfortable talking to an HIV prevention navigator if their pediatrician recommended it.

Conclusion: In this study of clinicians and adolescents in pediatric primary care, both electronic resources and expanded personnel resources were perceived as essential to success of HIV testing and PrEP CDS system design.

1162 Rapid Re-Entry into Care: A Trainee Initiative

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Introduction: Retention in HIV care remains a big challenge. Rapid Re-entry, a quality improvement initiative, sought to improve the patient retention rate of 77% (3rd quarter, 2022) at a large HIV clinic in an academic training center in New Orleans, Louisiana.

Description: For this initiative (March-December 2023), a single Friday morning clinic slot was reserved each week for "rapid re-entry." Patients eligible for participation were identified by their established providers as those who had not been seen in the past six months and who had requested refills of their antiretroviral therapy, either through direct contact or pharmacy query. Patients were scheduled, first come, first serve for a rapid re-entry visit. At this appointment, barriers to retention were reviewed, labs drawn, refills given, and patients were scheduled for close follow-up with their longstanding providers.

Lesson Learned: Over the period, 35 patients were referred, 21 scheduled. Twelve patients were seen in the rapid re-entry slot, while 11 patients were routinely scheduled. The average length of time between patient contact and completed re-entry appointment was 21.2 days as compared to 80.4 days for those routinely scheduled. Of the 12 patients in the re-entry arm, 8 completed their next follow up visit as compared to 5 patients in the routine scheduling group. Retention in care for the clinic improved to 79.7% for 2023.

Recommendations: The results of this project illustrate re-initiation into care for some of the clinic's most vulnerable, resulting in increased retention in care for the clinic overall. Next steps include a continuation of this project in 2024 with the reservation of multiple slots each week at different times, and it is being expanded to include anyone who is out of care, not just those who initiate contact for refills.



1169 A Qualitative Study Exploring PrEP Facilitators and Barriers among Black Emerging and Older Adult Women in Baltimore, Maryland

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Background: Black cisgender women comprise most incident HIV cases among all women. Black emerging adult (EA) and older adult (OA) women may experience specific HIV risks and vulnerabilities, necessitating tailored pre-exposure prophylaxis (PrEP) implementation strategies. This study aimed to explore the differences in PrEP barriers and facilitators among Black EA and OA women in Baltimore, Maryland.

Method: We purposively recruited and conducted semi-structured with PrEP-naïve EA (aged 18-29) and OA (aged 30-44) Black women residing in Baltimore, Maryland. We used aspects from a grounded theory approach to analyze the data. Emergent themes were analyzed by age group and were presented using the socioecological model.

Results: We interviewed twenty-six Black cisgender women in Baltimore: twelve EA and fourteen OA Black women. The major PrEP facilitator for Black women effectiveness in preventing HIV. At the individual level, low PrEP awareness and knowledge, lack of perceived PrEP candidacy, and concerns about PrEP side effects and efficacy were barriers to PrEP interest. At the relationship level, monogamy and anticipated partner reaction to PrEP use (only for EA Black women) were barriers to PrEP interest. OA Black women anticipated that PrEP would expand their dating options to people who are living with HIV. At the community level, HIV stigma impeded PrEP interest, whereas sexual norms in college among EA Black women contributed to PrEP interest. Finally, on a structural level, medical mistrust and PrEP costs were barriers to PrEP interest. EA Black women also discussed women in their age group not taking medical advice seriously because of medical mistrust.

Conclusion: Tailored venue-based approaches may help to reach EA and OA Black women, such as health centers on college campuses for EA Black women and primary care offices to reach OA Black women.

1172 Understanding Family Planning Use among Adolescent Girls and Young Women (AGYW) in a Peer-Supported, Community-Based PrEP Delivery Model in Kisumu, Kenya

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Background: Adolescent girls and young women (AGYW) in sub-Saharan Africa face significant challenges in accessing family planning (FP) services. We explored FP use among AGYW in a peer-supported, community-based delivery model of FP co-packaged with HIV pre-exposure prophylaxis (PrEP) and sexually transmitted infection (STI) testing.

Method: AGYW (16-24 years) who initiated PrEP at two facilities in Kisumu, Kenya were randomized 1:1 into intervention (My Way) or standard of care (SoC). My Way consisted of clinic-based PrEP initiation and FP (if desired), followed by peer-supported community-based delivery of a sexual health kit. In My Way, participants were followed at Months 1, 3, and 6 and offered oral pills, self-injectable medroxyprogesterone, and/or condoms in the kit. In SoC, participants were encouraged to seek desired services in clinic at Months 1, 3, and 6.

Results: Seventy-five AGYW participated in each arm (median age 22 years and median of 2 sexual partners). **My Way:** At baseline, 19% (14/75) participants had contraceptive implants. Among those without implants, 56% (34/61) accepted oral pills and 26% (16/61) received injectable-medroxyprogesterone during follow-up. Overall, 25% (19/75) completely used some form of FP throughout the 6-month follow-up; 9% (7/75) changed the form of FP at least once. Eighty-one percent (61/75) accepted condoms. **SoC arm:** At baseline, 25% (19/75) of participants had implants and 5% (4/75) had intrauterine devices (IUDs). Among those without implants/IUDs, 8% (4/52) received injectable-medroxyprogesterone and 3% (2/52) received oral pills during the 6-months of follow-up. Four women tested positive for pregnancy in each arm.

Conclusion: More women received family planning through My Way compared to SoC, although overall use was sub-optimal in this sexually active population.



1180 Optimizing Retention among Adolescent and Youth “Impact of Girls Act Scheme Using the BIC (Back In Care) Initiative” in Nigeria

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Introduction: ARVs are potent and accessible but PLWHA needs treatment retention to ensure epidemic control by 2030. HIV/AIDS programs are strategizing to ensure high level of patient retention with different tracking processes, DSD, expert patient peer-to-peer activities. Lost-to-Follow-Up (LTFU) manifests with interrupted treatment patterns that lead to Advanced HIV Disease (AHD), increases HIV transmission/HIV-related morbidity/ mortality. The BIC initiative is designed to standardize tracking and retention strategies, elicit individualized predictors, and proffer solutions. This study is aimed at determining the impact of the AHF “Girls Act GA scheme” on optimizing retention among adolescent and youth PLWHA.

Description: AHF Africa Bureau established BIC initiative in 2022, trained staff/HCWs on the friendly BIC tools. The tool is a monthly summary of all LFTUs, tracking history, Viral Load test and outcomes, noted predictors and census growth. The existing GA team, made up of expert adolescent patients, worked on their group which was 70% of the total LTFU in the past 3 years. They provided targeted individualized counseling, appointments and track back approaches. Re-engaged/tracked were asked to join their social media platforms where solutions are discussed.

Lesson Learned: The BIC initiative simplified retention and track back efforts especially using GA/peer-to-peer approach. Within a year of this implementation, over 70% of the identified LTFU youths returned to care and adhering to their appointments. 93% are currently retained on treatment. VL records showed 93% suppression rate. GA and program census also increased. Predictors within these age groups were similar, 80% on stigma and poor counselling which were discussed.

Recommendations: The BIC initiative is encouraged and a promising strategy for optimizing retention especially among youths and adolescents that make up over 65% of LTFU in LMIC.

1184 Adverse Childhood Experiences, Resilience and Syringe Services Program Attendance among Persons who Inject Drugs in Northeast Georgia: A Mediation Analysis

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Background: Syringe Services Programs (SSP) are increasingly accepted as an effective venue for HIV harm reduction activities, e.g., syringe exchange, HIV testing and prevention among persons who inject drugs (PWID). Adverse childhood experiences (ACEs) have been linked with several mental health outcomes including low resilience. This study aims to determine the potential mediational role of resilience between ACEs and SSP attendance among PWID living in northeast Georgia.

Method: The study used data collected from adult (≥ 18 years) HIV-negative PWID attending human services organizations in Athens, Georgia, between February 2023 and December 2023 (N=180). SSP attendance was elicited by the question, “Have you ever attended an SSP?” (Yes, No). The study also used the 10-item Connor-Davidson resilience Scale-10 and the 11-item ACEs scale. Other explanatory variables include age, gender, sexual orientation, race/ethnicity, education, homelessness, self-assessment of lifetime HIV transmission risk, risky injection behavior, risky sexual behavior, and primary drugs used. Path analysis was performed using Stata 18.0.

Results: The majority of the PWID were cisgender men (68.9%), heterosexual (91.7%), uninsured (53.3%), did not attend SSP (63.9%), had high resilience (53.4%), and experienced ≥ 4 ACEs (50.8%). After adjusting for sociodemographic characteristics, low resilience was negatively associated with SSP attendance ($B=-1.27$; $p=0.002$). ACEs were positively associated with low resilience ($B=0.14$, $p=0.012$). ACEs were negatively associated with SSP attendance ($B=-0.15$; $p=0.040$). The indirect effect of ACEs on SSP attendance through resilience was also statistically significant ($B=-0.18$, $p=0.049$).

Conclusion: These findings indicate that resilience mediates the relationship between ACEs and SSP attendance among PWID. Thus, increasing resilience may improve SSP attendance and lower HIV transmission risk among PWID who had ACEs.



1190 Enhanced Adherence Counseling in the Era of Dolutegravir-Based Therapies: A Review of President's Emergency Plan for AIDS Relief (PEPFAR) Country Guidelines and Policies in Southern and Eastern Africa

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Background: Virologic non-suppression (VLNS) on dolutegravir (DTG)-based antiretroviral therapy is more often due to inadequate adherence than drug resistance. The 2021 World Health Organization guidelines recommend intensive/enhanced adherence counseling (IAC/EAC) for all individuals with VLNS, but recommendations differ between countries. We reviewed current treatment guidelines for PEPFAR-supported countries in Eastern and Southern Africa.

Method: We manually reviewed treatment guidelines in Eastern and Southern Africa by country for references to “adherence” and “adherence counseling,” noting indications for and guidance on when to initiate, who conducts, and the number of, EAC sessions, and criteria for re-checking viral load. Data were coded dichotomously and analyzed descriptively.

Results: The most recent (2018-2023) treatment guidelines were reviewed from 15 countries. References to IAC/EAC were present in each guideline. Viral load criteria to commence EAC varied (n=15, median 1000 copies/mL, IQR 400-1000 copies/mL), as did duration of VLNS prior to EAC entry (n=11, median 1 measurement>-cutoff, IQR 1-2 measurements), and number of sessions prescribed (n=8, median 3, IQR 2-4) prior to rechecking viral load. The type of provider conducting IAC/EAC was rarely specified (3/15). A minority (4/15) of guidelines included a formal individual assessment of barriers to adherence. Mental health and/or substance use screenings were included in 5/15 IAC/EAC guidelines.

Conclusion: Optimizing adherence for each client with VLNS will be crucial to closing the remaining viral suppression gap. Adherence guidance in treatment guidelines in Eastern and Southern Africa is heterogeneous and focused primarily on IAC/EAC. More rigorous study of the content, implementation, and efficacy of EAC to achieve viral suppression, as well as development of complementary services to bolster adherence, are needed to maximize the impact of potent DTG-based therapies.

1191 Provider Perceptions of Pre-Exposure Prophylaxis Prescribing in the Emergency Department

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Background: Emergency departments (EDs) have the potential to identify pre-exposure prophylaxis (PrEP) eligible patients, yet limited research has been done examining attitudes regarding prescribing. We sought to understand the perspectives of ED providers on offering PrEP in the ED.

Method: An electronic survey was distributed to ED providers in DC, Maryland, and Virginia through professional society and department listservs from August – November 2023. We conducted uni- and bivariable analyses of provider characteristics and PrEP prescribing perceptions stratified by practice duration and whether their ED offered routine HIV testing. We assessed readiness to implement ED-based PrEP using the Organizational Readiness for Implementing Change (ORIC) tool (score range 12-60).

Results: Among 129 providers, 33% were male, 97% White, and 54% were practicing for ≤10 years. Sixty-three percent of providers had prescribed post-exposure prophylaxis (PEP); 24% had prescribed PrEP. Providers practicing ≤10 years were significantly more likely to have never diagnosed HIV (18% vs 3%, p=0.035) and never have prescribed PEP (52% vs 75%, p=0.01). Less experienced providers were significantly more likely to report concerns with identifying PrEP-eligible patients (49% vs 24%, p=0.003), lack of protocols for PrEP prescribing (61% vs 42%, p=0.037), and patient costs (41% vs 22%, p=0.025). No significant differences in prescribing were observed by practice duration. Forty-three (33%) providers reported working in an ED with routine HIV testing; they were significantly less likely to have concerns identifying PrEP-eligible patients (19% vs 48%, p=0.002), but more likely to be concerned about staff time involved in prescribing (51% vs 31%, p=0.029) and adherence (44% vs 27%, p=0.046). The median ORIC score was 32 (IQR=13) and did not differ by ED-based HIV testing or provider experience.

Conclusion: Providers working in EDs that offer HIV testing may be more comfortable prescribing PrEP. Future efforts to expand ED-based PrEP will require training and organizational support.



1192 Clinic and Study Staff Perceptions of Acceptability and Feasibility for Health System Integration of Three Monitoring and Two Support Interventions Targeting Non-Adherence of Newly Initiated ART Users

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Background: The ongoing SUSTAIN trial is assessing impacts of five evidence-based antiretroviral therapy (ART) adherence interventions among patients beginning ART in three clinics in Cape Town, South Africa. Patients are contacted by phone/text if found nonadherent through (1) raised viral load (VL); (2) missed pharmacy refill visit (PRV); and/or (3) missed pills from electronic monitoring devices (EMD). Nonadherent patients receive (4) motivational interviewing-based counseling (MIC); and/or (5) weekly text messages. After one year of implementation, we assessed clinic and study staff views regarding acceptability and feasibility of integrating interventions into routine care.

Method: We conducted surveys and in-depth interviews with five study staff, responsible for calls/texts to nonadherent participants, EMD checks, and MIC with participants, and with ten clinic staff (nurses, counselors, facility managers), who review VL records of patients attending clinic visits and conduct counseling for those with unsuppressed virus. Neither group review PRV routinely. We explored intervention acceptability, feasibility, effort required, and ease of implementation. We calculated frequencies of questionnaire responses and conducted content analysis of transcripts in Nvivo®.

Results: Staff uniformly characterized interventions as straightforward and were positive about sending texts to nonadherent patients. Differences emerged over feasibility of calls; VL, EMD, and PRV monitoring; and conducting MIC as standard care. While clinic staff perceived phone calls and MIC as acceptable and feasible, and EMD review as requiring little time, study staff expressed concerns related to clinic staff training, insufficient privacy, and time demands. Clinic staff doubted feasibility of routine VL review and immediate phone outreach due to high patient loads. Staff who checked PRV (27%) found it acceptable but were mixed on effort required.

Conclusion: We found mixed perceptions of feasibility of integrating adherence interventions into routine care. Further research is needed to inform scalability of evidence-based interventions.

1195 A Qualitative Exploration of Perceived Social Support among Hazardous Drinking Women with HIV Enrolled in a Clinical Alcohol Pharmacotherapy Trial

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Background: Treatment adherence and motivation to engage in treatment is important for HIV and Substance Use. Regarding alcohol treatment engagement, social support (SS) has been associated with motivation to engage in treatment, but there is limited knowledge regarding SS providers and types of SS that facilitate or hinder alcohol treatment participation. This study aimed to 1) understand the sources of SS and 2) explore the types of SS related to engaging in alcohol treatment intervention among WWH in the South.

Method: Semi-structured interviews were conducted with 20 WWH (mean age 49.3, 85% Black) who had a history of hazardous drinking, with varying success in cessation. During interviews, participants were asked about the sources of SS, types of SS, and the overall importance of SS concerning participation in the alcohol treatment trial. Transcripts underwent thematic analysis in NVivo 12.0.

Results: Considering alcohol treatment engagement, the commonly mentioned source of SS was their social network, comprising family, the religious community, and friends. Family members who abstained from drinking showed greater support because they discouraged drinking behaviors and offered recovery motivation. The most mentioned types of SS for alcohol treatment were emotional and informational. Emotional support comprised listening without judgment, demonstrating trustworthiness, and showing care. Informational support included teaching WWH about new topics and engaging them in meaningful conversations. Overall, women emphasized the importance of social support in alcohol treatment, highlighting the necessity for continuous encouragement and open conversations.

Conclusion: WWH found their social networks beneficial in alcohol treatment through engagement and positive interactions. Encouraging WWH to seek support from various sources, including friends, family, and community organizations, coupled with involving healthcare providers and peer support groups, is essential. This holistic approach fosters adherence to both alcohol and HIV treatment, ultimately impacting the HIV care continuum among underserved communities.



1197 Eliminating Disparities in Cervicovaginal Prevalence of HPV among Women Living with HIV through Access to High-Quality Care and Treatment in Puerto Rico

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Background: Women living with HIV have higher rates of HPV-related cancers due to dysregulation of immune function, leading to poor control of HPV. While HPV vaccination decreases the risks of infection and subsequent cancer, it will take decades to implement worldwide. Detection of HPV allows prompt interventions and treatment of women at risk for subsequent invasive lesions, especially in those with HIV.

Method: We analyzed data from 369 women with HIV, including their CD4 counts, Viral Load, and pap-smear results between 2018 and early 2023, with intervals between results not exceeding six months apart.

Results: The overall rate of HPV presence in the entire group was 24.4%. A trend of HPV and CD4 counts was evidenced. HPV was identified as 22.96% among women with high CD4 counts, 33.75% among 200-500 cells, and 46.86% among those with <200 cells. HIV viral suppression was associated with HPV control, with a rate of 22.2% for those with VL<50 and 47.83% for those with >10,000 copies. Of the 452 women attending the clinic, the majority (61.4%) were older than 45, most (87.7%) identified themselves as more than one race, and all were below the poverty level (<200%). Most had stable and/or permanent housing (98.7%) and were covered by government health insurance (84.6%). Most (96%) were on HAART with suppressed virus (82.9%), and CD4 cell counts above 200 cells/ml (89.9%). The reported cervicovaginal HPV prevalence among women in PR ranges between 29.4 and 38.4%, which aligns with our findings.

Conclusion: Women who have access to care and treatment demonstrate high rates of HIV viral load suppression with improved immune status. As a result, there has been a reduction in HPV manifestations in cervicovaginal samples, now comparable to the general population of women. Active monitoring and early access to treatment of pre-malignant lesions are still necessary.

1198 Disparities in Preventive Immunization among Women Living with HIV in Puerto Rico

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Background: Women with HIV are vulnerable to vaccine-preventable infections. Immunization campaigns vary according to the community concerns and epidemics. Immunization rates vary among populations and specific vaccines, having COVID-19 more acceptability during the pandemic. Patients and communities seem to have different choices and preferences for specific vaccines.

Method: We determined the prevalence of COVID-19, influenza, pneumococcal disease, hepatitis B, and HPV vaccination in a sample of 829 women receiving services at the Maternal-Infant Studies Center (CEMI- Spanish acronym) in Puerto Rico between 2012 and 2022. CEMI is a multidisciplinary longitudinal for women with HIV at the University of Puerto Rico Medical Sciences Campus (UPR-MS). For this study, eligible women had to have a Puerto Rico Electronic Immunization System (PREIS) and/or a CareWare (CW) account.

Results: The prevalence of immunizations among women with HIV varied according to type of vaccine and age of the patients. COVID-19 vaccines had more acceptance than influenza or hepatitis among some age groups. The majority (82.62%) of 489 women with HIV > 45 years had COVID-19 vaccines in contrast to 31.08% for Hepatitis B. Influenza vaccine rates were higher for those older than 45 (85.3% vs 14.6%) for 2021. Hepatitis vaccine rates were higher for those younger than 45 (56.18% vs 31.8%) while pneumococcal rates were similar (55.42% vs 46.76%). Only 17.35% of women younger than 45 being seen at CEMI had at least one dose of the HPV vaccine.

Conclusion: Patients seem to accept recommendations of some vaccines versus others, and the messages need to be tailored to increase vaccination rates for specific vaccines (hepatitis, Influenza) according to age. The low HPV vaccine rates are probably due to limited access. Clinic quality of care projects should include vaccination information to increase coverage of such preventive strategies.



1201 Transcend, Triumph, Thrive! A Community Health Worker Model Addressing Barriers to PrEP for Trans and Gender Expansive Youth

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Background: Trans and gender expansive youth (TGEY) face multifarious barriers to accessing competent health care. The CDC states that transgender people are heavily affected by HIV and transgender women are among those most disproportionately affected by HIV in the U.S. In addition to gender-affirming care, addressing relevant barriers and social determinants of health are crucial to health outcomes, including HIV acquisition.

Method: Transcend, Triumph, Thrive or 3T is a PrEP (Pre-Exposure Prophylaxis) intervention specifically for TGEY addressing barriers to PrEP uptake and adherence. Based on youth input, the intervention has three core components: Identification of health promotion content areas; Youth driven goal setting; Community Health Worker (CHW) support. 3T participants were clear that knowledge and uptake of PrEP is important but should not be the sole focus. In the 3T model, CHWs use youth driven goal setting informed by the identified content areas to provide additional support for other daily life skills and linkage to PrEP services.

Results: Participant consensus chose 6 content areas to address: mental health, career/job skills, food and housing security, trauma, transitioning, and sexual and reproductive health. A private website with sections for each topic was created as a resource for goal setting with CHWs. The top three needs for CHW support were legal, mental health, and employment. Despite low PrEP uptake the majority of TGEY expressed increased confidence in PrEP knowledge, ability to assess need and access PrEP in the future.

Conclusion: It is important to expand HIV prevention with TGEY to address the social determinants of health most relevant to them, incorporating a youth driven approach that helps guide their providers. CHWs can serve as a vital partner for youth and medical providers to address the varied needs of TGEY. 3T is an example of a well-received, effective model.

1209 A Mixed-Methods Exploration of Multiple Individual, Inter- Personal, and Structural-Level Risk Factors for ART Non-Adherence during the Early Initiation Period

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Background: Patients beginning antiretroviral therapy (ART) often struggle with medication adherence and attending appointments, due to multiple factors including depression, HIV stigma, and substance use. The SUSTAIN trial seeks to improve early initiation adherence through monitoring and support interventions in three clinics in Cape Town, South Africa. We explored the presence and interactions of these risk factors.

Method: Among 508 participants, we administered a questionnaire at enrollment assessing six self-reported risk factors using validated scales. We then conducted 60 in-depth interviews (IDIs) with participants who screened positive for 1+ risk factors (7/2022-11/2023). We purposively selected a range of risk factors, genders, and ages. IDI guides queried experiences with each risk factor, recent changes, and impact on the ability and motivation to take ART medication. Content analysis was conducted in Nvivo®.

Results: 378 (74%) participants screened positive for 1+ risk factor, 234 (46%) for 2+, encompassing: depression (51%), food insecurity (34%), HIV stigma (29%), substance use (24%), transportation/clinic issues (23%), and gender inequity (11%). Qualitatively, many IDI participants discussed the negative effects of their particular risk factors on regular pill taking in early treatment. Feelings of depression, including contemplations of suicide, and alcohol or drug use were described. Fear of muggings while traveling to clinics was a notable concern. Hiding pills from partners or family was common due to stigma-related anxiety. Disclosure to a live-in partner/family member supported adherence through reminders and reduced need for pill hiding. Food insecurity from irregular employment and income was discussed, and frequently overlapped with substance use and strong feelings of shame, but was often ameliorated by family support.

Conclusion: Understanding the influence of risk factors on initial ART success is critical. More research on developing interventions to address these risk factors is urgently needed.



1211 A Network Analysis of Disruptions in Care, Mental Health, and Stigma among Black Women Living with HIV during the COVID-19 Onset of 2020

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Background: The onset of a pandemic such as COVID-19 likely had negative impacts on mental health, engagement in care, and HIV medication adherence among Black women living with HIV (BWLWH). However, the literature is limited, and investigative findings may help to inform responses during future pandemics.

Method: During 2020 we conducted a study among 100 BWLWH in the Southeastern US investigating the impacts of COVID-19 on mental health, engagement in care, and HIV medication adherence. Self-report measures captured disruptions in HIV care (total count) and related distress, HIV medication adherence, disruptions in mental health care (total count) and related distress, COVID stigma as a reminder of HIV stigma, and depressive symptoms. Two network analyses were used to assess associations among these variables (disruption and related distress in separate networks). Centrality of the variables in the network were measured through degree, closeness, and betweenness.

Results: Findings indicated a significant association between DHIVC and depression score ($b=0.22$, $sd=0.12$, 95% CI [0.05-0.55]). DHIVC was highest in degree centrality, closeness, and betweenness. Similarly in the related distress network, there was a significant association between distress due to DHIVC and distress due to disruptions in mental health care ($b=0.64$, $sd=0.22$, 95% CI [0.19-1.05]). Distress related to DHIVC was highest in degree centrality, closeness, and betweenness. Distress related to stigma fell closely behind DHIVC regarding betweenness.

Conclusion: Our findings indicate that DHIVC (and related distress) during the COVID-19 onset of 2020 was a central factor and significantly associated with depressive symptoms and distress. Distress related to stigma was also of importance. Interventions to meet the needs of BWLWH in future pandemics must address disruptions in HIV and mental health care, mental health symptoms, and stigma.

1214 Status Neutral Health Screening: Enhancing HIV Testing and Awareness in Hispanic Communities

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Background: This program responds to the persistently low HIV testing rates within Arizona's Hispanic population, a community that often avoids HIV and other sexually transmitted disease discussions but is keener to learn about Hypertension and Diabetes. Acknowledging the existence of barriers like stigma, discrimination, and cultural challenges, our objective is to improve testing rates and raise awareness by implementing a status-neutral health screening approach. The health screenings include blood pressure checks, glucose, cholesterol, A1C tests, and BMI measurements.

Method: Led by the University of Arizona's Zuckerman College of Public Health, the Primary Prevention Mobile Health Unit (MHU) seeks to enhance overall health awareness, making HIV screening an integral part of comprehensive healthcare in Hispanic communities. This program is composed of health professionals and diverse student volunteers. The MHU team delivers individualized health education to address cultural barriers, emphasizing inclusivity. By offering a comprehensive health screening experience directly within communities, the project aims to mitigate the apprehension associated with HIV testing.

Results: Preliminary results indicate an increase in HIV testing rates, a reduction in stigma, and heightened community engagement. Implementation challenges, notably language barriers, were effectively navigated through culturally competent interventions and direct community involvement, emphasizing the importance of an interdisciplinary approach adaptable to diverse healthcare settings.

Conclusion: Building on the success of the status-neutral health screening approach, future endeavors should focus on implementing similar programs across various healthcare settings and communities. Recommendations include a continued emphasis on community engagement, cultural competence, and strategic marketing to further destigmatize HIV testing. The initiative serves as a replicable project, offering valuable insights into interventions related to community engagement, cultural competence, and health equity within the context of HIV care.



1215 Data-Driven Strategies towards Case Management Utilizing Tableau Dashboard Reporting and Automation

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Background: This initiative sought to utilize past research on factors associated with low HIV therapy adherence, identify patients under clinical management matching these criteria, and build Tableau dashboard reporting that readily identifies patients at risk to more strategically allocate resources and stratify patients by risk level.

Method: This project utilized clinical data alongside pharmacy refill data across all patients under HIV management at our clinic. We identified key factors associated with the risk of losing viral suppression (e.g., housing status, comorbidity status, etc.). We assigned a scoring system to each of these categories to determine patients at risk and stratified these patients by degree of risk from 0 (lowest) to 5 (highest). We created a centralized data repository and built a series of visualizations and reporting that focused on identifying patients at risk, stratifying patients by risk level, and delivering this reporting directly to case managers.

Results: Based on last viral load result, 17.2% of the patients under HIV management at the Specialty Care Center are above the threshold of viral suppression (>200 copies RNA/mL). From the risk stratification analysis and methodology, we found an additional 12.9% of the patient population who are most at risk. The dashboard reporting system allows clinical staff to identify these patients through reporting, and an automated report of patients with appointments in the next 7 days is delivered weekly to clinical case managers. From this, case managers can better coordinate their efforts and resources.

Conclusions: Utilizing automated reporting alongside prior research on adherence and viral suppression has allowed our clinic to more quickly and efficiently identify patients most at risk, saving case managers valuable time and allocating resources more appropriately. Continued research is needed to determine the effectiveness of this new tool in preventing patients from losing viral suppression.

1218 Missed Opportunities for HIV Prevention during the COVID-19 Pandemic

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Background: The COVID-19 pandemic resulted in limited access to HIV prevention and decreased access to HIV testing. Modelling studies predict an increase in HIV incident cases as the pandemic subsides. We sought to describe missed opportunities for prevention among newly diagnosed persons with HIV enrolled in the DC Cohort.

Method: Data for this study comes from the DC Cohort longitudinal HIV study of PWH living in Washington, DC. Chart reviews of participants who were newly diagnosed with HIV within 6 months of enrollment from March 2020-March 2023 were conducted and linked to the DC Cohort electronic health record database. Descriptive analysis was used to describe participant demographics, HIV testing and sexually transmitted infections (STIs), post-exposure prophylaxis (PEP) and PrEP use prior to diagnosis.

Results: Among 53 newly diagnosed participants, the median age was 32.8 years (IQR:18.29), 83% were male, 71% Black, 20% Hispanic, and 34% had Medicaid at the time of diagnosis. HIV risk categories included 58% male-to-male sexual contact (MSM), 30% heterosexual, and 4% persons who inject drugs. The median CD4 and viral load closest to diagnosis was 286.5 cells/ μ L (IQR: 329) and 76,250 copies/mL (IQR: 156,697), respectively, with 34% of participants having an AIDS diagnosis at enrollment. Thirty-eight percent of participants had a negative HIV test in the 12 months prior to diagnosis, 8% had a serodiscordant sexual partner, 4% had used PEP, and 6 participants (11%) had used PrEP; half of whom were on PrEP at diagnosis. Twenty-five percent of participants had a history of gonorrhea, 21% chlamydia, 17% syphilis, and 45% used non-injection drugs.

Conclusion: Among this cohort of PWH, new diagnoses during the pandemic were primarily among racial/ethnic minorities and MSM. Multiple missed opportunities for prevention were documented including low rates of PrEP use, prior HIV testing and STIs, and late diagnoses.



1219 Assessing the Impact of Patient Reported Outcomes on HIV No-Shows in the Southern United States

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Background: Studies have shown various patient reported outcomes (PROs) are associated with HIV continuum outcomes. This cross-sectional study (Mar2021-Mar2023) examined the association between various PROs and missed visits among people living with HIV in the South.

Method: The analysis focused on the HIV Care Connect program, a consortium of three HIV-care facilities (Florida, Mississippi, Alabama). The outcome was defined as having ≥ 1 missed visit (“no show”) within six months from a baseline visit. The exposures, PROs, were captured using validated scales and abstracted from routinely collected questionnaires. The PROs included PRAPARE [(Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences) containing questions on personal characteristics including demographics, family status, income and resources, and social and emotional health], HIV-related stigma, HIV care engagement, and quality of life as cumulative score (higher score denoting more severity), substance use, alcohol use, depression, and ART adherence as categorical variables. Multivariable logistic regression model included the PROs, site, and year of visit (to account for visits in the COVID-19 period).

Results: Overall (n=113; median age: 44, 72% African-American, and 58% male), 79% had ≥ 1 missed visit. Individuals with ≥ 1 no-show had higher odds of reporting a higher PRAPARE score [AOR (95% CI): 1.03 (1.00, 1.07)], report substantial/severe vs. no substance use [AOR (95% CI): 1.53 (1.10, 2.12)], report excellent ART adherence [AOR (95% CI): 1.37 (1.07, 1.75)], report mild/moderate vs. Severe depression [AOR (95% CI): 1.37 (1.12, 1.69)], report no alcohol use vs. alcohol use [AOR (95% CI): 1.59 (1.31, 1.93)], and visited in year 2022 vs. 2021 [AOR (95% CI): 1.30 (1.09, 1.56)]

Conclusion: Our analysis yielded a mixed pattern of relationships between PROs and missed visits among people living with HIV. The positive relationship between the PRAPARE score and missed visits highlights the importance of attending to social determinants of health.

1221 Is Social Isolation or HIV Non-Disclosure Stress Associated with HIV Care Outcomes among People Living with HIV in Florida?

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Background: In people living with HIV (PLHIV) social isolation and stress related to HIV non-disclosure may impact care engagement. We measured prevalence of social isolation and non-disclosure stress and examined associations with HIV care outcomes.

Method: We analyzed cross-sectional data from 612 PLHIV (61% ≥ 50 years, 59% male, 48% Black) who enrolled in the Florida Cohort between October 2020-September 2023. Social isolation was defined as having either ‘0’ or ‘1’ person(s) in one’s close social network. Non-disclosure stress was defined as stress from keeping HIV status a secret from anyone in one’s close social network. Logistic regression models assessed associations between social isolation, non-disclosure stress, and self-reported HIV care outcomes: missing > 1 HIV visit in past year, missing antiretroviral therapy (ART) for > 1 day in past month, and detectable viral load (viral non-suppression).

Results: 54 (9%) participants reported 0 people in their close social network, 55 (9%) reported 1 person, and 153 (27%) reported non-disclosure stress. Participants who experienced social isolation reported more missed HIV visits (26% vs 21%), more missed ART (33% vs 26%), and more self-reported viral non-suppression (31% vs 24%), although relationships were not statistically significant. Participants with non-disclosure stress did not report more missed HIV visits (24% vs 22%) or more missed ART (28% vs 27%) but did have more self-reported viral non-suppression (35% vs 22%; aOR 2.0, 95% CI 1.3-3.1, p<0.05).

Conclusion: Among a sample of PLHIV in Florida, approximately 20% reported social isolation and nearly one-third reported stress from non-disclosure. Non-disclosure stress was significantly associated with self-reported viral non-suppression. Additional research is needed to investigate social isolation, HIV non-disclosure and impacts along the HIV care continuum.



1222 Barriers to Mental Health Care for People Living with HIV in the Rural U.S. South: An Application of the Socioecological Model

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Background: People living with HIV (PLHIV) in the rural US South face unique challenges to mental health care that negatively impact mental health and HIV care outcomes. We conducted a qualitative study to better understand these barriers.

Method: Between July 2022-February 2023, interviews were conducted with 24 PLHIV and 21 HIV and mental health providers recruited from HIV clinics in rural north central Florida. Applied thematic analysis was conducted organizing themes around *a priori* domains of the socioecological model reflecting barriers to mental health care and opportunities for improvement at individual, interpersonal, health system, community, and policy levels.

Results: Among the sample of PLHIV (median age 54, 54% women, 33% Black), 92% had self-reported depression, 83% anxiety, and 25% substance use disorder. Only half were receiving mental health services. At the individual level, barriers to mental health care were HIV and mental health stigma and lack of awareness about existing mental health services. Interpersonal barriers were social isolation, lack of provider screening and communication about mental health, and concerns about HIV disclosure and confidentiality. At the health system level, barriers included siloed, difficult to navigate medical systems and mental health provider shortages. At the community level, barriers were stigma from community members and socioeconomic stressors. At the policy level, barriers included policies limiting mental health care access, and lack of key stakeholders in leadership positions to advocate for PLHIV. Opportunities for improvement were expanding awareness of HIV and mental health care services; creating welcoming and supportive environments to promote communication about mental health; fostering connection between PLHIV; and health technology to increase care access.

Conclusion: Barriers to mental health care exist at all levels of the socioecological model in PLHIV in rural Florida. Multifaceted strategies that address these barriers are needed to accelerate progress along the HIV care continuum.

1224 HIV Care Continuum Following Rapid Start and Patient Navigation in a Large Urban HIV Clinic in Dallas, TX

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Background: Rapid initiation of antiretroviral therapy after HIV diagnosis accelerates virologic suppression (VS). Patient navigation can improve HIV care continuum outcomes. We compare care continuum outcomes between newly diagnosed patients in 3 different eras: pre-rapid start (pre-RS), rapid start (RS), and rapid start with patient navigation (RS+PN).

Method: Newly diagnosed individuals initiating care 2021-2022 at Parkland Health were recruited to a study adding PN (telephone contact at 1 week, and every 3 months for 12 months) to usual rapid start. Data were compared to two retrospective cohorts with newly diagnosed HIV initiating care pre-RS (n=295) and after RS began in October 2018 (n=244). Demographics, psychosocial variables and HIV labs were collected. Outcomes included retention in care, time to VS (<200 copies/mL), sustained VS at 12 months. Analyses were conducted using Kaplan Meier curves, Cox and logistic multivariate regression (SAS, v9.4).

Results: Overall, mean age was 35, 80% were male, 44% non-Hispanic Black, 42% Hispanic. RS and RS+PN had significantly more patients with unstable housing, untreated mental illness, and less insurance coverage than pre-RS. Median time to VS was similar across pre-RS, RS, and RS+PN groups (2.50, 2.56, 2.78 months, p=0.38) (Figure 1). Odds of retention in care were significantly higher for RS (aOR 1.79, 1.22-2.62, p<0.01) and RS+PN (aOR 2.06, 1.35-3.15, p<0.01). Sustained VL suppression was lower in RS+PN (aOR 0.630.43-0.93, p=0.02) (Figure 2).

Conclusion: RS and RS+PN were associated with improved retention in care but not time to VS nor sustained VS. More work is needed to understand the barriers to VS after RS in the Southern US.



1226 Exploration of Multifactorial Influences affecting Disengagement and Re-Engagement Dynamics of PLHIVs on ART in Dalhatu Araf Specialist Hospital, North Central Nigeria

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Background: Disengagement from Antiretroviral therapy can lead to poor treatment outcomes and derail the achievement of HIV epidemic control. Understanding the factors associated with disengagement and subsequent re-engagement to care is crucial to developing targeted interventions to improve retention among Persons living with HIV (PLHIVs). The objective of this study was to explore the factors associated with disengagement and subsequent re-engagement in care after lost-to-follow-up (LFTU) among PLHIVs.

Method: A total of 310 PLHIV who re-engaged in care after becoming LFTU between January 1, 2017, and December 31, 2021, were randomly selected and participated in a cross-sectional study using a structured questionnaire. The collected data were analyzed using SPSS version 26. Binary logistic regression and chi-square test were used for inferential statistics. A p-value of < 0.05 was considered to determine statistical significance.

Results: 72% of study participants were female, with a mean age of 36 years±12. Reasons for disengagement include Travel (39.6%), Sickness (21.8%), forgetfulness (13.9%), still having medications (4.0%), bereaved (3.0%), and others (17.7%). Age (P=0.032), satisfaction with service delivery (P=0.001), treatment literacy(P=0.028), participation in a support group (P=0.004), adherence score(P=0.044), history of switching(P=0.024), and opportunistic infections(P=0.002) were factors that significantly affected the likelihood of disengaging from care. Re-engagement in care was due to tracking (59.7%), return from travel (20.6%), need for drug refills (5.8%), failing health (2.6%), and others (11.3%).

Conclusion: To improve retention, attention needs to be paid to young clients, treatment literacy, and overall satisfaction of clients. Participation in support group activities, scheduled follow-up, and regular tracking are helpful for client re-engagement.

1230 A Qualitative Assessment of the Barriers to Implementing Programs to Mitigate Disparities in HIV Care across the HIV Care Continuum

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Background: The HIV Care Connect (HCC) program was initiated in 2019 to reduce disparities in access to care and improve health outcomes for people with HIV living in underserved U.S. communities. The three sites funded by HCC could choose different evidence-based programs to mitigate disparities across the HIV care continuum, but all were required to address social determinants of health (SDoH), in part through multi-sectoral collaborations with community partners. A National Program Office was established to provide technical assistance, monitor grantees' implementation, and provide a cross-site evaluation to assess whether sites and the overall HCC accomplished its goals. This abstract presents qualitative results describing program implementation challenges.

Method: We conducted semi-structured interviews via Zoom with six program leaders. Interviews lasted 60-75 minutes in duration. Themes were developed using a deductive and inductive approach, with initial deductive codes (e.g., implementation) based on interview questions followed by inductive coding within these deductive codes. Interviews and coding were conducted by multiple team members to reduce bias.

Results: Three primary implementation challenges emerged from the analysis. First, all sites described program complexity as an initial challenge. Too many technical and coordination challenges required the sites to simplify their programs by reducing the number of components and staff involved. Second, community partner instability, especially in the initial stages of the program, slowed efforts to implement all aspects of their respective programs. Third, staff turnover slowed implementation and, in some cases, resulted in program components being discontinued altogether. Transitions in leadership were particularly detrimental. Role expansion was partially helpful in mitigating this challenge until new staff could be hired.

Conclusion: Programs that address SDoH are needed to improve access to and retention in HIV care but face technical, personnel, and relational challenges to implementation. Starting small and growing over time may help program implementers manage these challenges.



1234 Optimizing Retention in Care for Clients on Antiretrovirals through Community Engagement in Kogi State, Nigeria

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Introduction: HIV/AIDS is a significant public health issue in Nigeria, affecting millions of individuals. Treatment retention for HIV/AIDS in Nigeria faces barriers such as stigma, discrimination, limited access to healthcare facilities, insufficient resources, poor infrastructure, and inadequate staffing. Community engagement, involving community members in decision-making processes, is crucial for creating a sense of ownership and empowerment, leading to sustainable outcomes. This can include gathering their input, considering their perspectives, and actively involving them in various initiatives and activities that affect their community.

Description: The implementation involves actively involving community members, local leaders, and healthcare providers to achieve retention in care for People Living with HIV (PLHIV) on Antiretrovirals (ARVs). This includes raising awareness about the importance of retention in care and the availability of ARVs within the community, conducting health education sessions, organizing community meetings, and disseminating information through various channels. Peer support groups within the community provide emotional support, share experiences, and offer practical advice to clients on ARVs, ultimately reducing stigma, improving treatment adherence, and motivating clients to remain engaged in care. Community-based health workers conduct home visits, remind clients about medication refills, and facilitate communication between clients and healthcare providers.

Lesson Learned: Empowering individuals receiving antiretroviral therapy through community engagement initiatives contributes to improved treatment adherence and long-term retention in care. Involving local communities, healthcare providers, and support networks in a holistic approach tailors efforts to the specific needs and challenges of those living with HIV/AIDS.

Recommendations: The issue of HIV treatment retention in Nigeria requires a multifaceted approach that encompasses not only healthcare interventions but also social, cultural, and economic factors. By implementing these strategies, progress can be made towards improving treatment retention and overall management of HIV in Nigeria.

1235 Mentor Mothers' Impact on Retention and Client Tracking Processes in PMTCT Using the Back-In-Care (BIC) Initiative in Kogi State, North-Central Nigeria

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Introduction: The Prevention of Mother-to-Child Transmission of HIV (PMTCT) is a critical global health initiative. Mentor Mothers play a pivotal role in providing psychosocial support to pregnant and postpartum women living with HIV (WLHIV). Their involvement has been associated with improved maternal-infant outcomes. The BIC initiative in Nigeria aims to enhance retention in care and adherence to antiretroviral treatment (ART) through the Mentor Mother program.

Description: The BIC initiative operates within North-Central Nigeria, specifically in the Kogi State. Mentor Mothers are Women Living with HIV (WLHIV) who have achieved an HIV-negative status for their HIV-exposed infants. They provide care, education, and support to pregnant and postpartum women, addressing both clinical and non-clinical needs. Key activities include maternal health education, HIV treatment initiation, adherence counseling, client tracking, and Index testing.

Lesson Learned: The BIC initiative in Kogi State has shown remarkable progress in improving retention rates among all the clients, and pregnant women, and mothers participating in Prevention of Mother-to-Child Transmission of HIV (PMTCT) programs. Notably, there was a substantial 77% increase in BIC clients. Additionally, adherence to antiretroviral therapy (ART), attendance at antenatal care (ANC) visits, and successful discharge of HIV-exposed infants (HEI) from the PMTCT program all saw a significant improvement. Qualitative findings underscore the acceptance of Mentor Mothers by stakeholders. Their relatability as role models enhances their impact, particularly in maternal health education and HIV prevention. However, to effectively serve in resource-constrained settings, Mentor Mothers require adequate training, fair remuneration, and validation as essential lay health workers.

Recommendations: Mentor Mothers are a valuable PMTCT intervention. To maximize their effectiveness, addressing stigma, improving retention, providing adequate training, and integrating them sustainably into health systems are essential.



1238 Perinatal HIV Care during the COVID-19 Pandemic: Implementing a Mobile Integrated Health Program to Close the Gap

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Background: Pregnant people with HIV (PWH) experience loss to follow-up and decreased viral suppression particularly during the postpartum period, contributing to morbidity and HIV transmission. The COVID-19 pandemic has disrupted health systems and exacerbated health disparities, including for PWH and their infants. In September 2020, we implemented a modified perinatal appointment schedule that offered multidisciplinary home visits facilitated by a Mobile Integrated Health (MIH) unit within a large, safety-net healthcare system in Atlanta, Georgia to improve perinatal HIV outcomes during the pandemic.

Method: We conducted a retrospective analysis of data collected from PWH who delivered from one year before (8/31/19-8/31/20) to six months after (9/1/20 – 2/28/21) MIH implementation to compare pregnancy, postpartum, and infant outcomes.

Results: Overall, 32 (53%) delivered before and 28 (47%) delivered after MIH implementation. All were cisgender women, majority were non-Hispanic Black (84% pre- vs. 89% post-MIH), with a median (IQR) age of 32.5 (28.5 – 35.0) pre- vs. 25.5 (22.5 – 31.0) years post-MIH ($p=0.004$). Three-fourths of those who delivered post-MIH utilized MIH, mostly (62%) for postpartum obstetric visits. HIV outcomes during pregnancy and birth outcomes did not differ between the groups, but postpartum obstetric visit attendance within 3 months was higher and HIV care visit attendance within 3 and 6 months of delivery was significantly higher post-intervention (Table). While viral suppression at 6 months postpartum increased post-MIH (44% to 53%), this change was not statistically significant.

Conclusion: Implementation of a modified perinatal visit schedule consisting of multidisciplinary home visits for pregnant and postpartum people with HIV and their infants led to significant improvement in retention in HIV care after delivery. Our findings demonstrate that novel, interdisciplinary programming can fill critical gaps in care delivery for this important population, including during periods of healthcare disruption such as the COVID-19 pandemic.

1245 HIV Care Disruptions, Mental Health, and the Potential for mHealth Interventions among Adolescents and Young Adults in Uganda

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Background: Adolescents and young adults with HIV (AYWH) experience worse clinical outcomes compared to adults with HIV. HIV care interruptions may occur due to comorbidities (e.g., mental health) and structural barriers (e.g., transportation), which may exacerbate outcomes. We describe the magnitude of COVID-19 pandemic related interruptions in HIV care services, prevalence of comorbid mental health issues, and explore the potential for mHealth interventions to address these issues among AYWH in Uganda.

Method: We enrolled AYWH at Mbarara Regional Referral Hospital. Using the timeline follow-back method (24 months per participant), we assessed missed clinic visits, antiretroviral therapy (ART) pickups, and laboratory appointments during and after the pandemic lockdowns. We also queried symptoms of depression (CESD; scale 0-60) and anxiety (using a locally validated tool; scale 0-100) at enrolment, 3 months, and 6 months prospectively. We additionally assessed access to mobile smartphones and the internet.

Results: Of 86 participants enrolled, 44 (51%) were male, mean age was 8.6 (standard deviation, 3.0) years. At enrolment, prevalence of depression symptoms (CESD ≥ 15) was 53%; mean anxiety score was 36.7 (SD 8.9). Overall, AYWH missed 152/811 (19%) of clinical appointments, 26/816 (3%) of ART pickups, and 23/453 (5%) of laboratory appointments with no clear variation by pandemic phase. Both anxiety and depression decreased over the follow up period. Overall, 51/86 (59%) had mobile phone access, of whom 34/51 (67%) had smartphones and 36/51 (71%) had internet access.

Conclusion: AYWH missed one-fifth of clinic appointments, regardless of pandemic phase. Depression and anxiety symptoms were high at enrolment and decreased throughout follow up. Most AYWH had smartphone and internet access. To ensure continuity of HIV care and mental health support, even during disruptions, mHealth interventions may be a feasible approach and warrant future research.



1247 Confirmatory Factor Analysis of the Multiple Discrimination Scale among Black Women Living with HIV: Indications for Greater Specificity to Understand Intersectional Discrimination

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Background: There is a dearth of instruments to understand intersectional discrimination (e.g., racism, sexism) that Black women living with HIV (BWLWH) face daily. This study evaluates the Multiple Discrimination Scale (MDS, Bogart) that assesses institutional, interpersonal, and violent forms of discrimination targeting race, sexuality, living with HIV, and gender (adapted subscale).

Method: Data was utilized from 151 BWLWH in the Southeastern U.S. A confirmatory factor analysis was conducted and compared to a 4-factor model (MDS-Race, MDS-Sexuality, MDS-HIV, MDS-Gender [adapted]), to a 12-factor model broken down by type and characteristic of discrimination (violence-race, violence-gender, interpersonal-race, institutional-race, etc.), and 9-factor model that combined violent discrimination across characteristics (violence-all, interpersonal-race, institutional-race, etc.). We utilized Chi-square Tests to select the best model fit.

Results: Based on the initial 4-factor analysis, all items loaded onto their latent variables, $\chi^2(1268) = 1335.01$, $p = 0.093$, and fit the data. The 12-factor model loaded onto their latent variables, $\chi^2(1208) = 1234.21$, $p = 0.294$, indicating that the twelve-factor model fits the data. Next, the 4-factor model was compared to the 12-factor model, $\chi^2(60) = 119.47$, $p < .05$, indicating that the 12-factor model explains our variables better than the original model. Similar results were found for the 9-factor model, in which it fits the data better than the 4-factor model.

Conclusion: Two alternative factor models were tested that capture discrimination based on type and characteristics which may better explain intersectional discrimination that BWLWH faces. These models have more specificity concerning the type and characteristics of discrimination experienced and may provide a better understanding of how discrimination impacts mental health and HIV-related health outcomes among BWLWH.

1249 Site Characteristics and Provider Readiness to Implement Change for an mHealth Hybrid Efficacy-Implementation Trial to Improve PWH Engagement in Care and Viral Suppression

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Background: PositiveLinks is an mHealth intervention that has improved engagement in care and viral suppression among people with HIV (PWH) in Virginia. We are conducting a pragmatic cluster randomized trial using a hybrid efficacy-implementation design to test PositiveLinks among a large cohort of PWH enrolled in the DC Cohort longitudinal study at 12 clinics in Washington, DC. We describe pre-implementation and readiness characteristics of sites and providers.

Method: We conducted site-level surveys to describe clinic services, and baseline surveys of providers at 6 intervention sites. We assessed provider readiness to implement PositiveLinks using the Organizational Readiness for Implementing Change (ORIC) tool. We calculated descriptive statistics for site services, provider characteristics, and total ORIC scores (possible score range 12-60) with subscores for change commitment and change efficacy.

Results: Five of the clinical sites are community-based, 5 academic/hospital-based and one federal. Ten sites offer case management, 9 offer ART adherence support, and 7 sites estimate that 75% of providers are using telehealth. Among intervention sites, 7 physicians, 1 social worker (SW) and 9 Research Assistants (RAs) completed provider surveys [mean age: 46 years (range:21-71), 82% female, 41% Black]. Nine providers reported use of an electronic medical record system for patient messaging with 5 reporting frequent use of this system. Median ORIC scores for change commitment and change efficacy were 20 [IQR: 19-22] and 28 [IQR: 27-30], respectively. Change efficacy scores were slightly higher for RAs versus physicians/SW (30.5 vs. 28.0). The median ORIC score was 48 [IQR: 45-54], with scores slightly higher among RAs (52.5 vs. 48.0) (Figure).

Conclusion: Pre-implementation assessments revealed a range of site services, with moderate use of existing digital health tools. Provider implementation readiness was high for change commitment and change efficacy. Implementation processes will be examined across intervention sites to understand stakeholder uptake, engagement, and intervention efficacy.



1250 Prevalence of Syphilis among Pregnant Women Living with HIV at AHF Lamvelase

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Background: Syphilis poses significant public health concerns, particularly in developing countries. A pooled prevalence of 2.9% was reported for Sub-Saharan Africa in 2019, with the Southern African region having a prevalence of 3.6% among pregnant women. Syphilis is associated with adverse pregnancy outcomes if untreated, including spontaneous abortion, stillbirths, perinatal deaths, as well as complications for live-born infected children. The prevalence of syphilis in Eswatini is not known. Therefore, this study aims to describe the prevalence and clinical features of syphilis amongst pregnant women at the AIDS Healthcare Foundation (AHF) Lamvelase Clinic in the Manzini region of Eswatini.

Method: We performed a retrospective and descriptive analysis of routine data of pregnant women living with HIV who received antenatal care (ANC) at AHF Lamvelase between January and December 2023. Clients' data was extracted from the Client Management Information System (CMIS).

Results: 242 women living with HIV attended the ANC in 2023. Women were tested for syphilis using Determine Syphilis TP and Syphilis Ab Combo Rapid Test. Of 242 women living with HIV in the ANC register, 48 (19.8%) had syphilis. The median age was 32.7 years, most women were aged between 31-35 years ($n=72/242$, 29.8%), while most who had syphilis ($n=18/48$, 37.5%) were in the 36 – 40 years age group.

Conclusion: The seroprevalence of syphilis among pregnant women in this analysis is substantial and requires urgent interventions to ensure early screening, diagnosis and treatment for pregnant women at ANC. Moreover, in a resource-limited setting, where confirmatory tests might not be available, it is important to consider clinical symptoms and history of syphilis treatment knowing that these tests can remain positive even after treatment. However, these tests are a good proxy to assess the prevalence.

1254 Achieving EMTCT through the BIC Initiative: A Successful Outcome of PMTCT Continuum

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Introduction: The Prevention of Mother-to-Child Transmission (PMTCT) continuum is a critical component of global efforts to eliminate new HIV infections among children. The Back-in-Care (BIC) initiative has emerged as a successful strategy within this continuum, with a focus on re-engaging HIV-positive mothers and their infants who were lost to follow-up. This study outlines the impact of the BIC initiative in achieving the EMTCT goals.

Description: The BIC initiative utilized a comprehensive approach that spanned within the healthcare system and community-based interventions from January 2022 to January 2024. Mentor mothers within three communities were engaged to track mothers and infants who became lost to follow up from the PMTCT continuum. They used tracking methods, such as home visits and phone calls to ensure they returned to care. Diagnostic tests, such as early infant HIV testing, viral load measurements, and maternal adherence assessments, contributed to comprehensive intervention strategies. Data were analyzed by descriptive statistics.

Lesson Learned: Through the BIC Initiative, the success rate for EMTCT was sustained at 92%. However, inadequate partners' support, stigma and communal crises hindered 100% achievement. The BIC Initiative also improved adherence to antiretroviral therapy (ART) amongst mothers and appropriate infant feeding practices to 90% and 98% respectively. The community-based approach of the BIC Initiative ensured sustainability in implementation of EMTCT interventions. The BIC Initiative also contributed to strengthening health systems at the primary healthcare facilities within the communities.

Recommendations: The BIC initiative demonstrates its effectiveness in achieving EMTCT goals by successfully re-engaging HIV-positive mothers and infants within the PMTCT continuum. However, issues around partners' support, stigma and communal crises need to be addressed by key stakeholders to achieve a more sustainable impact. By addressing the unique challenges faced by HIV-positive mothers and infants, the BIC initiative is recommended as a model for enhancing the effectiveness of EMTCT programs globally.



1256 Clinical Decision-Making Support for Private Pharmacy Providers Delivering HIV Pre- and Post-Exposure Prophylaxis: Findings from Pharmacy PrEP Studies in Kenya

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Background: Evidence from completed and ongoing studies in Kenya has found that, when trained and supported, retail pharmacy providers can deliver HIV Pre- and Post-Exposure Prophylaxis (PrEP and PEP) with high fidelity to clinical protocols. We identified areas where pharmacy providers needed PrEP/PEP clinical decision-making support.

Method: From November 2020 to July 2022, two studies offered PrEP services at 12 retail pharmacies in Central and Western Kenya; in July 2023, a cRCT began delivering PrEP and PEP services at 60 pharmacies in these regions. Pharmacy providers delivered PrEP/PEP using a prescribing checklist and consulted a remote clinician as needed. Remote clinicians documented consultations made in real-time. We interviewed select clinicians at study endpoint. During pilots and cRCT implementation, study staff visited pharmacies once or twice monthly to provide technical assistance (TA), which they documented in detailed reports. We analyzed these diverse data using content analysis.

Results: We analyzed clinician interviews (N=2), clinician consultation forms (N=20), referral forms (N=19), and TA reports (N=174). Areas where pharmacy providers needed additional support with PrEP/PEP delivery included: 1) assessment of medical safety, 2) support in severe side effects management, and 3) referral to services for other identified health needs. First, some providers needed clinician support when uncertain of PrEP/PEP safety with some preexisting health conditions (e.g., diabetes). Second, they were unsure how to handle clients experiencing severe PrEP/PEP side effects (e.g., persistent nausea or vomiting). Finally, providers wanted better systems for serving clients who required additional health services (i.e., evaluation for sexually transmitted infections).

Conclusion: Pharmacy providers made use of and benefitted from having continuous access to a remote clinician for consultations. Future research should test interventions for providing clinical decision-making support to pharmacy providers.

1260 Identification of Key Populations for HIV in Guatemala: Focusing on the Indigenous Communities of Alta Verapaz

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Background: In Guatemala, there are populations with limited access to the healthcare system. Indigenous populations in this context could be a key population for HIV in this country. To enhance HIV diagnosis access, rapid testing and counselling initiatives were implemented in easily accessible public areas for these communities.

Method: In Cobán city, Alta Verapaz, between 01/01/2023 and 10/31/2023, 20 open space events provided free and voluntary rapid HIV tests with counseling SD Bioline HIV-1/2 3.0 was used for screening and Hexagon HIV as a confirmatory test. A descriptive study was conducted on positivity frequency and percentage among 1540 non-nominated tested cases.

Results: Out of 1,540 individuals tested, 1,042 (67.66%) belonged to indigenous communities. Within this group, there were 808 men (77.5%), and the rate of HIV new diagnoses stood at 2.4% (18 men and 7 women). In contrast, the non-indigenous cohort of 498 (32.34%), with 314 men (63%), exhibited a HIV new diagnosis rate of 1.41% (6 men and 1 woman) (Table).

Conclusion: The HIV prevalence of general population in Guatemala is 0.58%. Access to HIV testing is limited. In Alta Verapaz, indigenous communities show a prevalence of 2.40%, underscoring the importance of including them as key populations. Additionally, there is a notable rise in new HIV diagnoses outside traditional settings in the general population.



1262 Impact of BIC (Back In Care) Initiative on Retention and Adherence within a Rural HIV/AIDS Treatment Program in Nigeria

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Introduction: The Back In Care (BIC) initiative was developed to address retention and adherence challenges within a rural HIV/AIDS treatment program in Kogi, Nigeria. The initiative aimed to improve patient outcomes by ensuring sustained engagement with HIV/AIDS treatment and care services. It involved a range of interventions tailored to the needs of the key population affected by HIV/AIDS in rural communities.

Description: Implemented over a specific period in Kogi, Nigeria, the BIC initiative operated within the existing framework of the HIV/AIDS treatment program. It encompassed various interventions, including community dialogues with community leaders to foster support and awareness, using trackers to facilitate drug delivery to hard-to-reach areas, and deploying community lab personnel to conduct viral load monitoring closer to patients. Also, the initiative incorporated palliative measures like providing food supplies to incentivize clinic visits and promote care retention.

Lesson Learned: The BIC initiative yielded several significant outcomes. Personalized support mechanisms, including community dialogues and trackers, contributed to notable improvements in retention rates among enrolled patients. The involvement of community lab personnel facilitated convenient access to viral load monitoring, thereby enhancing adherence to treatment regimens. Furthermore, providing palliatives such as food supplies proved effective in incentivizing clinic attendance and fostering a sense of community support among program participants.

Recommendations: The BIC initiative highlights the effectiveness of tailored interventions in improving retention and adherence within rural HIV/AIDS treatment programs. Community-based strategies such as community dialogues and deploying trackers and community lab personnel show promise in sustaining engagement in resource-limited settings. Lessons learned from the BIC initiative can inform comprehensive strategies to address retention and adherence challenges. By leveraging community resources, future initiatives can strengthen HIV prevention, treatment, and care efforts, ultimately combating the HIV/AIDS epidemic.

1265 Rural-Urban Differences in Delayed HIV Diagnosis before and during the Early COVID-19 Pandemic in Florida

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Background: Rural residents in the Southern United States, including Florida, are more likely to be diagnosed with advanced HIV disease than urban residents. These rural-urban differences in delayed diagnosis may have widened during the COVID-19 pandemic due to disruptions in HIV services. This study sought to identify disparities in delayed diagnosis by rural-urban residence in Florida before (2017-2019) and during the early pandemic (2020) and associated individual- and community-level influences.

Method: Florida statewide HIV surveillance and community data were used. Delayed diagnosis was defined as having an AIDS diagnosis ≤ 3 months after HIV diagnosis. Weighted multilevel modeling was used to estimate adjusted odds ratios (aOR) and 95% confidence intervals (CI).

Results: Among 12,733 new diagnoses between 2017–2019, 31.8% of rural vs. 21.0% of urban residents were diagnosed late ($p < .0001$), compared with 28.8% vs. 21.5% respectively in 2020 ($n = 3,079$; $p = 0.1576$). In unadjusted models, rural residence was associated with increased odds of delayed diagnosis before (OR=1.80, 95% CI: 1.36–2.39) but not during the pandemic (OR=1.49, 95% CI: 0.86–2.57). After adjusting for sociodemographic factors only, this association was significant before (aOR=1.64, 95% CI: 1.25–2.15) but not during (aOR=1.53, 95% CI: 0.87–2.67). However, after adjusting for both sociodemographic and community-level factors, rural residence was not associated with increased odds of delayed diagnosis before (aOR=1.36, 95% CI: 0.98–1.89) or during (aOR=1.38, 95% CI: 0.74–2.56).

Conclusion: Rural-urban disparities in delayed diagnosis were found before the pandemic and may be explained by differences in community-level resources. It appears that these disparities were not exacerbated during the early pandemic.



1267 Understanding the Dynamics of HIV Treatment Interruption Among Aged Population; A Study Among Older Recipients of HIV Care in Ghana

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Background: As the global landscape of HIV/AIDS evolves, a growing concern arises regarding the unique challenges faced by older individuals living with HIV. This research investigates the dynamics of HIV treatment interruptions among the aged population, focusing on older recipients of HIV care in Ghana. These are individuals aged 50 years and above who have previously disengaged from HIV care but later re-entered the healthcare system seeking ART treatment continuity.

Method: The study used a mixed-methods approach to comprehensively understand the factors influencing treatment interruption decisions among elderly individuals living with HIV. The qualitative component delves into the lived experiences and perceptions of older HIV patients, exploring the psychosocial, economic, and healthcare-related factors that contribute to treatment interruptions. Concurrently, the quantitative analysis investigates demographic, clinical, and structural determinants associated with interruptions in HIV care.

Results: Findings from this research shed light on the complexities surrounding HIV treatment adherence in the elderly. It also informs tailored interventions and healthcare policies to address this demographic's specific needs. Ultimately, this study contributes to the broader discourse on optimizing HIV care for aging populations, ensuring equitable access to effective treatment and improved quality of life for older individuals living with HIV in resource-constrained settings.

Conclusion: Our study revealed that the average interruption period among older PLHIV was 152 days (SD±94.3 days). This highlights the significant challenge of sustaining long-term adherence to treatment for older PLHIV with considerable variability in treatment discontinuation durations among clients. There was significant variation in treatment interruption between males and females. This suggests that interventions targeted at addressing treatment interruption should be tailored toward the inherent difference in interruption between male and female clients. We recommend further in-depth study to unearth the hidden variables influencing treatment interruption among older PLHIV.

1271 Addressing Social Determinants of Health for PLHIV

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Background: In 2020, 59% of people living with HIV (PLHIV) in Miami-Dade County were virally suppressed, compared to 68% nationally. This highlights an urgent need to enhance strategies to address regional disparities in engagement, retention, and care among this population. Project DA²RE (Disparities in care Addressed through Access, Retention and Equity) is part of the HIV Care Connect initiative to reduce disparities and improve viral suppression (VS) and other health outcomes for PLHIV in highly impacted communities in the Southern US.

Method: Project DA²RE objectives were achieved through evidence-based, culturally competent, patient-centered, individualized interventions and community partnerships anchored to a large FQHC in Miami. The implementation team systematically evaluated and addressed social determinants of health (SDOH) – housing instability, food insecurity, transportation, mental health, and substance use that are often intersecting barriers to care and VS for PLWH. In 2022, the Office of Infectious Disease and HIV/AIDS Policy (OIDP) conducted a case study on DA²RE measuring the direct benefits of providing health and wrap-around services and the indirect benefits that emerge from addressing SDOH.

Results: Between April 2021 and August 2023, 136 PLWH were enrolled. After 12-months, clinically meaningful reductions in depression symptoms (Baseline (BL) Mean=9.1, 12-months=6.4) alcohol problems (BL AUDIT-C=2.1, 12M=1.7), and improvements in quality of life (BL=76, 12M=80) resulted. Eighty percent of participants eligible for a priority protocol targeting those with very high viral loads (>100,000 copies/ml) were able to achieve VS (<200 copies/ml). Moreover, the cost analysis determined that every dollar spent on DA²RE activities yielded a 702% return on investment.

Conclusion: Project DA²RE successfully implemented evidence-based SDOH assessment and client-centered intervention strategies to improve care engagement, mental health, quality of life, and viral suppression among PLHIV in Miami, Florida, with value added to the greater community and a substantial return on investment.



1272 Baseline Clinical Characteristics and Care Continuum Outcomes among an Urban Cohort of PWH in a Care Engagement mHealth Efficacy Trial

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Background: MHealth interventions show promise in improving engagement in HIV care (EIC) and viral suppression (VS) among people with HIV (PWH). We describe study eligibility and care engagement outcomes among an urban cohort of PWH in Washington, DC participating in an efficacy trial of PositiveLinks, a clinic-deployed multi-feature smartphone app.

Method: We are conducting a cluster randomized trial among 12 HIV clinic sites to compare PositiveLinks to standard of care. Participants were enrolled in the DC Cohort, a longitudinal prospective HIV cohort in Washington, DC. Eligible PWH had evidence of marginal EIC, lack of VS, or a new HIV diagnosis. We linked self-reported data and DC Cohort clinical data to describe baseline enrollment data and care continuum outcomes. Generalized linear mixed models with binary distribution and a logit link evaluated associations between EIC, medication adherence and clinical EIC indicators. Random intercepts accounted for clustered data.

Results: Between December 2022 and January 2024, 280 PWH (137 intervention; 143 control) were enrolled. Reasons for study eligibility were 46.2% no visit constancy, 48.1% not VS, and 28.2% newly diagnosed/initiating care. 87.8% of participants self-reported full EIC despite meeting at least one eligibility criterion. Among those self-reporting full EIC, 24.1% were not retained in care and 8.6% had a ≥6-month gap in care based on clinical records. A majority (64.1%) of those self-reporting full EIC reported past 7-day HIV medication adherence and 50.6% reported 100% past 3-month adherence. Participants who reported full EIC were significantly less likely to have missed taking HIV medications in the past 7 days ($p=0.0004$) and more likely to have reported past 3-month HIV medication adherence ($p=0.0111$).

Conclusion: Interim analysis of participants in an mHealth trial who were eligible due to poor EIC or VS found that most PWH self-reported full engagement in care despite clinical evidence to the contrary.

1273 PrEP Implementation among OB/GYNs: Key Action Targets to Improve PrEP Uptake among Cis Women in the United States

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Background: Only 10% of cis women who would benefit from pre-exposure prophylaxis (PrEP) for the prevention of HIV have been prescribed PrEP. Given their scope of practice, OB/GYNs are ideally suited to discuss PrEP with ciswomen. Ciswomen report a preference to receive PrEP from providers, however, there is a lack of quantitative data available assessing OB/GYNs' PrEP perceptions, practices and implementation needs.

Method: An online quantitative survey was conducted among OB/GYNs who practice in areas with high HIV incidence among ciswomen. Survey questions included perceived level of HIV risk among their patients; scope of practice regarding PrEP; recommendation and prescription of PrEP to-date; comfort with PrEP; and perceived barriers to implementing PrEP for ciswomen.

Results: Of 79 OB/GYNs, most (64%) felt their ciswomen patient population was at least moderately at risk for HIV. The majority (70%) felt that prescribing PrEP was within their scope of practice, 24% were unsure and only 5% thought it was not. Most providers had never recommended PrEP to a ciswoman before (52%) and only 17% had ever prescribed PrEP to a ciswoman. A substantial proportion of providers (43%) reported feeling uncomfortable prescribing PrEP to ciswomen, but nearly all (96%) were very open to receiving more information and support about PrEP for ciswomen. Commonly anticipated barriers to PrEP implementation were high prescription costs (74%), ciswomen not seeing PrEP as "for them" (76%), and the amount of time required for PrEP counseling (64%) and clinical monitoring (56%).

Conclusion: OB/GYNs are ideal to target implementation efforts for PrEP for ciswomen, yet findings highlight that these providers do not yet feel comfortable prescribing PrEP. Provider training should address this discomfort in addition to perceived barriers, including methods to address cost issues, and tools for discussing PrEP with patients and clinical monitoring.



1275 Clinical and Mental Health Characteristics, Social Determinants, and Mobile Phone Use of an Urban Cohort of PWH Enrolled in a Care Engagement/mHealth Efficacy Trial

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Background: Achieving 90% retention in care (RIC) and viral suppression (VS) is challenging in high HIV prevalence areas such as Washington, DC where 78% of people with HIV (PWH) are RIC and 67% are VS. mHealth interventions like PositiveLinks can increase care engagement and VS rates. We describe baseline characteristics, mental health (MH), social determinants, and smartphone use among an urban cohort of PWH in DC enrolled in an efficacy trial of PositiveLinks to determine its impact on RIC and VS.

Method: This cluster randomized trial among 12 DC Cohort longitudinal HIV study sites will compare receipt of PositiveLinks to standard care. Eligible participants were Cohort enrollees with evidence of marginal care engagement, lack of VS, or newly diagnosed. We conducted descriptive analyses of baseline enrollment data.

Results: Between December 2023 and January 2024, 279 PWH participants were enrolled (137 intervention; 142 control). Participants were median 54 years old, 66% male, 83% Non-Hispanic Black, and 50% reported some college. Participants had a median HIV diagnosis of 20 years. Median CD4 and VL were 702 cells/ μ L and 20 copies/mL, respectively. The median Health Literacy score was 4/15; perceived stress was 16/40; and HIV stigma was 1.8/5. The median WHO well-being index was 72/100. Median PHQ-2 for depression and GAD-2 scores were both 1. Median HIV Adherence Self-Efficacy and medication adherence scores were 9.2/10 and 93.3/100, respectively. 78% of participants used a mobile phone to contact providers; 5% received medication text message reminders, 5% used mobile phone app reminders, and 24% used pill boxes.

Conclusion: Interim analysis of baseline participant characteristics shows a racially diverse cohort of PWH with most over 50. Baseline MH, self-efficacy scores, and self-reported adherence were high, despite evidence of poor care engagement. Subsequent analyses will explore factors related to PositiveLinks usage and potential efficacy.

1277 Pleasure as a Facilitator of PrEP Uptake among Cis Gender Women in the United States: Results of a Qualitative Study

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Background: Most PrEP implementation efforts in the U.S. have focused on men who have sex with men (MSM), despite PrEP having been approved for ciswomen since 2012. This qualitative analysis investigated what ciswomen desire in their sex lives and the incorporation of PrEP into those goals.

Method: Individual interviews were conducted with ciswomen who were 18 years or older, eligible for PrEP, and lived in areas with high HIV incidence in the U.S. (South and Northeast). Interviews were transcribed. The question "What would you say your ideal sex life would look like, and how could sexual health providers best help facilitate that?" was coded for reoccurring themes.

Results: Among 14 women (Age: Mean=32.1, SD=6.2) interviewed, 8 had no experience with PrEP, 5 were current users, and 1 was a previous user. Most of the women identified as Black (n=7) or Latina (n=2), and 3 indicated multiple races. Major themes regarding ideal sex life were: 1) need for sexual healthcare providers who do not stigmatize sexual choices or desires (71%, n=10); 2) providers who foster an environment where women feel comfortable discussing their sexual health needs (64%, n=9); 3) reduction of worry about STI/HIV as facilitator of sexual pleasure (64% n=9); 4) reduction of shame in enjoying sex (50%, n=7); 5) multiple partners as part of an ideal sex life (57%, n=8); and 6) desire to never wear condoms (36%, n=5).

Conclusion: These findings suggest that ciswomen desire a reduction in STI/HIV risk while wishing to retain the ability to have pleasurable and full sex lives. They also suggest that ciswomen's providers can fill this gap through fostering a safe environment for their patients to discuss their sexual health needs, which may include PrEP.



1279 Eliminating Disparities in the Care of Women Living with HIV in Puerto Rico Through Telemedicine Access

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Background: Initiatives are being implemented to respond to and reduce HIV disparities. Women with an HIV diagnosis have barriers to retention in care related to their responsibilities of child and family care, in addition to transportation needs. CEMI is the largest clinic for women living with HIV established in 1987. We have seen over 2,500 women and provide care to 30 new pregnant women living with HIV every year. Due to the COVID-19 pandemic, we started telehealth services in 2020, which is believed to have contributed to eliminating HIV disparities.

Method: We modified our infrastructure to update all our computers in the examination and interview rooms to be able to provide telehealth visits from any of our clinic rooms, which will facilitate the expansion to the whole clinic staff. We perform hybrid visits including prenatal care, since patients might have difficulties with transportation, childcare, and other barriers. As part of the transformation, we have been developing SOPs, a workflow and hired a telehealth coordinator. Staff re-training and infrastructure redesign is in process, to allow for both in person and virtual visits.

Results: Among the more than 1,000 telehealth visits, no specific age or viral suppression trends in visits have emerged suggesting that telehealth services are acceptable. Initial conversations with patients support this model since many gyn services require direct examinations but results and assessments can be provided virtually.

Conclusion: By increasing retention rates through telemedicine visits, we are eliminating health disparities related to access to care when only in-person visits are the option. The availability of structured telehealth visits as part of hybrid services has been identified as more convenient by our patients. Considering increased patient satisfaction, adherence and improved outcomes will result. Transformation of a clinic requires resources, staff commitment and patients' engagement.

1283 Traditional Healers Can Link Adults Living with HIV to Clinical Care: Preliminary Results from Rural Uganda

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Background: In Uganda, only half of adults diagnosed with HIV initiate care within 1 month; half disengage with care within two years. People living with HIV (PLWH) also receive care from traditional healers (TH), instead of – or concurrently with – biomedical care. Our study (NCT05943548) engages Ugandan TH to determine if they can facilitate (re)linkage to HIV care for newly diagnosed or defaulted PLWH.

Method: PLWH were identified at TH practices in Mbarara and Rwampara Districts through supervised HIV self-testing or confirmed as defaulting from care. Linkage to care was defined as a PLWH attending an HIV clinic appointment following their initial TH visit. Ten individual interviews with PLWH contextualized TH and HIV care experiences. Interviews were conducted in Runyankole, audio-recorded, and translated to into English for thematic analysis.

Results: Between September 2023-January 2024, 42 adult PLWH were enrolled at 17 TH practices. Nineteen (45.2%) were male, median age 28 years, and 29 (69%) were newly diagnosed with HIV. Median viral load was 77,592 copies/mL. All PLWH (re)linked to care within 30 days, most (95.2%) within 14 days. TH facilitated engagement with HIV care through improved access, and individualized support (Table).



1284 Using Recovery Support Specialists in a Harm Reduction Center: Lessons Learned from Rapid Scale-Up of a New Community Program

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Introduction: Centered in a community battling high rates of drug overdose, PROCEED, Inc. established the first Harm Reduction Center (HRC) and Syringe Services Program (SSP) in Union County, NJ, that surged from serving 6 people weekly in 2023 to 1,000+ participants monthly. HRC Goal: expand the accessibility of trauma and culturally informed harm reduction services, including HIV/Viral Hepatitis/STI testing, and other health services for people who use drugs (PWUD).

Description: PROCEED's CARE (Community, Action, Resources, Empowerment) Program includes a mobile unit and drop-in center offering meals, safer sex/drug use and overdose prevention education, HIV/Hepatitis/STI testing and linkage to treatment, PrEP, and other human services, 6 days per week. Peer recruitment and referrals have been integral to engaging PWUD and unhoused persons in health services.

Lesson Learned: PROCEED's 54-years and 25-year history working in HIV prevention and substance use contributed to the rapid scale-up of CARE HRC. Investing in and training peers to staff HRC was critical to the success of CARE HRC. PROCEED identified the following as lessons learned; amplifying experiences of PWUD in planning and implementation, leveraging partnerships to facilitate service access, seeking consultation and technical assistance from established providers, garnering funding, and community commitment to destigmatize HIV, harm reduction, and substance use and maintaining adaptability and transparency with participants, partners and community.

Recommendations: In Year 1, CARE HRC increased participant intake, secured additional funding, and expanded services. Recommendations have emerged for organizations aiming to implement similar initiatives: a) recruit ethnically diverse multilingual peers; b) collaborate with influencers for facilitation of service delivery (i.e., Police adjusting patrolling routes to support syringe services); c) provide training and counseling for peer staff to support their recovery journeys and; d) determine services based on participant feedback and program monitoring.

1287 "If Condoms Really Aren't an Option, Then I Would Maybe Push More for Considering PrEP": A Qualitative Exploration of Women's Health Clinicians' Decision-Making Process to Prescribing PrEP

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Background: Ciswomen accounted for approximately 20% of new HIV diagnoses in the U.S., yet pre-exposure prophylaxis (PrEP) uptake in ciswomen is alarmingly low. Exploratory data demonstrates clinicians lack formalized training on PrEP and discomfort discussing HIV risk behaviors with ciswomen, but data exploring women's health clinicians' decision-making process is lacking.

Method: Semi-structured individual interviews were conducted with clinicians who currently work with ciswomen, examining their (1) knowledge and attitudes toward PrEP and (2) organizational climate and structural contributors to PrEP prescribing practices. To explore clinicians' decision-making processes, participants were presented with a vignette of a hypothetical patient who meets the criteria for PrEP based on CDC guidance. Participants were asked how they would assess the patient's eligibility for PrEP, their clinical recommendation, and additional information they would like to know about the patient.

Results: Eighteen clinicians were interviewed, a majority (61%) reporting some familiarity with PrEP; are trained as OB/GYN clinicians (55%); and most participants interviewed were practicing clinicians (55%) or in residency (28%). Clinicians provided a variety of responses to the vignette, however, all reported they would not prescribe PrEP to the patient in this scenario without first engaging in STI screening, counseling to increase condom use, and assessment of the number of sexual partners and factors related to HIV risk. Several clinicians (39%) stated they wanted more information regarding the patient's social circle to determine where they were receiving information about PrEP and HIV.

Conclusion: Participants' responses to the vignette highlight that PrEP for HIV prevention in ciswomen is not a common practice and providers may rely on intensive condom counseling as the default. Clinicians providing sexual health care to ciswomen may benefit from training on PrEP that aims to reduce barriers in their discussions with patients who desire it as an HIV prevention strategy.



1288 Exploring Factors Associated with HIV Testing among Students Attending an HBCU in Alabama

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Background: HIV in the United States disproportionately affects Black adolescents and young adults (AYAs). In Alabama – a U.S. Ending the HIV Epidemic (EHE) priority state – 80% of HIV incident cases in AYAs occur among Black AYAs. Increasing HIV testing is a critical step of EHE. This study evaluated HIV testing and associated factors among students attending a Historically Black College and University (HBCU) in Alabama.

Method: From March 2022 to March 2023, 132 students were recruited using flyers, snowball sampling, and peer counselors from Five Spot, a community drop in space that provides HIV/STI testing, to complete online surveys via Qualtrics. Consenting participants completed survey items including sociodemographic data, HIV, STI and PrEP knowledge, and HIV testing history. Analyses were stratified by testing history. Logistic regression analyses were used to identify factors associated with testing history.

Results: 132 students enrolled with a mean age of 21 (IQR 19-22) years, (51%) female, (90%) Black/African American, and (61%) heterosexual. Most (73%) reported sexual activity in the past six months, of which most (84%) reported condomless sex. 64% reported a history of STI testing with 30% reporting a previous STI. 59% reported testing for HIV; 4 (3%) reported testing HIV positive. Among students who reported a history of HIV testing, students were more likely to have received STI testing at our community health clinic partner (39%), the health department (19%), and urgent care (18%) in comparison to students who never tested for HIV. Students from urban or suburban areas were 2.6 (1.1, 6.3) times more likely to ever be tested for HIV than students from rural areas.

Conclusion: These findings highlight reaching students in rural areas and promoting regular HIV testing as critical strategies within the framework of EHE.

1289 “I’m Not Going to Go Down that Pathway... Unless They Ask Me for It”: Health Care Providers’ Reported Barriers to PrEP Initiation among Cisgender Women

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Background: Cisgender women account for approximately 20% of new HIV diagnoses in the United States, yet the majority have never heard of pre-exposure prophylaxis (PrEP). Among cisgender women who may benefit from PrEP, it is estimated that only 10% have received a prescription. Previous research has demonstrated that sexual and reproductive health providers believe approximately 50% of cisgender women would benefit from PrEP. However, the majority of these providers never or rarely prescribe PrEP to cisgender women, although they perceive that HIV burden is high in this population.

Method: We conducted semi-structured individual interviews with sexual health providers currently working in a clinical capacity with cisgender women. We coded interviews according to the revised “Integrated Promoting Action on Research Implementation in Health Services” (i-PARIHS) framework to explore: (1) providers’ PrEP knowledge and relevant experiences, (2) providers’ willingness to prescribe PrEP to cisgender women, and (3) barriers to PrEP uptake at the systems/community level, clinician level, and patient level.

Results: Of the 18 providers interviewed, nearly all ($n = 17$) expressed willingness to prescribe PrEP. However, among those theoretically willing to prescribe PrEP, fewer than half ($n = 8$) had ever prescribed it. When asked open-ended questions about their attitudes and experiences, all 18 providers identified barriers to prescribing PrEP at the systems/community level (e.g., advertising, insurance) and the patient level (e.g., misinformation, perceived relevance). Seventeen providers also identified barriers at the clinician level (e.g., lack of training, biases).

Conclusion: While providers reported willingness to prescribe PrEP to cisgender women, the majority have never done so. Providers reported barriers including systems-level obstacles, patients’ attitudes/experiences, and providers’ reluctance to prescribe. This research can inform the development of interventions to address the identified implementation gap and increase PrEP access and uptake among cisgender women.



1290 Continuum of HIV Care through Universal Screening in the Emergency Department

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Introduction: Nevada has one of the highest rates of new HIV diagnoses in the western United States. Clark County is the most populous county in Nevada and has a new infection rate of 19.8, higher than the state rate.

Description: To address this growing public health issue, we have expanded Dignity Health – St. Rose Dominican Hospital, Siena Campus's infrastructure to implement universal HIV and syphilis screenings in the Emergency Department (ED). This program has led to identifying and linking newly diagnosed and out of care HIV patients' linkage to care and connecting syphilis positive at-risk patients to comprehensive HIV prevention services.

Lesson Learned: Integrating the HIV care continuum strategies of Linkage to Care and Comprehensive Prevention Services has been effective in improving patient outcomes, reducing the spread of HIV, and addressing public health disparities. It has contributed to a better understanding and navigation of the challenges of a transient city. We have identified patients visiting from out of state that tested positive for HIV and known HIV positive patients who are out of care. We have developed a partnership with the Arlene Cooper Wellness Center to create pathways for at-risk patients to access HIV prevention strategies. Those who are eligible were referred to St. Rose's Ryan White Part A Program for wrap-around medical and support services.

Recommendations: Implementing universal HIV and syphilis screenings in the ED is a successful method for identifying persons living with HIV and connecting at-risk patients to HIV prevention services. Weaving internal structural programs along with developing community partnerships has proven to be effective in linking persons to care, lowering the incidence of HIV in the community. We will continue implementing this model at other Dignity Health- St. Rose Dominican Hospital campuses in the Las Vegas valley.

1292 Exploring Adolescent Perspectives on HIV Cure Research: Implications for Long-Acting Treatment Strategies

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Background: Adolescents living with HIV (ALWH) often face challenges with treatment adherence and engagement in HIV care. Long Acting and Extended Delivery (LAED) HIV treatment regimens offer potential solutions, but understanding end-user needs and perceptions is crucial for successful implementation. This study investigates ALWH's perceptions of participating in HIV cure research to inform the global rollout of LAED regimens.

Method: Semi-structured interviews were conducted with 20 ALWH (aged 13-19 years) in Cape Town, South Africa, exploring challenges with treatment adherence, perceptions of HIV cure impact, willingness to participate in HIV cure research, and preferences for treatment modality.

Results: Participants viewed an HIV cure as relief from the burdens associated with daily medications and frequent clinic visits. While most expressed interest in HIV cure research, concerns about experimental medications and being trial subjects were noted. Pill-based treatments were preferred over injections.

Conclusion: Insights from ALWH regarding HIV cure research participation and treatment preferences can inform LAED promotion strategies. Education initiatives targeting youth and tools for informed decision-making are essential for promoting LAED uptake and improving HIV care outcomes in this population.



1294 Implementation Strategies Using Advertisements and Social Media Targeting HIV Testing: A Systematic Review in Low- and Middle-Income Countries

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Background: There is a lack of health education and awareness of HIV in low and middle-income countries (LMICs). Promoting early detection and treatment in areas with limited healthcare access is essential to avoid overwhelming health systems. The use of advertisements and social media can influence health behaviors. To understand how these strategies improve health outcomes, we systematically reviewed how advertisements and social media affect HIV testing.

Method: The Living Database of HIV Implementation Science (LIVE) Dashboard has 623 studies from LMICs looking at implementation strategies targeting HIV treatment. We filtered the dashboard to restrict the search to implementation strategies using advertisements and social media as delivery modes targeting HIV testing among individuals/patients. We summarized the frequency of different strategies used to influence HIV testing and who did the advertising and treatment.

Results: 15 studies met our inclusion criteria with 12 (80%) observational studies and 3 (20%) randomized trials. 10 studies (66.6%) were from Asia, 2 (13.3%) from Africa, 2 (13.3%) from North and South America, and 1 (6.6%) from Europe. Most were intervention studies with men who have sex with men (MSM) (86.6%). The strategies were mainly related to health service delivery (60%). More specifically, they included providing education on a health innovation or service (40%) and sending messages about a service (33.3%). Actors were primarily community health workers and study staff (73.3%). Many studies conducted logical or psychosocial support (40%) and provided training and education (40%). One used collaborative and networking approaches (6.6%) (Table).

Conclusion: Understanding the strategies that use delivery modes of advertisements and social media can provide insights to integrate these modes into future interventions and ultimately improve HIV testing outcomes. Integrating other actors such as providers and community members and studies beyond Asia are important next steps.

1295 Enhancing ART Adherence among Young People Living with HIV through the Implementation of T=T (Thanzi Labwino = Tizilombo Tochepe) in Malawi

Madalitso Juwayeyi (presenting)¹

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Introduction: This project focuses on addressing the challenges faced by young people living with HIV in Malawi, specifically in relation to the lack of awareness and understanding of the concept T=T (Thanzi Labwino = Tizilombo Tochepe), which is analogous to the global concept of Undetectable = Untransmittable (U=U). As an experienced professional dedicated to advancing HIV prevention, I have been actively involved in a program called "Comfort Corner" implemented by FACT Malawi, a youth-led organization promoting youth-friendly SRHR services, this program aims to promote adherence to Antiretroviral Therapy (ART) among young people living with HIV.

Description: Despite the implementation of U=U globally, the translation to T=T in Malawi is facing challenges, particularly in disseminating information among young people living with HIV. The lack of awareness on T=T adversely impacts the living standards of these individuals, contributing to issues such as difficulty in forming and finding relationships due to persistent discrimination and stigma, which consequently lead to poor ART adherence and impedes progress toward achieving T=T. To address this, Comfort Corner conducts sessions on ART adherence, emphasizing the importance of T=T.

Lesson Learned: Through the sessions held by Comfort Corner, a positive impact on young people's engagement in discussions about ART adherence and T=T has been observed. However, the lack of awareness remains a significant barrier. FACT Malawi's SRHR youth center has been instrumental in providing youth-friendly services, but the addition of an ART clinic is crucial for enhancing adherence and achieving T=T.

Recommendations: To improve adherence and promote T=T implementation, the project proposes the addition of an ART clinic at FACT Malawi's SRHR youth center. This expansion aims to increase access to ART services, making them more youth friendly; leading to T=T/U. Youth-friendly ART-services should also be adopted by government health-centers. The next steps involve sourcing funding and resources for the implementation of this expansion.



1296 Assessment of Existing Online Resources to Aid Community Pharmacies in Developing Long-Acting HIV PrEP Administration Services

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Introduction: Despite encouraging increases in utilization, HIV Pre Exposure Prophylaxis (PrEP) uptake remains suboptimal and treatment disparities remain. Long-acting PrEP (LA-PrEP) eliminates the requirement for daily oral administration of pills, but there may be limited clinic access for patients to receive it. Community pharmacies can serve as an alternative administration location for this important prevention tool. It is unclear what resources and guidance exist for pharmacies to implement this type of service.

Description: An informal assessment of online tools and resources currently available for community pharmacies who desire to initiate LA-PrEP services was conducted. An internet search engine was used to assess the first 100 websites resulting when keywords 1. *HIV PrEP Pharmacy*; 2. *Pharmacy Long-acting injectable*; 3. *Pharmacy Medication Administration*; and 4. *Pharmacy Toolkit* was entered. Results were descriptively categorized based on subject matter and resources with increased relevance to setting up a LA-PrEP service in pharmacies were extracted. Websites requiring payment for access to resources were excluded from review, as were research manuscripts published in journals.

Lesson Learned: A total of 400 web resources were reviewed for content relevant to establishing up a community pharmacy LA-PrEP administration service. The San Francisco Department of Public Health and Washington State Department of Health have pharmacy PrEP toolkits, although these are not specific to LA-PrEP. Other relevant resources provided toolkits on setting up pharmacy medication administration injection services (American Pharmacists Association), or guidance on setting up collaborative practice agreements (various), and general information about reimbursement or items to include in injection protocols.

Recommendations: Current toolkits for community pharmacies offering PrEP could be enhanced with more specific information about offering LA-PrEP. Updating these toolkits can help facilitate administration beyond clinic settings.

1299 MVOS Codebook – Community Stories in Action to EHE!

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Background: The My Voice Our Stories (MVOS) codebook project demonstrates the use of community storytelling and oral histories to create a valid source of qualitative data for mixed-methods analysis. Such analyses provide contextual information on complex social determinants of health and their relationship with end point HIV health outcomes. The project aims to provide timely and action-oriented recommendations to the full range of actors in civil society needed to end the HIV epidemic (EHE).

Method: MVOS codebook is part of a larger NJ-based EHE initiative, MVOS, that generates community data. Stories for analysis include open format interviews, spoken and written stories, videos, photographs and layered art with explanations. The codebook addresses storyteller demographics, social determinants of health, and person-specific determinants in each analyzed story. 5 diverse coders have relevant lived experience to the project. Codebook themes are compared with literature to identify interventions. Themes and interventions are shared with storytellers in focus groups for input and recommendations. Reports are shared with public health leaders to generate new programs and partnerships.

Results: Through May 2024, 5 MVOS cohorts will have generated 50 stories and 100 interview transcripts for analysis. Themes identified to-date include social supports that protect against HIV-associated risks through life (3 for young LGBTQ men-of-color and 2 for young black girls). Working with mono-lingual Spanish migrant mothers has provided unique perspectives for further analysis. Recommendations stemming from analyses suggest a range of public health initiatives building on successes. Our results are being used to create public/private partnerships focused on educating NJ police and teachers.

Conclusion: Data collected from oral histories and community storytelling is a reliable source of contextual data for planning and evaluating health initiatives, public/private partnerships, and community EHE campaigns.



1301 Impact of Proactive Multidisciplinary Interventions on Antiretroviral Medication Adherence

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Background: Adherence interventions are often implemented after treatment failure is identified. Antiretroviral (ARV) prescription claims data can guide adherence interventions for people with HIV prior to treatment failure. This study determined the impact of targeted interventions using ARV claims data to improve adherence.

Method: Participants were eligible if they: 1) received care at a collaborating clinic; 2) failed to pick up ARVs ≥ 30 , 60, or 90 days from prior fill date; 3) were eligible to receive an intervention between November 2020 and June 2021; 4) had continuous enrollment with state AIDS Drug Assistance Program or Medicaid 12 months pre- and post-index date (date of intervention); and 5) were prescribed either a single-tablet (STR) or a multi-tablet regimen (MTR) pre- and post-index date. Interventions were either direct (e.g. in-person/telephone counseling) or indirect (e.g. text/voicemail messaging). The study outcome was ARV adherence, defined as a proportion of days covered $\geq 80\%$. The percentage of participants with ARV adherence was calculated pre- and post-index date and compared across intervention groups. Covariate-adjusted odds ratios (aOR) and 95% confidence intervals (CI) were reported.

Results: A total of 465 participants were eligible. The mean age was 46 years, 37% were female and 76% were African American. At baseline, 57% had an HIV RNA of < 200 copies/mL. The ARVs prescribed included STR (n=379) and MTR (n=86). Seventy-six percent (n=353) received an intervention (direct=222; indirect=131). From baseline, a 17.3% and 10.7% increase was seen in the number of participants adherent to ARVs for those who received an intervention and those that did not, respectively. The odds of adherence were similar (aOR: 1.52; CI: 0.85-2.7).

Conclusion: Targeted interventions using ARV claims did not improve adherence in this sample of participants enrolled during the COVID-19 pandemic. A larger study in the post-pandemic period will be needed to confirm these findings.

1302 Audit and Action: Medical Record Audits as Opportunities to Promote Re-Engagement in Care

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Background: As part of its support to 823 HIV care facilities, AIDS Healthcare Foundation (AHF) global program conducts annual comprehensive audits of clients' medical records, aiming to assess data systems; monitor the number of active clients receiving HIV care; estimate the number of clients reported as No Longer in Care (NLIC); and support re-engagement in care of clients found to be lost to follow-up (LTFU).

Method: AHF and local providers jointly conduct yearly comprehensive assessments of all paper and electronic records of enrolled clients, reviewing estimates of key indicators for quality of care in each facility, and investigating the status of clients reported as NLIC (transfer out; incarceration; refused care; deceased; LTFU). LTFU clients are traced, with individual assessment of reasons for care discontinuation and re-engagement in care when possible.

Results: Data from 2020, 2021 and 2023 show that 9.4%, 12.1%, and 9.8% of clients reported as LTFU were re-engaged in care following the audit and subsequent re-engagement interventions. A higher proportion of clients returned to care after the audit in 2021 as compared to 2020 and 2023. The proportion of clients LTFU out of all active clients declined from 2.7% in 2020 to 1.8% in 2021 ([table 1](#)).

Conclusion: Medical record audits are necessary tools to establish process standardization and quality control. However, audits also promote knowledge exchange between auditees and auditors and provide opportunities for interventions that may later improve care indicators.



1305 Use of Specific Clinical Characteristics to Differentiate Equivocal Human Immunodeficiency Virus (HIV) Screening Results in the Emergency Department: The Significance of Patient Risk Factors

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Background: We consider the clinical presentation of patients with equivocal HIV test results in the ED (HIV Ab/Ag +, HIV Ab -) found through routine ED-based HIV screening and further describe those patients that presented to the ED during acute seroconversion (acute +) compared to the clinical characteristics of patients that were ultimately found to have false + initial screening results.

Method: HIV testing data was reviewed from an ED based HIV screening program from 2016-2023. Equivocal HIV test results were identified and classified into two groups according to results of subsequent quantitative HIV nucleic acid reverse transcriptase polymerase chain reaction (RT-PCR) testing: acute positive (AC) or false positive (FP). Patient level chart review was conducted to abstract demographics and potential risk factors for HIV or a positive screening result in its absence. Potential explanatory variables for differentiating equivocal test results were analyzed for statistical significance.

Results: We screened 120,294 patients for HIV over 7 years. 2,088 patients had a positive antibody result, and of those, 1,804 had non-equivocal positive HIV results. Of the 178 that were equivocal (11.7% of all positives), 139 had no detectable HIV RNA (false +), while 39 patients were acutely infected. Qualitative review of equivocal patient's clinical characteristics during the reactive screening encounter is included.

Conclusion: Clinical characteristics of presenting patients may allow further stratification of equivocal results during the clinical encounter, increasing provider confidence in whether a result represents a FP or AP. Early order entry, sample collection and decreased turnaround times of an HIV nucleic acid RT-PCR tests are critical steps to fully differentiate HIV-equivocal patients. ED physicians should consider both the ARCHITECT HIV Ag/Ab Combo assay and nucleic acid test during the patient's initial ED encounter.

1306 Perspectives on the Implementation of Long-Acting Injectable Antiretroviral Therapy in Florida: A Qualitative Study

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Background: Long-acting injectable (LAI) antiretroviral therapy (ART) is an exciting new ART option that could benefit many people with HIV (PWH). The present study describes the barriers and facilitators of LAI ART implementation in Florida, a high prevalence setting, using the Consolidated Framework for Implementation Research (CFIR).

Method: Semi-structured qualitative interviews were conducted with 16 PWH (69% aged 50+, 50% non-Hispanic White, 50% cis men) and 11 HIV care providers (27% non-Hispanic Black, 27% Hispanic, 73% cis women) throughout Florida. Recruitment occurred between October 2022 and October 2023 from HIV clinics. Interviews were recorded, professionally transcribed, and then by the research team using a thematic analysis guided by the CFIR domains.

Results: While LAI ART was seen as effective, administration as a shot, increased clinic visits, and a feeling that this made HIV the center of one's life served as barriers among PWH. Providers also expressed concerns about potential integrase resistance. Barriers noted by PWH and providers in the outer setting included transportation issues, fear of inadvertent disclosure, concerns about access, miscommunication with external pharmacies, and payor issues. Within the inner setting, providers identified the need for extra staff and the increased burden on existing staff as barriers. While PWH and providers acknowledged LAI ART could be a good option for some, most PWH were happy with daily ART and providers noted that many who needed an alternative to daily ART were ineligible for LAI ART. These barriers decreased the among both PWH and providers, especially with the high effectiveness of daily ART.

Conclusion: Many of the identified barriers occur outside of the clinic or are inherent to the current eligibility for LAI ART. Many outer setting barriers will likely apply to other novel long-acting ART options.



1307 Adolescent and Young Adult Participation in a Universal Opt-out HIV Screening Program

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Introduction: Adolescents and young adults ages 13 to 24 (AYA) with HIV are a vulnerable population with low rates of HIV diagnoses, engagement in care, and viral suppression. 44% of AYA with HIV are unaware of their infections, and AYA are the least likely of any age group to be promptly linked. In 2021, AYA was estimated to make up 19% of new HIV infections in the US.

Description: University of Chicago Medicine (UCM) implemented universal opt-out HIV screening for most departments serving adults in 2016. Over the last five years (2019 – 2023), 31,782 screenings were performed on 21,735 unique AYA. The most common testing locations for AYA were in the emergency department (ED) (12,839, 40.4%) and outpatient primary care (7,424, 23.4%). Overall, 102 patients tested positive, with 52 (50.4%) new diagnoses, 13 (25.0%) being acute infections. Among new cases, 12 (92.3%) of acute and 53 (90%) were linked to care. Among existing cases, 13 (26.0%) required linkage to care (VL > 200), and 7 were linked (53.8%).

Lesson Learned: The majority (97, 69.8%) of positive tests, and nearly all acute cases (11, 84.6%), occurred within the ED, demonstrating the value of universal HIV screening among AYA presenting for emergency care. To further improve screenings for this priority population in the ED setting, UCM implemented universal opt-out screenings in the pediatric ED at Comer Children's Hospital in July 2022, resulting in an additional 1,124 screenings. Within this population, 3 new diagnoses were identified, 2 (66.7%) of which were acute. All were linked to care.

Recommendations: Universal HIV screening has proved important to identify AYA with HIV who need linkage to care among our population. However, universal screening also offers opportunities for HIV prevention and pre-exposure prophylaxis (PrEP). Efforts to expand HIV prevention and sexual health education are ongoing.

1309 Patient-Provider Communication about Undetectable=Untransmittable: Perspectives of Men Living with HIV and HIV Service Providers in Australia and the United States

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Background: The Undetectable=Untransmittable (U=U) campaign was launched in 2016 to raise global awareness that people living with HIV (PLWH) whose viral load is undetectable cannot sexually transmit HIV. However, many people have responded to the U=U message with skepticism. HIV service providers are uniquely positioned to disseminate the U=U message, clarify misconceptions, and bolster message credibility. In this interview study, we explored patient-provider communication about U=U from the perspectives of PLWH and HIV service providers, including current practices and preferences.

Method: In 2023, we conducted 40 semi-structured interviews by phone or online with key informants recruited through HIV community-based and professional organizations in Australia (*n*=20) and in the US (*n*=20). Key informants included 20 PLWH and 20 HIV service providers. Data were analyzed thematically.

Results: PLWH were gay cisgender men aged 29-67 years (M[SD]=52[13.1]) who reported their viral load to be undetectable. Providers were sexual minority (58%) and heterosexual (42%) cisgender men and women aged 30-65 years (M[SD]=38[9.0]). When asked how they explained U=U to patients, all Australian providers and half of US providers used clear and direct language, consistent with PLWH's expressed preferences. PLWH from both countries reported that, in practice, the U=U message was sometimes absent, ambiguous, inaccurately explained, or accompanied by caveats that undermined the message. Most providers from both countries did not routinely discuss U=U with HIV-negative patients, though providers and PLWH perceived U=U knowledge among HIV-negative people to confer benefits, including stigma reduction.

Conclusion: Many Australian and US providers would benefit from training to improve their precision and clarity when discussing U=U with patients and from clearer directives to discuss U=U with patients of both serostatuses.



1311 Exploring Social Support Dynamics in the Co-Management of HIV and Non-Communicable Diseases: Participant Insights from the ProMeSA Pilot Intervention in the Dominican Republic

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Background: Social support can improve HIV health outcomes, including ART adherence, and outcomes for non-communicable diseases (NCDs). Food insecurity is prevalent among PLHIV, adversely affects HIV and NCD outcomes, and can be affected by levels of social support. Understanding the experiences of social support among individuals concurrently living with HIV, NCDs and food insecurity is important to identify opportunities for enhanced support.

Method: Semi-structured qualitative interviews ($n=27$) were conducted among PLHIV, food insecurity, and diabetes, hypertension, or heart disease participating in a food security intervention study in the Dominican Republic. Questions focused on sources and types of social support. Audio-recorded interviews were transcribed and coded using deductive and inductive codes. Using thematic analysis and matrices, coding reports were reviewed to explore experiences with social support.

Results: HIV stigmatization and fear of stigma contributed to the lack of social support. Of those who reported receiving support, it was received from healthcare sources (providers, clinic peer counselors) and non-healthcare sources (family, friends, neighbors). Salient forms of support included food, obtaining medication, attending clinic visits, self-care, healthcare navigation, understanding diagnoses, and economic and moral support, and these often intersected. Non-healthcare sources provided help with food, attending clinic visits, and spiritual support more frequently, whereas healthcare sources supported navigating the healthcare system and understanding diagnoses (beyond standard care). Non-healthcare and healthcare sources both supported obtaining medication, self-care, and economic and moral support, but addressed different aspects. By gender, women primarily reported receiving moral support while men often hid their HIV diagnosis.

Conclusion: When social support is lacking from family and friends, healthcare personnel can fill a critical gap. Interventions to strengthen the intersections between different sources and types of support may enhance outcomes for people with HIV and NCDs.

1312 Boosting PrEP Use in High-Risk Communities

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Background: Biomedical prevention strategies, such as PrEP, are essential in mitigating HIV incidence, yet their uptake remains suboptimal among certain demographics. The Gay and Lesbian Community Center of Southern Nevada has observed a marked disparity in PrEP engagement among Gay and Bisexual Men of Color. This demographic is critical in Clark County, a region where HIV rates significantly surpass state and national figures, demanding an effective biomedical response.

Method: An in-depth analysis of 2023 service data from The Center, which catered to 6,697 individuals, was undertaken to assess PrEP utilization patterns. The study analyzed HIV positivity (3.76%), STI incidence (17.5% for Gonorrhea/Chlamydia), and demographic data to identify and understand the nuances of PrEP uptake. The methodology combined quantitative data with qualitative assessments to elucidate the psychosocial factors influencing PrEP adherence.

Results: The quantitative analysis revealed a PrEP uptake gap, particularly among Men who have Sex with Men (MSM), who constituted 43.83% of the service users, and transgender individuals, who made up 13.88%. These findings are juxtaposed with a qualitative inquiry that suggests psychosocial barriers, including stigma and socioeconomic factors, as substantial impediments to PrEP adherence in these populations.

Conclusion: The Center's research underscores an urgent need for strategic biomedical interventions that are culturally sensitive and psychosocially informed. The evidence points towards the efficacy of comprehensive, community-engaged strategies in enhancing PrEP adherence. By addressing the specific barriers identified in the research, such interventions could significantly mitigate the higher HIV transmission rates in Gay and Bisexual Men of Color, with potential applicability to similar high-risk populations beyond the local setting.



1314 Implementation of a Long-Acting Injectable Program for ART/PrEP in a Multidisciplinary Adolescent HIV Clinic at a Pediatric Academic Medical Center

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Introduction: The Federal Drug Administration approved cabotegravir/rilpivirine (CAB/RPV) and cabotegravir long-acting injectable (CAB-LA) in 2021 for antiretroviral therapy (ART) and Pre-Exposure Prophylaxis (PrEP). Few clinics have successfully implemented LAIs for HIV prevention and treatment for adolescents and young adults aged 14-24 in the US; and limited data is available on the implementation of such programs in academic medical centers.

Description: We evaluated implementation of a LAI program for ART/PrEP in a Ryan White-funded adolescent HIV clinic at a pediatric academic medical center, in an Ending the HIV Epidemic priority area. The program launched in 2022 and included the following steps: 1) identification of interested and eligible patients, 2) evaluation of insurance coverage for oral lead-in and LAI, 3) development of a clinical protocol, and 4) maintenance of patient adherence to clinic visits. Electronic medical record abstraction was conducted to examine uptake, time to injection, and retention in the program.

Lesson Learned: 27 patients were interested in CAB/RPV with most (n=19, 70%) being prescribed CAB/RPV LAI. Patients prescribed primarily identified as Black (76%), cisgender males (94%), transgender female (n=1; 5%). Patients took an average of 95.84 days to start on CAB/RPV. The median (IQR) was 38.5 (17-294). Most (89.5%, n=17) remain on CAB/RPV with 100% having an undetectable viral load. 15 patients were interested and prescribed CAB-LA (n=11, 73%). Patients prescribed identified as Black (100%), cisgender male (45%), and transgender females (n=3, 27%). Patients took an average of 48.9 days to start CAB-LA. The median (IQR) was 22 (9.5-93.5). 100% on CAB-LA remains on the regimen. Competing medical priorities, lab requirements, medication adherence, appointment adherence, and insurance issues contribute to delay and non-use.

Recommendations: Pediatric clinics can successfully implement LAI programs for HIV treatment and prevention and can prepare to navigate potential barriers.

1316 Expansion of a Routine Hepatitis C Screening Program in an Emergency Department in Chicago

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Introduction: University of Chicago Medicine (UCM) has a long-standing HIV screening program. UCM also provides hepatitis C (HCV) testing and linkage to care and has expanded the HCV program to replicate successes of its HIV program. HCV screening has been focused on trauma and primary care settings, with plans to now expand to routine screening in the emergency department (ED) and improve resources for our linkage to care services.

Description: From 2014-2022, UCM screened 95,539 individuals for HCV as part of their routine testing program. Of these, 3,343 (3.5%) tested antibody positive, 1,537 (46%) of which had a detectable viral load, and 510 (33%) were linked to care. UCM established a HCV Care Coordinator, who specializes in linkage to care to quickly assess for needs and refer to care to ensure timely linkage. We replicated the HIV linkage to care program for HCV to include early detection, linkage to follow-up appointments and antiviral treatment, help with Medicaid prior authorizations/insurance navigation, and any other patient needs.

Lesson Learned: Current linkage to care case management has been challenging due to high volume of patients impacted by social determinants of health, and incorrect documentation of patient contact information. Our HCV linkage to care coordinator found that meeting patients while hospitalized and scheduling appointments facilitated linkage to care and is working to develop a short-term case management program for up to 12 weeks.

Recommendations: We plan to expand HCV screening in the ED to all patients meeting CDC criteria. We also hope to improve linkage to care rates by establishing a multidisciplinary care team of infectious disease pharmacists, linkage to care coordinators, and infectious disease physicians to co-manage rapid appointment, medication delivery, and lab work. The team will reduce barriers to care and provide wrap around linkage to care services.



1317 Leveraging Implementation Science to Address HIV Disparities

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Introduction: HIV disparities have been persistent throughout the history of the disease with different populations being the most impacted. Intersectional identities such as people of color (POC) who are also sexual or gender minorities and are impacted by poverty tend to experience the highest disparities in disease incidence and outcomes. Herein, we will discuss how our program has leveraged implementation science to address HIV disparities within our population. Implementation science is the study of scientific methods that facilitate the adoption of evidence-based interventions into regular daily practice. As for HIV care and prevention, there are several evidence-based interventions that have been proven to be effective in improving outcomes, however, the adoption of these has been slow and impacted by several individual, organizational and systemic factors.

Description: Our program has leveraged the data that we collect on our patients in the electronic medical records to identify subpopulations that face health disparities and potential evidence-based interventions. We have thus far utilized implementation science strategies including the Expert Recommendations for Implementing Change (ERIC), Exploration, Preparation, Implementation, Sustainment (EPIS), and Reach, Effectiveness, Adoption, Implementation, and Maintenance (REOAIM) frameworks for the following interventions to address various disparities in our population:

1. Telehealth care
2. Medical case management
3. Long-acting antiretroviral therapy
4. Integration of mental health services
5. Care for aging populations

Lesson Learned: Implementation of science frameworks and strategies have served as great tools to help map out the process and outcomes of these evidence-based interventions. There have been several facilitators and barriers to implementation that were identified through these frameworks

Recommendations: Policymakers should encourage HIV programs to adopt implementation science strategies and frameworks as essential tools to scale up proven HIV interventions. Funding and training for implementation science can further expedite its adoption within routine HIV care.

1318 Implementing an Evidenced-Based Jail Linkage Intervention for PWH through Strategic Health System Coordination and Partnership Building

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Background: Upon release, justice-involved PWH experience significantly lower rates of linkage, retention, and viral suppression compared to PWH who are not justice involved. Health departments (HDs) must engage key stakeholders to implement jail linkage programs. New Orleans' 2020 data shows that only 40% of justice involved PWH are linked to HIV care, 24% retained, and 29% virally suppressed once released from jail. Ryan White Services and Resources (RWSR) partnered with CAI's TAP-in to support stakeholder engagement to improve HIV care and health outcomes during and post reentry.

Method: TAP-in supported RWSR with strategies, grounded in implementation science (IS), to enhance jail linkage and support services for justice-involved PWH. TAP-in's strategies followed the Exploration, Preparation, Implementation, and Sustainment (EPIS) model and included:

- Exploration of current data, highlighting gaps in care/HIV outcomes
- Convening key stakeholders and strengthening evaluation metrics
- Implementing an evidence-based intervention (EBI) to address gaps and community needs

Results:

- Meaningful stakeholder engagement helps HDs in planning and preparation to identify and tailor EBIs by creating a shared understanding of the gaps in HIV care.
- The IS methodology is replicable and HDs can use them to develop and implement jail linkage programs with their communities.
- PWH released from incarceration often have competing needs. Engagement of PWH in the development of tools to meet their needs is key to achieving successful linkage and maintenance in care.

Conclusion: HDs around the U.S. have identified justice involved PWH as a priority population. To achieve better health outcomes for justice-involved PWH and help end the HIV epidemic, HDs must actively engage stakeholders in identifying service gaps and working collaboratively to address them. This work serves as a roadmap for HDs on how to leverage funding opportunities and IS in interventions to improve health outcomes for justice involved PWH.



1319 Make a Difference in Twenty Minutes

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Introduction: As Nevada experiences high rates of new HIV infections, focus remains on HIV prevention. Expanding Sexually Transmitted Infection (STI) screening while utilizing a Status Neutral approach has been a key initiative for the Southern Nevada Health District (SNHD) Sexual Health Outreach and Prevention Program (SHOPP). Offering an “express” option to STI screening helps promote and normalize this crucial health need. It is important to standardize and optimize the twenty-minute visit to make a difference.

Description: Our Express Testing visit is deliberate and focused while being comprehensive in assessing sexual health history, knowledge of sexual health and STI prevention, and assessment of Social Determinants of Health. Utilizing a status neutral approach, all clients with a negative HIV screening are given education about and offered PrEP services. Education is provided on safer sex practices. Social Determinants of Health (SDOH) are assessed, and linkage services are available to assist with identified needs. STI screening is normalized and encouraged, leaving clients empowered in navigating their sexual health.

Lesson Learned: Lessons learned include integrating a syndemic approach into Express Testing. While testing is the first step in Ending the HIV Epidemic, other complex and overlapping factors make the identification, treatment, and prevention of HIV more challenging. Assessment of SDOH is needed to identify and remove barriers preventing treatment and prevention goals. Community Health Workers (CHWs) are utilized to help meet SDOH needs.

Recommendations: It takes only twenty minutes to make a significant difference. The Express Testing model incorporates a comprehensive approach to sexual health and HIV prevention, while being mindful of clients’ time. Strategies of status neutral and syndemic approaches foster a whole person approach, ultimately identifying barriers. Linking our clients to needed services goes beyond STI screening but makes treatment and prevention of HIV attainable.

1321 Determining Capacity and Desire for Age-Friendly Healthcare at a Midwest HIV Clinic

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Introduction: With advancements in antiretroviral therapy, people with HIV (PWH) are aging like the general population. The HIV workforce is challenged to shift focus from the previous demands of a highly fatal infection to the chronic needs of older PWH. According to the Centers for Disease Control and Prevention (CDC), in 2021, 53.3% of people with HIV in the United States were 50 years of age or older (CDC, 2021). Some studies predict that this number will reach over 70% by 2030 (Guaraldi et al., 2019; Shiao et al., 2020).

Description: At University of Nebraska Medical Center (UNMC) Specialty Care Center (SCC) we envision a seamless healthcare delivery system in which aging PWH can continue their routine HIV care while addressing age-friendly screenings and interventions. We utilized the EPIS (Exploration, Preparation, Implementation, and Sustainment) Framework to determine capacity and establish protocols for integrating age-friendly care. We also employ the Expert Recommendations for Implementing Change (ERIC) strategy to guide selection and adaptation of evidence-based strategies and measurement of outcomes, including patient, provider, and leadership acceptability and feedback.

Lesson Learned: We partnered with Nebraska Geriatric Workforce Enhancement Program (NGWEP) to explore opportunities for geriatric care within the HIV clinic. NGWEP interdisciplinary expert panel has promoted process changes with collaborative education and geriatric-specific training. Professional mentorship is established between a NGWEP geriatrician and a Geriatric Champion at the SCC. Notably, initial patient surveys indicated a strong preference among aging patients to continue receiving their care at the HIV clinic, rather than seeking referrals to geriatricians and other specialists.

Recommendations: Next we will implement clinical practice change, along with standardized documentation and data monitoring in the electronic health record, to promote age-Friendly Care for older PWH, with focus on patient outcomes and satisfaction, and program effectiveness and sustainability.



1323 Telehealth – Tailored Approaches to Optimize Care

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Introduction: Telehealth is a pivotal tool for enhancing healthcare accessibility and retention. Studies indicate increase utilization of telehealth services for HIV care, but concerns exist regarding the exacerbation of health disparities due to social determinants of health and disparities. Harris County, a priority jurisdiction for Ending the HIV Epidemic, stands out as one of the nation's most culturally diverse regions [Hispanics (HL), African Americans (AA), minority groups – 71% of population]. In 2022, HL represented 23% of the 5,181 clients receiving HIV care at Thomas Street@Quentin Mease (TSQM) in Harris Health System. However, among 1,702 telehealth visits (telephonic or video-based), only 17% identified as Hispanic (55% were African American, 14% White). Innovative strategies to optimize HIV care tailored to the Hispanic community is needed.

Description: TSQM is involved in a Health Resources and Services Administration (HRSA) Special Projects of National Significance (SPNS) project, Telehealth Strategies to Maximize HIV Care. This initiative focuses on the implementation, adaptation, and evaluation of telehealth coordination, client navigation strategies, and staffing models. Notably, the project encompasses provider training and incorporates telehealth coordination for client navigation. It includes customized hands-on training and practice sessions for video visits, designed to enhance clients' readiness, satisfaction, and comfort with telehealth.

Lesson Learned: Success hinges on multidisciplinary team collaborative efforts in the virtual workflow, including Hispanic community health workers and is instrumental in identifying and addressing challenges and opportunities. Moreover, the establishment of a dedicated Virtual Care department has proven invaluable in facilitating the implementation process, underscoring the importance of dedicated resources and support structures in advancing telehealth initiatives.

Recommendations: Incorporating tailored approaches, cultural competency training, multidisciplinary team, and feedback mechanisms for clients and providers, telehealth services can be optimized for Hispanic clients living with HIV, ultimately improving access to care and reducing health disparities.

1326 Social Determinants of Health Data Is Key to Attaining Health Equity

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Introduction: Standardizing, identifying, and remediating social determinants of health (SDOH) for persons living with human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS) (PLWHA) is key to attaining health equity, which is an individual's ability to attain their highest level of health.

Description: Significant evidence demonstrates SDOH remediation increases health equity, yet PLWHA experience increased SDOH, which contributes to poorer health equity, access, and outcomes. This is further exacerbated for individuals and communities of color and resources constrained geographically rural communities. Health programs that implement routine SDOH risk assessments, along with person-centric and community-specific social interventions supports individual interventions, identifies community resource needs, and provides empirical evidence supporting policy changes and public programming. Using existing assessment tools with reimbursable International Classification of Diseases, Tenth Revision (ICD-10) SDOH care services billing codes Z55-Z65 (e.g., housing, food insecurity, lack of transportation) standardizes SDOH definitions, data categories, and reduces financial and resource burdens for smaller and rural communities. This also increases revenue for services reinvestment with reimbursable SDOH Risk Assessments, telehealth services, a variety of chronic care management supports, and clinical quality measures and value-based payment reporting.

Lesson Learned: Services for PLWHA are funded by many sources, which do not consistently collect and utilize the same data and may define data elements differently. Data and measurement infrastructure continues to evolve, yet gaps persist, especially related to PLWHA and SDOH data. Resources are scarce to significantly impact SDOH.

Recommendations: Continue to support collection of ICD-10 ZCode SDOH data collection to standardize SDOH analysis, policy gaps, and program needs. This program description abstract addresses the "Social Determinants of Health" (SDOH) domain within the "operations research, demonstration projects, and practice-based approaches" area. Although evidence demonstrates up to 80% of all health outcomes are related to non-healthcare delivery circumstances, SDOH particularly impacts "resource-constrained settings and geographies."



1328 Improving Treatment Management Efficiency and Outcomes of People Living with HIV Using an Online Reservation Application in Laguna Medical Center, Philippines

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Background: By the end of December 2022, among total enrolled clients in the Philippines (N=86,792), 23% had interrupted treatment. Focused group discussions and interviews highlighted ineffective case management due to burdened human resources as a common problem contributing to treatment interruption. With the implementation of QuickRes – an online service booking platform launched in 2022, Laguna Medical Center (LMC) and PEPFAR USAID-supported Meeting Targets and Maintaining Epidemic Control (EpiC) Project saw the opportunity of maximizing QuickRes for client task management and prioritization.

Method: With other service delivery approaches such as multi-month dispensing, enhanced case management, and decentralized drug distribution, QuickRes' online reservation function was used to schedule and set reminders for client refills and arrange client queuing per day. The LMC staff, composed of 1 doctor, 1 nurse and 1 case manager, prioritized the client refills and other requested HIV services per day based on the specified needed time and risk assessment results in QuickRes.

Results: By September 2023, LMC has 382 clients currently on ART visiting quarterly for medication refills. Among these clients, 245 (64%) booked their refills through QuickRes. These clients are prompted and reminded of their next visit schedules using the SMS function of QuickRes. With the use of QuickRes, LMC has improved the time spent with each client from 30 minutes to 1 hour per client to 15 mins per client refills and 30 minutes for in-depth client consultation. From 7% treatment interruption in March 2023, LMC was able to reach 5% by the end of September 2023.

Conclusion: Advances in technology such QuickRes, can support the service delivery process and optimize use of time of limited human resources. Alleviating the burden of staff for task management can improve efficient implementation of case management approaches for better client outcomes.

1330 Unraveling Treatment-Related Fatigue in Older Persons Living with HIV: Insights and Implication

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Background: With the aging HIV population, older People Living with HIV (PLWH) face increasing challenges related to chronic disease management, exacerbated by the prevalence of multimorbidity and treatment regimen fatigue (TRF). TRF, distinct from adherence and burden, is poorly understood, and tools to measure it lack a standardized definition. This study explores the associations between patient workload, capacity, TRF, and outcomes among older PLWH.

Method: A mixed-methods study involving 90 English and Spanish-speaking older PLWH, including those with multimorbidity, was conducted. In-depth interviews, guided by the Work-Load Capacity Model and Cumulative Complexity Theory, characterized TRF impact on disease outcomes and identified intervention targets. Participants completed a survey, and qualitative data were analyzed deductively.

Results: While 30% reported TRF symptoms, total individual scores on the Treatment Regimen Fatigue Scale (TRFS) were low, prompting revision to Treatment Regimen/Disease-Specific Fatigue (TRDF). Qualitative findings clarified TRDF components, leading to subdomains: treatment fatigue and disease-specific fatigue. Emerging themes highlighted the role of patient complexity in exacerbating TRDF, potentially linked to poor HIV care engagement, multimorbid outcomes, and lower health-related quality of life among older PLWH.

Conclusion: Preliminary findings suggest a nuanced understanding of TRDF, indicating the need for tailored measurements. TRDF encompasses both treatment and disease-specific fatigue, recognizing the impact of patient complexity. The proposed TRDF tool's development is informed by these insights, aiming to elucidate the biopsychosocial components of TRDF. This study addresses a critical gap in understanding TRDF among older PLWH, laying the groundwork for interventions to improve chronic disease management and overall well-being.



1331 Exploring the Nexus of Vulnerabilities in Key Populations and the Presence of Advanced HIV Disease (AHD) in Nigeria: Emphasizing CD4 Counts as a Diagnostic Marker for AHD

Mark Akhigbe (presenting)¹, Roger Abang¹, Paul Umoh¹, Abiye Kalaiwo²

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Background: Nigeria, with 1.9 million HIV-positive individuals in 2021, holds the second-highest global prevalence. Advanced HIV Disease (AHD), identified by a CD4 count <200 cells/mm³, marks a critical stage with increased mortality and opportunistic infections. Understanding factors influencing AHD prevalence is crucial for targeted therapies and improved HIV outcomes, especially considering the challenges faced by key populations (KPs) like female sex workers (FSW), men who have sex with men (MSM), and people who inject drugs (PWID) due to social stigma, discrimination, and limited healthcare access. This study underscores the significance of early CD4 counts as a diagnostic measure, exploring their relationship with KP vulnerabilities and AHD prevalence in Nigeria.

Method: A retrospective analysis utilized electronic medical records (EMR) data from 17 One Stop Shops (OSS) sites under the USAID-funded KP CARE 1 project in Nigeria between 2022 and 2023. Examining 15,519 HIV-positive individuals, the study focused on demographics such as KP sub-types, CD4 counts at diagnosis and follow-up visits, and AHD presence. Basic statistical analysis revealed that 2% of clients (246 out of 15,519) had a CD4 <200 cells/mm³.

Results: The results indicated a significant association between KP sub-types and AHD prevalence. Among KPs, the overall AHD prevalence was 2%, with FSW exhibiting the highest rate (43%), followed by PWID (24%), MSM (23%), and Transgender (11%). These findings underscore the urgency of targeted interventions for early detection and mitigation of AHD impact within key populations, necessitating policy initiatives addressing their specific needs in the context of HIV/AIDS.

Conclusion: In conclusion, this study highlights the concerning intersection of vulnerabilities in KPs and AHD prevalence in Nigeria. CD4 counts emerge as crucial indicators for early AHD identification, emphasizing the necessity for targeted HIV prevention and education programs tailored to KPs, particularly FSW.

1334 Not the Majority: Discrete Choice Experiments on oral PrEP in the United States, Examining Potential Hypothetical Bias and External Validity

Evan Hall (presenting)¹

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Background: Pre-exposure prophylaxis (PrEP) for HIV prevention coverage for those who could benefit is disparate across racial and ethnic groups, yet there is paucity of research to explain the roots of this discrepancy. This study examines how discrete choice experiments for oral PrEP and their results could be influenced by hypothetical bias or external validity, thus, directly implicating policy decisions on PrEP.

Method: The study examined existing discrete choice experiments through a literature search for studies based in the United States and on oral PrEP. Data on attributes, results, year conducted, and demographics of the sample were collected.

Results: All of the studies included most White participants in the discrete choice experiments and found that cost was the highest influential attribute to oral PrEP packages/options. None of the studies suggested possible influence of hypothetical bias, and there was no analysis of external validity.

Conclusion: The lack of representation of Black/African Americans and Hispanic/Latinos in oral PrEP discrete choice experiments underscores how current policy in the US on PrEP focuses primarily on cost over other attributes. Importantly, qualitative data on barriers to accessing PrEP for these populations were not included in attribute formation for the discrete choice experiments. The influence of hypothetical bias may be present, while external validity of PrEP coverage data shows a lack of congruence in existing discrete choice experiment data. Future discrete choice experiments must underscore representative sample demographics and informed attributes to improve the results, which will subsequently improve oral PrEP policy.



1336 Incidence Prevalence Ratio to Measure HIV Epidemic Control in 41 EHE City/County Jurisdictions

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Background: The incidence-prevalence ratio (IPR) is a proposed metric for HIV epidemic control aimed at providing a view of the HIV epidemic's dynamics that can be leveraged alongside programmatic targets such as 95-95-95. Epidemic control is measured using a country-specific threshold denoting fewer than one HIV infection per person living with HIV over their lifetime, thus indicating the HIV epidemic is shrinking.

Method: The threshold for HIV epidemic control was determined by first calculating D (life expectancy post infection) = life expectancy post Dx + US national average time to diagnosis; and then calculating the threshold $(1/D)$ which came to .028. The threshold of .028 indicates the epidemic is controlled and in a state of decline at or below this value; and above this indicates growth of the epidemic over time. IPR (incidence/prevalence) trend data were calculated for 41 US counties prioritized in the Ending the HIV Epidemic (EHE) initiative from 2017-2021 using estimated CDC incidence and prevalence (NCHHSTP AtlasPlus). Nine jurisdictions that did not have data through 2021 were not included.

Results: In 2021, 63% (26) of the EHE counties had reached HIV epidemic control compared to 39% (16 counties) in 2019 and 27% (11 counties) in 2017. Between 2017 and 2021, 39 of the 41 counties saw an improvement (decrease) in IPR (ranging from a decrease of .018 to .001). One county remained the same and one saw an increase. The average IPR across the 41 jurisdictions was .031 in 2017 and .026 in 2021, noting an overall improvement ([Table](#)).

Conclusion: EHE county jurisdictions and other sub-national jurisdictions may benefit from monitoring IPR progress against a national threshold in addition to other metrics. IPR could supplement local and national incidence and prevalence targets as it indicates shrinking of the HIV epidemic at national, sub-national, and municipal levels.

2001 Boosting Appointment Adherence: Insights from a Personalized Outreach Initiative at a Ryan White-Funded Clinic in the Deep South

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Introduction: Appointment adherence is crucial for ensuring effective HIV care, particularly among women of childbearing potential, infants, children, and adolescents. However, maintaining high adherence rates poses challenges, necessitating interventions to improve patient engagement and attendance.

Description: This project focuses on the intervention implemented at the University of Alabama at Birmingham Family Clinic, funded by the Ryan White program, aimed at enhancing appointment adherence rates. The intervention involved linkage and retention coordinators and clinic staff providing two personalized reminders via phone calls, text messages, and emails to patients first at approximately 7 days prior and then 24-48 hours prior to their scheduled appointments. These communications also served as opportunities for patients to express any barriers to attendance, such as transportation issues or scheduling conflicts, which the coordinators could then address.

Lesson Learned: The results of the intervention showed a notable increase in appointment adherence rates, from our baseline of 85% in 2020 to 90% by the end of 2023. This improvement underscores the effectiveness of personalized patient engagement strategies in mitigating barriers to attendance. Implementation issues included the need for efficient coordination among clinic staff and coordinators and the importance of tailored communication approaches based on patient preferences and needs. Continuous updates to the patient's demographic information are crucial to facilitate effective communication with the patient.

Recommendations: Further initiatives should explore the integration of technological solutions, such as appointment reminder apps or telehealth options, to complement personalized outreach efforts. Additionally, ongoing training and support for clinic staff and coordinators in patient communication and problem-solving skills would enhance the sustainability and effectiveness of similar interventions. Continued research into patient-centered approaches and their impact on HIV care engagement is recommended to optimize healthcare delivery for vulnerable populations.



2002 Improving Interventions to Strengthen Adherence Through Local Data Quality Management and Data Utilization Through Participative Data Consolidation in Manila Social Hygiene Clinic (SHC), Manila, Philippines

XYZRA KYTE BOBER (presenting)¹, Bettina Castañeda¹, Teresita Marie Bagasao², Richard Lepardo¹

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² EpiC-HIV FHI 360, Quezon City, Philippines, Philippines

Background: Accurate data reporting is key to tracking progress and program improvement. The Philippines uses a national database (OHASIS) for HIV and STI covering prevention to treatment cascade in each service delivery facility. To maintain data reliability, data quality assurance and improvement (DQAI) process combining desk review and on-site data verification was established. In August 2022, DQAI findings in Manila SHC showed heavy reliance on paper-based documentation instead of OHASIS' digital client tracking, noting a 14% variance between the facility's client list to actual reported in OHASIS. By August 2023, data showed the facility was unable to reduce the variance prompting a data consolidation approach supported by PEPFAR USAID Meeting Targets and Maintaining Epidemic Control (EpiC) Project in the Philippines.

Method: On-site data consolidation of multiple facility data sources and OHASIS using STATA 17 validated and matched patient identifiers (i.e., name, date of birth, patient's Unique Identifier Code (UIC)). Additional physical patient records were reviewed reconciling inconsistent and missing data variables identified. Simultaneous participation and capacitation of facility staff was done to ensure continuity of data quality management.

Results: From the 1,574 facility records, 87% (1,375) were matched with OHASIS, 93 (6%) entries had missing information, 102 (6%) of facility records were not in OHASIS, and 4 (1%) transferred to other facilities; 26 records in OHASIS were identified as non-patient and referred to the national government for deletion. The facility created a validated tracker with 1,570 matched records and then used in February 2024 for the quality improvement plan for the facility program interventions, especially for treatment retention.

Conclusion: Even with limited staff, data consolidation provides a deeper perspective approach for data quality management. With improved data quality, local facilities have greater appreciation for data use in better planning and improved service delivery to clients.

2004 Education Programme Designed to Improve the Quality of Life of PLHIV on Antiretroviral Therapy

MEBELO MEDUPE MUTEMWA (presenting)¹, Deliwe Rene Phethu²

- ¹ University of Western Cape, Johannesburg, Gauteng, South Africa
² Sefako Makgatho health sciences university, Pretoria, South Africa

Background: This study developed an education program aimed at improving the QoL of PLHIV on ART in the Johannesburg Metropole using the WHOQoL framework as a grounding conceptual framework.

Method: The study was conducted in two phases of which phase one was to generate information which assisted in the development of the education program in phase two. In phase one, two data generating steps were followed which is step 1 an integrative review process in order to appraise, extract and analyze data. Whereas, in step 2, data was collected using a questionnaire and analyses using SPSS version 24 from PLHIV on ART. The instrument validity and reliability were tested through different methods such as content validity, pre-tests and Cronbach Alpha Coefficient. Phase 2 used a quantitative Delphi design to source information from experts in the field of study to develop and validate the education program for relevance and applicability.

Results: Findings of the study showed that PLHIV self-appraisal of their health significantly predicted their QoL. The higher the degree of satisfaction with their health, the better the QoL. Nonetheless, not all constructs of well-being, level of independence and social participation determines the perception of good QoL. Advanced age, level of education and marital status influence QoL outcomes negatively in the physical domain, social relations domain and health satisfaction, whereas environment domain and psychological domain got better with age. Whereas, the integrative results showed that successful education program had specific characteristics. All these generated data was used to develop and education program.

Conclusion: The study highlighted the need for education programs that specifically target PLHIVs on ARTs in order to improve their QoL in all domains of their being. Importantly their inputs was significant as a source of content design. Although education programs can be used broadly, relevance, applicability and context should be at the forefront of decision making during the design process.



2005 Ten Years of Q Clinic: Reflecting on HIV Prevention and Primary Care in a Student-Run Free Clinic for Vulnerable LGBTQIA+ Youth in New York City

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² Q Clinic (Columbia University Vagelos College of Physicians and Surgeons), New York, NY, United States

Introduction: Founded in 2014, Q Clinic is a student-run free clinic operated in partnership with Columbia University that provides medical care tailored towards vulnerable LGBTQIA+ youth. Our services have expanded over the years and include HIV/STI testing, PrEP, gender-affirming hormone therapy (GAHT), mental health care, laboratory testing, and referrals. This presentation reflects on our growth as a clinic and the lessons learned in providing care for our patient population as medical students.

Description: In 2023, Q Clinic completed on average 14 patient visits per month, an increase from 3 visits per month in its first year of operations in 2014. New patient encounters comprise 55-77% of our yearly visits. In 2022, Q Clinic saw 49 patients for PrEP and 85 patients for STI testing. Q Clinic began initiating patients on GAHT in 2021 and subsequently conducted 70 patient visits related to GAHT in 2023. New patients learn about Q Clinic through various outreach methods: 46% by personal recommendation, 34% by social media, and 17% by referral from other organizations.

Lesson Learned: Q Clinic has prioritized providing inclusive and comprehensive care for LGBTQIA+ identifying patients for the past decade. Patients have reported coming to our clinic due to negative experiences with healthcare professionals who do not have the knowledge or willingness to provide the services that patients are seeking. Through their longitudinal work with Q Clinic, medical students have felt empowered to meet the unique, evolving healthcare needs of the LGBTQIA+ population in their future practice.

Recommendations: For managing complex cases, Q Clinic's experience demonstrates the importance of expanding referral networks to include behavioral health and social work. Community engagement and longitudinal community partnerships have proven essential for Q Clinic's effectiveness. We anticipate expanding our clinical operations to include family medicine residents and social work students.

2007 ART Coverage and Interruption among KPLHIV in Lagos State, Nigeria

Helen Omowumi Olowofeso¹, Ogechukwu Igwe², Oladipupo Fisher², Sindhu Ravishankar (presenting)³

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Background: Key populations (KPs), which include men who have sex with men (MSM), transgender individuals, sex workers, and people who inject drugs (PWID), encounter formidable barriers to accessing HIV care, ranging from stigma and discrimination to legal vulnerabilities. Despite facing higher HIV prevalence rates (10.9% for PWID, 15.5% for female sex workers), ART coverage remains notably low (25% for PWID, 12% for female sex workers) compared to the national average (63%). While the national rate of viral suppression (74.6%) among those on ART is encouraging, enhancing KP engagement in care is imperative.

Method: This retrospective cohort study examined KPLHIV initiating ART between 2022 and 2024 across five Key Population Outreach Services (KP OSS) sites. Attrition included individuals lost to follow-up (LTFU) and those deceased. Viral non-suppression was defined as a viral load exceeding 1000 copies/mL.

Results: Analysis of treatment trends across the five KP OSS programs revealed a dynamic relationship between "Currently in treatment" and "Interruption in treatment" rates over nine quarters. Lower interruption rates (0.1%) corresponded to higher patient retention (31,231). Conversely, higher interruption rates (46.3% in FY24Q1) coincided with significant drops in active patients (21,301). Despite challenges in long-term retention, KPs engaged in community-based ART care achieved commendable viral suppression rates, indicating the effectiveness of the system for those who remained connected. However, suboptimal viral load testing coverage was identified. Reasons for LTFU were not explored in this analysis.

Conclusion: While maintaining KP engagement in care poses challenges, community-based ART models hold promise for achieving viral suppression. The identified suboptimal viral load testing coverage underscores the need for improvement. Future research should delve into client perspectives on LTFU to inform the development of targeted interventions, such as patient-centered Community-Based ART (CBART) approaches. Prioritizing client needs can enhance retention and viral suppression among KPs.



2008 DGASMB Key and Vulnerable Populations

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Introduction: Social Protection Of All Homeless Adult Individuals a Pro-active Approach to Providing Sustainable Social Services (DGASMB) is a public institution focused on administrating social services such as child protection, family, single persons, elderly/disabled people, and other vulnerable individuals /groups/communities in social need. Services supporting homeless adults include mobile intervention teams, night shelter, community assistance, day social services, Social Polyclinic or social canteen. DGASMB supports NGOs by providing non-reimbursable funds for implementing various social projects: HIV/HVB/HVC/TB/diseases, voluntary testing campaigns, substance users/at risk Homeless/ Disabled adults – residential/day services Addicted minors Recovery

Description: In October 2023, DGASMB/NGO partners conducted homeless adults census in Bucharest, focusing on interviewing individuals, their needs, and resources needed to emerge from social vulnerability. Ongoing process with additional info from prisons releases without stable residence/hospitals. For data protection, an agreed-upon coding was used. From 01.10 – 31.10. 2023 = 1686 unique codes. Data distribution on mental and/or physical health 52.2% health problems/25.45% mental disorders. 28.25% prevalence of psychotropic substance and/or alcohol consumption. 3% HIV positive. Expressed needs 80% clothing/footwear/hygiene items and services 15% money <10% medical care.

Lesson Learned: Targeting services primarily to vulnerable community members Identifying/implementing intervention methods tailored to protect persons belonging to vulnerable groups.

Recommendations: Development integrating services for homeless, focus on residential component, combining social assistance with health/recovery services in addictions, psychological counseling, occupational therapy, support in obtaining qualification/looking for a job, mixed public/private services. Development of community intervention/emergency socio-medical services Campaigns to reduce stigma/discrimination regarding sexual orientation HIV testing/treatment services, risk reduction/drug use treatment, syringe exchange Methadone/suboxone maintenance treatment for opioid dependence Promoting policies/legislation conducive to establishing/operating assisted consumption Centers.

2010 Identifying Barriers to Achieving HIV Epidemic Control among Key Populations in Nigeria

Ganiyat Kareem (presenting)¹, Christiana Laniyan¹, Christopher Akolo², Philip Imohi¹, Umar Adamu³, Joseph Ashivor³, Uche Amalu³, James Uba¹, Ahmed Babatunde³, Oluwapelumi Aliu³, Joyce Ndam³

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Background: Key populations (KP) are vulnerable to HIV acquisition and face significant barriers in accessing prevention, care and treatment services (PCT) in Nigeria. The Global Fund National Aligned HIV/AIDS Initiatives project through FHI360 provided strategic interventions through a One Stop Shop (OSS) and community engagement model to improve PCT services to achieve HIV epidemic control. However, these populations still face unmet critical needs, hindering their access to healthcare services.

Method: A cross-sectional design with mixed method and stratified sampling using survey were utilized to collect data from 1931 participants aged 18 and above across 12 states. 312 KPs participated in the Focus Group Discussion with 12 health workers for Key Informant Interview using purposive sampling. Data was cleaned with Power BI and analyzed using SPSS and Atlas.ti.

Results: Findings showed that 40% Female Sex Workers, 37% Men who have Sex with Men and 23% People Who Inject/Use Drugs participated in the survey. Socio-economic factors showed 75% are between 18-35 years, 70% single and Christians, 50% high school holder, 49% self-employed and 48% live below the minimum wage monthly (30,000 naira). 50% have multiple sexual partners, 53% injecting partners. 63% experienced verbal and emotional abuse with 28% stigma and discrimination from community members. Financial issues, distance to health facilities, and confidentiality issues from health workers also prevented KPs from accessing PCT services which hinders epidemic control.

Conclusion: Socioeconomic factors such as marital status, income level, academic qualification, religion, and employment status collectively influence HIV risk behaviors and affects PCT services. HIV programs need to prioritize trauma informed Mental health and psychosocial supports services, economic empowerment, and digital health in achieving epidemic control among KPs in Nigeria.



2011 Testing My Way ATL: Implementation of the First Local Governmental Free STI Self-Collection Testing Program in Georgia

Milon Davis (presenting)¹

¹ Fulton County, Atlanta, GA, United States

Introduction: Fulton County, Georgia, contributes to the status of Sexually Transmitted Infections (STI) in the U.S. by ranking amongst the highest in the nation, top ten in Chlamydia (CT), top twenty in Gonorrhea (GC), and top five in both Syphilis, and HIV. The COVID-19 pandemic significantly impacted STI testing at Fulton County Board of Health (FCBOH) in Atlanta, Georgia.

Description: A self-collection STI testing program was implemented to expand current service delivery, address the stigma associated with traditional STI clinical testing and care, increase access to STI testing and treatment, address decreased STI testing consequent to pandemic limitations, and establish a transferable sustainable program. The program was implemented in collaboration with an at home diagnostics and testing company. We will explore the highs and lows of implementing the first local governmental self-collection STI testing program in Georgia. Participants will share their experiences with self-collection testing programs, take away key strategies, explore the advantages to their perspective communities, and explore innovative additions to the program model.

Lesson Learned: There were unforeseen planning and implementation delays due to contextual issues. However, the program can serve as practical guidance for other districts seeking to implement comparable programs. An unexpected benefit was the decision to have a drop shipment of kits to the program site. Notable limitations were that it did not prioritize marginalized communities, ordering and registration issues, and completion of post-test surveys.

Recommendations: Consider implementation delays and incorporate an evaluation of the contributing factors and how to alleviate them. Consider addressing packaging early in the planning phases and view full contents prior to implementation. Next steps will include local distribution through collaborating sites, mobile testing and on-site testing initiatives, and additional panels will be added (e.g., PrEP initiation and PrEP follow-up).

2013 Determining the Association between Social Determinants of Health and Barriers to ART Adherence in a Population of Young People with HIV

Cornelia Wagner (presenting)¹, Katie Nikolajuk², Ricardo Rivero¹,
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Background: Youth and young adults from minoritized racial/ethnic backgrounds living with HIV (YLH) have lower adherence to antiretroviral therapy (ART) compared to other age groups and their White peers. Evidence suggests that social determinants of health (SDOH) impact medication adherence. We explored whether or not there was a relationship between experiencing SDOH and number of self reported barriers to adherence among minority YLH.

Method: We analyzed baseline data from poorly adherent racial/ethnic minority YLH enrolled in a multi-state randomized controlled trial. Having seven or more barriers to adherence was defined as the cut-point for having high barriers to adherence. Associations between individual and combined SDOH (race, income, education, and homelessness) and having high self-reported barriers to adherence were assessed using modified OLS regression with robust standard errors.

Results: Among 208 YLH, 49% reported seven or more barriers to adherence and 48% endorsed two or more SDOH. The median age was 31 years (IQR 28-34), 60% identified as Black, 25% were homeless in the past 3 months, 52% reported a household income of less than \$20,000 per year, and 14% had less than a high school education. Being busy with other things (81%), forgetting (79%), having a change in daily routine (68%) and being away from home (64%) were the most frequently reported barriers to adherence. YLH with two or more SDOH were not more likely to experience high barriers to adherence than YLH with one or no SDOH (PD: 6.8%, $p=.137$). However, recent homelessness was significantly associated with having high barriers to adherence (PD: 17.9%, $p=.031$).

Conclusion: Homelessness in minority YLH is associated with high barriers to adherence. Future studies should focus on determining whether interventions targeting homelessness in minority YLH lead to a reduction in barriers to adherence.

2018 Leather Folk, Kinksters, and Bears, Oh My! Meaningful and Impactful Collaborations

Pedro Coronado (presenting)¹, Jaime Miramontes¹

¹ Valley AIDS Council, McAllen, TX, United States

Introduction: Collaborations with emerging subculture groups in rural and or mid size metropolitan areas can be effective in building relationships with the community. This allows for our priority populations to feel secure and safe accessing services at organizations who support sex positive spaces.

Description: A non-profit HIV organization started collaborating with a new local groups that focuses on the bear, kink and leather subculture of the LGBTQIA+ community. This presentation will give an overview on how the HIV organization has been able to collaborate with this emerging group in South Texas to make sure they are addressing the healthcare needs of the group. This includes access to HIV preventative and care services, engagement and re-engagement and building community trust. Various engagement tools were utilized such as sex positive trivia games, culture specific bingos (Loteria Joteria), and utilizing community influencers.

Lesson Learned: Throughout this process we learned that our funders are very supportive of us implementing innovative approaches within our work, although we just ensure our lexicon is curated to be within our funders limitations of what is an allowed expense and what is not. We also learned that some staff needs additional training in bear, kink and leather gay subculture etiquette and basic knowledge of the subcultures.

Recommendations: If our goal is to end the HIV epidemic, reach 90/90/90/50 goals, or gain the trust of most impacted communities we need to look back at what worked at the beginning of the HIV pandemic, make some revisions and step out of our comfort zones. Concepts such as what is being introduced may not be a novel in metropolitan areas, although in smaller cities or such as in South Texas it has created great relationships and trust within these sex positive spaces.

2019 A Religiously Tailored HIV Testing Intervention in African-American Churches: Outcomes of the Taking It to the Pews Trial

Jannette Berkley-Patton (presenting)¹, Carole Bowe Thompson², Eric Williams³, Cassandra Wainright³, Kathryn Derose⁴, Frank Thompson⁵, Turquoise Templeton¹, Jenifer Allsworth¹

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Background: Wide-reaching HIV testing interventions are needed in influential, accessible community settings as an early HIV care continuum step to reduce African American HIV disparities. Using a community-based participatory approach, this study examined outcomes of the Taking It to the Pews (TIPS) HIV testing trial with Kansas City African American churches.

Method: TIPS is a multilevel, religiously tailored HIV testing intervention study that engaged faith leaders in all research phases. TIPS aimed to increase HIV testing uptake using a religiously tailored toolkit (e.g., print materials, sermon guides, responsive readings, testimonials, email reminders) delivered by trained faith leaders to church members and community members served through outreach ministries. The 12-month TIPS intervention was compared to a non-tailored, multilevel HIV education intervention; both interventions included church-based HIV testing events. At posttest, we assessed receipt of an HIV test (past 12 months) using: a) objective data on HIV tests received by anyone who sought testing at participating churches, b) participant self-reported data on HIV tests received, and c) intervention participants' self-reported TIPS components exposure.

Results: 1,491 participants (mean age=45; 68% females; 32% community members) were recruited from 14 African American churches. Overall, 471 HIV tests were completed; TIPS churches had significantly more tests than comparisons (339 vs 132, $p=0.003$). Self reported findings indicated more TIPS intervention participants tested at church (38% vs. 34%, not significant) than comparison participants. Exposure to pastor role-modeled testing, print materials, and emails were significantly related to uptake of HIV testing among intervention participants; odds of HIV testing increased 47% for each additional exposure to the intervention.

Conclusion: Faith communities delivering multilevel, religiously tailored interventions can contribute to filling HIV continuum gaps to increase access to HIV testing with African American church-community populations.



2020 We put the Health Outcomes in ECHO: A Collaborative Learning Approach to Build Up the Workforce

Pedro Coronado (presenting)¹, Armando Molina (presenting)¹

¹ Valley AIDS Council, Harlingen, TX, United States

Introduction: Building up capacity for our workforce can seem an endless task for administrators and at times a fatiguing task for staff. Project ECHO is a model designed to engage the learners in real world situations and collaborate in a multidisciplinary team to learn best practices.

Description: This presentation will discuss how the Project ECHO model can be utilized to increase capacity in communities who may be lacking specialty care needs. This includes building capacity for staff who may specialize in certain areas of healthcare although they may be looking for new interventions and or best practices. Presentation of our current Project ECHO models will be showcased and testimonials will be shared.

Lesson Learned: This capacity building project has presented itself to be a conduit of not only sharing best practices but also a place where people can safely share some of their ongoing barriers when it comes to working with clients.

Recommendations: Organizations who are seeking to increase their staffs capacity and develop their problem solving skills, joining an ECHO project is highly recommended. For organizations that are experts in their fields and can help areas with a drought.

2021 Cultivating Agency and Inspiring Future Research Initiatives: Bridging HIV Continuum Gaps with CBPR

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Introduction: Meaningfully involving people living with HIV (PLWH) in prevention and care program implementation is central to core principles of community-based participatory research (CBPR). CBPR equitably involves the community in all phases of the research process, including the development of a project's research question, implementation, evaluation, and dissemination. Applying CBPR is well worth the co-creation of community-based programs and scholarly products, however, building authentic relationships takes considerable time and is often foregone for timely academically driven research. We show the value of CBPR work involving PLWH is unmatched when creating HIV programming and is significantly impacted by the strength of the long-term community relationships that contribute to this research.

Description: Our work in Memphis, Tennessee has been rooted in a community-academic partnership maintained from the time it was established in 2010. We have intentionally co-developed HIV prevention and stigma reduction programming for marginalized communities, sexual gender minority young adults, and members of Christian churches. Namely, two signature programs entitled 1) Whole YOUiversity (skills building training) and 2) Snap Out Stigma (photovoice) were co-created and provided capacity-building opportunities for PLWH to engage in the research process.

Lesson Learned: Approximately, 100 PLWH received didactic, skill-based training attending to social determinants of health and internalized stigma. Upon completion of the trainings, a subset of participants began taking more proactive approaches to HIV work via advocacy, grant writing, securing funding for HIV programming, co-authoring book chapters, and initiating research consultant contracts.

Recommendations: Idea generation led by the community, and programming implemented by and for the community, have bridged gaps in the HIV continuum of care and prevention. We recommend a paradigm shift in supporting more training grants similar to career awards (K mechanisms) geared for PLWH to advance their positionality in rigorous research.



2022 Community Health Workers: Championing Tough Conversations & Leveraging our Work

Pedro Coronado (presenting)¹

¹ Valley AIDS Council, Harlingen, TX, United States

Introduction: Community Health Workers (CHW) are a key element in healthcare when seeking to achieve positive health outcomes. By equipping CHW's with knowledge and tools to have conversations about sexual health in their own communities can lead to destigmatizing HIV testing, care and preventative services.

Description: A variety of training curriculums have been developed and implemented for community health workers along the US/Mexico border. These trainings have been tailored to be implemented within Latino communities in a culturally and linguistically appropriate manner. We will review components of the trainings that increase knowledge, skills and capacity to have these hard conversations in communities immersed in their culture.

Lesson Learned: Community Health Workers who have not been trained in having conversation about sexual health, feel empowered after these trainings. They first think of relaying the information they learned to their families, where community begins. So many firsthand stories come up during the trainings and it creates an opportunity for the CHW's to get to the root causes that drives the HIV epidemic in Latino (x) communities.

Recommendations: In order to accomplish our goals, building up all sectors of our healthcare workforce is crucial. CHW's come in a all genders, different communities, and with various skills and strengths. Eager to learn and seeking to help their communities, providing CHW's with opportunities is a benefit for all.

2023 VIDA: Vivir Inspirar Defender Amar

Pedro Coronado (presenting)¹, Rachel Rodriguez (presenting)¹

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Introduction: VIDA (Vivir Inspirar Defender Amar) is a conference and U=U campaign developed to create a sense of community for people with HIV and provide health education. The VIDA Conference has been taking place for over 10 years. The VIDA campaign to educate the community about U=U was later developed as part of a rapid ART program to showcase people with HIV in a positive aspect.

Description: The VIDA conference was developed by a group of medical case managers that felt the need to create space for clients to learn about various health issues they faced besides HIV. Due to having high case loads, the case management staff felt they did not have enough time to provide comprehensive health education to their clients. It eventually evolved to an event that was taken over by the clients, following the Denver Principles. The conference was an inspiration for the VIDA campaign which showcased people with HIV of all ages and genders. A photo shoot was set up and posters have been placed in all the clinics visible to all the clients. Information on U=U is provided along with a personalized message.

Lesson Learned: Throughout the development of the conference and the VIDA campaign, clients have been very proud of the work they have accomplished and have taken ownership. Just as it has brought people together, there has been differences on what people think is important. It has served as a learning experience for staff to understand what is important to the various communities that we serve.

Recommendations: Creating spaces for clients where they feel empowered and having a sense of belonging where they access care is important. Clients have mentioned that they enjoy putting together educational sessions that can help people thrive after getting an HIV diagnosis.



2024 Using Implementation Science Research to Inform the Development of a Toolkit for Rapid Linkage and Re-Engagement into HIV Care: The Red Carpet Entry Program

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Introduction: The Red Carpet Entry (RCE) Program is an evidence-informed, structural-level intervention that facilitates linkage to HIV care within 72 hours for newly diagnosed persons and rapid reengagement for those out of care. Although implemented in Washington DC since 2008, a formalized implementation toolkit to facilitate its widespread adoption does not exist. From 2020-2023, an implementation science research study was conducted to develop, evaluate, and refine an RCE toolkit for national dissemination.

Description: An initial RCE toolkit was created in consultation with the original program developers and implemented in two HIV primary care clinics over 8 months in 2023. The toolkit components included training modules, a quick guide, an implementation manual, a readiness worksheet, an orientation video, marketing materials, and a clinic 'report card.' A mixed-methods approach was used to assess RCE Clinic Staff's perceptions of and experience with each toolkit component (i.e., frequency of use, usefulness, self-efficacy/behavioral intentions for use, recommendations for improvement) across the implementation timeframe. RCE Clinic Staff completed online surveys followed by virtual semi-structured interviews at 7 data collection time points (once during pre-implementation and every month during the first 6 months of implementation).

Lesson Learned: Clinic staff successfully utilized all toolkit components during the study, lending valuable toolkit feedback. Overall, toolkit revisions made materials briefer/more succinct and user-friendly, provided guidance for adaptations, facilitated tailoring of materials where possible, and maximized use and fit within existing clinic workflows. Examples from the implementing clinics were included throughout toolkit components as illustrative case studies.

Recommendations: Based on study findings, refinements were made to the toolkit to maximize its impact for future dissemination. Researchers seeking to formalize intervention materials and guidance based on real-world testing would benefit from similar implementation research work.

2059 A Moderated Mediation Analysis of HIV and Intersectional Stigmas and Antiretroviral Adherence in People Living with HIV in the Dominican Republic

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Background: People with HIV (PWH) may encounter intersecting stigmas in healthcare settings. These intersecting stigmas can contribute to adverse health outcomes, including suboptimal antiretroviral treatment (ART) adherence. There is limited data on joint effects of experienced HIV stigma and race stigma with internalized HIV stigma, on health outcomes. In this study, we aimed to investigate the indirect effect of experienced stigma in healthcare settings on ART adherence through internalized HIV stigma and the moderating effect of race stigma among PWH in the Dominican Republic.

Method: We recruited PWH (N=471; aged 17-71 years) from two HIV clinics in the Dominican Republic between 2021-2022. Participants completed an in-clinic survey, including measures of experienced stigma in healthcare settings, race stigma, internalized stigma, and ART adherence. A mediation analysis and moderated mediation analysis were conducted to examine relationships among these variables.

Results: Mean age was 32.84 years (SD=9.02). About 94% identified as male and 92% identified as sexual minorities. Nearly 60% identified as mixed race or ethnicity. The mean time since HIV diagnosis was 5 years (SD=4.78). A significant indirect effect (B=-.10, SE=.05, CI [-.234, -.014]) was found, suggesting that experienced HIV stigma in healthcare settings was associated with more internalized HIV stigma (B=.39, SE=.11, p=.001), which was subsequently associated with lower ART adherence (B=-.26, SE=.11, p=.016). This indirect effect was significant at low levels of race stigma (B=-.16, SE=.09, CI [-.369, -.001]), but not at higher levels of race stigma (B=-.06, SE=.05, CI [-.175, .038]).

Conclusion: Our findings underscore the importance of addressing experienced HIV stigma in healthcare settings, specifically in the Dominican Republic, and understudied setting. Additionally, there is a need to further elucidate not only various dimensions of HIV-related stigma (such as internalized stigma) but also intersecting stigmas such as race stigma to improve HIV outcomes.



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