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Reframing HIV Care

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001 Experiences of Community-Led Responses to COVID-19 in Gauteng, South Africa

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Background: In 2020, COVID-19 in South Africa resulted in a total lockdown of the country, as seen globally. Health services for key and priority populations were limited. The country needed to respond pragmatically and effectively by supporting community-led interventions by local teams. Community teams were trained in COVID-19 screening, testing, and contact tracing and deployed in five districts of Gauteng Province.

Method: Proper training of community-based organizations in COVID-19 enabled community champions and leaders to be trusted in the response. Organizations provided quality services including screening, testing, contact tracing, vaccination, HTS, TB, and STI screening, and referral for PrEP and ART. Well-structured communication strategies, monitoring, and evaluation through command centers made CBOs key partners in community health systems. Community-based organizations effectively navigated the state of panic, anxiety, and uncertainty and provided quality services and hope. Provision of integrated health services at key community points became the cornerstone of the response and ensured that the HIV, TB, and STI response was not left behind.

Results: Community-based organizations form part of communities' adaptive capacities, with the ability to speedily adapt to new situations. This includes working with facilities often shut down at short notice, engaging with many emerging conspiracy theories, and using virtual meetings with key stakeholders. Responses to pandemics can be mainstreamed into existing mechanisms to minimize disruption of critical services. The integration included HIV testing services (HTS), community TB and STI screening, and referrals for ART and PrEP. In pandemic response, community-based organizations are essential vehicles for entering hard-to-reach communities, hostels, outlying and informal settlements, and mobile populations.

Conclusion: Well-structured and facilitated community-led interventions are essential for pandemic response. Governments and other stakeholders should seize the opportunity to continuously anchor pandemic prevention and preparedness efforts to strengthen community-based organizations.

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006 Switching to a Fixed-Dose Combination of Bictegravir/Emtricitabine/Tenofovir Alafenamide (B/F/TAF) in Virologically Suppressed, Treatment-Experienced People with HIV (PWH) ≥ 65 Years Old

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Background: By 2030, it is estimated that more than 70% of people with HIV in the U.S. will be over 50 years old. We conducted a Phase 4, single-arm, open-label, 24-week trial of B/F/TAF in virologically suppressed adults aged 65 years and older to evaluate efficacy, safety, and treatment satisfaction.

Method: Virologically suppressed participants (HIV-1 RNA < 50 copies/mL) aged ≥ 65 who were currently receiving ART and had no INSTI resistance were switched to open-label B/F/TAF. Co-primary endpoints included treatment satisfaction and medication tolerability at Week 24 (W24). Secondary endpoints included virological suppression (< 50 c/mL), incidence and severity of adverse events (AEs), laboratory abnormalities, and reduction of medications based on Beers Criteria for polypharmacy. Treatment satisfaction was assessed using the HIVTSQs (range 0–66) and HIVTSQc (range −33 to 33).

Results: All 25 participants were male, with a mean age of 70 years (range 65–85); 80% were White. The most common baseline ART regimen was a protease inhibitor and NRTI-based multi-tablet regimen in 64% of cases. At W24, 95% maintained HIV RNA < 50 copies/mL; three participants had no virological data in the W24 window, and there were no virological failures. No participants discontinued due to tolerability concerns or AEs. Treatment satisfaction at W24 had a mean score of 64.8 (SD 2.6), with a mean improvement of 25.1 (SD 12.1). A small reduction in PRN medications was observed (mean −0.2, SD 2.3).

Conclusion: Through Week 24, B/F/TAF was well tolerated and associated with improved treatment satisfaction and high rates of virological suppression in older adults. These findings support switching to B/F/TAF in virologically suppressed individuals aged ≥ 65.

008 Paving the Way for the Stigma Index Using the GIPA Principle in the Austin Transitional Grant Area (TGA), 2024

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Introduction: Stigma remains a significant barrier to achieving optimal health outcomes for people living with HIV (PLHIV). Despite advances, HIV-related stigma continues to impact access to healthcare and social support networks. To help measure and guide interventions against stigma, the PLHIV Stigma Index was developed in 2008 by the Global Network of PLHIV, the International Community of Women Living with HIV, the International Planned Parenthood Foundation, and UNAIDS.

Description: In 2018, Austin/Travis County joined the Fast-Track Cities (FTC) initiative. In August 2023, the FTC Social Determinants of Health & Equity (SDOHE) workgroup proposed adopting the Stigma Index as a key goal. A team representing Austin Public Health (APH) and community partners was formed and met biweekly for one year.

Lesson Learned: A core principle of the Stigma Index is PLHIV leadership throughout the process. To ensure diverse representation, the workgroup contacted more than 177 organizations in the Austin TGA and invited interested individuals to complete a brief survey. Seven PLHIV members joined the steering committee, and five additional members were invited to contribute subject-matter expertise. APH supported the effort by leveraging its networks to ensure the project's visibility, accountability, and ownership. The leadership model centers PLHIV in every phase of planning and implementation.

Recommendations: Equity must remain a central focus throughout execution. Empowering PLHIV with the tools to lead and analyze data builds community ownership and trust in the evaluation process. True solutions can only come from centering those with lived experience, ensuring that data interpretation and decision-making reflect real community needs.

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013 Enhancing HIV Prevention through Integrated SRHR Approaches: A Case Study in Community-Based Interventions

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Introduction: Access to comprehensive sexual and reproductive health and rights (SRHR) services is essential for addressing the intersecting health needs of marginalized populations in HIV prevention. SRHR and HIV services are often delivered separately, limiting their impact. This study explores the integration of SRHR education with HIV prevention in community-based outreach targeting vulnerable groups, including sex workers and adolescents, to enhance service uptake and improve health outcomes.

Description: This project focused on integrating SRHR education with HIV prevention services during community outreach efforts. It aimed to reduce access barriers for marginalized populations by combining HIV testing, condom distribution, and tailored SRHR education to address both physical and social determinants of health. Among 100 participants tracked over six months, there was a 30% increase in HIV testing uptake and a 25% increase in condom use. Participants also demonstrated improved SRHR awareness and reported reduced stigma. The results suggest that integrating services strengthens health outcomes and encourages broader community engagement. Expansion of this model in diverse contexts is recommended.

Lesson Learned: Integrating SRHR education with HIV prevention reduced barriers to care. Community engagement built trust and reduced stigma, facilitating service uptake. Tailored education addressed the specific needs of sex workers and adolescents. Challenges such as limited service availability and participant retention were mitigated through regular follow-ups and flexible program delivery. These insights underscore the importance of community-based models and culturally relevant education for SRHR and HIV initiatives.

Recommendations: Future programs should scale up community-based models to reach broader, more diverse populations. Adaptation to local cultural contexts is key for sustained engagement. Training healthcare providers will improve service quality and coordination. Expanding partnerships with local organizations and using digital tools will further enhance delivery and sustainability.

017 Predicting Long-Term HIV Infection among Adults Living in Refugee Settlements in Uganda

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Background: Timely HIV diagnosis is essential for preventing morbidity and reducing HIV transmission, but people living in refugee settlements face barriers to HIV testing. HIV recency testing can differentiate recently acquired (less than six months) versus long-standing HIV infection and may improve understanding of the timeliness of HIV diagnosis to facilitate targeted interventions in refugee settlements.

Method: From January to November 2024, we enrolled adults (18 years or older, or emancipated youth) newly diagnosed with HIV (within six months) at 12 health centers in five refugee settlements in Uganda. We extracted data from clinic records and conducted rapid HIV recency testing using the Asanté HIV-1 Rapid Recency Assay, following Ugandan guidelines. We performed multivariate logistic regression to identify factors associated with long-term HIV infection (that is, a negative recency test result).

Results: Of 923 individuals enrolled, 359 (39%) adults living with HIV had recency testing results. The mean age was 36.5 years, and most (56%) were female. Overall, 66% (237/359) had long-term HIV infection, with higher rates among refugees compared to Ugandan nationals (85% vs 56%; $p < 0.01$). In multivariate analysis, people who reported being a refugee (adjusted odds ratio [aOR] 4.63, 95% CI: 2.54–8.42), being married (aOR 2.14, 95% CI: 1.30–3.53), and receiving facility-based HIV testing (aOR 4.44, 95% CI: 2.44–8.09) were significantly more likely to have long-term HIV infection.

Conclusion: In Ugandan refugee settlements, most adults newly diagnosed with HIV had acquired HIV more than six months prior to testing. Targeted approaches for HIV testing should consider community-based and self-testing strategies to reduce delays in HIV diagnosis and care.

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021 Comparison of HIV Viral Suppression among People with and without Disabilities, Philadelphia 2015–2022

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Background: The Medical Monitoring Project (MMP) collects data on demographics, health outcomes, care history, and HIV viral suppression (VS) from people with HIV (PWH). This analysis compares VS among individuals with and without disabilities in Philadelphia.

Method: Interview and laboratory data from the 2015–2022 MMP dataset were analyzed. Disabilities assessed included vision, hearing, cognitive/memory, mobility, self-care, and independent living limitations. Outcomes were recent VS (most recent lab <200 c/mL) and sustained VS (all labs in the year before the medical record abstraction <200 c/mL). Unadjusted tests and multivariable logistic regressions (adjusting for age, race/ethnicity, and gender) were used.

Results: Of 923 participants, 404 (43.8%) reported a disability. Unadjusted tests showed no significant differences in recent or sustained VS between groups. In adjusted models, those with any disability had lower odds of sustained VS (aOR: 0.678 [95% CI: 0.481–0.954]). Participants reporting difficulty completing errands alone had lower odds of both recent (0.507 [0.300–0.855]) and sustained VS (0.630 [0.405–0.978]).

Conclusion: Results on the relationship between disability and VS were mixed. As PWH age, disability prevalence is likely to increase. A comprehensive logic model is needed to understand its impact on health outcomes. Future research should explore barriers to care and the role of supportive services in improving outcomes for PWH with disabilities.

034 Ecological Momentary Assessment (EMA) Is Feasible for Assessing Daily HIV Medication Adherence in Black and Latino Emerging Adults Living with HIV, Both with and without HIV Viral Suppression

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Background: Young/emerging adults have insufficient engagement across the HIV care continuum. Limited research exists on factors promoting or hindering engagement, particularly comparing those with suppressed (SHVL) versus non-suppressed (NSHVL) HIV viral loads. Ecological momentary assessment (EMA) captures real-time behavior data in daily environments and may be promising for populations facing barriers to research participation.

Method: Participants were Black and Latino individuals aged 19–28 years living with HIV. EMA data were collected at two-month intervals in eight one-week "bursts," each including three random daily mobile surveys and an end-of-day survey. Mixed-effects logistic regression assessed adherence differences and the impact of baseline NSHVL on adherence.

Results: Among 252 participants (mean age 25), 95% were assigned male sex at birth, 36% were Black, 59% Latino, and 81% had SHVL at baseline. Of the planned 15,062 end-of-day surveys, 54% received adherence responses. NSHVL participants responded less often (44% vs. 56%). Individual differences in adherence were substantial (MOR = 9.7; 95% CI: 8.4–11.2). NSHVL participants were more likely to report less-than-full adherence (13% vs. 5%; OR = 3.1; 95% CI: 1.2–7.9).

Conclusion: EMA is a feasible, low-cost method to collect daily adherence data from this population. Significant individual adherence variability, particularly among those with NSHVL, underscores EMA's utility for future interventions.

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038 The Importance of Community Health Workers in Ending the HIV Epidemic (EHE)

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Introduction: Ending the HIV epidemic requires integrated biomedical, behavioral, and structural approaches. Community Health Workers (CHWs) bridge healthcare access gaps, reduce stigma, and enhance prevention, treatment, and care—particularly for Black women and marginalized communities.

Description: Allure Alliance's CHW Training Program equips individuals with knowledge and skills in HIV testing, PrEP, ART adherence, stigma reduction, and healthcare navigation. The program addresses social determinants like housing, employment, and education. Over 100 CHWs have been trained, improving HIV awareness and care access in their communities.

Lesson Learned: Cultural competence and community trust are essential for reducing stigma and improving care. CHWs from the communities they serve foster greater trust. Ongoing support and mentorship enhance CHW impact and professional development.

Recommendations: CHW training should be expanded and integrated into primary care. Emphasis should be placed on addressing social determinants and evaluating CHW-driven interventions through implementation science.

040 QUEEN TALK: Using Reproductive Health Across the Lifespan to Integrate HIV Prevention and Treatment

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Introduction: Reproductive health is a fundamental component of overall well-being and a key determinant of outcomes for individuals affected by or at risk for HIV. Framing HIV as a reproductive health issue supports a holistic approach that integrates prevention, treatment, and care within broader wellness frameworks. This session explores how such integration can close gaps in the HIV care continuum, enhance health-related quality of life (HRQoL), and mitigate structural barriers.

Description: QUEEN TALK is an innovative initiative that centers reproductive health in HIV care and prevention. Through open dialogue, culturally competent education, and care access, the program empowers Black women and other disproportionately impacted groups to make informed health decisions. Using community engagement, facilitated discussions, and linkage to care, QUEEN TALK addresses social determinants of health and integrates PrEP, ART advancements, and person-centered HIV care into primary and reproductive health services.

Lesson Learned: Reframing HIV as a reproductive health issue can improve prevention and treatment engagement. Community-driven approaches increase PrEP uptake, reduce stigma, and reinforce HIV care by addressing social and structural barriers. Integrating reproductive health into primary care creates a more sustainable and person-centered model.

Recommendations: Future initiatives should expand reproductive health-centered HIV programs, increase access to PrEP and ART in primary care, and apply implementation science to scale interventions. Addressing social determinants such as economic stability and healthcare access will further improve HIV outcomes and reproductive well-being

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041 KISS & TELL: Keeping It Safe Is Sexy and Tell! Using a CBPR Approach to Discuss PrEP Uptake and HIV Prevention among Black Women

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Introduction: HIV continues to disproportionately affect marginalized communities, demanding a community-driven, holistic response. KISS & TELL uses community-based participatory research (CBPR) to engage Black women and other vulnerable groups in open conversations on HIV, sexual health, and access to care. This approach promotes community ownership and enhances prevention and treatment effectiveness.

Description: KISS & TELL applies CBPR principles to co-create interventions that reflect the lived experiences of participants. Through peer education, facilitated dialogue, and direct care linkage, it creates safe spaces to discuss PrEP, ART, and comprehensive HIV services. The initiative connects individuals to healthcare, integrates HIV services into primary care, and uses implementation science to improve program sustainability and scalability.

Lesson Learned: CBPR reinforces the value of community leadership in designing effective HIV programs. Participants reported increased PrEP awareness, improved testing and care engagement, and a stronger sense of empowerment. However, ongoing structural barriers – such as healthcare access, stigma, and economic challenges –remain and must be addressed through systemic change.

Recommendations: CBPR-based models like KISS & TELL should be expanded to amplify community voices in HIV care. Strengthening collaboration among providers, policymakers, and community organizations will enhance impact. Further investment in implementation science will help translate community-led successes into scalable, policy-informed models.

043 Impact of Family Planning Service Integration on HIV Testing Uptake in a Community-Based HIV Prevention Program in Berea, Lesotho

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Background: Integrating family planning (FP) with HIV services is a promising strategy to improve HIV case detection. This study assesses the impact of FP service integration on HIV testing uptake within the Baylor CoHipSEC project in Berea, Lesotho.

Method: A retrospective review of program data from January 2023 to December 2024 assessed trends in HIV self-testing (HIVST), conventional testing (HTS), and FP uptake. Data were disaggregated by age group, and trends were analyzed using line graphs and statistical comparisons.

Results: HIVST and HTS uptake increased significantly during the FP integration period (January–December 2024). HIVST peaked in July 2023 with over 2,000 tests but declined after FP services ended in September. Later outreach strategies produced similar trends but required more resources.

Conclusion: FP integration into HIV services enhances HIV testing uptake. Routine FP visits are an effective entry point for testing and can expand access to prevention and care for underserved populations.

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052 Vaccinations among Long-Acting Injectable Versus Daily Oral Antiretroviral Therapy Users in the OPERA Cohort

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Background: PLWH are at risk for complications from vaccine-preventable diseases. This study compared vaccine uptake among people receiving long-acting (LA) versus oral ART.

Method: OPERA cohort participants initiating cabotegravir + rilpivirine LA injections (Jan 2021–Jun 2022) were matched to oral ART users and followed until June 2023. Vaccine uptake was measured by ART group.

Results: Among 730 LA and 2,178 oral ART users (84% male, 40% Black), LA users had higher influenza vaccination rates (57% vs. 51%) and greater uptake of shingles and pneumococcal vaccines. Among those aged ≥65, pneumococcal vaccination was 45% in LA users vs. 17% in oral users. HPV vaccine uptake was higher among ≤26-year-olds (13%) than 27–45 (6%).

Conclusion: Vaccination rates were generally low but higher among LA ART users, especially for pneumococcal vaccines. More frequent visits for injections may create opportunities for comprehensive preventive care.

058 Using the Temporal Intersectional Minority Stress Model to Investigate Experiences of Discrimination Influencing Antiretroviral Therapy Adherence for Black Men with Diverse Sexual Identities Living with HIV

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Background: Traditional approaches to ART adherence among Black men often ignore systemic discrimination. This study applies the Temporal Intersectional Minority Stress Model (TIMS) to explore how experiences of discrimination affect adherence, incorporating generational and identity-based differences.

Method: Participants (N=794) completed an online survey assessing everyday discrimination, resilience, depression, and ART adherence. ANOVAs tested differences across social positions and generations. A moderated mediation model examined the relationship between discrimination and adherence.

Results: Depression and resilience differed by sexual identity and generation. Discrimination significantly predicted depression ($b = .321$, $p = .015$), while resilience was negatively associated ($b = -.887$, $p < .001$). ART adherence was negatively predicted by discrimination and positively by depression. Resilience correlated with age ($r = .435$), education, and income, and also predicted adherence.

Conclusion: Discrimination significantly impacts ART adherence among Black men, particularly through psychological pathways. Interventions must address structural inequities and intersectional stress to improve health outcomes.

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064 Chemsex Behavior among Latino Men Who Have Sex with Men (MSM): The Role of Family, Spirituality, and Stigma

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Background: Chemsex (sexualized substance use) is a major HIV risk factor among MSM. This study explored how Latino cultural values—familismo and religiosidad—affect chemsex behaviors and care preferences among Latino MSM in the southern US.

Method: Semi-structured interviews with 20 Latino MSM who had engaged in chemsex. Thematic analysis examined family, spirituality, and stigma in relation to behavior and care preferences.

Results: Key themes included: 1) family trauma and chemsex initiation; 2) internalized homophobia driven by religiosity; 3) spirituality and family as motivators for behavior change; and 4) cultural inadequacy of available drug use interventions.

Conclusion: Familismo and religiosidad both challenge and support chemsex reduction. Culturally responsive interventions must address these dynamics and underlying trauma to effectively prevent HIV among Latino MSM.

065 Experiences of Stigma, Discrimination, and Violence and Resilience on HIV Care Engagement among Young Black and Latinx MSM Living with HIV in New York City

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Background: Young Black and Latinx MSM face discrimination and violence that may impair HIV care engagement. The ENVIO study examined these stressors and resilience factors in NYC.

Method: Mixed methods included surveys, mapping, in-depth interviews (baseline and Month 3), and a mobile diary app. Triangulation was conducted through analytic work sprints.

Results: Among 44 participants (mean age = 28), 89% were in care and 77% were virally suppressed. Nearly all reported PTSD-triggering events. Housing instability and neighborhood violence were common stressors. Despite this, many maintained adherence through resilience practices, including social support and self-care routines.

Conclusion: Structural stressors impact mental health and adherence, but personal and community assets support engagement. Interventions should bolster these strengths while addressing systemic inequities.

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067 Understanding Pill Burden in Older Adults with HIV: Exploring Clinical and Demographic Determinants

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Background: However, older persons with HIV (PWH) with comorbidities and barriers to social determinants of health may experience polypharmacy and increased pill burden—a subjective experience of the demands associated with taking medications to sustain their health. The objectives of this cross-sectional analysis were to explore determinants of pill burden among older PWH

Method: Data came from men with HIV (MWH) aged ≥40 years from the Multicenter AIDS Cohort Study. Two dependent variables captured pill burden. (1) Pill frequency burden (“The number of times each day I am supposed to take my pills is too often”) and (2) pill quantity burden (“The total number of pills I am supposed to take is too much”) were assessed and dichotomized as “Agree” (burden) vs. “Neither Agree/Disagree” or “Disagree” (no burden). Logistic regression models evaluated associations between pill frequency burden and pill quantity burden with sociodemographic, psychosocial and clinical factors

Results: Participants (n=586) had a median age of 59 years (IQR: 54–65), with 56.8% identifying as White non-Hispanic. The median total medication count was 6 (IQR: 3–10). 6.1% reported pill frequency burden and 15% reported pill quantity burden. Significant depressive symptoms – defined as CES-D scores ≥16 – were significantly associated with increased odds of pill frequency burden (aOR: 2.79; 95% CI: 1.14–6.84) and pill quantity burden (aOR: 2.08; 95% CI: 1.09–3.95). Higher counts of HIV and non-HIV medications were also positively associated with greater odds of pill burden.

Conclusion: Depressive symptoms and total medication count were positively associated with pill frequency and pill quantity burden in this sample of older MWH. These findings suggest the need for regular depression screening and strategies to simplify medication regimens for older MWH managing HIV and multiple chronic conditions.

069 Mediation Effects of Economic Strengthening and Access to Care on the Relationship Between Differentiated HIV and NCD Care and Viral Suppression: Cluster Randomized Trial Evidence

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Background: The Harambee cluster randomized trial in western Kenya found that microfinance contributed to improvements in HIV viral suppression, while integrated community-based HIV and noncommunicable disease care (ICB) showed no significant effects. Mechanisms of impact remain unclear. Using causal mediation analysis, we estimated direct and indirect effects of household economic conditions and care access in explaining effects of two exposures on viral suppression.

Method: The first exposure was receipt of ICB based on randomization assignment. The second exposure was microfinance group participation based on the number of shares purchased. Mediators were severe household hunger, wealth based on asset ownership, and difficulty accessing HIV care. The primary outcome (viral suppression) was <400 cp/mL before January 1, 2023 and <200 cp/mL on/after January 1, 2023. We used logistic regression for binary variables (household hunger, care access, viral suppression) and linear regression for continuous wealth scores. Models were adjusted for baseline sociodemographics, assuming sequential ignorability.

The trial enrolled 57 microfinance groups of n=900 adults (≥18 years) living with HIV, ART adherent for >6 months, and patients of the Academic Model Providing Access To Healthcare program. Analyses included n=692 (ICB) and n=686 (microfinance) participants, excluding missing data.

Results: As shown in the table, results suggest significant negative associations of ICB with household hunger (-0.51 (-0.88, -0.15); p<0.01) and difficulty accessing care (-1.54 (-2.80, -0.53); p<0.01). Mediators did not show direct or indirect causal effects on viral suppression.

Conclusion: The trial found household economic conditions and care access had no significant causal mediation effects on viral suppression. This is likely due to high viral suppression (>94%) among the sample at enrollment. Future research should explore additional mechanisms and HIV-related outcomes (e.g., retention in care) among Harambee participants, as well as causal mediation effects of economic conditions and care access among populations less engaged in HIV care.

071 Liberatory Harm Reduction: Reframing HIV Care through Culturally Responsive Mobile Outreach

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Introduction: Despite advances in HIV prevention and treatment, Black and Hispanic communities continue to face disproportionate barriers to care, resulting in higher rates of transmission and poorer health outcomes. Structural inequities, stigma, and lack of access to culturally responsive healthcare contribute to these disparities. To truly reframe HIV care, interventions must meet people where they are, integrating harm reduction with rapid testing, treatment linkage, and ongoing support.

Description: This project centers on harm reduction as an entry point to HIV prevention, treatment, and care for Black populations disproportionately affected by HIV. Through mobile outreach in underserved communities, we provide safer smoking kits, syringes, condoms, and safer sex kits alongside rapid HIV testing and immediate linkage to care. By removing barriers such as stigma, transportation, and distrust of traditional healthcare systems, we ensure that care reaches those most in need.

A pre-survey has assessed baseline access, knowledge, and behaviors related to harm reduction and HIV prevention. A follow-up survey will evaluate shifts in testing frequency, linkage to care, and engagement with harm reduction services.

LINKED IMAGE

Lesson Learned: While final data is pending, early observations affirm that meeting people where they are increases engagement in HIV prevention and care. Providing HIV testing alongside harm reduction services reduces stigma and creates immediate pathways to treatment. However, challenges such as systemic distrust, policy restrictions, and gaps in follow-up care emphasize the need for sustained community engagement and flexible service models.

Recommendations: We anticipate that expanded access to harm reduction tools and rapid HIV testing will lead to earlier diagnoses and improved linkage to care. Future efforts should focus on integrating mobile outreach into broader HIV response strategies, increasing funding for culturally competent care models, and addressing policy barriers that limit effective service delivery. By shifting from punitive approaches to care-centered interventions, we can reframe HIV prevention and treatment as acts of justice, equity, and liberation.

076 Benefits and Drawbacks of the GOALS Approach: Preliminary Findings from Qualitative Interviews Among Program Staff

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Background: Ending the HIV epidemic has been hindered by suboptimal utilization of effective interventions such as HIV/STI testing and PrEP. In 2022, the New York City Health Department funded 19 HIV prevention programs to adopt the GOALS Approach to Sexual History and Health—an anti-stigmatizing, client-centered strategy for sexual history-taking, designed to increase provider utilization of HIV prevention interventions. This study examines the subjective experiences of providers implementing GOALS.

Method: Between April 2023 and March 2024, 31 interviews were conducted with direct-care staff (n = 19), supervisors (n = 12), and those with both responsibilities (n = 5) from eight funded programs (three clinical programs and five outreach/support service programs). Interviews explored the impact of GOALS on staff members' experiences, their clients, and client-provider interactions. This abstract presents preliminary findings from thematic coding using framework analysis.

Results: Reported benefits for providers included perceptions of GOALS as a supportive tool that affirmed staff's client-centered approach to care by reinforcing their preferred strategy for discussing sexual health with clients, while offering a flexible framework for navigating varied client interactions. Drawbacks included staff concerns about longer client interactions, difficulty with GOALS documentation or applying it in certain settings (such as outreach), and perceptions that universal discussion of sexual health may be invasive or irrelevant. Impacts on client interaction included reports that GOALS improved conversations with clients by building rapport and facilitating open communication; decreased stigma by reducing risk-based language and increasing culturally appropriate, client-relevant language; and increased service utilization by facilitating HIV/STI testing, broadening service access, and improving clients' experience navigating services.

Conclusion: Providers report that GOALS improves client-provider interactions, reduces stigma, and increases service utilization while supporting providers. Preliminary data indicate challenges in broad application of GOALS that may inform future implementation and support future adaptations.

077 Implementation of Low-Barrier Open Access HIV Care Clinic in New Orleans, Louisiana

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Introduction: New Orleans is a Fast Track City committed to ending the HIV epidemic. Unfortunately, various barriers—including substance use, mental illness, housing instability, and provider shortages—contribute to the challenges of achieving the 95-95-95 targets. We present our novel experience in implementing a low-barrier, open-access clinic to address barriers to HIV care in New Orleans, Louisiana.

Description: We established a twice-weekly walk-in clinic with an open schedule, complemented by a twice-weekly evening clinic to accommodate those who require appointments outside traditional clinic hours. This initiative enables close follow-up for patients recently discharged from the hospital, immediate appointments for out-of-care patients seeking walk-in services, immediate consultations for newly diagnosed patients, and urgent visits for current primary care patients. Our goal is to enhance linkage and entry to care, optimize engagement and retention in care, and, consequently, improve viral suppression for patients who are difficult to engage.

Lessons learned: 117 patients visited our low-barrier clinic from August 2024 to January 2025. Patients were classified into four categories: new diagnosis of HIV, establishing care (from another clinic), returning to care (within 6 months), or out of care (>6 months). Most patients were unemployed (62%) and had a current or former history of tobacco, alcohol, or substance use (68%). Additionally, 14% had temporary or unstable housing, and 38% had a mental health diagnosis. There were 27 (23%) patients with a CD4 count <200 and 49 (42%) with a detectable viral load. Of the 26 patients with subsequent lab tests, 22 (85%) were undetectable, and 3 (12%) showed at least a two-log reduction in viral load.

Recommendations: In the initial six months, our low-barrier open-access clinic demonstrated significant improvement in viral load by enhancing access for traditionally hard-to-reach patients.

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079 Community-Based Mindfulness Instruction Intervention to Improve Mental Health and HIV Outcomes among Female Sex Workers in the Dominican Republic: A Mixed Methods Study

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Background: Cisgender female sex workers (FSW) with HIV experience a disproportionate burden of mental health problems and sub-optimal HIV outcomes. Mindfulness instruction has been shown to improve mental health and antiretroviral therapy (ART) adherence; yet no interventions involving mindfulness training exist for FSW. In response, we developed a community-based mindfulness intervention among FSW in the Dominican Republic.

Method: We conducted mixed methods formative research to assess the role of mindfulness on mental health and HIV outcomes among a sample of 240 FSW with HIV, surveyed annually from 2018 to 2021. We examined separately the relationships between mindfulness and mental health/HIV outcomes assessed concurrently (contemporaneous) and one year later (time-lagged). We collaborated with FSW community members and peer leaders to co-develop a tailored mindfulness instruction intervention. In-depth interviews, focus group discussions, and pre-post surveys were conducted, and thematic content analysis was employed to assess intervention experiences and inform future implementation.

Results: Greater mindfulness (Cognitive and Affective Mindfulness Scale) showed contemporaneous and time-lagged associations with lower depression (Center for Epidemiologic Studies Depression Scale) (contemporaneous: $b = -0.57$, $SE = 0.03$, $p < 0.001$; time-lagged: $b = -0.16$, $SE = 0.05$, $p < 0.001$), lower HIV stigma (Berger HIV Stigma Scale) (contemporaneous: $b = -0.11$, $SE = 0.02$, $p < 0.001$; time-lagged: $b = -0.08$, $SE = 0.03$, $p = 0.003$), and higher ART adherence (AIDS Clinical Trial Group Scale) (contemporaneous: $b = 0.03$, $SE = 0.01$, $p = 0.003$; time-lagged: $b = 0.04$, $SE = 0.01$, $p = 0.004$). Qualitative interviews and focus groups with FSW peer leaders found the mindfulness instruction intervention was highly acceptable and feasible and had a positive effect on stress, anxiety, depression, and ART adherence.

Conclusion: Community-based mindfulness instruction demonstrates significant promise to promote mental health and HIV outcomes among FSW with HIV, and further testing of this model is warranted.

081 HIV Self-Test Program Preferences among Black and Latino Sexual and Gender Minorities in the Southern United States: An Online Discrete Choice Experiment

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Background: Black and Latino sexual and gender minorities (SGM) in the Southern United States have experienced the greatest burden of HIV for the past 25 years. HIV self-testing is an effective strategy to identify individuals living with undiagnosed HIV, but little is known about which program characteristics foster the highest patient engagement.

Method: We conducted an online discrete choice experiment with Black and Latino SGM living in the South to optimize the design of HIV self-test programming. We tested combinations of four attributes: delivery strategy (home delivery, friend delivery, clinic pickup), support (instructions only, during the test, one week after delivery), delivery speed (same day, next day, three days, five days), and price ($0, $20, $40, $50, $60). Random parameters logit regression models with effects coding and a marginal willingness to pay model were fit.

Results: Of 317 respondents, 150 (47.32%) identified as non-Hispanic Black and 167 (52.68%) as Hispanic/Latino. Participants preferred $0 (b = 2.84), next-day (b = 0.32), and home delivery (b = 0.61), and did not prefer contact for support one week after delivery (b = -0.23). Black participants were less likely to opt out of HIV self-testing programs than Latino participants, and PrEP users were more likely to pay $60 than non-PrEP users. Marginal willingness to pay estimates were $6.51 more for home delivery compared to clinic pickup and $9.82 more for next-day compared to five-day delivery.

Conclusion: Black and Latino SGM in the South would prefer a free HIV self-test program with next-day home delivery and support during the test. Patients were willing to pay more for rapid home delivery, suggesting that cost-sharing could contribute to sustainability. As we near the 2030 benchmark of the Ending the HIV Epidemic plan, public health practitioners may consider the implementation of free or low-price HIV self-test home delivery programs to further reach this goal.

086 Barriers and Facilitators to Implementation of a Low-Price HIV Self-Test Home Delivery Program in the Southern United States: An Implementation Science Study

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Background: Despite more than $40 million invested by the United States to increase HIV status knowledge nationally, programs have failed to adequately reach sub-populations most impacted by HIV, including Black and Latino sexual and gender minorities (SGM) in the South. Home delivery of HIV self-tests is an effective strategy to identify individuals with undiagnosed HIV, but limited knowledge exists about factors that influence implementation, including the feasibility of charging patients for tests.

Method: We conducted semi-structured qualitative interviews with HIV prevention program decision-makers in the South to understand barriers and facilitators to implementation of a low-price ($12.75) HIV self-test home delivery program. Program design reflected the optimal combination of program attributes identified via an online discrete choice experiment with Black and Latino SGM from the region. Interviews were guided by the updated Consolidated Framework for Implementation Research. We used applied thematic analysis to identify key implementation determinants.

Results: The 24 providers interviewed represented five states, mostly worked at community-based organizations (n = 16), were mid-level staff such as program managers (n = 16), and had prior experience implementing HIV self-test programs (n = 12). Implementation facilitators included familiarity with the test device (innovation characteristics), perceived privacy and convenience for patients (individual characteristics), and tailoring the program (process). Implementation barriers included perceived challenges for patients such as false positives, adverse events, and delayed linkage to care (individual characteristics). Barriers to charging for tests included inadequate infrastructure for collecting fees (inner setting) and insufficient revenue that only partially offsets costs (outer setting).

Conclusion: Implementation strategies for HIV self-testing programs in the South should provide personnel with accurate information on test accuracy and safety, and providing tests for free may be more desirable than charging for tests. Increased implementation of these programs can contribute to reaching the 2030 benchmark of the Ending the HIV Epidemic plan.

088 The Role of Discrimination among Socio-Structural Factors Affecting PrEP Awareness in Black Communities: A Network Analysis

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Background: Black individuals face intersecting socio-structural stressors, including poverty and discrimination, which contribute to mental health disparities and serve as barriers to HIV prevention. These factors may influence PrEP awareness and access by shaping healthcare engagement and trust. We examined relationships among PrEP awareness, mental health, substance use, condom use, HIV testing, medical mistrust, and barriers to care, with a focus on the role of discrimination in shaping these relationships.

Method: The Five Point Initiative was an implementation project developed and piloted between 2019 and 2023 to reach primarily Black individuals in 12 HIV high-impact zip codes in Miami, Florida, through partnerships with community organizations. Self-report measures assessed PrEP awareness and care, HIV testing, condom use, medical mistrust, substance use, barriers to care, and discrimination. Network analyses (a) explored connections among these factors without discrimination and (b) introduced discrimination into the network and assessed changes.

Results: Among Black participants (N = 2,223), 53% identified as men, 46% as women, 0.5% as trans men, 0.2% as trans women, and 0.03% as gender nonbinary/queer. In the network analysis, substance use was the most central factor (i.e., betweenness, closeness), with positive relationships with barriers to care (95% CI [0.04, 0.15]), PrEP awareness (95% CI [0.00, 0.14]), and condom use (95% CI [0.07, 0.19]), and a negative relationship with medical mistrust (95% CI [-0.15, -0.02]). However, when discrimination was introduced into the network, it became the strongest factor, but substance use maintained the highest betweenness and closeness.

Conclusion: While factors such as substance use and barriers to care may limit PrEP awareness among Black individuals, everyday discrimination plays a significant role. Policies and interventions need to address discrimination, substance use, and barriers to care to improve PrEP awareness and access.

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091 Associations between Socioeconomic Factors and Reasons for Missing Medication among Black Women Living with HIV

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Background: Suboptimal medication adherence among Black women living with HIV (BWLWH) may relate to socioeconomic factors such as housing instability and poverty. However, less is understood about how socioeconomic factors relate to specific reasons for missing doses of HIV medication. In this study, we examined how socioeconomic factors related to reasons why BWLWH missed their medication.

Method: In the Southeastern United States, Black women living with HIV (n = 258) completed self-report measures including sociodemographics on income, education, health insurance, housing, and employment status. The women also rated how often medication was missed and possible reasons as to why medication was not taken using the AIDS Clinical Trials Group (ACTG) Adherence Questionnaire. Linear regressions were conducted to understand the relation between sociodemographic factors and specific reasons for missing medication.

Results: Within the sample, 60% had at least a high school diploma, 68% were at or below poverty, 5% did not have health insurance, and 9% had unstable housing. Women who did not have health insurance were more likely to miss taking their medications due to feeling like the medication was toxic or harmful, feeling sick or ill, feeling depressed or overwhelmed, running out of pills, having too many pills to take, or feeling good. Participants with some college education or higher were more likely to miss medication due to a change in routine, sleeping through a dose time, or feeling depressed or overwhelmed. Participants who were not working or in school, or did not have secure housing, were more likely to miss medication due to running out of pills.

Conclusion: Systemic barriers such as lack of health insurance, low income, and unstable housing are factors linked to reasons BWLWH may miss medication and specific reasons for medication nonadherence. Multilevel interventions are needed to address these socioeconomic barriers and increase medication adherence among BWLWH.

093

Utilizing Network Analysis to Examine the Relationships between Mental Health Diagnoses and Missed HIV Medication Doses among Black Women Living with HIV

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Background: Diagnoses such as depression, posttraumatic stress disorder (PTSD), and substance use disorder can impact an individual's daily life and self-care. Among Black women living with HIV, these factors can lead to missed medication doses, making it critical to understand the interplay between mental health diagnoses and missed HIV medication doses.

Method: Black women (N = 275) in the Southeastern United States were administered a semi-structured clinical interview assessing depression, PTSD, suicidality, substance use disorder (SUD), and alcohol use disorder (AUD). Women also completed the AIDS Clinical Trials Group (ACTG) Adherence Questionnaire on how often they missed medication and the reasons. ACTG score and mental health diagnoses were analyzed in a network analysis using polychoric correlations.

Results: The prevalence of AUD, SUD, depression, PTSD, and suicidality were 3%, 10%, 10%, 15%, and 2%, respectively. The strongest and most central factor in the network analysis was depression, which revealed positive relationships with PTSD (95% CI [0.49, 0.67]) and suicidality (95% CI [0.19, 0.52]). Participants with AUD were more likely to miss medication. Conversely, women with SUD were less likely to miss medication. The results also show significant positive associations between depression and suicidality, PTSD and depression, PTSD and suicidality, and AUD and SUD.

Conclusion: Findings align with literature on the impact of mental health on HIV treatment adherence. However, this study specifically examines how different psychosocial behavioral health problems relate to each other and to missed doses, with depression being most central. Our results highlight the need for interventions targeting co-occurring mental struggles, particularly depression (given its centrality) and AUD, which related to missing medication. Interestingly, SUD had an inverse relationship with missing medication, which may be due to the type of substances women were using (e.g., cannabis has nuanced findings in the literature).

094

Post-Traumatic Growth, Medication Adherence, and HIV Treatment Adherence Self-Efficacy among Black Women Living with HIV

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Background: Among Black women living with HIV (BWLWH), factors including trauma or violence exposure, mental health struggles, and barriers to care may impact medication adherence. However, post-traumatic growth may positively relate to medication adherence and adherence self-efficacy in this context.

Method: BWLWH (N = 259) in the Southeastern United States completed self-report measures. These included the Posttraumatic Growth Inventory (PTGI; five subscales of personal strength, new possibilities, improved relationships, spiritual growth, and appreciation for life), HIV Treatment Adherence Self-Efficacy Scale (HIV-ASES), and medication adherence in the past 30 days. Several linear regression models were conducted to determine relations between PTGI subscales, medication adherence, and HIV treatment adherence.

Results: Among the participants, the averages were 4.9 (very good [min 1, max 6]) on medication adherence, 92.1 (high self-efficacy [min 0, max 120]) on adherence self-efficacy, and 66.4 (moderate [min 0, max 105]) on the overall post-traumatic growth scale. The results indicated significant positive associations between all PTGI subscales and adherence self-efficacy (personal strength [1.9, $p < .001$], new possibilities [1.3, $p < .001$], improved relationships [0.8, $p < .001$], spiritual growth [3.2, $p < .05$], and appreciation for life [1.9, $p < .001$]). Similarly, higher scores on each subscale of the PTGI (personal strength [0.04, $p < .01$], new possibilities [0.03, $p < .01$], improved relationships [0.02, $p < .01$], spiritual growth [0.06, $p < .05$], and appreciation for life [0.04, $p < .05$]) were associated with higher medication adherence.

Conclusion: Findings highlight positive ways in which post-traumatic growth is related to adherence self-efficacy and ART medication adherence among BWLWH. Future interventions should work to bolster post-traumatic growth as a potential means to improve medication adherence among BWLWH.

095 A Comparison of Pre- and Post- Distress Levels Before and After a Clinical Interview Assessing Sensitive Mental Health Struggles among Black Women Living with HIV

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Background: For Black women living with HIV (BWLWH), stressors may include trauma, racism, and poverty. Research studies or clinical encounters asking about sensitive mental health topics such as trauma and substance use may elevate women's distress. However, if done well and in a manner that is affirming and responsive, women may leave these encounters feeling less distressed. This study compared self-reported distress levels before and after a clinical interview.

Method: Two hundred seventy-eight BWLWH in the Southeastern United States attended up to 20 visits between 2019 and 2024. At each visit, clinicians administered a clinical interview on mental health struggles (such as trauma, substance use, suicidality). Distress rating was obtained prior to and after the interviews ("On a scale of 0–100, with 0 being no stress and 100 being the worst stress you've ever experienced, how do you feel at this present moment?"). A linear mixed effects model was conducted to compare pre- and post-distress ratings across women and study visits.

Results: Among the women, 60% had at least a high school diploma, and 69% earned $15,999 or less at baseline. For a total of 3,440 clinical interviews around sensitive topics, the pre-distress mean score was 16.08, whereas the post-distress mean score was 11.34. Our mixed model findings revealed that women reported lower distress after clinical interviews ($t = -10.74$, $p < 0.001$).

Conclusion: Elements of the research program (for example, affirming, participant-centered), clinician training, and processes may help to decrease women's distress despite the sensitive nature of the clinical interview itself. Additional research should examine the elements and strategies that result in distress reduction and explore ways to adapt these in clinical and research settings where BWLWH and others are engaged.

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096 Privacy and Choice: Understanding Adherence and Persistence Between Clinic and Home-Administered CAB/RPV for People with HIV

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Background: Little is known about how CAB/RPV administration setting impacts adherence and persistence among people with HIV (PWH). This qualitative study aimed to better understand participants' preferences and experiences with CAB/RPV within home and clinic contexts.

Method: Participants (N = 15) were all enrolled in the MORE program, which offers a voluntary spectrum of services including the assignment of a care navigator, transportation assistance, and the option for home medical and injection visits. Participants were identified using purposive selection: PWH who are receiving CAB/RPV (n = 9), discontinued (n = 3), or refused (n = 3). Utilizing a Consolidated Framework for Implementation Research (CFIR), we facilitated semi-structured individual interviews between May and September 2024. Interviews were audio-recorded and transcribed. Coding followed both deductive and inductive processes, with the majority of constructs being a priori based on CFIR-identified domains of intervention characteristics, characteristics of individuals, process, and outer setting. Excerpts were reviewed for themes aligned with CFIR domains.

Results: Compared to the other domains, the outer setting domain revealed marked discrepancies between those receiving injections at home and in clinic. Of those currently receiving CAB/RPV (n = 9), participants receiving home injections (n = 3) connected the home setting with adherence and persistence, citing travel issues and the comfort and privacy of home as primary reasons. Participants who declined home injections (n = 6) reported the convenience of the clinic, familiar staff, and privacy as reasons for declining. Importantly, ideas of privacy meant different things to different people, which impacted setting preferences and were tied to ideas of stigma (for example, some worried about neighbors, while others felt stigma going to the clinic).

Conclusion: Given individual preferences and needs which change over time, fostering patient autonomy by offering choice and flexibility in injection setting supports both adherence and persistence.

097 Intersectional Discrimination, Minority Stress, and Suicidality among Black Sexual and Gender Minority Youth

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Background: Black sexual and gender minority (SGM) youth experience disproportionately high prevalence of suicidal ideation, planning, and attempt. Research has established the importance of considering intersectional discrimination and minority stress in understanding disparities in HIV among these communities, which often occur via mental health pathways. As such, we sought to understand the role intersectional discrimination and minority stress play in Black SGM's perceptions of and experiences with suicide.

Method: We conducted in-depth phenomenological interviews with 25 Black SGM youth aged 14 to 24 to provide space for youth to share their experiences with mental health in Black SGM communities, suicidality, and mental health treatment. Audio files were transcribed verbatim and inductively coded in MAXQDA. Data were analyzed using reflective thematic analysis to characterize how intersectional discrimination and minority stress shape perceptions on suicide and mental health among Black SGM youth.

Results: We developed four themes that reflect participant experiences: (1) Familial rejection and discrimination contributed to mental distress and high-risk social situations (for example, housing instability and sex exchange); (2) Exposure to violence exacerbated mental health concerns; (3) Mental health stigma within Black SGM communities was a barrier to mental health treatment; and (4) Peer support among Black SGM is a promising intervention avenue, as participants described relying on and trusting others in their community more than mental health professionals. As one participant stated, "With me and my friends, we is the therapy … sometimes you don't even got to talk back. People just want somebody to listen to them."

Conclusion: Mental health plays a critical role in HIV prevention and care for Black SGM youth. Integrated, peer-led mental health interventions are needed to support the mental health of young Black SGM and improve HIV outcomes.

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098 Provider Perspectives of the Delivery of Long-Acting PrEP to Men Who Have Sex with Men and Use Methamphetamine

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Background: Methamphetamine use is a driver of HIV among men who have sex with men (MSM) and contributes to suboptimal daily, oral PrEP adherence. We aimed to understand provider perspectives on long-acting PrEP use among MSM who use methamphetamine.

Method: We interviewed service providers of HIV-negative MSM who use methamphetamine. Interviews included a survey of sociodemographic and practice characteristics and open-ended questions following a PrEP cascade (that is, awareness/willingness, access, receiving a prescription, adherence/persistence). We report descriptive statistics of provider and practice characteristics and findings from a thematic analysis of transcripts.

Results: Of 17 participants, most were white (82%) and female (53%). A plurality were clinicians (6, 35%), followed by pharmacists (4, 24%), and harm reduction program managers (3, 14%). Providers saw a median of 25 (IQR: 18–150) MSM who use methamphetamine monthly, and estimated that most had heard of daily, oral PrEP (87%, IQR: 50–100) while a minority had heard of long-acting PrEP (25%, IQR: 10–60).

All participants described methamphetamine use as a barrier to long-acting PrEP. Other barriers to awareness and access included competing priorities, lack of housing, and mistrust of healthcare institutions. Missing medical visits and difficulty communicating with MSM who use methamphetamine were barriers to receiving a long-acting PrEP prescription and reasons for provider concern about adherence and persistence. Strategies to increase long-acting PrEP use included integrating PrEP with existing services used by MSM who use methamphetamine, alternative delivery models, broadening who administers it, and reducing stigma.

Conclusion: Despite the promise of long-acting PrEP among MSM who use methamphetamine, use is low. There are structural and methamphetamine-related barriers to the use of long-acting PrEP in this group. Novel delivery models are needed to reach MSM who use methamphetamine and support adherence and persistence.

099 Evaluation of a Community-Informed Telehealth PrEP Program for Latino Sexual Minority Men

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Background: Latino sexual minority men (LSMM) are disproportionately impacted by HIV, and uptake of pre-exposure prophylaxis (PrEP) remains low. Existing PrEP programs often fail to address LSMM-specific barriers. To address this gap, we implemented and evaluated CBO-PrEP, a community-academic collaborative telehealth PrEP program with five strategies to enhance uptake among LSMM.

Method: The program strategies consisted of (1) a web-based PrEP referral tool, (2) rapid telehealth appointments, (3) use of commercial laboratories for PrEP-related testing, (4) social media promotions about CBO-PrEP, and (5) regular meetings between CBO and health center staff. To evaluate the program, we collected routine programmatic data from CBOs and from the health center electronic medical record. We also conducted qualitative interviews with CBO staff to explore determinants impacting strategy implementation.

Results: During the study period, an average of 21% of PrEP referrals went to CBO-PrEP (N = 57), declining to an average of 11% in the final quarter. Most (65%) referrals came through the web-based tool, 78% of appointments occurred via telehealth, and 28% used commercial labs. CBOs posted 13 social media promotions and averaged 0.4 monthly meetings with health center staff. Qualitative analysis revealed administrative and communication barriers between CBO and health center staff, logistical challenges with patient assistance programs, and an emerging LSMM preference for in-person care, all affecting maintenance and referrals.

Conclusion: This collaborative telehealth PrEP program was acceptable and effective for CBOs, health care staff, and LSMM. However, strategy adoption varied, and administrative, communication, and logistical barriers hindered long-term implementation. Additionally, LSMM's increasing preference for in-person care warrants further investigation. While collaborative approaches can enhance PrEP uptake, addressing maintenance challenges is essential for sustainability.

102 Help Wanted: Building a Workforce to Tackle the HIV, Mental Health, and Substance Use Syndemic

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Background: Clustering and synergistic interaction of HIV, mental health, and substance use conditions is an urgent health crisis. Studies show that depression, hazardous alcohol use, and/or drug use are additively associated with HIV transmission and worse health outcomes, including poor viral suppression; providers need true syndemic evidence on which to base optimal service delivery.

No intervention for integrating behavioral health (BH) into HIV settings published from 2010 to 2020 described an explicitly syndemic approach. Partners from seven Ending the HIV Epidemic (EHE) jurisdictions asked about the feasibility, acceptability, and sustainability of implementing tested BH integration interventions within their local HIV settings concluded that full integration is unlikely without health systems' investment in structural-level interventions. To better understand where syndemic interventions might be focused, we analyzed perspectives of the HIV workforce.

Method: A 2023 online needs assessment survey of the HIV workforce in HHS Region 2 conducted by the Northeast/Caribbean AIDS Education and Training Center elicited data enabling us to explore distributions and correlates of BH challenges identified by respondents.

Results: Among the more than 2,500 survey respondents, mental health (53.6%) and substance use (40.9%) were ranked as the top two unmet client needs and challenges. For the 21.3% ranking both conditions in their top three, significant demographic (for example, age under 35; identifying as Hispanic) and work setting (for example, CBO or HIV/infectious disease clinic; working outside of EHE jurisdictions) characteristics were identified. These unmet client needs were associated with provider challenges with two care continuum outcomes: referrals to HIV services and linkage to care. Self-rated BH competencies varied widely.

Conclusion: This syndemic poses specific challenges in HIV care. We will discuss additional findings, needed syndemic research, and how the workforce can be built to holistically address unmet BH needs.

103 PrEP4HER: Exploring Women's Experiences Receiving Sexual Health and PrEP Care in an Alabama Gynecology Setting

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Background: Clinical interactions between women and their gynecology (GYN) providers are critical intervention points for PrEP education and prescription, notably for women in Alabama, a state with persistent HIV incidences and a decline in GYN providers following recent legislation restricting reproductive health services. However, PrEP interventions in GYN settings are limited. To address this need, we developed and pilot-tested PrEP4HER, a multi-level clinic-based intervention integrating PrEP education into routine sexual and reproductive health care, with the aim of increasing PrEP prescriptions and knowledge for women.

Method: In-depth, semi-structured interviews were conducted from November 2024 to February 2025 with women who received the PrEP4HER intervention as part of their routine standard of care at a university-affiliated GYN clinic in Alabama. Data were analyzed using thematic analysis.

Results: Fourteen women were interviewed. Preliminary findings include: (1) Women were receptive to PrEP education and interested in PrEP costs, side effects, and drug interactions. While women were open to using PrEP, they reported (2) stigmatizing beliefs and misconceptions about PrEP eligibility, including perceptions of their HIV vulnerability. However, women were (3) motivated to share PrEP knowledge with their social networks and supported comprehensive HIV prevention and PrEP education for adolescents and young adults, although there were conflicting views on who should disseminate PrEP information in the local community (for example, health care professionals or stakeholders like public officials).

Conclusion: The inclusion of a PrEP intervention within routine GYN visits revealed that women were receptive to and confident in their ability to engage in PrEP care. However, women held concerns about PrEP and misconceptions about PrEP eligibility. To increase PrEP uptake and persistence, it is imperative that GYN providers initiate conversations about PrEP during routine visits to mitigate HIV incidences, dispel misconceptions, and increase knowledge dissemination to communities.

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109 Understanding HIV Viral Load Detectability among Sexual Minority Men with HIV Who Use Stimulants Using Andersen's Behavioral Model

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Background: Maintaining viral suppression remains a challenge among sexual minority men living with HIV (SMM LWH) who use stimulants like cocaine and methamphetamine. Identifying key predictors of viral load (VL) detectability can inform appropriately targeted interventions. This study applied Andersen's Behavioral Model to explore the predisposing, need, and enabling factors associated with VL detectability.

Method: This cross-sectional study of 288 SMM LWH who use stimulants recruited participants between 2022 and 2024 in an mHealth intervention to improve adherence. Consented participants submitted a dried blood spot (DBS) for HIV VL quantification, which was treated as the binary outcome variable (detectable, ≥839 copies/mL versus undetectable, <839 copies/mL). Predisposing factors (age, race, education), enabling factors (income, housing status), and need factors (HIV self-efficacy and healthcare engagement via recent HIV medication changes) were entered into a hierarchical logistic regression in blocks to examine associations with detectable VL.

Results: Among predisposing factors, the odds of detectable VL decreased with higher education: some college or trade school (aOR: 0.39 [95% CI: 0.18–0.83]) or a graduate degree (aOR: 0.31 [95% CI: 0.11–0.91]). Regarding enabling factors, the odds of detectable VL increased for unstably housed participants (aOR: 4.26 [95% CI: 1.11–16.13]). Among need factors, recent changes to HIV medication were associated with decreased odds of a detectable VL (aOR: 0.38 [95% CI: 0.16–0.92]).

Conclusion: The Andersen model highlights structural barriers that contribute to health outcome disparities experienced by SMM LWH. The findings of this study could inform future interventions addressing these barriers, including novel HIV care engagement strategies like remote DBS collection among care-disengaged patients, which may help improve viral suppression.

114 Examining the Relationships between Mental Health Symptoms and Socioeconomic and Structural Factors among Community Members in HIV High Impact Zip Codes

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Background: Structural factors may limit access to HIV treatment and prevention in communities disproportionately impacted by HIV. Black communities in the United States experience higher rates of HIV and lower rates of PrEP uptake compared to most non-Black communities. We assessed associations among mental health symptoms and sociodemographic, socioeconomic, and structural factors for community members in HIV high impact zip codes.

Method: In 2024, survey data was collected among residents via our Five Point Initiative (FPI), a community-engaged implementation project conducted in zip codes of Miami-Dade with high HIV incidence. Survey questions included items on sociodemographics, housing, and zip codes of residence. Mental health symptoms were assessed with two survey items derived from the Patient Health Questionnaire and the Generalized Anxiety Disorder Scale. Tukey's Honestly Significant Difference tests were conducted to determine differences in mental health across sociodemographic factors.

Results: Surveys were completed by 3,240 community members—82% Black, 12% White, 26% Latine, 91% heterosexual, and 28% with a disability. Anxiety and depressive symptoms were significantly associated with several demographic characteristics, including race, ethnicity, sexual orientation, primary language, and disability status. Participants who identified as disabled, White, Latine, and/or bisexual reported more frequent feelings of anxiety and depression compared to able-bodied, non-Latine, Black, or heterosexual participants. Structural and socioeconomic factors, such as housing, income, and residential zip code, were also significant indicators of mental health symptoms. Housing instability, including transient housing and homelessness, were significantly associated with higher feelings of anxiousness or depression. Depressive symptoms were also significantly associated with lower educational attainment and an annual income of $5,000 or less.

Conclusion: HIV prevention and treatment may be influenced by structural and socioeconomic barriers. To ensure equitable access to prevention resources, interventions must address social determinants affecting communities most impacted by HIV.

116 PrEP Awareness, PrEP Prescription, and Barriers to Care Vary Based on Age among Community Members in HIV High Impact Areas in the Southeastern US

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Background: While widespread adoption of HIV prevention tools, such as pre-exposure prophylaxis (PrEP), could significantly curtail the HIV epidemic, uptake remains low among Black populations. To better understand the socio-structural factors that may limit access to HIV prevention tools, we examined age group differences in PrEP awareness, prescription, stigma, and social determinants of health.

Method: Residents living in HIV high impact zip codes in Miami, Florida completed pre-assessment surveys for our Five Point Initiative (FPI) project, a community-engaged type 2 hybrid study assessing strategies for increasing HIV testing and PrEP uptake. Surveys captured sociodemographics, PrEP variables, and social determinants of health. Tukey's Honestly Significant Difference tests assessed age group differences in variables.

Results: Surveys were completed by 3,240 community members—82% Black, 14% Latine, and 74% US-born. Regarding age, 6.9% were 18–24, 15.1% were 25–34, 19% were 35–44, 18.7% were 45–54, 23.4% were 55–64, and 16.9% were 65 and older. PrEP awareness was lowest among participants ages 18–24 and 65+. Participants ages 35–54 were more likely to have been referred for PrEP or spoken to a provider about PrEP than those 65+. Similarly, participants between the ages of 45 and 54 were more likely to be prescribed PrEP than those 65+. There was no difference in PrEP stigma by age. Older participants were more likely to have a primary care provider (PCP) and less likely to experience financial limitations or transportation barriers, while young adults (ages 18–24) reported less fear of displacement and less food insecurity.

Conclusion: PrEP awareness and prescription, having a PCP, and barriers to care vary across age groups. Future interventions should consider age as a factor in tailoring HIV prevention interventions for high impact communities.

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119 Associations between Recent HIV Testing and Socio-Structural Factors among Women and Men in Miami, FL

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Background: HIV prevention tools and services are underutilized by Black communities in the US. Social and structural factors may serve as barriers to HIV testing and further drive racial and gender-based inequities in HIV outcomes. Utilizing survey data, we assessed the relationship between HIV testing and gender in communities heavily impacted by HIV in Miami-Dade County.

Method: The Five Point Initiative (FPI) is a community-engaged project engaging predominantly Black individuals in Miami's HIV high-priority zip codes. During 2024, community members (N = 3,240) completed a survey capturing demographics, sexual behaviors, social determinants, and other barriers to care. Linear regressions were run in RStudio utilizing sociodemographic variables as predictors and recency of HIV test among cisgender men and women separately.

Results: Community members were 53% cisgender men, 47% cisgender women, 82% Black, 13% Latine, 74% born in the US, and 98% who spoke English. For both men and women, place of birth, primary language spoken, ethnicity, and retirement were predictors of how recently participants had been tested for HIV. Specifically, US-born, English-speaking participants of African ethnicity completed testing most recently. Among women, older participants and those of non-Hispanic, non-Haitian, or non-Afro-Caribbean background were more likely to be tested more recently. Sexual orientation and living arrangement were also significant predictors of most recent HIV testing among women. Among men, participants with a disability or on disability benefits were tested more recently than able-bodied participants. Race and relationship status were also significant predictors of recent HIV testing behavior among men.

Conclusion: Elements influencing HIV testing behaviors may vary between men and women. Future interventions may benefit from exploring gender-centered approaches to address the unique barriers and factors impacting preventive care for HIV high impact communities.

121 Advocacy as a Lifeline: Bridging Gaps and Building Access in LGBTQIA+ Healthcare

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Introduction: LGBTQIA+ individuals, particularly those with intersecting marginalized identities, face systemic barriers to equitable healthcare due to structural inequities, legal restrictions, and persistent stigma. The rollback of nondiscrimination protections and freezing of HIV-related federal funding have exacerbated these disparities, disproportionately affecting transgender individuals, sex workers, and people of color. This workshop, Advocacy as a Lifeline: Bridging Gaps and Building Access in LGBTQIA+ Healthcare, equips healthcare providers, policymakers, and advocates with tools to address these challenges through policy innovation and advocacy.

Description: This interactive session will explore legal and institutional barriers to LGBTQIA+ healthcare, examining the impact of policy rollbacks on access to HIV prevention, gender-affirming treatments, and culturally competent care. Through case studies and discussions, participants will develop skills in crafting inclusive policies, mobilizing coalitions, and engaging policymakers. The workshop highlights how advocacy and public health interventions can help reinstate nondiscrimination protections, secure HIV program funding, and promote LGBTQIA+ provider training. By centering health equity and intersectionality, attendees will gain strategies to dismantle barriers and build affirming, accessible healthcare systems.

Lessons learned: Key lessons include the impact of policy rollbacks on healthcare access, the role of advocacy in securing funding and protections, and the necessity of cultural competency in medical settings. Coalition-building and media advocacy are crucial for amplifying marginalized voices and influencing policy change.

Recommendations: Recommendations include restoring nondiscrimination protections, securing sustainable funding for LGBTQIA+ and HIV services, mandating cultural competency training for providers, strengthening community-led advocacy, leveraging digital platforms, and expanding public health interventions such as PrEP and harm reduction strategies.

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122 Empowering Sex Workers through Harm Reduction: Strategies for HIV Prevention and Care

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Introduction: Sex workers face significant barriers in accessing HIV prevention and care due to criminalization, stigma, and restrictive policies. These structural challenges discourage healthcare engagement, increasing vulnerability to HIV and other health risks. This workshop explores harm reduction as a critical strategy for overcoming these barriers, equipping participants with advocacy tools, policy engagement skills, and practical interventions to improve health equity for sex workers.

Description: This session examines the intersection of harm reduction and HIV prevention for sex workers, emphasizing systemic barriers and policy challenges. Participants will analyze the impact of criminalization and stigma, as well as policy rollbacks that have hindered harm reduction efforts. Through interactive discussions and case studies, attendees will explore evidence-based strategies such as mobile PrEP distribution, syringe exchange programs, and digital health services. The session also aims to strengthen advocacy skills, equipping participants with tools to challenge restrictive policies and secure sustainable funding for community-led initiatives.

Lessons learned: The criminalization of sex work continues to be a major obstacle to healthcare access, reinforcing stigma and discrimination. Harm reduction strategies, when implemented through a community-led approach, have demonstrated effectiveness in improving health outcomes. International examples, such as Kenya's Bar Hostess Empowerment and Support Programme, highlight how peer-driven interventions provide essential services. Policy inconsistencies across US states present challenges, with some areas expanding harm reduction access while others maintain punitive measures. Public perception of substance use as a health issue rather than a crime is shifting, but policy changes have yet to fully reflect this transformation.

Recommendations: To improve HIV prevention and care for sex workers, decriminalization efforts must be prioritized alongside comprehensive harm reduction strategies. Policymakers should expand funding for syringe exchange programs and mobile PrEP services while ensuring protections for sex workers in healthcare settings. Advocacy efforts should focus on policy engagement, coalition-building, and leveraging digital tools to challenge harmful narratives. A health equity framework must guide interventions to address the compounded vulnerabilities faced by sex workers from marginalized communities.

123 Fostemsavir-Exposed Pregnancies and Outcomes from the Global Clinical Development Program

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Background: Fostemsavir (FTR) is approved for use with other active antiretrovirals (ARVs) for treatment of heavily treatment-experienced people with HIV and multi-drug resistance. While preclinical data did not demonstrate reproductive risk, there are limited human data on the use of FTR during pregnancy to adequately assess effect on pregnancy outcomes.

Method: FTR-exposed pregnancies from the clinical development program were reviewed. Descriptive summaries of pregnancy and neonatal outcome data are presented.

Results: Of the ten FTR-exposed pregnancies, all in the first trimester, six resulted in live births, one in spontaneous abortion, and three in induced abortions. There were no birth defects among live births. Among the six singleton, live births without defects, one was preterm (gestational age < 37 weeks) and two had low birth weight (< 2500 grams). Maternal age ranged from 22 to 42 years.

Conclusion: While these data are too small to yield definitive conclusions and should be interpreted with caution, all live births from women exposed in the first trimester had favorable safety outcomes. Data on use of FTR in pregnancy will continue to be monitored through the Antiretroviral Pregnancy Registry

FIGURE — (apregistry.com)

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124 Prevalence of STI Symptoms and Access to Healthcare among Female Sex Workers in Rwanda: Findings from the Integrated Bio-Behavioral Surveillance Survey (IBBSS), 2023

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Background: Female sex workers (FSWs) in Rwanda face a significant burden of sexually transmitted infections (STIs), which increases their vulnerability to adverse health outcomes. This study, part of the Integrated Bio-Behavioral Surveillance Survey (IBBSS) 2023, aimed to assess the prevalence of STI symptoms and healthcare-seeking behaviors among FSWs in Rwanda.

Method: The IBBSS 2023 was a cross-sectional study involving 2,541 FSWs aged 15 years and above. Data on STI symptoms and associated healthcare-seeking behaviors within the past 12 months were collected through structured interviews. Prevalence estimates were calculated with 95% confidence intervals (CIs), and the data were disaggregated by symptom type and healthcare access.

Results: Overall, 60.4% (95% CI: 56.8–63.8) of FSWs reported experiencing STI symptoms in the 12 months preceding the survey. Among them, 32.3% reported having an ulcer or sore, and 40.3% experienced abnormal vaginal discharge. Among those who reported ulcers or sores, only 69.9% (95% CI: 64.0–75.3) sought healthcare services, highlighting barriers to healthcare access. Additionally, 12.1% (95% CI: 10.0–14.6) reported noticing ulcers or sores on their partners during the same period. Despite the high prevalence of STI symptoms, significant gaps remain in healthcare utilization. Approximately 30.1% (95% CI: 24.7–36.0) of FSWs who experienced ulcers or sores did not seek care.

Conclusion: The high prevalence of STI symptoms and suboptimal healthcare utilization among FSWs highlight critical gaps in STI prevention and treatment services. Addressing stigma, improving access to affordable, confidential healthcare, and expanding targeted outreach programs are essential to enhance STI management and overall health outcomes for FSWs in Rwanda. Further research is needed to identify barriers to healthcare access and inform evidence-based interventions tailored to this vulnerable population.

125 Undetectable Urine Tenofovir Levels Are Associated with Higher Levels of Plasma CRP

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Background: Despite receiving antiretroviral therapy (ART), people living with HIV continue to experience immune activation and systemic inflammation, increasing risk of early-onset conditions such as cardiovascular disease. Even among those who achieve viral suppression (VS), factors such as suboptimal adherence to ART and stimulant use (e.g., methamphetamine and cocaine) are additionally linked to a persistent inflammatory state. In a sample of treated sexual minority men (SMM) with HIV, we investigated the association between undetectable tenofovir (TFV) levels in urine—a marker of suboptimal adherence—and elevated C-reactive protein (CRP), a marker of systemic inflammation.

Method: From October 2023 to August 2024, we recruited a nationwide sample of SMM (n = 686) through advertisements in social networking applications. Using logistic regression modeling, we examined the associations between undetectable urine TFV, measured by a point-of-care (POC) urine test at a study visit, and elevated plasma CRP (>8 mg/L), after adjusting for VS and stimulant use in the past three months.

Results: The mean age was 43.48 years (SD = 11.19), with 23% identifying as Hispanic/Latino and 35% identifying as Black/African American. More than half (56%) of participants reported stimulant use in the past three months, 10% had undetectable urine TFV, and 78% had VS. After adjusting for VS and stimulant use, undetectable urine TFV was directly associated with 16% greater odds of elevated CRP (OR = 1.16, 95% CI 1.05–1.29, p = .005) in plasma.

Conclusion: Findings are among the first to demonstrate that an undetectable POC urine test for ART is associated with elevated systemic inflammation, even after controlling for VS and stimulant use. Future research is needed to further explore the links between suboptimal adherence to ART, persistent inflammation, and increased risk of chronic comorbidities in treated people with HIV.

126 Adjunctive Interventions in HIV Prevention: Leveraging Implementation Science and Behavior Change Theory to Engage Patients in Care

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Background: HIV implementation science primarily studies implementation strategies, the methods promoting the systematic adoption and delivery of evidence-based interventions (EBIs) such as pre-exposure prophylaxis (PrEP) and HIV testing/linkage to care (LTC). Important though understudied, are adjunctive interventions, which are recipient-level methods that influence uptake of and adherence to EBIs. Ending the HIV Epidemic requires not only EBIs but implementation strategies ensuring EBI delivery and adjunctive interventions supporting recipients' sustained engagement. We describe how these methods are functionally distinct yet related and report results from recent systematic reviews of adjunctive interventions.

Method: Between November 2020 and February 2024, we conducted multiple systematic reviews to categorize and evaluate the adjunctive interventions used for PrEP and HIV testing/LTC in the US. We coded adjunctive interventions in accordance with the Theoretical Domains Framework and the Capability, Opportunity, Motivation, Behavior Change Model. We also captured implementation setting, target populations, study design, effectiveness, and other key information.

Results: Our reviews identified 64 adjunctive interventions associated with PrEP (N = 26) and HIV testing/LTC (N = 38). In total, 31% had positive effects on intended outcomes, while 42% had mixed effects. Most studies were quasi-experimental (77%) with no comparison conditions, and few (19%) were randomized controlled trials (RCTs). Just over half (58%) described implementation strategies to support their delivery.

Conclusion: Effective adjunctive interventions are essential to ending the HIV epidemic, as they address specific challenges with adherence, retention, or engagement, particularly among populations in greatest need; however, nearly half did not identify implementation strategies to optimize delivery. Future research of adjunctive interventions should incorporate implementation strategies to ensure effective implementation and scale-up to ensure full benefit of EBIs. Although promising adjunctive interventions were identified through pilot studies, more rigorous study designs are needed to demonstrate implementation effectiveness of adjunctive interventions in real-world settings.

129 Pre-Implementation Assessments of a Combination HIV Testing, Linkage, and Rapid Treatment Initiation through Academic-Public Health-Community Partnerships to Improve HIV Outcomes in the Southern United States

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Background: The Southeastern United States experiences major delays in HIV diagnosis and time to achieving viral suppression. To address these gaps in Alabama, we initiated COAST-AL, a type 2 hybrid implementation-effectiveness study with a local public health department to increase HIV testing, expedite linkage, and initiate rapid HIV treatment. We describe the pre-implementation assessment guided by the Consolidated Framework for Implementation Research (CFIR).

Method: We conducted baseline surveys, clinic flow observations, and in-depth interviews with stakeholders to identify factors informing COAST-AL implementation, focusing on existing workflows, identifying opportunities to use publicly available data to inform testing outreach, and exploring provider attitudes towards rapid treatment initiation. Surveys were sent via email and included feasibility, acceptability, and appropriateness of intervention measures. All observations were compiled and reviewed. Three researchers read and discussed key points, illustrative quotes, and intersecting domains from interview transcripts.

Results: Twenty-two key stakeholders including clinic/public health staff, community health workers, and community members completed baseline surveys, and twelve completed in-depth interviews. Among survey completers, 18 (60%) were Black, 19 (63%) were women, and 50% were ages 25–44, with similar demographics for interviewees. The survey responses demonstrated strong agreement with feasibility, acceptability, and appropriateness of COAST-AL. In interviews, the rapid treatment generated the most concern for implementation including evidence strength, staffing needs, and implementation climate. Participants called for detailed implementation protocols, demonstration of need, and collaboration with external partners. Clinic observations provided key areas of opportunities for implementation of COAST-AL within the clinic and health department workflow.

Conclusion: Pre-implementation assessments from key stakeholders demonstrated strong support of a combination intervention to improve HIV testing, linkage to care, and time to HIV treatment initiation. These findings informed the adaptation of the COAST-AL intervention which is now underway.

130 Pathways to Viral Suppression: Understanding the Role of Mental Health, Stigma, and ART Interruption among Transgender Women with HIV in the Dominican Republic

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Background: Transgender (trans) women experience suboptimal HIV treatment outcomes. Antiretroviral therapy (ART) interruption, which entails pausing use of ART for periods of time, can inhibit viral suppression and cause drug resistance. Few interventions exist to support viral suppression among trans women. We assessed the relationship between ART interruption and viral suppression among trans women with HIV in Santo Domingo, Dominican Republic.

Method: We recruited trans women with HIV (n = 120) in Santo Domingo to participate in a randomized controlled trial of GAP, a multilevel intervention to promote viral suppression. Baseline surveys and viral load testing were conducted from July to November 2023. We conducted descriptive statistics of baseline data to describe HIV treatment behaviors and outcomes. We used multivariate logistic regression to assess associations between ART interruption and suppression and identify determinants of ART interruption, controlling for age and education.

Results: Mean age was 35 years and most (83%) had at least some secondary education. Almost all participants were taking ART (94%) and reported no missed doses in the last four days (81%), but only 75% were virally suppressed. Most participants (52%) had interrupted ART at some point since initiating treatment. Viral suppression was significantly less likely among participants who had ever interrupted ART (AOR 0.09; $p < 0.001$) and who used drugs in the past six months (AOR 0.40; $p < 0.05$). ART interruption was significantly more likely among participants who were depressed (AOR 2.8; $p < 0.02$) and reported higher trans stigma (AOR 2.6; $p < 0.01$).

Conclusion: ART interruption is common and associated with viral suppression among trans women. Long-acting forms of ART and multilevel interventions integrating attention to mental health and trans stigma could reduce interruption and promote viral suppression and overall wellbeing. Additional research is needed on pathways between stigma, mental health, and ART interruption to support viral suppression among trans women.

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132 Implementation Strategies in HIV and Non-HIV Service Integration in Low- and Middle-Income Countries

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Background: Integration of non-HIV services within HIV care has the potential to be cost-effective, increase uptake of services, and improve HIV cascade outcomes. To categorize and characterize implementation strategies and actors used within the context of integration of care with HIV, we reviewed and synthesized the existing evidence using a database of implementation science studies.

Method: The Living Analysis of HIV Implementation Science (LIVE) database contains 623 studies detailing implementation strategies targeting HIV cascade outcomes in low- and middle-income countries. We restricted the database to studies reporting at least one implementation strategy related to integration of HIV care from 2011 to 2021. We evaluated characteristics and summarized the frequency of different integration strategies across implementation actors and HIV care cascade targets.

Results: One hundred one studies (16.2%) met our inclusion criteria with 63 (62.4%) observational studies, 28 (27.7%) randomized trials, and 10 (9.9%) other. Most studies (n = 86, 85.2%) were from Africa. HIV care was most often integrated with services for antenatal care (32, 31.7%), tuberculosis (25, 24.8%), reproductive health care (18, 17.8%), primary care (9, 8.9%), hypertension (9, 8.9%), and diabetes (5, 5%). The most reported integration strategy across studies was “providing multiple service types at the same location” (n = 78, 77.2%), followed by “creating a multidisciplinary team” (n = 24, 23.8%). Actors providing integrated services were primarily health associate professionals and lay healthcare workers (HCWs) in 95 (94.1%) studies. Most studies targeted HIV testing (n = 49, 48.5%) and antiretroviral therapy initiation (n = 36, 35.6%).

Conclusion: Understanding the landscape and characteristics of the studies employing integration strategies provides valuable insights for future interventions integrating other health services with HIV care beyond the targets of HIV testing and lay healthcare workers.

FIGURE

133 Universal HIV Testing in New York City Emergency Departments (EDs): ED Leaders' Experiences Implementing Programs More than a Decade After Policy Inception

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Background: In 2010, New York State (NYS) issued a mandate that all people aged 13–64 seeking care in Emergency Departments (ED) be offered HIV testing. This report aimed to identify challenges to universally offering HIV tests in high HIV settings, like New York City (NYC), more than 10 years after the mandate. Findings could help further scale-up universal testing in NYC EDs.

Method: We recruited N = 9 ED leaders (e.g., department chairs, chiefs, directors) from 9 different EDs in NYC via professional network and leader recommendations. Leaders completed short demographic surveys, followed by 45-minute, audio-recorded in-depth interviews via Zoom. Interviews focused on perceptions of the NYS mandatory offer, how and by whom tests are offered, challenges to offering tests, and why some EDs may not comply with the NYS mandate. Two coders worked together to analyze the data using an inductive approach to content analysis.

Results: Most participants were male (89%), White (56%), and over 40 years old (77%). All EDs in this study served racially and ethnically diverse communities and had a mean estimated annual patient census of 156,000 visits (range = 70,000–520,000). Six ED leaders reported universally offering HIV tests, while three reported they did not. Those who did not indicated insufficient resources, lack of knowledge about the mandate, or disagreement with the mandate—believing HIV tests should be offered by request and/or chief complaint. Those who offered universal testing usually did so as part of nursing workflow (n = 7). Challenges faced by those attempting universal offers included staff/resource constraints (n = 6), time constraints (n = 4), and concerns about lack of patient follow-up (n = 3).

Conclusion: In this study, only two-thirds of EDs offered universal HIV testing, despite the NYS mandate. Resource and staffing challenges impeded testing efforts, along with concerns about feasibility of patient follow-up. Since universal testing was often integrated into nursing workflows, future studies could collaborate with nurses to understand workflows and address shortages to strengthen testing.

136 Adapting Low-Barrier Care for Implementation in a New Context through a Learning Collaborative and Implementation Strategy Co-Design

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Background: Low-barrier care (LBC) is a promising, evidence-based intervention that improves retention in care and viral suppression among people with HIV with complex needs through walk-in care, incentives, and intensive case management. As interest in LBC grows nationally, it is critical to understand how to implement the model in different contexts. We partnered with the health department to engage publicly funded HIV clinics in adapting LBC for the Chicago Eligible Metropolitan Area (EMA).

Method: From January 2023 to March 2024, we conducted a planning-focused learning collaborative with 11 population-centered health homes (PCHHs) and two supportive service agencies. The collaborative comprised four learning sessions on different LBC elements and action periods in which PCHHs received coaching around adapting the elements for their agencies. PCHH feedback was iteratively compiled. We also collected mixed-methods data (e.g., surveys, interviews) longitudinally about agencies' experiences with the collaborative. After PCHHs reached consensus on a localized adaptation of LBC, we began co-designing tools and resources to support future implementation.

Results: We developed two adaptations—Chicago LBC and Chicago Reduced-Barrier Care (RBC)—that differ from the original model in several ways, including co-location with regular Ryan White care, client eligibility, and number of walk-in days. Agencies rated acceptability, appropriateness, and feasibility of the learning collaborative as an adaptation strategy highly. Follow-up interviews identified the most useful activities (e.g., group discussions, peer presentations) and areas for improvement (e.g., greater expectation setting, time commitment). Ongoing resource refinement focuses on developing protocols and procedures, metrics for monitoring and evaluation, referrals from other service providers, training, and a community of practice.

Conclusion: Learning collaboratives are a promising strategy for adapting interventions for implementation in new settings. Upcoming implementation will evaluate the effectiveness of the Chicago-adapted LBC models.

138 Clinical Phenotypes among People with HIV and Associations with Loss-to-Follow-Up at a Ryan White Adult HIV Clinic in Chicago, Illinois

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Background: Loss to follow-up (LTFU) from HIV care affects half of people living with HIV (PWH). We aim to identify clinical phenotypes of PWH using information from electronic health records (EHR) and to assess how phenotypes are associated with LTFU.

Method: We used data from adult PWH who had at least one visit at the Ryan White clinic at the University of Chicago from January 1, 2017, to December 31, 2020. We created features from demographic, social history, laboratory results, diagnosis codes, and clinical notes. We employed latent class analysis to categorize individuals into mutually exclusive classes, and logistic regression to examine associations with LTFU with odds ratios (OR) and 95% confidence intervals (CI).

Results: We included data from 849 individuals and 4,316 visits. We found that a six latent class model was optimal, based on metrics and interpretability of results. Members of Class 1 were more likely to use substances, have cardiovascular disease, and have more mentions of "heterosexual." People in Class 2 were more likely to be young men, new patients, and more likely to experience LTFU (OR 1.57; 95% CI 1.20–2.05). Class 3 patients were more likely to be women and have notes mentioning "pregnancy." Class 4 patients were more likely to be white or Hispanic, had fewer mentions of "substance use disorder," and were more likely to experience LTFU (OR 1.39; 95% CI 1.02–1.89). People in Class 5 were more likely to be sexually active and had more mentions of "good adherence." Class 6 members were more likely to be older men and had fewer mentions of "mental illness" or "STI."

Conclusion: Using latent class analysis of patient visits at an urban HIV care clinic, we detected six distinct and clinically relevant phenotypes of PWH, two of which were associated with greater LTFU.

141 Assessing Utility and Implementation of a Self-Administered Behavioral Risk Assessment Tool among Sexually Active Young South African Women

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Background: For adolescent girls and young women (AGYW), accurate self-assessment of possible exposure to STIs including HIV can play a crucial role in triggering use of prevention strategies, including PrEP. We developed a novel risk self-assessment tool for AGYW and examined the association between the PrEP restart and the tool scores.

Method: PALESA was a pilot randomized trial conducted in Johannesburg, South Africa (June 2023–May 2024), enrolling 55 AGYW who recently discontinued PrEP. All participants completed a monthly online 15-item behavioral risk self-assessment survey distributed via text message. Each item received one point (total score range: 1–15, higher scores indicating greater risk). We used interrupted time series analysis to assess the association between PrEP restart and survey scores.

Results: Among 55 participants (median age 18 years, IQR 17–18), 365 responses of 385 surveys (94.8%) were collected. The median risk score was [missing number]. Commonly reported behavioral risk factors included: partner older than 5 years (38.4%), recent vaginal STI symptoms (26.3%), and recent new sexual relationship (20.0%). Among those with higher-risk responses (n = 13; score ≥ 8), 100% reported partner condom refusal and 84.6% expressed distrust in their partner preventing HIV or disclosing STI symptoms. Prior to PrEP restart, we observed a monthly decrease in the score by 0.47 points ($p = 0.002$) among the 36 participants who restarted PrEP. The score was stable over time ($p = 0.39$) after PrEP restarted. No significant immediate score change was observed ($p = 0.66$).

Conclusion: A risk self-assessment tool was feasible in this cohort and effectively captured behavioral risk. Further research is warranted to fully explore the predictive value of the tool on PrEP use patterns and to evaluate it with a wider set of outcomes, such as STI diagnosis. FIGURE

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HIV Care Providers' Perceptions of Utility and Acceptability of a Patient-Reported Outcomes Measurement Platform (MyPRO) for Use in an Outpatient Clinic Serving Racialized Women

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Background: Screening with self-administered Patient-Reported Outcomes (PRO) assessments to identify patient needs and behaviors before clinic visits has shown high provider acceptability in some settings. We sought to understand the utility and acceptability of a PRO platform in a health centre serving African, Black, Caribbean, Latin American, and South Asian women with a focus on immigrants and persons with refugee status in Toronto, Canada.

Method: Women receiving HIV care self-administered a digital PRO assessment (MyPRO) prior to their care visit, including measures of psychosocial and basic needs, symptoms, health behaviors, and perceptions of the burden of antiretroviral medication (ART) use. Women completed MyPRO remotely or on-site with results delivered to providers before the appointment. We subsequently conducted semi-structured qualitative individual interviews with providers querying PRO utility and impact on patient-provider communication, including on discussions of ART. We used Dedoose qualitative coding software to code transcribed interviews for thematic content. Two coders then independently used a qualitative memoing process to summarize additional themes and subsequently met to reconcile differences in interpretation.

Results: Providers (n = 4) reported that MyPRO 1) helped identify urgent or hidden problems, particularly depression, partner violence, and housing instability, by reducing social desirability bias; 2) empowered patients to voice concerns and prioritize needs; 3) familiarized providers with a broader scope of needs including psychosocial issues; and 4) led to referrals to address these issues. Providers reported that MyPRO helped guide and focus ART adherence discussions by facilitating probes around adherence-related issues like medication burden/satisfaction, depression, HIV stigma and disclosure, partner violence, and housing instability.

Conclusion: MyPRO was found useful for facilitating discussions surrounding previously hidden mental health and psychosocial needs, including issues impacting ART adherence such as depression, partner violence, concerns about HIV stigma/disclosure, and housing instability.

143 Patient and Provider Perceptions of the Impact of a Patient-Reported Outcomes Measurement Platform (MyPRO) on Discussions of Antiretroviral Medication Adherence and Satisfaction in an Outpatient Clinic Serving Women with a Focus on Immigrants and Persons with Refugee Status

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Background: Screening antiretroviral (ART) medication adherence with self-administered patient-reported outcomes (PRO) assessments improves identification of suboptimal adherence in HIV care. We sought to understand the impact of a screening tool (MyPRO) on provider/patient discussions of ART adherence and satisfaction in a Canadian women's health clinic primarily serving minoritized women with immigrant or refugee status.

Method: Women receiving HIV care self-administered a digital PRO assessment (MyPRO) prior to their care visit, using holistic measures spanning psychosocial needs, stigma, ART adherence, and perceived burden taking ART. Women completed MyPRO remotely or on-site with results delivered to providers before the appointment. We conducted 1:1 interviews with patients and providers to query the perceived impact on patient-provider communication of reporting ART adherence and burden via MyPRO. We used qualitative coding software to code transcribed interviews for thematic content. Two coders then independently used a qualitative memoing process to summarize themes and met to reconcile differences in interpretation.

Results: We interviewed 15 patients and four providers. While providers reported that ART adherence had previously been a consistent topic, they noted with MyPRO increased discussion of influencing factors and burdens, including depression, HIV stigma, disclosure concerns, and exposure to partner violence. Patients, by contrast, perceived that MyPRO facilitated discussions of their relationship with ART, with some reporting that MyPRO led to discussion of side effects and suitability of injectable ART. Patients noted that answering MyPRO questions in advance, with knowledge that their provider would see their responses, helped it feel acceptable to more fully discuss their relationship with ART, as well as sensitive topics like depression and HIV stigma.

Conclusion: By addressing previously undiscussed topics, MyPRO increased patients' sense of comprehensiveness of care. MyPRO enriched discussions surrounding ART adherence and satisfaction in distinct ways for patients and providers.

144 Ecological Momentary Assessment of Daily Violence Exposure, Negative Affect, and ART Maintenance among Young Black and Latinx Men Who Have Sex with Men (MSM) and Living with HIV in NYC

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Background: Young Black and Latinx men who have sex with men living with HIV (MSMLWH) face a disproportionate HIV burden due to the cumulative and reinforcing impacts of structural racism and homonegativity on health and HIV care engagement. Few longitudinal studies have examined the potential pathways through which interpersonal and structural violence exposure impacts HIV care engagement. This study aims to address this gap, while also exploring how substance use and negative affect influence both daily and long-term antiretroviral therapy (ART) maintenance.

Method: Participants (N = 41), aged 18–34, completed a 90-day ecological momentary assessment (EMA) on a daily basis using a mobile diary app. Data collection occurred between May 2021 and March 2023. Multilevel path analyses with Bayesian estimation were used to examine within- and between-person differences in ART maintenance. These analyses assessed the effects of daily violence exposure and substance use, with negative affect included as a mediator.

Results: Daily witnessed and directly experienced violence were associated with lower odds of ART maintenance, mediated by negative affect. In our final model, violence exposure increased negative affect, which, in turn, reduced ART maintenance odds by 50% within the same day, even after adjusting for race/ethnicity, violence type, housing support, and substance use. Daily cannabis use increased ART maintenance odds by 3.1 times, but more frequent use decreased these odds over time. Non-Hispanic Black men and those in HASA housing had 1.7 and 1.9 times higher odds of ART maintenance, respectively.

Conclusion: These findings suggest that both witnessed and directly experienced violence are associated with lower ART maintenance, mediated by negative affect. Future research should explore specific manifestations of negative affect, such as PTSD symptoms, emotional distress, or depression. Further investigation is needed to understand the differential effects of daily versus frequent, long-term cannabis use on HIV care engagement.

146 Impact of Age on the Prevalence of Chronic Pain, Substance Use, and Cognitive Impairments among People Living with HIV

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Background: As people with HIV (PWH) age, they become vulnerable to age-related comorbidities, including chronic pain (CP), substance use (SU), and cognitive impairment (CI). Existing HIV literature has focused primarily on these conditions independently. While limited research has examined the relationships between two conditions, the prevalence or risk factors for developing multimorbidity have not been explored. Our objective was to examine the impact of age on the prevalence and co-occurrence of these conditions among PWH.

Method: Existing data from the DC Cohort, a longitudinal study of PWH, were used to estimate the prevalence of CP, SU, and CI. Medical history and diagnostic status in patients' electronic medical records were used to identify existing conditions. Prevalence of each singular condition, pairs of conditions, and complete multimorbidity (i.e., all three conditions) was calculated for the total sample and was stratified by age group (i.e., 18–49, 50–59, 60–69, ≥70).

Results: There were 12,499 PWH aged 18 or older included in the sample. CP, SU, and CI were diagnosed among 59.2%, 65.6%, and 6.2% of the sample, respectively. Prevalence of each condition was significantly associated with age ($ps < .001$). The combined prevalence of CP and SU was 36.8%, CP and CI was 1.2%, and SU and CI was 0.7%. Complete multimorbidity occurred in 4.0% of the sample. Each pair of comorbidities and multimorbidity was significantly associated with age ($ps < .002$), and were most prevalent among PWH aged 70 or older, except for CP and SU, which was most prevalent among the 60–69 age group.

Conclusion: While CP, SU, and CI were each highly prevalent among PWH, data show differences between age groups: the prevalence of each condition and co-occurrence of conditions increased significantly with age. Findings suggest that aging adults with HIV experience many multimorbid health conditions, highlighting the need for tailored interventions to address the complexities of their care.

148 Transgender Women's HIV Knowledge, Risk Perception, and Prevention Behaviors, After Over a Decade of Oral Pre-Exposure Prophylaxis (PrEP) Availability

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Background: Transgender women (TW) in the United States are disproportionately burdened by HIV (~14%). With multiple forms of HIV pre-exposure prophylaxis (PrEP) available and others in development, it is critical to understand TW's knowledge, perceptions, and opinions about HIV and its prevention. We explored TW's current understanding of HIV and available prevention strategies.

Method: We completed 60-minute, audio-recorded, in-depth interviews with N = 16 TW. We asked questions on TW's HIV knowledge, prevention strategies and associated challenges, as well as perceived HIV risk. IDIs were independently analyzed by two coders using inductive content analysis.

Results: Participants were mostly people of color (68.9%), Latina (37.5%), not taking PrEP (81.3%), and had sex with ≥1 cisgender man and/or transgender woman in the last year (81.3%). TW were knowledgeable about HIV (n = 11), and identified several correct information points about transmission, prevention, testing, and what happens if/when a person tests positive. Some participants (n = 3) held misconceptions about HIV transmission, including that it could spread through sharing food/cigarettes. Nearly half (n = 7) perceived themselves at some risk for HIV; others either did not or were unsure (n = 8). To prevent HIV, participants reported using condoms (n = 9), asking partners about their HIV status (n = 6), attending routine healthcare visits (n = 5), abstinence (n = 4), and oral PrEP (n = 3). Challenges to prevention behaviors included: condoms are not always available/reliable/easy (n = 6), talking about HIV with partners is difficult (n = 5), transphobia (n = 2), and PrEP side effects (n = 1).

Conclusion: While HIV knowledge and risk perception are high, PrEP use remains low among TW. Participants engaged other behavioral strategies to reduce odds of HIV exposure, though these were often challenging and required cooperation from sex partners. Over ten years since FDA approval of PrEP, TW's HIV prevention strategies remain similar to those from the early epidemic. Going forward, researchers must work closely with TW to identify strategies that improve PrEP uptake.

151 Healthcare Providers' Perspectives Related to PrEP Implementation and the Streamlining of Existing Practices in Australia and the United States

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Background: PrEP implementation is continuously evolving as new modalities and delivery models become available. Streamlining existing practices could improve efficiency and access. In this qualitative, semi-structured interview study, we explored healthcare providers' perspectives on facilitators and barriers to PrEP implementation, and clinical practices that could potentially be streamlined in the future.

Method: In 2023, we conducted 20 60-minute, semi-structured interviews with healthcare providers in Australia (n = 10) and the United States (n = 10) who reported recent experience providing HIV prevention and treatment services. Australian and US providers were recruited in partnership with professional organizations. Data were thematically analyzed.

Results: Participants ranged in age from 30 to 65 years (Mdn = 35.5). In both countries, 60% were primary care providers. The number of patients for whom participants prescribed PrEP ranged from 6 to 1500 (Mdn = 115). Providers in both countries noted that clinical staff and navigators facilitated PrEP implementation by helping patients address logistical challenges and maintain PrEP engagement. Frequent lab work and in-person follow-up visits were commonly reported as burdensome to patients and therefore implementation barriers. Additionally, in the US, providers highlighted challenges with insurance approval and initiating patients on injectable PrEP, the latter of which is unavailable in Australia. Barriers faced by providers shaped their recommendations for streamlining select PrEP practices. Most providers in both countries suggested reducing the frequency of lab work (e.g., HIV, STI, and creatinine testing), expanding remote options, and otherwise adjusting protocols/guidelines to better suit patients. However, a minority of providers in both countries supported maintaining the existing STI testing guidelines, citing rising STIs as a concern.

Conclusion: Healthcare providers in Australia and the US identified key facilitators and barriers to PrEP implementation. Their experiences informed recommendations to reduce lab work, expand telehealth, and adjust testing guidelines. These insights may inform future efforts to improve PrEP implementation in both countries.

157 Assessing Feasibility of HIVST and PrEP Information Distribution via Social Networks of People Living with HIV to Increase HIV Testing

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Background: Social network strategies may overcome barriers and extend intervention reach to increase HIV testing, treatment, and prevention engagement. This formative study assesses feasibility of expanding the "Test-to-PrEP" social network strategy for HIV self-test kit (HIVST) and PrEP/HIV treatment resources distribution, previously studied among primarily Hispanic/Latino PrEP clients, to include people living with HIV (PLWH) in Miami, Florida, and San Juan, Puerto Rico as kit distributors.

Method: Structured interviews with clinic stakeholders and surveys of PLWH were conducted from June to December 2024 at two HIV-focused clinics in Miami, FL and San Juan, PR. Qualitative interview data were coded using Consolidated Framework for Implementation Research (CFIR) domains. Survey results are presented descriptively.

Results: Of PLWH participants (n = 48), 39 (81.3%) expressed interest in distributing HIVST kits to their social networks, 34 (87.2%) were familiar with PrEP, and 36 (92.3%) indicated knowing a good candidate for HIVST. Nineteen (52.7%) knew three or more candidates and 34 (94.4%) said at least one would also be a good PrEP candidate. Participants felt "very comfortable" discussing HIVST (46.2%) and PrEP (43.6%) with their social networks and "very capable" explaining HIVST (51.3%) and PrEP (48.7%) use. While 20 (51.3%) indicated no barriers to HIVST distribution, 19 (48.7%) perceived potential barriers including fear of disclosure (57.9%) and unwillingness of contacts to discuss HIVST (47.4%). No barriers to distribution of PrEP information were reported by 26 (66.7%), while 13 (33.3%) perceived fear of disclosure (53.8%) and unwillingness of contacts to discuss PrEP (53.8%) as barriers. Stakeholders (n = 4) viewed the intervention as acceptable and compatible, with fear of disclosure, insufficient knowledge, and stigma as barriers.

Conclusion: A HIVST social network distribution strategy was viewed positively by most stakeholders and PLWH. PLWH showed high interest and described a significant social network for HIVST and PrEP/HIV treatment resources distribution. Understanding barriers to distribution can improve implementation.

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158 Strengthening Southern HIV Prevention through Collaborative Engagement

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Introduction: The Southern United States faces disproportionately high HIV rates, exacerbated by structural barriers that hinder effective prevention and care. Strengthening collaboration between community-based organizations (CBOs) and local health departments (LHDs) is essential to addressing these challenges. The Southern HIV CBO Meet and Greet series, supported by the CDC Division of HIV Prevention and facilitated by NACCHO and Southern AIDS Coalition, was launched to enhance partnerships, facilitate knowledge-sharing, and align resources to improve HIV outcomes in the region.

Description: Held between August 2023 and May 2024, the series convened CBOs and LHDs from key Southern jurisdictions through virtual and in-person meetings in cities including Atlanta, Jackson, Houston, Baton Rouge, Memphis, and Miami, with an additional Spanish-language session. The initiative fostered open dialogue, allowing CBOs to voice community-specific needs and explore collaborative solutions with public health partners. Complementing this effort, the Southern LHD HIV Report Out documented programmatic priorities and regional trends, leading to the establishment of a Community of Practice (CoP) to support ongoing collaboration.

Lesson Learned: The series highlighted shared challenges, such as stigma, resource limitations, and disparities in healthcare access. Through peer discussions, participants identified effective strategies, emphasizing culturally responsive outreach and cross-sector partnerships. The LHD Report Out underscored the need for sustained coordination, reinforcing the importance of the CoP in promoting knowledge exchange and mutual support.

Recommendations: The initiative demonstrates the value of structured engagement between CBOs and LHDs in addressing HIV disparities. Next steps include expanding the CoP to additional stakeholders, increasing joint initiatives, and leveraging insights to inform policy and funding priorities that enhance regional HIV prevention efforts.

This session will provide public health professionals with actionable strategies for fostering collaborative, equity-driven approaches to HIV prevention and care.

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The Impact of Comorbid Conditions and Healthcare Engagement on Health Outcomes among Older People Living with HIV in the Rural US

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Background: Over half of people living with HIV (PLH) are over age 50, and projections indicate that by 2035, 74% of PLH in the U.S. will be aged 50+. Older PLH (OPLH) commonly experience comorbid health conditions, which may complicate healthcare engagement and worsen health outcomes.

Method: Using survey data from 409 OPLH in rural areas of the U.S. (mean age = 56, 33% female, 66% white), we examined how comorbid conditions and healthcare engagement – specifically whether OPLH received care from both a primary care provider (PCP) and an HIV specialist or relied on a single provider – were associated with health outcomes, including viral suppression, general health, and quality of life (QOL). We also explored potential mechanisms, including discrimination in medical settings, perceived stress, barriers to care, and HIV stigma.

Results: Most participants (86%) had at least one comorbid condition (median = 2; range = 0–6); 27% reported diabetes, and 50% had high blood pressure. Over a third (37%) received HIV care from their PCP. Controlling for demographics, those with more comorbid conditions reported greater barriers to care, worse general health, and lower QOL and were more likely to report discrimination in medical settings and detectable viral loads. Receiving HIV care from a PCP was associated with lower perceived stress and better self-reported health, with significant positive indirect effects on health and QOL through stress reduction. However, there was a stronger negative association between comorbid conditions and QOL for those receiving HIV care from PCPs.

Conclusion: Findings suggest comorbid conditions may complicate HIV care and reduce QOL. While PCP-led HIV care may reduce stress, those with many comorbidities may face additional challenges that impact overall well-being.

FIGURE

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Utility of Social Support and Social Networks Theory in the PrEP Continuum of Care for Adolescents: A Review of the Literature

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Background: In 2020, approximately 410,000 new HIV cases were reported among adolescents aged 10–24 years globally, with nine out of ten infections occurring in sub-Saharan Africa. To ensure adolescents receive the necessary support to prevent HIV/AIDS, social support and social network theories are important frameworks that can help optimize the PrEP continuum of care. This literature review explores the potential of social support and social network theories in improving enrollment and retention in HIV pre-exposure prophylaxis (PrEP) care for at-risk adolescents aged 10–24.

Method: This literature review involved searches across various databases. Inclusion criteria for articles were publication in English from January 2012 to December 2023, focusing on adolescents aged 10 to 24, PrEP, social networks, social support, and any aspect of the PrEP continuum of care.

Results: The study encompasses eight peer-reviewed articles, each differing in study type, focus, and geographical context. Theories of social support and social networks were examined within various facets of the PrEP continuum of care. Yet, no study assessed the effects of interventions rooted in these theories. Key support figures, particularly family members, showed interest in adolescents' PrEP usage with readiness to provide active support. However, some parental support was contingent upon adolescent request or prior knowledge of PrEP. Frequent and quality discussions between parents and children about sexual health and HIV/AIDS correlated with provision of support, increased awareness of PrEP, and a greater likelihood of its use among adolescents. The studies also recognized the role of friends' networks in encouraging PrEP adoption, notably among sexual and gender minority adolescents.

Conclusion: Social support and networks have the potential to improve the PrEP continuum of care for adolescents at risk of HIV. Future studies should investigate the application of interventions based on these theories.

163 Factors Affecting Risk of Lapsing in Care among People with HIV at a Ryan White Adult HIV Clinic in Chicago, Illinois

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Background: Retention in care is critical for people with HIV (PWH) for individual and public health outcomes. It is unknown if HIV providers can predict which of their patients can be retained in care. Therefore, we aimed to assess providers' intuition regarding risk factors for patients lapsing in care.

Method: Providers within the Ryan White adult HIV clinic at the University of Chicago were invited to complete a survey about each of their patients. They were asked to list specific factors contributing to or mitigating the risk of patients lapsing in care. Free-text responses were categorized into thematic groups by an analyst. Groupings were reviewed and validated by a second analyst. Missing data and "none" responses were excluded. For multiple factors listed, the first answer was used for categorization.

Results: Twelve providers participated. Most were White (10/12, 83%), attending physicians (8/12, 67%), and female (7/12, 58%). Median age was 39. Providers assessed between 4 and 95 patients each (median 41). Seven categories emerged for factors contributing to lapsing in care; the most prevalent were "History of Care," "Mental Health or Substance Use Issues," and "Social Stressors or Competing Priorities." Eleven categories emerged for factors preventing lapsing; the most prevalent were "Excellent Adherence," "Health System," and "Comorbidities."

Conclusion: Common factors reported by providers likely increase or decrease a patient's chance of lapsing in care. These findings can inform development of tools to proactively identify patients at risk for lapsing in HIV care, facilitating improved strategies to reduce critical care lapses for PWH.

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164 Pilot Testing the PrEP-Pro Intervention to Improve Sexual Health Assessment and PrEP Prescription for Adolescent Girls and Young Women by Family Medicine Physicians in Alabama

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Background: Adolescent girls and young women (AGYW) in the U.S. Southeast are disproportionately affected by HIV. We developed and piloted PrEP-Pro, an intervention to support family medicine residents to prescribe HIV pre-exposure prophylaxis (PrEP), including to AGYW. We pilot-tested the intervention and evaluated feasibility, acceptability, and appropriateness.

Method: Using intervention mapping (a community-engaged approach), we developed sexual history training, PrEP curricula, and a PrEP champion program. For the 6-month pilot test, we trained PrEP champions (senior residents and faculty at four sites) who then trained and supported residents at their sites. Participating physicians completed enrollment and exit surveys capturing PrEP provision experiences, attitudes/skills/barriers to sexual history-taking, PrEP knowledge/attitudes/beliefs. Exit surveys assessed PrEP-Pro acceptability, feasibility, and appropriateness. Wilcoxon Signed Rank and McNemar's tests compared enrollment and exit scores on sexual history assessment, PrEP knowledge, and provider behaviors, including sexual history-taking and PrEP prescribing.

Results: Among 46 participants (median age 29 years), 57% were men, 59% White, 15% Asian, 11% Latinx, and 7% Black; 37% were first-year, 28% second-year, and 24% third-year residents. Thirty-two (70%) completed both enrollment and exit surveys. Significant increases were observed in sexual history skills, PrEP knowledge, and PrEP attitudes, with non-significant increases in the proportion reporting sexual history assessment and HIV testing. Seventeen completed feasibility, acceptability, appropriateness assessments (mean

[SD]): acceptability 4.31 (0.53), appropriateness 4.25 (0.46), feasibility 4.28 (0.42) on a 5-point scale.

Conclusion: This multi-component intervention was feasible, acceptable, and appropriate for family medicine residents. Pre- and post-evaluation suggest the intervention increased PrEP knowledge and improved sexual history-taking, indicating it could successfully enhance provider self-efficacy in delivering sexual health care.

166 Ascertaining Homelessness among People with HIV: A Comparison of Three Data Sources from King County, Washington

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Background: People with HIV (PWH) experience high rates of homelessness and unstable housing (HUH), which is associated with lower likelihood of viral suppression and increased mortality. Estimating HUH prevalence among PWH is difficult due to rapid changes and inconsistent ascertainment across data sources.

Method: We compared three data sources to estimate HUH prevalence among PWH in King County, Washington. The Public Health – Seattle & King County registry includes housing status from direct reports, address matching with shelters/service sites, and Ryan White data. The CDC-funded Medical Monitoring Project (MMP) uses self-reported HUH from interviews in a nationally representative sample. Madison Clinic, a large HIV primary care clinic, collects housing status as a patient-reported outcome. We compared HUH prevalence and characteristics across these sources.

Results: HUH prevalence was 10.2% (757/7,402) in the case registry, 11.9% (17/143) in MMP, and 7.1% (82/1,158) in Madison Clinic. Age and time since HIV diagnosis were comparable among PWH experiencing HUH across sources. Compared to Madison Clinic patients, more PWH experiencing HUH in the case registry and MMP were racial/ethnic minorities and had injection drug use as an HIV acquisition risk factor.

Conclusion: HUH prevalence estimates were similar between population-based sources and lower in the clinic dataset, likely reflecting lower clinical engagement among people experiencing homelessness. Differences in definitions and data collection methods may contribute to observed differences.

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171 Evaluating Pharmacy Readiness for HIV Prevention Services in the Southeastern US

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Background: The Southeastern United States has the highest rates of new HIV infections, making expansion of HIV prevention resources a critical priority. Community pharmacies are well-positioned to deliver HIV prevention services, but understanding factors influencing pharmacy readiness is essential for sustainable implementation.

Method: Pharmacy staff readiness to provide HIV testing and pre-exposure prophylaxis (PrEP) referral was assessed in the Pharmacy-based Access to Testing for HIV (PATH) study. A survey was conducted among pharmacy staff in Ending the HIV Epidemic areas across eight Southeastern states. Guided by Consolidated Framework for Implementation Research constructs, the survey examined policy and staff-level factors. Data collection began in January 2024 and is ongoing. Preliminary descriptive analyses provide frequencies of current service provision, perceived leadership support, and confidence in providing services.

Results: Among 236 pharmacy staff respondents, 66% reported that their pharmacy offers at least one health screening, including hypertension (56%), diabetes (34%), and COVID-19 (26%). While 79% indicated their pharmacy provides at least one vaccination – influenza (78%), shingles (73%), and COVID-19 (58%) – HIV prevention services were less common. Only 19 (8.1%) reported HIV testing availability; among these, 37% also initiated PrEP. Despite 69% having private counseling spaces and 82% having sufficient time to discuss screening results, few had prior training in HIV testing (7.9%) or PrEP initiation (9.3%). Perceived leadership support for HIV testing (58%) and PrEP initiation (68%) was high; yet only 37% and 30% felt confident offering HIV testing and interpreting results, respectively. Future analyses will examine whether pharmacy characteristics significantly relate to service availability accounting for staff clustering within pharmacies.

Conclusion: Findings indicate potential for pharmacy-based HIV services. Given the available space and leadership support, targeted training and service integration could improve pharmacy staff readiness to implement HIV prevention services.

172 Stated Intentions and Practiced Behaviors: Understanding Barriers to HIV Prevention among Black Women Sex Workers

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Background: Understanding discrepancies between stated and practiced HIV prevention behaviors is critical to ending the HIV epidemic, especially among vulnerable groups. Black women sex workers (BWSW) face unique oppression at the intersection of race, gender, and occupation. Experiences of sexual violence, targeted policing, criminalization, and limited care access increase HIV vulnerability, warranting tailored interventions. We explored differences between stated and practiced HIV prevention methods among BWSW in Chicagoland and examined how trust, intimacy, relationship type (personal vs. transactional), substance use, and financial hardship influence sexual behavior and prevention.

Method: In partnership with sex worker-led organizations, BWSW in Chicagoland (n=13; 7 cisgender, 5 transgender, 1 intersex female) participated in one-on-one interviews in 2020 about HIV prevention practices related to sex type (oral vs. penetrative), trust, and relational factors. Recruitment continued until saturation. Rapid content analysis was used.

Results: Key themes included: (1) discrepancies between stated and practiced prevention strategies; (2) financial incentives influencing behavior; (3) prevention differences based on sexual activity; and (4) substance use affecting prevention practices. Participants sometimes compromised protection for financial reasons or with “regulars.” Strict protection was often maintained for penetrative sex but not oral sex. Economic pressures and substance use shaped decisions around barrier methods. Prevention approaches varied between transactional and personal relationships, with trust and intimacy leading to more lenient practices.

Conclusion: To advance HIV prevention, interventions must address harm reduction barriers within trusted relationships, promote consistent barrier method use across sexual behaviors and relationship types, and integrate PrEP considerations, ensuring BWSW have access to community-empowered, tailored resources reflecting their lived experiences.

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177 PrEP Utilization among Women of Color: A Data-Driven Analysis of Medication Preferences and Demographics at Arlene Cooper Community Health Clinic and Center Wellness Clinic in 2024

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Background: The Arlene Cooper Community Health Clinic and Center Wellness Clinic, part of the LGBTQ+ Center of Southern Nevada, primarily serves men who have sex with men (MSM). However, women of color—a historically underserved population—face significant barriers to accessing HIV prevention tools such as PrEP. This study evaluates PrEP use among women of color in the clinic, focusing on medication preferences, demographics, and access to care.

Method: A retrospective analysis was conducted on 1,044 patients who started or received a refill for PrEP in 2024. Among these, 176 were women, and 108 were women of color. Data were collected on birth sex, gender identity, medication preferences (Truvada, Descovy, Apretude, Generic Truvada), and PrEP initiation and continuation. Multilingual advocacy efforts supported patient engagement.

Results:

- 1,044 patients started or refilled PrEP in 2024.
- 176 women started or refilled PrEP, with 108 women of color (61% of all women on PrEP).
- 66 women of color were cisgender; 41 were male-to-female (MTF) transgender women.
- Medication preferences:
    - Among cisgender women: 59.09% used Truvada, 18.18% Descovy, 16.67% Generic Truvada.
    - Among MTF transgender women: 76.67% used Descovy, 16.67% Apretude, 3.33% Truvada.

Conclusion: Women of color remain underrepresented in PrEP utilization despite high unmet need. At this clinic, 108 women of color reflect increased engagement within this underserved group. Culturally competent, gender-affirming, and multilingual services have been critical in improving PrEP access. These findings emphasize the need for targeted outreach and person-centered care to reduce HIV prevention disparities.

178 Optimizing Access to HIV Injectable through Alternative Sites for Administration

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Background: The Center for Infectious Diseases (CID) at Boston Medical Center is the largest outpatient clinic for HIV/AIDS in New England, providing extensive multidisciplinary care. Since 2021, CID has offered long-acting injectable cabotegravir-rilpivirine to patients. However, the program has faced challenges in expanding access due to limitations in clinic space, nursing staff, and standard clinic hours. To enhance patient equity and program access, developing alternative sites for administration (ASA) is essential.

Method: From July 2023 to June 2024, the first phase of this two-year Quality Improvement project established ASAs with home injection service through contracted home-infusion nurses. Patients receiving cabotegravir-rilpivirine injections were surveyed for socioeconomic barriers. After completing at least six months of injections and education, three eligible patients transitioned to the home injection program. The second phase, running until June 2025, will evaluate the ASA model's efficacy and sustainability with a goal of enrolling 20 patients. Key metrics will include the number of enrolled patients, missed home injections, and enrolled patient satisfaction.

Results: Home injection interest surveys were developed in the three most common languages at Boston Medical Center: English, Spanish, and Haitian Creole. 204 patients were reviewed, with 80 surveyed, 63 pending surveys, and 60 deemed ineligible due to exclusion criteria. Five patients were enrolled after completing the survey, insurance eligibility checks, and coordination with pharmacy and nursing teams. Challenges included scheduling errors and communication gaps between patients and providers. A patient satisfaction survey and standardized workflow are under development to support program sustainability.

Conclusion: Expansion of access to ASAs can promote equity for patients facing financial and transportation barriers that challenge adherence to frequent in-person visits. Successful implementation requires improved communication and clear workflows to broaden access to home administration.

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179 Indicators of Brain Health, Sleep, and Well-being relate to Medication Adherence among Black Women Living with HIV in the US

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Background: The lived experiences of Black women living with HIV (BWLWH) in the face of racism, sexism, stigma, and violence may have implications for brain health, sleep, and overall well-being which may in turn impact HIV medication adherence.

Method: Among 184 BWLWH in the Southeastern U.S., measures were administered on global health (e.g., physical, mental, emotional), sleep (e.g., night sleep, day sleep, sleep behavior, sleep treatment), Functional Activity Questionnaire (ability to carry out activities of daily living), Healthy Brain 9 (change in ability to complete daily activities compared to five years ago), Mediterranean-DASH Intervention for Neurodegenerative Delay (MIND) Diet (e.g., leafy greens, fish, nuts), and self-reported medication adherence. Linear regressions were run via RStudio to examine associations between these variables and medication adherence.

Results: Higher medication adherence was significantly associated with higher overall global health (.56, $p < .0001$) and its subcategories (physical [.46, $p < .0001$], emotional [.47, $p < .0001$], mental [.42, $p < .0001$]) and showed a trend with higher MIND Diet consumption (.07, $p < .10$). Lower medication adherence was significantly associated with higher disruptions in night sleep (-.05, $p = .05$), sleep behaviors (e.g., snoring, restlessness) (-.11, $p < .05$), and receiving sleep treatment (e.g., taking sleep aids) (-.03, $p < .05$), and showed a trend of association with higher difficulty in completing daily tasks (-.04, $p < .10$) and higher change in functioning over the past 5 years (-.03, $p < .10$).

Conclusion: Efforts to improve medication adherence among BWLWH must address overall global health, diet, sleep, and daily cognitive functioning. This supports the need for integrative care settings and coordinated care between providers beyond infectious disease specialists for BWLWH.

181 Provider Comfort with Gender-Affirming HIV Primary Care

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Background: Transgender women with HIV (TWH) are less likely to be retained in HIV care or achieve viral suppression. Lack of competent gender-affirming care (GAC) is a commonly cited barrier. Our clinic identified a gap in viral suppression among TWH, with an overall viral suppression of 85% but only 75% in TWH. For retention in care, the overall clinic was 75% versus 64% for TWH. This quality improvement project (QIP) aims to increase Provider comfort with GAC to improve viral suppression and retention in care among TWH at a large urban Ryan White clinic.

Method: A Pretest-Posttest study was conducted on Providers using multiple questions with a numerical scale 1-10 assessing the level of comfort with various aspects of GAC before and after a guideline-based lecture. A handout on GAC guidelines was given to Providers, and EPIC dot phrases were created and shared to guide gender-affirming (GA) HIV primary care.

Results: 15 Providers completed the pretest, and 13 completed the posttest. There was a statistically significant ($p<0.05$) difference in providers' level of comfort with GAC; prescribing, titrating, and understanding the effects of GA hormone therapy; understanding and providing referrals to GA surgery; and discussing factors impacting mental/physical health. Providers reported high baseline levels of comfort in discussing gender identity, sexual practices, and mental health concerns, and no statistically significant difference was seen for these variables. Results are detailed in Table 1.

Conclusion: Provision of a GAC lecture and resources on GAC was associated with increased Provider level of comfort with GAC. Post-intervention, we expect an increase in competent GA HIV primary care, and thereby improvements in viral suppression and retention in care among TWH. Future QIPs will track pre- and post-intervention retention and viral suppression among TWH.

FIGURE

183 Willingness and Feasibility of Implementing HIV Prevention Services in Community Pharmacies: Preliminary Findings from the PATH Study

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Background: The availability of HIV prevention services in community pharmacies across the Southeastern U.S. remains unknown, despite potential to expand prevention efforts. Structural barriers such as workforce limitations, training gaps, and regulatory constraints may hinder implementation. Understanding pharmacy staff willingness to provide these services is crucial for designing feasible and sustainable integration strategies.

Method: We assessed pharmacy staff perspectives on HIV testing, training, and service integration as part of the Pharmacy-based Access to HIV Prevention Services (PATH) study. Pharmacists and technicians from community pharmacies in Ending the HIV Epidemic (EHE) priority areas were recruited via the National Council from Prescription Drug Programs (NCPDP) list. Data collection began in January 2024 and is ongoing. Survey questions, informed by the Consolidated Framework for Implementation Research (CFIR), were analyzed descriptively to examine HIV testing availability, staff willingness, and training needs.

Results: Among 236 pharmacy staff, 92% reported that HIV testing was either unavailable (86%) or uncertain if it was offered (6%). However, 54% supported future implementation. Of the 19 staff members who currently offer testing, 37% also indicated that PrEP initiation was available, representing just 3% of the total sample. Most respondents (87%) had no HIV testing training, yet 49% were willing to offer testing, 71% were open to training, and 74% were willing to discuss HIV with clients. Additionally, 46% believed that tailoring HIV services to their pharmacy was feasible, and 85% were willing to adapt pharmacy activities.

Conclusion: Pharmacy staff willingness to offer HIV testing, receive training, and adapt workflows presents an opportunity to expand HIV services. However, training gaps and feasibility concerns remain barriers. Future analyses will assess pharmacy characteristics related availability of HIV prevention services when data collection is complete. Addressing these challenges is key to integrating pharmacy-based HIV prevention, particularly in the Southeastern U.S.

184 "You will Swallow, but No Change": Curability and Perceptions of STI Treatment in Rural Uganda

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Background: Sexually transmitted infections (STIs) remain a global health issue, with over one million curable cases; syphilis, gonorrhea, chlamydia, and trichomoniasis occurring daily. These infections can lead to infertility, adverse pregnancy outcomes, and mental health consequences. Despite available treatments for people with STIs and their partners, many still report persistent symptoms and treatment challenges. Understanding STI treatment perceptions is crucial to addressing high incidence rates. This study explored how HIV-serodifferent couples with a recent STI diagnosis perceived and experienced STI treatment in a rural Ugandan context.

Method: We conducted in-depth interviews with participants recruited from a periconception program at an HIV clinic within a regional referral hospital in Uganda from August to December 2020. Participants (≥18 years) had a recent or current pregnancy (or partner pregnancy), a documented or self-reported STI diagnosis, and reported an HIV-serodifferent partnership. Partners were recruited via an invitation letter delivered by the participants. Interviews explored STI treatment experiences, including perceived need, accessibility, affordability, and uptake. Data were analyzed using thematic coding with a combination of inductive and deductive approaches to develop codes.

Results: We enrolled 37 participants in the study. Most 23/37 (62%) were women, and 14/37 (38%) were men. The participant median age was 34 years (range 19–49) and 16/37 participants (43%) were living with HIV. Key themes included: (1) pain from injections leading to treatment avoidance, (2) frustration with multiple regimens, resulting in treatment abandonment, (3) financial barriers, particularly in private care, limiting access, (4) preference for herbal remedies due to cultural familiarity and perceived safety, and (5) stigma discouraging open treatment-seeking.

Conclusion: STI treatment experiences are shaped by physical, financial, cultural, and social factors. Patient-centered interventions integrating social support, culturally sensitive education, and stigma reduction strategies are essential to improving treatment outcomes.

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186 Perspectives on Long-Acting Injectable Treatment and Related Provider Communication among Men Living with HIV in the US and Australia

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Background: New HIV treatment modalities, including long-acting injectables, increase the range of options available to people living with HIV. Access to new treatments requires healthcare providers to discuss and prescribe them. This qualitative study explored the perspectives of gay, bisexual, and other men who have sex with men living with HIV (MLHIV) on long-acting injectable treatment and provider communication about new HIV treatment modalities.

Method: Semi-structured interviews were conducted with a total of 18 MLHIV from the US (n=9) and Australia (n=9), who were recruited in partnership with community and professional organizations. Interviews were transcribed and thematically analyzed.

Results: MLHIV were care-engaged, cisgender men aged 29-67 years (Mage [SD] = 52 [13.1]). All participants were currently on oral HIV treatment regimens. Most were aware of injectables, but none had tried them. Most were satisfied with their current oral treatment regimen because it was simple—a daily pill—and fit their routine. Many participants described lack of interest in using injectable treatments. Reasons included concern about forgetting doses due to the infrequency of injections, incongruence of the injectable with other (non-HIV) oral medications, aversion to injections, and the inconvenience of provider visits to receive the injections. Participants were split on how they learned about long-acting injectables and other new treatment modalities, with some learning from their providers and others seeking information from outside sources. Participants perceived providers to be less likely to bring up new treatments with patients if they were limited on time, unknowledgeable, or skeptical about the treatments.

Conclusion: MLHIV in the US and Australia highlighted multiple considerations related to initiating HIV injectable treatments. While current regimen satisfaction and the desire to explore new treatment options may differ across patients and time, it is crucial that both providers and patients be empowered to discuss emerging advancements in HIV treatment science.

188 HIV Treatment Adherence and Satisfaction: Insights from a Qualitative Study of People with HIV on ART Regimens

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Background: Patient-reported outcomes (PROs) used to assess the quality of life for people with HIV (PWH) were developed when there were fewer treatment options. Given the evolving and improved treatment landscape, including long-acting treatment, this study explores PWH treatment experiences with a focus on satisfaction and adherence.

Method: Qualitative semi-structured 1:1 interviews with PWH in the US were conducted. Participants shared experiences on treatment adherence and satisfaction using open-ended questions. Interviews were recorded and analyzed thematically using inductive and deductive coding. Data saturation was assessed to ensure comprehensive concept coverage.

Results: Findings from the qualitative interviews (27 treatment-experienced) resulted in the development of conceptual models for treatment adherence and satisfaction. Most participants (n=23) reported being non-adherent with ART at least once since starting ART. Reasons for non-adherence included side effects and forgetfulness. PWH noted efficacy, side effects, relationship with family, and healthcare provider communication as the most important factors to adherence. In addition, most participants (n=21) reported that satisfaction impacted their treatment decision-making selection. Participants were most satisfied with dose frequency, convenience, and minimal to no side effects, and least satisfied with side effects (pain at injection site).

Conclusion: Concepts of interest most reported by participants for adherence and satisfaction included access to care, interactions with providers, stigma and discrimination, agency, socioeconomic factors, activities of daily living, and personal factors. Developing novel PRO measures to assess these concepts important to PWH is warranted.

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192 Premier Platinum Program: Harmonizing the Syndemic of People Aging with HIV

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Introduction: By 2022, people with HIV aged 50 and older (PWHIV50+) in the United States represented approximately 54% of the population with HIV, necessitating a shift in treatment and care due to higher multimorbidity. Effective interventions are needed in primary care to manage the associated syndemic.

Description: Centro Ararat developed the Premier Platinum Program (PPP) under the Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) Part F: Special Projects of National Significance (SPNS) Emerging Strategies to Improve Health Outcomes for People Aging with HIV Initiative. The PPP consists of three components: (1) a specialized team of geriatric health workers (physician assistant, medical case manager, and nurse); (2) an integrated mental health program; (3) a patient-centered educational and empowerment program (PEEP). These components work harmoniously to adapt geriatric tools to the standard primary care clinic and empower PWHIV50+ in the management of chronic diseases.

Lesson Learned: After gaining upper management support, motivating clinic staff, and adding a physician assistant to HIV care, 72 participants enrolled in the program. Preliminary results indicate a high possibility of cognitive impairment, with 50% (36) scoring under 22 on the Montreal Cognitive Assessment (MoCA), confirmed by neuropsychological evaluation. Pre- and post-implementation data show a 140% increase in screenings and 252% increase in referrals. Additionally, 79% (57) participants in the PEEP showed improved chronic illness management knowledge. Participant satisfaction was high at 97%, indicating health benefits.

Recommendations: PWHIV50+ are unique and require a flexible, resourceful, and collaborative care system. Preliminary data supports the benefits of the PPP, with further evaluation needed to understand its impact fully. Clinics aiming to expand services for PWHIV50+ can consider components of Centro Ararat's PPP model, which will be available as a manual upon completion of the SPNS initiative.

196 Refining a Digital Health App to Promote Sexual Health and HIV Prevention for Women in the Southern US

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Background: Tailored strategies are needed to improve sexual health disparities among women, especially in rural communities in the Southern United States, which accounts for more than half of new HIV diagnoses and where access to comprehensive care is limited by structural barriers. HealthMpowerment (HMP), a theory-driven mobile health intervention application, was designed to engage sexual and gender minorities into HIV treatment and prevention services.

Method: Nominal group techniques were used with a community advisory board (CAB) of Alabama women to iteratively select, test, and refine HMP app features, and recruitment/retention strategies (Figure 1). The app was tailored to optimally support recruitment, engagement, and retention of urban and rural women in Alabama into a "light-touch" digital cohort for women recently diagnosed with gonorrhea or syphilis.

Results: The CAB (N=12) met virtually 11 times from April 2023 to October 2024. All (100%) self-identified as Black, 83% cisgender, 92% straight, and 42% rural. Tailored HMP app features include (Figure 1): 1) body-inclusive customizable avatars with culture-, age-, and ability-diverse features; 2) tracking for medication, behaviors, and health and wellness goals; 3) articles and activities relevant for the population; 4) sexual healthcare locator map; 5) study milestone and incentive tracker; and 6) ask-the-expert feature that allows participants to submit health-related questions to study staff. Additional app features include linkage to study surveys with reminders, badges and gamification, and push notifications to increase retention.

Conclusion: Our team is continually improving the app to effectively engage women and explore innovative ways to educate and empower Southern women in accessing sexual health services. By incorporating community feedback, we aim to tailor features to retain participation and promote health equity. FIGURE

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197 Challenges to Retention in HIV Care Among Latinx Immigrants in South Florida: Perspectives from Clients and Providers

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Background: About 45% of Latinxs diagnosed with HIV in the United States (US) are not retained in care. Compared to U.S.-born Latinxs, Latinx immigrants face greater individual and systemic barriers that make ongoing engagement in healthcare services more challenging. We explored barriers to HIV care retention among Latinx immigrants in Miami-Dade County, Florida.

Method: We conducted qualitative interviews in 2022 with 15 Latinx immigrants who were currently disengaged from care or had experienced a gap of more than six months and 15 medical case managers, linkage, outreach, and prevention coordinators. Transcripts were analyzed using deductive thematic analysis.

Results: Undocumented immigration status emerged as a major barrier to care retention, contributing to employment and housing instability and limiting access to assistance programs such as Housing Opportunities for Persons With AIDS. Unstable employment and housing led to frequent relocations, disrupting care engagement by increasing travel distances to clinics, making it difficult to find new providers in areas with limited HIV services, and causing concerns about disclosing undocumented status to access care. Work-related challenges were a key barrier, as work schedules often conflicted with appointments for HIV care and those required to renew coverage. Undocumented immigrants faced additional difficulties, including the need to be always available for work, lack of paid sick leave, and fear of losing their jobs if they requested time off for medical visits. Moreover, misinformation about jeopardizing future citizenship due to accessing care services through public programs like Ryan White discouraged engagement. Limited English proficiency and inadequate access to Spanish-speaking providers hindered communication, making it difficult to navigate care and remain engaged.

Conclusion: Latinx immigrants faced challenges similar to those of other racial/ethnic minorities with HIV, but these were further complicated by undocumented immigration status and limited eligibility for assistance programs.

198 Integrated Psychosocial PTSD Treatment and Adherence Intervention (Cognitive Processing Therapy; CPT-L) Reduces Stigma for People with HIV

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Background: Despite high rates of PTSD in persons with HIV (PWH) and poor HIV-related health outcomes associated with PTSD, an effective evidence-based treatment for PTSD symptoms in PWH does not exist. Additionally, stigmas attached to HIV, mental health, and minoritized identities are major barriers to retention in HIV care. Cognitive Processing Therapy (CPT) is an evidence-based PTSD treatment that may address internalized stigma with targeted modifications and improve ART adherence and viral suppression. This was the first pilot RCT to test the feasibility of an integrated PTSD treatment (CPT) with an adherence intervention (Lifesteps) delivered in a Ryan White clinic to improve HIV-related quality **of life and HIV internalized stigma.**

Method: Participants were 41 adults living with HIV with co-occurring PTSD and lack of adherence, defined as missed appointments, less than 90% ART adherence, or detectable viral load. Eligible participants were randomized to CPT-L intervention (n=20) or Lifesteps control (n=21). Outcome measures including HIV stigma and quality of life were collected at baseline, post-intervention, and 3-month follow-up.

Results: Feasibility trial data demonstrated significant reductions in HIV internalized stigma. Participants receiving CPT-L reported significantly greater reductions in HIV stigma ($p < .05$ on all subscales). Similarly, the CPT-L group showed statistically greater quality of life as measured by the HIV-QOL Bref.

Conclusion: Preliminary data are promising and warrant further investigation. This research extends PTSD treatment approaches as a paradigm to reduce barriers to care such as stigma. Implementing tailored PTSD treatment for PWH is an innovative behavioral intervention to reduce HIV transmission through increased viral suppression.

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200 Toward Community Capacity Building to Enhance HIV Testing Access for People who Inject Drugs: Identifying Strategies for Service Integration and Engagement

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Background: Building community capacity to expand HIV testing among people who inject drugs (PWID) is critical for cluster detection and outbreak response. Structural and social barriers, including stigma, criminalization, and healthcare mistrust hinder uptake. One-stop shops integrating HIV testing with social and harm reduction services improve access by providing low-barrier, comprehensive care. Strengthening integrated services may enhance engagement, detection, and prevention. This study identifies opportunities for community capacity building by surveying PWID on service environment characteristics that would increase their willingness to access HIV testing.

Method: PWID living without HIV were recruited (January–February 2025) via a resource mobile unit in a Philadelphia neighborhood with high rates of injection drug use. Participants completed computer tablet surveys on their HIV prevention priorities and service environment preferences.

Results: The sample consisted of 91 participants, predominantly non-Hispanic White (64.8%), cisgender male (61.3%), and unstably housed (83.5%), average age 40.3 years (SD=6.7). Most reported substances were fentanyl/tranq (78.0%), methamphetamine (35.2%), and cocaine (34.1%), with 53.8% engaging in polysubstance use. Participants overwhelmingly (86.8%) endorsed HIV testing as a priority. Most (69.2%) were more likely to test at agencies offering multiple social services, with higher proportions among non-Hispanic White (74.6%) and non-Hispanic Black participants (72.2%) relative to Hispanic/Latine participants (30%; p's<0.05). Willingness to test at specific organizations ranged (55–76%), with primary care, HIV testing organizations, mobile units, and syringe exchange programs most preferred. Top-rated factors (>70%) influencing agency selection were free/low-cost services, walk-in availability, proximity to transit, and short wait times.

Conclusion: Findings underscore strong preferences for integrated HIV testing with other medical and social services. Key service characteristics (e.g., free/low-cost care, proximity to public transit, mobile unit environments) can enhance engagement. These insights support urgent efforts to expand low-barrier, community-driven HIV testing one-stop shop models.

201 Increasing HIV Education Access for Midwestern Primary Care Providers: A Digital Approach

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Introduction: The lack of HIV education for primary care providers (PCPs) in the Midwest can lead to critical challenges in providing optimal care for people living with HIV (PLWH), including delayed diagnosis, inadequate testing and screening, suboptimal ART management, perpetuation of stigma, and lack of PrEP use. Due to limited HIV provider access in the Midwest, particularly rural Nebraska, PCPs are essential in addressing the HIV epidemic. The largest number of new HIV diagnoses occur in rural parts of the state.

Description: Knowing the issues facing rural providers, the UNMC Specialty Care Clinic developed a digital program via the ECHO platform to disseminate up-to-date recommendations and best practices to providers and stakeholders within the Midwest. We launched an educational series for PCPs and health departments, featuring recorded sessions by HIV experts, real-life case scenarios, and follow-up Q&A. This complements efforts to expand telehealth services through partnerships and home-to-clinic options. This presentation discusses the structure, development, and outcomes of the program.

Lesson Learned: There is significant demand for education on HIV testing, management, and PrEP services in rural Midwest areas with limited HIV provider access. No formal educational programs previously met this need. Engagement with local health departments and primary care offices has grown substantially. A full-time education liaison has been hired to facilitate communication and coordinate program implementation.

Recommendations: Disseminating proven education programs aimed at primary care providers is key to delivering quality care to an often forgotten and underserved population.

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205 What Does 'Meaningful Engagement' Mean? Assessing Community-Academic Partnerships in the "Ending the HIV Epidemic" Implementation Science Supplement Awards

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Background: Successful implementation of HIV-focused interventions depends on meaningful community engagement, yet this is infrequently measured. To inform engagement, we assessed meaningful engagement among community and academic recipients of 2021 or 2022 Ending the HIV Epidemic (EHE) Implementation Science (IS) Awards.

Method: Awardees completed a cross-sectional online survey measuring community engagement quality across six 'engagement principles' (EP) and 11 attributes of 'trust' using 5-point Likert scales. Mean differences between academic partner (AP) and community partner (CP) scores were calculated. Bivariate associations used Spearman's rank correlations.

Results: From July-December 2023, 53 (65%) surveys from APs and 29 (35%) from CPs were received, representing 54/102 EHE projects (53%). Paired responses were available for 18/54 (33%) projects. Composite EP scores showed high quality engagement among APs and CPs (mean=3.59 vs. 3.70). Engagement scores differed with significant mean differences for "Involve all partners in dissemination" and "Foster co-learning, capacity building and co-benefit." Over 63% reported "very good" or "excellent" trust attributes. Among CPs, all trust attributes except 'accessibility' correlated significantly with engagement quality.

Conclusion: EHE awards supported trusting and meaningful partnerships. Differences between academic and community responses indicate the need to develop shared understandings of desired engagement quality, particularly around dissemination and co-learning. Strengthening trust through deliberate strategies may enhance community engagement quality. FIGURE

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Supporting Pet-Owning People with HIV: The Potential of Free Pet-Related Services

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Background: Half of people with HIV (PWH) in the U.S. South have pets. While pets contribute to better health outcomes, pet ownership can also create barriers to healthcare. Offering free pet services to pet-owning PWH may help them better manage their health. This study assessed whether pet-owning PWH believed free pet services would improve their healthcare access, and if the need for these services was related to HIV care outcomes.

Method: Survey data from 221 pet-owning PWH in Florida (55% ≥ 50 years; 57% men, 41% women; 66% White, 28% Black, 20% Hispanic) collected from 2021-2023 were analyzed. Participants were asked if pet food, veterinary care, or boarding/foster services would support healthcare access. Open-ended responses about additional pet services were collected. Bivariate relationships between endorsement of pet-related services and self-reported HIV care outcomes (missed visits, missed ART, viral non-suppression) were assessed.

Results: Most participants (83%) reported that free pet-related services would improve healthcare access. Those with missed HIV visits, missed ART, and viral non-suppression indicated higher needs for free pet food (59%-65%), veterinary care (69%-70%), and boarding (57%-65%) compared to those without these outcomes. Additional services mentioned included pet insurance, grooming, training, daycare, medications, pet-friendly housing, and emergency pet care.

Conclusion: Free pet food, veterinary care, and boarding services are perceived to improve healthcare access, especially for those with viral non-suppression or missed HIV care. Supporting pet-related services could improve healthcare access and HIV outcomes among pet-owning PWH, though further research is warranted.

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Integrating Social Services to Improve HIV Care Re-Engagement in Memphis: A Community-Based Approach

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Background: The United States National HIV/AIDS Strategy aims to diagnose 90% of people living with HIV (PLWH), ensure 90% are on antiretroviral therapy (ART), and have 90% of those achieve viral suppression. As of 2022, Memphis, TN, had a viral suppression rate of 64.6%, contributing to its ranking as second in the nation for new HIV infections. Friends for All (FFA), a Memphis-based community organization, addresses barriers to care by providing food assistance, behavioral health services, housing support, and social services to improve viral suppression rates.

Method: Supported by the Gilead FOCUS project, FFA implemented a universal intake for clients seeking social services. This included needs assessments, medication adherence counseling, lab assessments, and assistance with medical appointments. Clients without medications or with outdated labs were referred and provided transportation to medical care.

Results: From November 2023 to November 2024, FFA re-engaged 170 individuals into HIV care. Most (60.59%) accessed non-medical services such as food pantry (39.41%) and behavioral health services (34.71%), which were key to re-establishing care and improving outcomes.

Service Type	% Re-engaged Who Received Service
Food	39.41% (67)
Housing	20% (34)
Behavioral	34.71% (59)
Any	60.59% (103)

Conclusion: Integrating social services with medical care positively impacts addressing social determinants of health, improving viral suppression among PLWH. FFA's model effectively re-engages individuals and supports HIV epidemic control efforts in Memphis.

208 Beyond ‘High-Risk’: Latent Class Analysis of Last Sexual Partner Characteristics and Associated HIV Transmission Risk Factors among Gay, Bisexual, and Other Men Who Have Sex with Men in Lima, Peru

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Background: Gay, bisexual, and other men who have sex with men (GBMSM) are often treated as a homogenous ‘high-risk’ group, overlooking important within-group differences. This study aimed to identify GBMSM subgroups based on characteristics of their last sexual partner (LSP) and to explore associations with HIV transmission risk factors.

Method: Cross-sectional screening data collected from June 2022 to March 2023 among ‘high-risk’ GBMSM in Lima, Peru, were analyzed. Participants were cisgender men reporting condomless anal sex (CAS) with at least one serodiscordant or unknown serostatus cis man or transgender woman in the past six months. Latent class analysis classified LSP characteristics including partner type (casual repeat vs. single encounter), sexual role (activo, moderno, pasivo), and CAS position (receptive vs. insertive). Multinomial logistic regression examined associations between HIV risk factors and class membership, including drug use, transactional sex, STI diagnosis, sexual identity, hazardous alcohol use, and number of anonymous partners.

Results: Among 2,288 participants (48% living with HIV), five LSP classes emerged: (1) pasivo partner with insertive CAS by participant; (2) activo repeat partner with receptive CAS; (3) activo single encounter partner with receptive CAS; (4) moderno repeat partner with both insertive and receptive CAS; and (5) moderno single encounter partner with both positions. Class 4 (moderno repeat partner) was the reference for regression models. Transactional sex increased odds of belonging to the activo repeat partner class; STI diagnosis increased odds of activo single encounter partner class membership. Gay-identified participants had higher odds of being in the activo single encounter class and lower odds of being in the pasivo partner class.

Conclusion: Behavioral subgroups within a ‘high-risk’ GBMSM population are distinguishable by last sexual partner characteristics, especially sexual role, highlighting the need for tailored interventions that recognize diversity within ‘high-risk’ groups.

FIGURE

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A Bilingual, Video-Based, HIV Status-Neutral Intervention Co-Created with Diverse US Sexual and Gender Minorities

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Background: HIV prevention and treatment progress has been hindered by gaps in awareness and access among sexual and gender minorities (SGM), particularly Black and Latino/x/a SGM. An intervention designed by and for these groups that is HIV status-neutral (inclusive of all serostatuses) could maximize reach while mitigating stigma. We evaluated English and Spanish versions of a video-based, status-neutral intervention collaboratively developed with racially/ethnically diverse SGM to educate and empower viewers regarding available HIV services, including testing, treatment/Undetectable=Untransmittable (U=U), pre-exposure prophylaxis (PrEP), and post-exposure prophylaxis (PEP).

Method: Following a formative phase that included six focus groups with SGM (n=28), we employed a human-centered design strategy to iteratively develop a series of five animated videos with 17 SGM (65% English-speaking, 35% Spanish-speaking). Videos were designed to be viewed independently (26-74 seconds each) or sequentially (<5 minutes total). Content was theoretically informed and included brief narratives featuring diverse characters engaging with services. Acceptability, appropriateness, and perceived impact of the series (viewed sequentially) were evaluated via a 2024 online survey.

Results: 284 US SGM ages 18-76 (M[SD]=36.9[12.8]) completed the survey in English (75%) or Spanish (25%). The sample was 38% Latino/x/a, 28% Black, 56% gender minority, 98% sexual minority, and 32% people living with HIV (PLHIV). A minority of participants (14.1%) terminated the series early. Among those who did not, acceptability was high: Participants reported the series was clear (98%), attention-sustaining (86%), and enjoyable (81%). They reported the series to be culturally appropriate for themselves (87%) and sexual, gender, and racial/ethnic minorities (78-91%). They perceived it to reduce their transmission worry (69%) and decrease stigma towards PLHIV (66%), PrEP users (64%), and PEP users (66%).

Conclusion: This video-based, status-neutral intervention is acceptable, cost-free, and readily disseminable to support HIV prevention and treatment among diverse SGM and other priority populations.

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Navigating HIV Testing and Linkage to Care: Experiences of Gay, Bisexual and Other Men Who Have Sex with Men in Kenya's Lake Victoria Region – Insights from the Patient-Centered Care Project

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Background: Although the Kenyan Ministry of Health recognizes key populations in addressing the country's HIV epidemic, gay, bisexual, and other men who have sex with men (GBMSM) face challenges in HIV testing, linkage, and retention in care. This study aimed to inform the development of more effective, context-specific interventions to improve GBMSM's initiation in HIV care in Kenya.

Method: Drawing on in-depth semi-structured interview data from the Patient-Centered Care Project (PCCP), a large qualitative study exploring the experiences of people with HIV (PWH) across the continuum of care, we focused on GBMSM aged ≥18 with HIV in Homa Bay, Kisumu, and Siaya Counties. The interviews explored (1) participants' experience learning of an HIV-positive test result; (2) their linkage and engagement in care (for those in care, description of first visit, services received, management of HIV; for those not in care, reasons for not being in care); (3) the salient challenges they faced; and (4) recommendations for improving HIV care and support

Results: A total of 93 GBMSM were interviewed in 2017; 60 in- and 33 out-of-HIV care. Although common barriers were noted (e.g., distance to travel), social aspects of HIV testing and care emerged as impactful, with people recalling specific interactions that either fostered a sense of connection with care providers or, conversely, were discriminatory or stigmatizing and distanced them from care. Structural challenges to starting treatment included economic instability and food insecurity. Participants recommended programs and services that offer social support and tailored testing services, along with structural changes, such as the decriminalization of same-sex relationships.

Conclusion: These findings highlight how stigma (related to HIV and GBMSM identity) hinders access to HIV testing services and linkage to care. Creating inclusive healthcare environments and fostering opportunities for economic support and social connection are essential to improving engagement in HIV services.

212 Building a Community Bridge to Enhance Care for Older Adults Living with HIV: Insights from the HIV Dementia Champion Training

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Introduction: Given the high prevalence of cognitive impairment and shared dementia risk factors among older adults with HIV (OAWH), the University of Chicago Medicine (UCM) adapted a dementia workforce training program to address their multifaceted needs. Perspectives and feedback from OAWH on the project's community advisory board (CAB) were considered in tailoring the training.

Description: Two cohorts of UCM social work professionals and allied healthcare staff completed a ten-session training program encompassing didactic and experiential learning. The curriculum aimed to equip healthcare professionals with skills in dementia screening, assessment, person-centered care, collaboration with caregivers, and advanced care planning. CAB members – two female and six male, all Black/African American OAWH – provided planning input before and feedback after training.

Lesson Learned: The training reduced barriers for patients with complex needs and established a referral system for healthcare professionals. CAB discussions highlighted issues such as lack of support, cultural tailoring, organizational welcoming, and resource sharing. Feedback informed prioritized training topics addressing access barriers. Trainees reported enhanced skills and developed improvement projects based on CAB input.

Recommendations: Incorporating community feedback enabled identification of comorbidities and obstacles hindering cognitive care for OAWH. These adaptations support effective and sustainable implementation of the program within UCM.

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216 High PrEP Use in a US-Based Sub-Study of HVTN 704/HPTN 085: A Mixed Methods Approach to Understanding PrEP Use in a Broadly Neutralizing Antibody Trial

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Background: HVTN 704/HPTN 085, a phase 2b trial investigating a broadly neutralizing antibody (bnAb) for HIV prevention, permitted oral pre-exposure prophylaxis (PrEP) use as a standard-of-care prevention strategy. This sub-study assessed PrEP use among participants enrolled at six US sites who completed all infusion visits.

Method: From 2018-2019, eligible participants completed a one-time, self-administered questionnaire at their final infusion visit, examining sociodemographics and PrEP use. Subsequently, participants completed interviews exploring reasons for PrEP use during the study until qualitative data saturation. Quantitative data were analyzed with descriptive statistics and Chi-square or Fisher's exact tests comparing current and former PrEP users. Interview transcripts were inductively coded for thematic analysis. Quantitative and qualitative data were integrated with equal weighting during analysis.

Results: Of 309 participants completing surveys, 241 (78.0%) reported PrEP use at any time; 129 (41.8%) used PrEP at AMP enrollment, 77 (24.9%) started PrEP after learning from AMP study staff, and 190 (61.5%) reported taking PrEP at the sub-study timepoint. Common reasons for not taking PrEP included low/no perceived risk (16.7%), cost (16.0%), side effects (13.9%), and reluctance to take daily pills (12.5%). PrEP users tended to be older; no other significant differences were identified. Key themes included PrEP as a recruitment tool, a free and convenient study benefit, and effective protection during the trial.

Conclusion: Most participants used PrEP at some point during the HVNT704/HPTN085 trial and viewed it as an important resource. As vaccine and bnAb trials advance, PrEP remains vital, but care must be taken to avoid unduly influencing participants' enrollment decisions.

217 Long-Acting Injectable ART Preferences among Midwestern People with HIV Living Remotely from Care Facilities

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Background: Long-acting injectable antiretroviral therapy (LA-ART) offers adherence benefits, reduces pill fatigue, and decreases HIV status reminders compared to daily pills. However, when administered at an HIV clinic every 1-2 months, LA-ART increases travel burden for many people with HIV (PWH). This study assessed LA-ART preferences among PWH living remotely from an HIV clinic.

Method: A cross-sectional electronic survey was conducted among PWH not on LA-ART residing outside the Omaha metro area who travel to the University of Nebraska Medical Center's Specialty Care Center (SCC). Interest in LA-ART, perceived benefits and barriers, social determinants of health, and available local medical services were assessed. Preferences for LA-ART access at SCC versus locally were compared. Descriptive statistics summarized the data.

Results: Among 102 respondents (35% response rate), median age was 51 (range 21–73), 83% male, median time since HIV diagnosis and ART initiation were 14 and 8 years, respectively. Median travel time to SCC was 60 minutes (range 20–240), with 44% describing their area as rural. Most (73%) had heard of LA-ART; 64% expressed interest in receiving it. Interest was associated with fewer years since diagnosis and ART initiation (p=0.025 and p=0.011) and age under 50 (p=0.037). Sixty-four percent preferred receiving LA-ART locally versus 36% at SCC; travel time >90 minutes correlated with local preference (p=0.058). Preferred local sites were primary care providers (60.9%) followed by pharmacies (13.8%).

Conclusion: PWH living remotely demonstrated strong interest in LA-ART, predominantly favoring local access. Collaborations with local primary care providers could enhance LA-ART uptake and access.

223 Leveraging Learning Communities to Implement Housing Strategies to End the HIV Epidemic

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Introduction: Housing stability has been identified as a key social determinant of effective HIV prevention and care. Empirical evidence establishes that housing instability is significantly associated with delayed/discontinued care; housing supports are a cost-effective intervention; and "Housing First" approaches are best practice for meeting needs of priority populations. However, guidance is lacking for health departments leading HIV care efforts on adapting housing best practices to meet the needs of PWH.

Description: We examined how Learning Collaboratives (LCs) address health departments' challenges in advancing best practices in HIV housing. An LC is a capacity-building modality to support cohorts of organizations implement effective models of care. We conducted a comprehensive evaluation to measure LC impact (January 2022 – February 2025) among 11 U.S. state and local health agencies. Participants completed pre-/post capacity assessments, post-event, mid-point, and cumulative evaluation surveys. The Learning Collaborative emphasized six key drivers of change, such as partnerships and community engagement.

Lesson Learned: Evaluation results demonstrated that participants applied what they learned in the LC and implemented key activities. The strongest areas of implementation pertained to the role of EHE leadership in HIV housing, and support for HIV housing resources. Implementing a Housing First approach and community engagement are areas where participants are planning and beginning implementation efforts. LC participation increased the exchange of novel practices with peer jurisdictions, awareness of local funding opportunities, and helped identify steps to further HIV housing support. Challenges included forging relationships with external government entities that manage other housing programs.

Recommendations: This presentation will share concrete ways implementation of the Housing as Healthcare LCs advanced the uptake of evidence-based practices in Ending the HIV Epidemic in the U.S. jurisdictions to improve HIV health outcomes. Recommendations will be provided for health departments and community-based organizations.

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225 Puerto Rico Community Network for Clinical Services, Research and Health Advancement, Inc. (PRCONCRA), Bridging the Gap: The Role of Community Health Workers (CHW) in Engaging Non-Suppressed HIV Individuals

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Background: In Puerto Rico, and specifically in the San Juan Metropolitan Area, the implementation of models that integrate CHWs has been shown to be an effective strategy for overcoming barriers to care and improving viral suppression and retention in medical care, thus contributing to the objectives of the EHE initiative. This abstract presents PRCONCRA's CHW model and its impact on improving health outcomes among non-suppressed individuals living with HIV.

Description: Over a three-year period, CHWs have provided comprehensive support and linkage services to 190 individuals, including 76 newly diagnosed patients and 114 previously non-suppressed individuals. Viral suppression rates improved significantly, increasing from 27.03% (20) in the first year to 63.08% (82) by the third year. Notably, 60% of the engaged population consisted of non-suppressed individuals. CHWs employed service navigation strategies, adherence support, and resource coordination—including transportation, housing assistance, incentives, and multidisciplinary care—to facilitate patient reintegration and sustained engagement in medical care. This abstract highlights the model's achievements, challenges, and lessons learned, emphasizing its impact on retention and viral suppression in the San Juan Metropolitan Area.

Lesson Learned: The CHW intervention has been instrumental in identifying and addressing key barriers to treatment adherence, including stigma, social determinants of health, and limited access to complementary services. The combination of client-centered interventions with motivation and retention strategies has improved clinical outcomes for this population.

Recommendations: To further enhance the impact of CHWs in HIV care programs, it is essential to integrate innovative strategies for patient monitoring and strengthen coordination with medical services. Expanding this model to other jurisdictions with hard-to-reach populations is recommended to improve retention and viral suppression rates across diverse settings.

226 Development and Preliminary Validation of a Novel HIV Disclosure Index

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Background: HIV disclosure is often assessed as a binary yes/no. However, the process of HIV disclosure is often far more nuanced with people engaging in indirect disclosure (i.e., leaving HIV-related items for others to find) and incomplete disclosure (i.e., using imprecise language to communicate HIV status). Our formative work in rural, southwestern Uganda identified key factors impacting HIV disclosure. This work informed the development of a novel HIV disclosure tool to better capture the intricacies of HIV disclosure and associated implications.

Method: We developed the two-item HIV disclosure experience index based on the disclosure processes model and our formative qualitative work in Uganda. We conducted content validation with five HIV research and clinical experts to ensure questions were relevant and comprehensive. We conducted face validation with 20 people with HIV to ensure comprehension of the index. The index was refined based on both HIV expert and people with HIV feedback. The index development process is further outlined in Figure 1.

Results: The HIV disclosure experience index consists of two branching-logic questions that encompass four constructs: the relationship with the disclosure recipient, the type of information and methods used to share HIV status, whether this communication is closed-loop (i.e., the disclosure recipient communicates understanding of the HIV status back to the person disclosing), and whether this communication was intentional.

Conclusion: The HIV disclosure experience index fully encompasses the major constructs associated with HIV disclosure that we identified in our prior work. Future steps include additional validity and reliability procedures, including assessing construct validity, criterion validity, and internal consistency. The HIV disclosure experience index could be used to better understand and measure processes associated with HIV disclosure events which could lead to more accurate interpretations of HIV disclosure intervention outcomes and implications for counseling and support.

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231 Integration of Oral Gonorrhea and Chlamydia (G/C) Testing into the Dental Clinic: A Strategic Primary Care Initiative

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Background: Sexually transmitted infections (STIs) screening in primary care is essential. Despite examination of the oral cavity, dental visits remain underutilized for STI detection. Recognizing this opportunity, we integrated oral gonorrhea and chlamydia (G/C) testing into routine dental clinic visits to improve early detection and enhance health outcomes.

Method: From September 1 to December 31, 2024, oral G/C testing was conducted at a dental clinic as part of routine care for HIV-positive patients. Test results were relayed to medical providers for treatment and counseling. Data were collected using the electronic data collection system Careware on the number of tests performed, patient demographics, and risk factors.

Results: A total of 218 patients were tested, 120 at the HIV clinic and 98 at the dental clinic. Among the 98 individuals tested, 86 were men who have sex with men (MSM), 7 were heterosexual, 4 were people who inject drugs, and 1 acquired HIV perinatally. There was an 81.7% increase in oral G/C testing rates compared to the period prior to implementation. STI screening in dental care was both feasible and widely accepted by all participants (100%). Dentists played a key role in educating patients about the risks of STIs associated with oral sex. This initiative was widely accepted by healthcare teams, requires minimal training or additional costs, and improves patient education about the risks of STIs associated with oral sex.

Conclusion: Integrating oral gonorrhea and chlamydia testing into routine dental visits represents a scalable and innovative primary care strategy expanding STI screening beyond traditional medical settings. This approach not only increased testing rates and was widely accepted but also reinforced the role of dental professionals as a strategic innovation in primary care for STI screening.

235 Using an Electronic Frailty Index to Identify Aging Persons with HIV at Highest Risk for Aging-related Complications

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Background: Persons aging with HIV (PWH) are at risk for frailty, a clinical syndrome of decreased resiliency and function associated with increased risk of serious health outcomes including falls, hospitalizations, and death. Models of care for PWH with frailty are being developed; however, a simplified screening tool for frailty in this population has not been established.

Method: PWH age 50 years and older followed in the Wake Forest Ryan White HIV Program were screened for pre-frailty and frailty using an electronic frailty index (eFI) embedded in the electronic medical record. Persons with pre-frailty and frailty by eFI were invited to participate in screening assessments to further characterize aging-related challenges. A group of PWH with eFI in the robust (normal) range were included for comparison. Assessments included screening for falls, depression, anxiety, and fatigue; surveys on quality of life and daily function; grip strength testing; and a short physical performance battery. Clinical history, including HIV care parameters and comorbidities, were extracted from the medical record.

Results: Screening assessments were performed in 102 participants: 46 were pre-frail (45%), 27 were frail (26%), and 29 were robust (28%) by eFI. Median age was 63.7 (range 50.2–82.6); 59% were male at birth, and 65% Black. Seventy-five percent reported health as overall good, very good, or excellent. Twenty-seven percent engaged in regular exercise, while 59% reported at least moderate limitations in physical function. Assessments identified high rates of depression, anxiety, and fatigue across all groups; self-reported exhaustion was highest in persons with frailty. Physical performance testing and grip strength were reduced in persons with frailty.

Conclusion: Using eFI as a preliminary screen to identify persons at risk for aging-related complications, further screening assessments found high levels of exhaustion and low physical performance in persons with frailty. The eFI offers a promising screen to help identify PWH at highest risk of aging-related complications and increase use of targeted interventions to meet the health needs of those with pre-frailty and frailty.

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241 Feasibility and Acceptability of Self-collected Dried Blood Spot Specimens for PrEP Adherence Monitoring among Black Sexual Minority Men and Transgender Women

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Background: Pre-exposure prophylaxis (PrEP) use significantly reduces HIV risk, yet many young sexual minority men (SMM) and transgender women (TW) struggle with consistent adherence. Research to improve adherence depends on reliable and valid measures. Dried blood spot (DBS) specimens offer advantages for remote research, including easier collection and transport. However, little research has assessed the feasibility and acceptability of self-collected DBS for PrEP adherence, particularly among Black SMM and TW, who face disproportionate HIV risk.

Method: Between 2019 and 2023, we enrolled 150 Black SMM and TW (ages 18–35) in six Midwestern U.S. cities in a longitudinal study. Participants completed up to five remote surveys over a year. At each survey, a random selection of those reporting current PrEP use were asked to self-collect DBS samples using mailed kits. A lab estimated PrEP adherence using tenofovir diphosphate (TFVdp) and emtricitabine triphosphate (FTCtp) concentrations. Participants completed surveys assessing DBS acceptability.

Results: Although 87% of those invited agreed to collect a sample at least once, only 49% of those agreeing returned a specimen. All returned specimens were sufficient for lab analysis, with 89% yielding interpretable adherence data. Among participants returning specimens, 73% found the tests easy to use, 88% found them easy to mail, and 80% were willing to provide future samples. However, 21% found collection uncomfortable. Participants who received but did not return kits reported more concerns about collection time and mailing. The most common reasons for non-return included forgetting (n=43), not receiving kits (n=39), and difficulty collecting (n=13).

Conclusion: While self-collected DBS appears feasible for some, low return rates create concerns about its effectiveness for adherence monitoring among Black SMM and TW. Addressing barriers to return—including trust in research—is necessary to improve participation and data quality.

FIGURE

246 Comparing Recruitment Strategies to Engage Men Who Have Sex with Men Living with HIV in New York City: NNHIV Study

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Background: There is a critical need to identify men who have sex with men (MSM) living with HIV (LWH) who are not on antiretroviral therapy (ART) and are virally unsuppressed, to improve care engagement, health outcomes, and reduce transmission. We evaluated convenience sampling with referrals (CS) and modified venue-based time-space sampling (MVBTS) for recruiting diverse MSM, including those disengaged from care.

Method: The NNHIV study assessed individual, neighborhood, and network factors related to HIV care outcomes among MSM LWH in New York City. The first cohort (2019-2020) was recruited via CS using in-person venue recruitment, online ads, and referrals. The second cohort (2021-2022) was recruited via MVBTS, randomly sampling 1-4 online platforms and 8-16 physical venues monthly with assigned times, representing diverse locations. Bivariate associations were tested with Chi-square and t-tests; Bonferroni-adjusted $p<0.002$ was significant.

Results: Of 327 MSM enrolled, 213 (65%) via CS and 114 (35%) via MVBTS. Both groups had similar age, but race/ethnicity differed: 68% non-Hispanic Black in CS vs. 47% in MVBTS. Viral suppression was lower in CS (44%) vs. MVBTS (72%, $p<0.001$). CS participants had lower education, employment, income, and resilience scores. Neighborhood factors showed CS participants reported more drug markets but less violence and medical racism, and better neighborhood quality than MVBTS participants.

Conclusion: CS better identified virally unsuppressed, non-Hispanic Black MSM with lower socioeconomic status. MVBTS better represented city-wide demographics and viral suppression patterns, making it preferable for socioepidemiologic studies requiring representative samples.

247 Using the PRISM Implementation Model to Scale the Positive Peers Mobile App to Clinical Practice

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Introduction: The Positive Peers mobile application (PPA) is an evidence-based HIV support intervention for young people (ages 13-34) living with HIV (YPH). Developed in 2015, the PPA combines social support and relationship development with digital media theories. Prior evaluations have shown its acceptability, usability, and efficacy in improving adherence and reducing viral load. The current goal is to scale the PPA as a clinical support tool.

Description: The PPA is being evaluated in the Positive Peers Intervention Trial (PoPIT), a randomized controlled trial at six US clinical sites. Using the Practical Robust Implementation and Sustainability Model (PRISM), the trial examines effectiveness, adoption, implementation, maintenance, and reach of the PPA in clinical practice. Adaptations of PRISM components to fit the trial context and staff are shared, along with lessons learned.

Lesson Learned: The PRISM model facilitated organizing site training, monitoring, and data management; leveraging data systems for participant tracking; and adapting protocols to environmental and organizational challenges. It fostered strong collaborations between core staff and sites, enhancing recruitment and participant engagement.

Recommendations: PRISM provides a continuous framework supporting the implementation and sustainability of the PPA throughout the PoPIT trial.

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An Evaluation of Interventions to Improve Engagement Along the HIV Care Continuum among Individuals Who Inject Drugs: A Systematic Review

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Background: Throughout the world, disengagement in care on the HIV continuum among individuals who use injected drugs exists at an alarming rate. The goal of this project was to characterize the heterogeneity in existing and historical interventions to improve involvement in the HIV care continuum among people who inject drugs (PWID).

Method: We performed a systematic literature review for interventions to improve HIV testing, linkage to care, retention in care, reengagement in care, and adherence to antiretroviral therapy (ART) worldwide published from 2005 to 2020. Study designs and outcomes were allowed to vary among all included studies. We grouped studies into the aspect of the care continuum addressed, study design, and whether results were significantly improved.

Results: We identified 53 studies, many of which addressed more than one aspect of the care continuum. There were 12 studies (22%) focused on HIV testing among undiagnosed PWID, 18 (34%) linkage to care studies, 27 (51%) adherence to ART studies, 8 (15%) retention studies, and no studies focused on reengagement in care. The majority of studies (86%) reported significantly improved outcomes; however, the corresponding effect sizes and statistics reports varied considerably across studies and categories.

Conclusion: This systematic review highlights the lack of studies and interventions focused on improving HIV care among PWID, and the hole in existing research that focuses on reengaging individuals who have been lost to follow up. It also highlights the limited generalizability given differences in how improvements in engagement are reported, the substantial heterogeneity in intervention types, and outcome definitions. To improve outcomes among PWID worldwide, research focused on improving engagement among this population must be integrated and standardized within a more comprehensive framework.

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Strengthening PrEP Access and Peer Support in Group Care: C-PrEP+

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Introduction: Innovative HIV prevention strategies are essential to addressing disparities in HIV infections among sex workers. This population faces significant barriers to prevention, including stigma and limited access to healthcare. This study uses a group care model, C-PrEP+, informed by Centering Healthcare, to mitigate barriers while integrating peer support within a single setting. Integrating group care models, such as C-PrEP+, offers numerous benefits, but challenges remain that offer areas for improvement.

Description: This study uses a Centering-informed group care model adapted for PrEP education, navigation, and retention among individuals who trade sex: C-PrEP+. The model combines individual provider visits with group care sessions, offering medical care, PrEP education, and peer support. Peer-facilitated sessions involve self and provider assessments, group discussions, interactive skill building, and debriefing, emphasizing peer support. Understanding challenges in implementation can ensure the successful sustainability of group PrEP care.

Lesson Learned: Group care fosters joy, peer connection, and empowerment in a stigma-free environment where participants engage in group-facilitated care with those who share their lived experiences. Adapting clinical procedures to the community's pace could improve engagement and accessibility. Coordinating multiple services requires clear protocols and flexibility. Challenges include limited resources, time constraints, and balancing research structure with community needs. The two-hour session format often clashes with the community's natural rhythm, causing extended wait times and reduced group care opportunities. While designed for efficiency, real-world implementation demands adaptability, underscoring the need for systems that bridge these gaps.

v Optimizing this group care model requires clinic-specific adjustments, such as efficient space utilization and streamlined workflows, to address time and resource constraints. Strengthening communication and coordination will enhance implementation, ensuring sustainability. Leveraging non-monetary assets – community trust, passion, and intrinsic motivation – can transform HIV prevention for sex workers and inform future status-neutral care.

255 HIV Prevention in the Fan Zones of Africa Cup of Nations 2024 Host Cities in Ivory Coast

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Background: Promote behavior change by raising questions and discussions on prevention. Raise awareness of the risks incurred in these moments of strong emotions. Modify collective representations of negative behavior in relation to the transmission of HIV, social representations (examples: “whatever happens, effective treatments against HIV exist”; “condom reduces pleasure”; “it is used by sexual vagabonds”; “we no longer die of AIDS”; “you only live once”; “I have difficulty supporting condom use”).

Method: Identify fan zones. Training of volunteers on the essential themes to be addressed as well as the attitude and strategies to adopt. Coordination of actors to get messages across. Cleverly approach supporters to discuss, distribute prevention materials, put up posters in strategic places. Simply ensure a presence by reminding us of the legitimacy of experiencing our emotions while preserving our health.

Results: Around twenty actions will be planned. Thousands of people will be exposed to prevention messages. The visibility of prevention tools and discussions with volunteers will increase awareness of risk-taking.

Conclusion: Preserving the health of a human being means giving their dreams and resolutions a chance. Despite their different configurations, living spaces are conducive to health promotion.

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256 Optimizing Status-Neutral Group Care Models for Equitable HIV Prevention and Care Research

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Background: Individuals engaged in sex work and those living with HIV experience significant stigma, systemic discrimination, and barriers to healthcare. Those at the intersection of these identities face compounded challenges, including exclusion from progressive research initiatives. Historically, HIV prevention efforts have been disproportionately geared toward HIV-negative individuals, limiting access for those who are HIV-positive and perpetuating disparities in care and research participation.

Method: Participants were recruited through community-based outreach, referrals, and social media for individuals engaged in sex work. Eligibility criteria required participants to be over 18, HIV-negative, engaged in sex work, and initiating or on PrEP. The screening process included a risk assessment to evaluate PrEP readiness and an informed consent process for eligible individuals. Those who met inclusion criteria were enrolled in group PrEP care.

Results: During the screening period for this study, six prospective participants tested positive for HIV during screening events. This accounted for 18% of all those screened for this study. Their HIV-positive status excluded them from participating in this study per the inclusion criteria, which required individuals to be HIV-negative and be eligible to take PrEP. While the current inclusion/exclusion criteria align with this study’s PrEP-centered design, they also underscore the ongoing marginalization of people living with HIV, who have historically been excluded from both healthcare and research opportunities.

Conclusion: This data reveals unintended consequences of status-exclusive study criteria, reinforcing existing barriers to care for HIV-positive individuals. The C-PrEP+ group care model, designed to foster community trust, support, and stigma-free care, highlighted the very exclusion that the intervention seeks to mitigate. Per the data, there is a need for status-neutral research frameworks to avoid further exclusion and stigmatization of HIV-positive individuals. Such a framework would support deeper bonds within a community, aid in de-stigmatizing HIV status, and support inclusion in a historically excluded and marginalized population.

259 Misconceptions and Momentum: Baseline Evidence Supporting Group PrEP Care for Sex Workers

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Background: Despite heightened vulnerability to HIV, sex workers continue to face barriers in accessing culturally safe HIV preventative care, education, and support. Although pre-exposure prophylaxis (PrEP) is 99% effective at preventing sexually acquired HIV, the stigma surrounding the medication and sex work, along with a lack of communal support, continue to negatively impact uptake and retention. This study implements a Centering-informed group care approach, to support HIV and PrEP education and adherence. Data from participant baseline surveys identifies knowledge gaps regarding HIV and PrEP. The study aims to explore how shared communal knowledge, peer support and facilitated educational groups influence HIV knowledge and PrEP uptake and adherence.

Method: Data is collected via surveys conducted prior to the first group session, self and provider-reported efficacy assessments, and observation. This research is currently ongoing, utilizing both quantitative and qualitative data to identify knowledge deficits among participants (n=30) regarding HIV and PrEP. The study uses these findings to responsively support the community's demonstrated needs.

Results: Preliminary data suggest significant misconceptions, particularly regarding HIV transmission and PrEP's protective effects. However, findings also highlight that participants feel comfortable discussing their PrEP care in a group care setting (n=19) and believe that group care will positively impact their ability to adhere to PrEP (n=22).

Conclusion: This group care model, which utilizes community-empowered activities, has great potential to bridge the knowledge gap, provide essential support for PrEP retention, and address the crucial social component needed to empower communal learning. By fostering a shared learning environment and strengthening peer support, this approach has the potential to enhance long-term retention and improve HIV prevention efforts among sex workers.

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264 A Qualitative Study of Health Information-Seeking among Adults Living with HIV Enrolled in the REMAIN National Digital Cohort

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Background: HIV raises unique questions for patients managing health. Out-of-care or between-appointment patients need reliable, accessible information. REMAIN is a national virtual cohort of people with HIV (PWH) provided digital health resources via a secure smartphone app. We analyzed participant questions from the Ask the Expert forum (AtE) to characterize health information priorities.

Method: Participants were recruited online and via a national HIV clinic network. Eligible PWH were age 18+, English/Spanish-speaking, smartphone users, and virally unsuppressed or at risk. In AtE, participants post anonymous questions answered or triaged to medical/public health providers. Experts respond with text, images, and links. Content from 2/9/2024 to 2/18/2025 was thematically analyzed.

Results: Among 992 participants (mean age 40.1, 4.8% female, 9.5% Latinx, 79.8% Black/African American, 36.9% virally suppressed), 84 (8.5%) contributed 307 posts (205 questions, 102 comments). Sixty-seven percent of posts covered HIV topics (care, cure, diagnosis, prevention, STIs, testing, sexual practices, progression). Forty-three percent addressed personal/social well-being (relationships, mental health, stress, fitness, substance use, socioeconomic needs). Participants also shared advice and personal experiences.

Conclusion: The broad range of HIV and non-HIV questions guides future digital resource development. Findings highlight the importance of expert-led online spaces and suggest AtE is a scalable digital resource.

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Implementation of Doxycycline as Post-Exposure Prophylaxis (DoxyPEP) for Bacterial Sexually Transmitted Infection (STI) Prevention in Youth with Human Immunodeficiency Virus (YHIV)

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Background: Incidence of bacterial STIs (chlamydia, gonorrhea, syphilis) remains high in the U.S., with 48.2% occurring in 15–24-year-olds. MSM and transgender women are disproportionately affected, with common HIV co-infection. Doxycycline post-exposure prophylaxis (doxyPEP), taken as a single 200 mg oral dose within 72 hours after condomless sex, may reduce STIs. This study evaluates doxyPEP implementation and uptake in youth with HIV (YHIV), a population not inclusively studied.

Method: Developed EMR tools including order sets and patient education to facilitate doxyPEP prescribing. Staff training reviewed doxyPEP rationale and procedures. Included patients were MSM or TGW aged >18 with at least one bacterial STI in the past year.

Results: Between 03/01/2024 and 03/01/2025, 80 eligible patients identified; 46 (57.5%) approached for doxyPEP. Of those, 42 (91%) accepted an initial prescription, with 55 total prescriptions written. Average age at doxyPEP initiation was 21.6 years.

Conclusion: Rapid implementation of doxyPEP for STI prevention is essential for YHIV health. Early engagement and EMR customization were key to success. High acceptability was noted. Future work includes assessing STI rates post-implementation and expanding eligibility to younger patients, men who have sex with women, and cisgender women.

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"This Community is Here to Support and Remind You…": A Qualitative Exploration of Social Support and Sense of Community in an App-Based Forum among a National Sample of Adults Living with HIV in the REMAIN Longitudinal Digital Cohort Study

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Background: In the U.S., about 35% of people with HIV (PWH) are virally unsuppressed. Digital communities may provide support for navigating antiretroviral therapy (ART) adherence and care. This study examined conversations among a national virtual cohort of PWH (REMAIN) to understand how the study's app-based forum facilitates HIV care and wellness.

Method: The REMAIN cohort includes PWH at risk for or virally unsuppressed, age ≥18, English or Spanish speaking, with smartphone access, recruited online and from a national HIV clinic network (AIDS Healthcare Foundation). Participants use the REMAIN app to submit viral load results, complete surveys, and interact with peers. The app's forum offers a secure space for questions and experience sharing. Thematic analysis was conducted on forum content from enrollment start (2/9/2024) through 2/18/2025.

Results: Among 992 participants, 148 (14.9%) contributed 727 entries. Participants were mean age 40.8 years, 10.1% female, 13.5% Latinx, 75.7% Black/African American, with 32.4% virally suppressed. Four support domains emerged: daily life (physical health, ART adherence), social support (relationship advice, disclosure), emotional support (mental health, stigma), and community strength (social issues, collective reflections). Cross-cutting themes included intergenerational conversations and discussions of individual versus collective responsibility for well-being.

Conclusion: Participants used the forum to seek connection, information, and support on diverse topics. The broad age range facilitated sharing of encouragement and practical strategies grounded in lived experience. Findings suggest online forums are safe, productive spaces for PWH to address complex issues affecting HIV care outcomes.

267 Developing a Framework of Digital Therapeutic Alliance: Findings from Implementing an ICBT Program for HIV Prevention among Sexual Minority Men in China

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Background: Therapeutic alliance greatly influences mental and behavioral health outcomes in psychological interventions. Although internet-based cognitive behavioral therapy (ICBT) has proven effective, the concept of digital therapeutic alliance (DTA) remains underdeveloped. This study aimed to create a theoretical framework exploring client, counselor, and digital platform roles, alongside interactive processes and factors influencing DTA.

Method: Data came from a broader study implementing a guided ICBT program for HIV prevention among young sexual minority men in China. We conducted virtual, semi-structured in-depth interviews with 20 recipients and exhaustive interviews with all implementers (6 counselors and supervisors). Qualitative template analysis was used.

Results: The DTA framework defines roles of the therapeutic triad—clients (initiators), counselors (guides), and digital platform (safe space, invisible friend, warm harbor, knowledge repository). Real-world connection (via welcome and check-in calls) and frequent triad interactions build DTA, which is "client-driven," based on an "equal relationship," and "difficult to establish but easy to terminate." Influencing factors include client motivation, personality, learning habits; counselor skills, responsiveness, supervision; and platform authority, confidentiality, usability, and functionality.

Conclusion: This concise DTA framework elucidates roles, interactions, characteristics, and influencing factors. It offers guidance for future digital therapies in HIV prevention and beyond, emphasizing tailored engagement, counselor digital communication training, and enhanced platform usability and security.

FIGURE

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268 Retention of Clients Diagnosed through Secondary HIV Self-Testing: A Longitudinal Analysis Over 12 Months in Johannesburg, South Africa

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Background: Early retention on HIV treatment remains challenging in South Africa, with a systematic review estimating a 6-month retention rate of 85%, and routine data showing 74%. HIV self-testing (HIVST) increases diagnosis access, but linkage to treatment is concerning. This study measured retention among healthcare users (HCUs) diagnosed via secondary HIVST, potentially reaching populations reluctant to seek healthcare.

Method: Retrospective analysis of routine program data followed a cohort diagnosed via secondary HIVST from January to October 2023 for 12 months. Retention was measured at 6- and 12-months post-treatment initiation. Counselors tracked kit distribution and followed up with clients. Positive testers were recalled for confirmation, and retention counselors supported linkage to services.

Results: 1,514 kits distributed; 189 HCUs confirmed HIV positive (12%). At 6 months, 95% (180) remained in care, with 90% (162) virally suppressed (<50 copies). At 12 months, 90% (145) remained in care, with 90% (131) virally suppressed.

Conclusion: Despite clients not actively seeking testing, high retention and viral suppression rates were observed. Intensive psychosocial support can sustain retention and suppression for high-risk populations.

271 Is Psychosocial Distress Associated with Antiretroviral Therapy Adherence? Cross-Sectional Data from Men Who Have Sex with Men Living with HIV in Florida

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Background: Men who have sex with men (MSM) bear a disproportionate HIV burden. Viral suppression requires consistent antiretroviral therapy (ART) adherence, but suboptimal adherence may be linked to unaddressed social determinants of health. Psychosocial distress, as an indicator of unmet social needs, may influence adherence. This study examines the association between psychosocial distress and ART adherence among MSM in Florida.

Method: The Florida Cohort Wave III enrolled adults with HIV from eight clinics and case management agencies to identify barriers influencing the HIV Care Continuum. Cross-sectional data from January 2022 to November 2023 were analyzed. Psychosocial distress was measured using the NCCN Distress Thermometer (0-10 scale). ART adherence was classified as optimal (≥85% in past 30 days) or suboptimal (<85%). Logistic regression adjusted for race/ethnicity, employment, income, and housing.

Results: Among 201 MSM, 46% were aged 50+, 32% Black/African American, 19% Hispanic. Median distress score was 4 (IQR 1-7). Eleven percent reported suboptimal adherence. Unadjusted analysis showed higher distress was associated with lower adherence (OR 0.85, 95% CI 0.73–0.98). Adjusted analysis found no significant association (aOR 0.88, 95% CI 0.72–1.07).

Conclusion: Psychosocial distress was not significantly associated with ART adherence. Future research should include more out-of-care MSM and diverse populations to better understand distress's role in HIV outcomes.

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276 Exploring Healthcare Providers' Knowledge, Attitudes, and Current Practices: Insights from a US Survey on HIV-Associated Wasting (HIVAW) Management

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Background: This study explored clinicians' knowledge, attitudes, and practices regarding HIV-associated wasting (HIVAW), which remains under-reported and overlooked, with a prevalence of 3.1% among patients with HIV.

Method: A 30-question cross-sectional survey was distributed to over 3,000 HIV care clinicians. Participation was voluntary with consent obtained. Descriptive statistics and p-values (Fisher's exact and Pearson's chi-square tests) were used to assess responses.

Results: Among 446 respondents, 345 answered at least four questions and 265 provided years of HIV-care experience. Consistent with current data, 48.1% believed HIVAW can be prevented with ART. Screening criteria varied: 39.4% used weight loss and ART adherence, 37.4% used BMI, decreased physical endurance and patient complaints, while 23.2% did not screen. Diagnosing HIVAW was challenging for 29.6% due to vague definitions; 31.7% cited lack of clear treatment guidelines as the main challenge, followed by limited prior knowledge (21.5%). Nutritional supplements were the most utilized first-line treatment (67.2%). Only 32.2% were aware of an FDA-approved drug for HIVAW, and 24.3% treated at least one patient with somatropin in the past year. Clinicians practicing before 2014 treated more patients and felt more comfortable managing HIVAW without established guidelines.

Conclusion: Experienced healthcare providers are more comfortable diagnosing and managing HIVAW and commonly use nutritional supplements and appetite stimulants. Nonetheless, challenges such as lack of standardized guidelines, limited treatment awareness, and complex reimbursement persist.

278 Urban Scale: Implementing a Long Acting Injectables Program at a NYC FQHC

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Background: The Family Health Centers at NYU Langone (FHC) is a FQHC serving a marginalized, diverse, low-income, and largely non-English speaking population in Brooklyn. In 2023, it served over 112,000 patients, with 52% on Medicaid/Medicare and 28% uninsured. Brooklyn leads NYC in new HIV diagnoses, with 1,624 cases in 2022 and 18% concurrent AIDS diagnosis.

Method: The LAI program launch involved development meetings with input from established LAI programs, providers, nurses, HIV program staff, administrative, IT, and pharmacy teams. Policies for Cabenuva and Apretude were created based on clinical trial data and recommendations.

Results: In 2024, 50 patients received LAI prescriptions—22 for treatment and 28 for prevention. These patients face significant social determinants of health barriers. Of patients on injectables, 52% identify as Hispanic/Latino, 24% as Black/African American; 80% male, 12% female, and 6% transgender/gender nonbinary. Thirty-three percent have incomes above 100% of the federal poverty level. All 22 HIV-positive patients are virally suppressed.

Conclusion: Starting LAI programs requires establishing workflows, assigning roles, collaborating with pharmacies, managing appointments, providing navigation support, and assisting patients with insurance and co-payment issues.

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280 Bridging the Gap: Pharmacist Willingness for Prescribing Pre-Exposure Prophylaxis for HIV in Puerto Rico

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Background: The Ending the HIV Epidemic (EHE) initiative aims to reduce HIV cases by 90% by 2030. In Puerto Rico (PR), HIV incidence was 13 cases per 100,000 in 2022, targeting 1.6 by 2030. PrEP is highly effective, but access is concentrated in metropolitan areas, creating rural disparities. With ~873 pharmacies island-wide, pharmacists are well-positioned to expand PrEP access. This study assesses PR pharmacists' willingness, attitudes, comfort, concerns, and barriers related to prescribing PrEP.

Method: A cross-sectional survey was administered to practicing pharmacists in PR, gathering data on willingness, attitudes, concerns, and comfort with PrEP prescribing. Data were analyzed using descriptive statistics, frequency distributions, and general linear models in SPSS v29.

Results: Among 85 respondents (72% female), most were from the metropolitan area (41%), followed by Ponce (18%) and Mayagüez (11%). Over 60% worked in community pharmacies (35% independent, 27% chain). While 94% were aware of PrEP, only 66% counseled on antiretrovirals. Majority expressed confidence in PrEP knowledge (73%), prescribing ability (68%), and willingness to prescribe (85%).

Conclusion: Preliminary findings reveal substantial PrEP awareness and high prescribing willingness among Puerto Rican pharmacists. Further analysis will explore attitudes, concerns, comfort, and barriers influencing pharmacist participation if legislation permits PrEP prescribing.

281 Development of Media for a Health Education and Multimedia Intervention Aimed at Reducing HIV Stigma among Barbershops in TN: A Qualitative Exploration

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Background: HIV-associated stigma contributes to regional and racial disparities in HIV prevention and treatment. An academic-community partnership developed Cutting Out Stigma, a barbershop-based stigma reduction intervention in the Southern US centering the needs of Black men.

Method: Cutting Out Stigma trains barbers as men's health ambassadors paired with a multimedia stigma campaign addressing HIV stigma in Tennessee. Qualitative data from in-depth interviews and focus groups were collected from Black barbers, Black men with HIV, and other community members. Interviews explored barbershop sexual health conversations, potential media facilitation, and appealing media types. Transcripts were thematically analyzed using MAXQDA.

Results: Six focus groups and four interviews involved 4 Black barbers, 6 Black PLWH, and 24 other community members. Findings revealed barbershop culture reflects strong masculinity with common sex talk but limited sexual health discussions. HIV was perceived as irrelevant and highly stigmatized. Participants favored positively framed, credible media with imagery relevant to heterosexual young men to facilitate sexual health conversations. Suggestions included branded video clips, merchandise, and printed visuals with QR codes to discreetly capture attention.

Conclusion: Media for stigma reduction in barbershops must be culturally attuned, credible, positively framed, and discreet, tailored to resonate with young heterosexual Black men to effectively stimulate HIV-related conversations.

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284 Perceived Peer Norms and Adherence to Antiretroviral Therapy among Adolescents with HIV in Uganda

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Background: Peer norms influence many personal health-related behaviors. However, perceived peer norms are understudied as drivers of adherence among adolescents with HIV in HIV-endemic settings.

Method: Adolescents aged 15-20 years living with HIV and on ART were recruited from a local HIV clinic at a regional referral hospital in southwest Uganda. Participants reported any missed ART doses in the past 7 days and perceived peer norms about adherence by estimating what percentage of peers with HIV and on ART had missed doses recently. Logistic regression modeled the association between adherence and perceived norms, adjusting for demographic and clinical covariates.

Results: Among 163 participants, 91% missed zero or only one dose, with 76% missing none. Half believed more than 10% of peers missed doses, and 14% believed most peers missed doses. Believing peers were more adherent was significantly associated with higher personal adherence (aOR=2.45, 95% CI: 1.34–4.51; p=0.004). School enrollment also correlated with better adherence.

vv Perceived positive adherence norms and school enrollment are linked to higher ART adherence among adolescents. Future research should evaluate interventions emphasizing peer adherence and school enrollment to improve adherence rates.

285 Building Bridges: Perspectives of Healthcare Providers and Key Informants on Developing a Peer Navigation Strategy to Improve HIV Care for the Latine Community in Prince George's County, Maryland

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Background: Latines with HIV (LWH) in Prince George's County, Maryland, face significant challenges to HIV treatment and care engagement, including language barriers, insurance limitations, and cultural stigma. Late HIV diagnoses nearly doubled between 2018 and 2020, underscoring the need for targeted interventions. This study explores healthcare providers' and key informants' perspectives on peer navigation to improve HIV care engagement and outcomes.

Method: Between July 2024 and March 2025, in-depth interviews were conducted with 14 healthcare providers and 10 key community informants. Transcripts were thematically analyzed using deductive and inductive coding in Atlas.ti to identify barriers, facilitators, and implementation opportunities.

Results: Providers highlighted peer navigators as trusted intermediaries addressing stigma and social determinants like housing and transportation insecurity. Language barriers underscored the need for culturally congruent support. Peer navigators' lived experiences fostered trust, engagement, and adherence; structured training was essential. Key informants supported peer navigation, emphasizing collaboration, Spanish outreach, and incentives such as transportation assistance and support groups. Challenges included funding limits, agency competition, political resistance, workforce stability, and community stigma threatening sustainability.

Conclusion: There is strong support for peer navigation to improve HIV care engagement among Latines. Addressing funding, political barriers, and stigma is critical. Enhancing Latine representation and partnerships can improve sustainability and impact, making peer navigation a promising strategy to reduce disparities.

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286 Personal Networks, Perceived Norms, and Alcohol Consumption among Adults with HIV in Rural Uganda: A Sociocentric Network Study

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Background: Social norms influence health behaviors, yet perceived norms and actual peer behavior remain understudied drivers of alcohol misuse among people with HIV (PWH) in HIV-endemic settings.

Method: In 2022-2024, all adults in eight southwestern Ugandan villages were invited for a whole-population study. Participants reported alcohol misuse experiences and identified personal network contacts (alters), including perceived and actual alter alcohol misuse. Logistic regression assessed associations between personal misuse, perceived alter misuse, actual alter misuse, and sociodemographic factors among PWH.

Results: Among 208 PWH, 21% reported >1 alcohol misuse experience, 44% had >1 alter with misuse, and 37% believed at least a few alters misused alcohol. Greater perceived alter misuse was significantly associated with personal misuse (aOR=1.23; 95% CI 1.04-1.46; p=0.02). Actual alter misuse showed a positive but imprecise association with personal misuse (aOR=2.25; 95% CI 0.99-4.95; p=0.08).

Conclusion: Perceptions that peers engage in heavy alcohol use may influence personal alcohol consumption among PWH. Future research should investigate misperceived drinking norms to guide intervention opportunities.

287 Longitudinal Evaluation of Adherence and Virologic Suppression of Adolescents and Young Adults Attending Lagos University Teaching Hospital HIV Clinic, Nigeria

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Background: Adherence to antiretroviral therapy (ART) and retention in care are critical for adolescents and young adults (AYAs) to achieve viral suppression and improve outcomes. This study evaluates longitudinal treatment outcomes for AYAs at Lagos University Teaching Hospital (LUTH) to assess progress toward UNAIDS 2030 targets.

Method: Retrospective analysis of EMR data from January 2009 to December 2019 described demographics, clinical characteristics, and retention rates. Medication Possession Ratio (MPR) quantified adherence; viral suppression (VS) defined as viral load <200 copies/ml. Logistic regression identified factors linked to MPR≥95% and VS. Time to non-retention was analyzed via Cox proportional hazards and Kaplan-Meier survival curves.

Results: Among 1,220 AYAs, 64% were female. Proportions with MPR≥95%, VS, retention, and treatment interruption were 51.1%, 40.5%, 55.5%, and 34.3%, respectively. Young adults (20–24 years) had higher MPR≥95% (55.7%) compared to younger (10–14 years, 48.1%) and older adolescents (15–19 years, 47.8%), but exhibited greater risk for non-retention (Hazard Ratio=0.12; 95% CI: 0.02–0.92; p=0.04).

Conclusion: Treatment outcomes among AYAs at LUTH remain suboptimal, highlighting the need for targeted interventions to meet UNAIDS 95-95-95 goals by 2030.

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