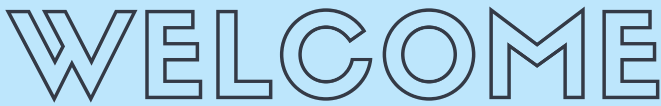
FLORIDA COMMUNITY, PROVIDERS, AND RESEARCHERS (CPR)

Bridging the Gap Between HIV Research and Practice

04.18-19.2019 | 7:30AM

Reitz Union



My colleagues and I are excited to be hosting this meeting intended to address hot topics related to HIV infection in Florida, and to provide the opportunity to meet others working to address the HIV epidemic in Florida. As one of the co-hosts, I'd like to challenge all attendees to meet at least one new collaborator, come up with at least one new idea, and to work towards at least one new solution to improve HIV outcomes and reduce HIV transmission in Florida. We have tried to incorporate a variety of activities and topics into the meeting, and we welcome your feedback about what went well and what could be improved for future conferences. I want to especially thank our speakers and presenters, as well as all those who worked behind the scenes to help plan and support this conference.

Robert L. Cook, MD, MPH

Director, Southern HIV Alcohol Research Consortium (SHARC)

Chair, Florida Consortium for HIV/AIDS Research (FCHAR)

AGENDA

April 17th, 2019

1:00pm - 5:00pm	SHARC Scientific Advisory Board *Closed to Scientific Advisory Board Only*	Room 2365

April 18th, 2019

7:30am	**Registration and Poster Set-up**	
8:30am	**Welcome** Robert Cook, MD, MPH Michael Perri,PhD, ABPP Sean McIntosh, MPH, CPH	Room 2355
9:15am	**Opening Keynote** Maureen M. Goodenow, PhD NIH Associate Director for AIDS Research Director of the NIH Office of AIDS Re-search	Room 2355
10:00am	**Coffee Break**	Room 2335
10:15am	**Update: State and Federal Policy** Michael Ruppal, BS Executive Director The AIDS Institute	Room 2355
10:45am	**Hot Topic: Florida Department of Health** Molecular Surveillance Program Shana Geary, MPH, CPH Supplementary Surveillance Program Manager	Room 2355
11:15am	**Poster Session**	Room 2365
12:15pm	**Lunch**	On Your Own
1:15pm	**Community/Diversity (PLWH) Discussion** Marvene Edwards, Arianna Lint, Yuris Velasquez, Brandon Montanez, Gena Grant, Marissa Gonzalez	Room 2355
2:15pm	**Hot Topic: Florida Youth, HIV, and the Transition to Adulthood** Ana Garcia, PhD, LCSW Assistant Professor of Clinical Pediatrics University of Miami	Room 2355

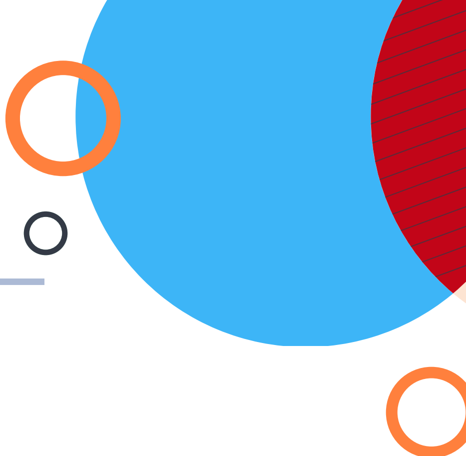
AGENDA

3:00pm	**Update: Florida Department of Health Test & Treat Program and Other Priorities** Jeffrey A. Beal, MD, AAHIVS Medical Director Florida Department of Health, Bureau of HIV/AIDS	Room 2355
3:30pm	**Coffee Break**	Room 2335
3:45pm	**Working Groups:** Stigma Prep and HIV Prevention Aging/Neurocognition Interventions to Improve HIV Outcomes Community Engagement	Rooms: 2330, 2325, 2320, 2315
5:15pm	**Closing Session**	Room 2355
5:45pm	**Adjourn**	Room 2355
6:00pm	**Dinner and Awards** Florida Museum of Natural History	

April 19th, 2019

8:00am	**Coffee with mentors/speed mentoring**	Room 2335
9:00am	**Stigmatizing Language and the use of "People First" Language** Valerie Wojciechowicz	Room 2355
9:45am	**HIV Stigma** Dr. Laura Nyblade	Room 2355
10:45am	**Coffee Break**	Room 2335
11:00am	**Intervention Challenge**	
12:15pm	**Closing General Session**	Room 2355
12:30pm	**Adjourn**	Room 2355

PLANNING COMMITTEE



University of Florida

Robert L. Cook, MD, MPH
Robert Leeman, PhD
Mark Hart, EdD
Yan Wang, PhD
Dominique Nesbit
Katie Butler
Andrew Fiore
Shamiel Nelson
Erin Dinkel

Florida Department of Health

Emma Spencer, PhD
Yuris Velasquez

Miami Center for AIDS Research (CFAR)

Patricia Wahl, PhD

AIDS Institute

Sean McIntosh, MPH, CPH

University of South Florida

Stephanie L. Marhefka, PhD
Diane Straub, MD

SPEAKERS

Maureen M. Goodenow, Ph.D.

NIH Associate Director for AIDS Research
Director of the Office of AIDS Research

Opening Keynote

Michael Ruppal, BS

Executive Director
Aids Institute

Update: State and Federal Policy

Shana Geary, MPH, CPH

Supplementary Surveillance Program Manager
HIV/AIDS Section
Bureau of Communicable Diseases
Florida Department of Health

*Molecular HIV Surveillance in Florida: mis**C**onceptions, **P**erceptions and **R**ealizations.*

SPEAKERS

Brandon Montanez

Diversity Panel

Gena Grant

Patient Advocacy Representative
University of Miami Miller School of Medicine
Division of Infectious Disease & Immunology

Diversity Panel

Marissa Gonzalez

President of the Ft. Myers Youth Services Coalition and HIV Advocate

Diversity Panel

SPEAKERS

Yuri Velasquez

Health Educator/Prevention & Testing Consultant
Florida Department of Health in Lee County

Diversity Panel

Arianna Lint

CEO-Founder
Arianna's Center

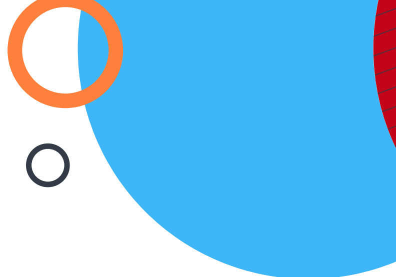
Diversity Panel

Ana Garcia, PhD, LCSW

Assistant Professor of Clinical Pediatrics
Ryan White Part D- Pediatric Coordinator
University of Miami Miller School of Medicine
Department of Pediatrics Division of Infectious Diseases & Immunology
Batchelor Children's Research Institute

Hot Topic: Florida Youth, HIV, and the Transition to Adulthood

SPEAKERS



Dr. Jeffrey A. Beal, AAHIVS

Medical Director
Florida Department of Health, Bureau of HIV/AIDS

Update: Florida Department of Health Test & Treat and PrEP Programs

Dr. Laura Nyblade

Fellow and Senior Technical Advisor
RTI International and USAID's Healthy Policy Plus Project

HIV Stigma

Valerie Wojciechowicz

Manager of The Medical Peer Navigator Program at CAN Community Health

Stigmatizing Language and the use of "People First" Language

INTERSECTIONALITY OF EXPERIENCING ENACTED HIV-RELATED STIGMA AMONG PEOPLE LIVING WITH HIV IN FLORIDA

Angel B. Algarin, MPH[1], Zhi Zhou, DDS, MPH[2], Christa L. Cook, PhD, MSN[3], Robert L. Cook, MD, MPH[4] & Gladys E. Ibañez, PhD[5]

[1]Florida International University, Department of Epidemiology, [2]University of Florida, Department of Epidemiology, [3]University of Central Florida, College of Nursing, [4]Orlando, FL, [5]University of Florida, Department of Epidemiology, [6]Florida International University, Department of Epidemiology

Background: HIV-related stigma is associated with many negative health outcomes in people living with HIV (PLHIV). The theory of intersectionality suggests that the interactions of social identities may affect the way PLHIV experience HIV-related stigma. A marginalized-group identity is defined as an identity that lacks societal power in comparison to the dominant group identity, regardless of identity group size. This study aims to identify individual and interactive marginalized-group identities that are correlated with increased or decreased levels of HIV-related stigma among PLHIV in Florida.

Methods: Using data from the Florida Cohort study, 936 PLHIV completed a self-administered questionnaire that included items on demographics and enacted HIV stigma utilizing a modified scale developed by Herek et al (10-items). Participants were recruited at nine public health sites throughout Florida.

Results: The sample was majority male (66.6%), Black (58.5%), Non-Hispanic (80.2%), and heterosexual (52.2%). More than half of our participants (53%) reported ever experiencing enacted HIV-related stigma. In multinomial regression models, the interaction between race and ethnicity was seen to be significant where Afro-Latinos had higher odds of experiencing high levels of HIV-related stigma (AOR=6.72;p<0.01) compared to white non-Hispanics. Additionally, that racial minorities (non-Hispanic) were less likely to have experienced low or high levels of enacted HIV-related stigma (AOR=0.49; p<0.01, OR=0.38;p<0.01, respectively). Moreover, women had higher odds of experiencing high levels of enacted HIV-related stigma (AOR=2.09; p=0.01).

Conclusion: The results suggest that intersectionality of social identities is important to consider in HIV-related stigma research and interventions to reduce stigma should be reflective of such.

IMPACT OF DEPRESSIVE SYMPTOMS ON MEDICATION ADHERENCE IN YOUNG ADULTS WITH HIV

Jennifer E. Thomas, PharmD, AAHIVP, BCPP [1]; Raymond L. Ownby, MD, PhD, MBA [2]; Robin J. Jacobs, PhD, MSW, MS, MPH [2]; Mark S. Schweizer, DDS, MPH [3]; Joshua Caballero, PharmD, BCPP [1]

Larkin University, College of Pharmacy, USA [1]; Nova Southeastern University, College of Osteopathic Medicine, USA [2]; Nova Southeastern University, College of Dental Medicine, USA[3]

Background: High levels of medication adherence are necessary to prevent the progression of HIV; however, there are several factors which can adversely affect adherence rates in this population. Depression rates among young adults with HIV are high and could be a potential risk factor for poor adherence to antiretroviral treatment. The primary aim of this study was to investigate the correlation between medication adherence rates and depression among young adults with HIV. Secondary aims included exploring other confounders (e.g., health literacy, cognition, years of HIV diagnosis) that may impact adherence.

Methods: Participants between the ages of 20-34 years were recruited from a dental clinic in South Florida. The participants completed two depression scales (i.e., Center for Epidemiologic Studies Depression Scale [CES-D], and Patient Health Questionnaire [PHQ-9]) to assess for potential depression (i.e., CES-D ≥ 16, PHQ-9 ≥ 10). Medication adherence to antiretroviral therapy over a minimum 4 week period was primarily determined using Medication Event Monitoring System (MEMSCaps). Descriptive statistics and Pearson's r correlation analysis were used.

Results: A total of 18 participants (83% male) with an average age of 28.4±2.7 years completed the study. The average medication adherence was 81±18%. Medication adherence was highly correlated with CES-D ($r = -0.568$, $n=18$, $p<0.05$), PHQ-9 ($r = -0.502$, $n=18$, $p<0.05$), and years of HIV diagnosis ($r = -0.501$, $n=18$, $p< 0.05$). Other confounders such as cognition, health literacy, and age were not correlated with medication adherence. Additionally, 44% met common criteria for depression for the CES-D, while only 17% met the criteria for depression for the PHQ-9.

Conclusions: Preliminary results suggest a high correlation between medication adherence and depressive symptoms measured via the CES-D and PHQ-9. Further studies are needed to explore this association in a small sample size.

USING THE BRIEF IMPORTANT PEOPLE INVENTORY (IPI) TOOL TO DESCRIBE SOCIAL NETWORKS AND THE RELATIONSHIP TO DRINKING REDUCTION AMONG WOMEN WITH HIV INFECTION ENROLLED IN A CLINICAL TRIAL

Shantrel Canidate[1], Giselle Carnaby, Zhi Zhou, Christa Cook[2], Nicole Ennis, Robert Cook

[1]Department of Epidemiology, College of Public Health and Health Professions, University of Florida. [2]College of Public Health and Health Professions and College of Nursing, University of Florida & College of Nursing, University of Central Florida.

Background: Literature examining social networks influence on drinking behavior is increasing. Studies suggest a simple change in a person's social network from one which reinforces drinking to one which reinforces sobriety could improve treatment outcomes. Furthermore, previous research has demonstrated alcohol-specific support as a predictor of drinking. Thus, the purpose of this study is to briefly describe the important people listed in a sample of hazardous drinking women with HIV daily life and to identify the social network variables associated with a reduction in hazardous drinking among these women.

Methods: Women enrolled in the WHAT-IF clinical trial completed the Brief Important People Inventory (IPI) at month 2 after study enrollment. The Brief IPI consisted of 7 questions related to the woman's perception of the individuals in their social network important to them. A total of 10 variables were computed for the analysis and fell in to the following subscales: (1) investment in the identified social network and (2) support for drinking.

Results: The Brief IPI was completed by 183 women who identified 375 individuals as important people in their social network. While we did not find any statistically significant associations between the Brief IPI and hazardous alcohol reduction, we found several important trends worth consideration. Two of the alcohol-specific support variables observed trends toward the presence of at least one heavy drinker in the social network ($p=0.130$) and at least one daily drinker in the social network ($p=0.182$).

Conclusion: As demonstrated by study findings, social networks may have a negative or positive effect on alcohol consumption. More work is needed to understand which social network variables are associated with a reduction in hazardous drinking among women with HIV infection. Future research should incorporate sophisticated study designs that seek to explore the relationship between gender and the influence of social networks on reducing alcohol consumption among hazardous drinking individuals.

EXPERIENCES OF PROVIDER DISCRIMINATION AND TYPES OF STIGMA

Christa Cook[1], Renessa Williams, Zhi Zhou, Andrew Fiore, Angel Algarin , Robert Lucero, Emma Spencer, Veronica Richards, Gladys Ibanez, Elizabeth Amoros, Sarah Fleischman, Robert Cook

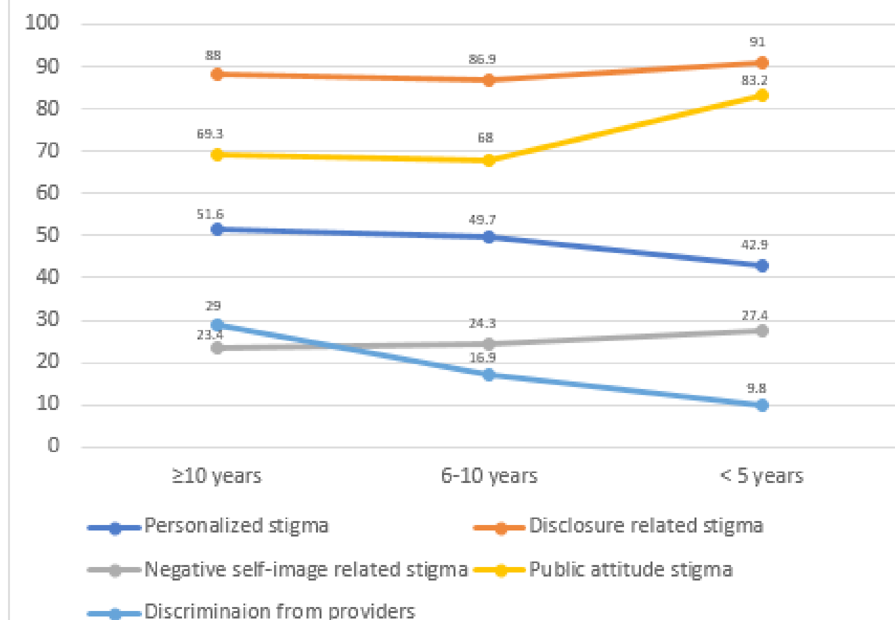
[1]College of Public Health and Health Professions and College of Nursing, University of Florida & College of Nursing, University of Central Florida

Background: HIV-related stigma and discrimination often prevent people living with HIV (PWLH) from fully engaging in the HIV care continuum. How experiences of discrimination relate to perceptions of stigma is not well understood. This study aimed to determine whether discrimination is associated with sub-types of HIV-stigma, and whether discrimination and specific sub-types of HIV-stigma vary by years since HIV diagnosis.

Methods: We used cross-sectional data from the 2015-2016 Florida Medical Monitoring Project survey that included a self-reported measure of discrimination and assessed for sub-types of stigma (personalized, disclosure concerns, negative self-image, and concern about public attitudes) using the modified Berger HIV Stigma Scale. Agreement to any item within a subscale was defined as experiencing that type of stigma. Chi-square test was used to test differences with significance level at $p<0.05$.

Results: The sample (n=596) was mostly older than 50 (53.9%), male (70.7%), black (48.2%), and heterosexual (58.9%). Discrimination since diagnosis (reported by 23.8%) and, compared with no discrimination, was associated with higher personalized stigma (67.7% vs 44.3%), public attitudes (78.5% vs 68.9%), and negative self-image (31.2% vs 22.1%), but not disclosure-related stigma (85.8% vs 89.0%). The proportion who reported discrimination from a healthcare provider was lower in those diagnosed <5 years ago (9.8%), compared to those diagnosed 6-10 years ago (16.9%), or >10 years ago (29%, $p<0.01$). In contrast, stigma related to concern about public attitudes was higher among those diagnosed <5 years ago (83.2%), compared to those diagnosed 6-10 years ago (68.0%), or over 10 years ago (69.3%, $p=.05$).

Conclusions: It is concerning that almost 10% of those diagnosed in past 5 years reported provider discrimination and this was associated with an increased experience of 3 of 4 stigma subtypes. More research is needed to understand the complex relationship between discrimination and stigma and how to decrease experiences of discrimination from providers.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9.8
≥10 years
6-10 years
< 5 years
Personalized stigma
Disclosure related stigma
Negative self-image related stigma
Public attitude stigma
Discriminaion from providers

BARRIERS AND FACILITATORS OF PREP USE: PROCEEDINGS FROM THE EMPOWERING WOMEN'S HEALTH SUMMIT, MIAMI, FL, 2018

Elena Cyrus, PhD, Karina Villaba, PhD, Michele Jean-Gilles, PhD, Rhonda Rosenberg, PhD, Evelyn Ullah, MSW, Aryah Lester, Amanda Ichite, Gabriella Wuyuke, Evelyn Lovera, Chintan Bhatt,PhD(c); Gira Ravelo,PhD; Sandra Neptune, MS; Ines Rodriguez; Maude Exantus; Brenda Lerner, PsyD, Robert Cook, MD, Jessy G. Dévieux, PhD

Background: Women of color in South Florida are at increased risk of contracting HIV, however PrEP use is suboptimal in this population. To create awareness of PrEP, a community mobilization summit was conductedwith the objective was to determining barriers and facilitators of PrEP among women of color in South Florida.

Methods: Data were collected through three 90-minute group discussions among cis- and transgender women of color (African American, Latina, and Haitian women) at the Empowering Women's Health Summit in Miami, FL in May 2018. A social ecological framework was used to guide focus group discussions on the barriers and facilitators to increasing PrEP use.

Results: Individual-, structural- and community-level PrEP barriers were identified. Overall, the women identified cultural gender norms and roles as an overarching barrier, with religiosity reinforcing these norms. Factors such as 'sexual silence' that can influence sexual behavior and curtail empowerment and PrEP negotiating power among women were identified. Unique barriers for transgender women included unmet basic needs (i.e. income, housing, food security) which led to financial hardship and created competing health priorities (e.g. hormone replacement therapy versus HIV prevention/PrEP). Economic dependence on sexual partners, precluding sexual and PrEP negotiating power, was reported as an individual barrier among the vast majority of women. Other social and systemic barriers included: distrust of medical providers, administrative issues with the healthcare system related to health literacy, insurance coverage, lack of effective communication with providers, and structural racism and stigmatization leading to chronic stress. Facilitators that were predominantly identified among African American and Haitian women were: perceived resilience and strength from families and community, and historical precedence that provided evidence of the benefits of community activism that could be applied to community-level dissemination and implementation of PrEP.

Conclusion: Increasing PrEP utilization among women of color requires a multi-tiered approach to address individual, structural, and community

barriers while simultaneously drawing upon existing social networks and strengths of ethnic/community social groups and community organizations to facilitate the process. Emphasis should be placed on provider-level interventions to promote the use of PrEP among at-risk female populations.

Keywords: women, PrEP, barriers, facilitators

CONSIDERING A GLOBAL MEASURE OF HIV-RELATED STIGMA: HOW ACCURATE IS THE TOTAL SUM SCORE IN DETERMINING SEVERITY?

Robert Fieo[1], Zhi Zhou[1], Angel Algarin[2], Christa Cook[3], Bob Cook[1]

University of Florida[1], Florida International University[2], University of Central Florida College[3]

Background: Some research into HIV-related stigma has emphasized a hierarchical nature describing various stages, e.g., awareness of public stereotypes, agreement, and application to self (Corrigan et al, 2012). The purpose of the investigation is to determine whether the simple sum score from a brief *global/multidimensional* stigma scale can be used as marker of stigma severity. If so, this could support the establishment of cut scores to determine one's risk in terms of poor HIV-related health outcomes.

Methods: Using data from the Medical Monitoring Project (2016; n=580), we employed principal components analysis and Mokken scaling (non-parametric item response theory) to assess thee aspects of construct validity to support the utility of the sum score for a brief 10-item *global* stigma questionnaire: uni-dimensionality, monotonicity (the probability of endorsing an item or symptom rises as the latent trait increases), and scalability (assessment of Guttman errors). Mokken scaling uses a set of *H* coefficients to assess the quality of items (discriminatory power) and strength of sums scores: $.30 \geq H < 0.4$ = weak/low strength; $.40 \geq H < .05$ = medium strength; ≥ .50 = strong item *or* scale.

Results: Principal components analysis suggested uni-dimensionality, with the 1st component accounting for 34% of the variance, and the first eigenvalue more than 2x larger than the 2nd; all loadings were ≥ .55 (exception of one item=.32), well above the generally excepted lowerbound value of .30. Mokken scaling indicated no errors of monotonicity. The scale *H* coefficient was .40. To improve the scalability we removed the item presenting with lowest discrimination power ("HIV is disgusting to me"; .32). This improved the Mokken scale *H* coefficient to .43, medium strength. The H_T coefficient, used to assess invariant item ordering of scale items (scalogram/hierarchy), was .56 (strong).

Conclusion: The total sum score appears valid in assessing stigma severity at the global level; 9-items met the condition of a formal hierarchy. These properties suggest, when investigating the link between stigma and poor HIV health outcomes, one's position along the global stigma construct may be an indicator of risk, and who is most in need of support services.

REQUESTED COMPENSATION FOR RESEARCH REQUIRING 30-DAY ALCOHOL OR MARIJUANA CESSATION

Andrew J. Fiore[1], Ali Yurasek, PhD[2], Robert Cook, MD, MPH[1]

Department of Epidemiology, College of Public Health & Health Professions, University of Florida, Gainesville, FL

Department of Health Education & Behavior, College of Health & Human Performance, University of Florida, Gainesville, FL

Background: In some circumstances, conducting a randomized control trial with a substance known to be harmful can be unethical. An alternative approach could be to randomly assign cessation to a group of current users; the benefits of randomized intervention would be maintained, and users would experience no increase in exposure. Some substances like marijuana and alcohol serve social, coping, or medical roles; because of these perceived values, this may affect the amount of compensation requested by trial participants to cease use. This study evaluates the requested financial compensation to stop using alcohol and marijuana for 30 days and identified factors associated with higher or lower compensation requests.

Methods: Participants (n=600) recruited via Mechanical Turk in 2017-2018 lived in Florida or Colorado and reported past-three-month marijuana use and past-year alcohol use. Linear regression modelled log-transformed requested compensation greater than $0; [exp(β) – 1] corresponds to percent change in requested compensation. AUDIT-C and WHO SISS-Cannabis measured substance use disorder in alcohol and marijuana, respectively.

Results: The median requested compensation to cease alcohol use for 30 days was $50 and ranged from $0 to $5,000. Increased requested compensation was associated with using alcohol to relieve pain; decreased requested compensation was associated with female sex. The median requested compensation to cease marijuana use for 30 days was $50 and ranged from $0 to $7,000. Increased requested compensation was associated with using to help sleep, using > 4 grams per month, and reporting that cessation would be difficult; decreased requested compensation was associated with using marijuana to fit into social situations.

Discussion: A large proportion of both substance use groups requested low or moderate amounts. However, people who used substances for therapeutic reasons requested more than those who did not; if researchers use the alternative design framework described, compensation levels for voluntary cessation may not be sufficient for people who use substances for therapeutic reasons. Surprisingly, substance use disorder was not associated with increased requested compensation when controlling for demographic and behavioral characteristics.

USING MOLECULAR HIV SURVEILLANCE IN FLORIDA TO IDENTIFY HIV TRANSMISSION NETWORKS AND INVESTIGATE RECENT HIV TRANSMISSIONS IN FLORIDA

Shana Geary, MPH[1], Emma Spencer, PhD, MPH[1], James Matthias, MPH[1, 2], Karalee Poschman, MPH[1,3]

[1]Florida Department of Health, Division of Disease Control and Health Protection, Bureau of Communicable Diseases, HIV/AIDS Section, Tallahassee, Florida

[2]Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDs, Viral Hepatitis, STD and TB Prevention, Division of STD Prevention, Atlanta, Georgia

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Background: Partner services offered by Disease Intervention Specialists (DIS) is a foundational tool used to interrupt transmission of disease by identifying, contacting and linking persons at risk for HIV to prevention and care services. In the absence of partner services and other epidemiological data, molecular HIV surveillance (MHS) data from point-of-care resistance testing can identify links between individuals by comparing and linking those with similar HIV genetic sequences to identify recent and rapid transmission within molecularly-linked clusters (genetic distance threshold of 0.5%). Nationally, transmission in molecularly-linked clusters is 11 times higher than in the general population. Since October of 2017, the Florida Department of Health (DOH) has identified 21 molecularly-linked clusters at a genetic distance threshold of 0.5%. In June 2018, DOH was notified of 10 suspected HIV seroconversions at the syringe service program (SSP) in Miami, and used MHS to support the epidemiologic investigation of these suspected seroconversions.

Methods: As part of the epidemiologic investigation, DOH verified seroconversions and embedded a DIS within the SSP to facilitate contact tracing. HIV nucleotide sequence and partner services data were analyzed to identify a primary epidemiologic transmission network and determine if seroconversions were molecularly-linked to each other or to other people living with HIV (PLWH) in Florida.

Results: Seven seroconversions were confirmed during the investigation; six were epidemiologically and/or socially-linked to at least two other seroconversions. Analysis of the HIV genotypes revealed that only two seroconversions were connected molecularly at 0.5% genetic distance. There were several molecular-linkages between seroconversions and

PLWH outside of the epidemiologic network.

Conclusion: This investigation identified a risk network with complex transmission dynamics among persons who inject drugs that could not be explained by epidemiological methods or molecular analyses alone. Analysis of MHS data has previously been used to identify rapidly growing molecular clusters, then corroborated and expanded by epidemiologic data. This investigation demonstrated the added utility of MHS to rule out recent and rapid transmission between suspected linkages identified through epidemiologic data. The efficacy of MHS to identify and preclude recent and rapid transmission of HIV constitutes a valuable tool to direct HIV prevention and response.

CITE YOUR SOURCE: MOST COMMON SOURCES FOR PREP INFORMATION AND PREP PERCEPTIONS

Neo Gebru, Bonnie Rowland, Meher Kalkat, Danajia Williams, Robert Leeman

Department of Health Education & Behavior, University of Florida, U.S.A.

Background: Young men-who-have-sex-with-men (MSM) account for two-thirds of all new HIV cases and remain at high-risk for HIV infection (CDC, 2017). Pre-exposure prophylaxis (PrEP) is a highly effective HIV prevention medication (CDC, 2014). PrEP is still underutilized by high-risk groups (Petroll et al., 2017), in part due to inaccurate perceptions of its regimented use and effectiveness (Young et al., 2014). Identifying common ways members of high-risk groups hear about PrEP may facilitate awareness efforts. In this descriptive study, we aimed to identify the most common ways participants first hear about PrEP. We also examined associations between PrEP information source and PrEP perceptions, specifically beliefs about PrEP safety, confidence in PrEP's efficacy, and perceived difficulty with PrEP adherence.

Methods: Participants were young adult (ages 18-30) HIV-negative MSM in the Southeastern U.S. drawn from a parent study assessing substance use and sexual activity. Participants completed a web survey including questions about how they first learned about PrEP and PrEP-related beliefs.

Results: Of 325 participants, 218 (67.1%) had heard of PrEP. Of those, 215 with complete data were analyzed. Mean age of the sample was 25.1 (SD = 3.4) years. The sample largely comprised of White (62.5%) and Black/African American (23.1%) participants. About 30% of the sample indicated Hispanic/Latin ethnicity. Majority of the sample was single/never married (75%) and educated, with 76% reporting some college education or above. PrEP information source was grouped into 4 categories: 109 (50%) first heard of PrEP from internet, 38 (17.4%) from friends/family, 37 (17%) from public health organizations/doctor, and 31 (14.2%) from news. There were no significant differences in participants' beliefs regarding PrEP safety, confidence in PrEP's efficacy, and perceived difficulty with PrEP adherence across the 4 groups (ps > .05).

Conclusions: Given a third of the sample from a high-risk group did not know about PrEP, our findings highlight continued need for education. A considerable majority of the sample heard about PrEP via the internet. PrEP awareness efforts may need to consider tailoring approaches to

reach members of high-risk groups. Dissemination efforts could also potentially focus on connecting with at-risk, underrepresented groups through internet sources like social media, which allows access to PrEP knowledge while maintaining anonymity. Findings suggest PrEP perceptions are not associated with PrEP information source.

THE ASSOCIATION OF COMBINED MARIJUANA AND ALCOHOL ON SUBJECTIVE MEMORY COMPLAINTS AMONG PERSONS LIVING WITH HIV

Verlin Joseph, Yan Wang, Robert L Cook

Department of Epidemiology, College of Public Health and Health Professions, University of Florida.

Background: Previous studies have identified marijuana and alcohol use as significant contributors to cognitive deficiencies. While marijuana and alcohol are commonly used together, studies assessing their effects on cognition generally don't adjust for current poly-substance use. Thus, the goal of this analysis was to assess the combined effects of current marijuana and alcohol use on memory.

Methods: HIV+ adults (N=706) recruited from community health centers across Florida completed questionnaires collecting demographics, HIV clinical outcomes, mental health, and substance use information. Memory was assessed using a modified 5-item subjective cognitive complaints scale (Cronbach $\alpha = 0.85$), with 6 response options (from "never" = 0 to "very often" = 5). Additional covariates including demographics, education, and PTSD were included in the final model. Participants endorsing using marijuana during the past 3 months and no alcohol use was classified as marijuana only (MO). Participants endorsing drinking alcohol and no marijuana use were classified as alcohol only (AO). While participants endorsing both marijuana and alcohol use during the past month were classified as co-substance users (CU). A generalized linear regression analysis was utilized to the association between memory and selected covariates.

Results: Overall, 84.0% of participants endorsed at least one symptom of subjective cognitive complaints, with a mean score 5.31 (SD=4.39). Among our sample 5.0% were MO, 40.7% were AO, 31.7% were CU, and 22.7% were non-users. After adjusting for all covariates, age (β= 0.040), being female (β= 0.791), being non-Hispanic Black (β= -0.796), co-substance use (β= 1.063), and depression (β= 3.789) were associated with memory scores.

Conclusion: This is one of a few studies targeting the relationship between current poly-substance use and memory. Our analysis noted current marijuana and alcohol users performed worse on memory compared to non-users. Future studies examining the relationship between memory and substance use should further investigate polysubstance use.

EFFECTS OF HIV AND CANNABIS USE ON DAILY FUNCTIONING

Catalina Lopez-Quintero[1]; Jacqueline Dupperrouzel[2]; Raul Gonzalez[2]

[1]Department of Epidemiology, University of Florida, catalinalopezqui@ufl.edu

[2]The Substance Use and HIV Neuropsychology Laboratory, Florida International University

Background: Cannabis use and HIV have independently been associated with poorer everyday functioning. Studies investigating their combined effects are scarce, despite medical cannabis being legalized in numerous states for HIV-associated symptoms. We aim to characterize the independent and combined effects of cannabis use and HIV on daily functioning.

Methods: Data were collected from 338 individuals (ages 18 to 60), including cannabis users - CB+/HIV+ (n=69), non-cannabis users - CB-/HIV- (n=94), CB+/HIV- (n=92) and CB-/HIV- (n=83). CB+ participants reported recent and regular cannabis use. Daily functioning was assessed using two self-report (the Social Adjustment Scale and the Lawton and Brody - Activities of Daily Living Scale) and two performance based (The Finances Test, and the revised Medication Management Test) tests. Mean scores of daily functioning tests were compared among four CB/HIV subgroups via ANCOVA including potential confounders (i.e., age, alcohol use, mental health, use of drugs other than cannabis). Post hoc pair-wise comparisons of between group differences were carried out with the Fisher-Hayter test.

Results: Significant differences in the mean score of the revised Medication Management Test ($p<0.01$) were observed between the groups. Compared to CB-/HIV- individuals, each of the other three subgroups showed lower functioning in the medication management tests (p-values<.05); however, they did not differ significantly from each other. No differences were observed between subgroups in the mean scores of the Social Adjustment Scale, the Lawton and Brody - Activities of Daily Living Scale, and the Finances Test.

Conclusions: Our results suggest that both cannabis use and a positive HIV status are associated with poorer functioning in medication management. There was no evidence for additive adverse effects of cannabis use among HIV+ individuals. Further studies will examine whether cannabis use severity influences these results or if specific subsets of HIV+ individuals are more vulnerable to cannabis-associated deficits.

THE IMPACT OF RECENT INCARCERATION ON POST RELEASE HIV LINKAGE TO CARE AND RISK-TAKING BEHAVIORS IN THE SETTING OF ENHANCED LINKAGE TO CARE POLICIES IN FLORIDA

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Background: The United States has the largest incarcerated population in the world with 6.61 million adults in 2016.(1) While incarceration is a well known risk factor for difficulties in linkage to care (2,3) and adverse health outcomes (4,5,6), little is published on post-release incarcerated persons with HIV/AIDS (PLWH) in Florida. We investigated the association between incarceration history, access to care, and high risk behaviors.

Methods: Data were queried from the Florida Cohort, which is a longitudinal cohort study of PLWH recruited across nine public and private HIV clinics from 2014-2018. Chi-square and Fisher's exact tests correlated demographics, HIV clinical outcomes, barriers to care, and a history of recent incarceration (living in jail, prison, or detention < 12 months) the outcome of linkage to care and high-risk behavior taking..

Results: Of 936 participants, 60 (6.4%) reported recent incarceration within the last 12 months. Those recently incarcerated were more likely to report missing at least one appointment in the last 6 months (46.7% vs 22.2%; p<0.0001), having a barrier leading to a missed appointment (60.0% vs 22.8%; p<0.0001), having longer clinic commute times (p = 0.002), and more likely to have less convenient methods of transportation (p < 0.0001). Recently incarcerated PLWH were more likely to have received (40.4% vs 8.7%; p=0.000) or provided (30.4% vs 10.4%; p= 0.000) money or drugs for sex, and have used IV drugs in the past 12 months (15% vs 4% p= 0.001). Of those that used IV drugs, recently incarcerated patients were more likely to have shared needles (66.7% vs 26.5%; p=0.046).

Conclusions: Recently incarcerated PLWH continue to have significant barriers to care and relapse into high risk behaviors. Enhanced case management and telehealth may be useful in linkage to care when PLWH transition from the correctional to community healthcare system in the Florida setting.

COGNITIVE TRAINING AND TRANSCRANIAL DIRECT CURRENT STIMULATION FOR HIV-RELATED MILD NEUROCOGNITIVE DISORDER IN OLDER ADULTS

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Background: Even with advances in antiretroviral treatment that now make HIV infection a manageable chronic condition, affected individuals still frequently develop HIV-associated neurocognitive dysfunction (HAND). Cognitive deficits in psychomotor speed, attention, and memory can affect their daily functioning in areas such as self-care, medication adherence, and driving. Few treatments exist for HAND. We previously completed a pilot study of game-based cognitive training and transcranial direct current stimulation (tDCS) to improve cognitive functioning in persons 50 years of age and older with mild neurocognitive disorder (MND) by Frascati criteria. In this paper we present preliminary results of an externally funded study with a more extensive battery of measures and more rigorous design.

Methods: Thirty-six individuals with MND (mean age 58.9 years; 29 men and 7 women; 10 whites and 26 blacks) were randomly assigned to one of three groups: (1) cognitive training and active tDCS (1.5mA anodal stimulation of the left dorsolateral prefrontal cortex for 20 minutes), (2) training and sham tDCS (brief stimulation that is stopped after 30 s), or (3) watching educational videos and sham tDCS. They completed an extensive neuropsychological test battery before and after six 20-minute training sessions. Between group differences were assessed in repeated measures ANCOVA models as the treatment group by time interaction. We assessed both statistical significance and effect size (ES as Cohen's *d*), given the small sample and potentially limited power to detect diffences.

Results: Results are consistent with the previous study that showed greater improvements in the active tDCS treatment group compared to sham in the areas of working memory (ES = 0.38, moderate), attention (ES = 0.46, moderate), and verbal memory (ES = 0.68, moderate), however these comparisons were not statistically significant. Results for visuospatial memory were statistically significant ($p = 0.04$, ES = 1.07, large). On some measures, we found only small or no treatment effects, including psychomotor speed. In this area the active treatment group performed more poorly after training.

Conclusions: Cognitive training with tDCS thus shows preliminary evidence of usefulness in addressing cognitive deficits in older adults with MND. Further investigation of its use is warranted.

DRIVING IN OLDER ADULTS WITH HIV-ASSOCIATED MILD NEUROCOGNITIVE DISORDER

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Background: Despite effective antiretroviral therapy, HIV-Associated Neurocognitive Disorders (HAND) are common in persons with HIV infection. People with HAND may have difficulties with complex cognitive activities such as driving. Since driving is important for many persons' daily functioning, difficulties in driving may have a significant impact on these individuals' social functioning and quality of life.

Methods: In this pilot study, 11 participants were recruited from a previous study of persons 50 years of age and older with HIV-related Mild Neurocognitive Disorder (MND by Frascati criteria). They completed the Driving Habits Questionnaire, several simulated driving tasks, and an interview. Simulations included a navigation task, city and highway driving, and braking reaction time.

Results: Two of 11 participants said they no longer drove due to cost and eyesight. Four of the 9 still driving were unaware of a decrease in driving ability. They said stopping would have a major impact on their independence and wellbeing. Simulation performances suggested that many would have difficulty with common driving situations (mean simulation crashes = 7.1, SD = 10.4; mean total mistakes = 53.6, SD = 30.6). Six of the 11 were not able to complete the navigation task. Those who completed it made significantly more mistakes than younger persons with HAND (t [14] = 3.44, $p = 0.004$; comparison group in Marcotte et al, 2013) and at a similar level as older persons with HIV but not MND (mean of 22 blocks in this study compared to 25.9 in Foley et al, 2013; t [61] = 0.41, $p = 0.69$)

Conclusions: This pilot study thus shows that older persons with MND may have deficits in specific driving skills compared to younger individuals. Interventions to improve their driving skills and safety, such as education and cognitive training, may be useful in supporting these individuals' independent living in the community.

IMPACT OF HIV TEST AND TREAT INITIATIVE IN MIAMI-DADE COUNTY, FLORIDA

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Background: Rapid access to antiretroviral therapy (ART) immediately following HIV testing is upheld as a prevention tool to reduce HIV transmission and improve outcomes along the HIV care continuum. In 2016, the Miami-Dade County Health Department launched a test and treat (T&T) initiative to offer same-day or next-day access to ART following HIV diagnosis.

Methods: Clinical and epidemiological data reported to the Florida Department of Health HIV/AIDS surveillance system were matched to HIV-related care events in Ryan White Program databases, county health department electronic health records and Medicaid claims. HIV care outcomes, including viral load (VL) suppression (<200 copies/mL) and retention in HIV care (two or more HIV-related care events at least three months apart), among patients whose HIV diagnosis was in Miami-Dade County in 2017 and who engaged in HIV care (n=919), including patients in T&T (n=81), were evaluated to determine the impact of T&T.

Results: Patients in T&T initiated care an average of 10 days earlier than other patients ($p<0.05$) but T&T did not significantly impact the rate of HIV care initiation within 30 days of diagnosis (85.2% vs. 80.4%). Patients in T&T were more likely to achieve VL suppression within six months of diagnosis (86.4% vs. 67.8%, $p<0.001$) and be retained in care (93.8% vs. 84.2%, $p<0.05$). The average number of days from diagnosis to VL suppression was lower for T&T (71.2 vs. 86.9, $p<0.05$). When evaluating patients retained in care, higher rates of VL suppression (89.5% vs. 76.9%, $p<0.05$) and more rapid VL suppression (71.6 vs. 88.2 days, $p<0.05$) persisted for T&T. Furthermore, patients in T&T were more likely to receive HIV drug resistance testing within three months of diagnosis (79.0% vs. 58.1%, $p<0.001$).

Conclusions: T&T impacted the timing of HIV care initiation and patients in T&T were more likely to achieve VL suppression and progress to VL suppression more rapidly. Patients in T&T were more likely to receive a HIV drug resistance test, indicating a complete initial HIV care assessment. Rapid access to ART following HIV diagnosis can help reduce HIV-related mortality, improve health outcomes of those living with HIV and reduce HIV transmission through VL suppression.

SOCIODEMOGRAPHIC AND SPATIAL-TEMPORAL DETERMINANTS OF HIV DRUG RESISTANCE IN FLORIDA, 2012-2017

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Background: Persons living with HIV (PLWH) with resistance to antiretroviral (ARV) medications are vulnerable to numerous adverse health outcomes and can contribute to transmission of HIV drug resistance (HIVDR) if not virally suppressed. In North America, HIVDR prevalence ranges from 11.5%-23.4%, depending on ARV class. The degree to which HIVDR contributes to disease burden in Florida is largely unknown. We explored sociodemographic and spatial-temporal associations with HIVDR, in collaboration with the Florida Department of Health (FDOH). This study capitalized on the extensive FDOH electronic database and involves analysis of the largest collection of HIV sequence data in Florida to date.

Methods: We selected HIV-1 nucleotide sequences (n=34,447) collected from 2012-2017 through routine FDOH surveillance. HIVDR was categorized according to ARV class: non-nucleoside reverse transcriptase inhibitors (NNRTI), nucleoside reverse transcriptase inhibitors (NRTI), protease inhibitors (PI), and integrase strand-transfer inhibitors (INSTI). Multi-drug resistance (MDR) was defined as resistance to at least two classes. Transmitted-drug resistance (TDR) was estimated separately using the World Health Organization's list of surveillance mutations. Sequences were linked to deidentified individual-level patient data available from the FDOH, in addition to county-level ecological health indicators obtained from County Health Rankings. Multivariable (stepwise-selected) logistic regression models were fitted to associate individual and ecological factors with HIVDR.

Results: Prevalence of HIVDR was 19.0% for NRTI, 30.2% for NNRTI, 6.5% for PI, 19.4% for TDR, 13.4% for MDR, and 10.7% for INSTI. Multivariable analyses revealed older individuals, African Americans and perinatally-exposed individuals had significantly higher odds of resistance. We observed decreasing odds of TDR and NNRTI resistance as a function of test year, but increasing odds for PI and INSTI resistance. Ecological analyses indicated higher HIVDR rates were associated with

lower socioeconomic status, unemployment, and poor mental health whereas lower HIVDR rates were associated with crime rates and percent rural population.

Conclusions: This was one of the most comprehensive studies of HIVDR in Florida. Our findings indicate the prevalence of HIVDR is higher than current North American estimates with considerable variation in HIVDR prevalence by county and within certain risk groups.

ASSOCIATION BETWEEN ALCOHOL REDUCTION AND ALCOHOL-RELATED PROBLEMS AMONG WOMEN LIVING WITH HIV: A LONGITUDINAL STUDY

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Background: Heavy drinking is common among people living with HIV and may lead to negative consequences, yet few studies have examined alcohol-related problems in women living with HIV (WLWH). The objectives of this study were to (1) identify variables associated with a greater number of alcohol-related problems; (2) examine the association between decreased alcohol use and change in number of alcohol-related problems; and (3) describe the relationship between decreased alcohol use and 5 alcohol-related problem subscales.

Methods: We used data from a randomized clinical trial of a drinking intervention in WLWH who reported heavy drinking (>7 drinks per week). Measures included alcohol consumption (timeline followback, TLFB), alcohol-related problems (Short Inventory of Problems (SIP)), and domestic violence (past 12 months). We defined reduction in drinking as quitting heaving drinking at 4 months. We used multivariate regression to identify factors associated with baseline SIP scores and change in SIP scores from baseline to 4-months.

Results: The sample consisted of 170 WLWH (mean age of 48 years, 94% Black). Domestic violence and alcohol use disorder were significantly associated with higher baseline SIP scores. 61% of women reduced drinking by 4 months; these women had significant reductions in SIP scores, compared to those who continued heavy drinking.

Conclusions: Among WLWH who report heavy drinking, recent domestic violence was associated with a greater number of alcohol-related problems. Our data suggest that reduction in drinking to ≤7 drinks per week could lead to a corresponding reduction in alcohol-related problems within 4 months.

TREATMENT UPTAKE AND CLINICAL OUTCOMES OF ALL-ORAL DIRECT-ACTING ANTIVIRALS IN PATIENTS WITH HEPATITIS C VIRUS AND HIV CO-INFECTION

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Background: Little is known about the real-world treatment uptake and clinical outcomes of all-oral direct acting antiviral (DAA) therapy for hepatitis C virus (HCV) among individuals with human immunodeficiency viruses (HIV). To compare the treatment initiation and clinical outcomes (decompensated cirrhosis [DCC] and hepatocellular carcinoma [HCC]) between HCV/HIV co-infected patients and HCV mono-infected patients.

Methods: A retrospective cohort analysis of the Florida Medicaid (2012-2017) was conducted in newly diagnosed HCV patients with and without HIV co-infection. DAA therapy was grouped into three types including DAA mono, DAA with rivabirin, and DAA combination. We compared the treatment initiation and liver complications (i.e. DCC and/or HCC) of HCV/HIV co-infected patients compared to HCV mono-infected patients. A multivariable Cox proportional hazards regression model was used to estimate adjusted hazard ratios (aHRs) of treatment initiation and incident liver complications between the two groups, controlling for covariates including demographic characteristics, comorbidities, other liver disease, and cirrhosis.

Results: We identified 1,447 HCV/HIV co-infected and 12,375 HCV mono-infected patients. HCV/HIV co-infected patients were more likely to be older (49.5 versus 46.7 years), males (57.2%), and black (48.0%) while HCV mono-infected patients were more likely to be female (56.7%) and white (64.9%). The DAA treatment uptake was slightly lower in HCV/HIV co-infected patients compared to HCV mono-infected patients (5.7% versus 6.4%, P=0.268). According to the type of therapy, the initiation of DAA mono-therapy in HCV/HIV co-infected patients was higher (4.9% versus 3.7%, P=0.019). After controlling covariates, the treatment initiation rate was not significantly different between HCV/HIV co-infected patients and HCV-mono infected patients (aHR, 0.88; 95% CI 0.69-1.12). Among those who initiated DAA therapy, there was no significant difference in development of DCC or HCC between HCV/HIV co-infected patients and HCV-mono infected patients (aHR, 0.81; 95% CI 0.23-2.92).

Conclusion: Despite the effective therapies now available, only 6% of HCV-infected Florida Medicaid patients initiated DAA therapy. Although HCV/HIV co-infected patients were more likely to use DAA mono therapy, their overall treatment uptake was similar to HCV mono-infected patients. Among treated patients, the risk of developing DCC or HCC was similar between HCV/HIV co-infected and HCV mono-infected patients.

COMPARISONS OF ACCESS AND LINKAGE TO CARE AMONG PEOPLE LIVING WITH HIV (PLWH) WHEN ENROLLED IN FLORIDA AIDS DRUG ASSISTANCE PROGRAM (ADAP)

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Background: Within the United States, Florida has one of the highest poverty rates (1) and one of the highest burdens of new and existing HIV infections. As persons living with HIV (PLWH) are known to have difficulties accessing care if uninsured or underinsured (1), the Florida AIDS Drug Assistance Program (ADAP) provides crucial healthcare access. Data from the ADAP are available but seldom published, and more information is needed to quantify this program's impact on Florida PLWH access and linkage to care.

Methods: Data were queried from The Florida Cohort, which is a longitudinal cohort study of PLWH recruited across nine public and private Florida HIV clinics from 2014-2018. Chi-square and Fisher's exact tests correlated demographics, ADAP enrollment status, insurance status and demographics to ART adherence and acceptance.

Results: Among 936 participants, the majority were male (n=621; 66%), African American (n=546; 58.3%), heterosexual (n=470; 50.2%), and without college degree (n=795, 84.9%). Of these, 419 (44.8%) self-reported ADAP participation at the time of the survey. ADAP enrollees were more likely to report taking antiretroviral therapy (ART) (94.2% vs 87.1%; $p<0.001$) and to have a case manager (83.8% vs 75.4%; $p=0.008$). However, ADAP enrollees were statistically less likely to report taking ART as directed (63.5% vs 71.9%; $p=0.019$) but stated that ART had a positive effect on health (72.5% vs 78.4%; $p=0.03$). They were more likely to report barriers to care for missing a health appointment (28.9% vs 22.2%; $p=0.02$).

Conclusions: The Florida ADAP program is successful in both providing access to ART, facilitating linkage to care, and improving adherence through embedded case management services. Patients reported positive impact of ADAP on health. However, more resources are needed to improve ART and medical appointment adherence as well as to decrease barrier to care.

PrEP IMPLEMENTATION BEHAVIORS OF STAFF PERFORMING COMMUNITY-BASED HIV TESTING IN FLORIDA

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Background: HIV testing/counseling is a critical point during which non-clinical staff could intervene, discuss and/or refer clients for PrEP. However, not all HIV testing/counseling staff take part in PrEP implementation in the same way. This study investigates underlying PrEP implementation subgroups of staff who perform HIV testing.

Methods: Latent Class Analyses (LCA) were performed using MPlus.v.8 on a sample of 144 HIV testing/counseling staff in Florida. The LCA technique groups participants based on similarities in how they answer a predetermined set of questions (here, five items related to PrEP-implementation behaviors). The final LCA and corresponding latent classes were determined based upon fit indices and theoretical interpretation. Two generalized linear mixed models were conducted to estimate PrEP implementation as a function of key variables from the Consolidated Framework for Implementation Research (CFIR).

Results: Four LCAs were conducted–containing 1, 2, 3 or 4 classes, respectively. Based on consideration of fit statistics and theoretical relevance, a 3-class LCA was selected. Class one (labeled "Universal"; 42%; n=62) includes HIV testing/counselors who were PrEP advocates; "Universal" participants were likely to talk about PrEP with clients, regardless of client eligibility, and likely to share physical information about PrEP (e.g. brochures). Class two (labeled "Eligibility Dependent"; 33%; n=48) includes staff who were most likely to discuss PrEP if they felt their client was eligible. Staff in Class 3 (labeled "Limited"; 25%; n=37) spoke to clients about PrEP inconsistently. The latent groups were often triangulated via qualitative data. Several variables under the CFIR were statistically significantly associated with PrEP implementation among HIV testing staff, including race (aOR = .14 [.05-.40], $p<.01$), sexual orientation (aOR= .13 [.04-.49], $p<.01$), relative priority (aOR 1.65 [1.09-2.50], $p=.019$), and available resources (aOR: 1.97 [1.20-3.25], $p=.008$).

Conclusions: Not all HIV testing/counseling staff discuss PrEP with clients. Some differentially discuss PrEP based on eligibility, or inconsistently talk to clients about PrEP. Understanding implementation subgroups can assist in training and program development. Furthermore, addressing organizational factors that could affect PrEP implementation (e.g. availability of PrEP-related resources) may help HIV testing staff to more seamlessly implement PrEP education and referrals.

EMOTIONAL DYSREGULATION ASSOCIATIONS WITH ANXIETY AND ALCOHOL ABUSE

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Background: Adult survivors of childhood abuse may experience long-term difficulties with emotional regulation and more often engage in emotionally avoidant coping behaviors such as substance abuse. Studies have examined emotional dysregulation as a mediator between childhood abuse and alcohol use disorders (AUD) among women. However, recent research points to the importance of identifying dimensions of emotional dysregulation that may be associated with risk-behaviors, since this approach offers critical next steps in formulating treatment targets and intervention strategies.

Methods: This cross-sectional analysis used preliminary data from an ongoing study in South Florida to assess the associations between trait anxiety, emotional dysregulation, and alcohol use among 59 women with a history of childhood abuse. Emotional dysregulation was measured with the DERS, anxiety with STAI, and alcohol use with the AUDIT scale. Direct and indirect effect of anxiety on alcohol use through emotional dysregulation dimensions were measured using the multiple ordinary least-squares (OLS) regressions from PROCESS. The indirect effect (i.e., mediation) was tested using 10,000 resampling bias-corrected bootstrap confidence intervals (95% CI). They were considered statistically significant when 0 was excluded from the interval.

Results: Mean age of the sample was 42 years. Mean AUDIT score was 15 (SD = 8.1) and mean STAI score was 32.6 (SD = 11.6). There were significant associations between emotional dysregulation dimensions and alcohol use, including lower non-acceptance ($p = 0.06$); lower goal-directed behavior ($p = .015$); lower impulse control ($p = 0.01$); and lower emotional regulation strategies ($p = .018$). For the mediation analysis, the indirect effect of emotional regulation on the association between anxiety and alcohol use was significant (95%CI: .014 to .27; Effect size 11.5%). When significant emotional dysregulation dimensions were analyzed on goal-directed behavior, the results were also significant (95%CI = .011 to .157; Effect size; 5.8%).

Conclusion: Although results are preliminary, they suggest that women who reported high anxiety levels also reported high levels or emotional dysregulation, which in turn, was associated with a higher risk for alcohol abuse among women with a history of childhood abuse. Goal-directed behavior was also significant which suggests that alcohol may impair goal-directed behavior.

ATTITUDES AND BELIEFS TO PRE-EXPOSURE PROPHYLAXIS (PREP) FOR HIV PREVENTION AMONG WOMEN IN VIOLENT RELATIONSHIPS

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Background: Women in violent relationships have few feasible HIV risk reduction options. Thus, PrEP is an effective prevention method that can be independently controlled by women. The aim was to assess perceived barriers and facilitators to PrEP uptake among women of color with a history of intimate partner violence at risk for HIV.

Methods: This is a cross-sectional analysis using preliminary data from an ongoing PrEP study in Miami Florida. Binary logistic regression was used to analyze the associations between PrEP barriers/facilitators and risky behaviors. Risk behavior measures included unprotected sex and sex under the influence of alcohol. Alcohol use was calculated using the AUDIT score.

Results: A total of 81 women participated in the study (69% African American and 31% Hispanic); the majority had a high school diploma (39%). The mean age was 48 (SD = 12.5) years; psychological violence (67%) as the most common form of intimate partner violence (IPV). Close to 57% had had sex in the last 90 days, with 34% using alcohol during sex and 17% having unprotected sex while under the influence. The mean AUDIT score was 9.2 (SD = 9.9). Analysis of barriers and facilitators to PrEP 95% recognized that PrEP could lower their chances of contracting HIV. Close to 24% agreed that they would have condomless sex if taking PrEP and 40% would feel more comfortable having sex with an HIV-positive person if on PrEP. A total of 78% would be comfortable asking for PrEP from their providers and 88% would take PrEP if recommended by their provider. However, 72% were concerned about not knowing the long-term health effects of taking PrEP. The regression analyses showed women with a history of physical violence were more likely to agree with increasing the number of sex partners if on PrEP (OR 2.5; p = .04). and women hazardous drinkers were more likely to agree to condomless sex (OR 1.5; *p* = .05) if taking PrEP.

Conclusion: Overall, findings indicate that health providers can play a potentially critical role in promoting PrEP among women in violent relationships and educating those who use substances to further reduce their risk.

FLORIDA DEPARTMENT OF HEALTH IN AREAS 3/13: HIV/AIDS SERVICES

Gay Koehler-Sides, MPH

HIV/AIDS Program Cooridnator

Florida Department of Health Area 3/13

Cathaerina Appadoo, Dana Luciani, Martha Buffington, Erika Prince-Brown, Yasmin Dandridge, Crystal Coleman, Christina Collis, Gabriella Amador, Katiana Fenelon, Mark Tatro, Saba Butt

Purpose: The Florida Department of Health (FDOH) Area 3/13 HIV/AIDS program is housed in Alachua County and serves 15 counties (Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, Union, Citrus, Lake, Marion, and Sumter). The FDOH's HIV/AIDS department seeks to prevent HIV infection in HIV-negative individuals and provide linkage-to-care services and treatments to individuals living with HIV/AIDS. Our services provide primary, secondary, and tertiary interventions for HIV/AIDS infections.

Description: The Florida Department of Health's (FDOH) HIV/AIDS Area 3/13 department consists of four programs that address HIV prevention, risk reduction, linkage-to-care, and HIV/AIDS treatment.

Examples: The Minority AIDS Program (MAP) provides HIV/AIDS education and testing to at-risk populations within Area 3/13 through community outreach events. For HIV-negative individuals at high-risk for HIV infection, the FDOH offers a Pre-Exposure Prophylaxis (PrEP) clinic at which HIV-negative individuals can receive regular testing and obtain PrEP for free or at reduced cost. For individuals who test positive, the FDOH offers the Test and Treat program, through which immediate linkage to care and medications can be provided on the same day of the positive test. The Ryan White program allows eligible clients to obtain clinical and medical case management services in area 3/13. Lastly, the FDOH participates in the federally-funded AIDS Drug Assistance Program (ADAP) which provides HIV/AIDS medications at reduced cost to eligible persons living with HIV.

Goals: The FDOH's HIV/AIDS services aims to reduce the number of new HIV infections, link HIV-positive persons to care, and have them retained in care in order to achieve viral suppression and eliminate HIV transmission within the state of Florida.

INTRODUCING SCALE IT UP - A PROGRAM TO IMPROVE SELF-MANAGEMENT INTERVENTIONS AMONG YOUTH LIVING WITH HIV (YLWH) AND AT-RISK YOUTH IN THE U.S.

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Purpose/Mission*:* Putting an end to the AIDS pandemic is an ambitious yet attainable goal. The successful implementation of the National HIV/AIDS Strategy relies in part on shortening the time between the conceptualization of research ideas and service delivery of interventions. The Scale It Up (SIU) Program is assembling research teams, to develop, test and bring to practice youth self-management interventions, established in the literature as culturally appropriate and efficacious.

Description of program*:* In meeting these aims, the SIU program is implementing four effectiveness trials (ATN 144 SMART: Sequential Multiple Assignment Randomized Trial; ATN 145 YMHP: Young Men's Health Project; ATN 146 TMI: Tailored Motivational Interviewing Intervention; ATN 156 We Test: Couples' Communication and HIV Testing). These interventions gather self-reported behavioral and use data from the targeted population, teach skills critical to self-management and facilitate provider-patient interactions. The four trials take place within The Adolescent Medicine Trials Network for HIV/AIDS Interventions (ATN), an arrangement of care and treatment programs. The structuring of the SIU allows for the deployment of two additional protocols across the SIU program (ATN 153 EPIS and ATN 154 Cascade Monitoring). These protocols help capture the contextual factors and the cascade of outcomes resulting from the four interventions. The program also relies on cross-cutting initiatives to address cost-effectiveness, self-management, and promotion of communication science. Overall, the program pursues effectiveness- implementation hybrid designs to facilitate the transition of promising interventions to practice.

Examples of program*:* The program is funded by the National Institute for Child Health and Human Development (U19HD089875). To date, the four effectiveness trials and two program-wide protocols have launched

at least the first phase of work. The construction of the program supports the overarching theme of improving self-management on the part of YLWH and at-risk youth. Furthermore, the SIU supports the expeditious, but appropriate, implementation of prevention and treatment programs in a cost-effective manner. Lastly, it is an innovative approach because it expands the application of "self-management," applies unique hybrid designs, will develop cost-effectiveness reports on each intervention, characterize inner and outer context factors, and advance understanding of provider and patient dynamics.

Keywords: implementation science, HIV/AIDS interventions, prevention cascades

Goals of presenting at SHARC/CPR

- Describe the Scale It Up (SIU) program.
- Discuss the Scale It Up (SIU program in the context of implementation science.

NIAAA T32 TRAINING PROGRAM

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Background: The National Institutes of Health (NIH) National Institute on Alcohol Abuse (NIAAA) awarded Ruth L Kirschstiein National Research Service Award NRSA Institutional Research Training Grant (T32) to the University of Florida. The purpose of this grant is to enhance predoctoral and postdoctoral research training and mentorship to ensure that a diverse and highly trained workforce is available to meet the needs of the Nation's biomedical, behavioral and clinical research agenda. In the case of the University of Florida, the T32 is integrated with the SHARC Center for Translational HIV Research.

Description: The T32 NIAAA training program focused on alcohol and HIV infection. The state of Florida currently ranks second in new HIV infections per year and second in total HIV/AIDS cases in the US. Alcohol consumption contributes to poor HIV outcomes and ongoing HIV transmission, and relationships between alcohol consumption and HIV can vary by age, gender, ethnicity, and sexual orientation. Presently, there are four predoctoral and two postdoctoral fellows who are in the departments of Epidemiology, Clinical and Health Psychology, Nursing and Health Education and Behavior.

Examples: The training program will ensure appropriate depth in knowledge regarding alcohol, HIV, and three additional focus areas that represent areas of strength in ongoing research at UF: health behavior intervention science, epidemiology and data science, and cognitive science related to aging. Additional key features that help our T32 to stand out include a focus on team science, a multidisciplinary approach, and opportunities for paper writing and presentations.

Goals: The goal of presenting at the SHARC CPR Conference is to inform fellow researchers and potential applicants of this unique opportunity, and to answer any questions regarding the program.

FLORIDA DEPARTMENT OF HEALTH AREA 3/13: STD SERVICES

Larissa Cantlin-Plemons, Nevonne Cowart, Sarah Elhassan, Andrew Montick, Nancy Rosario

Florida Department of Health – Alachua County

Background: The Florida Department of Health Area 3/13 STD program in Alachua County aims to reduce the incidence and prevalence of sexually transmitted diseases in a 15 county region in the state of Florida through provision of STD treatment, prevention, and control measures, while providing education to providers and the public.

Description: The Florida Department of Health (FDOH) Area 3/13 STD program utilizes the following tools to address sexually transmitted diseases in our communities: surveillance, testing and treatment, education, counseling and risk reduction, outreach, partner services, and outbreak response.

Examples: The STD program employs disease intervention specialists (DIS) to conduct contact investigations by providing STD positive patients with notification of infection(s), education and counseling regarding said infection(s), and risk reduction strategies. Patients are notified by phone or in person, which can involve field visits to patient's homes or a location of their choosing. The STD program provides testing on site, targeted outreach screening and testing events, and educational health fairs. The STD program collaborates with providers to conduct STD in-services sharing the most up to date CDC approved treatment guidelines and case definitions. DIS provide partner services to people at risk or exposed to an STD. Partner services includes the testing and treatment of at risk sexual partners or others considered at risk in order to interrupt the chain of infection by prophylactic treatment of contacts. The STD program monitors incidence and morbidity in our community, to respond to outbreaks and prevent acute morbidity increases.

Goals: The FDOH's STD program mission is to stop the spread of sexually transmitted diseases, while decreasing the severity of disease in those infected and treating sex partners before signs and symptoms manifest. Additionally, the STD program aims to increase community awareness about the risks and complications of STDs.

INCIDENCE OF SEXUALLY TRANSMITTED INFECTIONS IN PATIENTS ON PREP

Moti Ramgopal, Howard Grossman, Jenn Kuretski, Vince Hodge, Tiffany Elias

Midway Specialty Care Center

Background: Pre-exposure prophylaxis (PrEP) is highly effective in preventing the transmission of human immunodeficiency virus (HIV). There are varying reports on the incidence of STIs in patients on PrEP as some studies report increased incidence of STIs whereas others report a reduction in the transmission of STIs (Hamed, et al, 2018). In a local, multi-site, non-profit healthcare organization, epidemiologic data is frequently analyzed to catch trends in the incidence of STIs in high risk patients, such as those on PrEP.

Description: The United States Public Health Service's most recent clinical practice guidelines for PrEP encourage routine screening for STIs (2017). In accordance with these guidelines, this organization has standardized STI screening for patients on PrEP to include a full STI testing panel, including three site gonorrhea and chlamydia testing.

Examples: Epidemiologic data, including incidence of syphilis, gonorrhea, chlamydia and HIV, will be presented for a local non-profit healthcare organization. Relationships between risk factors for STI acquisition and incidence of STIs will be explored.

Goals: Epidemiologic data, pertaining to STI incidence, in high risk patients, specifically those on PrEP, is lacking in the local setting. This poster presentation will aim to share best practice for STI screening as well as provide a comparison of local STI incidence to previously reported epidemiologic data.

ADVANCING NEW COMPUTER-BASED HELP ON RISK-SEX STUDY: UH2 PROJECT

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Background: HIV is one of the most pressing health concerns faced by men-who-have-sex-with-men (MSM), who account for over two-thirds of new HIV infections annually (CDC, 2017). Young adults and black and Hispanic MSM (BLMSM) remain the highest-risk group for HIV infection, with BLMSM representing 66% of HIV diagnoses for MSM in 2015 (CDC, 2016). Unprotected anal intercourse and overlapping risk behaviors, like heavy drinking, can partially explain the failure to combat HIV in MSM (Kahler et al., 2015). The goal of this project is to lay the groundwork for a synergistic, mobile intervention to reduce alcohol use and risky sex to help prevent HIV among young adult MSM.

Description of program: Advancing New Computer-based Help On Risky Sex (ANCHORS) Study is the first phase (UH2) of a two-phase project spearheaded by Dr. Robert Leeman and his research team at the University of Florida's Department of Health Education and Behavior. The goal of the UH2 phase is to develop, then test the acceptability and usability of a new mobile intervention that will reduce alcohol use and HIV risk in young adult MSM. This phase is divided into three sub-projects: 1) a web-based survey that will yield data for personalized normative feedback to be included in the intervention; 2) focus groups with young MSM to gain feedback about the cultural appropriateness of the web-based intervention, and 3) a small, preliminary study to test the acceptability and usability of the intervention. We will then move to the second phase (UH3), which will recruit higher-risk MSM for a randomized, controlled trial to test the efficacy of this mobile intervention. Currently, we are gathering normative data and getting ready to start scheduling local participants for focus groups.

Examples: The ANCHORS Study has partnered with various community organizations (e.g., Equal Access Clinic, Alachua County Health Department, and Equality Florida) to expand recruitment efforts and to increase participation from MSM in the local community.

Goals of presenting at SHARC: Our goal for presenting is to inform the community about our study and intervention in order to enhance recruitment efforts for both phases of the project.

NOTES:

PROGRAMS

Community Panel: Five community representatives from across Florida will discuss HIV-related stigma and the intersection of HIV and substance use problems. Challenges and success stories will be described, and the audience is encouraged to participate in the discussions.

Working Groups: All conference participants are encouraged to participate in one of the five working groups, regardless of their own expertise in the topic. Working group leaders have identified goals for each group, and this information and additional working group sign-up opportunities will be available at the conference. Working groups include: Prep and HIV Prevention, Aging/ Neurocognition, Stigma, Interventions to Improve HIV Outcomes, and engagement.

Intervention Challenge: What are the best intervention options to improve outcomes in HIV-positive or negative individuals at high risk of HIV infection? The same working groups brought together around a particular topic for Thursday's discussion will reconvene on Friday the 19th to propose an intervention pertinent to that same topic. Intervention challenge participants will consider questions such as the specific intervention needs in their topic area and how their proposed intervention would address these needs. Participants will then be invited to consider issues such as the feasibility of the proposed intervention and first steps that should be taken to develop and test it. Based on consideration of these questions, the groups will each present a 3-minute overview of their proposed intervention option. Then, after a period of audience discussion, conference attendees will vote for the intervention they think has the best chance of working now, the intervention that is most promising for the future, and the one they think would be most acceptable to the affected communities.

THANK YOU

We would like to express out gratitude to the following organizations for their help and support in organizing this conference:

FLCPR
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