Disclosures. All authors: No reported disclosures.

1313. Complementary Effects of Medical Follow-up and Virologic Suppression for Reincarcerated Inmates Living with HIV
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Background. Although prison presents an opportunity to achieve virologic suppression (VS) among people living with HIV, continued success is not guaranteed upon release.

Methods. A retrospective cohort study was performed in reincarcerated Illinois prisoners from January 1, 2016 to July 31, 2018. Patients were included if they were age ≥18 years, carried a diagnosis of HIV/AIDS, on antiretroviral therapy (ART) at the time of release, and had CD4 and HIV-1 RNA labs drawn within 6 months of release and reincarceration. Potential subjects were excluded if reincarcerated within 30 days due to a technical violation and not receiving ART at the time of prison release. Primary and secondary endpoints were percent of patients achieving VS upon reincarceration and percent of patients following at an HIV clinic while released. Statistical analysis included descriptive statistics, chi-square, and paired t-tests.

Results. Among 565 patients released during the study period, 95 patients were reincarcerated and 80 were included (Figure 1). Demographic information can be found in Table 1. Fifty-one patients (64%) reported follow-up after an HIV clinic while released, whereas 29 (36%) did not. Patients who had VS at the time of prison release were more likely to make their follow-up appointment (90%) compared with those who did not (60%) (P < 0.001). In addition, patients making their follow-up appointment were also more likely to have VS at the time of reincarceration (86% vs. 10%, P < 0.001). Recidivist patients adherent to ART were less likely to experience decreases in mean CD4 count (P = 0.03) (Table 2). Subjects reporting a history of substance use were more likely not to re-engage in post-release HIV care (P = 0.001), but no difference was noted in patients with a documented psychiatric history (P = 0.2).

Conclusion. Patients failing to meet VS at the time of prison release should be targeted for more intensive re-entry medical and case management support to ensure adherence to follow-up and maintenance of immunologic function.

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1314. HOME CARE: Reaching Our Lost to Follow-up Patients and Overcoming Barriers to Care Utilizing Nontraditional Care Models
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Conclusion. Patients failing to meet VS at the time of prison release should be targeted for more intensive re-entry medical and case management support to ensure adherence to follow-up and maintenance of immunologic function.

Disclosures. All authors: No reported disclosures.
Background. Of the 11,098 people living with HIV in southeast Michigan, over 30% are out of care, with transportation being the most commonly identified barrier. To address this barrier and re-engage patients into care, we introduced an HIV home care program. The objective of this study was to describe the implementation of the home care program and document the outcomes of patients enrolled.

Methods. In 2016, WSNPC ID clinic saw 1990 patients and had additional 95 clients who were virally suppressed and lost to care for 12 months. We called all 95 of these clients and offered homecare. We also advertised our program internally, to the Detroit Public Health Departments’ Data to Care Program (Link up Detroit), and to community-based organizations. Referred patients were seen by a NP/MA team supervised by an infectious disease attending. HIV medical care delivered in home utilized same standards of care as for outpatient setting, including lab draws and counseling. Patients also had the ability to text/call provider directly on the program cell phone.

This project was funded as Part A Ryan White MA grant.

Results. Of the 95 clients out-of-care, 38 (40%) were unreachable, 41 (43%) were reachable and 16 (17%) did not qualify (relocation, incarcerated, deceased, in-care at the time of call). 5 (5%) enrolled in homecare and additional 29 patients were referred to our program. A total of 34 patients enrolled from September 20, 2017 to September 20, 2018. Among the 34 clients, mental health barriers were the most frequently reported (depression in 20, schizophrenia or bipolar in 7, anxiety in 23, and history of trauma in 11). Of the 34 clients, 24 have achieved virologic suppression at least once during their enrollment. Among the 26 clients with 6+ months of follow-up, 17 have achieved virologic suppression.

Conclusion. Homecare offers a new, innovative healthcare delivery system which is effective at achieving viral suppression in a challenging patient population and is a successful strategy to re-engage patients in care.

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1315. Food Insecurity and Viral Suppression in Human Immunodeficiency Virus Patients on Antiretroviral Treatment at an Urban Primary Care Practice

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Background. The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active and healthy life. A review of the literature indicates that there are only a few studies on food insecurity and people living with human immunodeficiency virus (HIV) in the United States, despite it being one of the most basic physiological needs. Here, we aimed to examine the association between food insecurity and viral load suppression in people with HIV on antiretroviral therapy (ART) at an HIV primary care practice.

Methods. This was a cross-sectional study conducted at an urban university hospital HIV primary care practice in Brooklyn, New York. It included patients seen during a six month period, from July 1 until December 31, 2018, that were found to have an unsuppressed viral load while reporting being on ART. We defined unsuppressed viral load as viral load >200 copies/ml. Food security was measured with the Household Food Security Access Scale (HFIAS), a questionnaire by USAID’s Food and Nutrition Technical Assistance Program, which has demonstrated cross-cultural validity. It categorized patients into four groups: food secure and mildly, moderately or severely food insecure. Patient were contacted in clinic during their appointment or by telephone survey.

Results. A total of 145 patients were found to have an unsuppressed viral load while on ART, with 54 patients (37%) reporting food insecurity. Based on HFIAS’s classification, 44 patients (30%) reported mild or moderate food insecurity, and 10 patients (7%) reported severe food insecurity. The study population demographics was 86% African American or black, 10% Hispanics and 2% of other race. Seventy-three patients (50%) also reported receiving benefits from New York’s Supplemental Nutrition Assistance Program.

Conclusion. Food insecurity can be associated with unsuppressed viral load and was found in over one-third of our study population, with half relying on food assistance. For patients, trauma was both a motivation for having children and a reason to stop on ART and medical care. For patients, trauma was both a motivation for having children and a reason to stop on ART and medical care.

Disclosures. All authors: No reported disclosures.

1316. Gathering Trauma Narratives: A Qualitative Study on the Impact of Traumas on People Living with HIV (PLWH)

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Background. Trauma—emotional, physical, and psychological—is common and associated with increased risk behaviors, low rates of care engagement and viral suppression, and overall poor health outcomes for people living with HIV (PLWH). In the United States, there are limited data on how trauma affects reproductive health beliefs for PLWH and even less data on HIV providers’ understanding and consideration of these experiences in their approach to patients.

Methods. Fifteen semi-structured interviews were conducted with PLWH and nine semi-structured interviews were conducted with HIV care and service providers at an academic medical center in the Southeastern United States. Transcripts were analyzed using thematic analysis. Each transcript was coded by two investigators and discussed to ensure consensus.

Results. Participants’ narratives described diverse traumas, including sexual abuse (n = 6), the loss of a loved one (n = 8), and personal illness (n = 7). Types of trauma shared with providers included physical, sexual, illness, loss, and psychological. For patients, trauma was both a motivation for having children and a reason to stop having children. Providers perceived a variety of effects of trauma on both sexual behaviors and reproductive intentions. Reproductive counseling by HIV care providers (n = 5) focused on maintaining a healthy pregnancy and less on reproductive intentions prior to pregnancy. Reproductive discussions with pregnant female patients typically centered on reducing the risk of transmission in utero (including the importance of medication adherence to maintain viral suppression), what will happen during delivery, and breastfeeding risks. Reproductive discussions with males typically centered on preventing infection or re-infection of the mother.

Conclusion. PLWH interpret their trauma experiences differently, particularly when considering reproduction. Providers may not incorporate this information in counseling around reproductive health, highlighting the need for trauma-informed healthcare practice that promotes awareness, education on the effect of past traumas on health, and access to appropriate resources.

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1317. Comparison of Access and Linkage to Care Among People Living with Human Immunodeficiency Virus When Enrolled in Florida AIDS Drug Assistance Program (ADAP)

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Background. The Southeast region of the United States contains nine out of the 10 states with the most severe endemic of poverty and HIV infection.1 The Florida AIDS Drug Assistance Program (FL ADAP) and Ryan White network are crucial for linkage to care services. Data from FL ADAP are available but seldom published; thus this study quantifies this program’s impact on Florida PLWH access and linkage to care.

Methods. Data were obtained from the Florida Cohort, an ongoing cross-sectional survey among health clinics across the State of Florida from 2015 to 2018. Chi-square and binomial multivariable logistic regression analyses correlated anti-retroviral therapy (ART) access and linkage to care stratified by insurance status (ADAP vs. non-ADAP), demographics, and sexual orientation.

Results. Of the total 934 PLWH, n = 418 (44.8%) self reported ADAP participation. Of these, 68.4% were male, 79.7% were non-Hispanic, and 55.5% were African American. FL ADAP participants did not significantly differ by race, ethnicity, marital or education status, transportation barriers, nor the actual number of missed appointments. However, ADAP participants were slightly more likely to have same-sex relationships [OR 1.41 (CI 1.07 to 1.86); p = 0.008]. Likewise, PLWH with a case manager were more likely to have ADAP [OR 2.04; (CI 1.32 to 3.17)]. However, ADAP enrollees were more likely to have ADAP participation among males more likely to have ADAP participation than females [OR 2.90; (CI 1.12 to 2.2); P = 0.002].

Conclusion. The Florida ADAP program is successful in providing ART access, facilitating linkage to care, and improving adherence through embedded case management services. However, more resources are needed to improve ART and medical appointment adherence as well as to decrease socioeconomic barriers to care.