Background. 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, WSNPG ID clinic saw 1,980 patients and had additional 95 clients who were virally unsuppressed and lost to care for 12 months. We called all 95 of these clients and offered home-care. 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.

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 re-view of the literature indicates that there are only 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 need. Here, we aimed to examine the associations 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 Insecurity 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, 14% Hispanics and 2% of other race. Seventy-three patients (50%) also reported receiving benefits from New York’s Supplemental Nutrition Assistance Program. Patient 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.

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 syndemic 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 is 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 were used. 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 1.05 to 1.91); P = 0.02]. Likewise, PLWH with a case manager were more likely to have a case manager [OR 1.20 (CI 1.00 to 1.44); P = 0.05]. ADAP enrollees were more likely to report barriers to care 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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achieving viral suppression are not well understood. The purpose of this study was to
highly prevalent among people living with HIV (PLWH). However, their impact on
Between Substance Use and Viral Suppression Among People Living with HIV

Table 2. Odds Ratio Estimates for AIDS Drug Assistance Program (ADAP) Enrollees compared to non-ADAP PLWH.

| Event                                      | Odds Ratio (95% Confidence Intervals) |
|--------------------------------------------|--------------------------------------|
| Sexuality                                  |                                      |
| Same Sex Preference                        | 1.42 (1.02-1.96)                     |
| Bisexual                                   | 2.06 (1.22-3.47)                     |
| Other                                      | 1.51 (0.36-6.36)                     |
| Views HIV medications to have positive effect |                                     |
| "somewhat"                                 | 1.86 (0.94-3.73)                     |
| "very positive"                            | 1.05 (0.57-1.92)                     |
| Has HIV case manager                       | 2.05 (1.32-3.17)                     |
| Takes Antiretroviral regimen as directed   |                                      |
| "rarely"                                   | 0.93 (0.18-4.86)                     |
| "Sometimes"                                | 0.16 (0.04-0.95)                     |

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1318. Examining Multimorbidity as a Moderating Effect on the Relationship Between Substance Use and Viral Suppression Among People Living with HIV Timoth N. Crawford, PhD, MPH; 1 Alice Thornton, MD; 2 Wright State University Boonshoft School of Medicine, Kettering, Ohio; University of Kentucky, Lexington, Kentucky

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Background. Substance use and multimorbidity (≥2 chronic conditions) are highly prevalent among people living with HIV (PLWH). However, their impact on achieving viral suppression are not well understood. The purpose of this study was to examine the relationship between substance use and viral suppression and the potential moderating effect of multimorbidity.

Methods. A retrospective cohort study was conducted at an academic Ryan White Funded clinic in central Kentucky. Individuals were included if they were diagnosed with HIV, seeking care between 2010 and 2014, and had at least one year of follow-up, and did not have a chronic condition at the time they entered care. The primary independent variable was substance use which included alcohol, nicotine use, and/or illicit drug use; the moderating variable was multimorbidity (0, 1, ≥2 chronic conditions); and outcome was viral suppression (≤50 copies/mL). A logistic regression model was developed to examine the interaction between substance use and multimorbidity on achieving viral load suppression. The model controlled for medication adherence, insurance status, age, and CD4+ cell counts.

Results. A total of 941 individuals were included in the study, with an average age of 43.9 ± 11.7 years. Approximately 67.0% reported substance use; 54% had ≥2 chronic conditions diagnosed. The three most prevalent conditions diagnosed were hypertension (34.6%), mental health (33.9%), and diabetes (21.5%). Approximately 61.0% of substance users had ≥2 conditions. Those with viral suppression were less likely to be substance users, but were more likely to have ≥2 conditions compared with their counterparts. There was a significant interaction between substance use and multimorbidity (P = 0.037). Stratified by multimorbidity, substance use was associated with unsuppressed viral loads; among those with ≥2 chronic conditions substance users had lower odds of viral suppression compared with nonusers (OR=0.24; 95% CI=0.10–0.55).

Conclusion. Substance use may impede the opportunity for PLWH to achieve viral suppression, increasing their risk of transmission and progression of disease. More research is needed to understand the role substance use plays in impacting viral load, specifically among those with multiple chronic conditions.

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