DESIGNING ONLINE HIV INFORMATION, TESTING AND CLINICAL CARE PATHWAYS TO ADDRESS USERS’ EXPECTATIONS AND EMOTIONS

Methods A prototype was developed following the eClinical Care Pathway Framework which consists of an interdisciplinary 9-step approach. A convenience sample of people (n=28, aged 25–60, 36% female, 57% MSM, ethnically-diverse, 6 people living with HIV) participated in semi-structured interviews and ‘think-aloud’ exercises exploring the following user journey using existing online and remote testing resources: contemplating testing—searching for information online—choosing how to test—ordering a test—experiences using HIV self-sampling/self-testing—receiving a result—engaging with care. The content and sequence of a paper prototype HIV online results service and negative/reactive pathways were cognitively tested. Findings informed the design of a software prototype which was iteratively developed with further user testing. Qualitative data were analysed thematically.

Results Existing HIV online and remote testing resources failed to 1) meet participants’ needs and expectations related to information provision/support and 2) address anxieties related to testing. Participants expressed strong emotions about the wording and sequence of text with negative/reactive pathways, and highlighted the need for the resource to provide a rationale for collecting sensitive data. Adjusting the way in which information was provided and reactive results were presented attenuated strong emotional reactions, and support linkage and engagement with care.

Disclosure No significant relationships.

GEOGRAPHICAL PROXIMITY AS BARRIER IN SEXUAL HEALTH CLINIC UTILIZATION, EVEN IN INFRASTRUCTURE RICH COUNTRIES

Background The greater Rotterdam area of the Netherlands consists of 15 municipalities. The sole center of sexual health (CSH) plays a crucial role in finding people unaware of their STI/HIV status. We investigated the association between CSH utilization and sociodemographic and geographical factors. The primary focus was on geographical proximity.

Methods We linked CSH consultation data from STI tested heterosexual clients to the population registry for the years 2015–2017. In this analysis, logistic regression was performed to investigate the importance of proximity. We stratified by age (15–24 and 25–44 years) and ethnicity, since CSH access policies may affect utilization. Proximity was operationalised as straight-line distance between centroid address of a 4-digit postal code and CSH address. Distance was divided into six categories: <10th percentile (<1.8 km), 10–25th percentile (1.8–2.9 km), 25–50th percentile (2.9–6.1 km), 50–75th percentile (6.1–9.9 km), 75–90th percentile (9.9–17.3 km) and >90th percentile (>17.3 km).

Results In total, 19,287 out of the 1.5 million inhabitants aged 15–44 utilized the CSH in the study period. Our data suggest that larger distance to the CSH is strongly associated with lower utilization. For instance, the odds ratios for utilization varied by ethnic group.

Disclosure No significant relationships.