Background As the Internet is increasingly becoming a platform for sexual health education, gay, bisexual and other men who have sex with men (GBM) are having greater interactions with online outreach workers. However, little is known about the content or their assessment of these interactions.

Methods Recruitment of GBM aged 14+ into the #iCrui9e study occurred across Ontario from 07/2017–01/2018 via socio-sexual websites/apps. Participants reported details about the interactions they had with online outreach workers including what health topics were discussed and gave an assessment of the interaction via Likert scale questions.

Results A total of 910 GBM who completed baseline cross-sectional data collection were eligible for this analysis. Half of participants (49%) reported being under age 30, 62% White, 65% gay-identified, 12% HIV-positive, 44% with some university education, and 12% living in rural areas. Among the sample, nearly 10% (9.7%, n=88/910) reported having ever interacted with an online outreach worker: of these, 37 (42%) reported one interaction, 38 (43%) reported 2–5 interactions, and 8 (9%) reported 6+ interactions; 5 (6%) unsure. Healthy sex (34%) and HIV/STI testing (e.g., where to get tested; 34%) were the most popular topics discussed, followed by HIV/STI prevention (27%), pre-exposure prophylaxis (PrEP) (19%), HIV sexually transmitted infection (STI) transmission risk (17%), HIV/STI treatment and care (13%), condoms (11%) and lube (11%). When rating the outreach interaction, GBM reported: it was easy to understand (92%), gay/bisexual friendly (88%), relevant to gay/bisexual guys (87%), ‘didn’t make me feel bad about myself’ (79%), applicable (72%), and the interaction had fully answered their question (74%). Over half of the participants reported the information was transgender friendly (56%) and relevant to trans guys (52%).

Conclusion A significant minority of GBM had interactions with online outreach that covered a range of health topics. These interactions were generally very positive and rated understandable, applicable, and inclusive.

Disclosure No significant relationships.

P313 THE ROLE OF TEMPORAL DISCOUNTING IN A CONDITIONAL CASH TRANSFER INTERVENTION TO IMPROVE ENGAGEMENT IN HIV-CARE

Background Understanding the mechanisms underlying health behaviors is crucial to optimize interventions to improve HIV-related outcomes. Temporal discounting (TD), the tendency to discount the value of future rewards relative to rewards received closer to the present, may lead to risky health behaviors. Conditional cash transfer (CCT) interventions were developed in part to mitigate these effects. Despite this, few studies assess the direct role of TD on the effect of CCT interventions on HIV treatment and prevention.

Methods Using data from a randomized controlled trial among 433 HIV-infected pregnant women in the Democratic Republic of Congo, we assessed three outcomes: 1) retention to HIV care, 2) uptake of services for the prevention of mother-to-child transmission (PMTCT), and 3) viral suppression at 6 weeks postpartum. We used a delay discounting task to measure TD at baseline. We hypothesized that if CCT works by mitigating the harmful effects of TD, we would observe a positive interactive effect on the additive scale between high TD and CCT. We specified linear binomial regression models