

#### O16.4 IMPACT OF DEFUNDING FAMILY PLANNING HEALTH CENTERS ON GONORRHEA AND CHLAMYDIA CASES IN IOWA: A LONGITUDINAL SPATIOTEMPORAL ANALYSIS OF 2000–2018

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10.1136/sextrans-2021-sti.143

**Background** Family planning health centers (FPHCs) provide low-income individuals in rural areas with essential primary care services, including STD prevention, testing, and treatment. Fifteen states have defunded FPHCs, causing thousands to be left without such services. This has accelerated in the COVID-19 era. We used a longitudinal analysis to examine the impact of FPHC closures in Iowa on gonorrhoea and chlamydia incidence at the county level.

**Methods** In 2017, Iowa defunded FPHCs, resulting in four clinic closures. This analysis uses Poisson regression for rates on gonorrhoea and chlamydia incidence data from 2000–2018 to investigate if clinic closures were associated with reported gonorrhoea and chlamydia cases. Newey-West standard errors are used to adjust for any time-related trends in STI incidence. Given the mid-year policy change, all data from 2017 was removed before running the Poisson regression model.

**Results** We examined 34,479 gonorrhoea and 169,660 chlamydia cases. Iowans had 1.99 (95% CI: 1.67, 2.37) times the rate of gonorrhoea after clinic closures compared to before closures. In 2018, people in counties with clinic closures were 1.71 (95% CI: 1.01, 2.90) times more likely to be diagnosed with gonorrhoea than residents in the counties without closures. Iowans had 1.05 (95% CI: 1.03, 1.07) times the rate of chlamydia after clinic closures compared to before closures. People in counties with closures were 1.37 (95% CI: 1.11, 1.69) times more likely to have chlamydia in 2018 as compared to those in counties without closures.

**Conclusions** Despite the fact that many STI diagnoses are made and reported by FPHCs, our data shows that reported gonorrhoea and chlamydia cases increased in the year following clinic closures. This is consistent with delayed diagnoses and missed opportunities for providing essential STI services to vulnerable and under-served rural residents. Legislative action is urgently needed to ensure essential STI services for all.

#### O16.5 YOUNG WOMEN RISING: CONNECTING YOUNG WOMEN LIVING WITH HIV IN THE UK

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10.1136/sextrans-2021-sti.144

**Background/Purpose** In the UK, young women living with HIV can fall into a gap between provision for adolescents living with HIV and services for those ageing with HIV. Consequently, they can become isolated and excluded from sources of knowledge and empowerment, with negative consequences for health and wellbeing. We aimed to create a new space for young women living with HIV to connect and develop the

skills to advocate for better HIV care for themselves and others.

**Approach** We developed Young Women Rising, an innovative weekend workshop targeted at UK women aged 18–27, held in January 2020. The workshop was designed and led by a young woman living with HIV and closely tailored to young women's needs. Topics covered included identity, advocacy, and sexual health. The workshop took a participatory approach, focussing on creative activities to explore challenging areas. It was designed to be inclusive and accessible to participants with different needs and abilities.

**Outcomes/Impact** Over 70% of workshop participants said they had not attended similar events before. Participants built new connections over the weekend, describing it as a place 'to bond and talk freely', that they 'left with new friends'. Moreover, 86% of participants reported feeling more empowered, with 57% recording improved self-confidence. After the workshop, many participants have stayed in-touch and expressed interest in leading sessions at future face-to-face events, when possible.

**Innovation/Significance** In the effective treatment era, achieving good quality-of-life among people living with HIV in the UK is a policy priority. The unique, tailored programme of Young Women Rising allowed young women living with HIV to build support networks, learn new health information and develop vital skills, all of which can reinforce wellbeing. As a result, Young Women Rising is an important template for engagement with young women living with HIV focusing on support and empowerment.

#### O16.6 WHICH PSYCHOSOCIAL INTERVENTIONS IMPROVE SEX WORKER WELLBEING? A SYSTEMATIC REVIEW OF EVIDENCE FROM RESOURCE RICH COUNTRIES

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10.1136/sextrans-2021-sti.145

**Background** Sex worker support has traditionally taken a narrow disease prevention focus within sexual health. However, the stigma, labour and complex routes within sex work places unique demands on the coping resources of sex workers highlighting additional wellbeing needs. The aim of this systematic review is to establish the state of the evidence-base around psychosocial interventions that support sex worker wellbeing in order to inform healthcare policy and practice within a resource rich geographical context.

**Methods** Published and unpublished studies were identified through electronic databases (PsychINFO, CINHAL PLUS, MEDLINE, EMBASE, The Cochrane Library and Open Grey), hand searching and contacting relevant organisations and experts in the field. Studies were included if they were conducted in high income settings with sex workers or people engaging in exchange or transactional sex; evaluated the effect of a psychosocial intervention with validated psychological or wellbeing measures or through qualitative evaluation.

**Results** 19,202 studies were identified of which 10 studies met the eligibility criteria. The heterogeneity found dictated a narrative synthesis across studies. Overall, there was very little evidence of good quality to make clear evidence-based recommendations. Despite methodological limitations, current evidence suggests that peer health initiatives improve wellbeing in female street-based sex workers. Use of Ecological