016.4 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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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 gonorrhea 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 gonorrhea and chlamydia incidence data from 2000–2018 to investigate if clinic closures were associated with reported gonorrhea 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 gonorrhea and 169,660 chlamydia cases. Iowans had 1.99 (95% CI: 1.67, 2.37) times the rate of gonorrhea 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 gonorrhea 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 gonorrhea 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.

016.5 YOUNG WOMEN RISING: CONNECTING YOUNG WOMEN LIVING WITH HIV IN THE UK

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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.

016.6 WHICH PSYCHOSOCIAL INTERVENTIONS IMPROVE SEX WORKER WELLBEING? A SYSTEMATIC REVIEW OF EVIDENCE FROM RESOURCE RICH COUNTRIES

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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, CINAHL 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

Momentary Assessment (EMA) increases self-esteem and behaviour change intentions.

Conclusion An identifiable gap exists in the evidence-base for the effectiveness of psychosocial interventions to support the wellbeing of sex workers. Available studies are weak in their design and lack generalisability beyond female street-based sex workers. Future intervention and research should better represent the diversity of workers and types of work within the sex industry. Sex workers should be engaged in the design of interventions/research in a 'by and with' rather than 'to and for' approach so that findings adequately address and respond to their actual needs.

Health care services

017.1 WHAT MAKES SENSE? STRATEGICAL USE OF EHEALTH TECHNOLOGY TO STIMULATE SELF-CARE IN PUBLIC SEXUAL HEALTH CARE

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Background The 24 Sexual Health Clinics (SHCs) at the municipal public health centres covering The Netherlands provide sexual health care for key-populations and provide about 150.000 consultations annually. Adolescents 12–25 years can anonymously contact the SHCs free-of-charge for personal consultations on sexual health subjects including STI-testing. However financial restrictions result in prolonged waiting times. Moreover, specific high-incidence populations (e.g. multicultural, low SES) are insufficiently reached. The SHCs and the national sexual health institutes developed and implemented eHealth interventions to increase the accessibility and efficiency of sexual health services and to stimulate self-care.

Approach A stepped care model (SCM) approach was used to reshape Dutch public sexual health care for young people (www.sense.info). Important principle is that clients do not receive more care than is necessary. Not all clients need the same type – or level – of care: some may be helped by a online self-assessment tool in combination with a home STI testing package, others need (immediate) support by a health professional.

Outcomes/Impact The SCM approach leads to a re-organization of public sexual health care in the Netherlands for young people. The steps in the cascade refer to different types of consultations: on- and off-line, including, video-consultations and referral to (commercial) self-testing. The SCM increased the accessibility of the health system by allocating the scarce capacity of medical professionals to those who really need it and stimulated eHealth support and self-care by others.

Innovation and Significance The SCM approach proves to decrease fragmentation of sexual youth services and eHealth solutions by offering one nationwide online sexual health platform. This increases the findability of the information, and greatly enhances efficiency. It promotes self-care and relieves the workload of public health care professionals. This systematic, efficient and blended approach provides a sound basis for cooperation between SHCs and national institutes and enables developing a strategical agenda for innovations and eHealth solutions.

017.2 EXPLORING FREDDIE: LESSONS FROM A NOVEL VIRTUAL HIV PREP CARE MODEL IN CANADA

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Background/Purpose To combat the HIV Epidemic, the concept of pre-exposure prophylaxis (PrEP) has gained considerable traction since demonstrating efficacy in 2012 and approval in Canada in 2016. Unfortunately, this HIV prevention method has not been ubiquitously taken up by those most at risk for many reasons, including difficulty in accessing care. Innovation, and necessity during the COVID pandemic, has increased the use of technology with new care models providing 100% of PrEP care virtually.

Approach This presentation will focus on the impacts and early findings of Freddie, a novel and entirely virtual PrEP care model in Canada focused on gender and sexual minority communities. This online health program connects those most at risk of HIV transmission with affirming prescribers across multiple provinces to break down physical and social barriers to PrEP initiation and ongoing use.

Outcomes/Impact Freddie has reached the benchmark of 1,000 patients in Canada, the majority of which have never been on PrEP before, representing a quick uptake in virtual PrEP services in Canada. The observations made thus far affirm theories that inclusive virtual care models can lead to increased access to STBBI prevention methods.

Innovation and Significance Presenters will discuss the innovative components of Freddie's virtual care model, explore findings as they relate to PrEP uptake and initiation by speaking to its initial successes and challenges, as well as how it addresses PrEP access barriers in Canada. This includes Freddie's focus on LGBTQ2S+ Canadians who are known to be at higher risk of HIV and historically have faced extraordinary barriers accessing sexual health care in inclusive settings. The intervention explored in this presentation continues to address such barriers through an innovative and accessible care model.

017.3 MAINTAINING SERVICES, RESPONDING TO NEED: THE KINGSTON (ONTARIO) QUICK TEST CLINIC

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Background In early 2020, routine STI clinical services ground to a halt across Canada as a result of COVID-19 shutdowns, yet the need for STI screening, testing, and treatment continued unabated. We report on an innovative model for maintaining high-volume, low-barrier STI services during the pandemic.

Approach The Quick Test Clinic was established in June, 2020 by Kingston, Frontenac and Lennox & Addington (KFL&A) Public Health to facilitate nucleic acid amplification testing (NAAT) for gonorrhea (GC) and chlamydia (CT). Operating two half-days per week, the clinic invited clients to complete an intake form and submit a self-collected urine or swab specimen [rectal, meatal, vaginal, pharyngeal] without seeing a healthcare provider. Results were communicated by