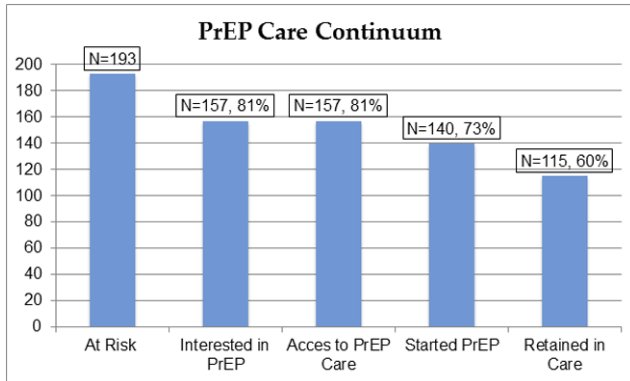
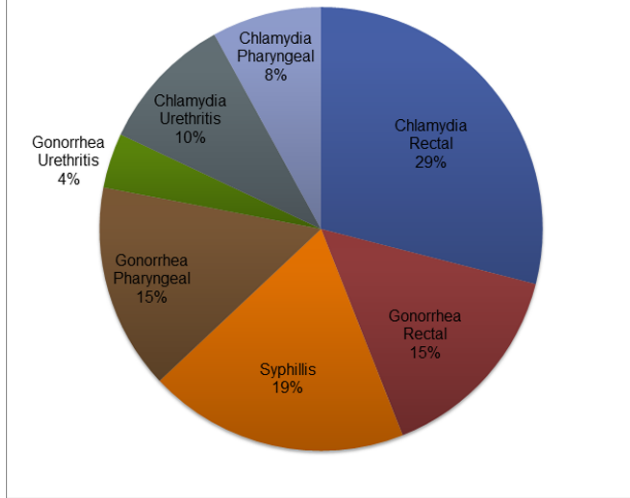


### Sexually Transmitted Infections by Site among PrEP Patients, 2018-2019



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#### 1275. Factors Associated with Patient-Provider Discussions about Preexposure Prophylaxis Among Young Men Who Have Sex with Men in Washington, DC

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**Background.** The CDC estimates that 1.2 million people in the United States are eligible for HIV pre-exposure prophylaxis (PrEP). However, only about 120,000 people have received PrEP prescriptions through 2017. Healthcare providers' (HCP) willingness to engage patients in discussions regarding sexual health, including PrEP, is integral to increasing PrEP uptake in the United States. Our objective was to identify factors associated with patients having discussions about PrEP with their HCP.

**Methods.** Men who have sex with men (MSM) aged 16–25 in the Washington, DC metro area recruited from the community completed a web-based survey in 2016 about their perceptions of and experiences with PrEP. We used multivariable logistic regression to calculate adjusted odds ratios (aOR) for associations between socio-demographic characteristics (including: age, race/ethnicity, insurance, student/employment status, education, income, living arrangements, social support, depressive symptoms) and patient-provider discussions, including willingness to have or ever having a discussion about PrEP.

**Results.** Among 239 MSM, 51% were Black, 25% were White, and 16% were Hispanic. 154 participants (65%) were willing to ask a HCP about PrEP without their HCP bringing it up. 159 participants (67%) reported that a HCP had never talked to them about PrEP, although 100 of the 159 (63%) expressed interest in discussing PrEP with a HCP. Participants aged <21 were less willing to ask a HCP about PrEP (aOR:

0.49, 95% CI 0.28–0.85) and insured participants were more willing to ask their HCP about PrEP (aOR: 3.64, 95% CI 1.42–9.33). In multivariable analyses, no socio-demographic characteristics were associated with having talked to a HCP about PrEP, and among those who had never talked to a HCP about PrEP, no characteristics were associated with wanting to do so.

**Conclusion.** There is a need to increase PrEP uptake in populations at high risk for HIV exposure. While MSM >21 and those with health insurance were more willing to ask their HCP about PrEP, there were no other differences across multiple demographic groups. Our study suggests that a wide PrEP engagement strategy that encourages HCPs to address PrEP with their patients regardless of their demographics would be beneficial to increase PrEP uptake.

Table 1. Sociodemographic characteristics of young men who have sex with men in Washington, DC (n=239)

	n (%)
Age, years	mean=21.6; SD=2.4
16-20	85 (35.5)
21-25	154 (64.5)
Race/Ethnicity	
Hispanic/Latino	39 (16.5)
Non-Hispanic Black	121 (51.1)
Non-Hispanic White	59 (24.9)
Other/Unknown	18 (7.6)
High school education or less	57 (23.9)
Household income <\$40,000	106 (52.5)
Student	144 (60.3)
Currently employed	172 (72.0)
Has health insurance	218 (91.2)
Does not live with parents	143 (59.8)
Has high depressive symptoms	144 (60.3)
Has low social support	28 (11.7)
Had condomless anal sex with a man	38 (15.9)

Table 2. Correlates of being willing to ask a medical provider about PrEP without him/her bringing it up (n=239)

	OR (95% CI)	aOR (95% CI)
<21 (vs 21+)	0.52 (0.30-0.90)	0.49 (0.28-0.85)
Black (vs. non-Black)	0.85 (0.50-1.46)	†
Hispanic/Latino (vs. non-Hispanic/Latino) <sup>1</sup>	0.86 (0.43-1.75)	†
High school/vocational school or less (vs. some college or higher)	0.80 (0.43-1.48)	†
<\$40k (vs. >\$40k) <sup>2</sup>	0.89 (0.50-1.60)	†
Student	0.89 (0.52-1.53)	†
Currently employed	1.13 (0.63-2.03)	†
Has health insurance	3.34 (1.33-8.43)	3.64 (1.42-9.33)
Doesn't live with parents	1.30 (0.76-2.24)	†
Has depressive symptoms	1.21 (0.70-2.07)	†
Has low social support	0.82 (0.37-1.85)	†
Had condomless anal sex with a man	1.41 (0.66-3.01)	†

Bold text indicates p<0.05. <sup>1</sup>2 observations were missing. <sup>2</sup>37 observations were missing. † not included in the multivariable model because p>0.10 in manual stepwise regression modeling.

Table 3. Correlates of ever talking with a medical provider about PrEP (n=239)

	OR (95% CI)	aOR (95% CI)
<21 (vs 21+)	0.60 (0.34-1.09)	0.70 (0.38-1.29)
Black (vs. non-Black)	0.58 (0.34-1.00)	0.71 (0.40-1.28)
Hispanic (vs. non-Hispanic)	1.02 (0.49-2.11)	†
High school/vocational school or less (vs. some college or higher)	0.68 (0.35-1.31)	†
<\$40k (vs. >\$40k) <sup>1</sup>	0.86 (0.48-1.54)	†
Student	0.71 (0.41-1.22)	†
Currently employed	1.02 (0.56-1.87)	†
Has health insurance	0.64 (0.26-1.58)	†
Doesn't live with parents	2.02 (1.13-3.59)	1.64 (0.87-3.08)
Has depressive symptoms	1.04 (0.60-1.81)	†
Has low social support	0.64 (0.26-1.57)	†
Had condomless anal sex with a man	1.06 (0.51-2.20)	†

Bold values indicate p<0.05. <sup>1</sup>25 observations missing. † not included in the multivariable model because p>0.10 in manual stepwise regression modeling.

Table 4. Correlates of wanting to talk with a medical provider about PrEP, among those who have never talked to a medical provider about PrEP (n=159)

	OR (95% CI)	aOR (95% CI)
<21 (vs 21+)	0.64 (0.33-1.23)	†
Black (vs. non-Black)	0.56 (0.29-1.09)	0.65 (0.31-1.38)
Hispanic (vs. non-Hispanic)	3.93 (1.28-12.04)	2.75 (0.84-9.04)
High school/vocational school or less (vs. some college or higher)	1.19 (0.57-2.50)	†
<\$40k (vs. >\$40k) <sup>1</sup>	0.84 (0.41-1.73)	†
Student	0.56 (0.28-1.11)	0.60 (0.29-1.27)
Currently employed	1.99 (0.99-4.02)	1.55 (0.72-3.32)
Has health insurance	0.84 (0.24-2.91)	†
Doesn't live with parents	1.03 (0.54-1.97)	†
Has depressive symptoms	1.44 (0.75-2.76)	†
Has low social support	1.56 (0.57-4.27)	†
Had condomless anal sex with a man	2.70 (0.96-7.63)	2.54 (0.86-7.47)

Bold values indicate p<0.05. <sup>1</sup>25 observations missing. † not included in the multivariable model because p>0.10 in manual stepwise regression modeling. This analysis excludes participants who have ever talked to a medical provider about PrEP.

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