

management. We conducted a two-part study using a user-centered design framework to develop PlusCare - a novel mobile application (app) system to support case management of YLH.

Methods: YLH between the ages of 13-25 years old and health professionals who perform case management duties with this HIV+ population (CMs) were recruited from clinics at two hospitals serving the metro Boston area. We conducted semi-structured interviews with YLH and CMs to identify barriers and facilitators to the implementation of PlusCare, pinpoint areas to further develop the system, and promote its generalizability across a variety of settings. The interviews were audio-recorded, transcribed, and thematically coded. The qualitative feedback collected was used to enhance the PlusCare app system. Usability testing of the PlusCare prototype was conducted with different YLH and CMs to evaluate user acceptance before live deployment. Participants completed a list of tasks in the app and researchers measured task efficiency and effectiveness. The System Usability Scale (SUS) was used to assess overall user satisfaction.

Results: Semi-structured, one-on-one interviews were conducted with YLH (N=10) and CMs (N=5). Themes from qualitative interviews revealed most YLH and CMs would find an app helpful if it could support medication and appointment adherence and reduce in-person clinic visits required of YLH for healthcare-related administrative tasks (e.g. document signing). YLH reported privacy as their biggest concern in using the app. YLH (N=5) and CMs (N=6) reported above average usability with SUS scores of 82.5 (SD=21.1) and 82.1 (SD=15.8), for YLH and CM interfaces, respectively. These scores exceed the industry standard of an SUS score of 68. Users identified document management, a list of resources available to patients, and HIPAA-compliant lab result sharing as especially helpful app features. YLH completed 10 tasks on the app; managing documents, adding a new care contact, and updating a patient's personal information were identified as most challenging. Of the 13 tasks completed by CMs, the most challenging tasks included registering a patient and confirming a patient viewed their lab results.

Conclusions: Findings from this usability study support the design of PlusCare in addressing challenges reported by YLH and CMs such as medication and appointment adherence through SMS and in-app reminders and managing administrative tasks through document management. Further studies are underway to determine how PlusCare affects HIV medical management and health outcomes in real-world clinical settings.

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SEXUALLY TRANSMITTED INFECTIONS: RISK HAS NO SEXUAL ORIENTATION! A NATIONAL STUDY AMONG YOUNG ADULTS IN SWITZERLAND

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Purpose: To assess the characteristics of young adults who reported a history of sexually transmitted infection (STI).

Methods: Data were drawn from the Swiss national survey on youth sexual behavior carried out in 2017. Out of 5175 participants (49.0%

males; mean age 26.3) who completed the questionnaire, 5049 (97.6%; 48.8% females; mean age 26.3) answered the question on STI history ("Has a doctor or other health professional ever diagnosed you with (a) genital infection(s)?"). Participants were divided into two categories: YES (9.7%, n=491) and NO (90.2%; n=4558). A list of the most frequent STIs was then offered. We compared groups on sociodemographic data, current mental health (poor/good), sexual orientation (heterosexual/non-heterosexual), alcohol misuse and cannabis use (last 30 days), number of lifetime sexual partners, age at first sexual contact, having ever experienced casual sex and sexual intercourse while intoxicated (yes/no). We first ran a bivariate analysis and all significant variables (p<.05) were included in a logistic regression using the NO group as the reference category. Results are presented as odds ratios (OR).

Results: Overall, 9.7% of participants reported a STI history, with females (n=328; 13.3%) reporting significantly more frequently than males (n=163; 6.3%). Chlamydia and genital warts/papillomavirus were the most reported STIs for both gender, respectively 38.3% and 33.8% for females and 44.9% and 25.6% for males. At the bivariate level, STI history was associated with female gender, urban residence, poorer mental health, non-heterosexual orientation, alcohol misuse and cannabis use, higher number of lifetime sexual partners, earlier age at first sexual contact, and having ever experienced casual sex and sex while intoxicated. No associations were found for age, education, socioeconomic status or place of birth. At the multivariate level, participants in the YES group were more likely to be female (OR 2.24), to report a non-heterosexual orientation (OR 1.70), to live in a urban area (OR 1.42), to have had more than 4 sexual partners in their lifetime (OR 5.76), to have started their sexual life earlier (OR 0.95), and to have had sexual intercourse while intoxicated (OR 1.36).

Conclusions: Almost 10% of our sample reported a STI history, with the prevalence among females being twice on the one among males. The fact that males are rarely screened (contrarily to females in gynecology) may explain part of this difference in STI history report and emphasizes the need for regular screening among young adult males. Our results indicate that STI history occurs mainly among females with a non-exclusively heterosexual orientation. This result is important for public health. If prevention messages and research often focus on non-heterosexual males for HIV and STIs, lesbian and bisexual females are often forgotten. This strategy may risk conveying misconceptions about the exposure of this population to STIs, especially those who have sexual partners of both gender. Overall, prevention efforts must continue to educate youth about risky situations such as substance use and the need for regular screening.

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REACHING AND RECRUITING YOUNG BLACK AND LATINO MSM: UNDERSTANDING EFFECTIVE SOCIAL MEDIA CAMPAIGNS FOR YOUTH-FOCUSED RESEARCH

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Purpose: Reaching sexual and gender minority (SGM) adolescents and young adults (AYA) via social media is crucial to the success of interventions in order to reach those who may not access services or be "out" at collaborating agencies or in the community. The PUSH