PrEP and nPEP: Development of a Statewide Strategic Plan to Guide Implementation

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AGENDA

1. Project Overview
   a. Focus on Stakeholders:
      • Community
      • Medical Providers
   b. Education, Access, and Marketing

2. Who needs to be at the table? What are our gaps?
   a. Identify key stakeholders and communities
   b. Identify gaps and barriers
AGENDA

3. How will we get there?

a. Strategies used:
   - Information & data gathering
   - Identifying existing resources
   - Developing communications matrix
   - Calls and webinars
   - Stakeholder’s Consultation
AGENDA

4. What do we need to consider?
a. Policy & economic implications
b. Community perspectives
c. Medical & provider perspectives
d. Public health perspectives
e. Program Implementation
AGENDA

5. Next Steps
   a. Education & training
   b. Addressing barriers to access
   c. Marketing & messaging

6. Q & A
OBJECTIVES

Participants will learn from the *process* and specific *strategies* that are leading to the development of a strategic plan for guiding implementation of PrEP/nPEP in Florida.
PROJECT OVERVIEW

a. Focus on Stakeholders:
   • Community
   • Medical Providers
b. Education, Access, and Marketing
WHO NEEDS TO BE INVOLVED?

Who needs to be at the table?

- Identify key stakeholders and communities
WHAT ARE OUR GAPS?

What are our gaps?

- Identify gaps and barriers
HOW WILL WE GET THERE?

How will we get there?

a. Strategies used:
   - Information & data gathering
   - Identifying existing resources
   - Developing communications matrix
   - Calls and webinars
   - Stakeholder’s Consultation
Knowledge, Attitudes, and Likelihood of Pre-Exposure Prophylaxis (PrEP) Use Among US Women at Risk of Acquiring HIV

Judith D. Auerbach, PhD, Suzanne Khinskey, MPH, Gina Brown, MSW, and Vignetta Charles, PhD

Abstract

Although the Food and Drug Administration (FDA) approved oral Truvada for pre-exposure prophylaxis (PrEP) for women at risk of HIV infection in the US in July 2012, and the Centers for Disease Control and Prevention (CDC) issued guidance for clinicians to provide PrEP to women “at substantial risk of HIV acquisition” in May 2014, there remain no clinical trial data on efficacy among US women, and there is a dearth of research on knowledge, attitudes, and likelihood of use of PrEP among them. We conducted a qualitative focus group (FG) study with 144 at-risk women in six US cities between July and September 2013, including locations in the Southern US, where HIV infections among women are most prevalent. FG questions elicited awareness of PrEP, attitudes about administration and uptake, and barriers to and facilitators of use. Women expressed anger at the fact that they had not heard of PrEP prior to the study, but once informed most found it attractive. PrEP was seen as additional, not substitute protection to condoms, and participants suggested several dissemination strategies to meet the diverse needs of women. Key barriers to PrEP uptake included distrust of the medical system, stigma, and cost. Findings suggest that US women view PrEP as an important prevention option, assuming side effects and the cost to the consumer are minimal, the efficacy of the drug is reasonable, and PrEP is delivered by trusted providers in trusted venues.

Introduction

A PROXIMATELY ONE-QUARTER OF ALL PEOPLE LIVING with HIV in the US are women, and women accounted for 20% of new HIV infections and 25% of new AIDS diagnoses in 2011. The vast majority (94%) of HIV infections among women are attributed to heterosexual sex. Although the overall rate of new infections among women in the US has declined, there exist significant racial and ethnic disparities. Black women account for nearly two-thirds (64%) of new infections among women, though they represent only 13% of the American population. In 2010, the rate of new infections among black/African American women was 20 times that of white women and the rate among Hispanic/Latina women was 4 times that of white women. Young women, including those of reproductive age, are significantly affected: nearly one-third of new infections (33%) among women occur among those aged 15–44.
STRATEGIES

Identifying existing resources
STRATEGIES

Developing communications matrix
STRATEGIES

Calls and Webinars
PrEP/nPEP RESOURCES

Florida Stakeholder's Consultation
Pre-Exposure Prophylaxis (PrEP) and Non-Occupational Post-Exposure Prophylaxis (nPEP)
Resources and Materials

Policy and Guidance
- HRC PrEP Documents
- Policy Focus PrEP Fenway Institute
- PrEP Clinical Practice Guidelines, USPHS CDC 2014
- PrEP Clinical Providers Supplement: USPHS CDC 2014
- PrEP Financing Report
- PrEP Guidance NYSDH AIDS Institute 2014
- PrEP HD Grantee Guidance (PS12-1201)/CDC 2012
- PrEP Implementation Strategies Document
- PrEP Policy and Guidance CDC DHHS
- PrEP US Policy Perspectives Leftowitz et al AJPH

Journal Articles
- AHA/AMA-HIV Specialist PrEP Addition
- AMICO AIDS Behavioral Adherence
- AMICO Nexxt Step Counseling RIPR EX-1
- AMICO Street PrEP Adherence
- HIV Risk Self-Perception MSM PrEP Candidate, J LGBT Health
- Knowledge, Attitudes, PrEP, NYC MSM Mantel et al, J LGBT Health 2014
- PrEP Adherence Interventions, BHQ 2014
- PrEP Ethical Implementation MSM J LGBT Health 2015
- PrEP for Adolescents, Clinician Attitudes, JAIDS for Care 2015
- PrEP Uptake Slow Among MSM, Lanned 2014
- PrEP US Sero-discordant Het. Couples, Opportunities, Challenges

Implementation and Support
- HIV/AIDS Care - Dx Codes AETC-NCCC
- Patient Access Networks (PAN) Foundation

PrEP Media Marketing Fact Sheets
- CDC PrEP Fact Sheet May 2014
- PEP PrEP Final Jan 2015
- PrEP and Difficult Doctors - Project Inform
- PrEP Facts NASTAD Dec 2014
- PrEP Protection Fenway Institute
- PEP/PrEP Pocket Card Final FCAETC.org
STRATEGIES

Florida Stakeholder’s Consultation
WHAT DO WE NEED TO CONSIDER?

a. Policy & economic implications
b. Community engagement/perspectives
c. Medical & provider perspectives
d. Public health perspectives
e. Program Implementation
POLICY CONSIDERATIONS

Policy, political, and economic

i. How do you find them?
ii. What are they?
iii. Who do you need to help you remove barriers?

Meeting with legislators and decision makers

i. What data to have
ii. What & who do you bring to the meetings
COMMUNITY ENGAGEMENT

Which communities need to be engaged...public/private, medical/clinical providers, EDs, STD Tx providers, DIS, CBOs/ASOs, Family planning orgs, HIV-at-high-risks?

What steps need to be implemented to ensure successful, meaningful engagement?
What are the specific, relevant medical/clinical issues which need to be addressed in order to implement successful PrEP/nPEP programs?
PUBLIC HEALTH PERSPECTIVE

What can public health officials offer to the process?

Suggestions how to “leverage” existing programs, contracts, staffing and resources to include PrEP or nPEP education, outreach, and marketing.

Who are the gatekeepers for access?
PROGRAM IMPLEMENTATION

What specific programs should be implemented—locally, regionally, statewide? Should they be prioritized? If so, how? What are the associated funding concerns for these programs? How might these concerns be addressed?
5. Next Steps
   a. Education & training
   b. Addressing barriers to access
   c. Marketing & messaging

6. Q & A
EDUCATION & TRAINING

• Identifying or creating educational materials and tools for nPEP and PrEP for providers and consumers
• Training of CBO staff, clinic staff, and healthcare providers in provision of nPEP and PrEP for HIV prevention
• Increasing awareness of MSM of color of PrEP and nPEP for HIV prevention
ADDRESSING BARRIERS TO ACCESS

• Prioritize assistance to FQHCs, CHCs serving low-income, un/under-insured patients
• Policy work to support programs e.g., FCPN, local HDs, regional consortia, Division of Disease Control Council
• Partnerships with local pharmacies
• Needs assessments:
  o Leverage Px funding for evaluative activities
  o Inform advocacy organizations of findings
MARKETING & MESSAGING

• Dedicated staff to oversee planning/implementation
• Leverage supportive funding
• Targeted PrEP/nPEP media to/at high-risk communities
• Identify, document and share “best practices”
Q & A/Discussion
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