

A Tale of Two Models

Outcomes of PrEP Navigation Performed by Community-Based Organization Staff
in CBO Settings and Embedded in Sexual Health Clinics

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Background: Project PrIDE in NYC



- In NYC, PrEP uptake has been increasing in recent years¹
- Disparities in PrEP initiation and uptake persist among racial/ethnic minorities²
- To address these disparities, NYC Health Department participated in Project PrIDE to support prevention navigation services for key priority populations: Black and Latino men who have sex with men (MSM) and transgender persons
- Leveraging:
 - NYC's PlaySure Network
 - NYC's comprehensive approach to increasing PrEP supply/demand

¹ Salcuni et al., *IDWeek* 2017.

² Sullivan et al., *Ann Epidemiol*. 2018.

PrIDE Navigation Services in the Sexual Health Clinics (SHCs) and Community-Based Organizations (CBOs)

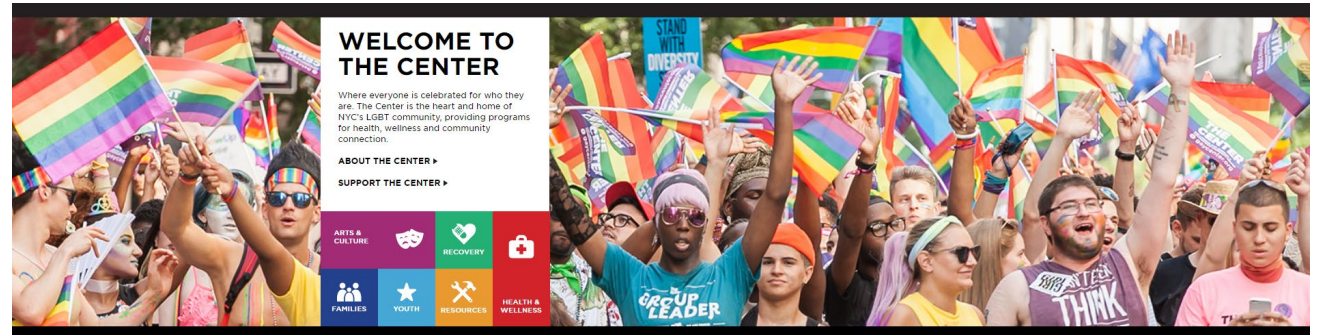
NYC Health Department contracted with 2 CBOs to provide services in 2 settings:

- Sexual Health Clinics
 - CBO-employed staff embedded in SHCs to provide HIV prevention navigation and linkage services
- Community-Based Settings
 - CBO staff working in community settings and at home office to provide outreach, support services, and HIV prevention navigation to increase awareness and access to PrEP



CBO Provider Agencies

- Well established in the community with extensive outreach experience reaching thousands of clients
- Provide outreach and navigation services
- 7 program sites across Manhattan and the Bronx



NYC Sexual Health Clinics

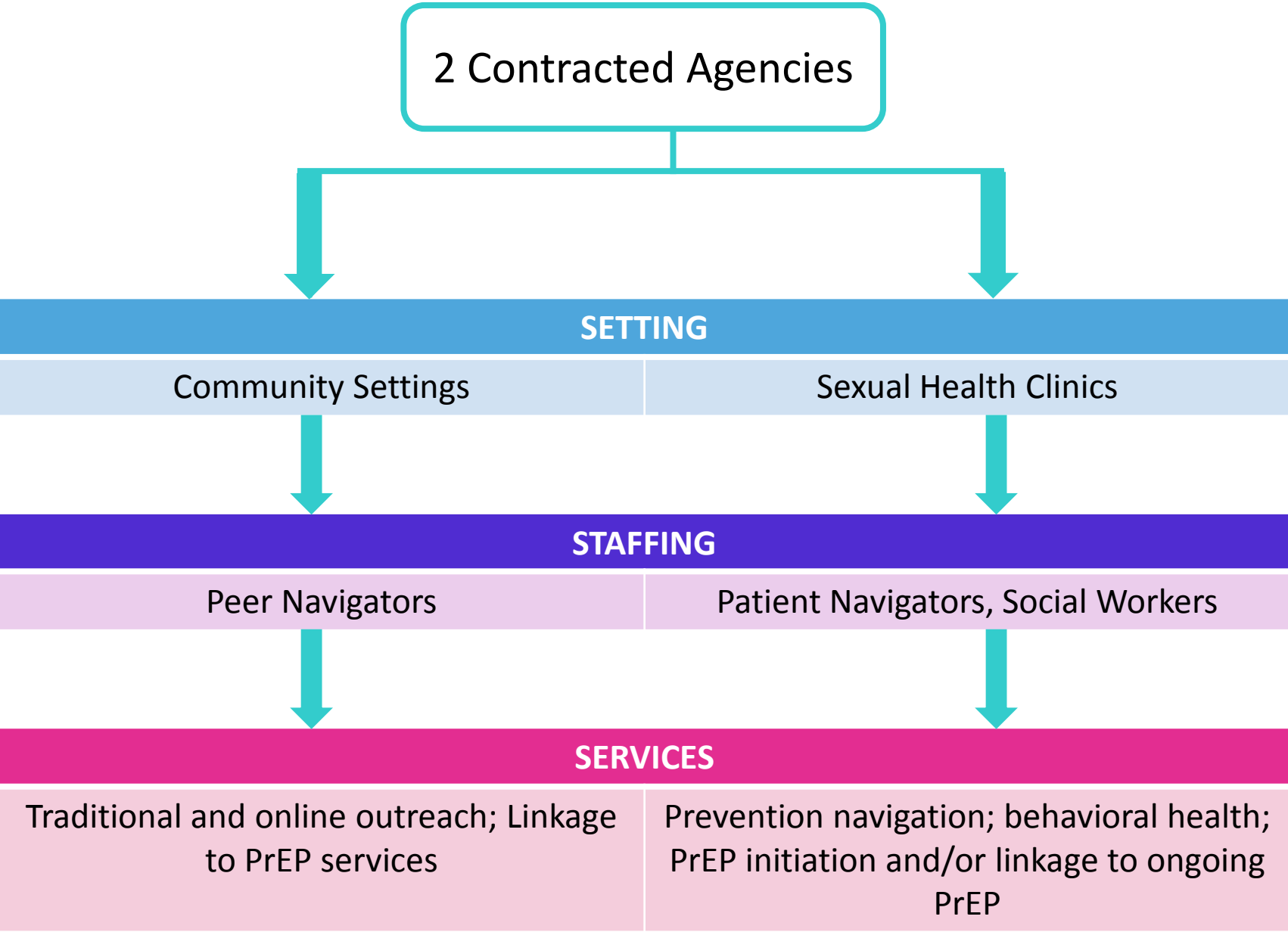
- Safety net providers serving vulnerable populations, including Black and Latino MSM and transgender persons
- Over 70, 000 patient visits!
- Services available regardless of ability to pay
- PrIDE-funded staff placed in 4 of 8 SHCs
 - 4/20 navigators PrIDE-funded; 4/10 social workers PrIDE-funded.



Objectives

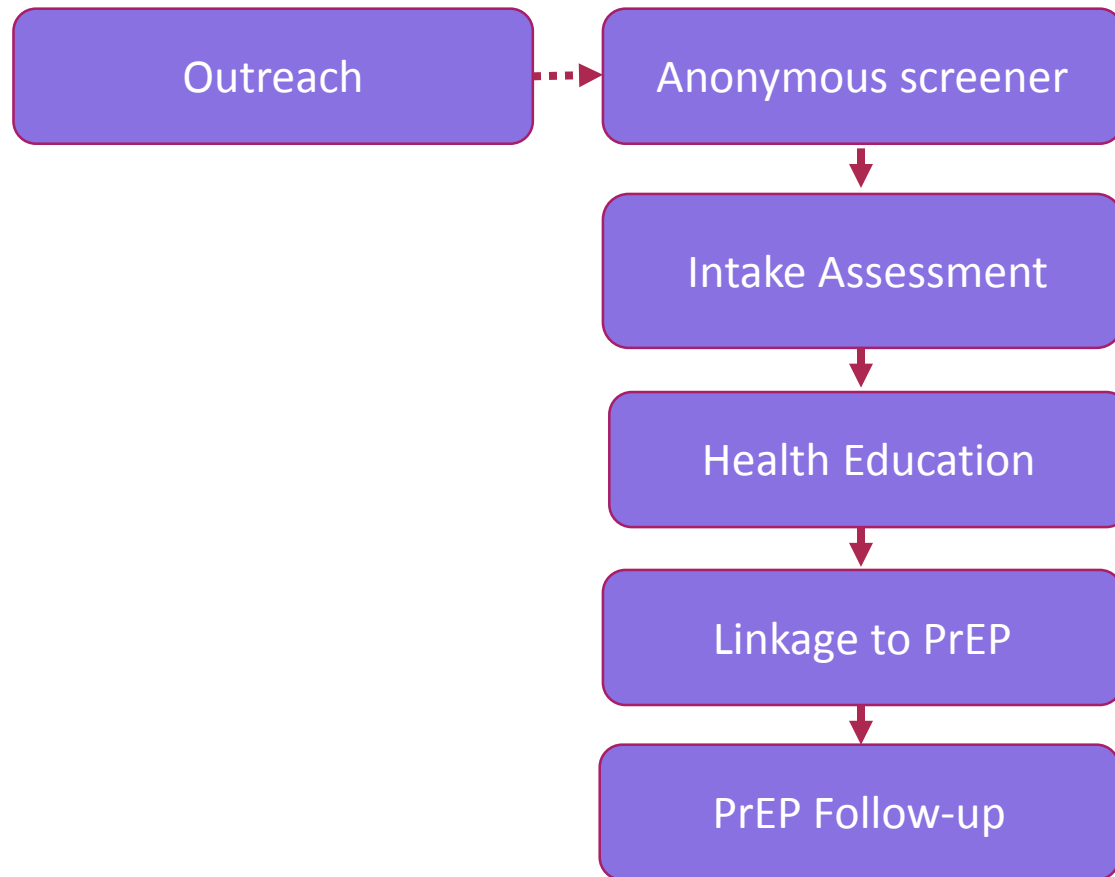
- Describe 2 prevention navigation models implemented by 2 CBOs in both SHCs and community settings
- Describe the PrEP continuum among Black and Latino MSM and transgender persons



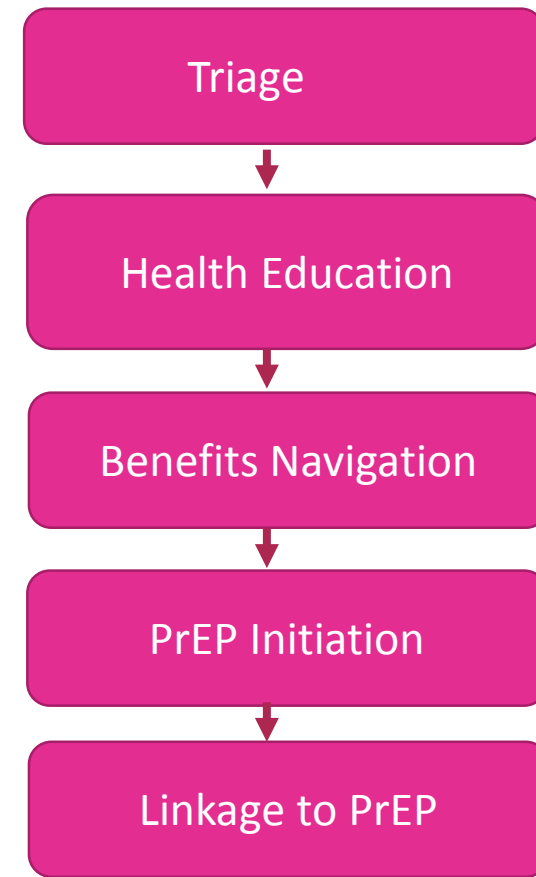


PrEP Navigation Flow: 2 Models

Community Settings



Sexual Health Clinics



METHODS

METHODS

- Priority populations
 - Black and Latino MSM
 - Transgender persons
- Data sources
 - Community settings: Health Department contract-monitoring tool; monthly data entry requirement
 - Sexual Health Clinics: electronic medical record; real time data entry

METHODS

- Timeframe
 - Community Settings: April, 2017 through September, 2018
 - SHC
 - Clinic visit dates: May, 2017- September, 2018
 - Linkage measured through December, 2018
 - PrEP initiation not available at all clinics during measurement period, but navigation available
- Analytic sample:
 - Community settings: all clients seen by PrIDE-funded navigators
 - Sexual Health Clinic: subset of all patients who visited clinics
 - Limited to clients seen by PrIDE-funded navigation staff

Continuum: Definitions

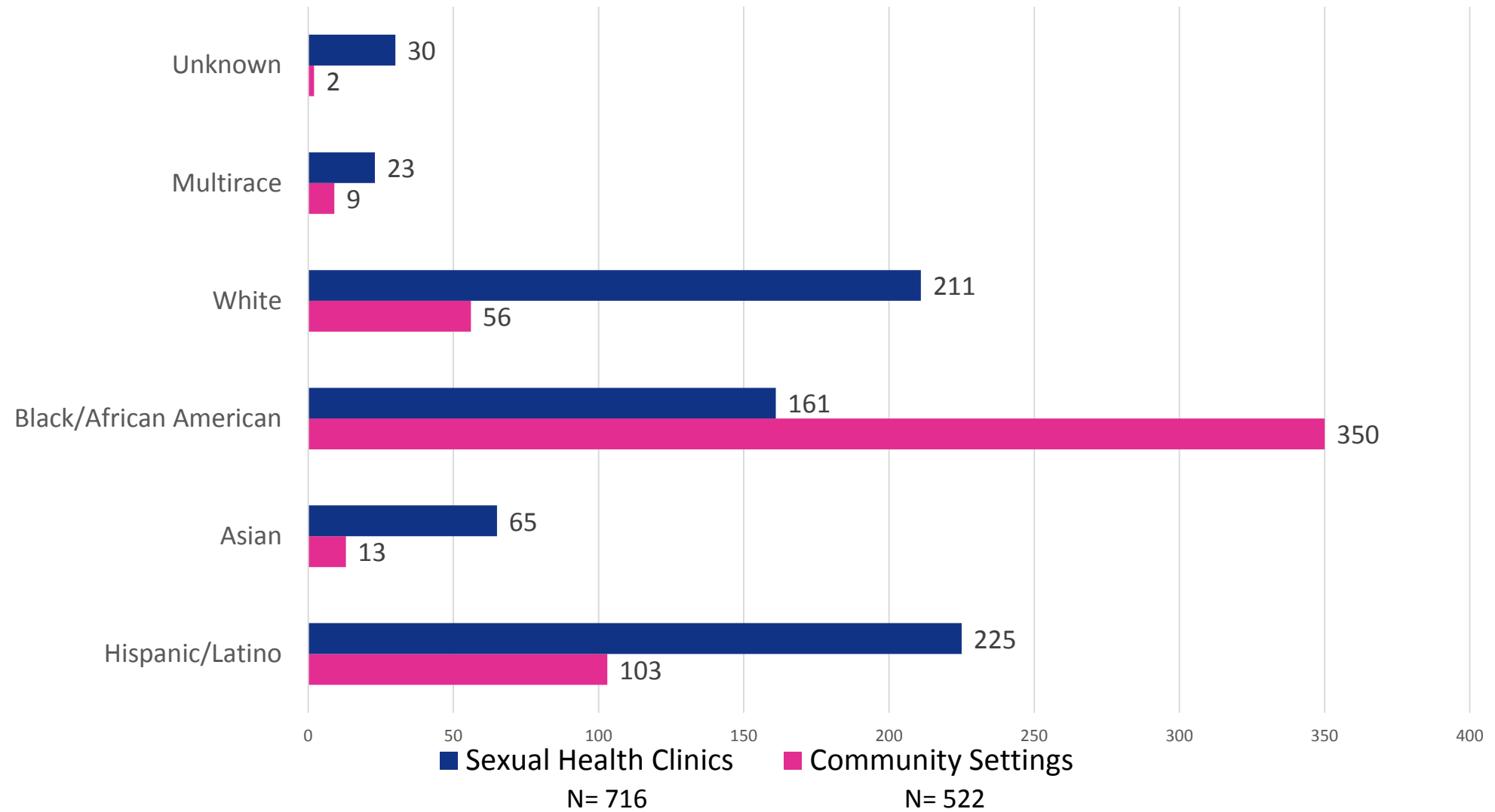
	Sexual Health Clinics
Screened	Completed triage card
Eligible	Patients who belong to priority group for PrEP navigation
Referred	Provided referral to external PrEP provider
Linkage to PrEP provider	Linkage to external PrEP provider for PrEP initiation or ongoing care
Prescribed PrEP	Received prescription from external PrEP provider

Continuum: Definitions

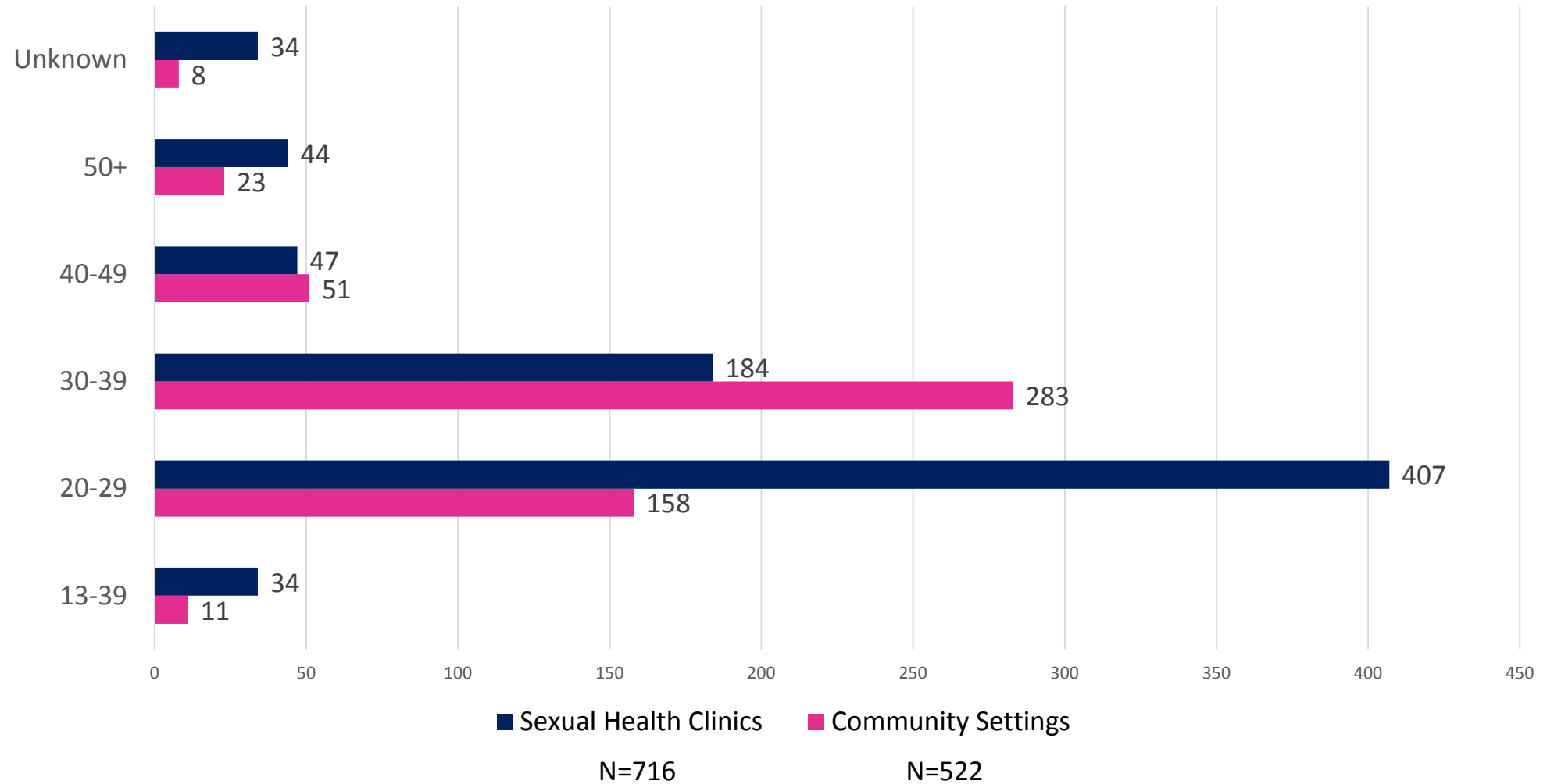
	Sexual Health Clinics	Community Settings
Screened	Completed triage card	Completed anonymous screener
Eligible	Patients who belong to priority group for PrEP navigation	Completed intake assessment
Referred	Provided referral to external PrEP provider	Provided referral to clinical provider
Linkage to PrEP provider	Linkage to external PrEP provider for PrEP initiation or ongoing care	Attended clinic visit
Prescribed PrEP	Received prescription from external PrEP provider	Received prescription or report taking any PrEP doses

RESULTS

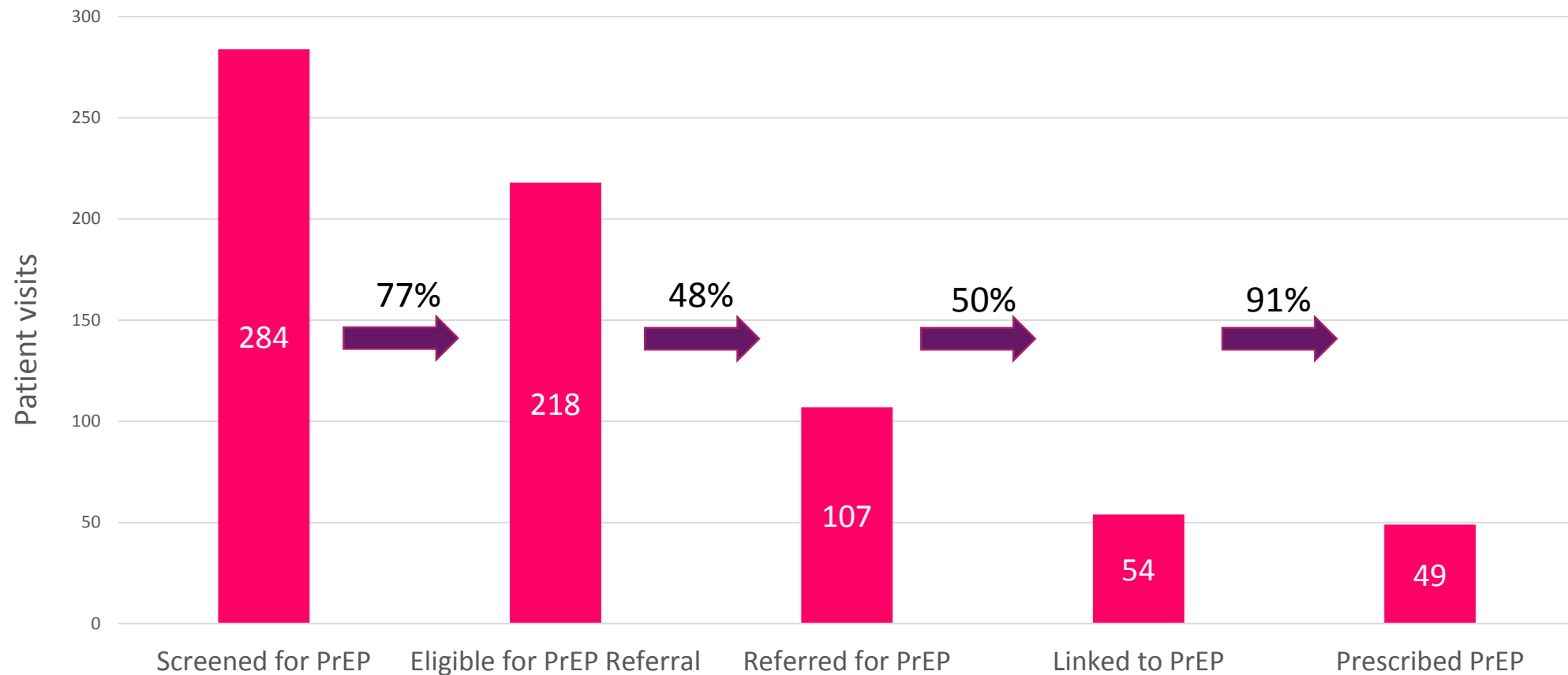
Overall Clients, Race/Ethnicity



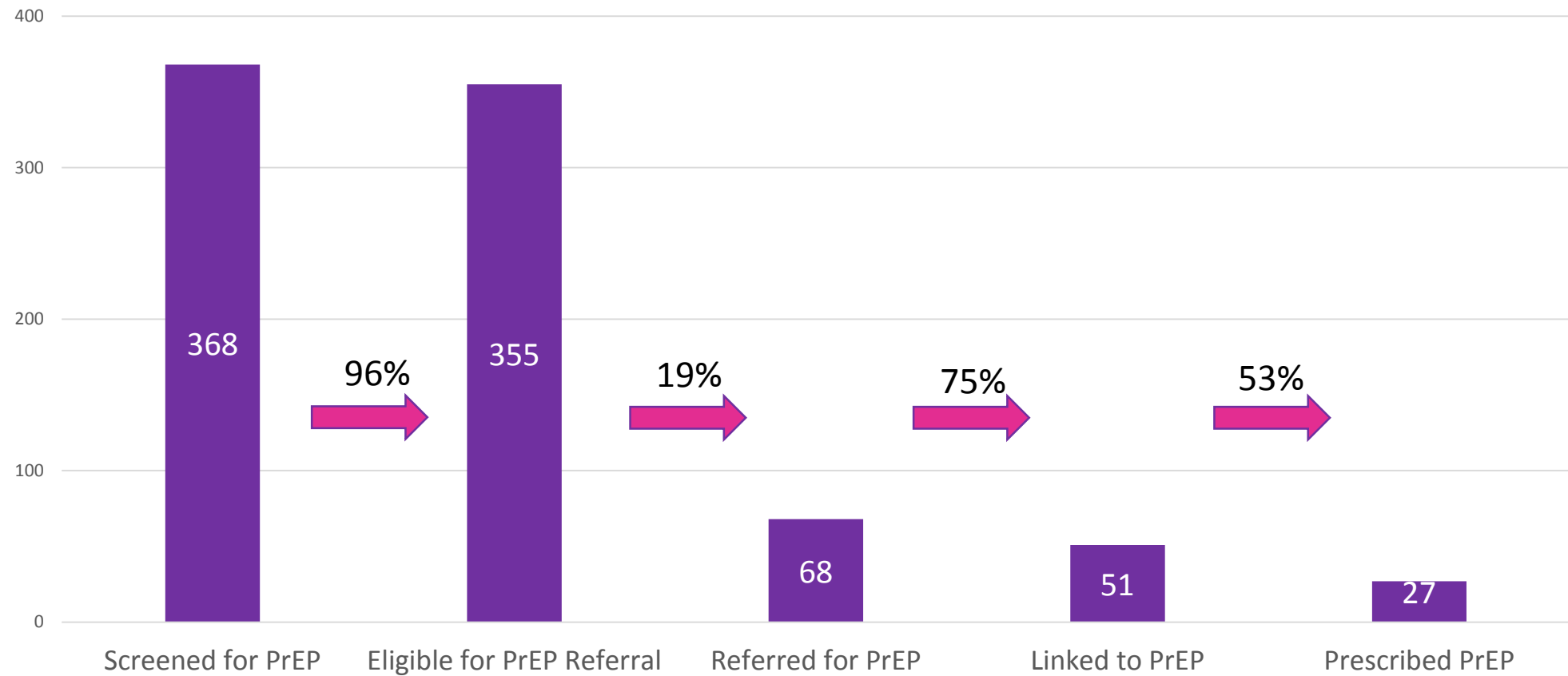
Overall Clients, Age



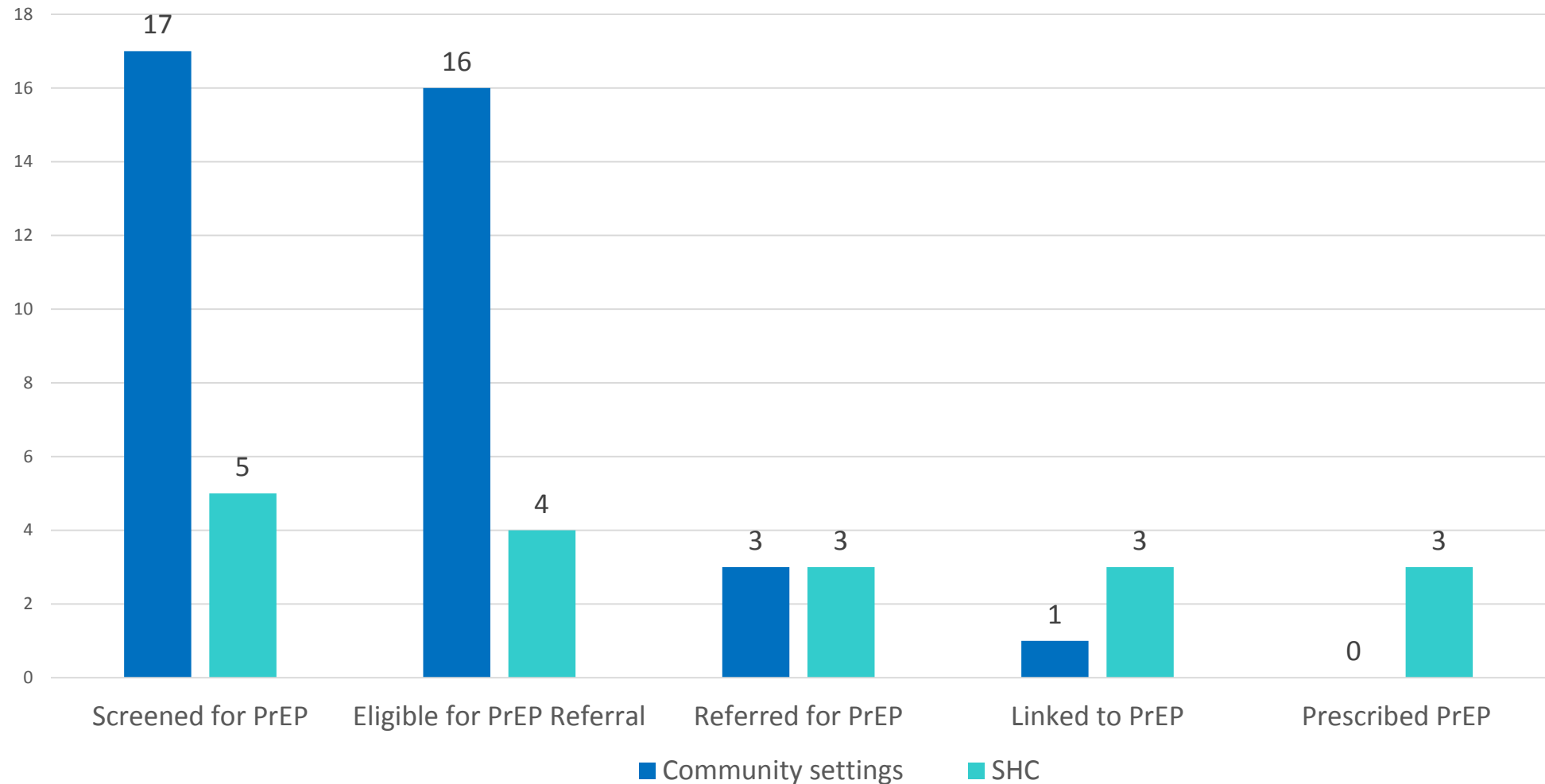
PrEP continuum among Black and Latino MSM in SHCs



PrEP continuum among Black and Latino MSM in community settings



PrEP continuum among transgender persons in SHCs and community settings



Summary

- We successfully embedded CBO-employed staff in SHCs to provide navigation services
- Both models of navigation were successful in engaging Black and Latino MSM for potential PrEP services
 - In SHCs, 284 patients screened for PrEP and 17% of patients (49/284) were prescribed PrEP
 - In community settings, 368 clients screened for PrEP and 7% of clients (27/368) were prescribed PrEP
- Engagement of transgender persons was low in both models.
 - Data suggest that navigators in community settings are able to reach transgender clients but not as successful in referring and linking those clients to PrEP providers
 - Data suggest that while SHCs have low number of transgender patients, those clients do ultimately get prescribed PrEP

Limitations

- Direct comparisons difficult due to differences in:
 - Eligibility criteria:
 - SHC (belong to PrEP priority group) vs. community settings (completed intake assessment)
 - Context for engagement in PrEP services
- Underestimation of successful outcomes (i.e., clients linked to PrEP provider and prescribed PrEP due to clients lost to follow-up)
- Low number of transgender clients in both models makes it difficult to draw conclusions

Lessons learned

- In demonstration project, use inclusive definitions
 - Needed to expand definitions to better capture all steps of PrEP continuum
 - In community-based model, “linked to PrEP” and “prescribed PrEP” changed to include self-report
 - In SHC model, “referred for PrEP” redefined to include SHC PrEP initiates as having received internal referral (though not shown in this presentation).
- Ongoing communication with partners and contracted agencies are key throughout the planning and implementation process
- Clearly setting and communicating expectations is critical to successful implementation

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- The LGBT Community Center

• Clients!

• Centers for Disease Control and Prevention

Thank You!

Questions?

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