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

Lena Saleh, PhD
Director, Program Planning
HIV Prevention Program, Bureau of HIV/AIDS Prevention and Control
New York City Department of Health and Mental Hygiene
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.
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
<table>
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<tr>
<th>2 Contracted Agencies</th>
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**SETTING**
- Community Settings
- Sexual Health Clinics

**STAFFING**
- Peer Navigators
- Patient Navigators, Social Workers

**SERVICES**
- Traditional and online outreach; Linkage to PrEP services
- Prevention navigation; behavioral health; PrEP initiation and/or linkage to ongoing PrEP
PrEP Navigation Flow: 2 Models

**Community Settings**
- Outreach
- Anonymous screener
  - Intake Assessment
  - Health Education
  - Linkage to PrEP
  - PrEP Follow-up

**Sexual Health Clinics**
- Triage
  - Health Education
  - Benefits Navigation
  - PrEP Initiation
  - Linkage to PrEP
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

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Screened</td>
<td>Completed triage card</td>
</tr>
<tr>
<td>Eligible</td>
<td>Patients who belong to priority group for PrEP navigation</td>
</tr>
<tr>
<td>Referred</td>
<td>Provided referral to external PrEP provider</td>
</tr>
<tr>
<td>Linkage to PrEP provider</td>
<td>Linkage to external PrEP provider for PrEP initiation or ongoing care</td>
</tr>
<tr>
<td>Prescribed PrEP</td>
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## Continuum: Definitions

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<td>Provided referral to clinical provider</td>
</tr>
<tr>
<td>Linkage to PrEP provider</td>
<td>Linkage to external PrEP provider for PrEP initiation or ongoing care</td>
<td>Attended clinic visit</td>
</tr>
<tr>
<td>Prescribed PrEP</td>
<td>Received prescription from external PrEP provider</td>
<td>Received prescription or report taking any PrEP doses</td>
</tr>
</tbody>
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RESULTS
Overall Clients, Age

- **Unknown**: 8 (Sexual Health Clinics), 34 (Community Settings)
- **50+**: 23 (Sexual Health Clinics), 44 (Community Settings)
- **40-49**: 47 (Sexual Health Clinics), 51 (Community Settings)
- **30-39**: 184 (Sexual Health Clinics), 283 (Community Settings)
- **20-29**: 158 (Sexual Health Clinics), 34 (Community Settings)
- **13-39**: 34 (Sexual Health Clinics), 11 (Community Settings)

-N=716 (Sexual Health Clinics)
-N=522 (Community Settings)
PrEP continuum among Black and Latino MSM in SHCs

- Screened for PrEP: 284
- Eligible for PrEP Referral: 218
- Referred for PrEP: 107
- Linked to PrEP: 54
- Prescribed PrEP: 49

Patient visits:
- Screened for PrEP: 284
- Eligible for PrEP Referral: 218
- Referred for PrEP: 107
- Linked to PrEP: 54
- Prescribed PrEP: 49

Conversion rates:
- Screened for PrEP: 77%
- Eligible for PrEP Referral: 48%
- Referred for PrEP: 50%
- Linked to PrEP: 91%
PrEP continuum among Black and Latino MSM in community settings

- Screened for PrEP: 368
- Eligible for PrEP Referral: 355 (96%)
- Referred for PrEP: 68 (19%)
- Linked to PrEP: 51 (75%)
- Prescribed PrEP: 27 (53%)
PrEP continuum among transgender persons in SHCs and community settings

- Screened for PrEP: 17 (Community settings) 5 (SHC)
- Eligible for PrEP Referral: 16 (Community settings) 4 (SHC)
- Referred for PrEP: 3 (Community settings) 3 (SHC)
- Linked to PrEP: 1 (Community settings) 3 (SHC)
- Prescribed PrEP: 0 (Community settings) 3 (SHC)
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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• Clients!

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Thank You!

Questions?

lsaleh@health.nyc.gov