

# Increasing Uptake of PrEP in Cis-Women Through a Health-Educator-Driven Walk- in Sexual Health Clinic

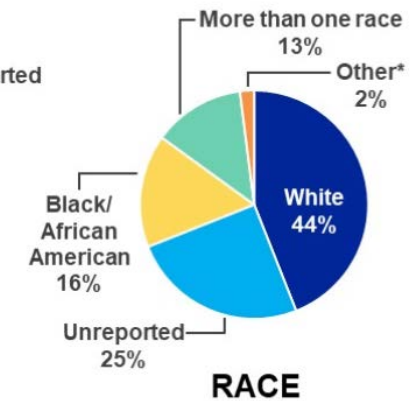
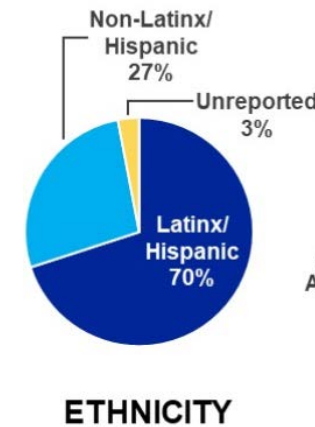
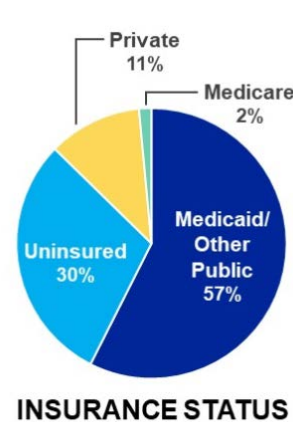
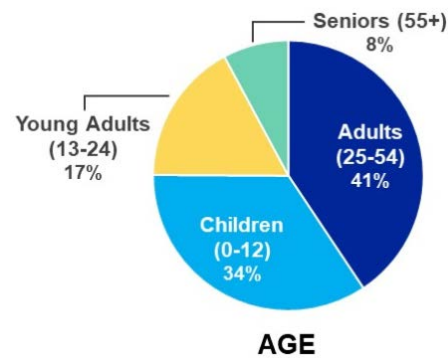
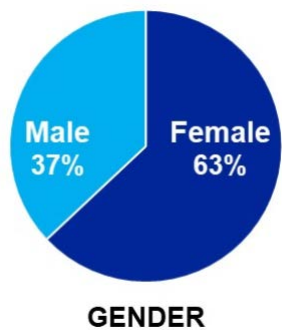
Colin Foltz-Davis, Adam Malleck, Shenell Williams, Faith Mitchell, Amber Posadas, David Cornell

# Presenters and Disclosures:

- ▶ David Cornell, DNP, MBA, AAHIVS
  - ▶ Director of HIV/STI Services and Family Nurse Practitioner
  - ▶ Mary's Center, Washington, D.C.
  - ▶ Disclosures: Presenter for Gilead Sciences Speaker's Bureau – Descovy for PrEP, 2019-2020. No other items to disclose.
- ▶ Ashlee Wimberly, MPH
  - ▶ DC PrEP for Women Program Manager
  - ▶ Washington AIDS Partnership, Washington, D.C.
  - ▶ Disclosures: The DC PrEP for Women Initiative is supported by grant funding from Gilead Sciences.

# Mary's Center

- ▶ Federally Qualified Community Health Center in downtown Washington, D.C. and surrounding suburban Maryland.
- ▶ Founded 1988. Now with five clinic locations, three co-located charter school sites, two senior wellness centers, and 24 school-based mental health sites in/around D.C.
- ▶ >55,000 Patients/year from over 50 countries

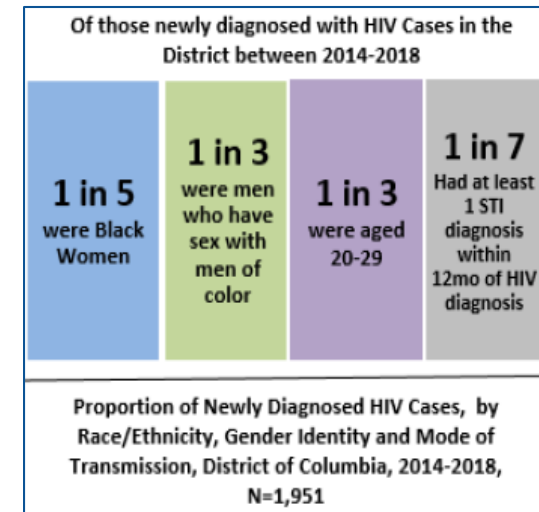
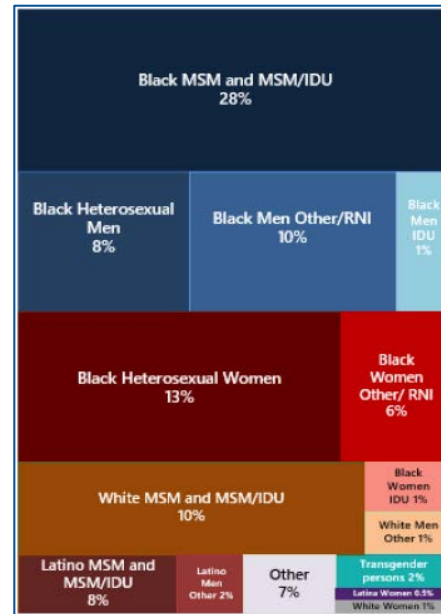
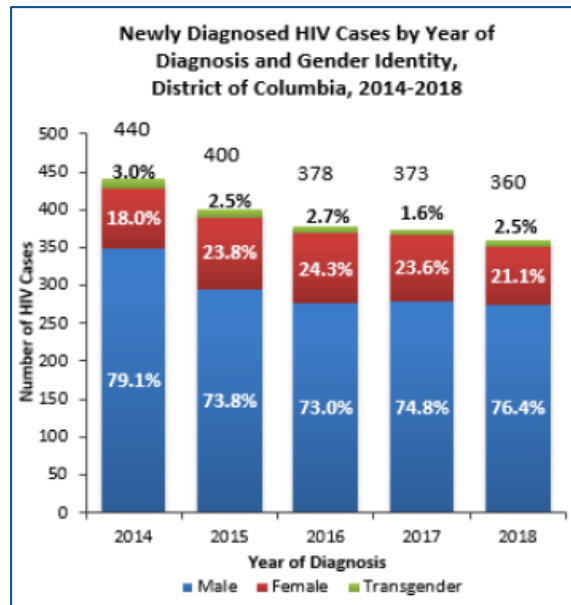


# Washington AIDS Partnership (WAP)

- ▶ Founded in 1988, The Washington AIDS Partnership (WAP) is a collaboration of grantmaking organizations and individuals that leads an effective private-sector response to end the HIV epidemic in the Greater Washington region.
- ▶ In 2016, WAP launched the DC PrEP for Women Initiative, a public-private partnership with the DC Health HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA). This initiative is one of the first city-wide programs in the country to focus specifically on PrEP for women of color.
- ▶ In 2017, the Initiative awarded grants to three organizations, including Mary's Center, to support integration of PrEP into their clinical and educational services.

# HIV in DC

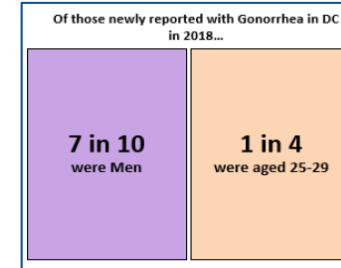
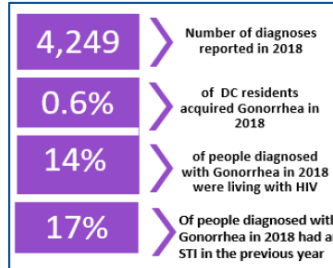
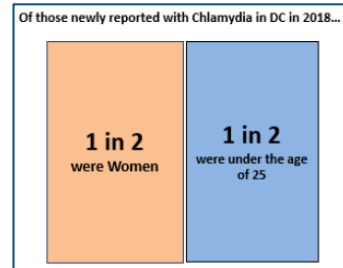
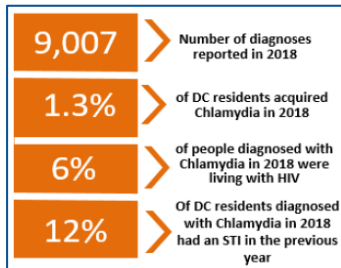
- ▶ New cases of HIV in DC exceed the national average at 47.6/100,000 vs 14.4/100,000, respectively



Washington, D.C. Annual Epidemiology Report, 2018

# STI in DC

- ▶ Since 2014, chlamydia cases in DC have risen 57%, gonorrhea cases by 92%, and syphilis cases by 206%.<sup>1</sup>
- ▶ Gonorrhea and chlamydia among MSM are responsible for 10% increase in HIV transmission.<sup>2</sup>
- ▶ Reproductive tract STI in WSM have been correlated with an up to 7-fold increase in HIV incidence.<sup>3</sup>



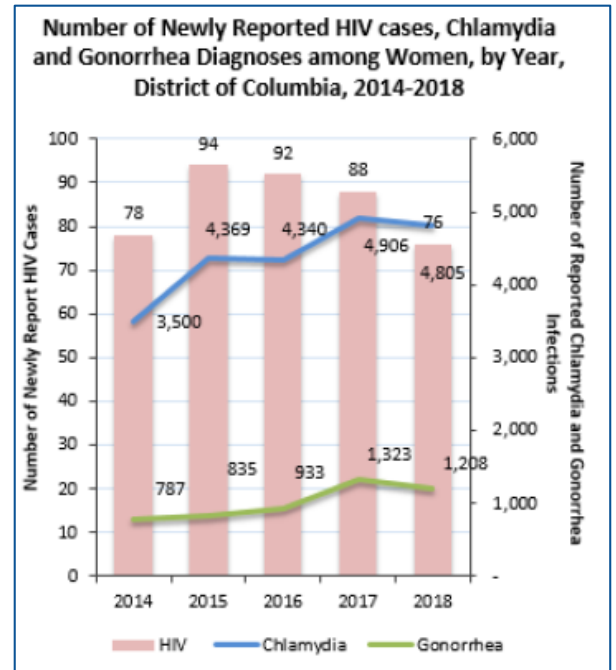
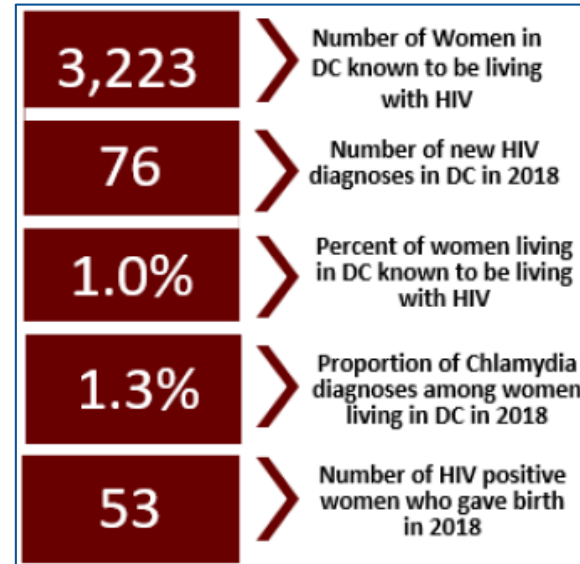
1. Washington, D.C. Annual Epidemiology Report, 2018

2. Jones J, Weiss K, Mermin J, Dietz P, Rosenberg E, Gift T, Chesson H, Sullivan P, Lyles C, Bernstein K, & Jenness S. 2019. Proportion of Incident HIV Cases among Men Who Have Sex with Men Attributable to Gonorrhea and Chlamydia. Sexually Transmitted Diseases. 2019;46(6):357-363

3. Ward H and Ronn M. The contribution of STIs to the sexual transmission of HIV. 2010. Current Opinion in HIV & AIDS. 2010;5(4): 305-310

# DC Women and HIV/STI

- ▶ Rates of HIV among women with gonorrhea or chlamydia are estimated at 171.3 and 66.3/100,000, respectively. Even higher yet than the average DC HIV rate of 47.6 and national rate of 14.4/100,000.<sup>1</sup>
- ▶ While cis-women typically comprise roughly 20% of new HIV infections in the U.S. annually, they represent only 7% of PrEP users.<sup>2</sup>
- ▶ Only 83% of women in DC were offered routine HIV/STI screening in the past 2 years, and only 51% in the last 12 months.<sup>3</sup>



1. Peterman TA, Newman DR, Maddox L, Schmitt K, Shiver S. Risk for HIV following a diagnosis of syphilis, gonorrhoea or chlamydia: 328,456 women in Florida, 2000-2011. *International Journal of STD & AIDS*. 2015;26(2):113-9.  
 2. AIDSvu, Mapping PrEP: First ever data on PrEP users from across the U.S., 2016.  
 3. Magnus M, Phillips G, Kuo I, Peterson J, Rawls A, West-Ojo T, Jia Y, Opoku J, Greenberg A. 2014. HIV among women in the District of Columbia: A continuing epidemic. *AIDS Behavior*. 2014;18(Suppl 3):256-265.  
 4. Washington D.C. Annual Epidemiology Report 2018.

# Sexual Health Clinic (SHC)

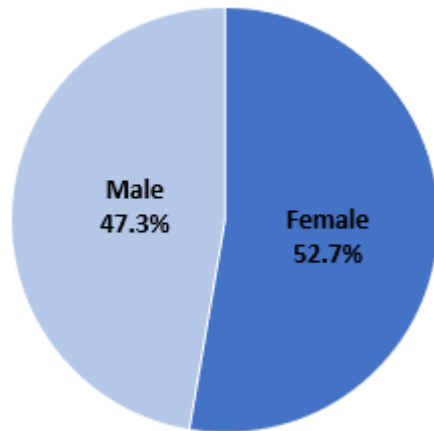
- ▶ SHC Opened in August, 2019 to address long delays in Primary Care STI treatment at Mary's Center, and to expand STI testing and counseling options.
- ▶ Before SHC, HIV/STI testing and/or PrEP appointments were provider-only, meaning traditional clinical barriers applied: insurance/cost, time from a [willing] provider, testing delays, trying to schedule an appointment(!), cost, work schedules, family needs, distance/travel, stigma/fear/shame, etc.
- ▶ Before SHC, average time to treatment at Mary's Center was 18 days in Q1 and 22 days in Q2, 2019, down to <3 days in Q4 2019.
- ▶ No cost, visits can be scheduled or walk-in, 9a-5p M-F, standing orders for expanded HIV/STI testing, same-day treatment for exposures or positive results, EPT provided, immediate linkage to PrEP and <5-day linkage to MH, Primary Care, MAT/SUD, Women's Health/OB, and social services (WIC, Housing, etc.)



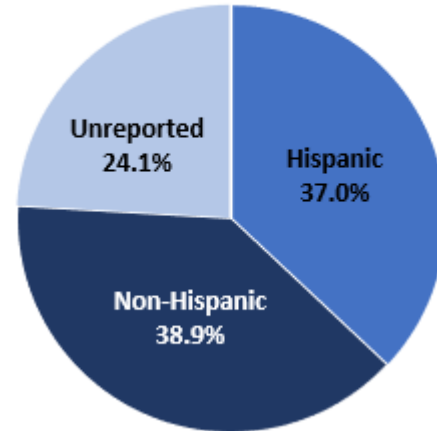
# Sexual Health Clinic (SHC)

▶ From 8/1/2019 to 5/31/2020, SHC saw 465 individual clients and 586 visits.

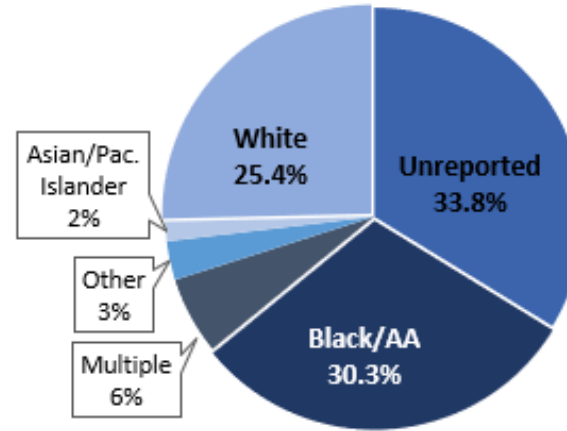
SHC Use by Gender



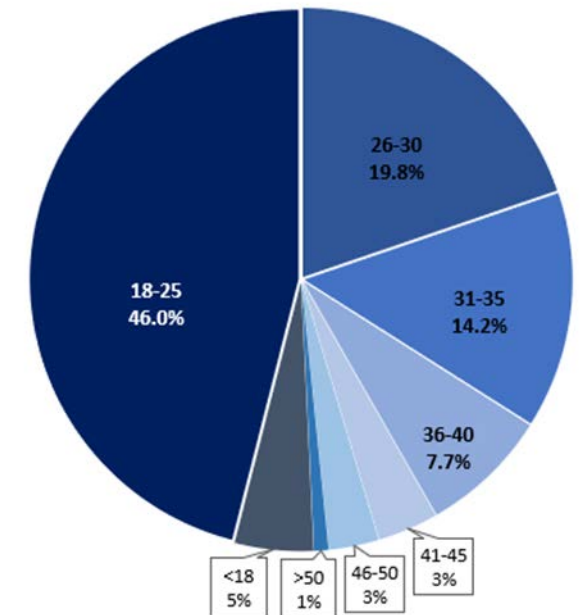
SHC Use by Ethnicity



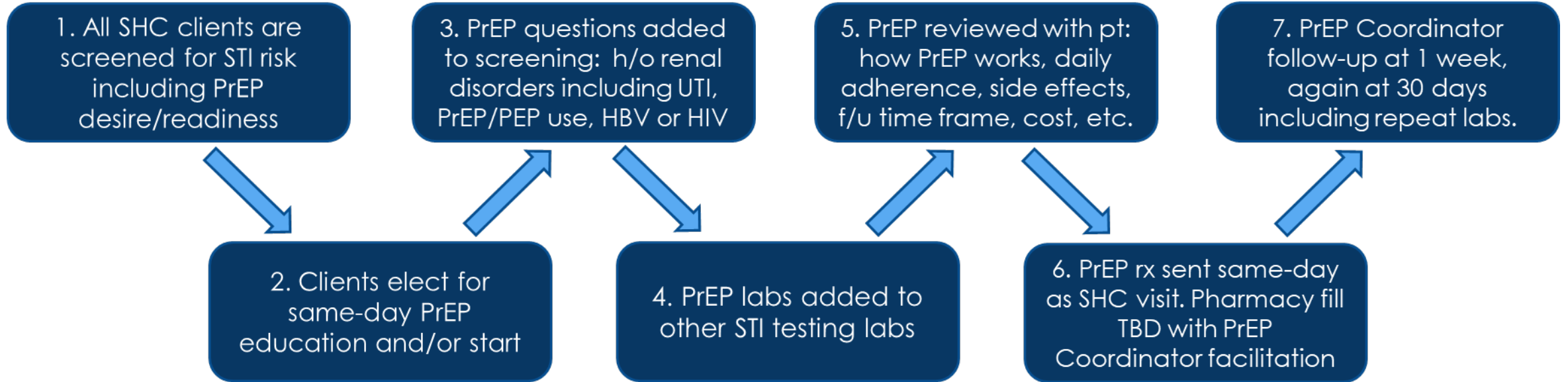
SHC Use by Race



SHC Use by Age



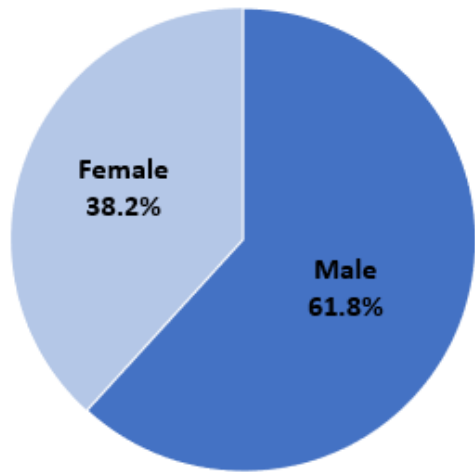
# SHC PrEP Workflow



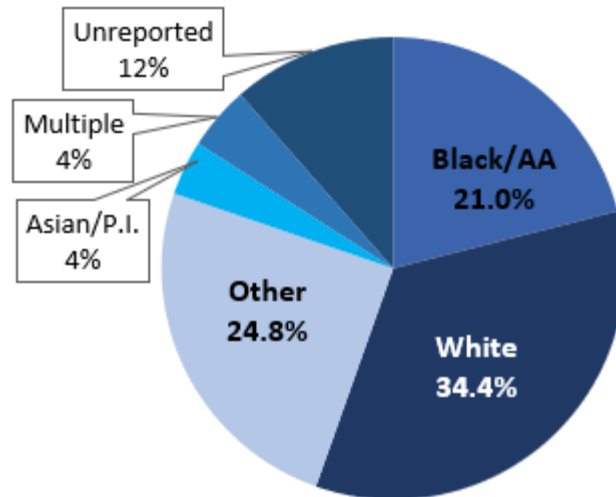
# Mary's Center PrEP Demographics

▶ From 1/1/2017 to 5/31/2020, Mary's Center started 157 individual clients on PrEP.

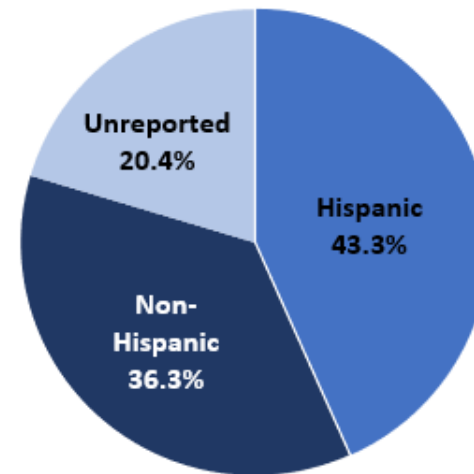
MC PrEP Uptake by Gender



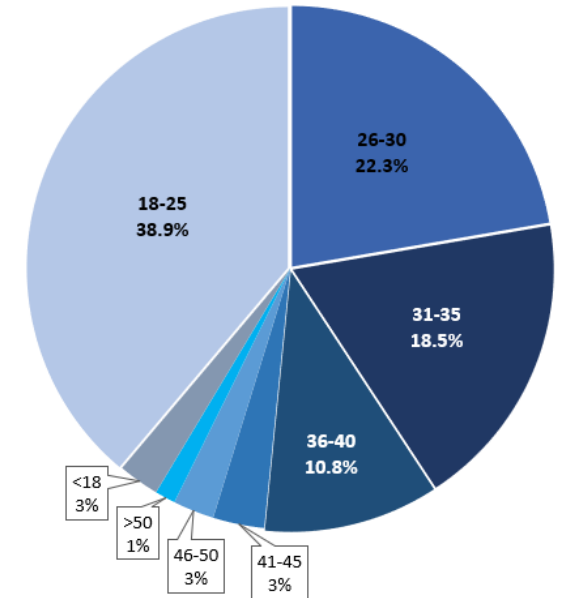
MC PrEP Uptake by Race



MC PrEP Uptake by Ethnicity

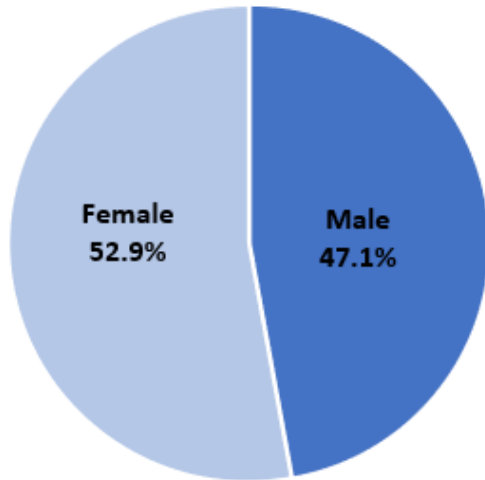


MC PrEP Uptake by Age

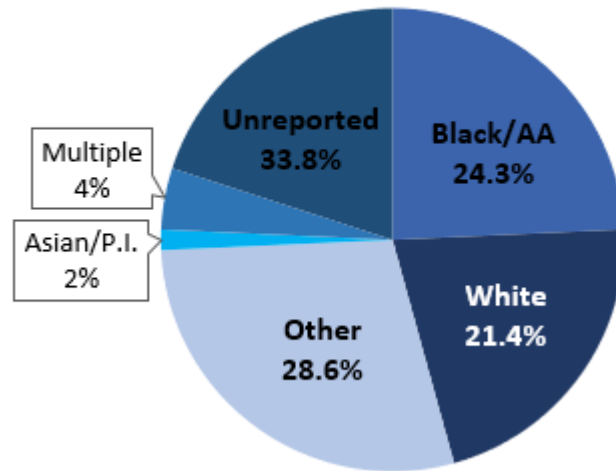


# SHC PrEP Demographics

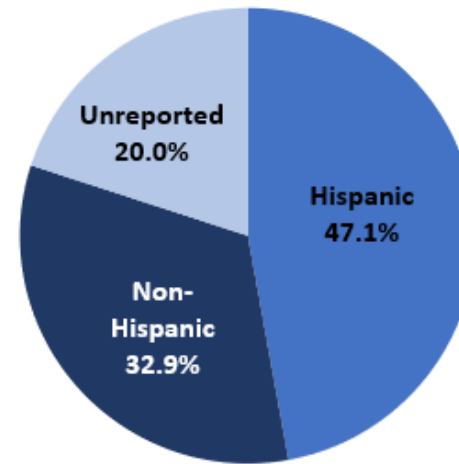
SHC PrEP Uptake by Gender



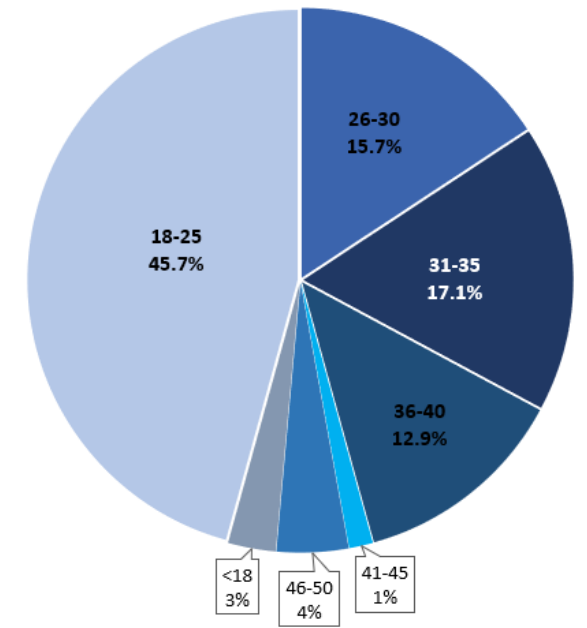
SHC PrEP Uptake by Race



SHC PrEP Uptake by Ethnicity

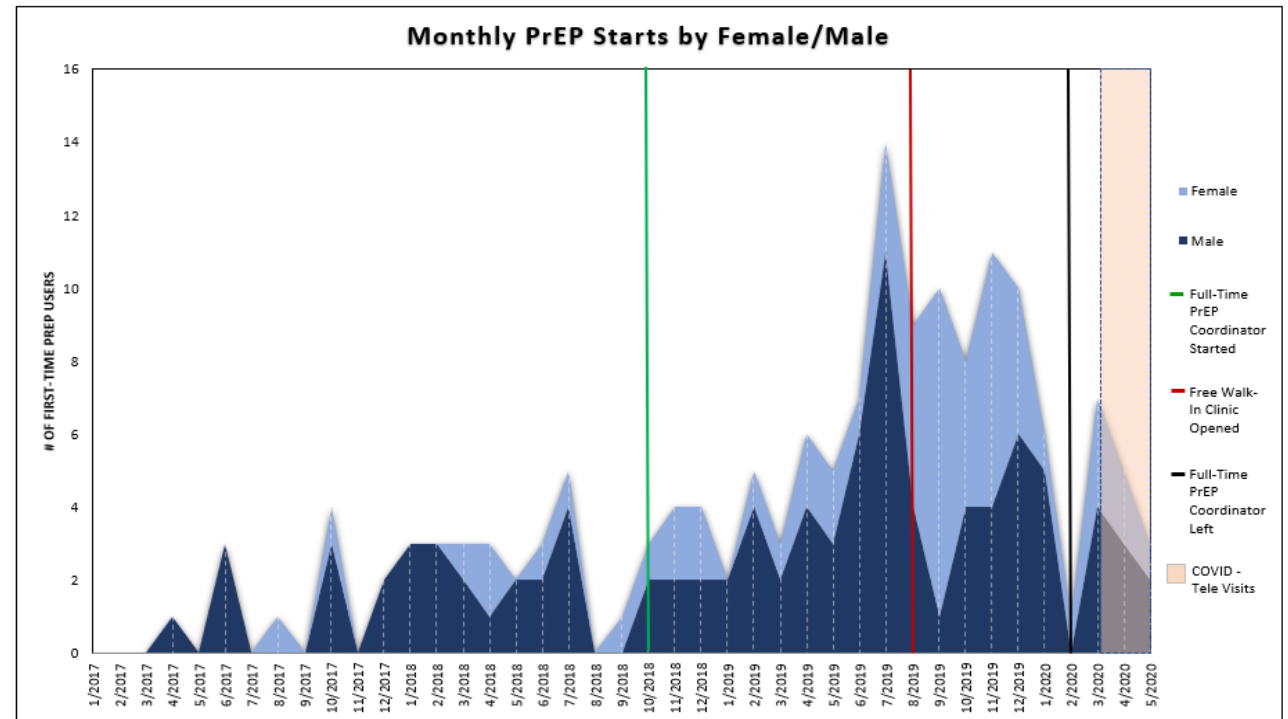


SHC PrEP Uptake by Age



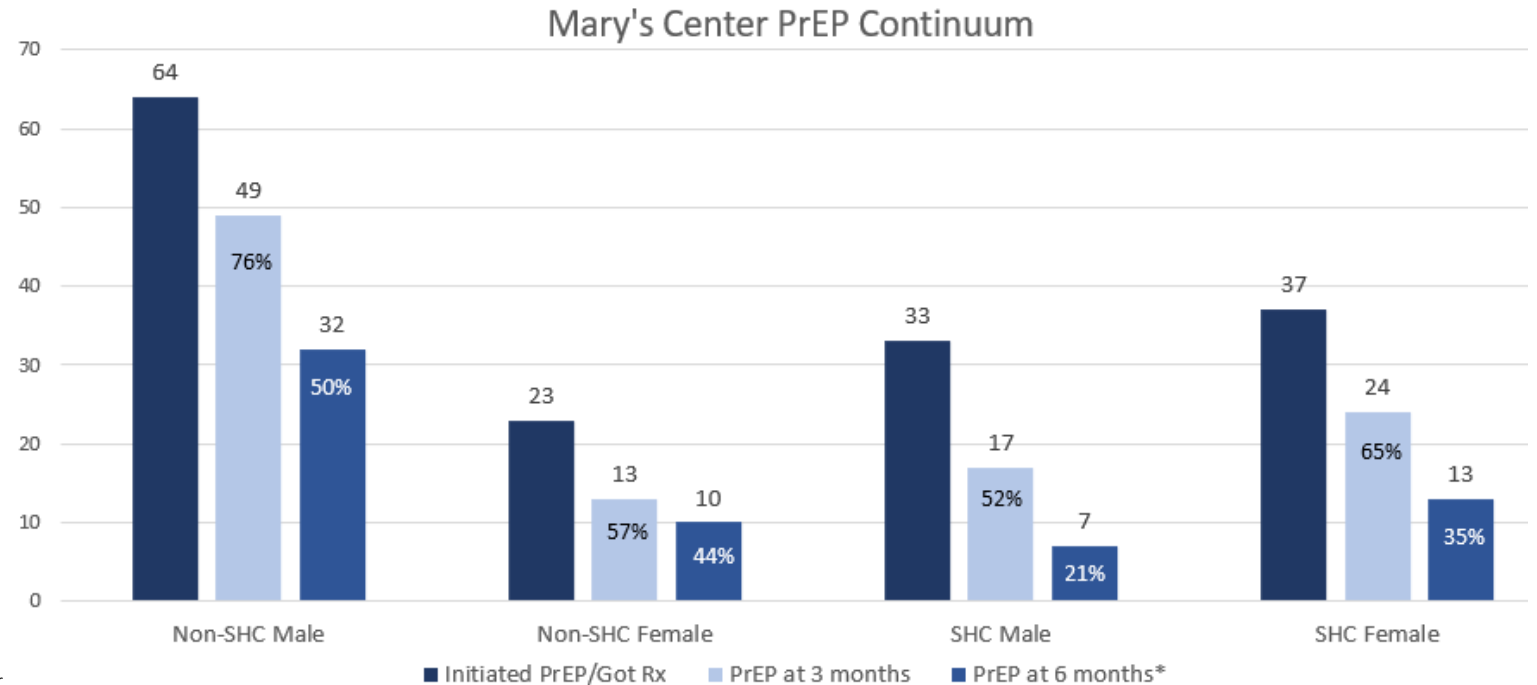
# Women and PrEP

- ▶ Overall MC Female uptake of PrEP at 38.2%, but SHC female PrEP uptake at 52.9%
- ▶ Among women starting PrEP, 38.6% are under age 25, with 65% under age 30.
- ▶ Women under 30 alone represent 23.6% of Mary's Center's overall PrEP uptake.
- ▶ Women in the SHC represent 48.7% of positive chlamydia cases, 50% of positive gonorrhea, and 25% of new positive syphilis cases.



# SHC PrEP Continuum

- ▶ 57% (13) of women prescribed PrEP at a general Mary's Center appointment continued it to their 3-month follow-up, and 44% (10) continued to the 6-month.
- ▶ 65% (24) of women prescribed PrEP at a SHC appointment continued to their 3-month follow-up, and 35% (13) continued to the 6-month.
- ▶ SHC prescribed 44% of Mary's Center's PrEP volume in just 1/4 the time.



\* = No 6-month continuity data for 22 PrEP clients were prescribed PrEP <6 months prior

# Conclusion

- ▶ Additional protocol, structure, and staffing stability is needed to solidify follow-up and facilitation of continued PrEP use. Both 3- and 6-month declines in continuity may also be partially related to loss of the full-time PrEP Coordinator 6 months into the SHC, followed 1 month later by COVID.
- ▶ Readiness for PrEP is crucial to uptake. Delays for labs, scheduling, insurance verification, etc, and other unnecessary hurdles can deter clients from utilizing PrEP.
- ▶ As barriers to traditional clinical care are removed, the resulting easier access to HIV/STI testing, treatment, and prevention services yields an increase in PrEP uptake among clients self-selecting for episodic or ongoing perceived risk.

# Thank you!

Thank you for your time and attention!

For their continued support of this program, we particularly wish to thank:

Dr. Tollie Elliott and the full Senior Leadership Team at Mary's Center

The Washington AIDS Partnership

The Prevention Contracts Team at DC HAHSTA

The staff at Sasha Bruce

Please email [dcornell@maryscenter.org](mailto:dcornell@maryscenter.org) with questions.