

Developing and Implementing a PrEP Demonstration/Implementation Hybrid in a Community-Based Health Center

Sarit A. Golub, PhD, MPH

Anita Radix, Amy Hilley, Anthony Catalanotti
& Sharon Marazzo

Disclosures

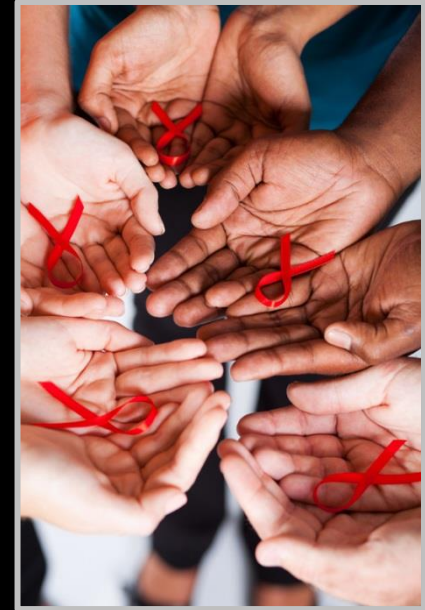
Gilead Sciences donates study drug for this study.

Gilead Sciences provides support for DBS testing of blood samples.

Special thanks to Keith Rawlings and Rebecca Guzman

Thank *you*

- National Institute of Health
R01AA022067 (Golub, PI)
Special thanks to Deidre Roach & Mike Stirratt
- Hunter HIV/AIDS Research Team (HART)
Kailip Boonrai, Kristi Gamarel, Corina Lelutiu-Weinberger
Inna Saboshchuk, Anthony Surace, Louisa Thompson
- Callen-Lorde Community Health Center
Jay Laudato, William Nazareth, Aviva Cantor, Eunmee Chu, Peter Meacher, Rona Vail, Susan Weiss, Juliet Widoff



The participants who give their time and energy to our work

If you build it...



...will they come?

How should we think about PrEP and
condom use?



What can PrEP do?



(in addition to prevent HIV)



SPARK is designed to evaluate an intervention in which PrEP is **introduced, provided, and supported** as part of regular care in a community health center.

National Institutes of Alcoholism and Alcohol Abuse
R01AA022067 (Golub, PI)

Callen-Lorde Community Health Center

Largest LGBT health center in NYC

Provides 80,000 visits/year to over 15,000 patients

- Primary care
- Comprehensive HIV Primary care
- Sexual health
- Mental health
- Dental clinic
- Transgender health



Callen-Lorde Community Health Center

Largest LGBT health center in NYC

Provides 80,000 visits/year to over 15,000 patients

- Primary care
- Comprehensive HIV Primary care
- Sexual health
- Mental health
- Dental clinic
- Transgender health



SPARK *Study Design*

1. Patients are referred, rather than recruited.
 - HIV Counseling and Testing (34%)
 - Sexual Health Clinic (14%)
 - Primary Care appointments (17%)
 - PEP (11%)

70% of referrals come from counselors
17% are from medical providers



SPARK *Study Design*

2. The decision about whether or not to take PrEP happens after study enrollment.



SPARK *Study Design*

3. Patients can self-refer because of concern for *future* risk behavior.



SPARK *Study Design*


4. SPARK is fully integrated into the clinic

- ▣ All SPARK staff with patient contact are clinic staff
- ▣ SPARK visits are regular clinic visits
- ▣ All PrEP information and follow-up data are integrated into the EMR.



sunday ♥ monday ♥ tuesday ♥ wednesday ♥ thursday ♥ friday ♥ saturday

FEBRUARY 2014

						1
2	3	4	5	6	7	8
9	10	11	12	13	♥	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

Will patients *want* PrEP?

In SPARK's first four months...

- 245 patients have been referred (~ 60/month)
- 93 patients have enrolled (~ 23/month)
- 75 are scheduled for visits (through September)
- Screen/Enrollment rate is 97%

Of the 93 patients enrolled
88 (95%) decided to take PrEP

Reasons for *Referral* ($n = 302$)

	Patients Referred		Referred who have enrolled	
	N	%	N	%
Sex with HIV+ partner	106	35%	34	32%
Condomless Anal Sex (SNC)	222	74%	72	32%
Recent STI Diagnosis	28	9%	16	57%
Self-reported HIV concern	178	59%	56	31%

Note: Percentages don't sum to 100% because patients may report more than one risk factor.

Risk Behavior *(30 days before enrollment)*

	N	%
HIV+ Main Partner	22	25%
SNC with HIV+ Main Partner	12	14%
SNC with HIV+ Casual Partner	26	30%
SNC with Unknown-Status Partner	38	43%
SNC with Non-monogamous Main Partner	14	16%
SNC with HIV-negative Casual Partner	39	44%
Sex Work (in past 30 days)	16	18%

None of these risk factors: 3 (3%)

Sexually Transmitted Infections

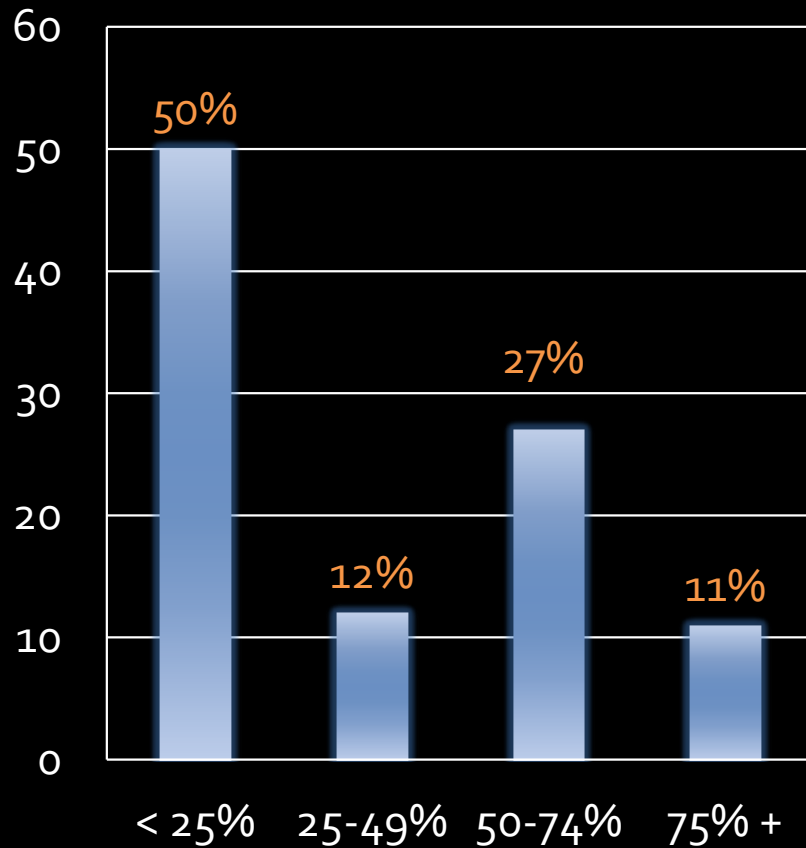
- 16 patients (18%) had been diagnosed with an STI in the 6 months prior to baseline
- 12 patients (14%) were diagnosed with a new STI at their baseline visit
- 4 patients (5%) were diagnosed with a new STI both in past 6 months *and* at baseline

I worry a lot about getting an STD 57%

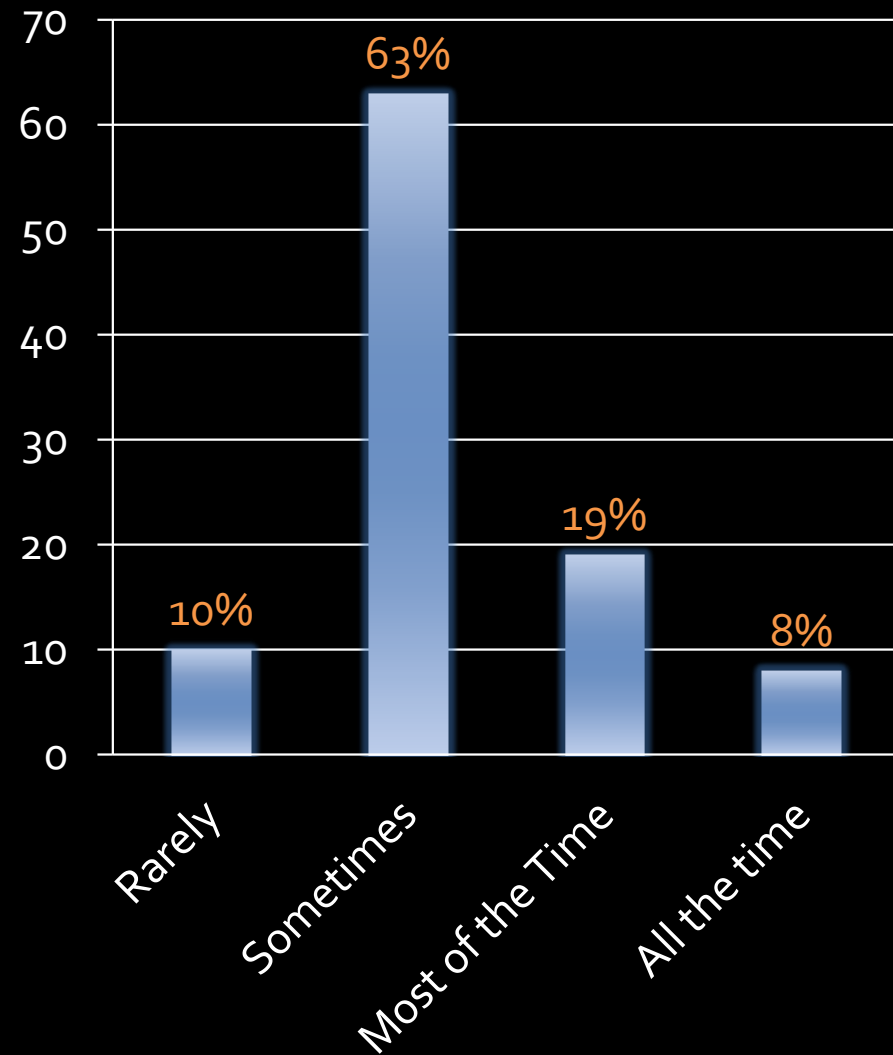
If I got an STD, it would be serious 35%

Risk Perception

Likelihood of Getting HIV

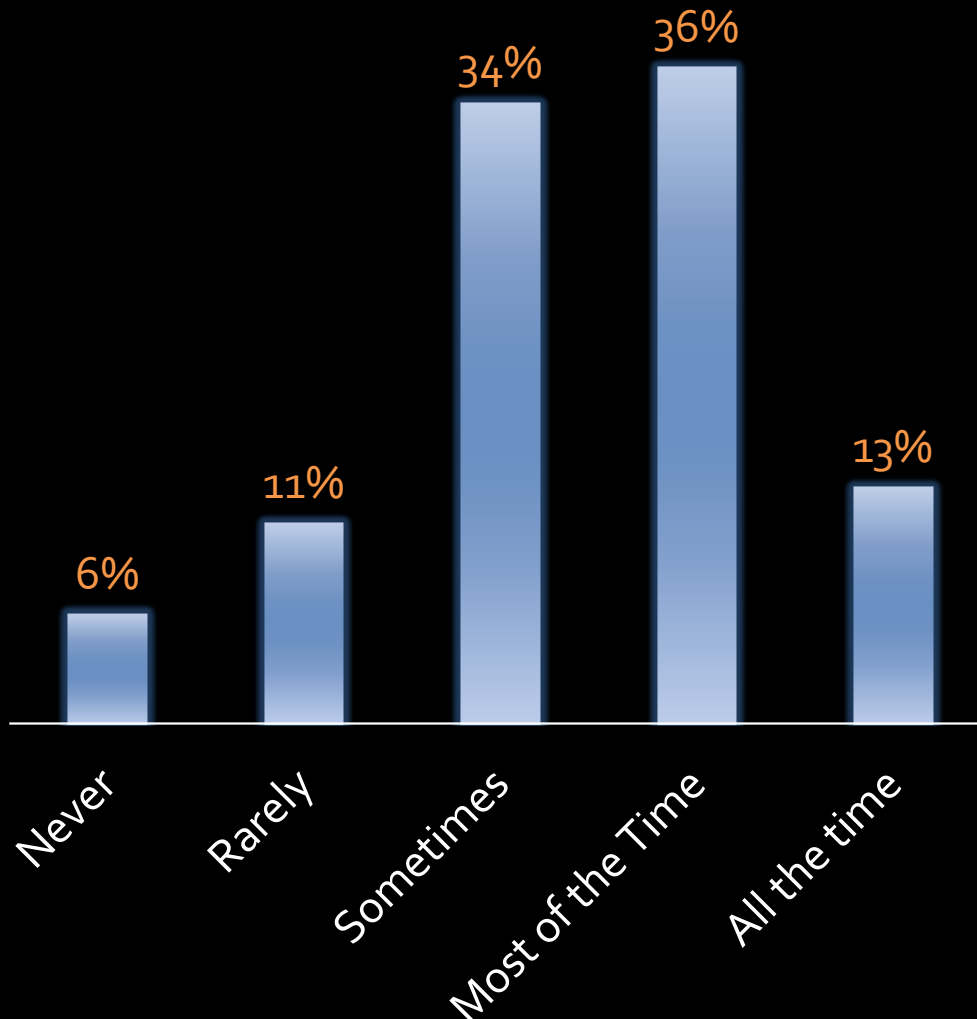


I worry about getting HIV...



HIV Rumination

I think about HIV during sex...



"Is this person positive?
I want to have unprotected
sex, but I'm scared.
I hate condoms."

"Whilst having sex I do
often tend to contemplate
if right in that moment
I am contracting HIV."

"Will I catch it this time?
How do I minimize certain
contact?"

SPARK *Early Lessons*

- People are interested in PrEP.



SPARK *Early Lessons*

- People are interested in PrEP.
- PrEP does not seem to be attracting people “away” from condom use.



SPARK *Early Lessons*

- People are interested in PrEP.
- PrEP does not seem to be attracting candidates for risk compensation.
- PrEP may be particularly important for its psychological impact.



SPARK *Early Lessons*

- People are interested in PrEP.
- PrEP does not seem to be attracting candidates for risk compensation.
- PrEP may be particularly important for its psychological impact.
- PrEP can reframe HIV prevention.



SPARK... new possibilities



PrEP as a stigma *reduction* intervention?

SPARK...new conversations

How would you define your ideal sex life?

“To be honest, my ideal sex life would be with no condoms, but you can never really say that because people freak out”

Monogamous,
loving partner
55%

Freedom from
anxiety and guilt
48%

Full of pleasure
and fulfillment
48%

SPARK... a return

“Hard questions for hard times.
But whatever happened to our
great gay imaginations?”



“Our challenge is to figure out how to
have gay, life-affirming sex, satisfy
emotional needs, and stay alive.”

MEDICAL AND SCIENTIFIC CONSULTANT:
JOSEPH SONNABEND, M.D.

Chairman, Scientific Committee,
AIDS MEDICAL FOUNDATION

**How to Have Sex
in an Epidemic:
One Approach**

Thank you!

sarit.golub@hunter.cuny.edu



www.cunyhart.org

SPARK *Demographics (n = 88)*

Age 22-52, M = 34.1, SD = 7.8

Race/Ethnicity	Hispanic/Latino	22 (25%)
	NH White	49 (56%)
	NH Black	6 (7%)
	Other/Multi-racial	11 (12%)

Yearly Income	Under \$20,000	22 (25.0%)
	\$20,000-\$50,000	33 (37.5%)
	Over \$50,000	33 (37.5%)

Insurance	Private	36 (41%)
	Medicaid	9 (10%)
	Uninsured	43 (49%)

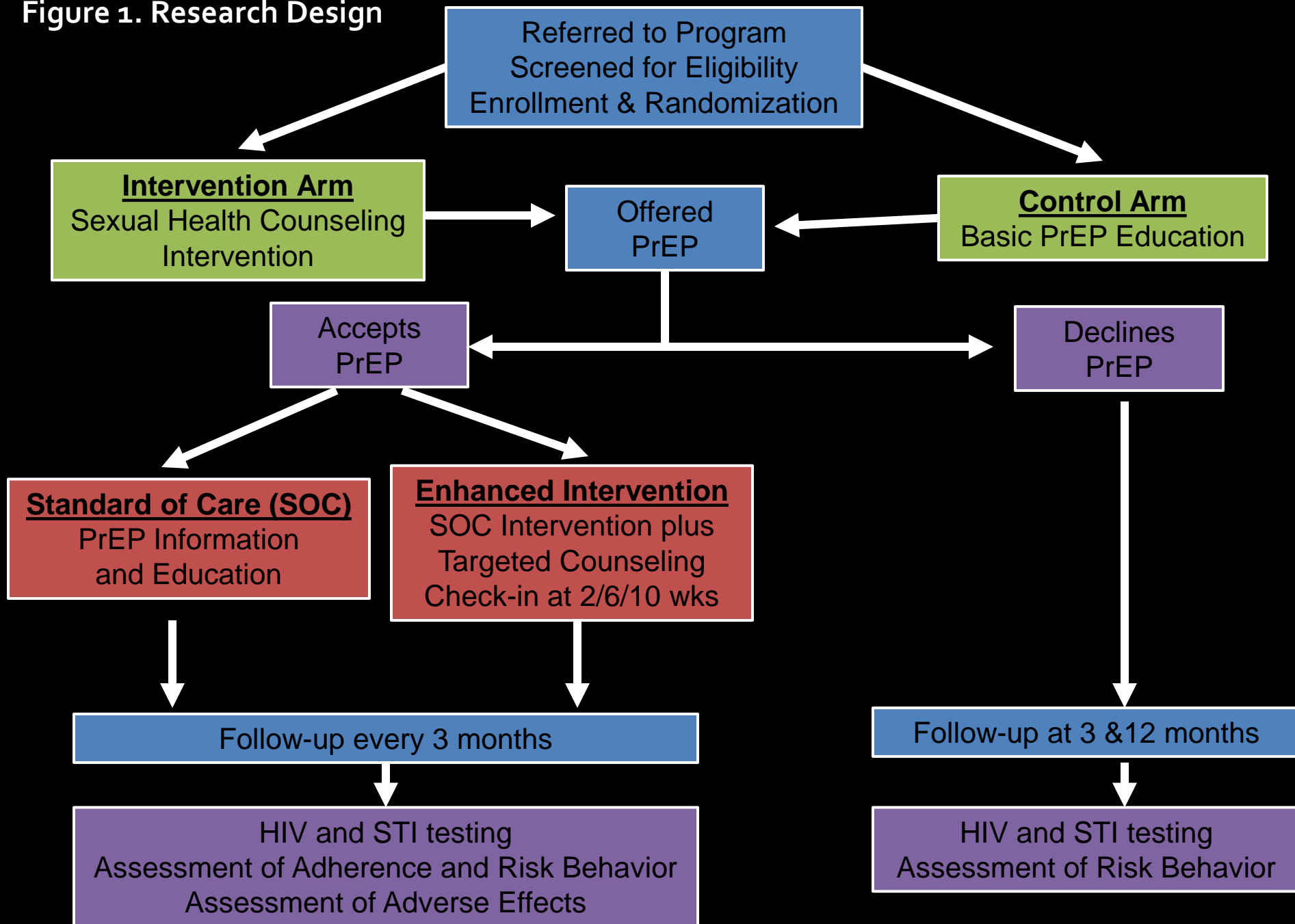
Main Partner	Spouse/partner/boyfriend	42 (47.7%)
---------------------	--------------------------	------------

Research Questions

1. **Uptake:** Will CLCHC patients *want* PrEP?
2. **Persistence:** How long will patients who start PrEP continue taking the medication?
3. **Adherence:** Will patients take the medication consistently enough to have positive effects?
4. **Risk Behavior:** How will PrEP use impact sexual behavior and STI incidence?



Figure 1. Research Design



SPARK eligibility criteria

6. At **increased risk for HIV acquisition**, based on at least one of the following:
- ▣ Unprotected anal sex in the past 6 months; or
 - ▣ Anal sex with known HIV+ partner in the past 6 months; or
 - ▣ Diagnosed with rectal or urethral gonorrhea or Chlamydia; or syphilis in the past 6 months; or
 - ▣ Black or African-American race/ethnicity; or
 - ▣ Self-reported concern about HIV-exposure in the next 3 months.

SPARK

YOUR HEALTH ♦ YOUR CHOICE

[For those CONSIDERING PrEP](#)[For those TAKING PrEP](#)[FAQS](#)[SCIENCE](#)[VIDEOS](#)[STORIES](#)[ABOUT US](#)[ESPAÑOL](#)

Welcome! This website is designed for participants in the SPARK project. The goal of SPARK is to help individuals decide whether or not PrEP (a.k.a. Pre-Exposure Prophylaxis) should be part of their sexual health plan for staying HIV-negative. SPARK also provides support for those who decide to take PrEP...and those who don't!

If you are considering PrEP as part of SPARK, please take a moment to click through our site. We have pages with PrEP facts in plain language, scientific trial data and articles for those who like graphs and numbers, links to personal stories and experiences of those taking PrEP, and videos that bring the issues to life.



SPARK is a project of Callen-Lorde Community Health Center and the Hunter HIV/AIDS Research Team (HART)

- Takign PrEP would mean you can have sex without using condoms 30 agree
- Having PrEP available wil lmake safer sex less important 19 agree
- More likley to have sex without a condom 49 agree
- No knowing if there are long-term side effects makes me uncomfortable 47

- I would be uncomfortable taking HIV meds when I don't have HIV 16
- I would worry that others would think I have HIV if they knew I was on PrEP 8
- I would worry what other people thought of me if they knew I was on PrEP 17
- Ashamed to tell I'm on PrEP 6