PrEP Can “Do More”

Synergistic effects on primary care, insurance and mental health

Sarit A. Golub, PhD, MPH
Collaborators & Acknowledgements

• Hunter HIV/AIDS Research Team (HART)
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• SPARK Project Team
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• Callen-Lorde Community Health Center
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The participants who give their time and energy to our work
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.

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Gilead Sciences provides study drug and DBS testing for participants
Core Features of SPARK

1. Callen-Lorde Community Health Center
   - Largest LGBT-focused health center in NYC
   - Providers who see HIV+ and HIV-negative patients
   - Prevention/Outreach Department
   - One full year of protocol/program development
SPARK Uptake and Persistence (since 2/2014)

Referral/Enrollment
- 645 patients have been referred
- 273 patients (42%) have been enrolled (~17/month)

Uptake
- 241 (88%) have begun PrEP

Persistence
- 16 (7%) have discontinued PrEP

Retention
- 219 3-month visits (95% retention)
- 107 12-month visits (92% retention)
### SPARK Demographics (n = 281)

<table>
<thead>
<tr>
<th>Age</th>
<th>22-63, M = 34.4, SD = 8.4</th>
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<tbody>
<tr>
<td>Race/Ethnicity</td>
<td>NH White: 155 (56.2%)</td>
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<td></td>
<td>Hispanic/Latino: 66 (23.9%)</td>
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<tr>
<td></td>
<td>NH Black: 26 (9.4%)</td>
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<tr>
<td></td>
<td>Other/Multi-racial: 29 (10.5%)</td>
</tr>
<tr>
<td>Yearly Income</td>
<td>Under $20,000: 70 (25.2%)</td>
</tr>
<tr>
<td></td>
<td>$20,000-$50,000: 115 (41.4%)</td>
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<tr>
<td></td>
<td>Over $50,000: 93 (33.5%)</td>
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<tr>
<td>Insurance</td>
<td>Private: 109 (40.4%)</td>
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<tr>
<td></td>
<td>Medicaid: 38 (14.1%)</td>
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<tr>
<td></td>
<td>Uninsured: 123 (45.6%)</td>
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<tr>
<td>Main Partner</td>
<td>Spouse/partner/boyfriend: 100 (35.6%)</td>
</tr>
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</table>
SPARK Adherence (DBS Data)

- 4+ pills/week (≥700 fmol)
  - 3M (n = 171): 92.4%
  - 6M (n = 136): 92.6%
  - 12M (n = 49): 93.9%

- Recent dose (past 48-72 hrs)
  - 3M (n = 171): 93.6%
  - 6M (n = 136): 94.9%
  - 12M (n = 49): 96.0%
What can PrEP do?
(in addition to prevent HIV)
1. Engage patients in primary care

• Over 90% of SPARK patients decided to continue PrEP at CLCHC

29% had no previous primary care and became newly paneled because of PrEP

• Because of PrEP demand, CLCHC opened a new Sexual Health Clinic
  • Almost 400 patients on PrEP
  • Creating a relationship with the health care system for healthy YMSM
2. Connect patients to health insurance

• Over 45% of SPARK patients were **uninsured** at enrollment

  **68% were connected to Medicaid or ACA plans**

  **23% were linked to Gilead’s MAP**

Silver, Bronze or Platinum ACA Plans have Truvada copays that are fully covered by the Gilead Co-pay card
3. Improve Psychological Wellbeing

**Perceived HIV Risk**
- Baseline: 35
- 6M Visit (n = 168): 20

**Sexual Anxiety**
- Baseline: 1.5
- 6M Visit (n = 168): 1

* p < .001
Improve Psychological Wellbeing

Anxiety

Depression

Sexual Compulsivity

Baseline vs 6M Visit (n = 168)

- Anxiety: p < .001
- Depression: p < .001
- Sexual Compulsivity: p < .001
We need to stop wasting time rehashing what we already know and start working on what we actually need to figure out.
What we know...

Implementation is not access.

What we have to figure out...

How to (truly) increase access for those who need PrEP most.
What we know…
Targeting perpetuates racism and stigma.

What we have to figure out…
How to be targeted without...
What we know...

We have messed up prevention messages.
What we know...

We have messed up prevention messages.
What we know…

We have messed up prevention messages.

What we have to figure out…

How to talk about HIV prevention in a way that breeds empowerment and joy about sexual expression.
PrEP can “do more”

• Help us reflect on our values
PrEP can “do more”

• Help us reflect on our values

• Place HIV prevention within a larger social and structural context
PrEP can “do more”

• Help us reflect on our values

• Place HIV prevention within a larger social and structural context

• Reboot conversations about prevention to emphasize control and empowerment
Thank You!

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How should we think about risk compensation?

Patterns of STI from Pre- to Post-PrEP (N = 163)

<table>
<thead>
<tr>
<th>Pattern描</th>
<th>N</th>
<th>%</th>
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<tbody>
<tr>
<td>Never had an STI</td>
<td>94</td>
<td>58%</td>
</tr>
<tr>
<td>STI pre-PrEP but not post</td>
<td>18</td>
<td>11%</td>
</tr>
<tr>
<td><strong>No STIs after starting PrEP</strong></td>
<td>112</td>
<td>69%</td>
</tr>
<tr>
<td>STI both pre-PrEP and post-PrEP</td>
<td>16</td>
<td>10%</td>
</tr>
<tr>
<td>STI post-PrEP only</td>
<td>35</td>
<td>21%</td>
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No evidence of risk compensation in 79% of patients
<table>
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<tr>
<th>Risk Behavior (90 Days Pre-PREP)</th>
<th>%</th>
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<tbody>
<tr>
<td>Reports recent condomless anal sex</td>
<td>70%</td>
</tr>
<tr>
<td>ASNC with unknown-status partner</td>
<td>41%</td>
</tr>
<tr>
<td>ASNC with HIV+ partner</td>
<td>34%</td>
</tr>
<tr>
<td>Magnetic Relationship (HIV+ partner)</td>
<td>25%</td>
</tr>
<tr>
<td>Diagnosed with STI in the past year</td>
<td>19%</td>
</tr>
<tr>
<td>Engages in transactional sex</td>
<td>17%</td>
</tr>
<tr>
<td>Uses methamphetamine</td>
<td>12%</td>
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None of these risk factors: 0%
### SPARK Sexual Risk

<table>
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<th>STI rates by time period (including interim visits)</th>
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<tbody>
<tr>
<td>6-months pre-PrEP (n = 237)</td>
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<tr>
<td>27 (11%)</td>
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75% of STIs are diagnosed at study visits

Which patients are most likely to get an STI on-PrEP?