



Qualitative Analysis of a Warm Handoff Linkage Approach for Cisgender Black Women to Pre-Exposure Prophylaxis (PrEP): A Systems Focus

Mandy J. Hill, DrPH, MPH
Associate Professor | UTHealth Houston

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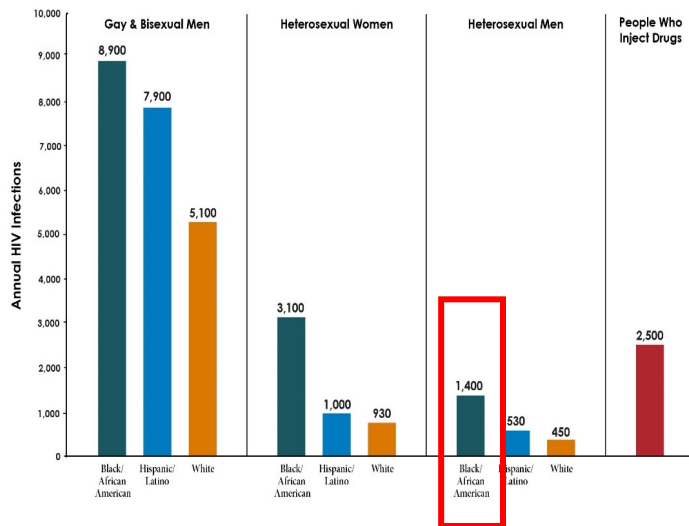
HIV Incidence & Race

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NEW HIV INFECTIONS DISPROPORTIONATELY AFFECT BLACK GAY AND BISEXUAL MEN AND BLACK HETEROSEXUAL WOMEN

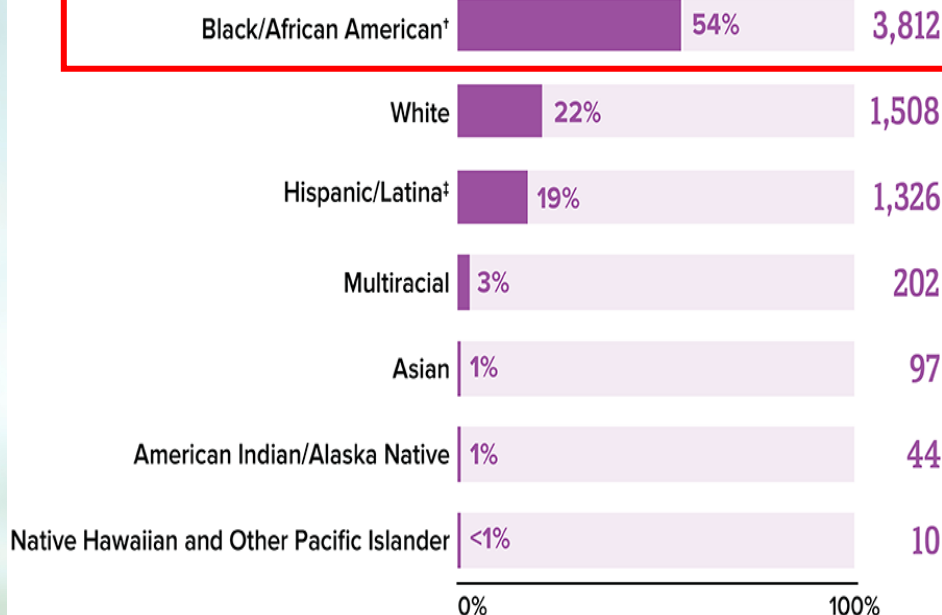
NEW HIV INFECTIONS BY RACE AND TRANSMISSION GROUP, 2019



For more information, visit
cdc.gov/nchhstp/newsroom



New HIV Diagnoses Among Women by Race/Ethnicity in the US and Dependent Areas, 2019*



* Based on sex assigned at birth and includes transgender people. For more information about transgender people, visit CDC's HIV and Transgender People web content.
† Black refers to people having origins in any of the Black racial groups of Africa. African American is a term often used for people of African descent with ancestry in North America.
‡ Hispanic/Latina women can be of any race.

Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2019. HIV Surveillance Report 2021;32.

HIV Transmission Focus

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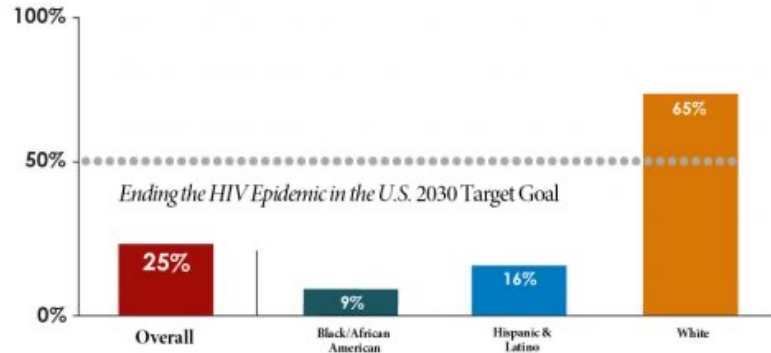
“**FOR BLACK WOMEN**, 91% of new HIV infections were attributed to heterosexual contact while the *HIV infection rate among Black women was the highest* compared to women of all other races and ethnicities.” (CDC, 2022)



PrEP Use & Cis Black Women

ONLY 9% OF BLACK PEOPLE IN THE U.S. WHO WERE ELIGIBLE FOR PREP IN 2020 WERE PRESCRIBED IT, SHOWING THAT UNEQUAL COVERAGE PERSISTS

PREP COVERAGE IN THE U.S. BY RACE/ETHNICITY, 2020



For more information, visit
cdc.gov/nchhstp/newsroom



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

“However, less than 2% of eligible cis Black women take pre-exposure prophylaxis.”(Conley, 2022)



Emergency Department Interventions

- Use as a public health safety net
- Brief behavioral interventions increasing & promising (some PrEP, mostly substance use disorder) (Hawk, 2018; Hill, 2020)



Warm handoff (WH) vs. normal referral

- Warm handoffs can increase behavioral health visit engagement (Olson, 2022)
- May be especially useful for stigmatized services or for marginalized communities (Taylor, 2021)
- Leverage community, often relying on Community Health Workers & community resources (Sanderson, 2021)
- More research needed!



Study Design

- Secondary analysis from the iPrEP study
- Embedded in UT Health IRB-approved RCT pilot study of willingness for PrEP uptake (HSC-MS-16-0892)
- Mixed-methods approach
 - Tracking linkage to initial PrEP visit
 - Longitudinal follow-up (6 months)

Setting: McGovern Emergency Department (ED) (2019-2021)



Participants: Inclusion

- Aged 18-55 years
- Self-identified Black or African American and cisgender
- Current HIV negative status (per ED test or self-report)
- Reported condomless sex and substance use within the last 3 months
- Has a working mobile device available to them
- Low-acuity health conditions
- Able to read and understand English



Study Methods

- Participants approached while waiting in ED
- iPrEP intervention (pre/post test, randomized to intervention or treatment as usual), **then PrEP clinic warm handoff**
- Telephone follow-ups at 1, 3, and 6 months
- Linkage verified through participant number w/ PrEP clinic



Analytic Methods

- Linkage and Follow-up Frequency Assessment (Excel)

Quantitative

- Thematic Analysis (MS Word)

Qualitative

Synopsis

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- Evaluation of a facilitated referral (warm handoff) from the Emergency Department to Houston PrEP clinics
- Warm handoff:
 - Live referral to clinic w/in 72 hours
 - Appointment reminder card
 - Free roundtrip transportation
 - Research follow-up telephone calls at 1, 3, and 6 months
 - Motivational interviewing at follow-ups + re-encouraged “linkage”
- Participants: Cisgender Black women in Houston, Texas
- Warm handoff embedded within Pilot RCT for a digital PrEP Intervention (iPrEP) (Hill, 2023)



Reflexive Thematic Analysis

Rationale (Clarke, 2021)

- Used to answer *why and how*
- Generative
- Capture real patient words and experiences

Technique

- Semantic and latent coding
- Content coding
- Theme consolidation
- Theme review



Themes: Barriers

Theme Valence	Theme	Code (n)	Quote
Barriers (-)	1. <i>Illness</i>	a) Physical condition/pain (3)	“She stated that she has been in and out the hospital and bleeding [from fibroids] a lot/not feeling well so she couldn't make it although she wanted to.”
		b) Emotional stress/pain (1)	
		a) Personal/work schedule (2)	“She said she was having a miscarriage at the time of enrollment and due to emotional stress and pain she did not go although she wanted to.”
	2. <i>Logistics/ Scheduling Complications</i>	b) Incarceration (1)	“Patient was not able to make her iPrep appointment due to her work schedule.”
		c) Moved (4)	“Patient could not make her iPrep appointment because she has moved [out of state] for work and was in jail for a while.”
		d) Clinic-patient miscommunication (2)	“She also stated she had moved and the taxi went to her old address.”
		e) Forgot (3)	“Patient did not attend PrEP appointment because she stated she never got contacted from [clinic].”
		a) Phone number not working (4)	“Patient stated she did not make her appointment because she forgot about it.”
	3. <i>Technical Difficulties</i>	b) Research team technical difficulties (1)	“Number out of service”
			“The PT was consented, however due to issues with Qualtrics and the 1 hour troubleshooting I attempted, I lost the patient due to being asleep.”



Themes: Facilitators

Theme Valence	Theme	Code (n)	Quote
Facilitators (+)	4. <i>Personal Values</i>	a) Perceived importance of care (1)	She is grateful for the calls and the reminders of her health which prompts her to speak with her daughter on the importance of taking care of her body.”
	5. <i>Study Staff Relationships</i>	a) Research team connection and reminders (1)	“She is grateful for this study for the calls and the reminders of her health”



Themes:

Either Barriers or Facilitators

Theme Valence	Theme	Code (n)	Quote
Barrier (+) or Facilitator (-)	<i>6. Healthcare Relationships</i>	a) Established care at clinic (+) (1)	“[Participant] stated she did follow up with the clinic because this is the clinic where she receives her women's health and emotional/ counseling services.”
		b) Established care elsewhere (-) (1)	“I have a PCP who I go to for all testing and women's health.”
		c) Previous negative experience at facility (-) (1)	“As a result of her experience at [emergency room affiliated with clinic], she was 'over the medical community' and this is why she did not follow up with any other appointments including [PrEP clinic].”
* Unknown why two participants were unable to make their PrEP appointment but willing to reschedule			



BARRIERS AND FACILITATORS OF LINKAGE

A myriad of varied reasons why people did not attend

Barriers: Logistics, acute illness, incarceration, and relocation

Facilitators: Personal importance of care, established relationships with clinic, positive study/HCP relationships



ROLE OF ILLNESS

- All physical conditions were reproductive-focused
 - Pregnancy, fibroid pain, bleeding, hospitalization, and miscarriage
- Emotional stress/pain also reproductive-focused
 - Miscarriage-related

Immediate reproductive health concerns prevented preventative reproductive health visits



Key Findings

- Warm handoff process showed successful proof of concept linking patients to a PrEP visit
 - Were able to show linking to PrEP visit did result in connecting with PrEP
- Those unlinked by the end of the study reported of strong & ongoing motivation to attend PrEP clinic
- High reemergence and ongoing barriers suggest cisgender Black women may benefit from extended follow-up > 6 mo
- Congruent with literature, *systems-level forces* may impact cisgender Black women's ability to obtain PrEP for HIV prevention



Impact

- Need to prioritize culturally tailored PrEP interventions for cis Black women
- A multifaceted approach is needed to prevent further compounding existing inequities in PrEP linkage, access, and uptake

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QUESTIONS?

MANDY J. HILL, DRPH, MPH
MANDY.J.HILL@UTH.TMC.EDU
TWITTER: @DRMANDYJHILL