Anti-stigmatizing, client-centered sexual history as an effective implementation strategy to increase EHE intervention delivery in diverse clinical settings

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The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Project PACE and NYC DOHMH Teams

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Many patients remain sub-optimally engaged in evidence-based HIV prevention interventions.
Lack of opportunity is often a key barrier, as many patients who might benefit from these interventions...

...are not aware of them,

are not offered them,

or cannot access them.
The **sexual history** is a **critical implementation strategy** for increasing access to and uptake of HIV prevention interventions.
Patients want sexual health conversations...

**85%** of patients report wanting to talk about sexual health concerns with their providers

**71%** Say that primary care providers should ask all patients if they have sexual health concerns

**68%** of patients report fear of embarrassing their provider as a reason for not broaching sexuality

The GOALS Approach to Sexual Health is a provider-level implementation strategy designed to promote adoption and sustainment of EHE evidence-based intervention (EBIs) by changing patient-provider sexual history interactions and sexual health conversations.
The GOALS Approach has four core components

1. Initiating sexual health conversations with open-ended, client-centered questions;

2. Providing universal, opt-out, HIV and STI testing;

3. Offering universal, rather than risk-based, PrEP education and access;

4. Using gender-affirming, non-discriminating, anti-stigmatizing and trauma-informed language in all HIV prevention conversations with clients/patients.

GOALS increases EBI adoption and sustainment by normalizing HIV as a part of overall sexual health, decreasing stigma, and removing risk-based protocols that limit access.
**Implementation strategies** are methods or techniques used to enhance the adoption, implementation, and sustainability of evidence-based interventions in practice.

**Adoption** of EBIs in practice
- Offer of HIV testing
- Offer of STI testing
- PrEP education and offer

**Uptake** of EBIs by patients
- Awareness
- Acceptability
- Availability/Access

✓ Acceptability
✓ Feasibility
✓ Cost
NYC HD developed a multi-layer implementation strategy to adopt GOALS in agencies funded for HIV prevention.

- **Adoption** of EBIs in practice
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  - Offer of STI testing
  - PrEP education and offer

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**Adoption** of EBIs in practice
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- Offer of STI testing
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**Goals**
- Acceptability
- Feasibility
- Cost

**Infrastructure Development**
- Requirements

**Service delivery**
- Mandates
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Uptake of EBIs by patients
✓ Awareness
✓ Acceptability
✓ Availability/Access

Adoption of EBIs in practice
• Offer of HIV testing
• Offer of STI testing
• PrEP education and offer

Training Requirements
✓ Acceptability
✓ Feasibility
✓ Cost

Infrastructure Development

Training

Service delivery

Mandates
• Documentation in EMR
• Integration into protocols
• Training part of HR
Partnership to increase **Access, Client-Centered Care, and Equity in HIV Services |** U01PS005239, Golub, PI (2021-2026)

- **CDC-funded cooperative agreement** funded under an initiative to accelerate the impact of Health Department delivered HIV prevention activities (RFA-PS-21-002)

- **Community-academic partnership** between the NYC Department of Health and Mental Hygiene (NYC DOHMH) and the Hunter Alliance for Research & Translation (HART) at Hunter College of the City University of New York

- **Mixed-methods, longitudinal study** designed to: a) operationalize and examine enactment of the NYC HD implementation strategy; b) **evaluate** the strategy’s **impact** on implementation outcomes and patient outcomes; and c) apply the CFIR to examine the role of **socio-ecological and contextual influences** on the strategy’s implementation and effectiveness.

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5 minute Research Questions

- Did NYC HD training requirements lead to actual staff training in GOALS?
- Did NYCHD service delivery mandates lead to GOALS adoption?
- Was utilization of the GOALS implementation strategy associated with increased provider adoption of HIV prevention interventions?
Project PACE Methods

- **Document review and content analysis** of all implementation activities (e.g., coding of 676 technical assistance calls with 19 agencies);

- **Observational analysis** (e.g., attendance at learning collaborative sessions; site visits to funded agencies);

- **Qualitative interviews** with staff and leadership at both funded agencies and the NYC HD (n = 64; 16/19 agencies);

- **Quantitative analysis of outcome and indicator data** (including monthly agency reporting on training requirements/service mandates and client/staff experience surveys).
RQ#1: Staff Trained in GOALS over Time

% of staff that completed GOALS training

Implementation Quarter (Sept 2022 - Oct 2023)

Mean across agencies

19 Agencies

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RQ #2: GOALS Adoption over Time

% of client visits at which GOALS was implemented

Implementation Quarter: Sept 2022 - Oct 2023

Mean across agencies

19 Agencies

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RQ#3: Adoption of EBIs | Offers of HIV Testing

Mean across agencies

% of client visits at which HIV testing was offered

Implementation Quarter Sept 2022 - Oct 2023)
RQ#3: Adoption of EBIs | Offers of STI Testing

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Q1
Q2
Q3
Q4
Q5

Implementation Quarter Sept 2022 - Oct 2023)

% of client visits at which STI testing was offered

75%
68%
69%
75%
87%

Mean across agencies

19 Agencies

0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
RQ#3: Adoption of EBIs | PrEP Education/Offer

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% of client visits at which clients were educated on/offered PrEP

Implementation Quarter Sept 2022 - Oct 2023

Mean across agencies

19 Agencies

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Q1 Q2 Q3 Q4 Q5

64% 63% 54% 59% 78%
RQ#3: Association between GOALS and EBI Adoption

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RQ#3: Association between GOALS and EBI Adoption

Repeated Measures Correlation Analysis (18 agencies; 5 time-points)

\[ r = 0.49 \]
\[ p < 0.001 \]
RQ#3: Association between GOALS and EBI Adoption

Repeated Measures Correlation Analysis (18 agencies; 5 time-points)

- Repeated Measures Correlation Analysis for STI Testing:
  - \( r = 0.48 \)
  - \( p < 0.001 \)

- Repeated Measures Correlation Analysis for PrEP Offer:
  - \( r = 0.45 \)
  - \( p < 0.001 \)
RQ#3: Association between GOALS and EBI Adoption

Agencies were classified into groups based on GOALS enactment patterns...

- **HIGH implementers**: rate of the GOALS implementation above the median for all three quarters (n = 6)

- **LOW implementers**: rate of GOALS use at or below the median for all three quarters (n = 5)

- **UPWARD implementers**: rate of GOALS use started at or below the median in Q3 but increased to above the median by Q5 (n = 4)

- **VARIABLE Implementers**: rate of GOALS use above the median in some quarters and at or below the median in others (n = 3)
RQ#3: Association between GOALS and EBI Adoption

% of Visits at which Intervention was offered

- HIV Testing
- STI Testing
- PrEP

GOALS Implementation Strategy Enactment

RQ#3: Association between GOALS and EBI Adoption

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Summary

• Health department training and service delivery mandates were associated with adoption of a provider-level implementation strategy.

• Utilization of the GOALS provider-level implementation strategy was associated with increased provider adoption of HIV prevention EBIs, including increased offers of HIV testing, STI testing and PrEP.

• Further research is needed into determinants of variability across programs, and into the impact of provider-level EBI adoption on patient-level uptake and outcomes.
THANK YOU!

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