PrEP for CisWomen: Successes, Challenges, & Opportunities
Jaime Morrill, PrEP Specialist
Purpose

- Trillium Health
- PrEP Program overview
- Women in our program
- Successes
- Challenges
- Looking to the future
OUR PROGRAM & SERVICE MODEL:

- Multidisciplinary = Patients see a PrEP Specialist and provider at each visit and have access to a team that includes: clinical pharmacist, behavioral health, care management, etc.)
- 8 onsite providers who prescribe PrEP/PEP
- Total number of patients = approx. 350
- Referrals/linkages = in-house (partners of HIV+ patients), walk-in testing, outreach activities (physical & digital), primary care doctors, etc.
- Structure: Intake — 1 month follow up — 3 month follow up — quarterly or as needed
- PrEP on Demand = Intake often happens the same day (open access slots/provider availability)
- PrEP specific marketing campaign (print & digital)
- PrEP advertising on Instagram, Facebook, and Craigslist
- Direct PrEP phone line (585) 454-PREP
PrEP SPECIALIST ROLE:

- Discuss sexual history, assess risk, PrEP & safer sex education
- Rapid HIV testing
- HIV/STI education/counseling
- Insurance & assistance program navigation
- Link between patient and provider
- Connect to additional services (care management, behavioral wellness, housing, transportation assistance, food, etc.)
- Follow up and outreach
Women made up 19% of new HIV diagnoses in the United States in 2015. 86% of these diagnoses were attributed to heterosexual sex, 13% injection drug use. African American women are disproportionately affected (61% of new infections in 2015). Of women living with HIV, around 11% do not know they are infected.
WOMEN IN OUR PROGRAM:

7.7% WOMEN (27)

Demographics:

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<td>22-29</td>
<td>7</td>
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<tr>
<td>30-39</td>
<td>11</td>
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<tr>
<td>40-49</td>
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<td>50-59</td>
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<table>
<thead>
<tr>
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<tbody>
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<tr>
<td>Black/AA</td>
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<tr>
<td>All other races</td>
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<table>
<thead>
<tr>
<th>SEXUALITY</th>
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<tr>
<td>Heterosexual</td>
<td>15</td>
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<td>Declined to Answer</td>
<td>5</td>
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CHARACTERISTICS & TRENDS:
What we see...

- Socioeconomic concerns/barriers = housing, employment, childcare, transportation
- care management needs
- Intimate Partner Violence (IPV)
- Substance Abuse
- Sex work
- Perceived low-risk for HIV
- Lack of education around HIV/STI prevention, transmission, treatment

- Serodiscordant Relationship
  - male partner has disclosed status and both partners are engaged with healthcare
Program Successes: What's Working Well?

Women often feel more comfortable talking to other women – Trillium Health has 4 female providers available for PrEP/PEP care & 1 female PrEP Specialist

PrEP On Demand = patients are able to complete a PrEP intake and walk away with PrEP the same day of initial contact – no wait time for appointment

Spending time = many females that come to Trillium have many other medical and socioeconomic needs/concerns – taking the time to address those needs and link to additional resources improves overall health outcome → builds trust → allows for more focus on health/medical care

- Connect at pregnancy/STI testing = nurses and providers talk with the patient about PrEP & link to PrEP Specialist → increases education & spreads awareness

- Analogy of PrEP with birth control and PEP with Plan B, women are receptive to this comparison (in the clinic and while doing outreach)

- Physical outreach in places where women are → college campuses, coffee shops, heterosexual bars, church/religious communities
Interviews

8 Women

Five Questions:

1. As a woman in our PrEP Program, what influenced your decision to go on PrEP? How did you decide to go on PrEP at Trillium?

2. What motivates you to stay on PrEP?

3. What helps you to remember to take PrEP every day?

4. What barriers or challenges do women face coming to their PrEP appointments and/or taking the pill every day?

5. What can Trillium do to reach other women about how PrEP can improve their life?
Responses

Question 4 responses:
- Embarrassment
- Transportation
- Lack of understanding of HIV and the importance
- No babysitter

Question 5 responses:
- Marketing/ads with images of women and families
- Evening “get-togethers” or education groups
- Outreach at school events, to PCP/OBGYN, strip clubs, detox centers
Program Challenges: Barriers? What's not working?

- Lack of marketing and community messaging
- Social messaging has been focused on pregnancy prevention
- Knowledge gap between OBGYN and PCP
- STIGMA = double standard
- Intimate Partner Violence
- Sex work
- Passive referrals
- Time consuming
CONCLUSIONS

Looking to the Future…

- Marketing campaign towards women
- Collaborate with women health organizations
- Increase and promote women's health services in general
- Shift outreach to reach more women
- Studies
- Create a women's support group
- Incentives
- Address childcare needs
PROTECT YOUR
PREP DAILY TO PREVENT HIV
REFERENCES

Thank you! Questions?

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