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Optimizing PrEP Cascade Outcomes For Sexual Health Clinic Navigation

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BACKGROUND

Sexual Health and STI clinics are increasingly integrating PrEP navigation services to identify, refer and link eligible patients to PrEP. Increasing the effectiveness of these programs will require maximizing the number of patients along the PrEP cascade, i.e., acceptance of navigation and referral, PrEP initiation, and sustained PrEP use. Epidemiological data have focused almost exclusively on demographic predictors of cascade outcomes, which are not amenable to behavioral intervention.

This implementation science study was designed to examine <u>modifiable psychosocial predictors</u> of PrEP cascade outcomes that can be used to guide and strengthen targeted intervention efforts

METHODS

Data were collected as part of an NIH-funded sub-study of a CDC-funded (Project PRIDE) PrEP navigation program in eight New York City public sexual health clinics (SHCs). Between February 2017 and August 2018, we recruited 279 patients with clinic-specific indications for PrEP navigation. Approximately 4 weeks after their SHC visit, participants completed a self-report survey and 30 minute interview about their experience with the PrEP navigation program, including whether or not they had initiated PrEP. Participants were interviewed again approximately 3 months later, and were asked about their current PrEP use.

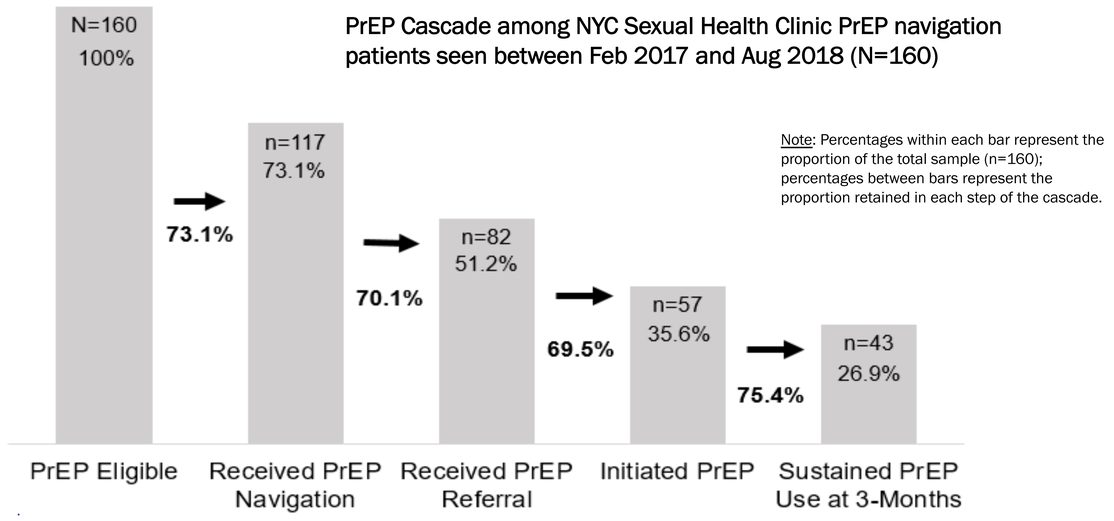
In this analysis, we examined psychosocial correlates of four steps on the **PrEP cascade**: a) **Received PrEP Navigation** (i.e., patient agreed to speak to a PrEP Navigator at the SHC); b) **Received PrEP Referral** (i.e., patient accepted a referral for continuing PrEP care outside of the SHC); c) **Initiated PrEP** (i.e., patient reported starting PrEP medication either at the SHC or at the referral site); and d) **Sustained PrEP Use at 3M** (i.e., patient report still being on PrEP at 3M follow-up).

This analysis is restricted to participants who were PrEP-naïve when visiting the SHC and completed both the initial and 3-month study visits (n = 160).

RESULTS

Of the 160 participants, one-third were 25 years old or younger (31%), over half identified as Black or Latinx (58%), and most identified as cisgender gay or bisexual men (79%). Three-quarters received navigation (73%), half received PrEP referral (51%), 36% initiated PrEP, and 27% were still on PrEP at 3-months.

PrEP Cascade among NYC Sexual Health Clinic PrEP navigation patients seen between Feb 2017 and Aug 2018 (N=160)



Note: Percentages within each bar represent the proportion of the total sample (n=160); percentages between bars represent the proportion retained in each step of the cascade.

Adjusted Odds Ratios and Confidence Intervals for Significant Psychological Predictors of Cascade Outcomes

	Received PrEP Navigation	Received PrEP Referral	Initiated PrEP	Sustained PrEP Use at 3-months
	AOR (95% CI)	AOR (95% CI)	AOR (95% CI)	AOR (95% CI)
Personal PrEP Efficacy	4.7 (2.0-11.1)**	8.7 (3.4-21.8)**	7.2 (2.9-17.7)**	4.3 (1.7-11.1)*
HIV Worry	3.3 (1.9-5.7)**	1.9 (1.3-2.8)*	1.6 (1.1-2.3)†	2.2 (1.4-3.5)*
Intimacy Barriers to Condom Use	---	2.1 (1.2-3.6)†	2.0 (1.2-3.3)*	---
Perceived HIV Risk	---	---	---	0.97 (0.95-0.99)*
Medical Mistrust	---	---	---	0.51 (0.27-0.99)†

†p < .05. *p <.01. **p < .001

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In multivariate analysis, the strongest predictor of PrEP outcomes at every step of the cascade was a 6-item scale measuring *Personal PrEP efficacy* (i.e., believing PrEP will work <u>for me</u>).

Cascade outcomes were <u>not</u> associated with an overall belief in PrEP's effectiveness; PrEP stigma beliefs; anticipated HIV stigma; HIV risk behavior; or three of the four Condom Barriers and Motivation Scale (CBMS) subscales: pleasure barriers to condom use, partner pressure barriers to condom use, or risk reduction motivations for condom use.

All four cascade outcomes were positively associated with HIV worry. Receipt of PrEP Referral and PrEP Initiation were associated with reporting intimacy barriers to condom use. Perceived HIV risk and higher medical mistrust were both negatively associated with sustained PrEP use at 3-months.

Personal PrEP Efficacy Scale (α = .72)

1. Taking a daily pill is a good way to protect myself from getting HIV
2. PrEP users are taking control of their sexual health
3. I feel confident that I would be able to take PrEP every day
4. PrEP will not work for me (reverse)
5. I feel uncomfortable taking HIV meds when I don't have HIV (reverse)
6. I worry PrEP won't completely protect me from HIV (reverse)

CONCLUSIONS

These data are some of the first to identify specific, modifiable factors that could be developed into psychosocial interventions to optimize PrEP cascade outcomes in the context of sexual health clinic navigation.

In contrast to focusing on risk behavior or risk perception, these data suggest the importance of messaging and counseling that <u>enhances self-efficacy beliefs, promotes PrEP as an antidote to HIV worry, and builds trust</u>.

Findings can inform development of interventions to be tested in implementation science RCTs in public clinics.

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