NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION

Effectiveness of PrEP Navigation Models in the THRIVE Demonstration Project

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BACKGROUND

HIV pre-exposure prophylaxis (PrEP) uptake has been suboptimal among populations with the highest rates of HIV diagnoses, including men who have sex with men (MSM) of color. Effective navigation models for PrEP clinical care can help persons at risk of acquiring HIV to initiate, adhere to, and persist with PrEP. PrEP providers currently lack evidence-based models for PrEP service navigation. The THRIVE demonstration project funded seven state health departments to develop collaboratives comprised of community-based organizations (CBOs) and clinical providers to implement comprehensive HIV prevention and care services for MSM of color. THRIVE used several different PrEP navigation models in the demonstration project.

METHODS

We analyzed cohort data of 8,339 MSM of color enrolled in THRIVE from September 2015 through March 2019. Study locations included Alabama, Baltimore, Louisiana, New York City, Philadelphia, Virginia and Washington (DC). We estimated the number of MSM of color who were eligible for and linked to PrEP care. We explored possible navigation models based on the following navigation components common across all seven jurisdictions: navigator education (professional with a college or higher vs. peers from the community with no formal educational requirement) and source of navigation protocol development (health department or clinic/CBO); three navigation models were identified. We conducted multivariable regression analyses [risk ratio, 95% confidence intervals (CI)] to estimate the associations between type of PrEP navigation model and linkage to care.

PrEP service **navigation models** *designed* by **local** service providers and *staffed* by **both career** professionals and **peer** navigators appear to be components associated with *successful* **PrEP uptake**.

RESULTS

Effectiveness of pre-exposure prophylaxis (PrEP) navigation models among men who have sex with men (MSM) of color, THRIVE Demonstration Project in seven selected jurisdictions, 2015-2019.

	Number of PrEP eligible patients	Number of patients linked to PrEP	% of persons linked to PrEP	RR	95% CI	p-value
Navigation Model						
Professional + Peer and CBO Protocol	3211	2850	88.8%	3.48	2.61 - 4.62	<0.001
Professional + Peer and HD Protocol	372	95	25.5%	Ref	n/a	n/a
Peer and HD Protocol	1416	305	21.5%	0.84	0.70 - 1.02	0.0752

PrEP = pre-exposure prophylaxis; MSM = men who have sex with men; RR = risk ratio; CI = confidence interval; CBO = community-based organization; HD = health department.

RESULTS

Among 4,999 MSM of color who were eligible for PrEP, 4,227 (84.6%) were linked to care. Our analyses identified three navigation models. We found that navigation models that combined professional and peer navigators with protocols designed by clinics/CBOs were more than 3 times as likely to link eligible clients to PrEP compared to navigation models that combined peer navigators with protocols designed by health departments (88.8% vs. 21.5%) (RR: 3.48, 95% CI=2.61–4.62).

CONCLUSIONS

Navigation models that included professional navigators and CBO-developed protocols were more effective for increasing linkage to PrEP healthcare services. Our analyses of interim data from the THRIVE demonstration project provide evidence to guide the development of PrEP navigation models that can be used in U.S. jurisdictions funded by the Ending the HIV Epidemic federal initiative.

ACKNOWLEDGMENTS

This study is supported by Centers for Disease Control and Prevention (CDC-RFA-PS15-1509).

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