The EMPOW-HER Project:

Educating Medical Providers on Women-Controlled HIV Prevention to Expand Reach to African American Women in Atlanta

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Aims

**Pre-Implementation**
- Community Collaboration
- Focus Group Discussions
- Qualitative Data Analysis

**Implementation**
- Development of Training
- Refining Training
- Pretesting Training

**Post-Implementation**
- Data Analyses and Dissemination
Implementation Science Methodologies

- Community Engagement
- Focus Groups and Interviews Guided by CFIR
- Rapid Qualitative Analysis
- User-Centered Design
- Implementation Science Measures using Cross Walk
Demographics ($N_{\text{women}} = 22$)

**Marital Status**
- Married: 19%
- Single: 71.4%
- Divorced: 1%

**Insurance**
- Government Issued: 15%
- No Insurance: 27.8%
- Private: 57.1%

**County**
- Fulton: 57.4%
- DeKalb: 28.6%
- Cobb: 9.5%
- Gwinnett: 4.6%

**Education**: Four-year college degree or higher

**Average Age**: 33 years

68%
Key Outcomes

Qualitative Data

• PrEP Conversations with Providers
• Barriers to PrEP Communication with Providers
• Impact of OBGYN’s Characteristics on the Comfort Level of Patients
• PrEP Benefits
• PrEP Concerns
• Engaging others in the Decision to take PrEP
• PrEP
• Feasibility of Adherence
• Changes in Sexual Behavior
• Preferred Place to Initiate PrEP
• Acceptability of PrEP via Telehealth
• Preference for injectable vs oral PrEP

Quantitative Data (Coming Soon)

• Increase providers’ PrEP knowledge
• Decrease providers’ PrEP-related concerns
• Increase providers’ self-efficacy to prescribe PrEP
• Increased the number of PrEP prescriptions
• Acceptability of PrEP Training (AIM)
• Usability of PrEP Training
  • The mHealth App Usability Questionnaire (MAUQ)
• Feasibility of PrEP Training (FIM)
PrEP Communication

“I think it depends on her - if she has a primary care physician or OBGYN that she goes to regularly and she has a relationship with, then maybe she might feel more comfortable.”

Barriers to Communication with Provider

“...But if it's not advertised in some way, she may not feel comfortable asking because she may not know whether...the doctor is aware of that drug or if the doctor would even feel confident or comfortable prescribing that drug.

Telemedicine

“What if I go into this clinic and I see somebody that I know or somebody sees me going into this clinic, those types of things. So she doesn't have to worry about that if she's doing telemedicine because it's just her and the provider over a screen.”

Preference of Setting

“If she has access to health insurance, then I think that her OBGYN would probably be her preference”
Adherence
“I don't think it's going to be and probably not going to be easy. But I do believe that is doable.”

PrEP Concerns
“...price point, if she had to pay for a portion of it and then side effects, definitely.”

Benefits of PrEP
“...she can have the peace of mind, at least that her body, in effect, is protected”

Oral vs. Injectable PrEP
“But if she is a busy person, always over the place traveling and has a full schedule, then it's probably easier to just to get the shot every two months and schedule her plans, vacations and all of that around the shot.”
EMPOW-HER Training: Pre-Assessment

CLICK TO TAKE THE PRE-ASSESSMENT
Module 1: Epidemiology

Black women and adolescents living in the South were diagnosed with HIV at a rate of 22.2 new cases per 100,000 people.

Reasons not Individual Risks

Research suggests that HIV risk among black women is not attributable to women engaging in more risky behaviors as compared to women of other races. Black women may be at increased risk of HIV due to myriad social determinants of health. Click the pictures below to explore some structural drivers of HIV among Black women.
Module 2: PrEP Basics

How does PrEP prevent HIV acquisition?

1. PrEP fortifies cells
2. HIV is unable to replicate
3. New cells replace old cells

PrEP fortifies the host cells from within
What is involved in delivering PrEP?

**Step 1:** *Create* a non-stigmatizing environment for patients to share information about their sexual health

**Step 2:** *Take* a good sexual health history with every patient - this is critical

**Step 3:** *Open* the dialogue & assess need for PrEP

**Step 4:** *Determine* behavioral and clinical eligibility
Module 4: Initial PrEP Visits

Step 4: Choose PrEP Modality

There are four elements to consider when helping patients decide which PrEP options are best for them. Click on here card to learn how each factor can impact which PrEP modality may work for them.

Types of Partners and Types of Sex

For cisgender women, only emtricitabine/TDF and cabotegravir are approved for HIV prevention.
Module 4: Initial PrEP Visits

Starting in January 2021 most private insurance plans must provide $0 cost-sharing for at least one PrEP product. Click here to learn how to confirm that PrEP is covered by an insurance plan.

There are several programs available to help uninsured patients pay for PrEP

Ready, Set, PrEP

What is Ready, Set, PrEP?

Ready, Set, PrEP is a federal program, sponsored by the Department of Health and Human Services, that provides PrEP medication at no cost to those who qualify!
Module 5: PrEP Follow-up Visits and Managing PrEP Side Effects and Seroconversion

REMEMBER!

**Screen for positive** gonorrhea, chlamydia, and syphilis to determine substantial risk and if other prevention strategies are needed (e.g., condoms, etc.).

Make sure to screen all suggested exposed anatomical sites for women. Urine testing alone is not sufficient for screening.

The CDC guidance should be used as a guide but is not exhaustive. Women who may be interested in PrEP or benefit from PrEP may not meet all the criteria on this list.
Risk Reduction Counseling

Assess risk in a non-judgmental way

What is the best way to ask the question below?

1. Has taking PrEP changed the things you do to protect yourself from getting HIV and STIs, for example, using condoms?

2. Do you use condoms at all anymore, since you've started PrEP?
To learn more about the research and clinical guidance related to PrEP among pregnant and breastfeeding women please visit [PrEPWatch.com](https://www.PrEPWatch.com).

The World Health Organization recommends the use of TDF to prevent HIV infection among pregnant and breastfeeding women who are at substantial risk of HIV.
Please indicate which answer is best.

Is the following statement true or false?

“PrEP is not safe to use with hormonal contraception.”

- True
- False
Congratulations, you passed!

PASSING SCORE  80%
YOUR SCORE     90%

PRINT RESULTS
RETRY QUIZ
Challenges and Solutions

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Best Practices and Lessons Learned

• Develop Relationships sincerely and proactively
• Plan and Design based on the needs of providers and patients – not research
• Allocated time for iteration between patient and provider populations
• Build electronic data collection tools for rapid qualitative analysis
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