Reaching Special Populations for PrEP

April 19, 2018

MSM Data-Tennessee

Table 1. Characteristics of newly diagnosed individuals in Tennessee, 2016

	N	%	Rate per 100,000 persons
Overall	714	N/A	10.7
Gender			
Female	126	17.6	3.7
Male	580	81.2	17.9
Transgender	8	1.1	N/A
Age group (at diagnosis, years)			
<15	7	1.0	0.6
15-24	192	26.9	21.9
25-34	237	33.2	26.6
35-44	126	17.6	15.2
45-54	103	14.4	11.5
55+	49	6.9	2.6
Race/ethnicity			
Black non-Hispanic	425	59.5	38.1
White non-Hispanic	246	34.5	5.0
Hispanic	32	4.5	9.2
Other	11	1.5	4.4
Transmission risk			
Male			
Male-to-male sex	385	66.4	N/A
Injection drug use (IDU)	13	2.2	N/A
Male-to-male sex and IDU	19	3.3	N/A
Heterosexual contact	92	15.9	N/A
Perinatal exposure	3	0.5	N/A
Other	0	0.0	N/A
Unknown	68	11.7	N/A
Female			
Heterosexual contact	103	81.7	N/A
Injection drug use (IDU)	9	7.1	N/A
Perinatal exposure	4	3.2	N/A
Other	0	0.0	N/A
Unknown	10	7.9	N/A
Transgender			
Any sexual contact	7	87.5	N/A
Injection drug use (IDU)	0	0.0	N/A
Any sexual contact and IDU	1	12.5	N/A
Perinatal exposure	0	0.0	N/A
Other	0	0.0	N/A
Unknown	0	0.0	N/A

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed June 30, 2017.

Newly diagnosed refers to individuals diagnosed with HIV during January 1-December 31, 2016 and resided in TN at the time of diagnosis.

% is percentage of each subgroup; percentages for subgroups with less than 10 (e.g., transgender individuals) should be interpreted with caution.

Transgender is defined as an umbrella term for persons whose gender identity or expression is different from sex at birth. For more information: www.cdc.gov/lgbthealth/transgender.

Hispanics can be of any race.

Transmission risk categories are mutually exclusive; heterosexual contact includes high risk heterosexuals and persons who had sexual contact with someone of the opposite sex and said no to injecting drugs; other includes blood transfusion and hemophilia; unknown indicates no identified risk (NIR) and no reportable risk (NRR).

Rates calculated using the U.S. Census Bureau 2016 American Community Survey 1-Year estimates.

MSM Data-Tennessee

Table 2. Characteristics of persons living with diagnosed HIV in Tennessee, 2016

	N	%	Rate per 100,000 persons
Overall	17,489	N/A	262.9
Gender			
Female	4,437	25.4	130.2
Male	12,979	74.2	400.3
Transgender	73	0.4	N/A
Age group (current, years)			
<15	92	0.5	7.4
15-24	750	4.3	85.5
25-34	3,055	17.5	342.5
35-44	3,811	21.8	458.4
45-54	5,460	31.2	610.5
55+	4,321	24.7	225.8
Race/ethnicity			
Black non-Hispanic	9,860	56.4	883.4
White non-Hispanic	6,403	36.6	129.7
Hispanic	803	4.6	230.3
Other	423	2.4	169.9
Transmission risk			
Male			
Male-to-male sex	8,586	66.2	N/A
Injection drug use (IDU)	661	5.1	N/A
Male-to-male sex and IDU	512	3.9	N/A
Heterosexual contact	1,649	12.7	N/A
Perinatal exposure	71	0.5	N/A
Other	54	0.4	N/A
Unknown	1,446	11.1	N/A
Female			
Heterosexual contact	3,205	72.2	N/A
Injection drug use (IDU)	433	9.8	N/A
Perinatal exposure	94	2.1	N/A
Other	17	0.4	N/A
Unknown	688	15.5	N/A
Transgender			
Any sexual contact	63	86.3	N/A
Injection drug use (IDU)	0	0.0	N/A
Any sexual contact and IDU	3	4.1	N/A
Perinatal exposure	0	0.0	N/A
Other	0	0.0	N/A
Unknown	7	9.6	N/A

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed June 30, 2017.

Persons living with HIV refers to individuals diagnosed with HIV on or before December 31, 2016 and resided in TN on December 31, 2016.

% is percentage of each subgroup; percentages for subgroups with less than 10 (e.g., transgender individuals) should be interpreted with caution.

Transgender is defined as an umbrella term for persons whose gender identity or expression is different from sex at birth. For more information: www.cdc.gov/lgbthealth/transgender.

Hispanics can be of any race.

Transmission risk categories are mutually exclusive; heterosexual contact includes high risk heterosexuals and persons who had sexual contact with someone of the opposite sex and said no to injecting drugs; other includes blood transfusion and hemophilia; unknown indicates no identified risk (NIR) and no reportable risk (NRR).

Rates calculated using the U.S. Census Bureau 2016 American Community Survey 1-Year estimates.

MSM Data-Tennessee

Table 3. Number of deaths among persons with diagnosis of HIV in Tennessee, 2011-2015

	2011	2012	2013	2014	2015
Overall	324	323	338	338	304
Gender					
Female	81	89	83	102	95
Male	242	233	255	235	209
Transgender	1	1	0	1	0
Age group (time of death, years)					
<15	0	0	0	0	0
15-24	3	2	1	6	6
25-34	34	29	22	24	30
35-44	61	77	66	60	53
45-54	119	112	119	108	117
55+	107	103	130	140	98
Race/ethnicity					
Black non-Hispanic	191	186	189	205	170
White non-Hispanic	118	131	131	118	117
Hispanic	5	2	9	8	7
Other	10	4	9	7	10

Source: Tennessee enhanced HIV/AIDS Reporting System (eHARS), accessed June 30, 2017.

Deaths among persons with diagnosis of HIV in TN refers to deaths among persons who resided in TN at the time of death.

% is percentage of each subgroup; percentages for subgroups with less than 10 (e.g., transgender individuals) should be interpreted with caution.

Transgender is defined as an umbrella term for persons whose gender identity or expression is different from sex at birth. For more information: www.cdc.gov/lgbthealth/transgender.

Hispanics can be of any race.

MSM Data- Knox County

Table 1d. Characteristics of newly diagnosed individuals in Knoxville (Knox County), Tennessee, 2016

	N	%	Rate per 100,000 persons
Overall	51	N/A	11.2
Gender			
Female	--	N/A	N/A
Male	40	78.4	18.1
Transgender	--	N/A	N/A
Age group (years)			
<15	--	N/A	N/A
15-24	11	21.6	15.3
25-34	20	39.2	32.8
35-44	7	13.7	12.4
45-54	8	15.7	13.4
55+	--	N/A	N/A
Race/ethnicity			
Black non-Hispanic	15	29.4	36.7
White non-Hispanic	33	64.7	8.4
Hispanic	--	N/A	N/A
Other	--	N/A	N/A
Transmission risk			
Male			
Male-to-male sex	29	72.5	N/A
Injection drug use (IDU)	--	N/A	N/A
Male-to-male sex and IDU	--	N/A	N/A
Heterosexual contact	6	15.0	N/A
Perinatal exposure	0	0.0	N/A
Other	0	0.0	N/A
Unknown	0	0.0	N/A
Female			
Note: Data not displayed due to confidentiality rules.			
Transgender			
Note: Data not displayed due to confidentiality rules.			

Data-Knox County

Table 2d. Characteristics of persons living with HIV in Knoxville (Knox County), Tennessee, 2016

	N	%	Rate per 100,000 persons
Overall	1,041	N/A	228.2
Gender			
Female	--	N/A	N/A
Male	762	73.2	343.9
Transgender	--	N/A	N/A
Age group (years)			
<15	--	N/A	N/A
15-24	--	N/A	N/A
25-34	41	3.9	67.2
35-44	206	19.8	363.5
45-54	348	33.4	582.3
55+	437	42.0	345.1
Race/ethnicity			
Black non-Hispanic	575	55.2	1,406.8
White non-Hispanic	422	40.5	107.3
Hispanic	27	2.6	146.5
Other	17	1.6	77.1
Transmission risk			
Male			
Male-to-male sex	503	66.0	N/A
Injection drug use (IDU)	58	7.6	N/A
Male-to-male sex and IDU	49	6.4	N/A
Heterosexual contact	72	9.4	N/A
Perinatal exposure	8	1.0	N/A
Other	5	0.7	N/A
Unknown	67	8.8	N/A
Female			
Heterosexual contact	196	N/A	N/A
Injection drug use (IDU)	39	N/A	N/A
Perinatal exposure	--	N/A	N/A
Other	--	N/A	N/A
Unknown	35	N/A	N/A
Transgender			

Note: Data not displayed due to confidentiality rules.

Who Needs PrEP

PrEP Guidelines

- Anyone who is in an ongoing sexual relationship with an HIV-infected partner.
- A gay or bisexual man who has had sex without a condom or has been diagnosed with a sexually transmitted infection within the past six months, and is not in a mutually monogamous relationship with a partner who recently tested HIV-negative.
- A heterosexual man or woman who does not always use condoms when having sex with partners known to be at risk for HIV (for example, injecting drug users or bisexual male partners of unknown HIV status), and is not in a mutually-monogamous relationship with a partner who recently tested HIV-negative.
- Anyone who has, within the past six months, injected illicit drugs and shared equipment or been in a treatment program for injection drug use.

https://www.cdc.gov/hiv/pdf/guidelines/PrEPProviderSupplement2014.pdf

Getting Prep'd for PrEP

- Are you the right provider
- Are you culturally competent
- How educated are you on PrEP
- How educated is the client

Implementation Challenges

- **Community/Patient:** Only 26% of gay men had heard of PrEP in a nationally-representative, internet-based study of 431 men (Kaiser Family Foundation, 2014)
- **Provider:** Though 43% of HIV clinicians had received a request for PrEP, only 19% had prescribed (Maznavi, IDSA 2011)
- **Health department:** Only 8 of 55 reported a PrEP program; 43/55 report inadequate funding to support PrEP program (NASTAD, 2014)
- Even within health departments, support for PrEP may not be universaloConcerns remain regarding adherence, behavioral disinhibition, cost, and PrEP'splace within the HIV prevention matrix
- Don't forget the need for ongoing internal education and discussions to build awareness, knowledge, and support within your health department

Provider Education

- Being Culturally Aware
  - How do we address community
  - How do we provide care
  - What type of care do we provide
- How educated are you on PrEP
  - Medication
  - Navigation
- Patient Care
  - Pleasure P's
  - Words

Cultural Competency

What is it?

Why do we need it?

What does it do?

Who is responsible?

Why do we need to consider Culture?

- Culture shapes individuals' knowledge of the community agency.
- Culture shapes an individual's experiences with community agency and whether they see them as viable and accessible resources.
- Culture shapes individuals' responses to the community agency and the services they are providing.
- Culture shapes access to other services that might be crucial for the individual's success.
- The culture will impact the outcomes for potential clients you are trying to serve.

What is Culture?

A critical definition of culture refers to shared experiences or commonalities that have developed and continue to evolve in relation to changing social and political contexts, based on:

- Race
- Ethnicity
- National origin
- Sexuality
- Gender
- Religion
- Age
- Social class
- Disability status
- Immigration status
- Education
- Geographic location

Cultural Sensitivity

Being culturally sensitive means having the capacity to function effectively in other cultures. It is valuing and respecting diversity and being sensitive to cultural differences.

Cultural Competence

Cultural Competency involves more than just being aware of other cultures, ethnic groups and customs. It involves more than just being tolerant of differing lifestyles. It involves more than just suspending your judgments.

Cultural Competence

- Awareness and acceptance of differences
- Awareness of one's own cultural values
- Understanding of the dynamics of differences
- Development of cultural knowledge

Cultural Competency

As a provider you should:

- Engaging consumers & communities to sustain reciprocal relationships
- Leadership and accountability for sustained change
- Build on strengths — know the community, know what works
- A shared responsibility — creating partnerships and sustainability
- To increase the quality of services thereby, producing better outcomes.

Cultural Competencey

- As a provider-
  - Mission statement
  - Implement specific policies and procedures
  - Identify, use, and/or adapt evidence-based and promising practices
  - Consumer and community participation
  - Recruit, hire, and maintain a diverse and culturally and linguistically competent workforce
  - Dedicate resources for both individual and organizational self-assessment of cultural and linguistic competence.
  - Provide fiscal support, professional development, and incentives for the improvement of cultural and linguistic competence at all levels.
  - Practice principles of community engagement that result in the reciprocity

What providers need to know about PrEP

- Systems for PrEP delivery must be created; provider education is an essential component of system development
- Providers who have never prescribed Truvada may need time to become comfortable doing so, as well as providing the accompanying supportive services
- Changing prescribing patterns and HIV prevention messaging is a behavioral intervention at the provider level
- Identify local champions; not all providers will end up prescribing PrEP; start with the interested few

Con't

- PrEP science –namely efficacy and side effects (Module 1.2)
- •
- Who might benefit from PrEP –populations and individuals at high-risk for HIV (Modules 2.1 and 2.2)
- •
- How to prescribe PrEP (Module 1.3)
- •
- Resources available for clinical consultation and education
- •
- Insurance coverage, patient assistance programs, and billing

What Provider's Need to Know

- Provide educational opportunities; helpful to offer CMEs
- Feature PrEP-experienced/knowledgeable providers at educational events/trainings
- Develop locally-focused educational webcasts/webinars
- Hold PrEP sessions during local or regional meetings and conferences
- Meet with healthcare leaders (e.g., HMO medical directors, Medicaid directors, FQHC/CHC directors)
- Meet with provider organizations (e.g., medical associations, subspecialty groups, regional community health center organization)
- Meet with potential provider groups (e.g., HIV care groups, LGBT clinic practices, sexual health providers)
- Public health detailing

Providing Optimal Patient Care

- Emphasize that you ask every patient the same questions
- Assure patient of confidentiality
- Make NO assumptions about sexual practices or identities

Taking Sexual History

- Identify individuals at risk
- Screen appropriate anatomical sites
- Provide appropriate risk reduction counseling to prevent future exposure to STDs/HIV
- The 4 P's of sexual history taking
  - **P**artners
  - **P**ractices
  - **P**ast history of STDs
  - **P**rotection from STDs

Taking Sexual History

- Sample Questions
  - Are you currently sexually active? Are you having sex? (**P**artners)
  - In recent months, how many sex partners have you had? (**P**artners)
  - Are your sex partners; women, men, both, transgender persons or all of the above? (**P**artners)
  - Do you have oral sex? Are you the oral receptive or insertive partner? (**P**ractices)
  - Do you have anal sex? Are you the anal receptive or insertive partner? (**P**ractices)

Taking Sexual History

- Do you or have you ever shared any needles? (**P**ractices)
- Do you get tested for STDs including HIV? When you get tested for STDs have you ever had a rectal or pharyngeal (oral) swab? (**P**ractices)
- Have you or your partner ever had a STD before? If so, which one(s) and where was the infection found? (**P**ast history)
- Were you treated? Did you have a follow up with your doctor after treatment? (**P**ast history)
- How often do you use condoms or other barrier methods for vaginal, anal and oral sex? (**P**rotection)

https://www.nastad.org/sites/default/files/resources/docs/Optimal-Care-Checklist-MSM-Provider.pdf

What do we want the LGBT Community to know about PrEP

- What PrEP is –a pill a day to help prevent HIV
- Efficacy and potential side effects –what does this really mean for someone on PrEP
- Who might benefit from PrEP –indicators that may resonate with the target population(s)
- Where to find PrEP –who to talk to about PrEP and where to get it
- Paying for PrEP –how much does it cost and what if you can't afford it or don't have insurance

Reach potential PrEP Clients

- Direct marketing (e.g., PrEPawareness-raising campaigns, banner ads –including on mobile applications like Grindr and Scruff)
- Social media and other online communities (e.g. Facebook, Instagram, Twitter, blogs)
- Earned media, especially in LGBT-focused outlets
- Editorials or letters to the editor
- HIV prevention planning groups/Ryan White councils
- Medicaid advisory boards
- Community forums
- Pride and other community events

Who can Identify PrEP Candidates

- Disease intervention/partner services staff –ideally situated to identify persons who might benefit from PrEP
- Direct assessment of PrEP need/benefit at time of partner services
- Review registry lists of persons treated for STIs (e.g., MSM with rectal bacterial infections or early syphilis) –see Module 2
- Other outreach staff based in the community, such as patient navigators, health educators, youth educators
- Potential locations for identification and referral:
- Publically-funded STI and/or HIV settings
- Outreach to emergency rooms and urgent care settings providing PEP

Movie

Individually document examples of stereotypes, generalizations, prejudice that exist in the movie and as a group discuss and prepare at least three examples for report backs before the group

Contact

Leonardo Parker | STD Prevention Director
Tennessee Department of Health
HIV/STD & Viral Hepatitis
Andrew Johnson Tower, 4th Floor
710 James Robertson Parkway, Nashville, TN 37243
615-253-5314
Leo.Parker@tn.gov