



PrEP Can “Do More”

Synergistic effects on primary care, insurance and mental health

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Collaborators & Acknowledgements

- **Hunter HIV/AIDS Research Team (HART)**
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- **SPARK Project Team**
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- **Callen-Lorde Community Health Center**
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The participants who give their time and energy to our work



SPARK is designed to evaluate an intervention in which PrEP is **introduced, provided, and supported** as part of regular care in a community health center.

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Gilead Sciences provides study drug and DBS testing for participants

Core Features of SPARK

1. Callen-Lorde Community Health Center
 - Largest LGBT-focused health center in NYC
 - Providers who see HIV+ and HIV-negative patients
 - Prevention/Outreach Department
 - One full year of protocol/program development



CalLEN ▼ LORDE
COMMUNITY HEALTH CENTER

SPARK Uptake and Persistence (since 2/2014)

Referral/Enrollment

- 645 patients have been referred
- 273 patients (42%) have been enrolled (~17/month)

Uptake

- 241 (88%) have begun PrEP

Persistence

- 16 (7%) have discontinued PrEP

Retention

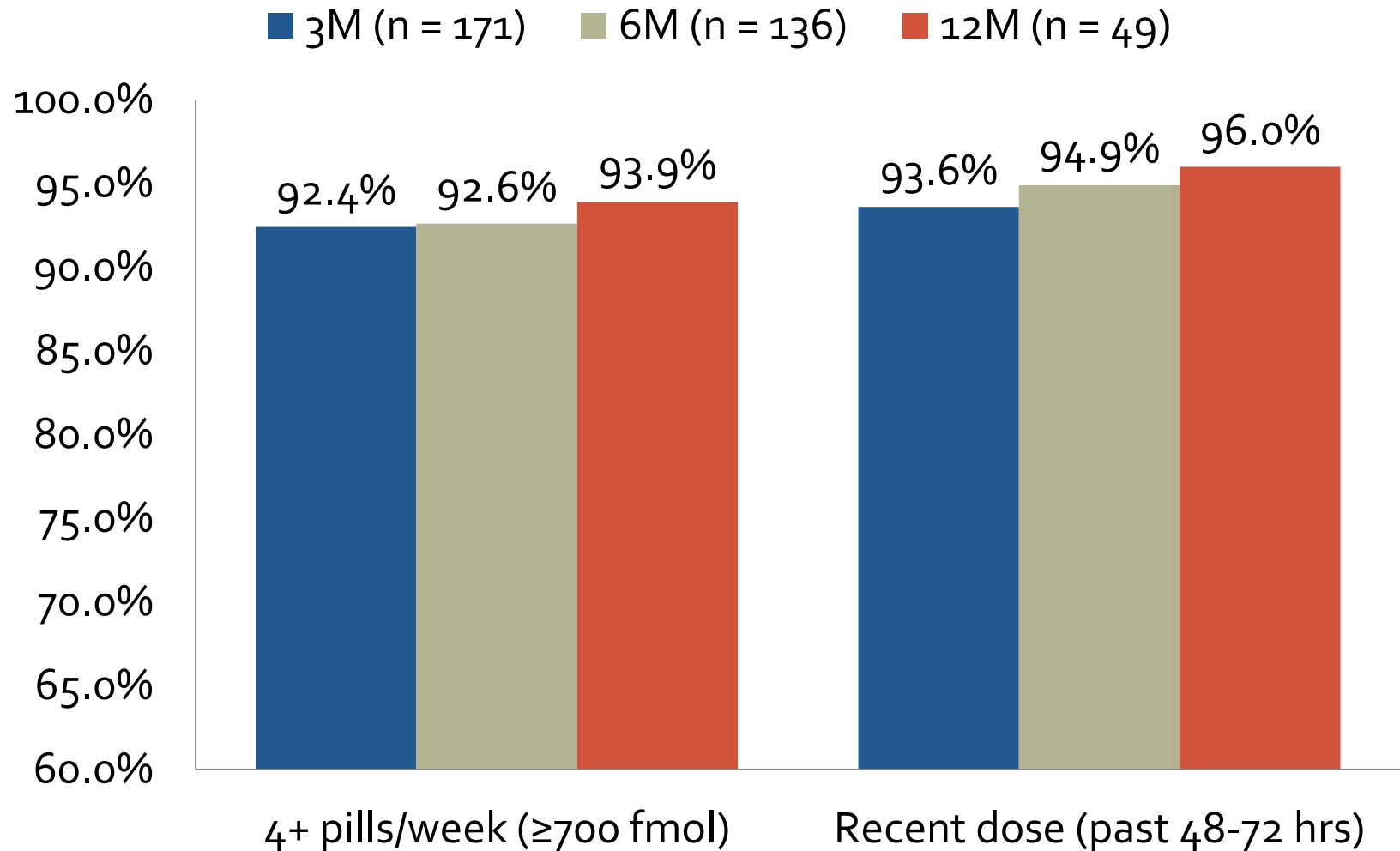
- 219 3-month visits (95% retention)
- 107 12-month visits (92% retention)



SPARK Demographics (n = 281)

Age	22-63, M = 34.4, SD = 8.4	
Race/Ethnicity	NH White	155 (56.2%)
	Hispanic/Latino	66 (23.9%)
	NH Black	26 (9.4%)
	Other/Multi-racial	29 (10.5%)
Yearly Income	Under \$20,000	70 (25.2%)
	\$20,000-\$50,000	115 (41.4%)
	Over \$50,000	93 (33.5%)
Insurance	Private	109 (40.4%)
	Medicaid	38 (14.1%)
	Uninsured	123 (45.6%)
Main Partner	Spouse/partner/boyfriend	100 (35.6%)

SPARK Adherence (DBS Data)



What can PrEP do?



(in addition to prevent HIV)

1. Engage patients in primary care

- Over 90 % of SPARK patients decided to continue PrEP at CLCHC

29% had no previous primary care and became **newly paneled** because of PrEP

- Because of PrEP demand, CLCHC opened a new Sexual Health Clinic
 - Almost 400 patients on PrEP
 - Creating a relationship with the health care system for healthy YMSM



2. Connect patients to health insurance

- Over 45 % of SPARK patients were **uninsured** at enrollment

68% were connected to Medicaid or ACA plans

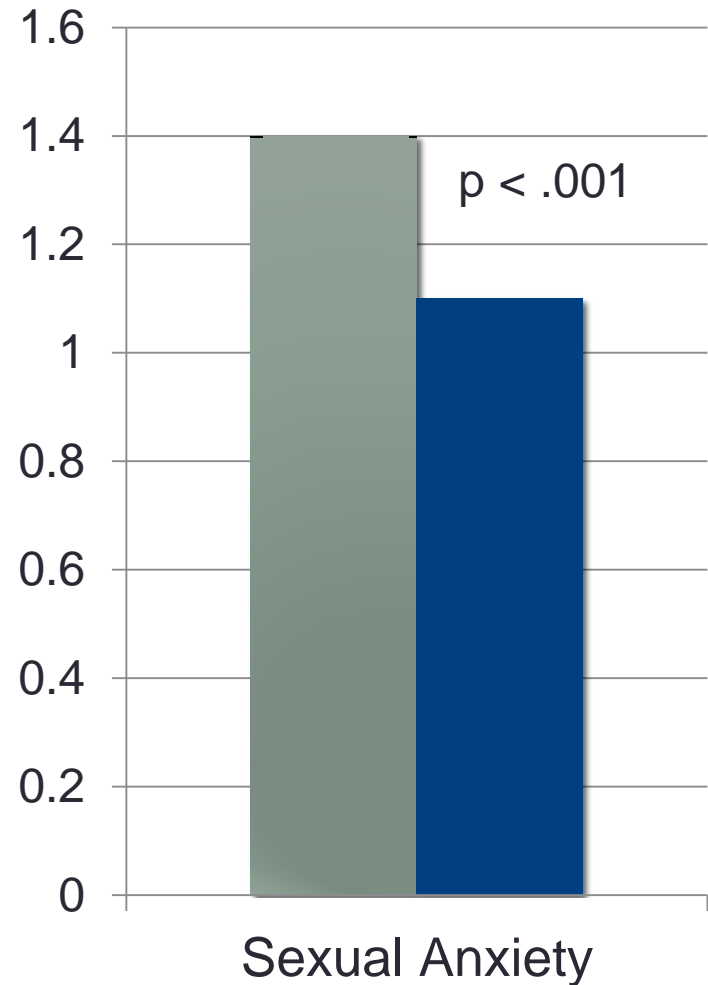
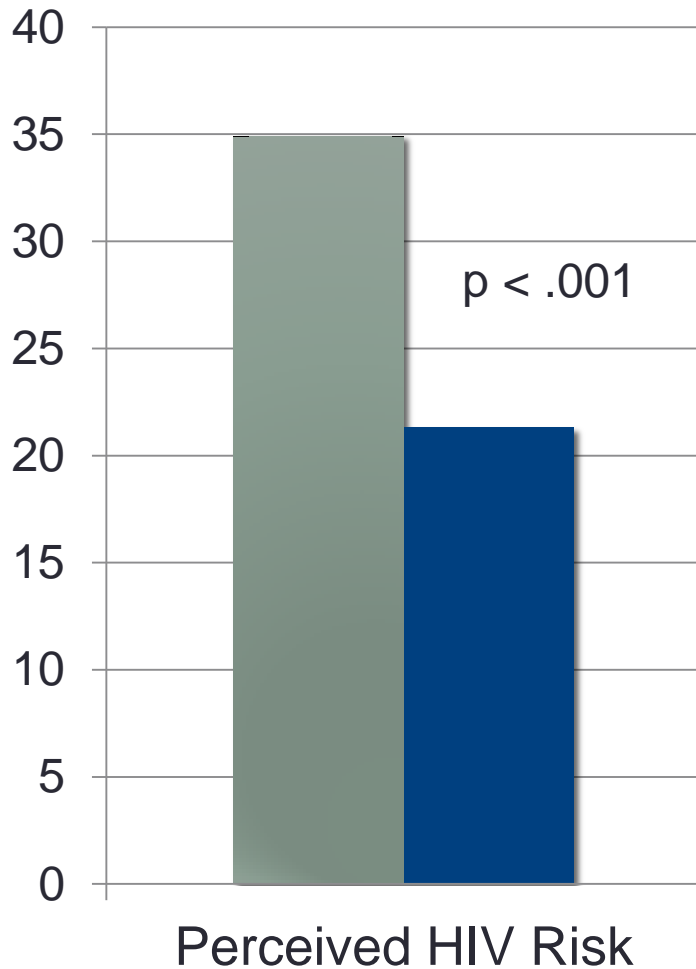
23% were linked to Gilead's MAP

Silver, Bronze or Platinum ACA Plans have Truvada copays that are fully covered by the Gilead Co-pay card



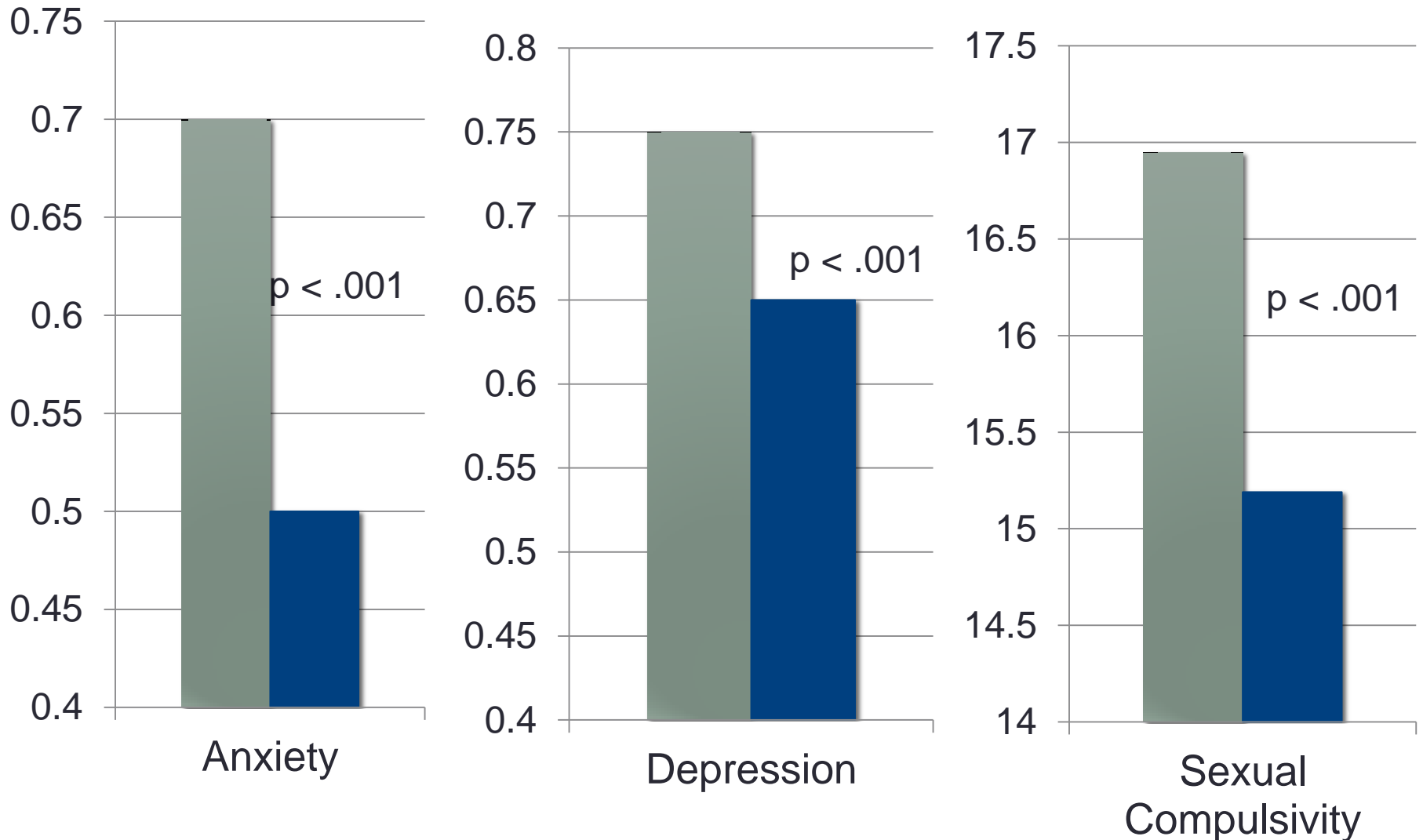
3. Improve Psychological Wellbeing

■ Baseline ■ 6M Visit (n = 168)



Improve Psychological Wellbeing

■ Baseline ■ 6M Visit (n = 168)



We need to stop wasting time rehashing what we already know and start working on what we actually need to figure out.



What we know...

Implementation is not access.

What we have to figure out...

How to (truly) increase access for those who need PrEP most.



What we know...

Targeting perpetuates racism and stigma.

What we have to figure out...

How to be targeted without



What we know...

We have messed up prevention messages.

A RECENT CDC STUDY FOUND THAT
1 IN 5
GAY AND BISEXUAL MEN IN 21 MAJOR US

THINK
YOU'RE STILL
NEGATIVE?

THOUSANDS OF GAY MEN IN THE UK HAVE HIV FOR YEARS
WITHOUT KNOWING

If current trends continue
1 in 16 African American Men
WILL BE DIAGNOSED WITH HIV IN THEIR LIFETIME

1 in 32 African American Women
Get the facts.
Get tested.
Get involved.
www.cdc.gov/actagemaids

What we know...

We have messed up prevention messages.



What we know...

We have messed up prevention messages.

What we have to figure out...

How to talk about HIV prevention in a way that breeds empowerment and joy about sexual expression.



PrEP can “do more”

- Help us reflect on our values



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- Place HIV prevention within a larger social and structural context



PrEP can “do more”

- Help us reflect on our values
- Place HIV prevention within a larger social and structural context
- Reboot conversations about prevention to emphasize control and empowerment





Thank You!

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How should we think about risk compensation?

Patterns of STI from Pre- to Post-PrEP (N = 163)

	N	%
Never had an STI	94	58%
STI pre-PrEP but not post	18	11%
No STIs after starting PrEP	112	69%
STI both pre-PrEP and post-PrEP	16	10%
STI post-PrEP only	35	21%

No evidence of risk compensation in 79% of patients

SPARK Sexual Risk

RISK BEHAVIOR (90 DAYS PRE-PREP)	%
Reports recent condomless anal sex	70%
ASNC with unknown-status partner	41%
ASNC with HIV+ partner	34%
Magnetic Relationship (HIV+ partner)	25%
Diagnosed with STI in the past year	19%
Engages in transactional sex	17%
Uses methamphetamine	12%

None of these risk factors: 0%

SPARK Sexual Risk

STI rates by time period (including interim visits)

6-months pre-PrEP (n = 237)	PrEP Start (n = 235)	3M (n = 191)	6M (n = 168)	9M (n = 125)	12M (n = 83)
27 (11%)	26 (11%)	27 (14%)	38 (23%)	20 (16%)	12 (15%)

75% of STIs are diagnosed at study visits

Which patients are most likely to get an STI on-PrEP?