19th International Conference on
HIV TREATMENT AND PREVENTION ADHERENCE

Anti-stigmatizing, client-centered sexual history
as an effective implementation strategy to
increase EHE intervention delivery in diverse clinical settings

Sarit A. Golub, Stephanie Hubbard, Ariel M. de Roche, Staci C. Barton, Angela Merges, Agatha Eke, and Augustus Klein

Continuum 2024 • June 9-11, 2024 • Puerto Rico

Co-Authors

Stephanie Hubbard

Ariel de Roche

Staci Barton

Angela Merges

Augustus Klein

Agatha Eke

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Project PACE and NYC DOHMH Teams

Katrina Estacio

Imani Hall

Haniya Rumaney

Maria Ma

Benjamin Tsoi

Cilicia Brotherson

Ricky Granderson
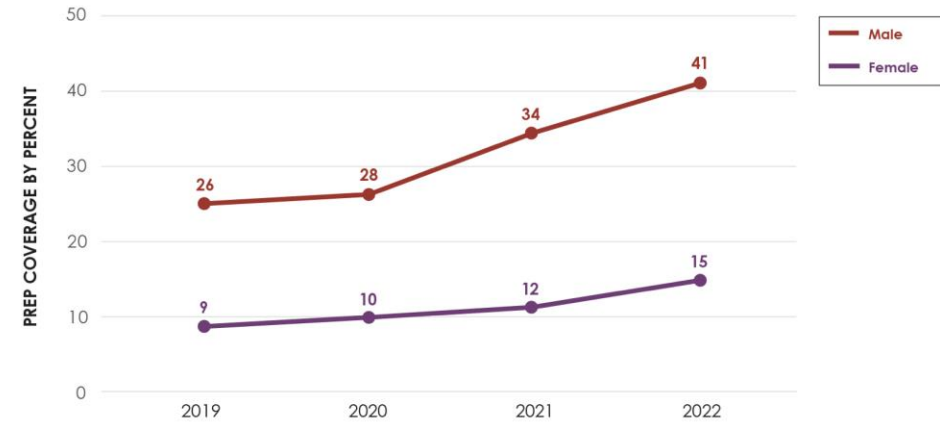
Jahnae Vernon
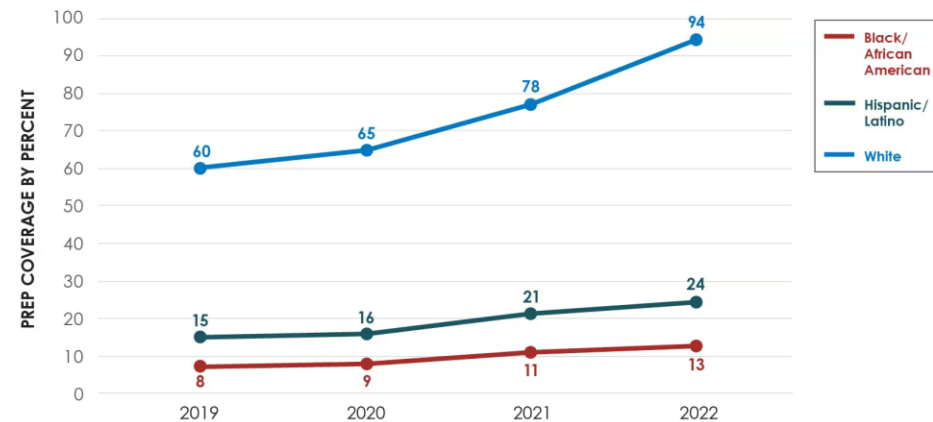
Lucila Wood

Zoe Edelstein

Many patients remain
sub-optimally engaged
in evidence-based
HIV prevention interventions

TRENDS IN PREP PRESCRIPTIONS AMONG PEOPLE WHO COULD BENEFIT, BY SEX AT BIRTH, 2019-2022*

TRENDS IN PREP PRESCRIPTIONS AMONG PEOPLE WHO COULD BENEFIT, BY RACE/ETHNICITY, 2019-2022*

*Data are preliminary. The data on PrEP prescriptions by race and ethnicity are limited, and findings are estimated.
Source: Centers for Disease Control and Prevention

Lack of opportunity is often a key barrier,
as many patients who might benefit from these interventions...

...are not aware of them,

are not offered them,

or cannot access them.

Golub et al. (2024) *Anti-stigmatizing, client-centered sexual history as an effective implementation strategy | Abstract* #1902

#CONTINUUM2024

The sexual history is a critical implementation strategy for increasing access to and uptake of HIV prevention interventions

"Whoa—way too much information!"
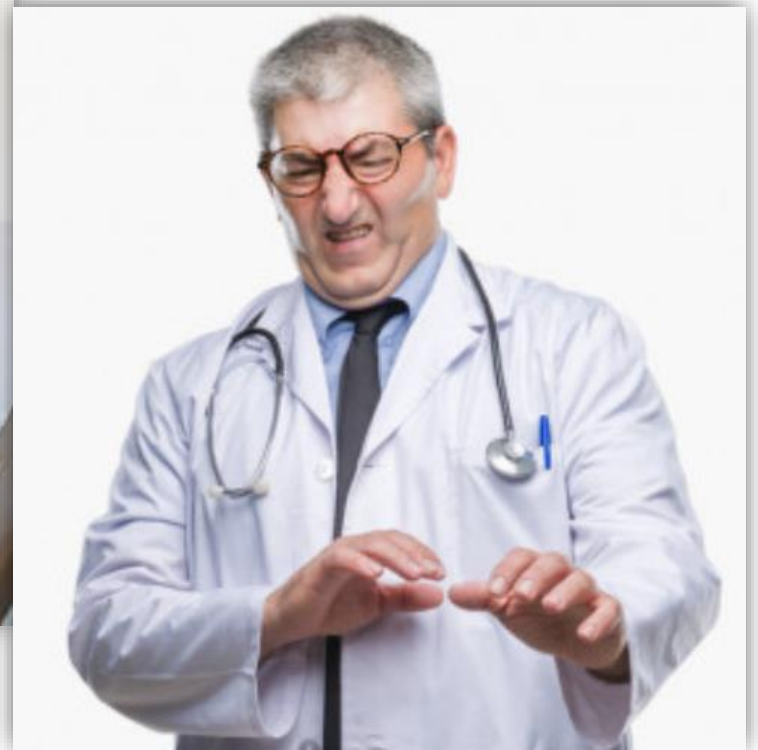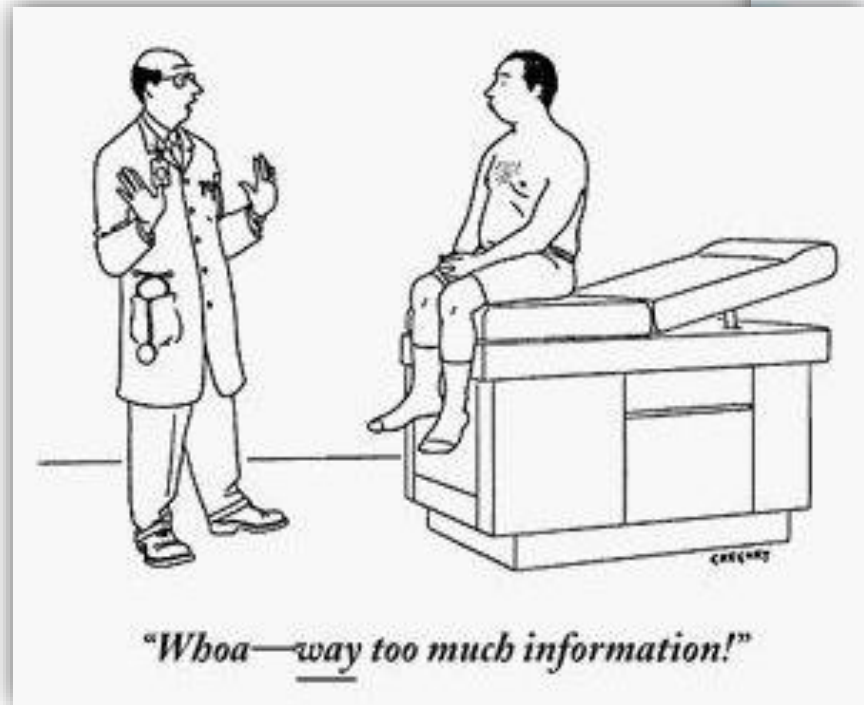
Patients *want* sexual health conversations...

85% of patients report <u>wanting</u> to talk about sexual health concerns with their providers

71% Say that primary care providers should ask <u>all patients</u> if they have sexual health concerns

68% of patients report fear of <u>embarrassing their provider</u> as a reason for not broaching sexuality

Zhang, X., Sherman, L., & Foster, M. (2020). Patients' and providers' perspectives on sexual health discussion in the United States: A scoping review. *Patient Education and Counseling*, 103(11), 2205-2213.

The **GOALS Approach to Sexual Health** is a **provider-level implementation strategy** designed to promote adoption and sustainment of EHE evidence-based intervention (EBIs) by <u>changing patient-provider sexual history interactions and sexual health conversations</u>.

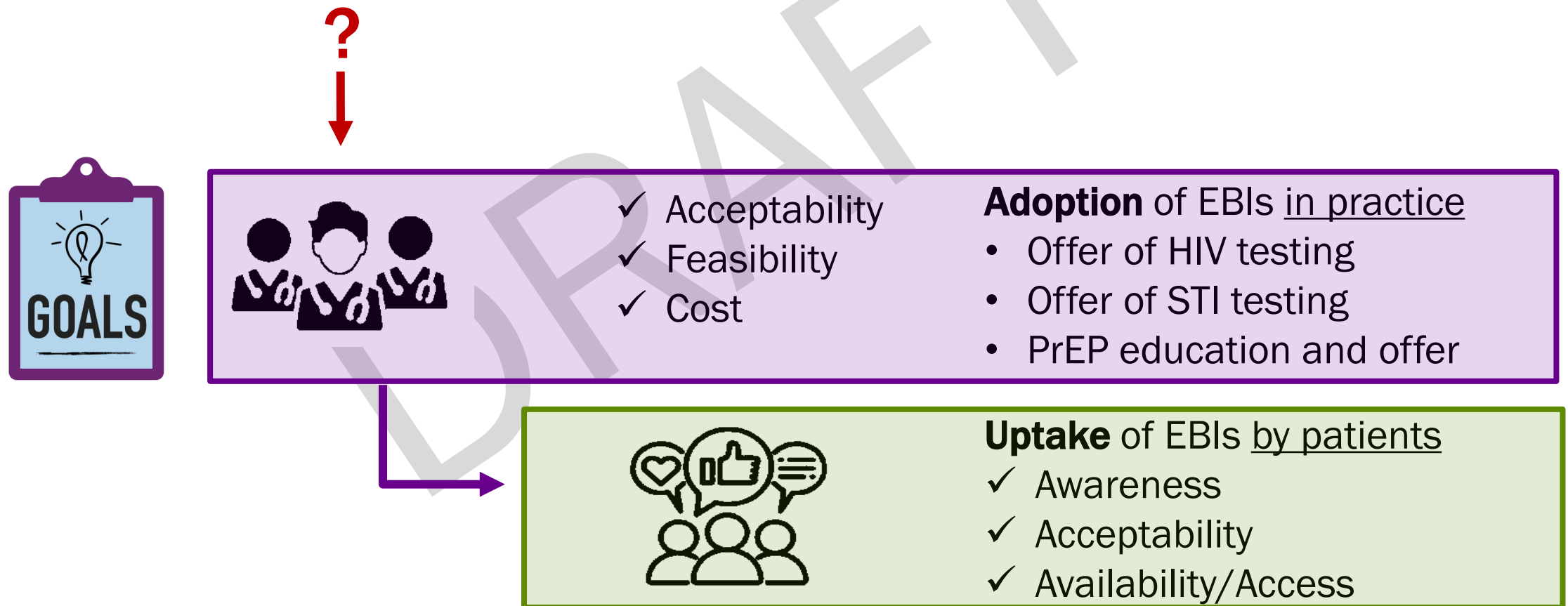# The GOALS Approach has four core components

1. Initiating sexual health conversations with <u>open-ended</u>, **client-centered** questions;

2. Providing <u>universal, opt-out</u>, **HIV and STI testing**;

3. Offering <u>universal, rather than risk-based</u>, **PrEP education and access**;

4. Using <u>gender-affirming, non-discriminating, anti-stigmatizing and trauma-informed</u> **language** in all HIV prevention conversations with clients/patients.

GOALS increases EBI adoption and sustainment by normalizing HIV as a part of overall sexual health, decreasing stigma, and removing risk-based protocols that limit access.
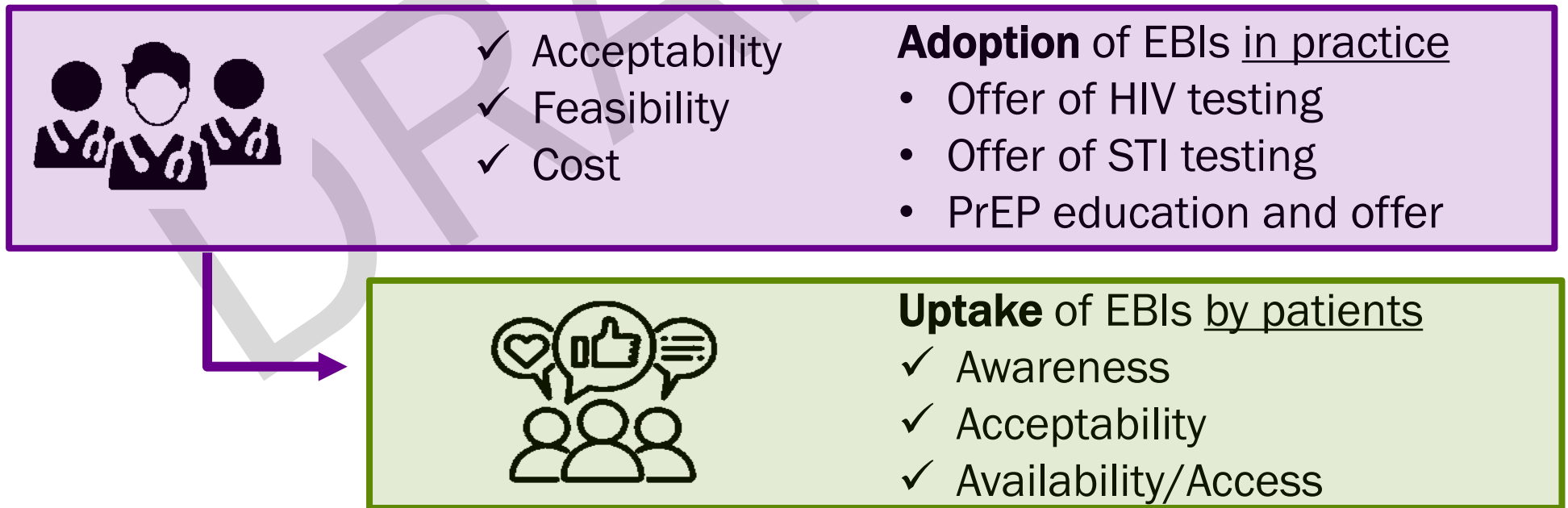
Implementation strategies are methods or techniques used to enhance the **adoption, implementation, and sustainability** of evidence-based interventions <u>in practice</u>.

?

GOALS

✓ Acceptability
✓ Feasibility
✓ Cost

Adoption of EBIs <u>in practice</u>
- Offer of HIV testing
- Offer of STI testing
- PrEP education and offer

Uptake of EBIs <u>by patients</u>
✓ Awareness
✓ Acceptability
✓ Availability/Access

NYC HD developed a multi-layer implementation strategy to adopt GOALS in agencies funded for HIV prevention.

?

GOALS

✓ Acceptability
✓ Feasibility
✓ Cost

Adoption of EBIs <u>in practice</u>
- Offer of HIV testing
- Offer of STI testing
- PrEP education and offer

Uptake of EBIs <u>by patients</u>
✓ Awareness
✓ Acceptability
✓ Availability/Access

Infrastructure
Development

Training
Requirements

Service delivery
Mandates

GOALS

- ✓ Acceptability
- ✓ Feasibility
- ✓ Cost

Adoption of EBIs <u>in practice</u>
- Offer of HIV testing
- Offer of STI testing
- PrEP education and offer

Uptake of EBIs <u>by patients</u>
- ✓ Awareness
- ✓ Acceptability
- ✓ Availability/Access

Infrastructure Development **Training** Requirements **Service delivery** Mandates

- ✓ Acceptability
- ✓ Feasibility
- ✓ Cost
- GOALS in program
- Integration into protocols
- Training part of HR
- Documentation in EMR

- ✓ Acceptability
- ✓ Feasibility
- ✓ Cost

Adoption of EBIs in practice
- Offer of HIV testing
- Offer of STI testing
- PrEP education and offer

Uptake of EBIs by patients
- ✓ Awareness
- ✓ Acceptability
- ✓ Availability/Access

Will this work?

Partnership to increase Access, Client-Centered Care, and Equity in HIV Services | U01PS005239, Golub, PI (2021-2026)

- **CDC-funded cooperative agreement** funded under an initiative to accelerate the impact of Health Department delivered HIV prevention activities (RFA-PS-21-002)

- **Community-academic partnership** between the NYC Department of Health and Mental Hygiene (NYC DOHMH) and the Hunter Alliance for Research & Translation (HART) at Hunter College of the City University of New York

- **Mixed-methods, longitudinal study** designed to: a) operationalize and **examine enactment** of the NYC HD implementation strategy; b) **evaluate** the strategy's **impact** on implementation outcomes and patient outcomes; and c) apply the CFIR to examine the role of **socio-ecological and contextual influences** on the strategy's implementation and effectiveness.

Golub et al. (2024) *Anti-stigmatizing, client-centered sexual history as an effective implementation strategy | Abstract* #1902

#CONTINUUM2024

5 minute Research Questions

- Did NYC HD training requirements lead to actual staff training in GOALS?

- Did NYCHD service delivery mandates lead to GOALS adoption?

- Was utilization of the GOALS implementation strategy associated with increased provider adoption of HIV prevention interventions?

Golub et al. (2024) *Anti-stigmatizing, client-centered sexual history as an effective implementation strategy | Abstract #1902*
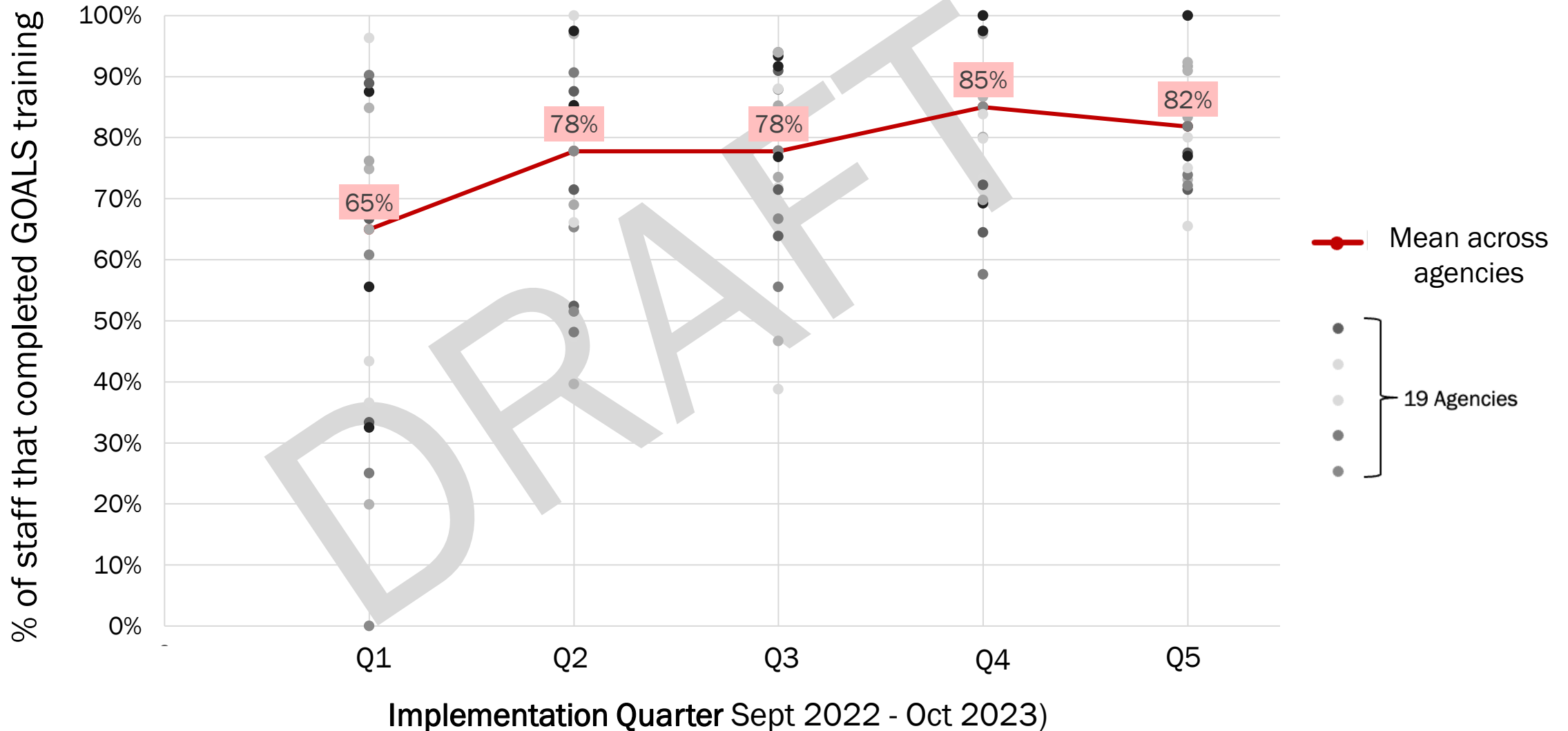
#CONTINUUM2024
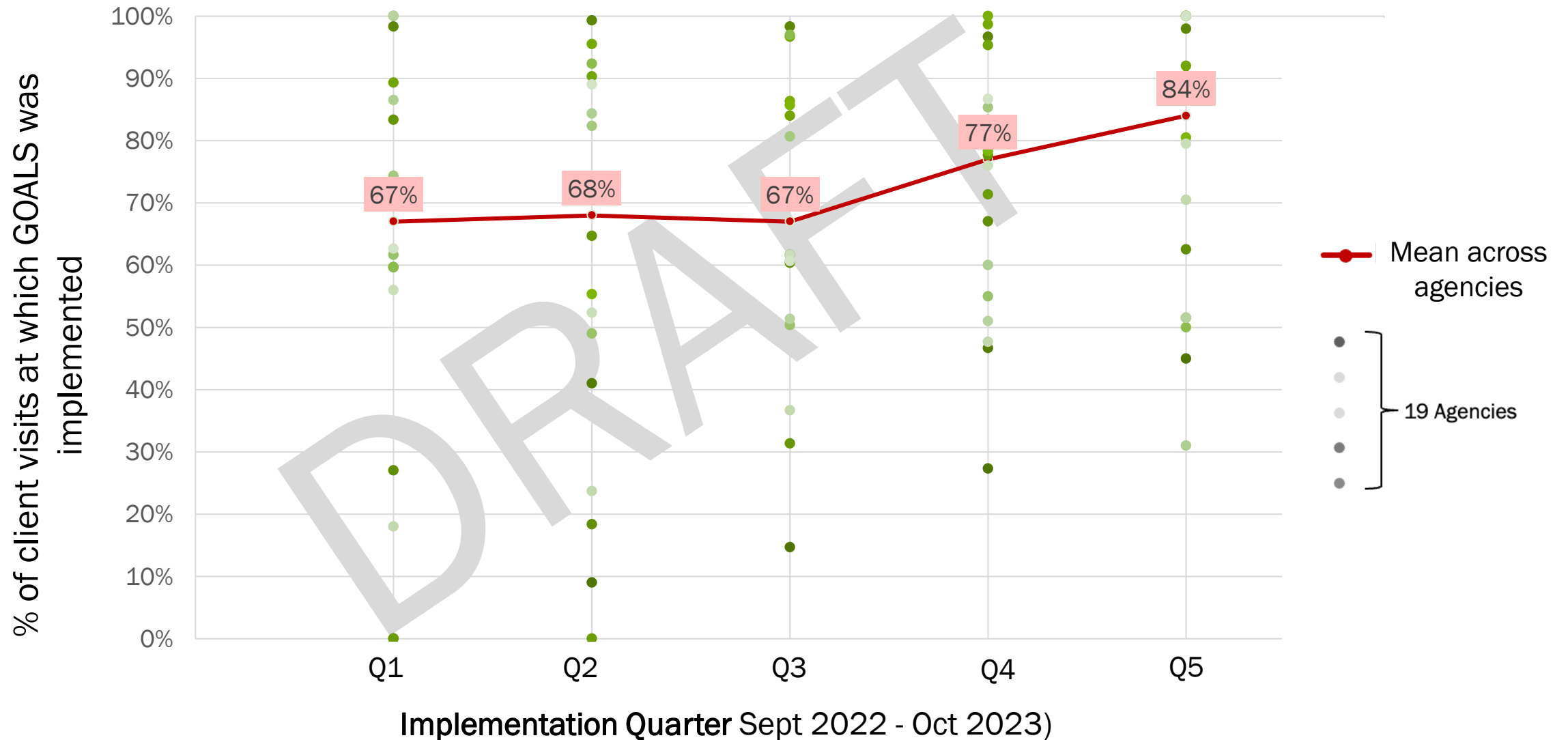
Project PACE Methods

- **Document review and content analysis** of all implementation activities (e.g., coding of 676 technical assistance calls with 19 agencies);

- **Observational analysis** (e.g., attendance at learning collaborative sessions; site visits to funded agencies);

- **Qualitative interviews** with staff and leadership at both funded agencies and the NYC HD (n = 64; 16/19 agencies);

- **Quantitative analysis of outcome and indicator data** (including monthly agency reporting on training requirements/service mandates and client/staff experience surveys).
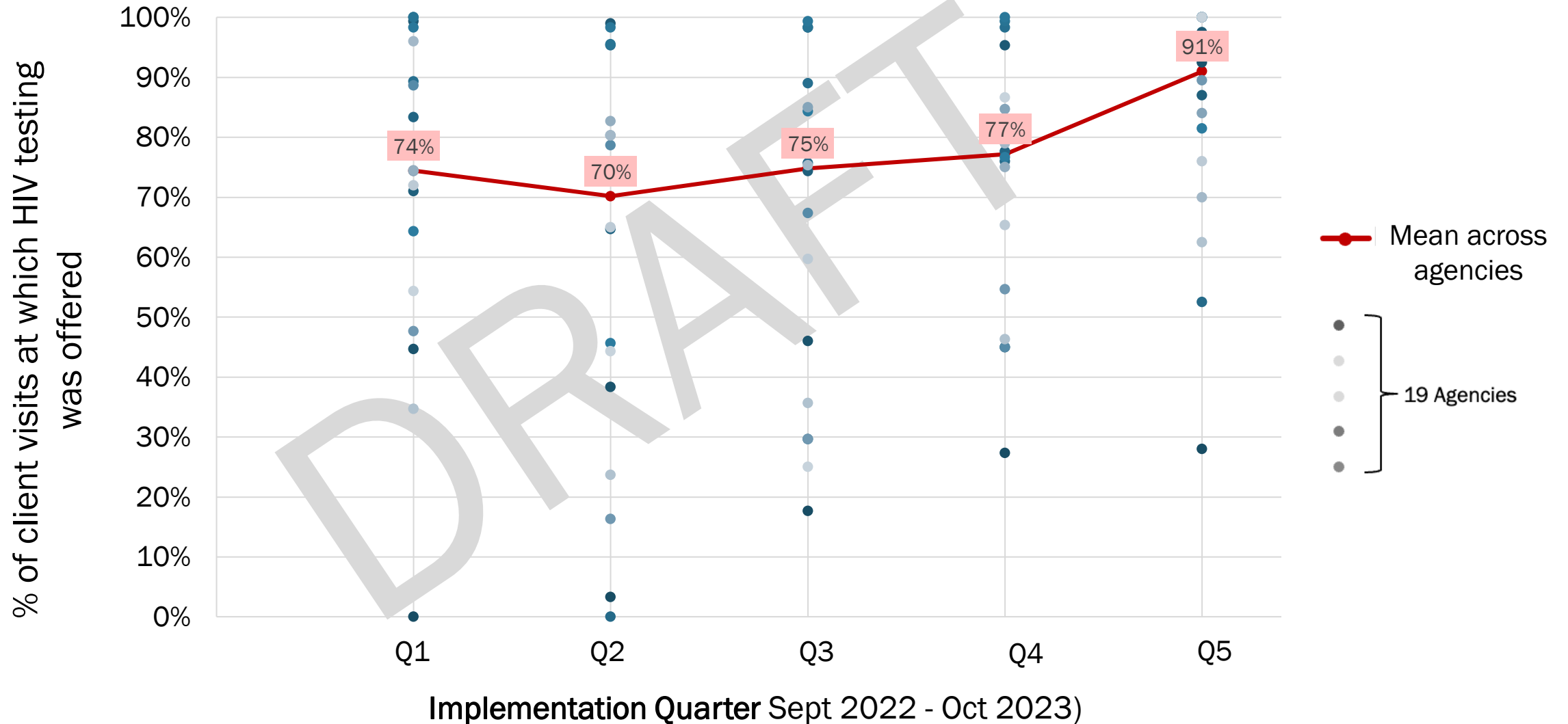
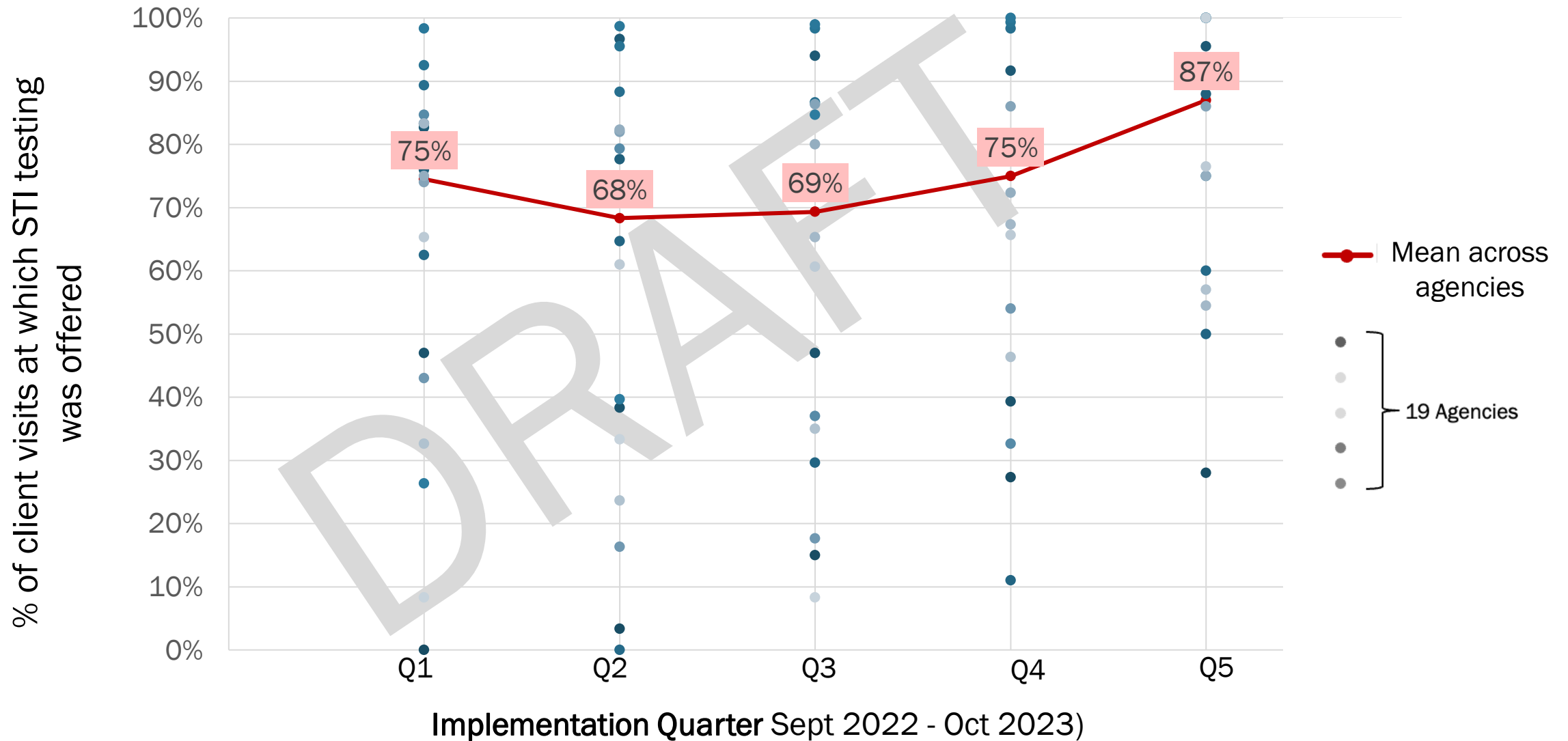# RQ#1: Staff Trained in GOALS over Time
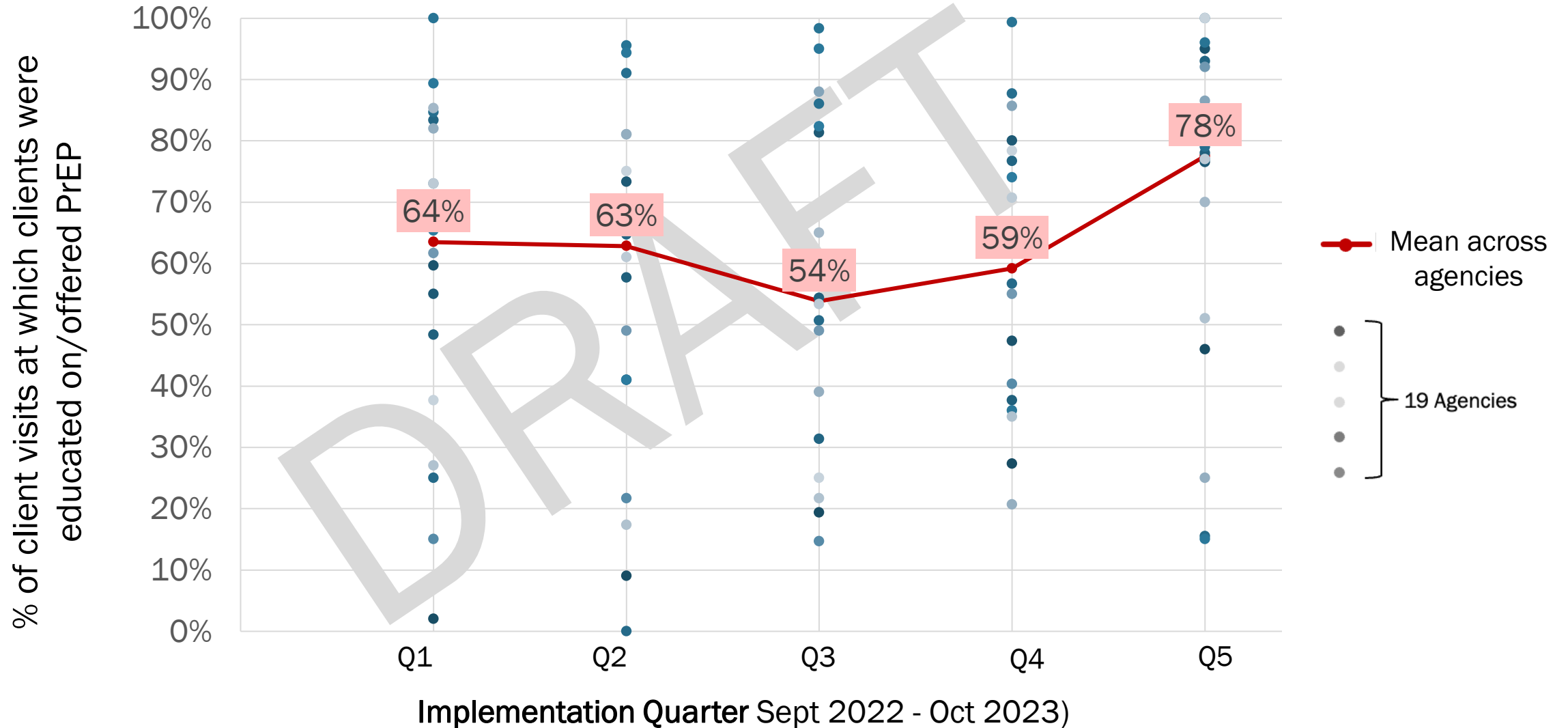
RQ #2: GOALS Adoption over Time

% of client visits at which GOALS was implemented

67% 68% 67% 77% 84%

Mean across agencies

19 Agencies

Implementation Quarter Sept 2022 - Oct 2023)

RQ#3: Adoption of EBIs | Offers of HIV Testing

RQ#3: Adoption of EBIs | Offers of STI Testing

% of client visits at which STI testing was offered

Implementation Quarter Sept 2022 - Oct 2023)

Mean across agencies

19 Agencies

Q1 75%
Q2 68%
Q3 69%
Q4 75%
Q5 87%

Golub et al. (2024) *Anti-stigmatizing, client-centered sexual history as an effective implementation strategy | Abstract #1902*

RQ#3: Adoption of EBIs | PrEP Education/Offer

Implementation Quarter Sept 2022 - Oct 2023)

Y-axis: % of client visits at which clients were educated on/offered PrEP

Mean across agencies values: Q1 = 64%, Q2 = 63%, Q3 = 54%, Q4 = 59%, Q5 = 78%

Legend: Mean across agencies; 19 Agencies

Golub et al. (2024) *Anti-stigmatizing, client-centered sexual history as an effective implementation strategy | Abstract #1902*
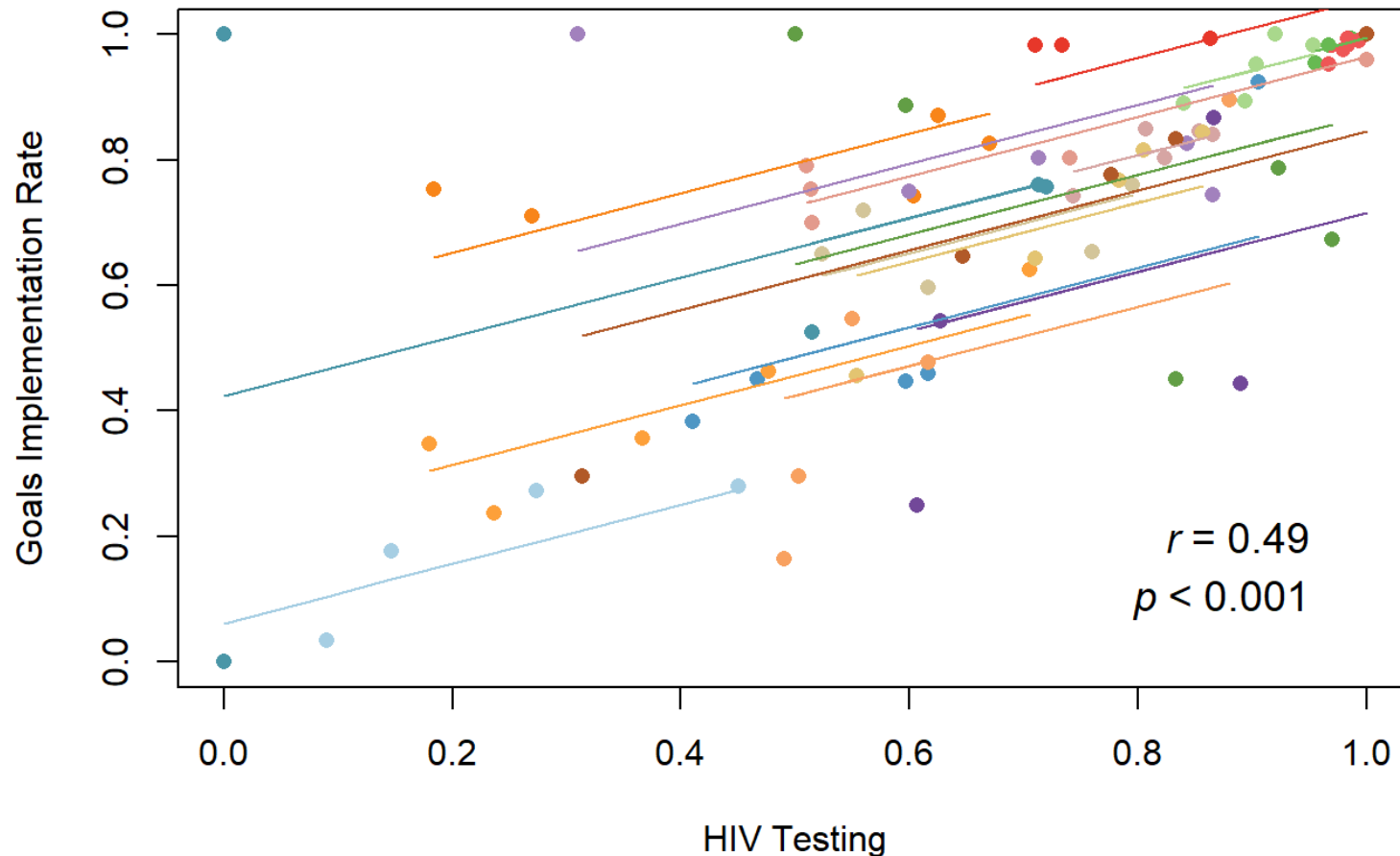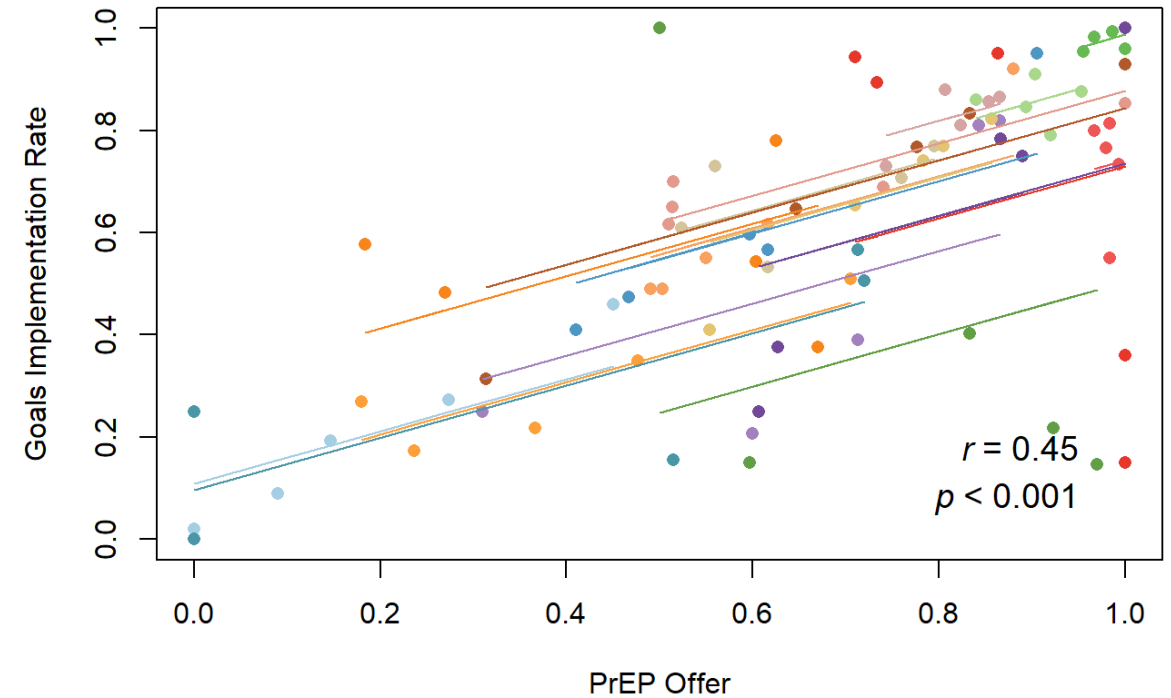
RQ#3: Association between GOALS and EBI Adoption

RQ#3: Association between GOALS and EBI Adoption

Repeated Measures Correlation Analysis (18 agencies; 5 time-points)

$r = 0.49$
$p < 0.001$

Golub et al. (2024) *Anti-stigmatizing, client-centered sexual history as an effective implementation strategy | Abstract #1902*
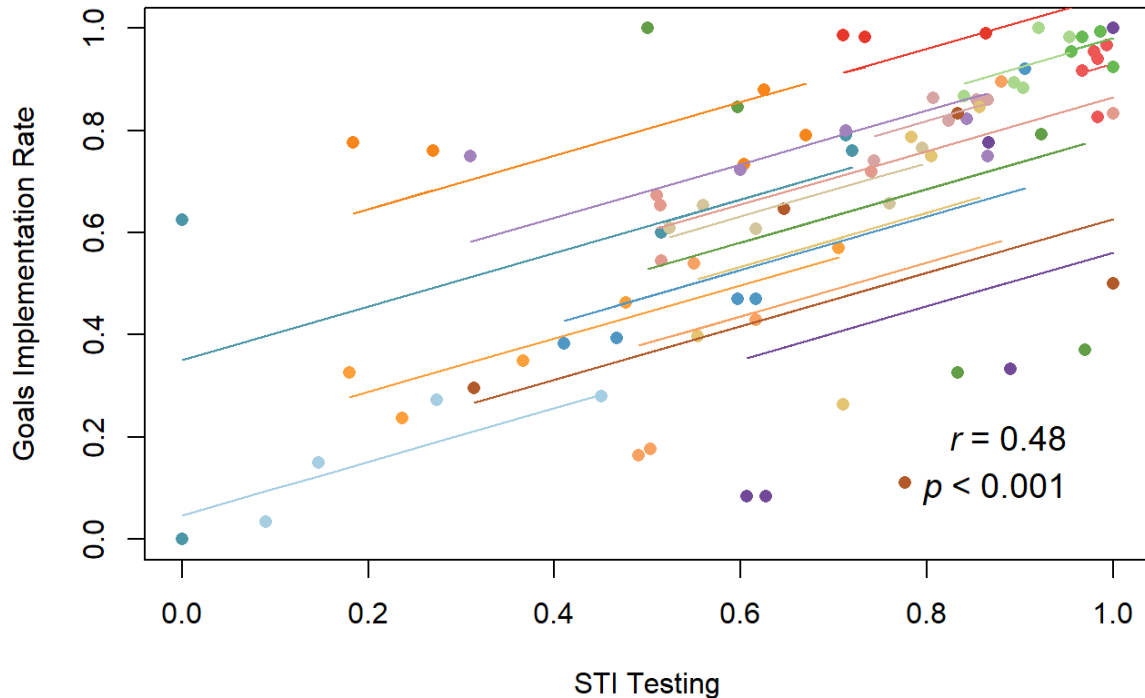
#CONTINUUM2024

RQ#3: Association between GOALS and EBI Adoption

<u>Repeated Measures Correlation Analysis</u> (18 agencies; 5 time-points)
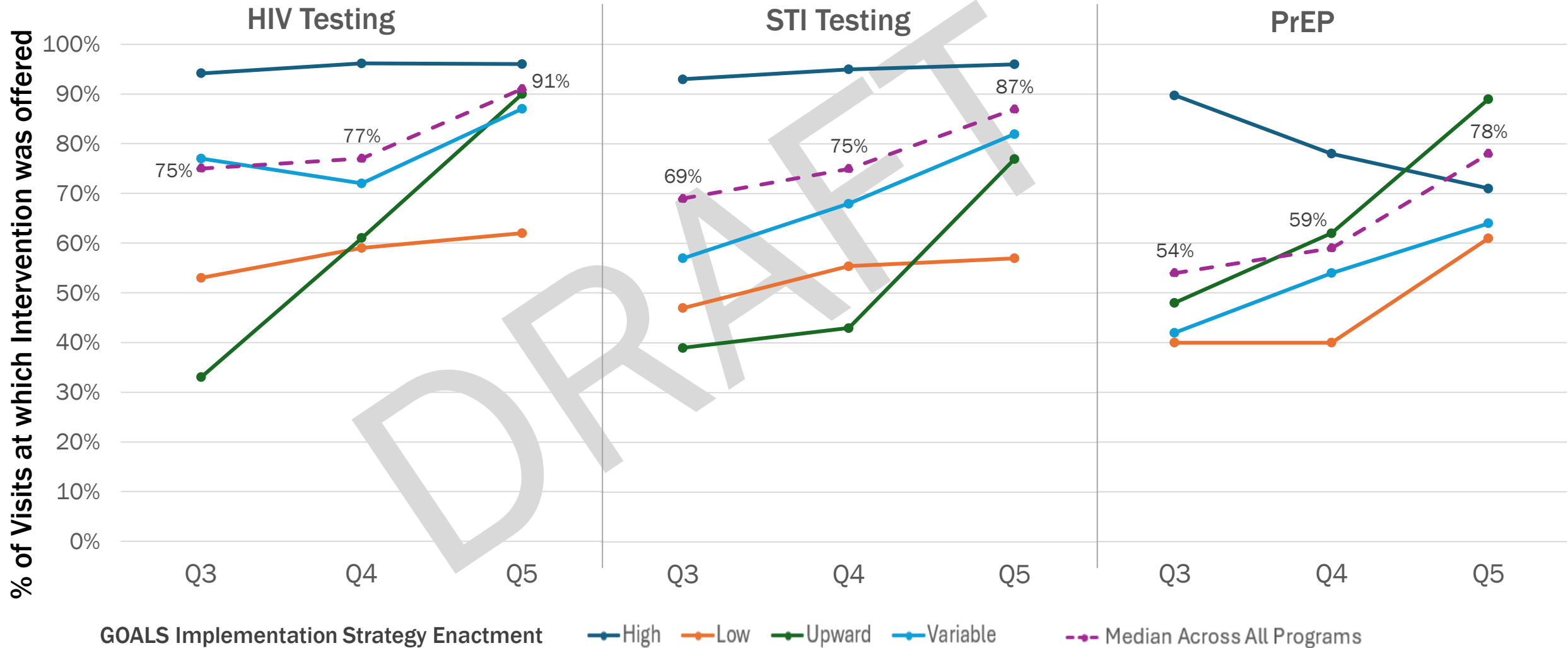
RQ#3: Association between GOALS and EBI Adoption

Agencies were classified into groups based on GOALS enactment patterns...

- **HIGH implementers**: rate of the GOALS implementation <u>above</u> the median for all three quarters (n = 6)

- **LOW implementers**: rate of GOALS use at or <u>below</u> the median for all three quarters (n = 5)

- **UPWARD implementers**: rate of GOALS use started at or below the median in Q3 but <u>increased</u> to above the median by Q5 (n = 4)

- **VARIABLE Implementers:** rate of GOALS use above the median in <u>some</u> quarters and at or below the median in <u>others</u> (n = 3)

RQ#3: Association between GOALS and EBI Adoption

% of Visits at which Intervention was offered

HIV Testing — 75%, 77%, 91%

STI Testing — 69%, 75%, 87%

PrEP — 54%, 59%, 78%

GOALS Implementation Strategy Enactment

Legend: High — Low — Upward — Variable — Median Across All Programs

Summary

- Health department training and service delivery mandates were associated with adoption of a provider-level implementation strategy.

- Utilization of the GOALS provider-level implementation strategy was associated with increased provider adoption of HIV prevention EBIs, including increased offers of HIV testing, STI testing and PrEP.

- Further research is needed into determinants of variability across programs, and into the impact of provider-level EBI adoption on patient-level uptake and outcomes.

Learn more at: www.goalsapproach.org

THANK YOU!

Sarit A. Golub, PhD, MPH

Hunter Alliance for Research & Translation (HART)
sgolub@hunter.cuny.edu
212.396.6304
www.cunyhart.org