



Opportunities and Challenges in Reaching Adolescents and Young Adults with PrEP through School Based Health Centers

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Welcome to BLUPrint



**Building, Learning, and
Understanding Prevention
Interventions for HIV**

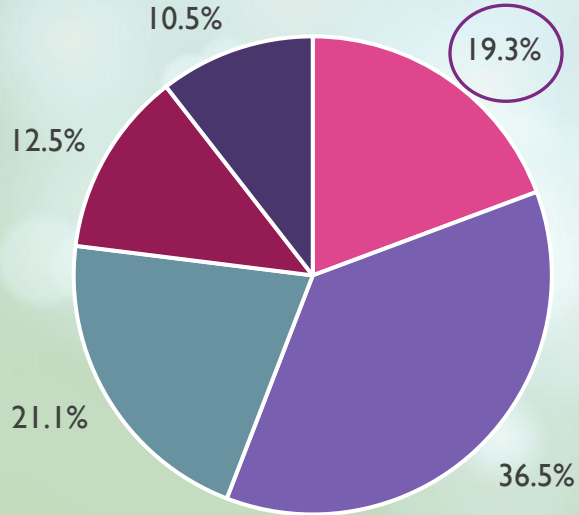
Our website is designed to **help clinics and service providers** create and strengthen their HIV prevention programs.

We are researchers and practitioners who have worked to synthesize key research findings, best practices, and implementation resources to promote **highest-quality, equity-driven program development and delivery.**



HIV IN ADOLESCENTS AND YOUNG ADULTS (AYA)

Percent of people newly diagnosed with HIV by age, 2021



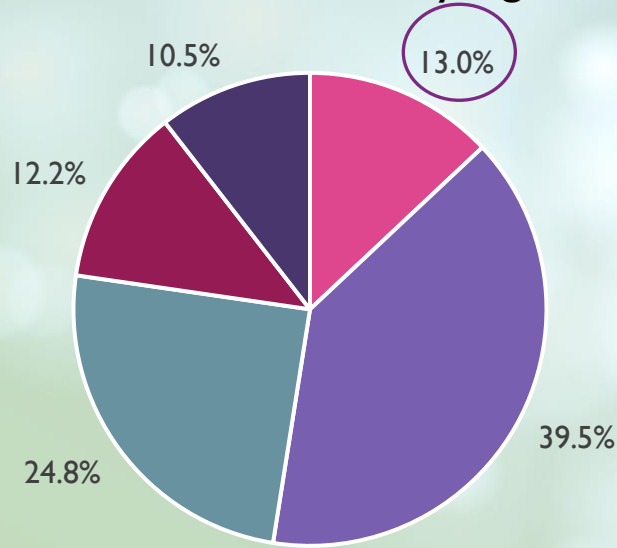
- HIV infections in AYA 13–24 years old precede diagnoses by an average of 3.9 years.
- Therefore 10–19 -year-olds are particularly important to target for HIV prevention measures.

■ Aged 13-24 ■ Aged 25-34 ■ Aged 35-44 ■ Aged 45-54 ■ Aged 55+



UNMET PREP NEED IN AYA

Percent of PrEP Users by Age, 2022



PrEP-to-Need Ratio by Age:

Aged 13-24: 8.09

Aged 25-34: 13.04

Aged 35-44: 14.15

Aged 45-54: 11.81

Aged 55+: 12.05



PREP ELIGIBILITY



Is PrEP right for me?

PrEP can help protect you if you don't have HIV and any of the following apply to you:

You have had anal or vaginal sex in the past 6 months and you

- have a sexual partner with HIV (especially if the partner has an unknown or detectable viral load),
- have not consistently used a condom, or
- have been diagnosed with a sexually transmitted disease in the past 6 months.

LEARN ABOUT YOUR
HIV RISK AND HOW
TO LOWER IT





STI RATES IN AYA INDICATE A NEED FOR PREP

Year	Age Group	Gonorrhea Cases			Rates per 100,000 Population			
		Total	Male	Female	Unknown	Total	Male	Female
2022	0-4	240	97	134	9	1.3	1	1.5
	5-9	76	15	61	0	0.4	0.1	0.6
	10-14	2,882	627	2,241	14	13.8	5.9	22
	15-19	94,918	39,106	55,477	335	438.7	352.9	525.7
	20-24	165,751	85,780	79,408	563	730	739.4	715.1
	25-29	128,268	80,453	47,470	345	578.0	708.7	437.9

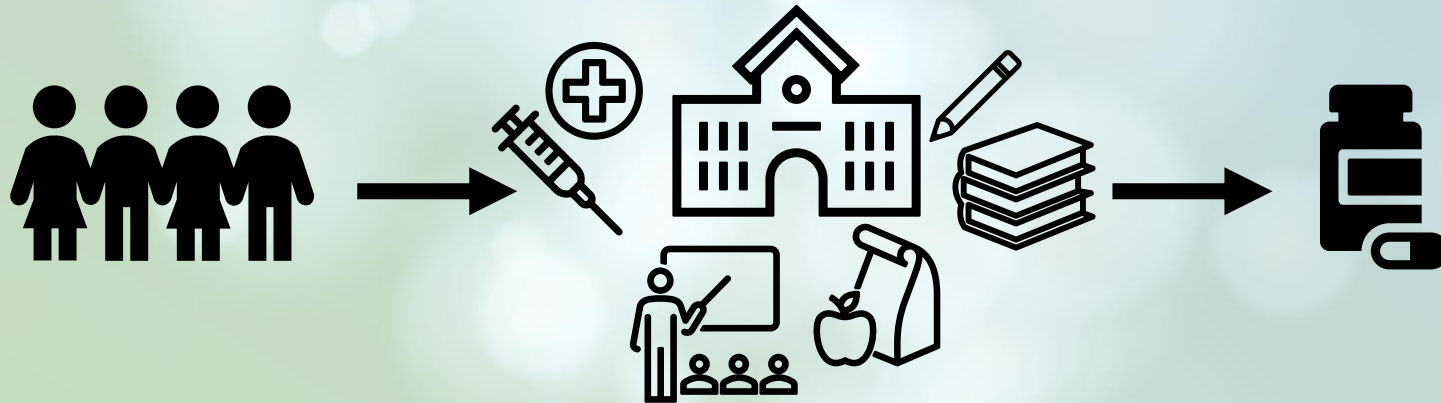
Ages 10-19
made up **15%**
of total
Gonorrhea
cases in 2022

Year	Age Group	Chlamydia Cases				Rates per 100,000 Population*		
		Total	Male	Female	Unknown	Total	Male	Female
2022	0-4	529	198	315	16	2.9	2.1	3.5
	5-9	167	42	125	0	0.8	0.4	1.3
	10-14	10,442	1,478	8,923	41	50.0	13.8	87.6
	15-19	376,345	95,187	279,919	1,239	1,739.5	858.9	2,652.3
	20-24	576,253	182,289	392,214	1,750	2,537.9	1,571.2	3,532.3
	25-29	305,857	122,749	182,244	864	1,378.2	1,081.2	1,681.2

Ages 10-19 made
up **23%** of total
Chlamydia cases
in 2022



SCHOOL BASED HEALTH CENTER





NYP SCHOOL BASED HEALTH CENTER

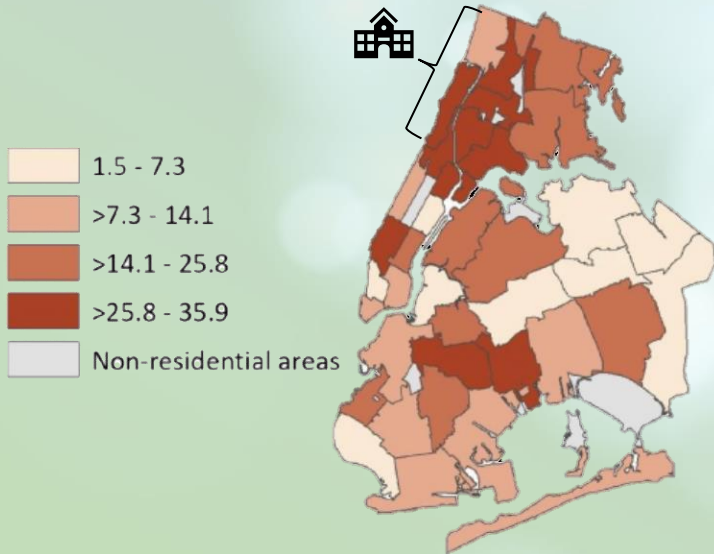
- New York-Presbyterian (NYP) SBHC offers comprehensive clinical services, including integrated primary medical, preventive, dental, and mental health care and a diverse array of health education and health promotion services.
- In 2018 NYP staff were recipients of a Gilead Sciences-sponsored investigator-led research grant that supported the implementation of PrEP services at SBHC.





SCHOOL BASED HEALTH CENTER

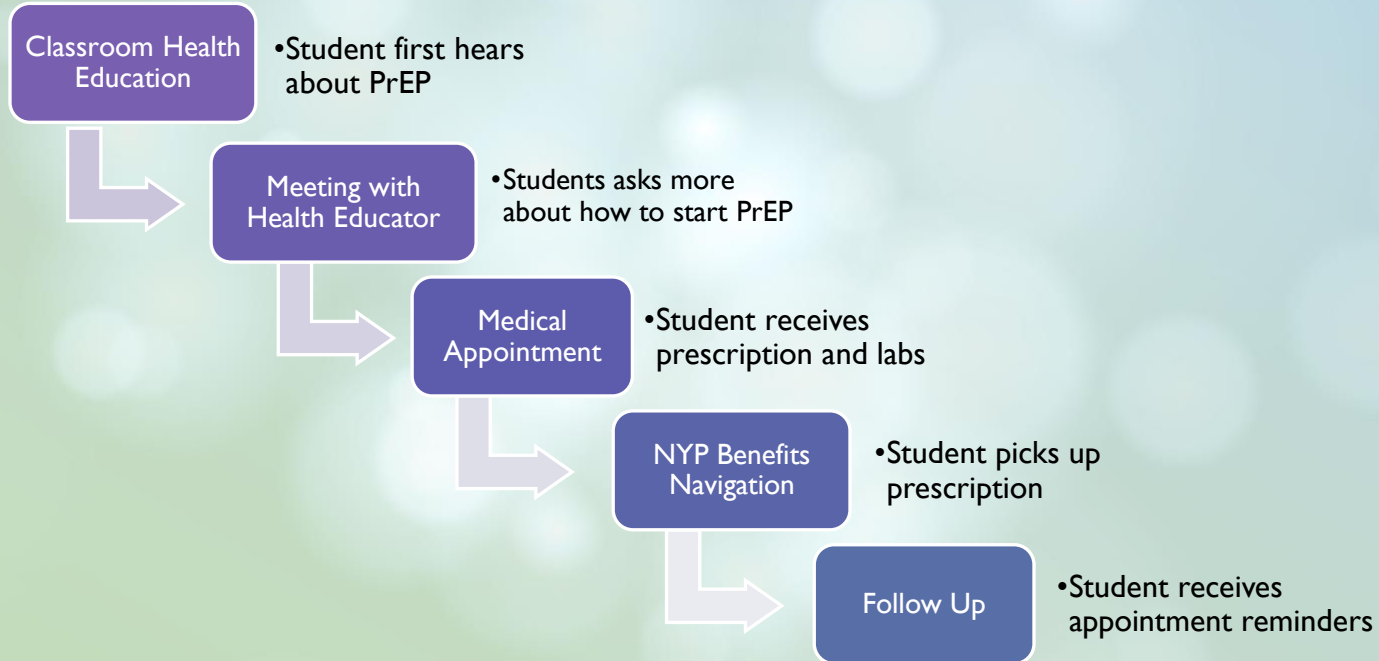
HIV diagnosis rates per 100,000 people in NYC by United Hospital Fund neighborhood in 2022



Serves 6,975 students across six sites with high schools in areas disproportionately impacted by HIV in NYC neighborhoods including Harlem, Washington Heights/Inwood, and the Bronx



PREP SERVICE WORK FLOW AT SBHC





I. LESSONS LEARNED

1. SBHC's structural environment offers an ideal opportunity to provide AYAs with free, confidential, and low stigma access to PrEP.



I. IDEAL STRUCTURAL ENVIRONMENT

- No parental consent or insurance is needed to access SBHC in New York State
- Students access SBHC for variety of reasons (sports physical, vaccination, contraception, STI treatment)
- Students are easy to reach in the classroom



2. LESSONS LEARNED

1. SBHC's structural environment offers an ideal opportunity to provide AYAs with free, confidential, and low stigma access to PrEP.

2. However, variable staff knowledge and buy-in about how PrEP can enhance AYA sexual health and well-being resulted in uneven implementation across SBHC sites.



2. VARIABLE STAFF KNOWLEDGE AND BUY-IN HINDERS “IDEAL” IMPLEMENTATION FLOW

Implementation Step	Ideal	Reality	Potential Solution
Classroom & Peer Health Education	Student first hears about PrEP.	Health educators report that five minutes of classroom time devoted to PrEP & cafeteria tabling are insufficient for raising knowledge.	Ensure classroom curriculum fully integrates PrEP into sexual health over the semester; ensure peers are fully trained & comfortable to discuss it.
Meeting with Health Educator	Student asks more about how to start PrEP.	Health educators report feeling uncomfortable discussing HIV prevention & PrEP.	Include health educators in HIV prevention & PrEP trainings; identify online certification opportunities.
Medical Appointment	Student receives prescription and labs.	Medical providers report that educating students about PrEP falls on them and requires multiple visits to initiate someone on PrEP.	Build greater knowledge & awareness in the general student population through (1) and (2) above.



3. LESSONS LEARNED

1. SBHC's structural environment offers an ideal opportunity to provide AYAs with free, confidential, and low stigma access to PrEP.

2. However, variable staff knowledge and buy-in about how PrEP can enhance AYA sexual health and well-being resulted in uneven implementation across SBHC sites.

3. Staff remain focused on prevention of pregnancy and screening for STIs including HIV. There is opportunity to optimize SRH visits by adding universal PrEP education and prescribing and dispensing PrEP onsite.



3. OPTIMIZING SRH

- Visits for contraception, STI and HIV testing are good opportunities to discuss PrEP.
- Universal PrEP education with every SRH visit regardless of gender and sexuality.
- Good opportunity to educate a new generation of sexually active citizens about PrEP in ways that are population-neutral.
- The goal is to increase AYA's awareness and knowledge of PrEP and make it available for those who could benefit now.



THANK YOU

- Benjamin Lane, MPH (Columbia University Irving Medical Center)
- Melanie Gold, DO, DMQ (Columbia University Irving Medical Center)
- Caroline Carnevale, DNP, MPH (NewYork Presbyterian Hospital)
- Dina Romo, MD (Columbia University Irving Medical Center)
- Janet Garth, MPH (NewYork Presbyterian Hospital)
- Sarit Golub, PhD, MPH (Hunter College)
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