



# Chantil Thomas- SYNChronicity Let It Flow...

Understanding Seasons of Vulnerability, Uptake, Retention and Relapse Amongst PrEP Clients

## Presenters:

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# CONFLICT OF INTEREST DISCLOSURE

Chantil Thomas, MA





- DC's public STI clinic
- 2,148 unique patients seen in 2018
  - 68% male
  - 57% < 30 years
  - 75% Black
- PrEP clinic opened August 2016
- Tested for HIV/STIs at intake & follow-up every 3 months
- Follow-up for future appointments & service needs

# 4 POPULATION



783

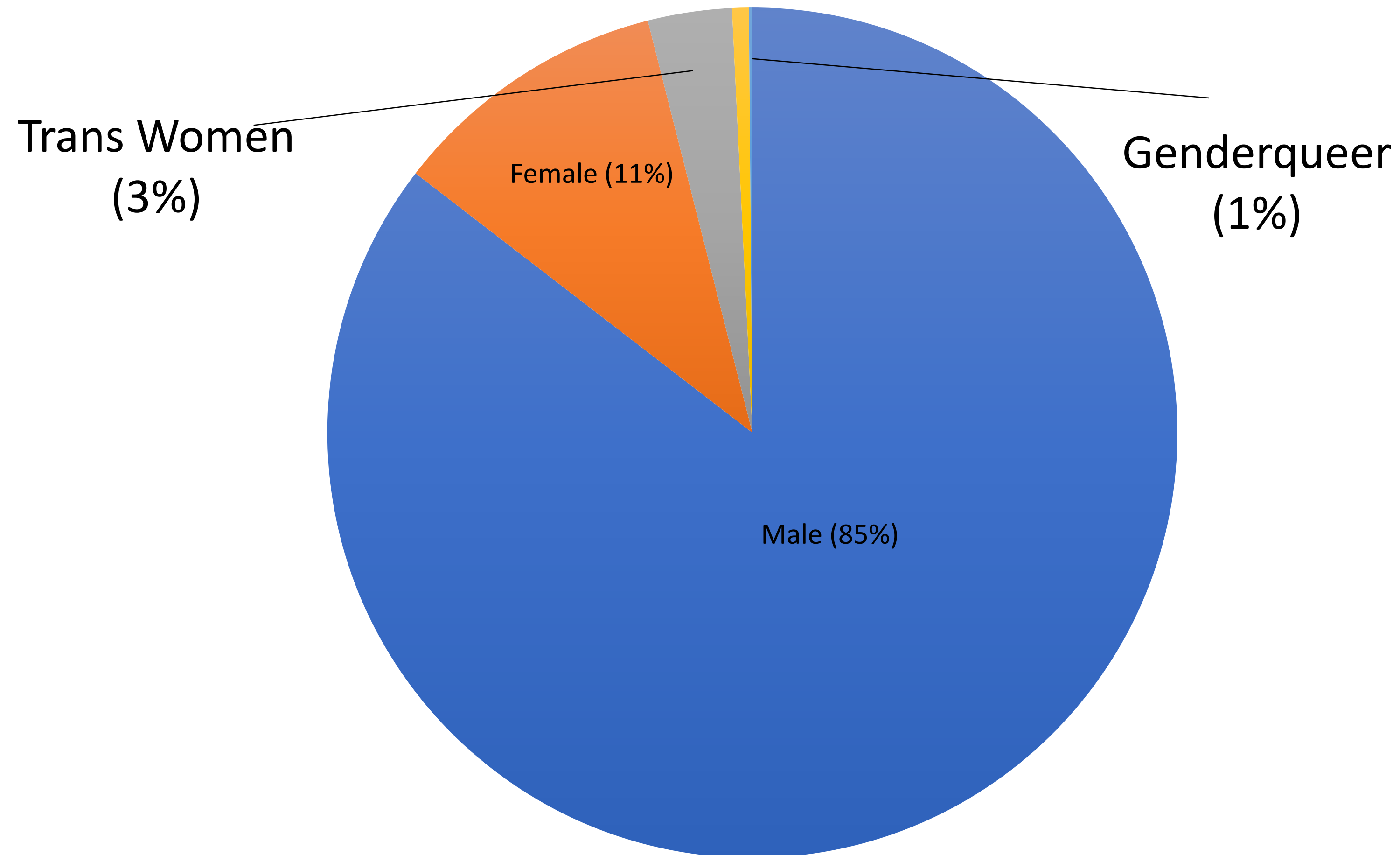
Prescribed PrEP Aug 2016-Sep 2019



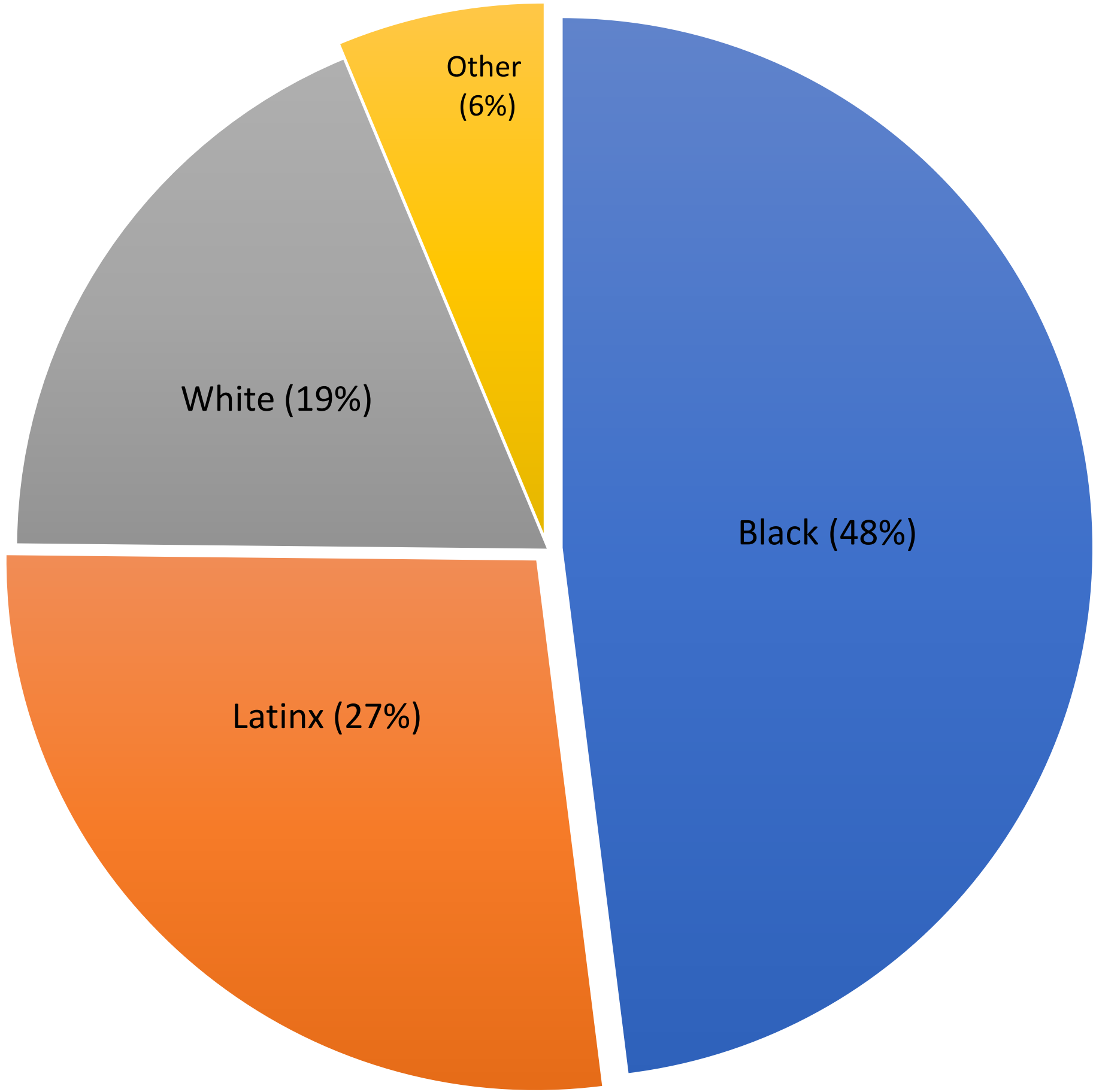
50%

On PrEP  $\geq$  1 mon

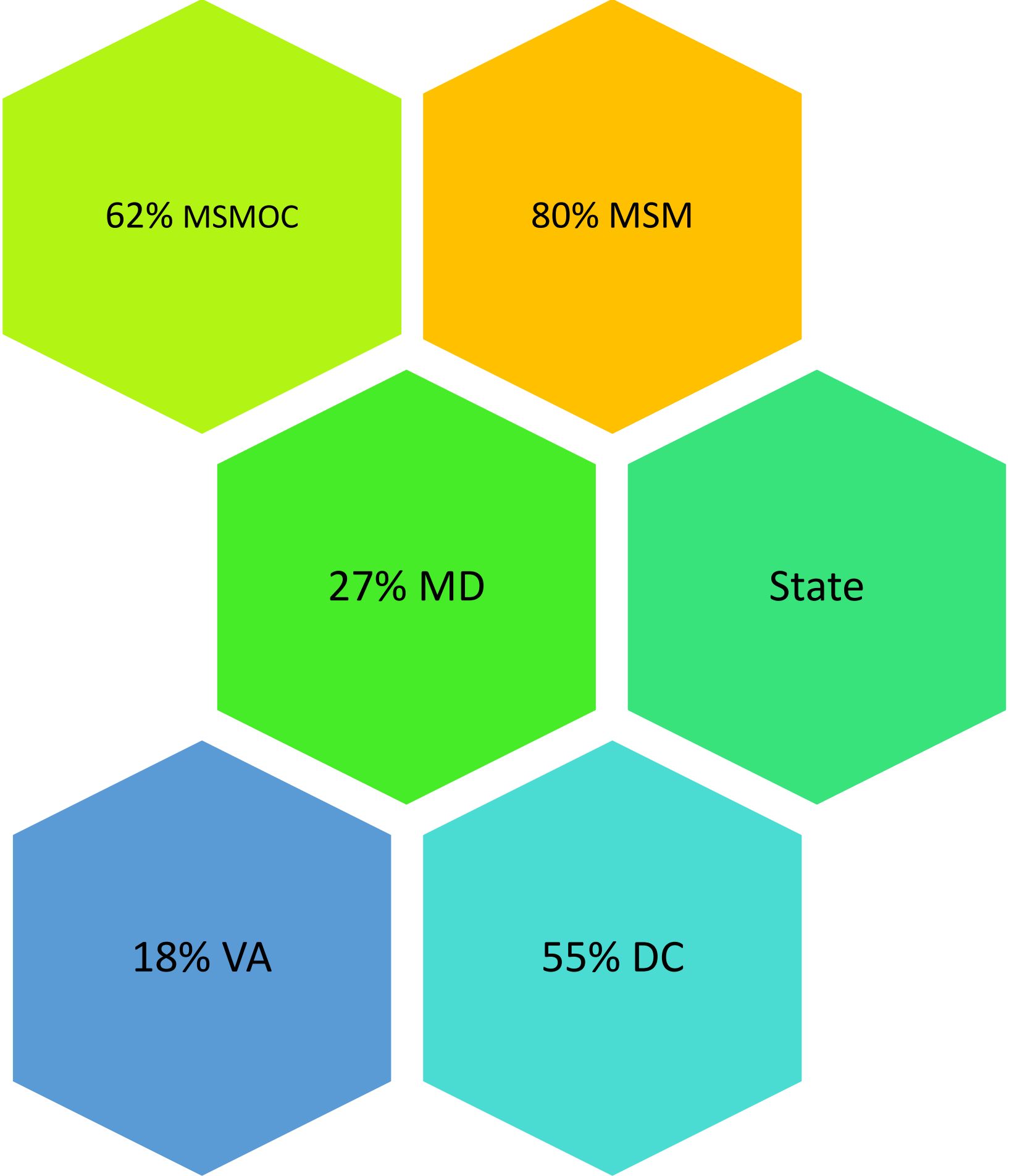
# CURRENT GENDER IDENTITY



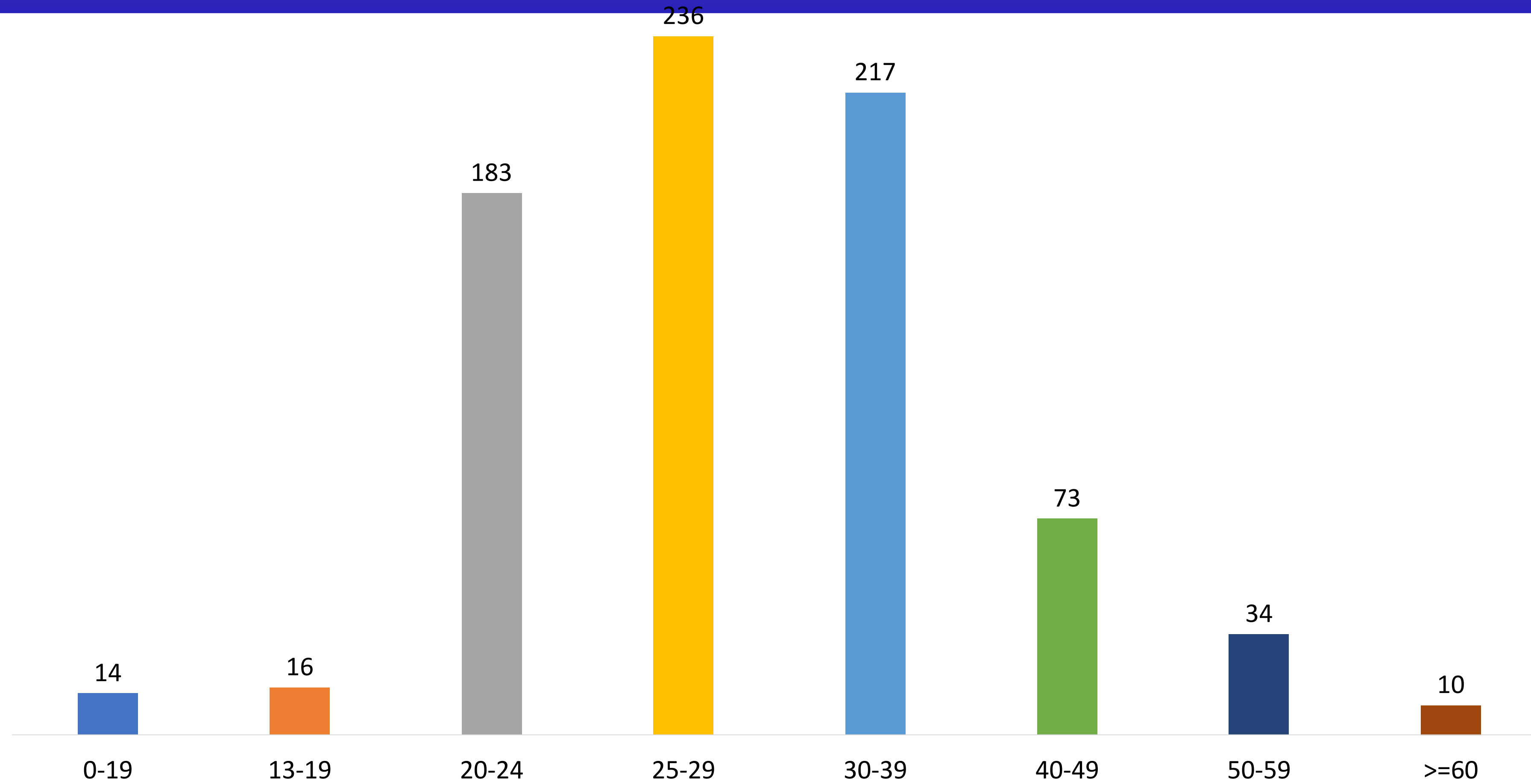
# RACE/ETHNICITY



# DEMOGRAPHICS



# AGE AT PREP PRESCRIPTION





# WHY DO PEOPLE STOP PREP?



- Majority – stop coming to the clinic
- Relationship changes
- Cost
- Side effects
- Logistics/insurance issues
- Change in perceived risk
- “It’s just not for me”

# EVALUATING PROGRESS



- Monitor why clients go on and off PrEP
- Survey clients that stop coming to the clinic
- Identify barriers to PrEP maintenance
- Assess demographic associations with retention
- Increase retention

# ENGAGING THE COMMUNITY



- Regional approach
- IMPACT DMV Coalition
- Provider and community input
- Flexibility & Adaptability

# ENGAGING THE COMMUNITY



- **Client navigation**
  - Follow-up
  - Accessibility
  - Open and accepting attitude
  - Televisits
  - Language Navigation
- **PrEP power hours**
- **Established red carpet agreements**
- **Brunches**
- **Social Gatherings**

# ENGAGING THE COMMUNITY



- **Promotional Materials**
  - Trans campaign
  - PrEP for Women
  - U=U
  - Sexual Beings
  - Targeted Community Engagement
- **Health Impact Specialists**
  - Representation from the community
  - Language assistance



- The idea of planned or “seasonal” PrEP use according to planned seasons of high risk exposure due weather, mental health state, drug and or alcohol use, or current relationship status.



## What is PrEP adherence?

- How is PrEP Adherence defined in your clinical setting?
- Does it align with other definitions of adherence set in your jurisdiction/region?
- What is your definition of a patient/client being “loss to care”
- How do you engage patients who come in for PrEP vs those who come in for STI or other related services, yet meet the criteria for PrEP candidacy? Does your approach change based on race/ethnicity and or zip-code?

# LIMITATIONS



- No clear definition of “loss to care” if patients can opt in and out of treatment depending of perceived risk. Not accounting for unplanned sexual encounters.
- DC’s HIV and STD Prevalence
- Substance Use
- Incarceration
- Housing Instability
- Mental Health Challenges
- Inability to tolerate medication/Other medical challenges
- Transportation barriers
- Cost-Outside of Gilead/Patient Assistant Network and PrEP DAP



# THINGS TO CONSIDER



- What are the benefits and pitfalls of thinking of adherence through the lens of seasons of pleasure?
- How do we engage the community in PrEP, especially people of color?
- What happens when your processes of engagement (routine screenings, follow-up surveys/calls) become an inconvenience for the client?

# CONTACT INFORMATION



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