



Introducing PrEP Counseling into Family Planning Practice

Presenter:

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Pronouns: they/them/theirs

CONFLICT OF INTEREST DISCLOSURE

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- This study was conducted by AccessMatters at the Women's Care Center at Drexel University College of Medicine.
- This study was supported by funding from Gilead Sciences, Inc. (study number IN-US-276-4061)
- No competing financial interests exist.

Learning Objectives



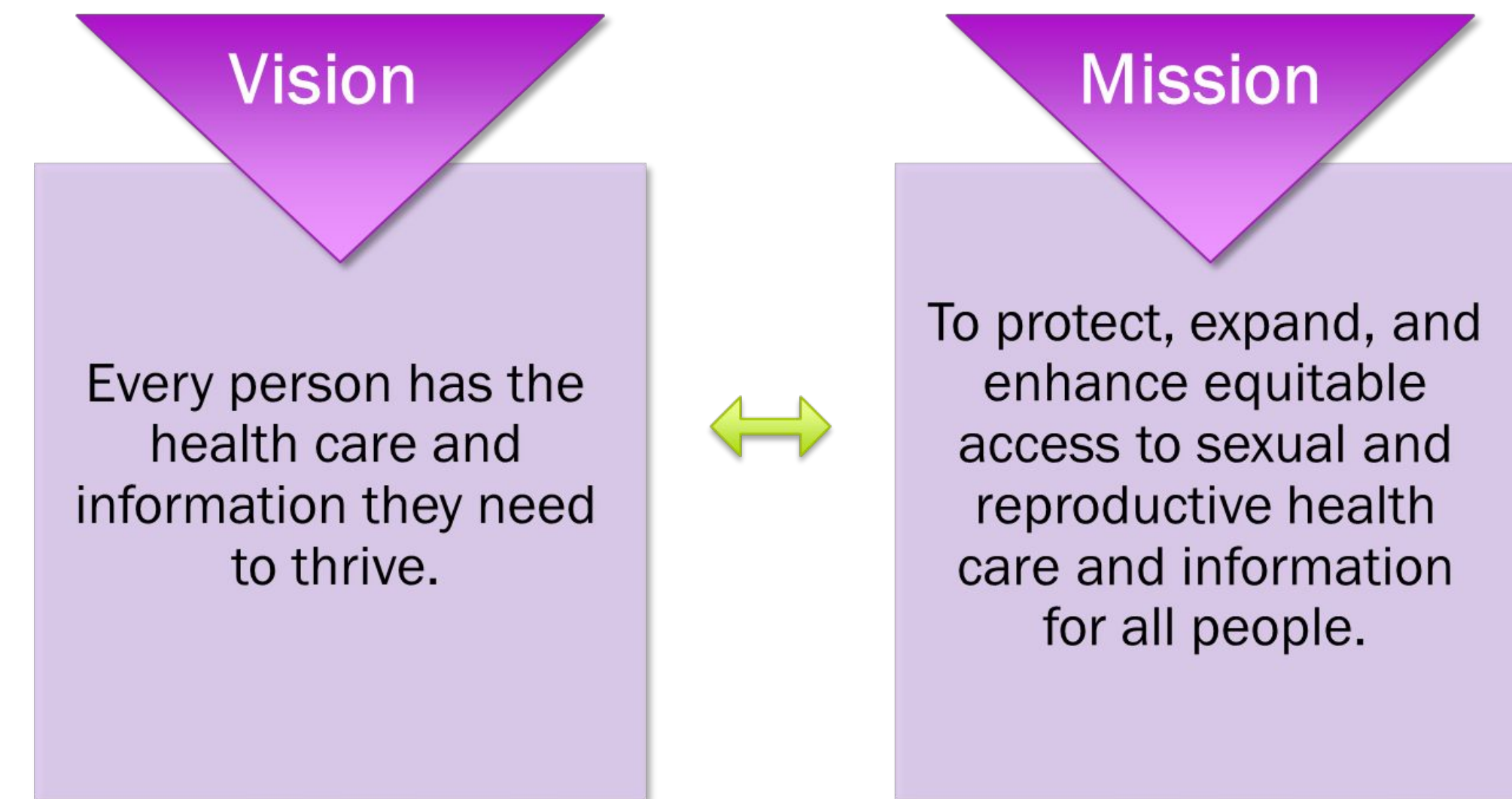
Following this presentation, participants will be able to:

- Identify at least one cause of gender disparities in PrEP access
- Explain the importance of integrating PrEP into family planning practice
- Describe the impact of PrEP counselling on PrEP knowledge and attitudes

About AccessMatters



- Sexual and reproductive health care and advocacy non-profit located in Philadelphia and founded in 1972
- Facilitates local, regional, statewide, and national programming
 - Family planning, HIV prevention and treatment, breast and cervical cancer prevention, maternal and child health, patient navigation, training and capacity-building, and more
- One of the largest Title X family planning grantees in the United States



Background



- In 2016, adult women accounted for 19% of all new HIV diagnoses in the United States, but received only 7% of all new prescriptions for HIV pre-exposure prophylaxis (PrEP)
- Women have received very little attention in both the public discourse on PrEP (predominantly focused on men who have sex with men) and in domestic research trials to date
- Only three of the ongoing and planned domestic PrEP studies in 2016 involved cisgender women at all, and none focused on the implementation of PrEP in family planning (FP)—a

Why PrEP in family planning?



- FP functions as primary care for large population of women who don't have PrEP access anywhere else
 - **40% of female FP clients have no other recent source of healthcare**
- PrEP enhances reproductive autonomy for women in serodiscordant relationships who want to become pregnant
- Like LARCs, PrEP provides receptive sexual partners with a self-controlled prevention

Goals



Project Goal

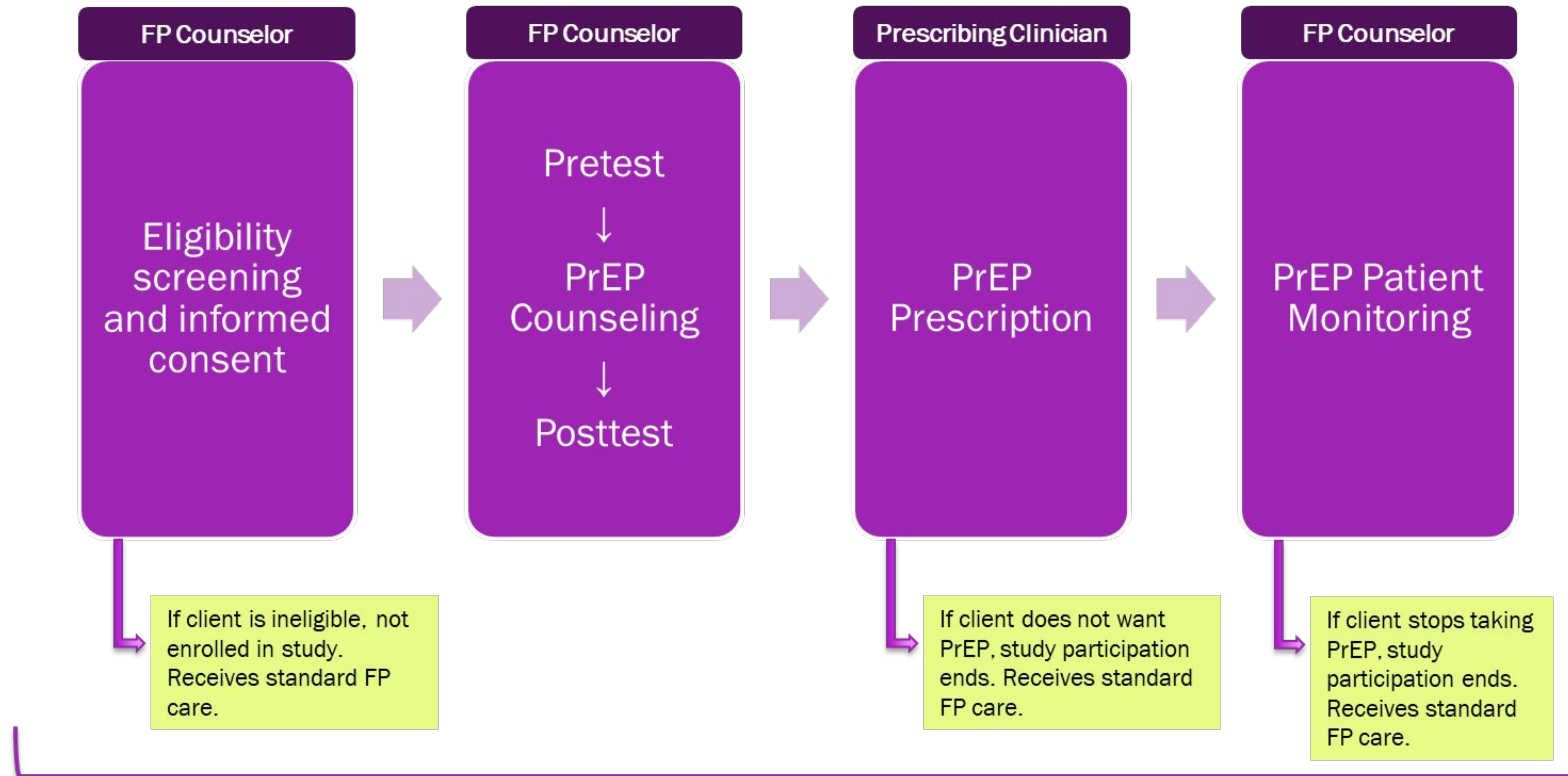
Assess the feasibility and impact of integrating PrEP counselling and education into routine family planning counselling at a high-volume Title X clinic.

Ultimate Goal

Integrate PrEP counselling into standard family planning practice throughout the Title X program to increase access to PrEP among U.S. women.



The Project



AccessMatters (1) provides PrEP training to all site staff, (2) collects and enters data monthly from all pretests, posttests, and monitoring forms, (3) conducts observations/site visits, (4) provides technical assistance, and (5) conducts closing interviews with site staff.

Who was eligible?



- Family planning clients
- Women (cisgender and transgender)
- Aged 18 or older
- HIV-negative
- Report oral, vaginal (receptive), or anal (receptive) sex in past 6 mos



Pre- and Posttest Assessment

Attitudes

My female friends would take PrEP.

Doctors don't know much about PrEP.

PrEP will make sex more fun because I will worry less about HIV.

Truvada for PrEP is new.

I would feel funny taking PrEP.

If I take PrEP, people will think I have many sexual partners.

Taking PrEP means I don't trust my sexual partner.

PrEP works better to prevent HIV than anything else.

My risk of HIV is too low for me to take PrEP.

Taking a pill every day without missing a day is hard to do.

There are more benefits to PrEP than risks.

Using a condom is better for preventing HIV than taking PrEP.

PrEP costs too much.

Taking PrEP every day is a hassle.

Taking PrEP in addition to using condoms is too much.

= PrEP Acceptability Score

Knowledge

PrEP is only for people who are having sex with someone who they know has HIV.

If I take PrEP, I still need to use condoms.

If I take PrEP, I need to have an HIV test at least every three months.

PrEP is only for people who have HIV.

The government has approved PrEP for women.

= Knowledge Score



Development of the WPCC

WPCC = Women's PrEP Counseling Checklist

In response to feedback from FP Counselors and results of a site visit observation, we developed the Women's PrEP Counseling Checklist (WPCC) to ease the burden on Counselors and guide counseling sessions. The WPCC covers the following key topics:

- Purpose of PrEP
- Evidence of PrEP efficacy
- Who can/should take PrEP
- Regimen for PrEP



Results: Who participated?

- 75.4% were Black/African-American
- 78.7% were between the ages of 18 and 34
- 10.3% were Hispanic/Latinx
- 26.4% had a post-secondary degree of some kind
- 77.4% were employed either full- or part-time

Results: Impact on PrEP knowledge



Brief PrEP counselling effectively increases knowledge of PrEP among women family planning patients.

- **The change in knowledge score from pretest to posttest was statistically significant ($p < 0.000$)**
- Increases in correct responses for the following individual knowledge questions were also statistically significant:
 - PrEP is only for people who are having sex with someone who they know has HIV (WSR, $\bar{x}\Delta = +0.12$, $p = 0.000$).
 - If I take PrEP, I need to have an HIV test at least every three months (WSR, $\bar{x}\Delta = +0.21$, $p = 0.000$).

Results: Impact on PrEP acceptability



Brief PrEP counselling effectively improves attitudes towards PrEP among women family planning patients.

- **The change in PrEP acceptability score from pretest to posttest was statistically significant ($p < 0.000$)**
 - Increases in PrEP-positive responses to (not agreement with) the following individual PrEP acceptability items were also
 - My female friends would take PrEP (WSR, $\bar{x}\Delta = +0.14$, $p = 0.000$)
- statistically significant:
- Doctors don't know much about PrEP (WSR, $\bar{x}\Delta = +0.15$, $p = 0.000$)
 - PrEP will make sex more fun because I will worry less about HIV (WSR, $\bar{x}\Delta = +0.17$, $p = 0.000$)
 - I would feel funny taking PrEP (WSR, $\bar{x}\Delta = +0.13$, $p = 0.002$)

Results: Impact of WPCCC rollout



PrEP counselling that is guided by the WPCCC is more effective than unguided PrEP counselling.

- Participants who received guided counseling with the APCC reported:
 - Significantly higher knowledge scores at posttest than those who received unguided counseling
 - Significantly larger gains in PrEP acceptability than those who received unguided counseling
- Interviews with site project staff suggested that the APCC substantially reduced work burden and increased

Takeaways



- 1. Integration of PrEP counselling into standard family planning counselling is highly feasible and appropriate.**
- 2. PrEP counselling effectively increases knowledge and improves attitudes about PrEP among women.**
- 3. When family planning providers are supported with PrEP training and clinical tools, they are more confident and effective in their counselling.**



Where are we now?

Publication of study results

O'Connell, H.R. and Criniti, S.M. (2020). "The impact of HIV pre-exposure prophylaxis (PrEP) counselling on PrEP knowledge and attitudes among women seeking family planning care." *Journal of Women's Health* (online ahead of print). <https://www.liebertpub.com/doi/abs/10.1089/jwh.2019.8217>

Rollout of PrEP services in our Title X network

The WPCCC has been updated to apply to people of all genders, and distributed to all family planning providers in AccessMatters' network. As of 2020, we are adding PrEP counselling and prescription indicators to our annual performance data collection. Providers will continue to receive training and technical assistance to support their rollout of PrEP services.

Tragic loss of the Women's Care Center in Philadelphia

In June 2019, the private equity investor who purchased Drexel's Hahnemann Hospital announced the sale and liquidation of hospital assets., leaving more than 500 medical residents and fellows and tens of thousands of patients without jobs or care. The Drexel Women's Care Center was closed as a result of this debacle.

Thank you!



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