

# Increasing Access to Pre-exposure Prophylaxis (PrEP) for the Transgender Community in the Primary Care Setting



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## Background

- Nearly 25% of the estimated 1.4 million transgender (trans) people are living with HIV (Becasen et al., 2018; Flores et al., 2016)
- Less than 50% of trans people are aware of PrEP, which prevents 99% of HIV acquisition when taken as prescribed (Becasen et al., 2018; CDC, 2021)
- Literature suggests that when trans people can access both gender-affirming hormone therapy AND PrEP with the same provider, they are more likely to use and stay on PrEP when needed (Clement et al., 2019; Fredericksen et al., 2018; Saberi et al., 2020; Wilson et al., 2020)

## Purpose

Among outpatient primary care clinics with PrEP programs, do trans-inclusive engagement tools lead to higher levels of PrEP uptake and adherence as compared to the current practice?

## Aims & Evaluation

**Aim 1:** Survey project site clinic staff and providers to identify the top three strategies to improve PrEP access among trans individuals

Measure: Survey results

Analysis: Descriptive statistics

**Aim 2:** Improve PrEP access for the trans community by developing and presenting an evidence-based continuum care plan and other engagement tools to the project site

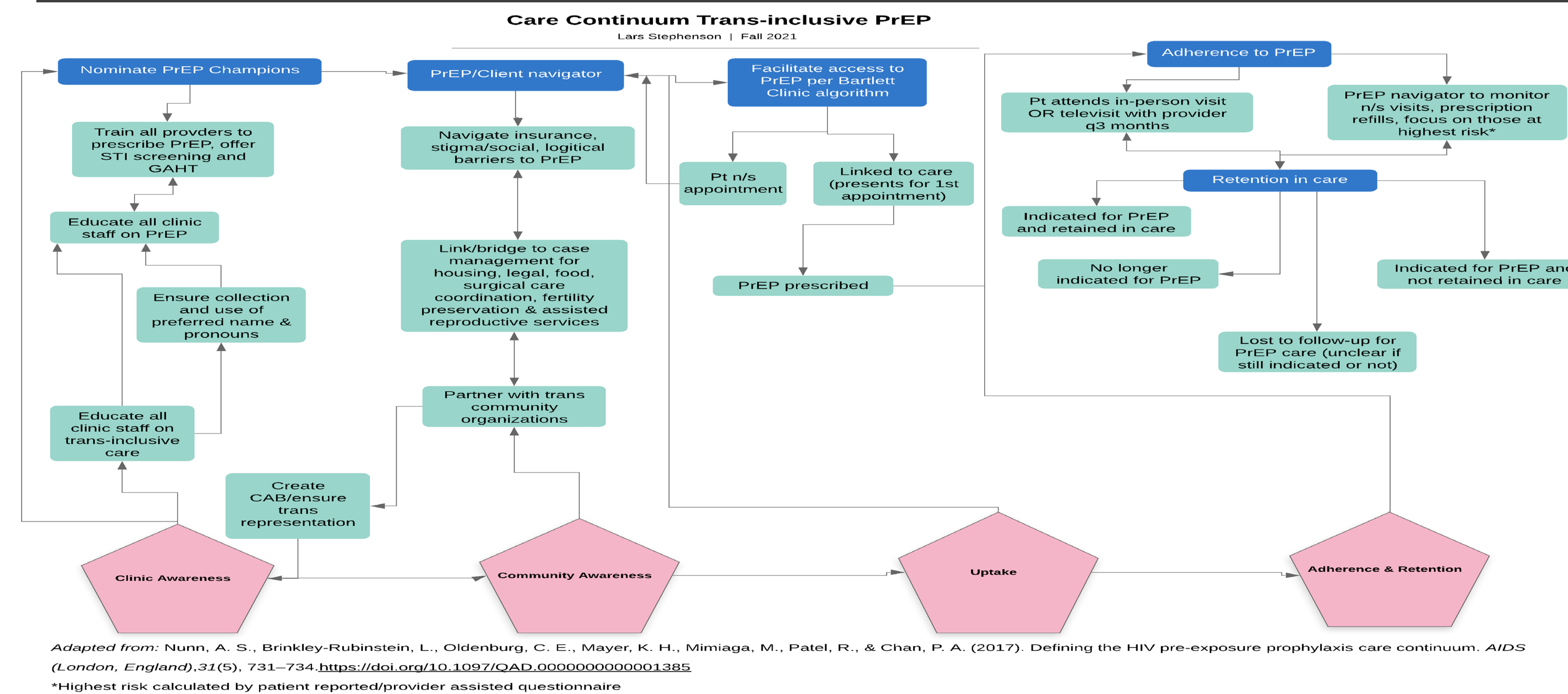
Measure: Expert clinicians' critique and review

Analysis: Descriptive statistics

## Methods

- Surveys and proposed intervention tools were developed following a review of literature on existing best-practices on engaging trans clients in PrEP care
- A Learning Data Set (LDS) was created based on the Diffusion of Innovation Theory and known clinic dynamics and utilized to answer both surveys (Dearing & Cox, 2018)

## Intervention

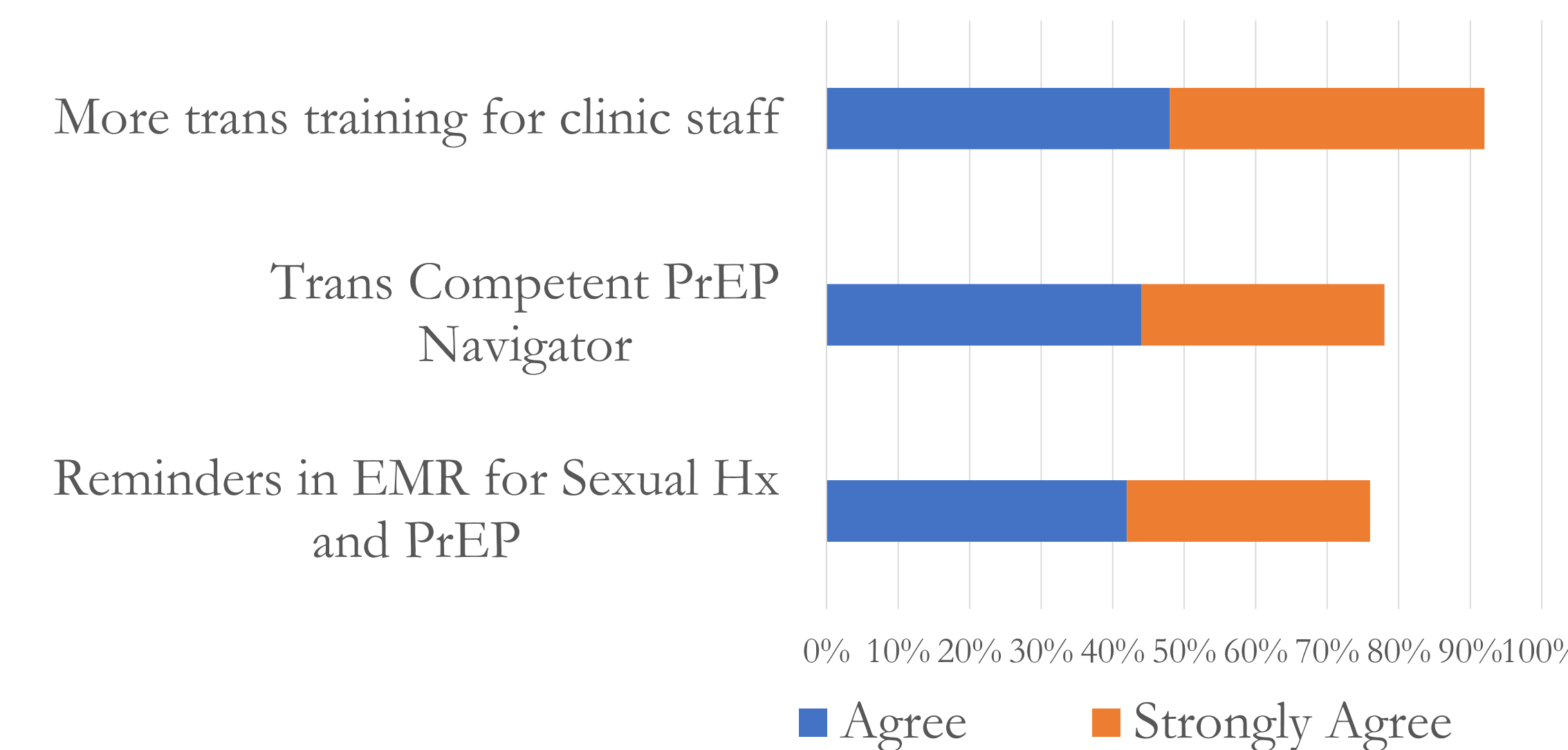


## Results

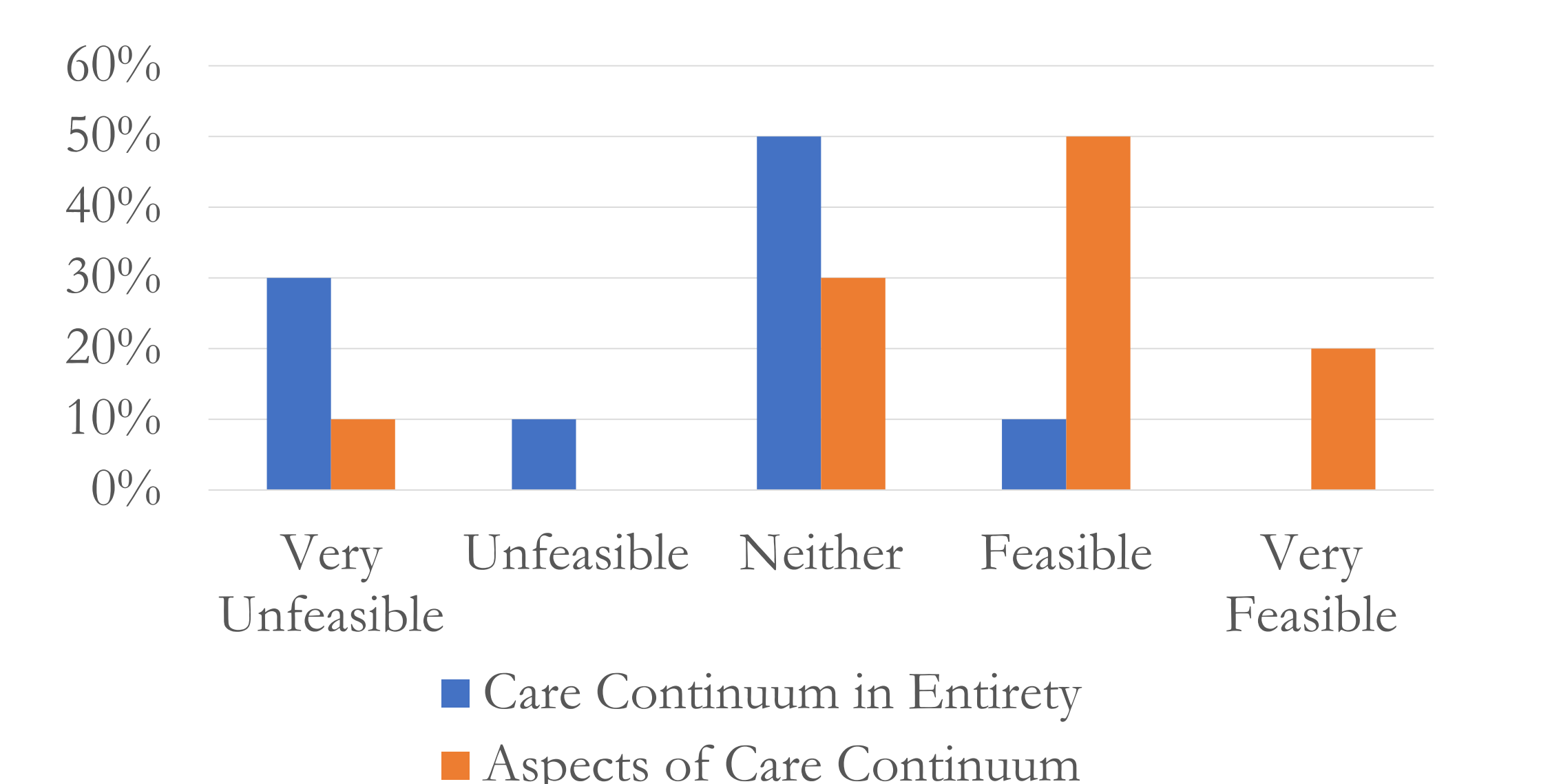
Age, mean (SD*)	43.3 (15.9)
Gender identity, n (%)	
Cis Male	14 (28)
Cis Female	26 (52)
Non-binary/third gender	1 (2)
Trans Male	4 (8)
Trans Female	5 (10)
Role in Clinic, n (%)	
MD	14 (28)
Advanced Practice Provider (NP or PA)	13 (26)
RN	6 (12)
Pharmacist	3 (6)
Client Navigator or Case Manager	6 (12)
Front Desk	8 (16)
Race/Ethnicity, n (%)	
White	13 (26)
Black/African American	19 (38)
Hispanic or Latino/a or Latinx	10 (20)
Native American/Alaska Native	3 (6)
Asian/Asian American	5 (10)
Diffusion of Innovation Category, n (%)	
Innovator	12 (24)
Early adopter	5 (10)
Early majority	13 (26)
Late majority	8 (16)
Laggards	12 (24)

\*SD=standard deviation

**Aim 1:** Top 3 Suggestions for Increasing Trans Access to PrEP



**Aim 2:** Feasibility of Using Care Continuum at Clinic



## Discussion

### Limitations

- Poor survey response due to COVID-19 restrictions
- Using hypothetical data with Learning Data Set (LDS)
- Limited research regarding specific interventions for increasing PrEP access for trans community

### Strengths:

- Identified evidence-based interventions for future QI projects
- Developed surveys and care-continuum model for future clinical use

## Conclusions

- Increasing access to PrEP for the trans community is a critical step for ending the HIV epidemic
- Training is needed for all clinic staff to provide trans-competent care
- Patients who can receive PrEP and GAHT from the same provider are more likely to stay on PrEP when needed
- Aspects of the proposed care continuum can be utilized in the primary care setting to routinize sexual health screening and education about PrEP
- Next steps include implementing the surveys and care continuum in real-time

## References

Separate reference list is available upon request