



# SOLUTIONS SUMMIT

**ADDRESSING THE IMPACT OF PREP AND VACCINES IN  
GEORGIA'S BLACK COMMUNITIES.**

**Shift from highlighting the challenges to creating the solutions to  
promote PrEP equity.**



# Agenda

**ELEVATING THE URGENCY FOR BLACK  
COMMUNITIES**

**LEISHA MCKINLEY-BEACH**

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**SETTING THE FOUNDATION: PREP BASICS**

**DR. DANIEL DRIFFIN**

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**ACKNOWLEDGE WOMEN AND GIRLS  
HIV/AIDS AWARENESS DAY**

**LEISHA MCKINLEY-BEACH**

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**GREETINGS GEORGIA STATE LEGISLATORS**

**REP. PARK CANNON  
AND OTHER SPONSORING  
REPRESENTATIVES**

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**INTRODUCTION OF FACILITATORS**

**LEISHA MCKINLEY-BEACH**

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**ANALYSIS OF HB19 PREP**

**REP. PARK CANNON  
DEVIN BARRINGTON-WARD**

## **FACILITATED DISCUSSION**

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**FACILITATOR:  
DEVIN BARRINGTON WARD**

## **ADDRESSING PREP DISPARITIES IN GEORGIA'S BLACK COMMUNITY**

### **HIGHLIGHTING KEY COMPONENTS**

#### **FACILITATED DISCUSSION**

- 1. "PREP DESSERTS"**
- 2. ARE THERE ENOUGH PROVIDERS TO SERVE EVERYONE WITH INDICATIONS FOR PREP**
- 3. IMPACT OF THE ROLE OF PHARMACISTS FILLING THE PROVIDER GAP**
- 4. NEW HIV DIAGNOSIS AMONG BLACK PEOPLE IN GEORGIA COMPARED TO BLACK PREP USERS IN THE SAME AREA.**

**DR. NATALIE CRAWFORD**

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## **HIV/COVID/MPOX VACCINES: LESSONS LEARNED AND HOW TO APPLY BEST PRACTICES FROM THESE MODELS FOR HIV PREVENTION MOVING FORWARD.**

**DR. DANIEL DRIFFIN**

**MOVING PREP IN GEORGIA'S BLACK  
COMMUNITIES FORWARD: FRAMING OF  
THE 6 YEAR PLAN (2030) AND THE SIX  
MONTH BENCH MARK SESSION/UPDATE**

**KEY STRATEGIES**

- HEALTHCARE AS A CIVIL RIGHT
  - ACCESS
  - EDUCATION
  - ECONOMICS
  - POLICY
- 

**DR. DANIEL DRIFFIN**

**DR. NATALIE CRAWFORD**

**ACTION NOW!**

**DAZON DIXON DIALLO**

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**SAVE THE DATE**

**SEPTEMBER 12, 2024**

# SOLUTIONS SUMMIT

ADDRESSING PREP AND VACCINES IN  
GEORGIA'S BLACK COMMUNITIES

**DR. DANIEL D. DRIFFIN**

Facilitator



**DR. NATALIE CRAWFORD**

Facilitator



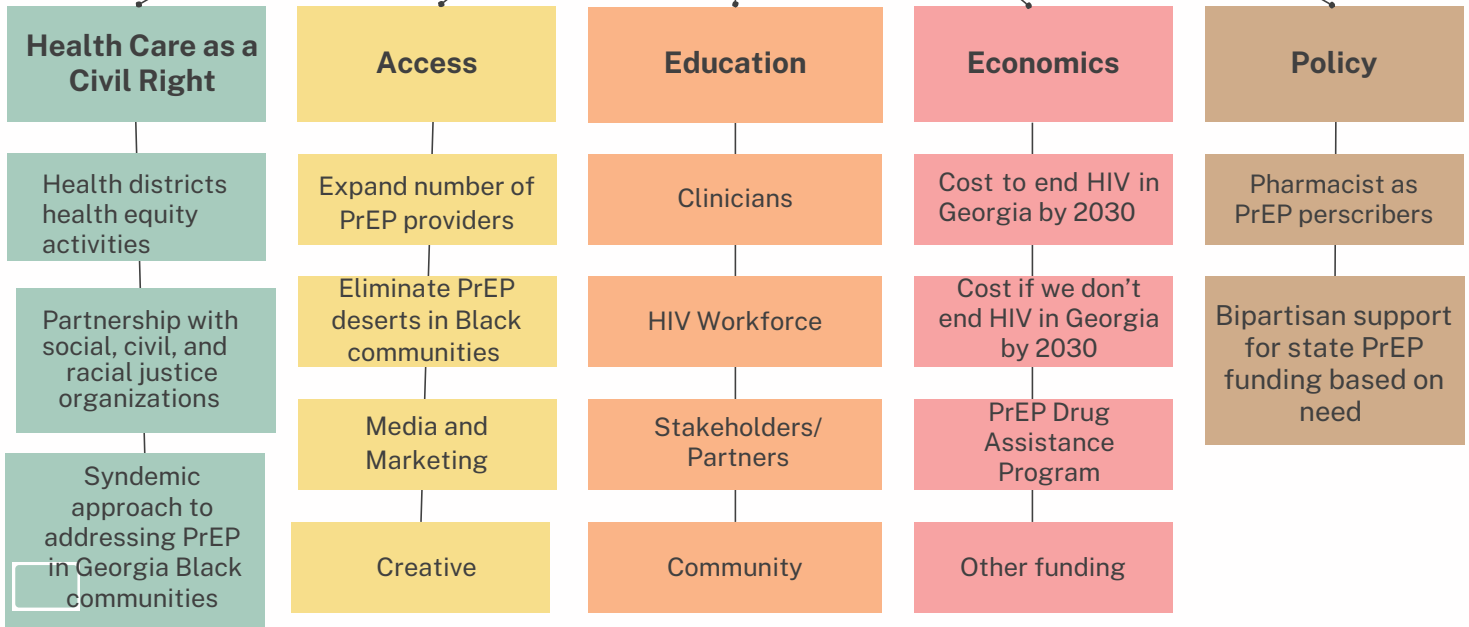
**BE A PART OF THIS HISTORIC MOMENT OF OUR BLACK-LED  
INITIATIVE TO LEAD GEORGIA CLOSER TO ENDING NEW HIV  
DIAGNOSIS AMONG OUR OWN COMMUNITIES**





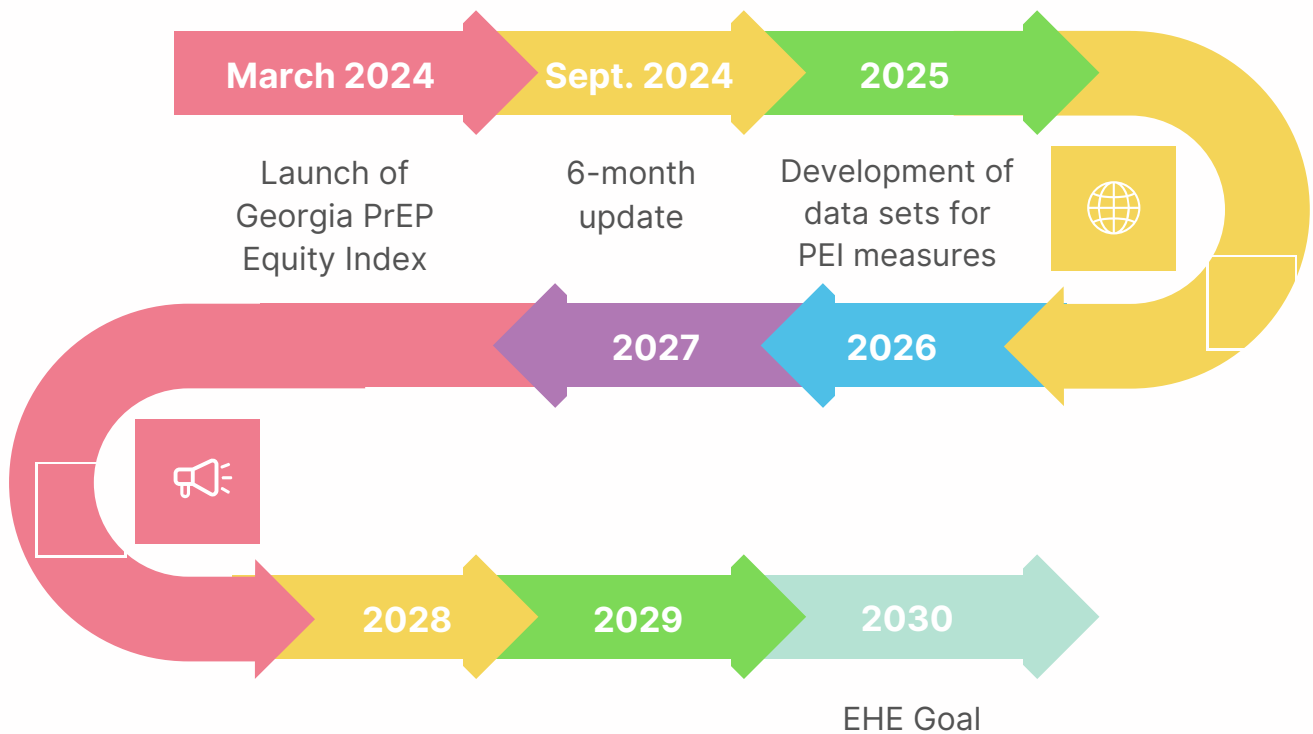
## PrEP Equity Community Index

Every Black Georgian with indications for PrEP will have a pathway to receive it





# Georgia PrEP Equity Community Index












## Data To Support PREP EQUITY COMMUNITY INDEX

Categories	Measures	Who Has The Data
Health Care as a Civil Right		
Access		
Education		
Economics		
Policy		



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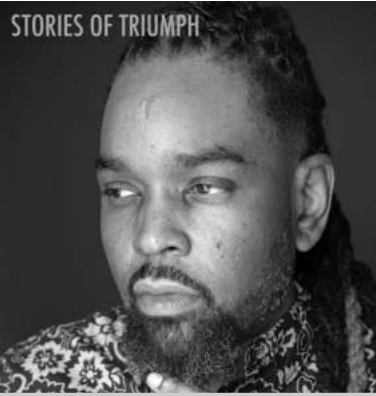




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# Setting The Foundation: PrEP Basics

Daniel D. Driffin, DrPH, MPH

**Solutions Summit:** Addressing PrEP and  
Vaccines in Georgia's Black Communities

Monday, March 11, 2024



# Objectives

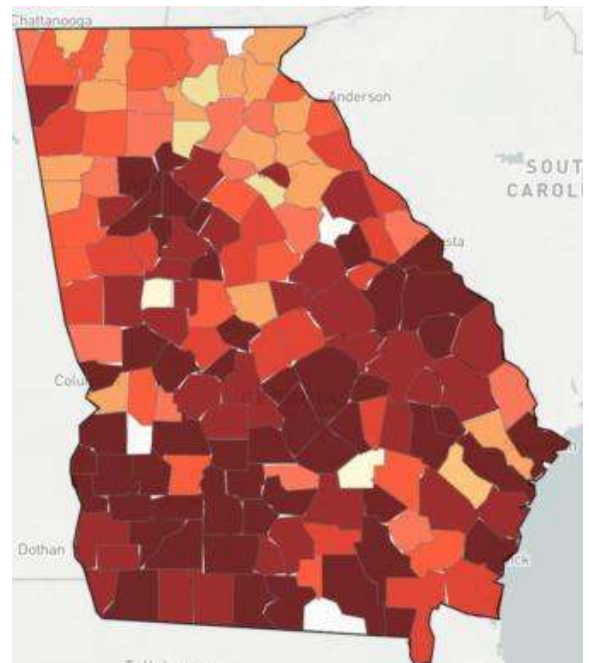
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- Provide HIV epidemiological profile for Georgia
- Define what is HIV pre-exposure prophylaxis (PrEP)
- Identify key solutions across Georgia



# HIV Among Georgians

- Georgia HIV **diagnosis and prevalence remains persistently high**
- **Unequal burden** on certain **locations, communities and other intersecting identities**
- **Solutions are possible to reduce burden:**
  - Expand access to cover medical treatment and prevention
  - Expand prevention tools and messages
  - Use cross cultural approaches



(AIDSVu, 2024)

# HIV Testing Across Georgia

## HIV Testing Trends . . .

\*Preliminary Data, Jan. 2023 – Dec. 2023

**82,867 total test events** (2022: 90,863)

- **317 Newly Confirmed Positive = 0.4% Positivity Rate** (2022: 480 = 0.53%)
- **76%** of test events (63,003) were conducted in a **clinical setting**.
- **67%** of test events (55,502) **included STI screening**

\*SOURCE: C&T - HIV Counseling and Testing Database EvaluationWeb®, as of 26 February 2024. Georgia Department of Public Health, Division of Health Protection, HIV Prevention Unit



# What is Pre-Exposure Prophylaxis (PrEP)?

- PrEP stands for **Pre-Exposure Prophylaxis**:
  - Taking PrEP can help you prevent HIV for people who are not living with HIV
  - Several studies have showed effectiveness very high when taken consistently and correctly
- First approved in Summer 2012 by US Food and Drug Administration :
  - Oral PrEP: Truvada and Descovy\* [daily]
  - Injectable PrEP: Apretude [monthly or bimonthly]
- PrEP is safe. Some report common side effects



\* Descovy is not for people assigned female at birth who are at risk for HIV through receptive vaginal sex (CDC, 2024)

# Numbers are People

## Linkage to PrEP

\*Preliminary Data, Jan. 2023 – Sept. 2023

HIV Negative Test Result Outcomes	Number	Percent
Total test-level testing events	82,867	100%
HIV negative test	82,173	99.2%
Screened for PrEP Eligibility	62,285	75.8%
Eligible for PrEP	38,919	47.4%
Referred to PrEP Provider	15,760	19.2%
Provided Navigation or Linkage to PrEP Provider	10,761	13.1%

\*SOURCE: C&T - HIV Counseling and Testing Database, as of 26 Feb. 2024. Georgia Department of Public Health, Division of Health Protection, HIV Prevention Unit.

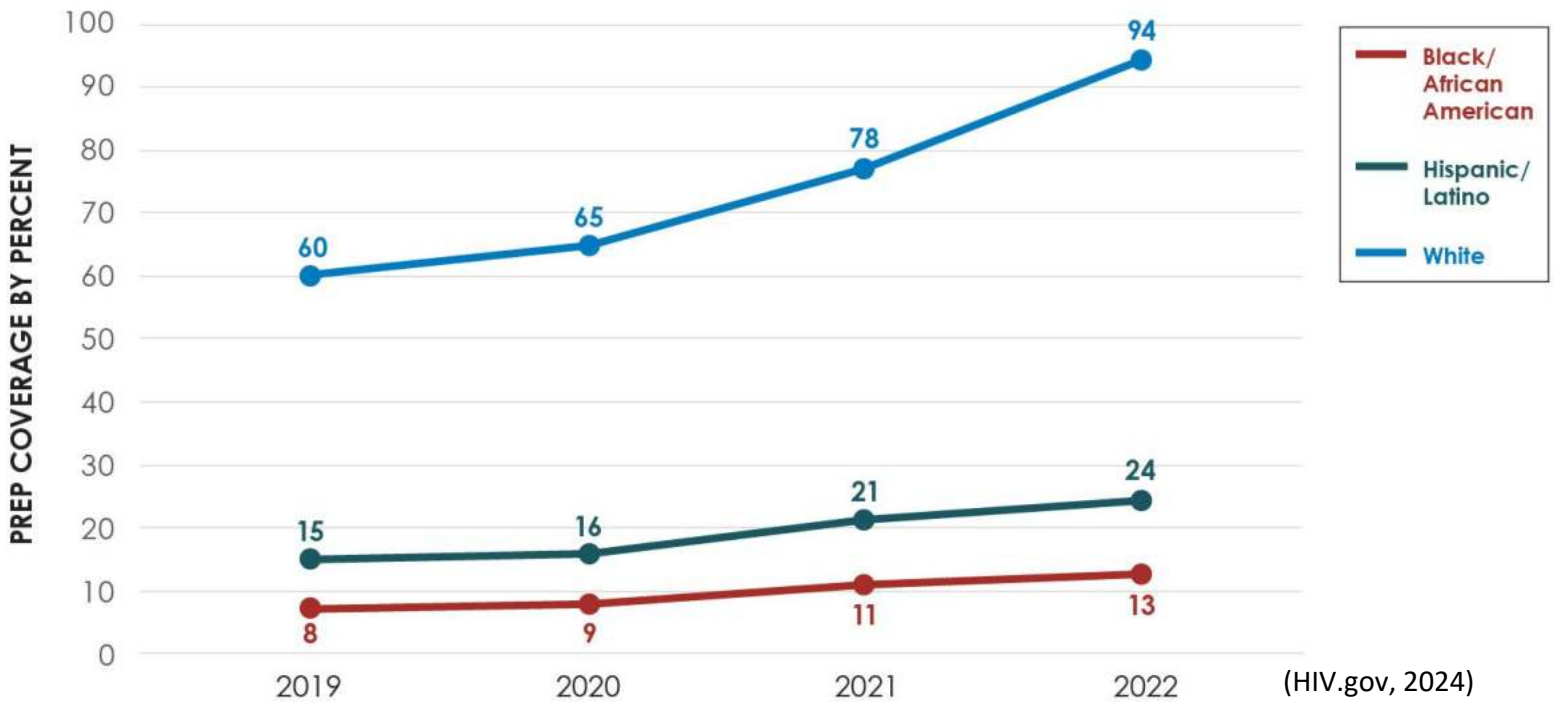
# Who are PrEP Users?

- People:
  - In serodiscordant relationships (person living with HIV and person not living with HIV)
    - Individuals having condomless sex
    - Individuals testing positive for sexual transmitted infections
    - Individuals living in an area where HIV is more common



# More Is Needed!

## 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



## Take Aways

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HIV is still a major concern across Georgia

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Treatment and prevention works when people have access

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Scaling up PrEP can reduce HIV across key communities



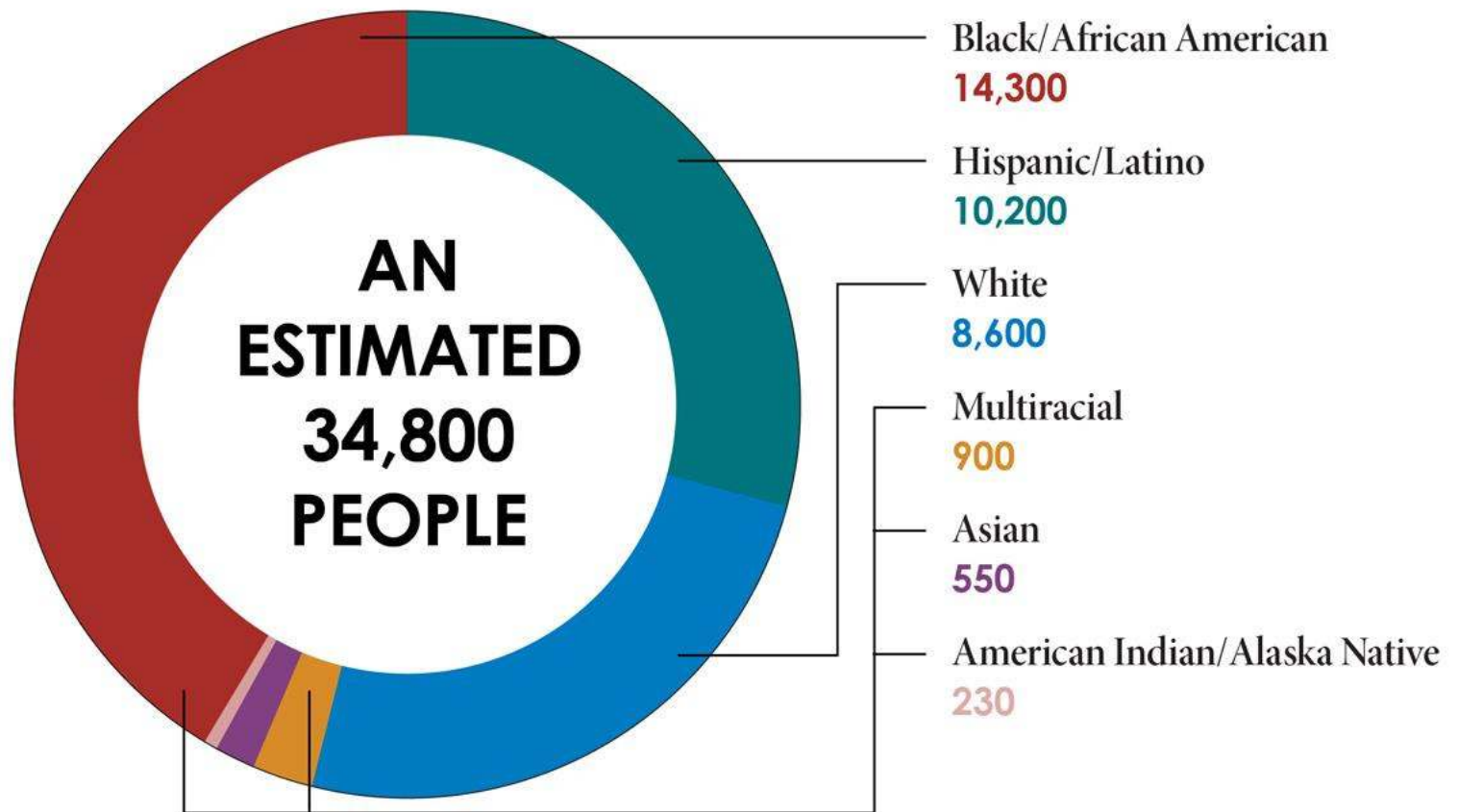
# **TARGETING EQUITY IN HIV –A NEW PATH OF SOLUTIONS FOR SUCCESS**

**Natalie D. Crawford, PhD**

**Associate Professor, Behavioral, Social and Health Education Sciences  
Co-Director, Prevention and Implementation Sciences Core, Center for AIDS Research  
Rollins School of Public Health  
Emory University**

# MORE THAN 40% OF NEW HIV INFECTIONS IN THE UNITED STATES OCCUR AMONG BLACK PEOPLE

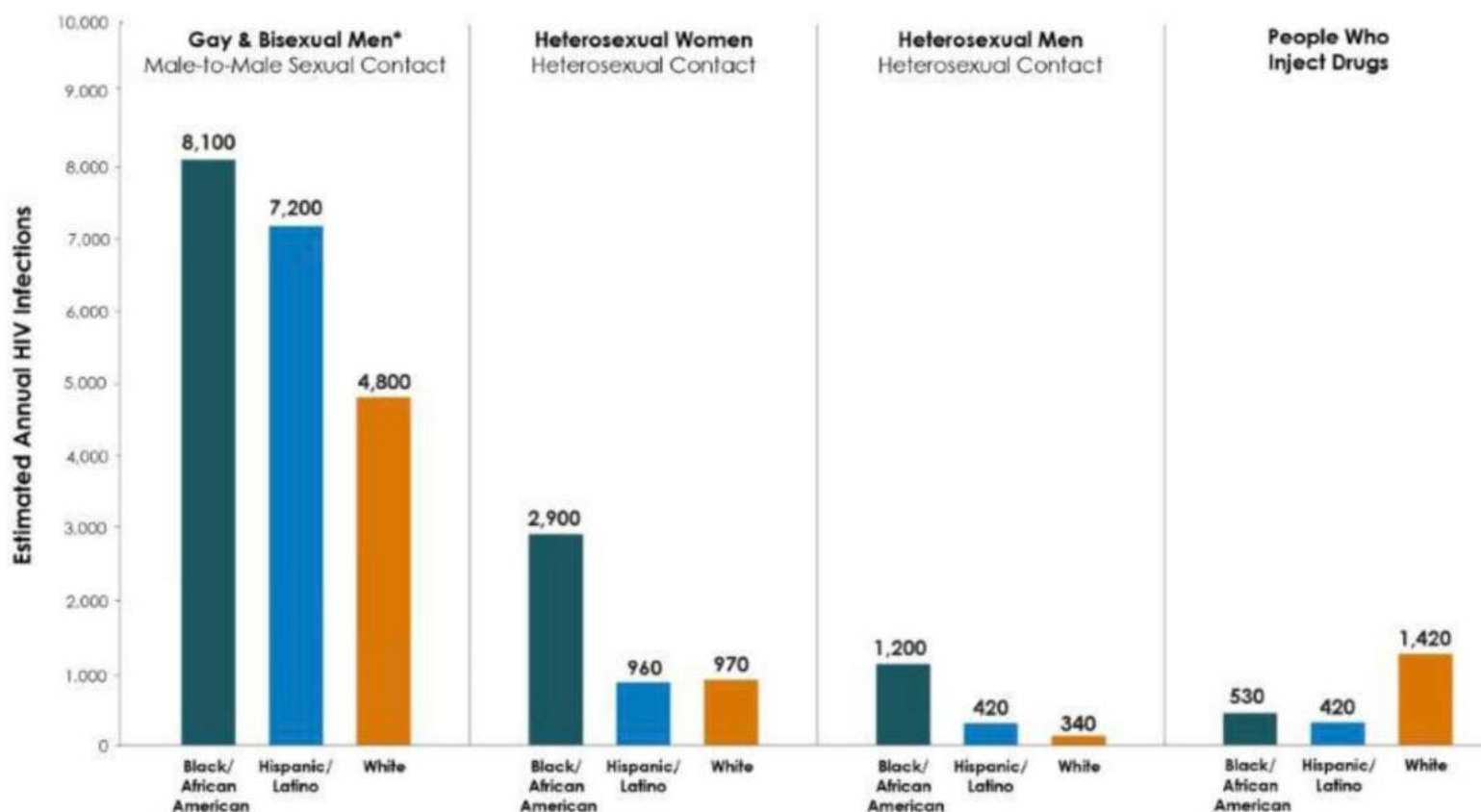
## NEW HIV INFECTIONS IN THE U.S., BY RACE/ETHNICITY, 2019



\*The HIV incidence estimate for Native Hawaiian/other Pacific Islanders was statistically unreliable, and therefore not included

# NEW HIV INFECTIONS CONTINUE TO SHOW DISPARITIES IN HIV TREATMENT AND PREVENTION

ESTIMATED NEW HIV INFECTIONS BY RACE/ETHNICITY AND TRANSMISSION GROUP, 2021\*



\*Data unavailable for other races/ethnicities.

Source: Centers for Disease Control and Prevention

# **RACIAL INEQUITIES IN HIV ARE PERVASIVE**

NOT BECAUSE OF INCREASED RISK BEHAVIORS

# BLACK AND LATINO POPULATIONS ARE MORE LIKELY TO USE CONDOMS

	Women	Men
White	21.7	31.7
Black	31.9	42.3
Latino	23.8	33.2

**Condom use during last sexual intercourse in the past 12 months is higher for Black men and women**  
Copen 2017 – National Survey of Family Growth

## BLACK AND LATINO POPULATIONS ARE LESS LIKELY TO INJECT DRUGS

	Total		
	% PWID	95% CI	
<b>Race/Ethnicity</b>			
Black/African American	2.5	1.3	3.7
White	2.7	2.1	3.3
Hispanic/Latino	1.6	1.0	2.2
Other	1.7	1.0	2.4

Lansky et al 2014

# WHEN BLACK AND LATINO POPULATIONS USE DRUGS, THEY ARE SAFER

Factors associated with receptive syringe sharing among injecting drug users: NHBS-IDU 2009

Characteristic	Receptive syringe sharing			
	Bivariate analysis <sup>a</sup>		Final multivariable model <sup>b</sup>	
	PR (95 % CI)	p value	aPR (95 % CI)	p value
Age 18–29 years (ref: ≥30 years)	1.42 (1.29, 1.56)	< 0.001	1.14 (1.07, 1.22)	< 0.001
Female gender	1.15 (1.05, 1.25)	0.003	–	–
Race/ethnicity (ref: Black)				
Hispanic	1.41 (1.25, 1.58)	< 0.001	1.36 (1.25, 1.48)	< 0.001
White	1.52 (1.35, 1.71)	< 0.001	1.44 (1.33, 1.55)	< 0.001
Other <sup>c</sup>	1.30 (1.15, 1.47)	< 0.001	1.27 (1.14, 1.41)	< 0.001
Age at first injection ≤18 years	1.14 (1.06, 1.22)	< 0.001	–	–
Years since first injected ≤6 years	1.08 (0.98, 1.18)	0.157	–	–
Injected daily	1.26 (1.15, 1.37)	< 0.001	1.15 (1.08, 1.22)	< 0.001
Obtained syringes from unreliable sources <sup>e</sup>	1.99 (1.85, 2.15)	< 0.001	1.70 (1.56, 1.85)	< 0.001
Had unprotected sex, past 12 months	1.70 (1.57, 1.85)	< 0.001	1.36 (1.24, 1.49)	< 0.001
Had ≥2 sex partners	1.58 (1.48, 1.69)	< 0.001	–	–
Had exchange sex partners	1.68 (1.55, 1.81)	< 0.001	1.32 (1.23, 1.42)	< 0.001
Last sex partner ever injected drugs	1.55 (1.45, 1.66)	< 0.001	1.24 (1.16, 1.32)	< 0.001
Participated in alcohol/drug treatment program <sup>f</sup>	1.11 (1.06, 1.17)	< 0.001	–	–
Received counseling about ways to prevent HIV infection <sup>g</sup>	1.09 (1.02, 1.17)	0.012	–	–



# **RACIAL INEQUITIES IN HIV ARE PERVASIVE**

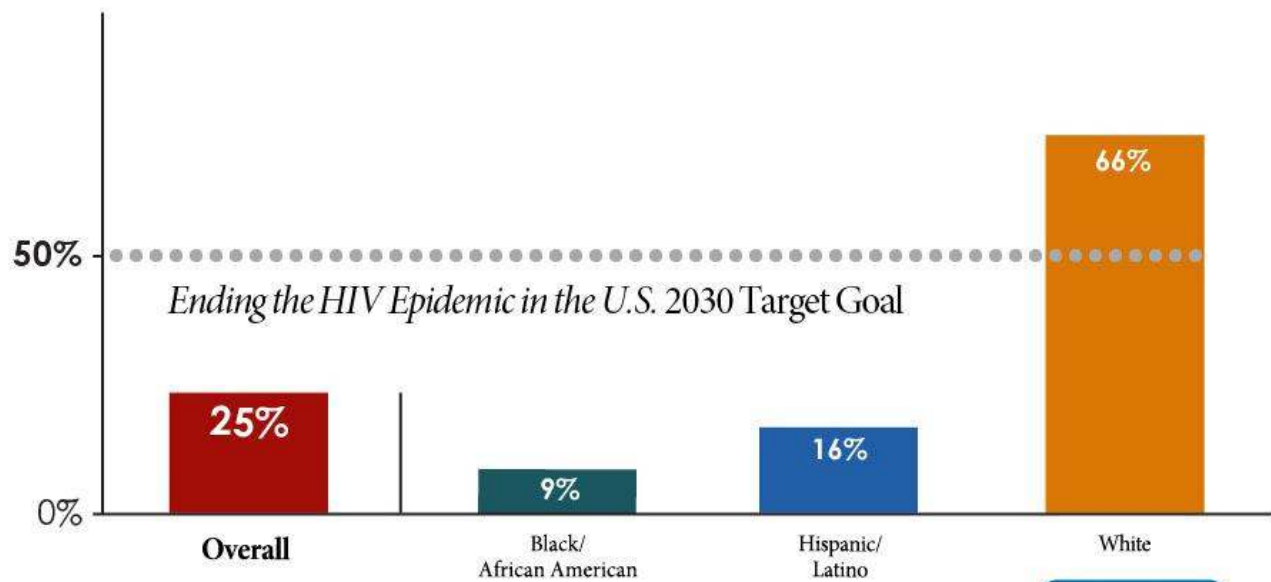
NOT BECAUSE OF INCREASED RISK BEHAVIORS

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THE RESOURCES NEEDED TO REDUCE THE SPREAD OF THE  
EPIDEMIC ARE NOT REACHING THOSE WITH THE HIGHEST NEED

# WHILE 25% OF PEOPLE ELIGIBLE FOR PREP WERE PRESCRIBED IT IN 2020, COVERAGE IS NOT EQUAL

## PREP COVERAGE IN THE U.S. BY RACE/ETHNICITY, 2020



For more information, visit [cdc.gov/nchhstp/newsroom](https://cdc.gov/nchhstp/newsroom)



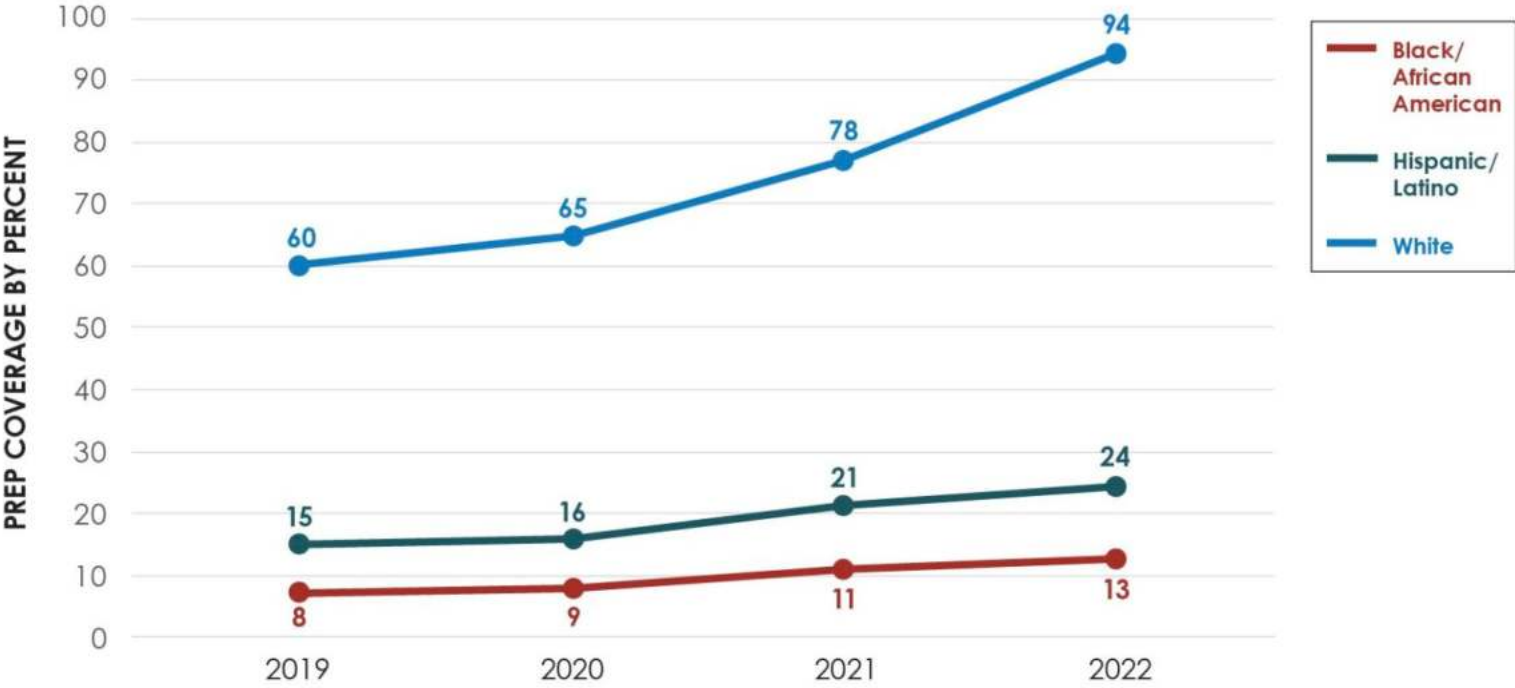
U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention



EMORY

ROLLINS  
SCHOOL OF  
PUBLIC  
HEALTH

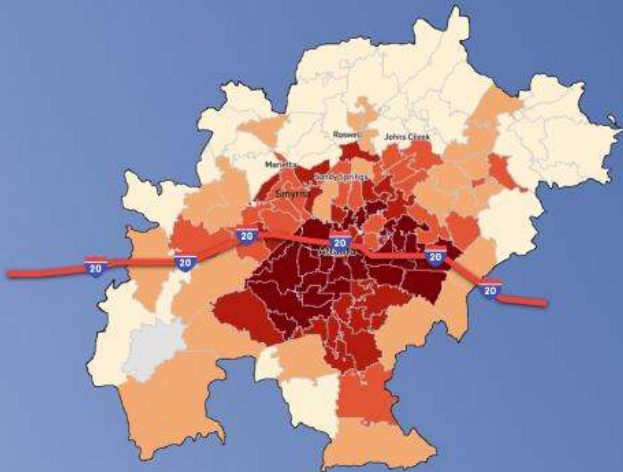
# TRENDS IN PREP PRESCRIPTIONS AMONG PEOPLE WHO COULD BENEFIT, BY RACE/ETHNICITY, 2019-2022\*



\*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

# Atlanta, GA

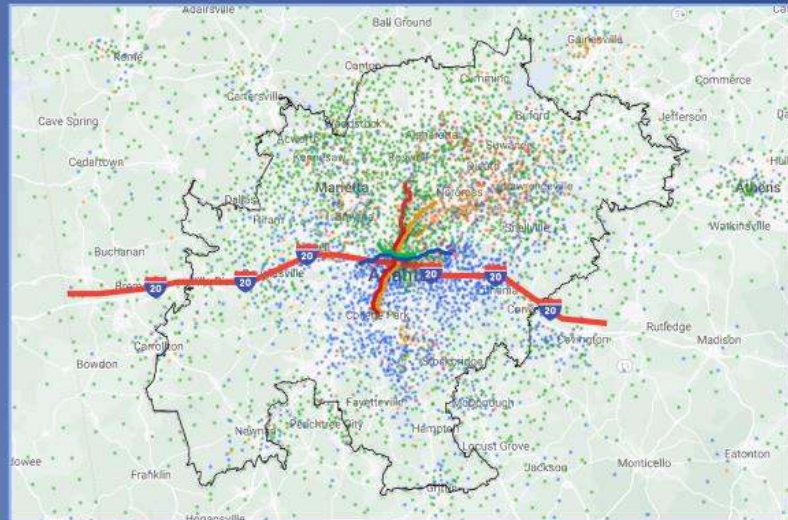
## HIV Prevalence



Rates of Persons Living with HIV per 100k, 2021



## Atlanta by Race/Ethnicity



Population Density by Race/Ethnicity, 2010

Source: *New York Times*

One dot = 1,000 people    ● Black    ● Hispanic    ● Asian    ● White    ● Others

## The PrEP-to-Need Ratio Among Black Georgians

With all else held constant, would need 8.5X as many Black PrEP users in GA (vs current Black PrEP users) to get to equitable prep use for Black vs white (for 2022).

**PnR for Black Georgians: 2.7**



**PnR for White Georgians: 22.9**



PrEP-to-Need Ratio (PnR), 2022

0.99

7.3

16.0

25.6

38.9

AIDSVu 

# Barriers to PrEP Use

PrEP use has **increased by an average of 56%** each year since 2012, but **some individuals and communities continue to face barriers** to PrEP access and care.





**PROVIDER AWARENESS**



**STIGMA AND DISCRIMINATION**



**AFFORDABILITY**



**INDIVIDUAL AWARENESS**



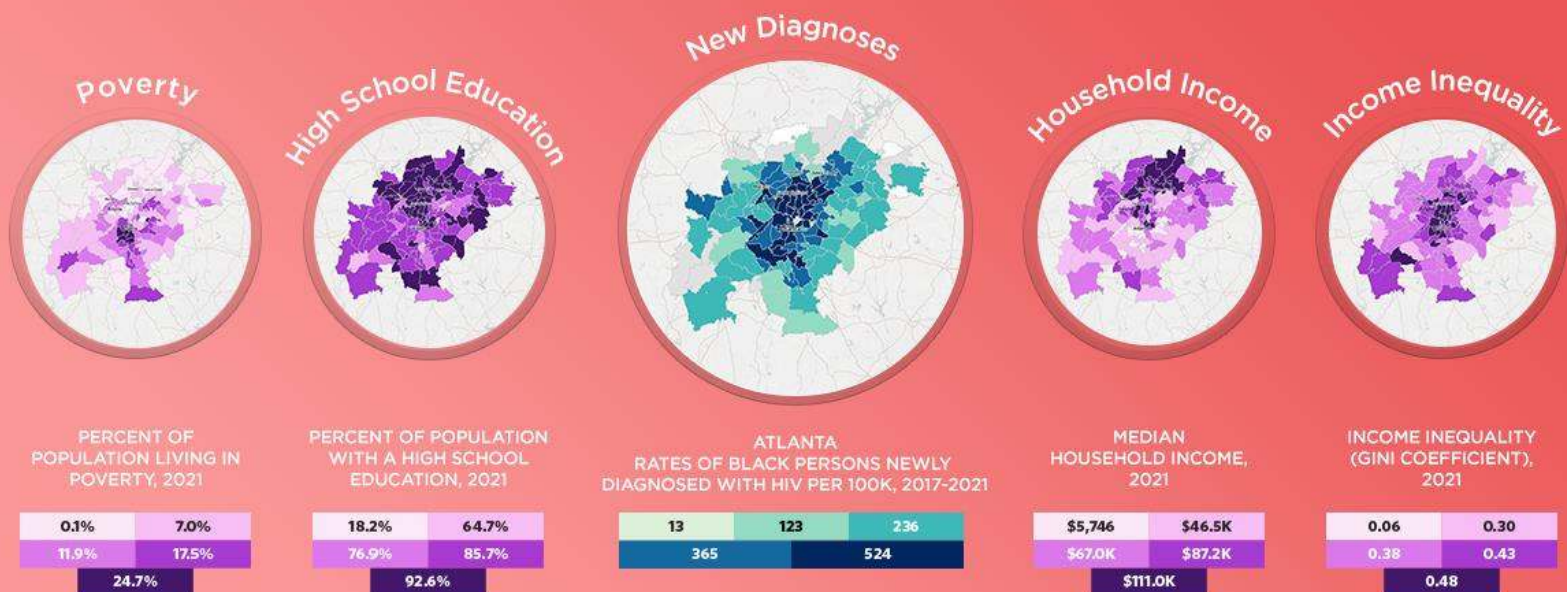
**HEALTHCARE ACCESS**



**STRUCTURAL INEQUITIES**

Source: Mayer, K.H., Agwu, A. & Malebranche, D. Barriers to the Wider Use of Pre-exposure Prophylaxis in the United States: A Narrative Review. *Adv Ther* 37, 1778-1811 (2020). <https://doi.org/10.1007/s12325-020-01295-0>

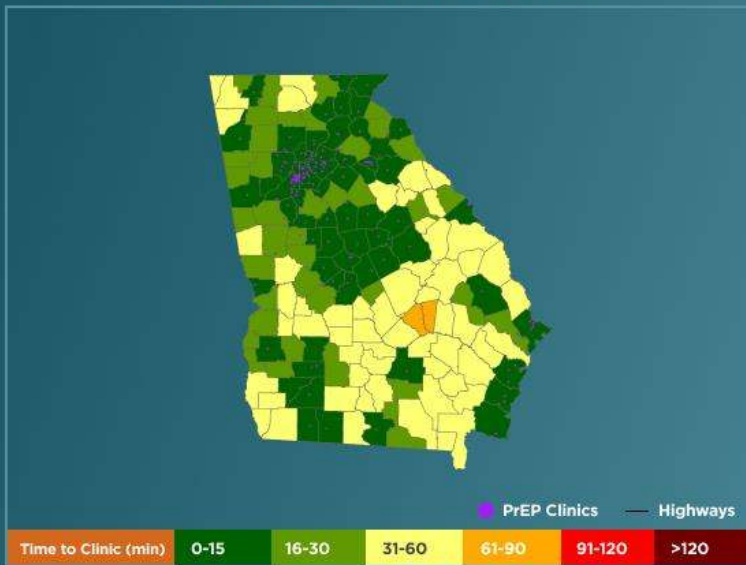
# New HIV Diagnoses in Georgia among Black People and Social Determinants of Health



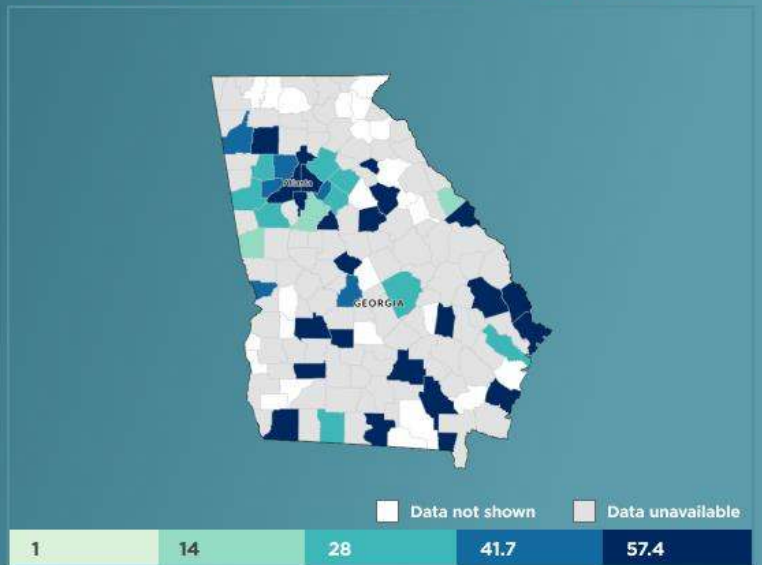


# Drive times to PrEP Services in Georgia and New HIV Diagnoses

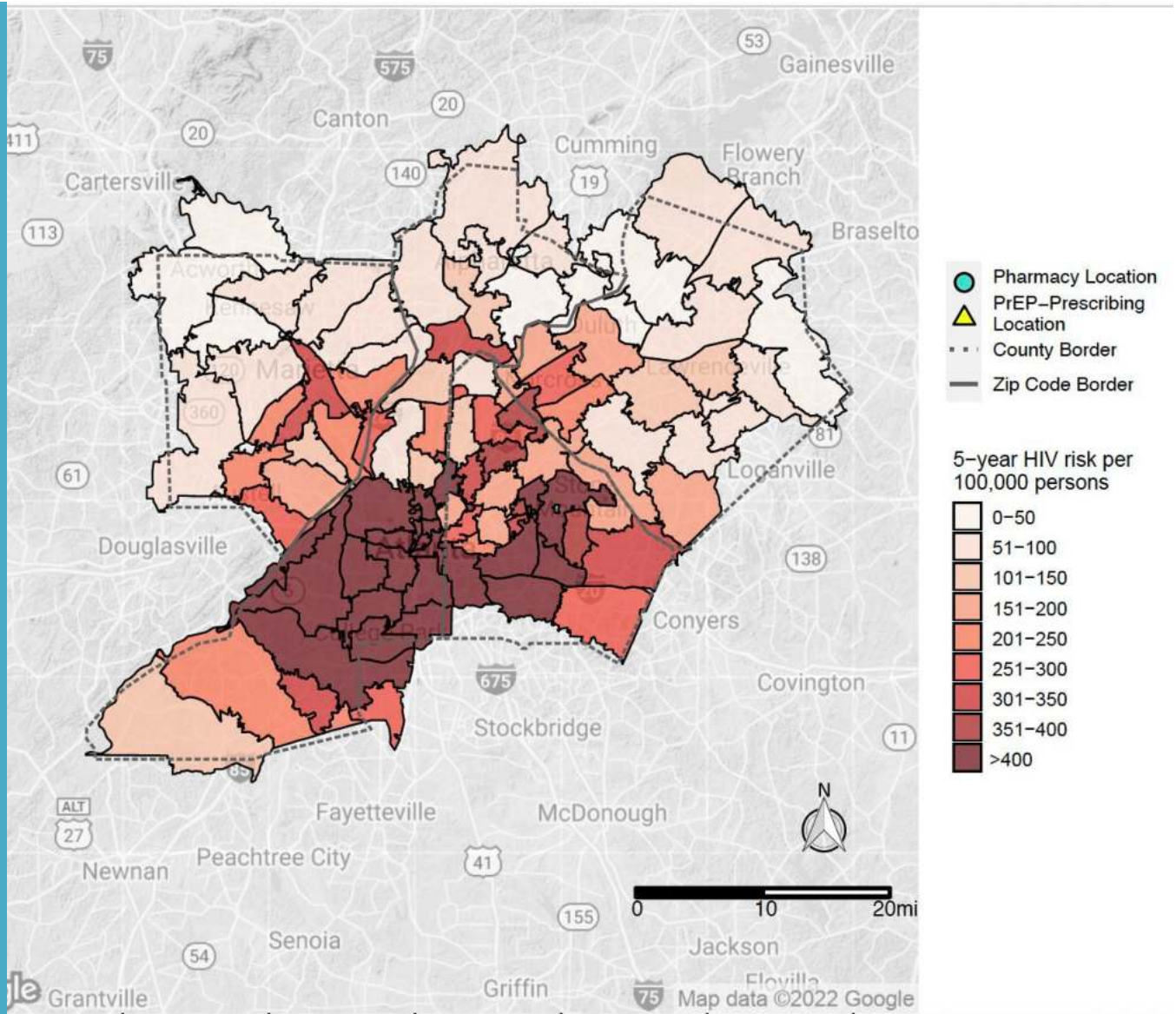
Drive Time to Nearest PrEP Clinic, 2022



Rates of Black Persons Newly Diagnosed with HIV per 100k, 2021



# GEORGIA



Harrington et al, 2023, JAMA Network Open



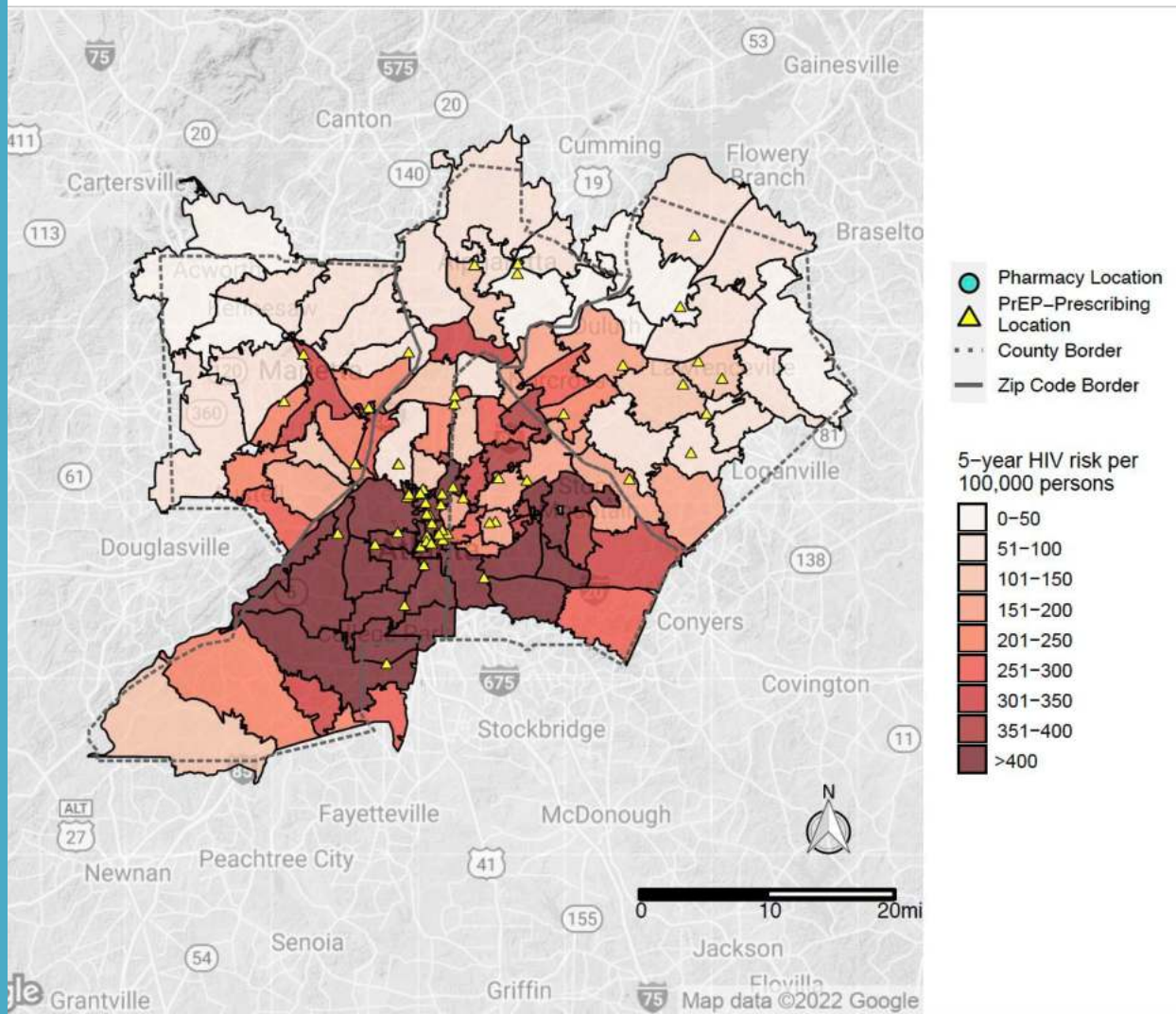
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SCHOOL OF  
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**THERE ARE NOT ENOUGH PrEP CLINICS TO  
REACH BLACK PEOPLE IN GEORGIA**



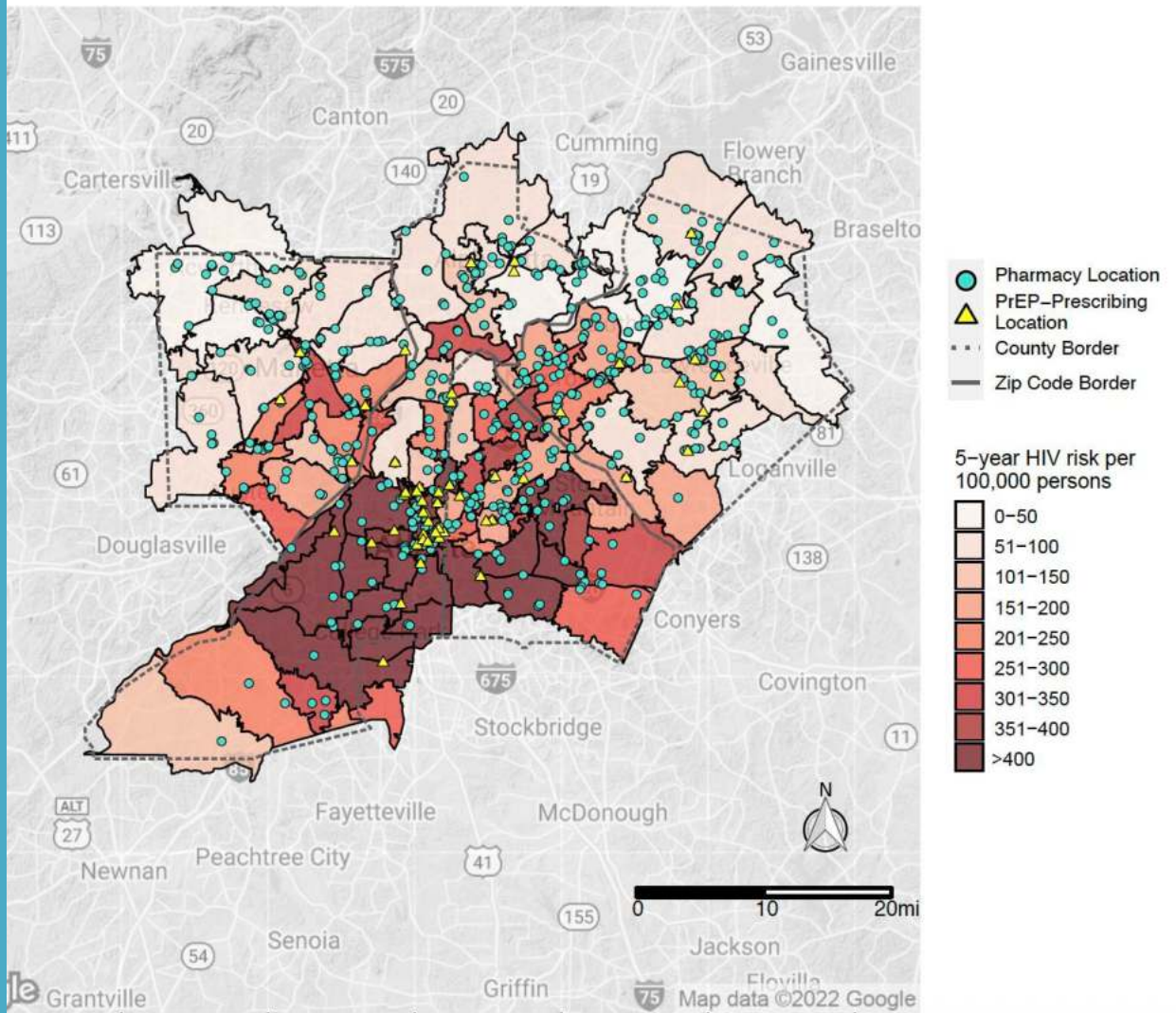
# GEORGIA



Harrington et al, 2023, JAMA Network Open

**IF PHARMACIES COULD PROVIDE PrEP, GEORGIA  
COULD INCREASE  
ACCESS BY 20-FOLD**

# GEORGIA



Harrington et al, 2023, JAMA Network Open

## OVERWHELMING EVIDENCE OF PHARMACIES ACROSS THE HIV PREVENTION AND CARE CONTINUUMS

HIV Testing	Syringe Services	Post Exposure prophylaxis	Pre Exposure prophylaxis	Antiretrovirals
9 studies	11 studies	1 study	6 studies	5 studies
1 study among people who inject drugs	5 study among people who inject drugs	0 among specific risk population	3 among men who have sex with men	4 among HIV positive patients

# WE ARE BUILDING EVIDENCE TO SHOW HOW GEORGIA PHARMACIES CAN PROVIDE HIV PREVENTION SERVICES

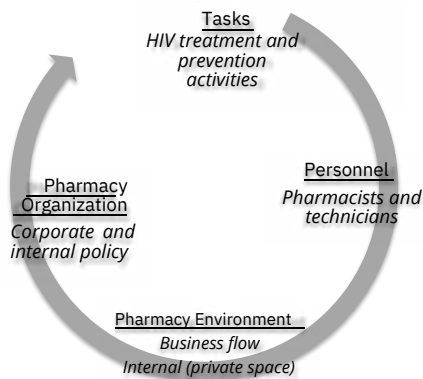
## POLICY LEVEL

National policy  
Local policy  
State Board of Pharmacy

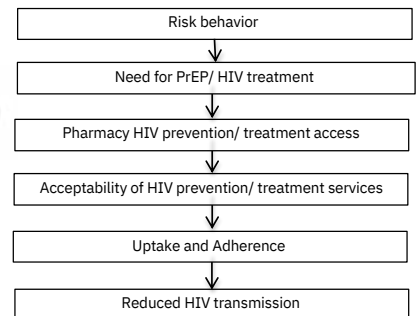
## COMMUNITY LEVEL

HIV  
Stigma  
HIV  
Burden

## PHARMACY LEVEL



## INDIVIDUAL LEVEL






## Examination of HIV Preexposure Prophylaxis Need, Availability, and Potential Pharmacy Integration in the Southeastern US

Kristin R. V. Harrington, PhD; Christina Chandra, MPH; Daniel I. Alohan, MPH; Diego Cruz, MPH; Henry N. Young, PhD; Aaron J. Siegler, PhD; Natalie D. Crawford, PhD

### Pharmacy-based pre-exposure prophylaxis support among pharmacists and men who have sex with men

Natalie D. Crawford<sup>\*</sup>, Dorie Josma, Joseph Morris, Roderick Hopkins, Henry N. Young

Journal of Pharmacy Practice  
1-7  
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DOI: 10.1177/0897190020904590  
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### Willingness to Discuss and Screen for Pre-Exposure Prophylaxis in Pharmacies Among Men Who Have Sex With Men

Natalie D. Crawford, PhD<sup>1</sup>, Taynel Albarran, BA<sup>1</sup>, Allison Chamberlain, PhD<sup>2,3</sup>, Roderick Hopkins, BS<sup>1</sup>, Dorie Josma, MPH<sup>1</sup> , Joseph Morris, BA<sup>1</sup>, and Udodirim N. Onwubiko, MPH<sup>3</sup>

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American Pharmacists Association



ELSEVIER

journal homepage: [www.japha.org](http://www.japha.org)

#### RESEARCH

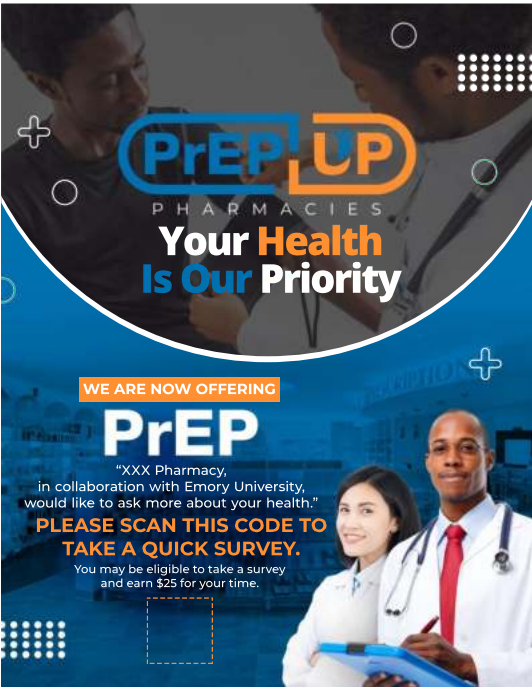
### Examining the Multilevel Barriers to Pharmacy-Based HIV Prevention and Treatment Services

Natalie D. Crawford, PhD,<sup>\*</sup> Crystal F. Lewis, PhD,<sup>†‡</sup> Ronnie Moore, PharmD,<sup>§</sup> Glen Pietradoni, RPh,<sup>¶</sup> and Paul Weidle, PharmD<sup>||</sup>

### Examining pharmacies' ability to increase pre-exposure prophylaxis access for black men who have sex with men in the United States

Daniel I. Alohan<sup>\*</sup>, Gabrielle Evans, Travis Sanchez, Kristin R.V. Harrington, Brian Quamina, Henry N. Young, Natalie D. Crawford

# WE CAN REACH PEOPLE AT RISK FOR HIV IN PHARMACIES



SCREENED 460 PEOPLE IN TWO MONTHS IN TWO PHARMACIES

81 WERE ELIGIBLE FOR PrEP

**WE CAN SCREEN FOR AND DISPENSE PrEP IN  
PHARMACIES ON THE SAME DAY**



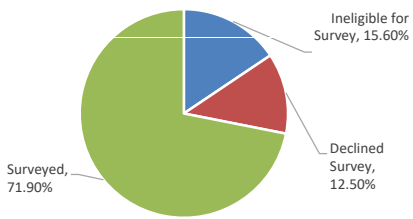


- ✓ Pharmacy AND Pharmacy technician led
- ✓ Self HIV testing model
- ✓ Tele-PrEP linkage
- ✓ Linkage to prevention and care
- ✓ PrEP Uptake

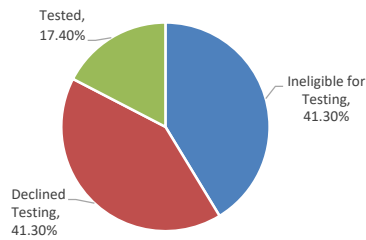
# PRELIMINARY RESULTS

247 pharmacy clients  
informed about study

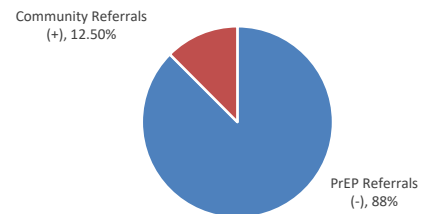
Screened Participants eligibility for  
socio-behavioral survey (N=64)



Surveyed participants willingness to  
self-HIV test (N=46)



PrEP and Treatment referrals for self-  
HIV testing (N=8)



# PRELIMINARY RESULTS

## PHARMACY

## STAFF

## MODEL IMPLEMENTATION

### TRAINING • Acceptable

- BUT!!!!
  - Integration into workflow requires substantial effort and time
- Training incentives (CE credits are sufficient)

### • Acceptable

• Will vary depending on pharmacy client flow

• Sustainability unlikely without consistent payment model

# WE ARE BUILDING EVIDENCE TO SHOW HOW GEORGIA PHARMACIES CAN PROVIDE HIV PREVENTION SERVICES

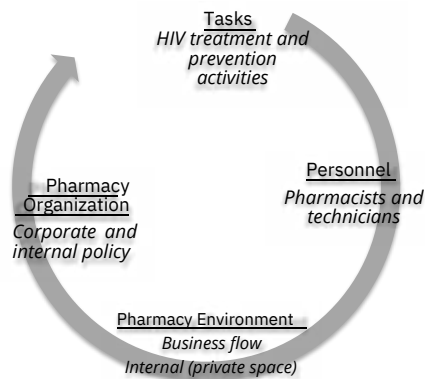
## POLICY LEVEL

National policy  
Local policy  
State Board of Pharmacy

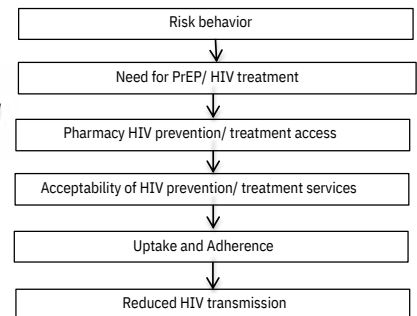
## COMMUNITY LEVEL

HIV  
Stigma  
HIV  
Burden

## PHARMACY LEVEL



## INDIVIDUAL LEVEL



**Center for  
AIDS Research**

- We need to focus our efforts on the **INEQUITY IN HIV RESOURCES**
- Pharmacy based HIV interventions could increase access for minoritized populations
- We need to supplement these interventions with **POLICIES** that promote sustained integration of these services
  - Focus on training the pharmacy workforce
  - Focus on payment pathways



# THANK YOU FOR YOUR TIME!

Immense gratitude to the pharmacy staff and clients who participated in our studies.

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New York University - Crystal Lewis

Mercy Care - David Holland

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University of Nebraska - Donald Klepser

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EMORY

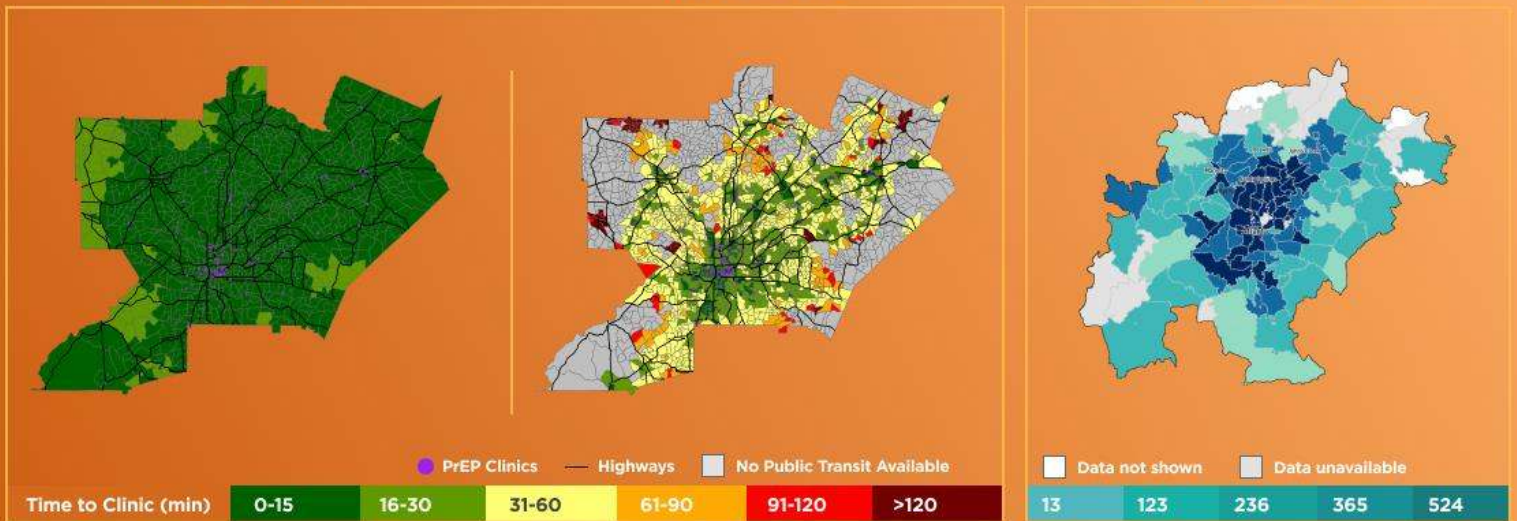
ROLLINS  
SCHOOL OF  
PUBLIC  
HEALTH

# Drive and Transit Time to PrEP Services in Atlanta, GA and New HIV Diagnoses

Drive Time to Nearest PrEP Clinic, 2022

Transit Time to Nearest PrEP Clinic, 2022

Rates of Black Persons Newly Diagnosed with HIV per 100k, 2017-2021



# Special Thanks



HIV VACCINE  
TRIALS NETWORK

**visit**

**[www.prep-equity-community-index.com](http://www.prep-equity-community-index.com)**