

# Assessing the Impact of COVID-19 Response on Local Health Department HIV PrEP Implementation Activities

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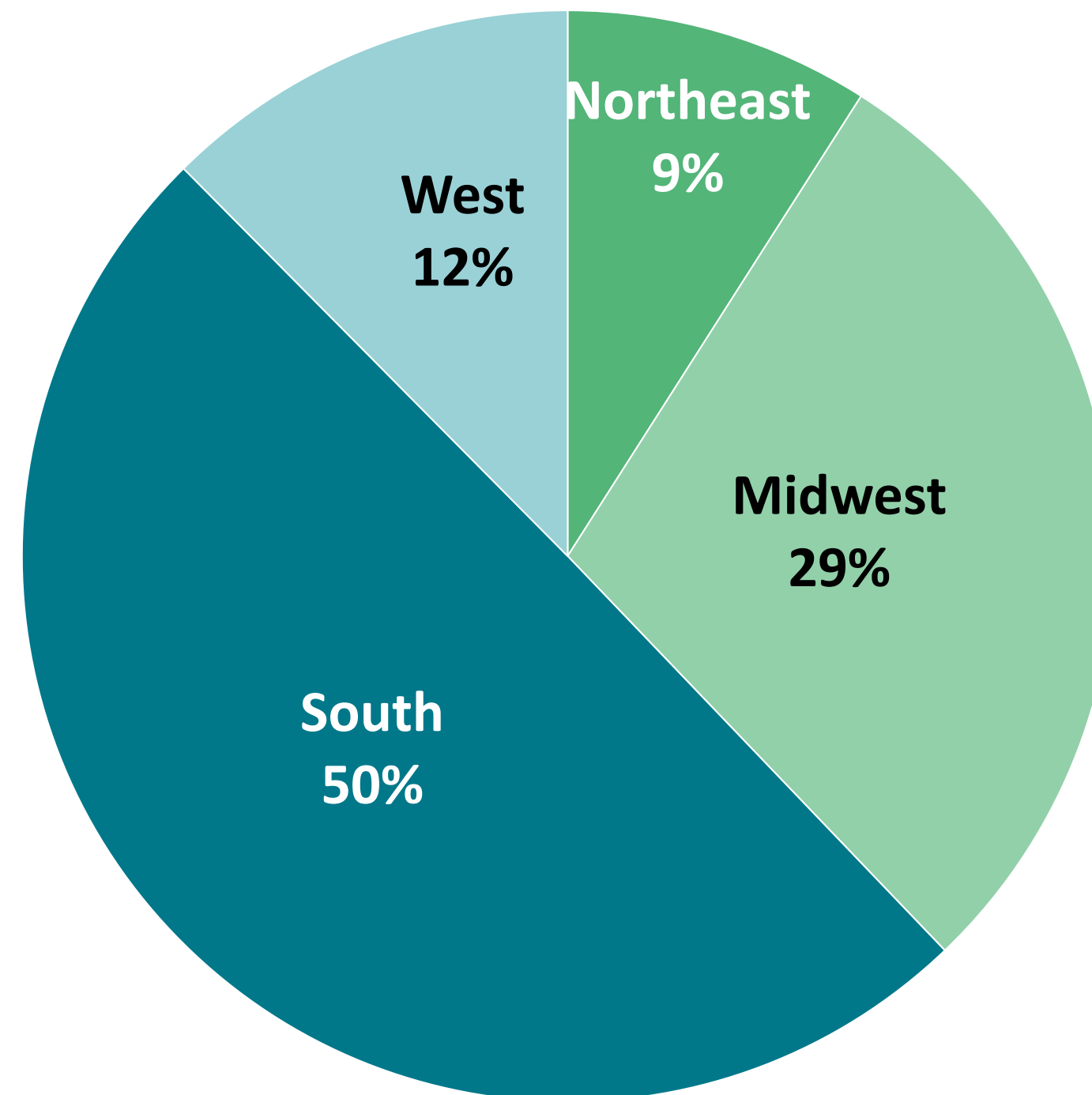


# 2020 PrEP Survey Objectives and Methods

- ▶ To identify:
  - How LHDs were engaged in PrEP implementation immediately before the COVID-19 epidemic
  - What effect their COVID-19 response needs are having on PrEP programs
  - What adjustments have been made to support continued PrEP program delivery
- ▶ LHDs who received the survey indicated they provide HIV or STD screening and/or treatment in the National Association of County and City Health Officials' (NACCHO's) 2019 National Profile of Local Health Departments
- ▶ Survey was distributed to 1,096 LHDs in October 2020 and received a 32% response rate

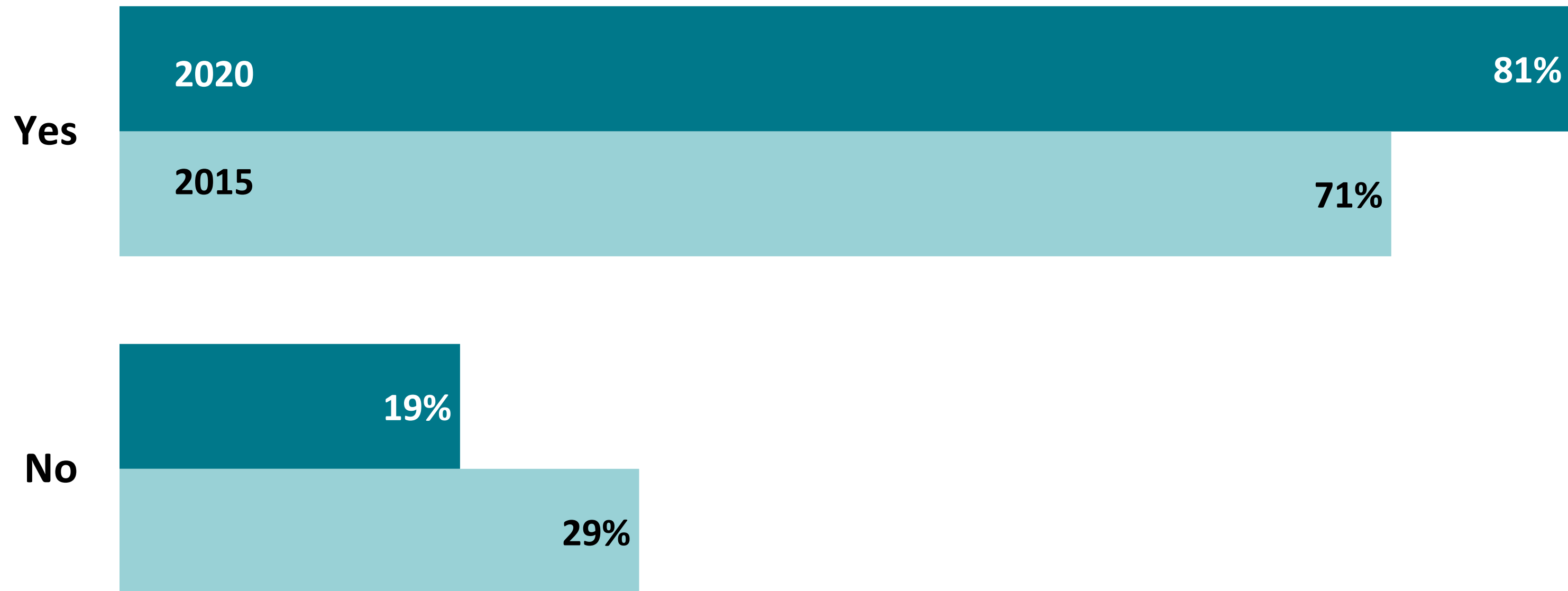
# Response breakdown by Region

Percent of respondent LHDs in each region  
(n=354)



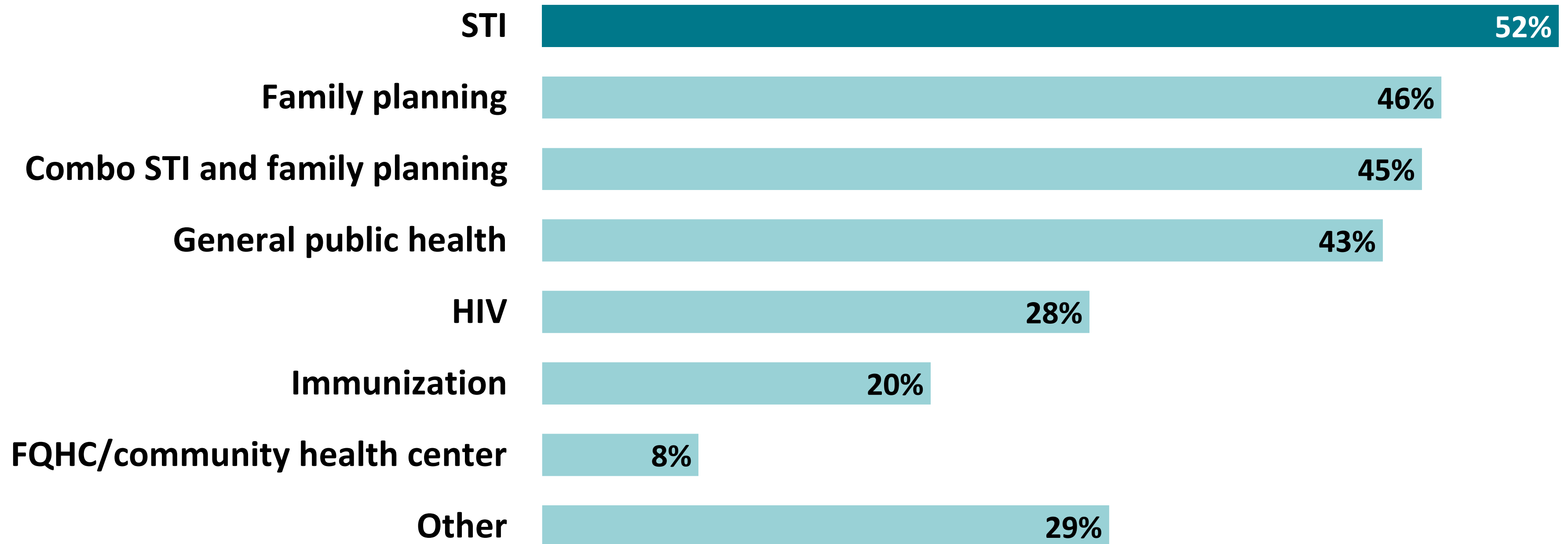
# In 2020, 81% of LHDs operated a clinic

Percent of respondent LHDs  
(n 2020=352; 2015=282)



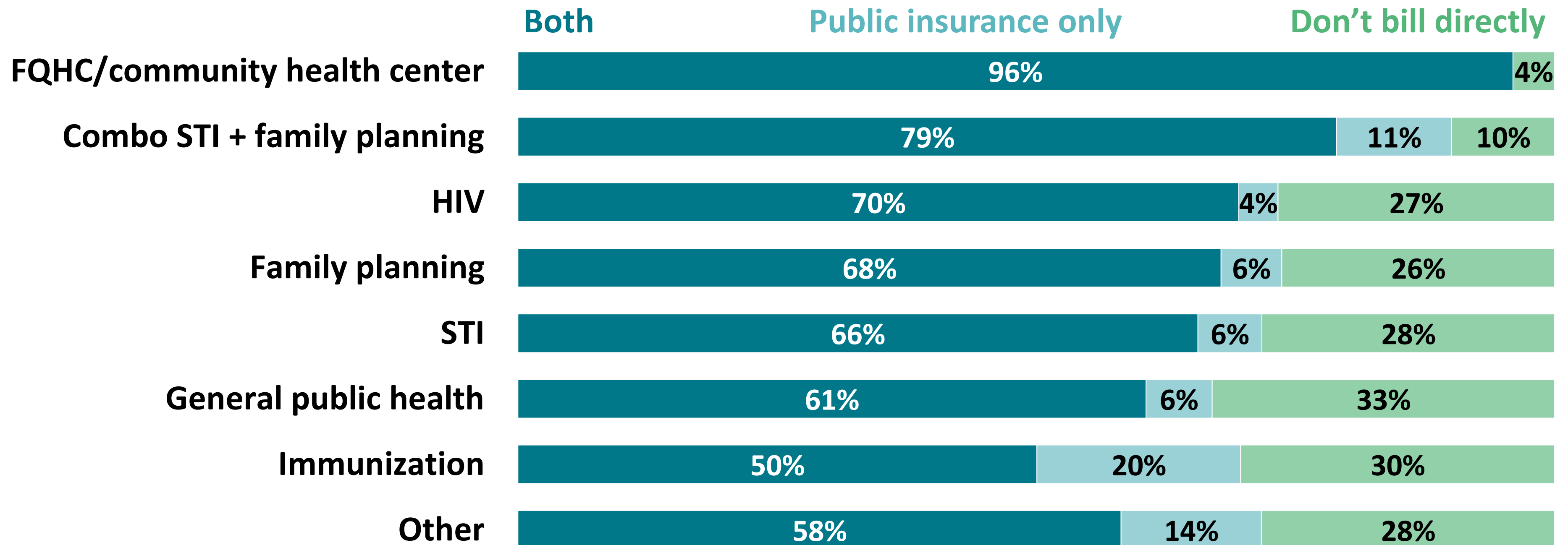
# An STI clinic is the most common type of clinic LHDs operate

Percent of respondent LHDs that operate a clinic  
(n=291)



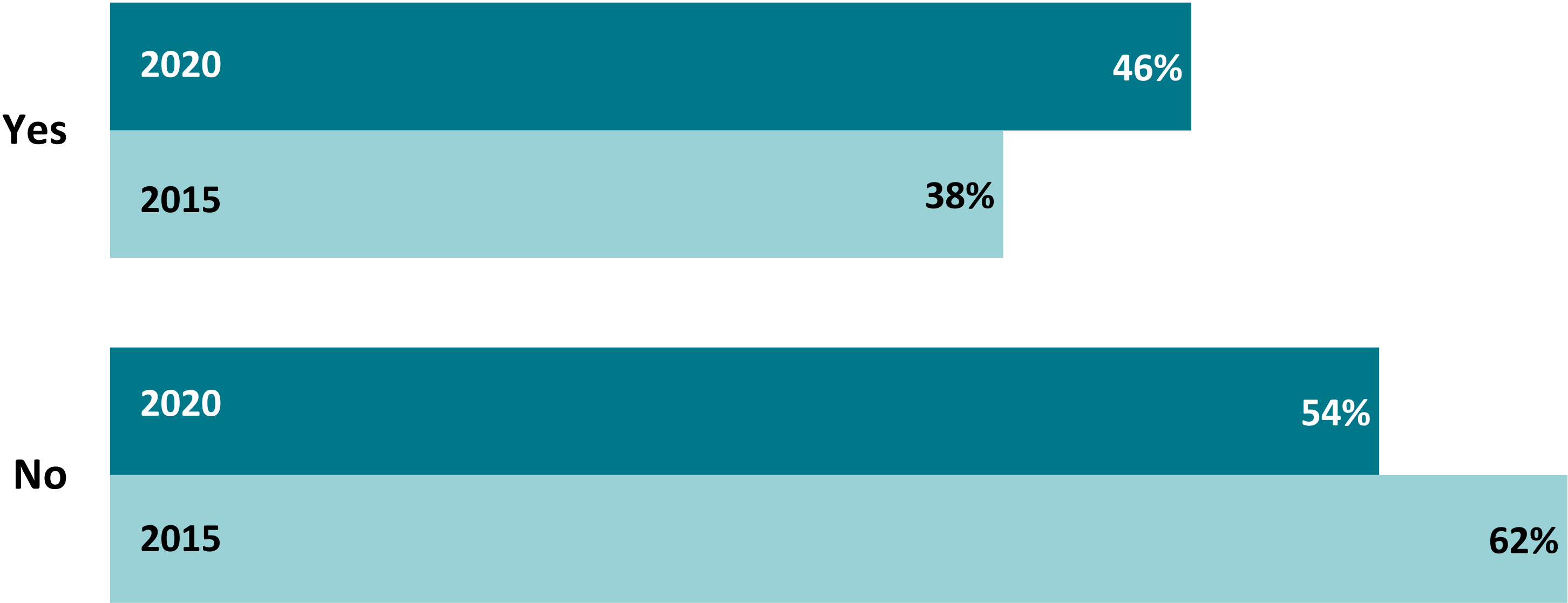
# LHDs bill both public and commercial insurance directly for HIV and/or STI services

Percent of respondent LHDs that operate a clinic  
(n=289)



# In 2020, 46% of LHDs were engaged in PrEP implementation

Percent of respondent LHDs  
(n 2020=353; 2015=284)

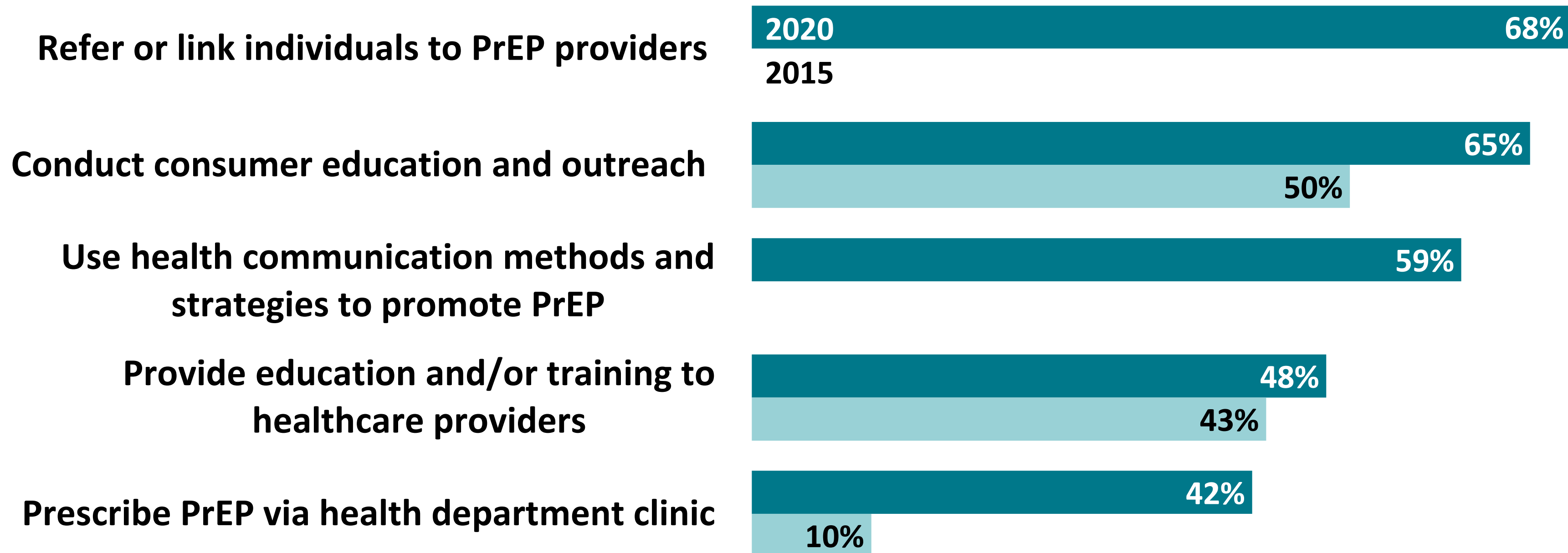


# LHDs who are Engaged in PrEP Implementation



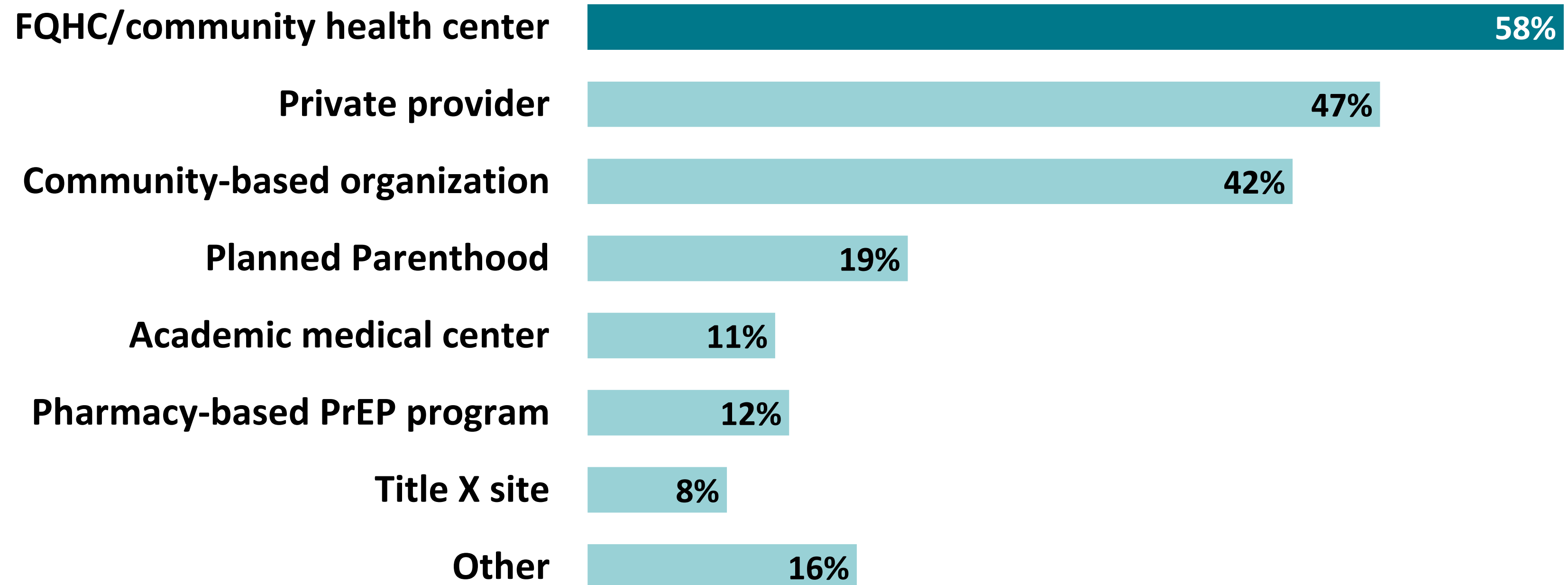
# LHDs engaged in PrEP implementation refer or link individuals to providers

Percent of respondent LHDs engaged in PrEP implementation  
(n 2020=165; 2015=109)



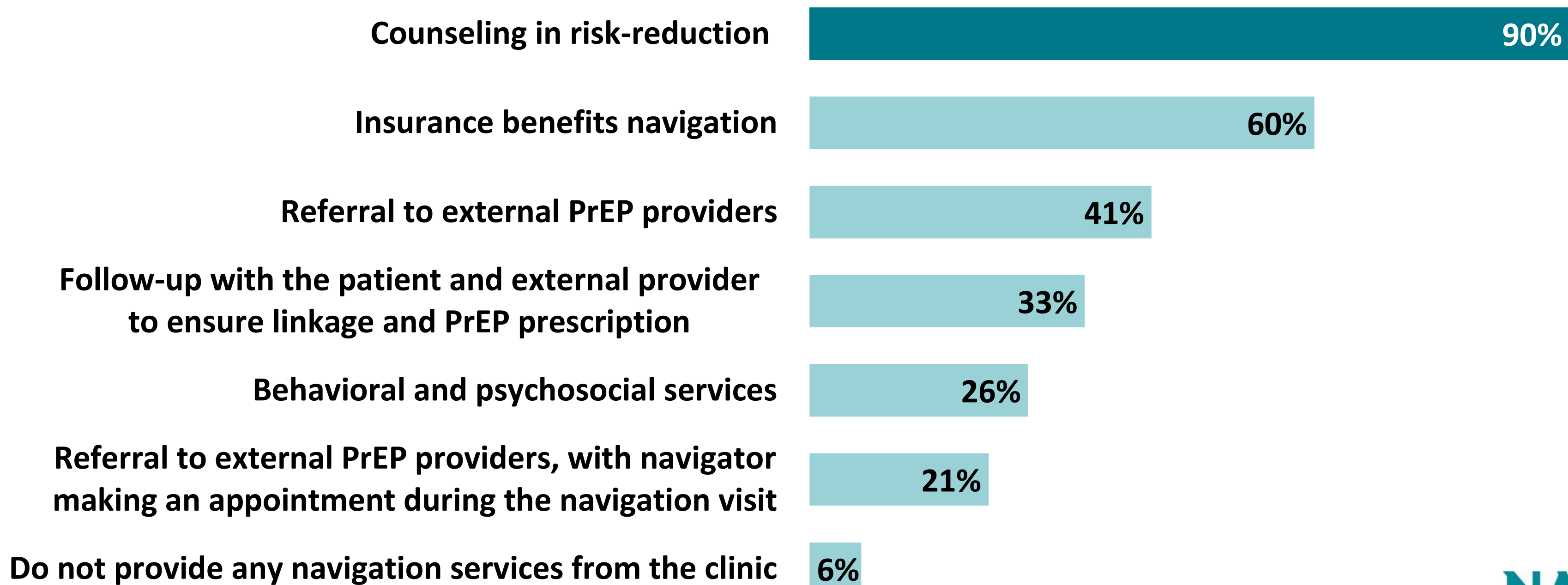
# LHDs refer individuals to FQHCs/community health centers to get PrEP

Percent of respondent LHDs engaged in PrEP by referring or linking individuals to providers (n=112)



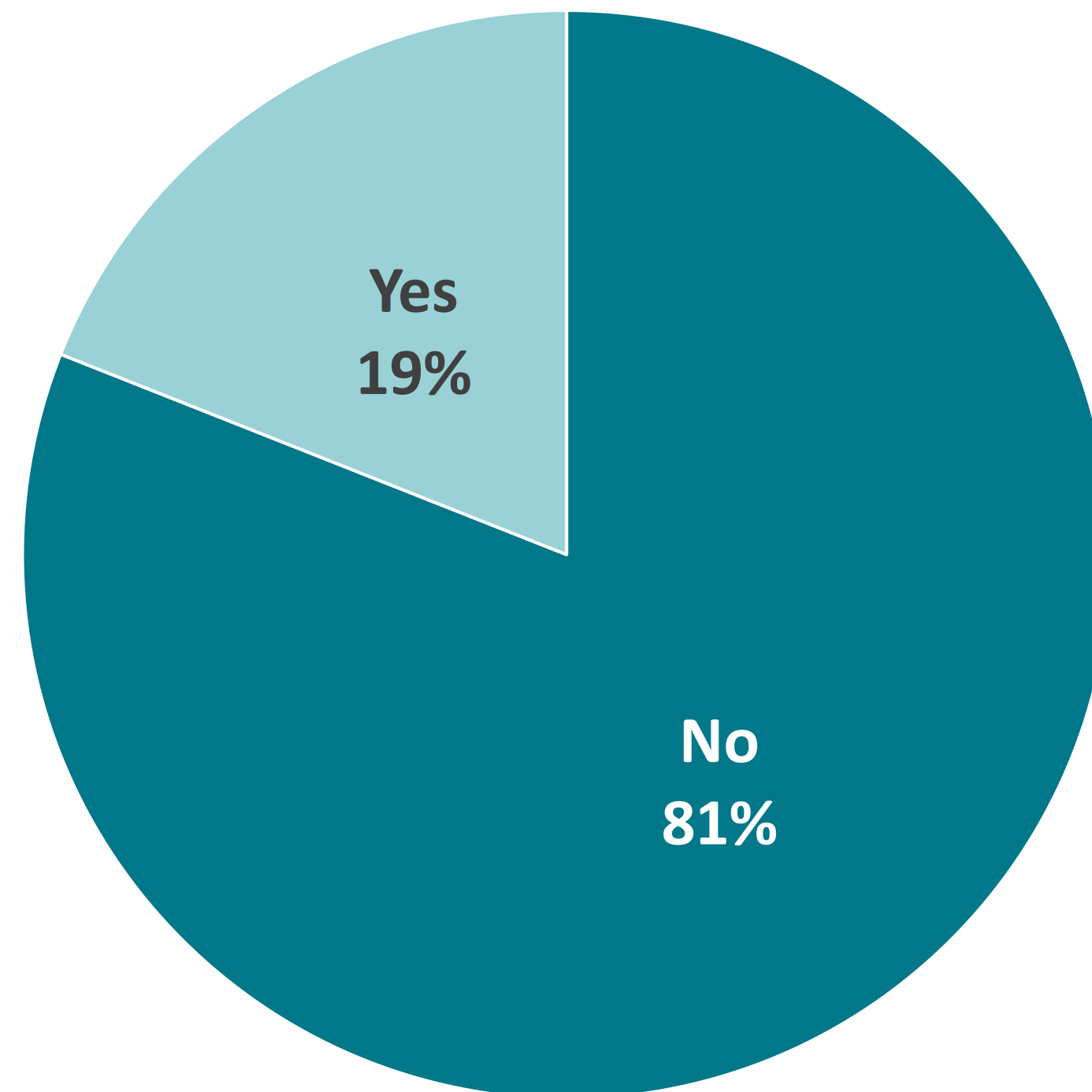
# The most common PrEP navigation-related service provided by LHDs is counseling in risk reduction

Percent of respondent LHDs engaged in PrEP by prescribing PrEP via health department clinic  
(n=70)



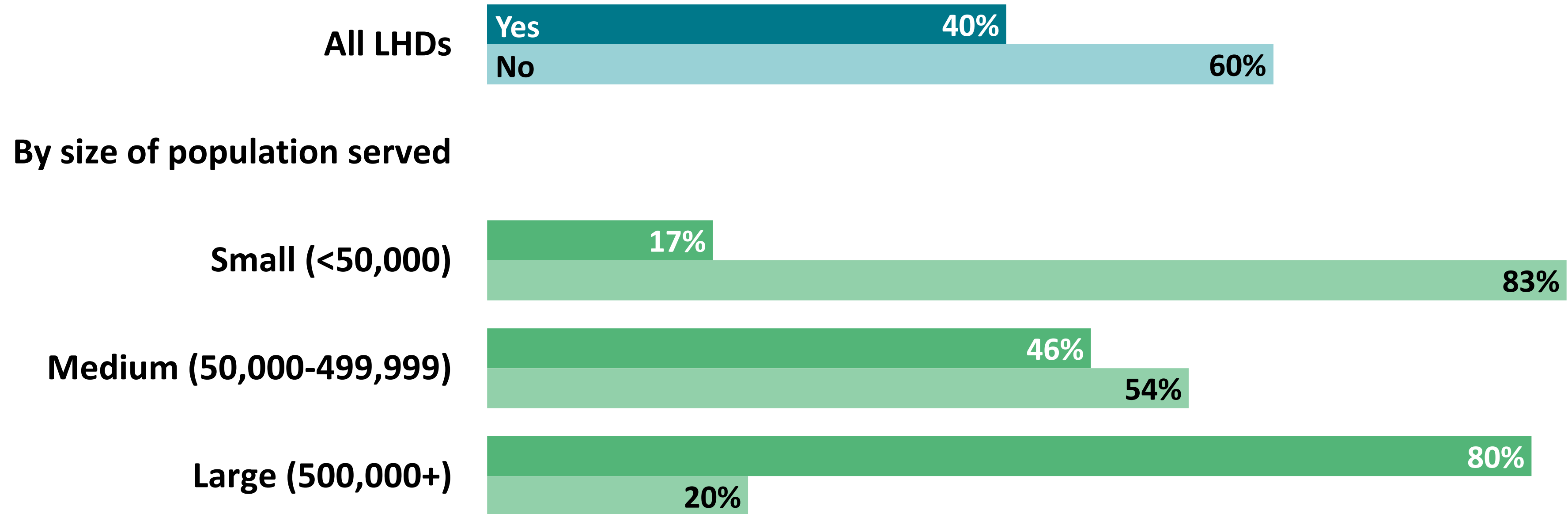
# 81% of LHDs do not provide PrEP starter packs

Percent of respondent LHDs engaged in PrEP implementation  
(n=165)



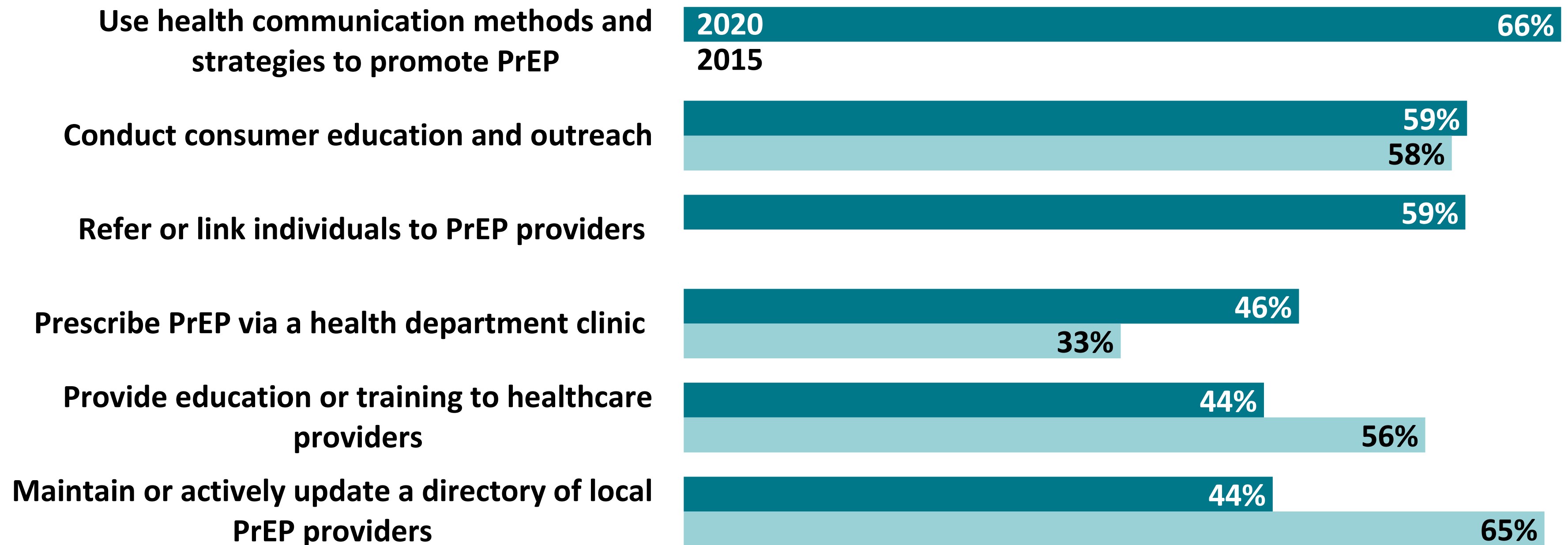
# 80% of large LHDs engaged in PrEP have a staff position responsible for coordinating PrEP activities

Percent of respondent LHDs engaged in PrEP  
(n=167)



# LHDs see their optimal role (as it relates to implementing PrEP) as promoting PrEP

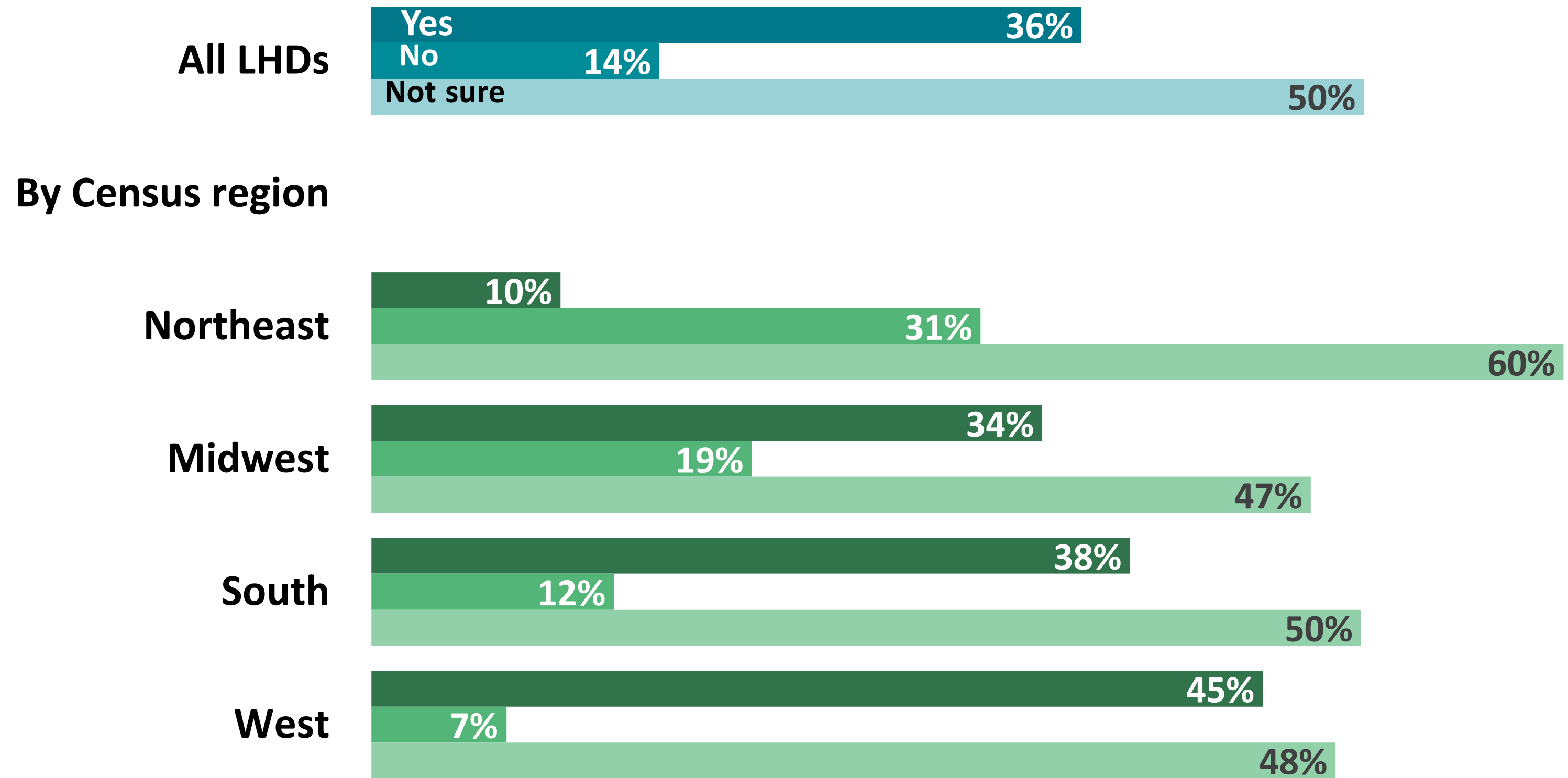
Percent of respondent LHDs engaged in PrEP implementation  
(n 2020=169; 2015=108)



# Only 10% of Northeastern LHDs engaged in PrEP anticipate expanding its level of engagement

Percent of respondent LHDs engaged in PrEP

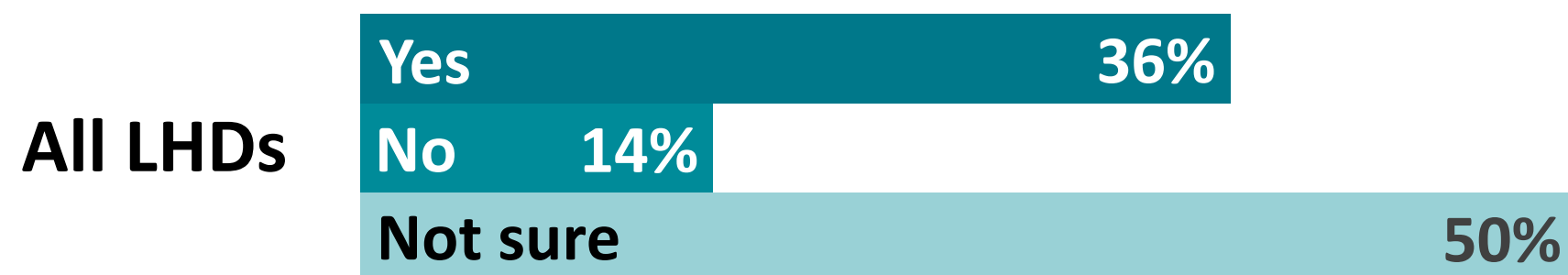
(n=170)



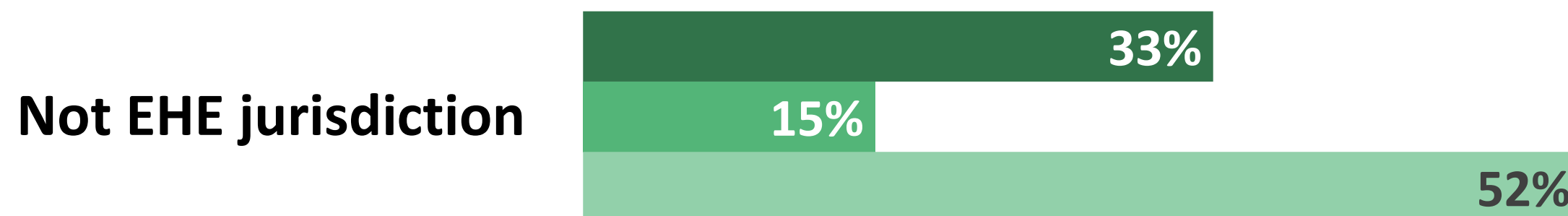
# 92% of EHE LHDs engaged in PrEP anticipate expanding its level of engagement

Percent of respondent LHDs engaged in PrEP

(n=170)



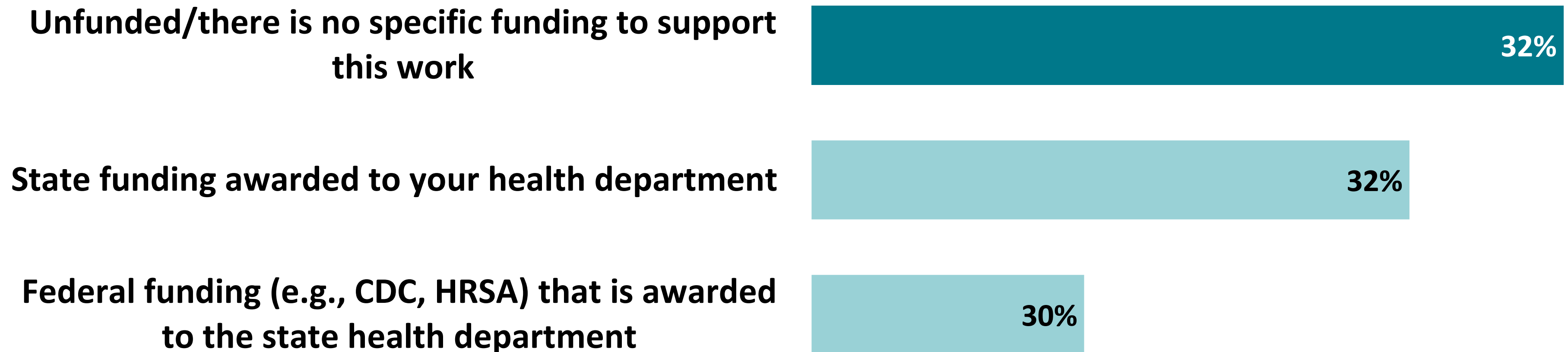
**By Ending the HIV Epidemic (EHE)**





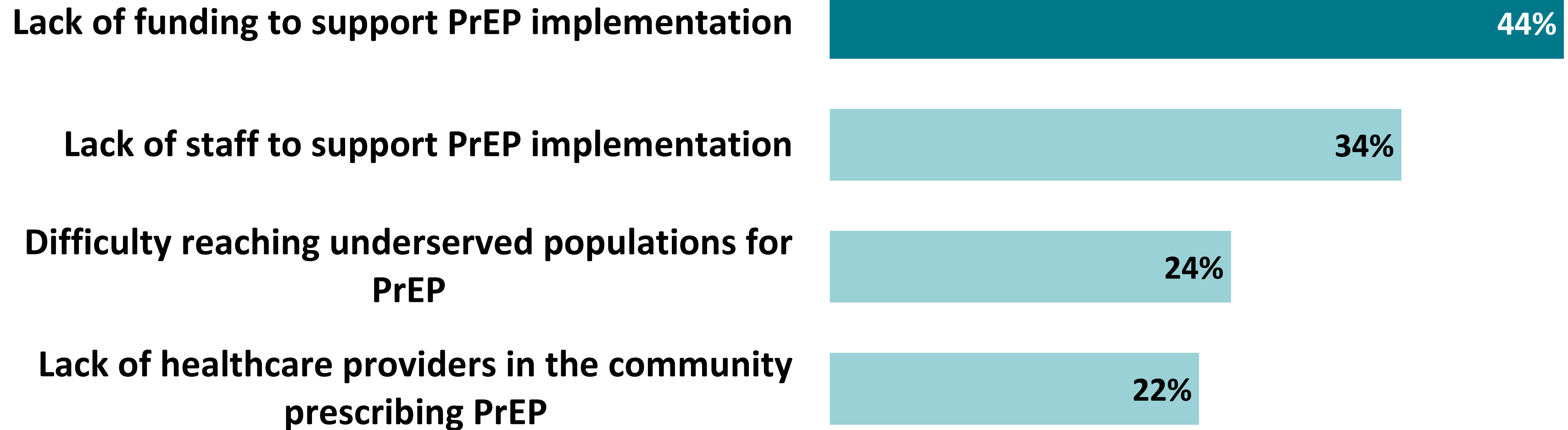
# One-third of LHDs engaged in PrEP do not have funding to support the work

Percent of respondent LHDs engaged in PrEP  
(n=170)



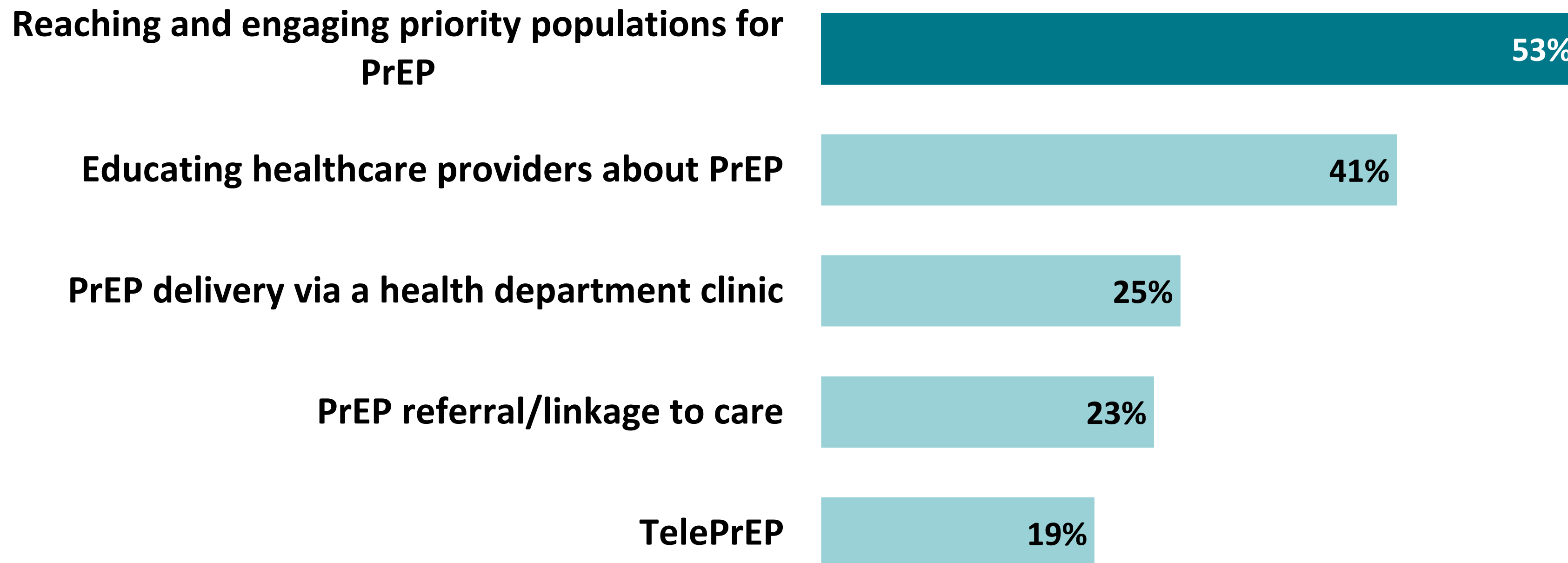
# The most common challenges to implementing PrEP experienced by LHDs is lack of funding

Percent of respondent LHDs engaged in PrEP  
(n=167)

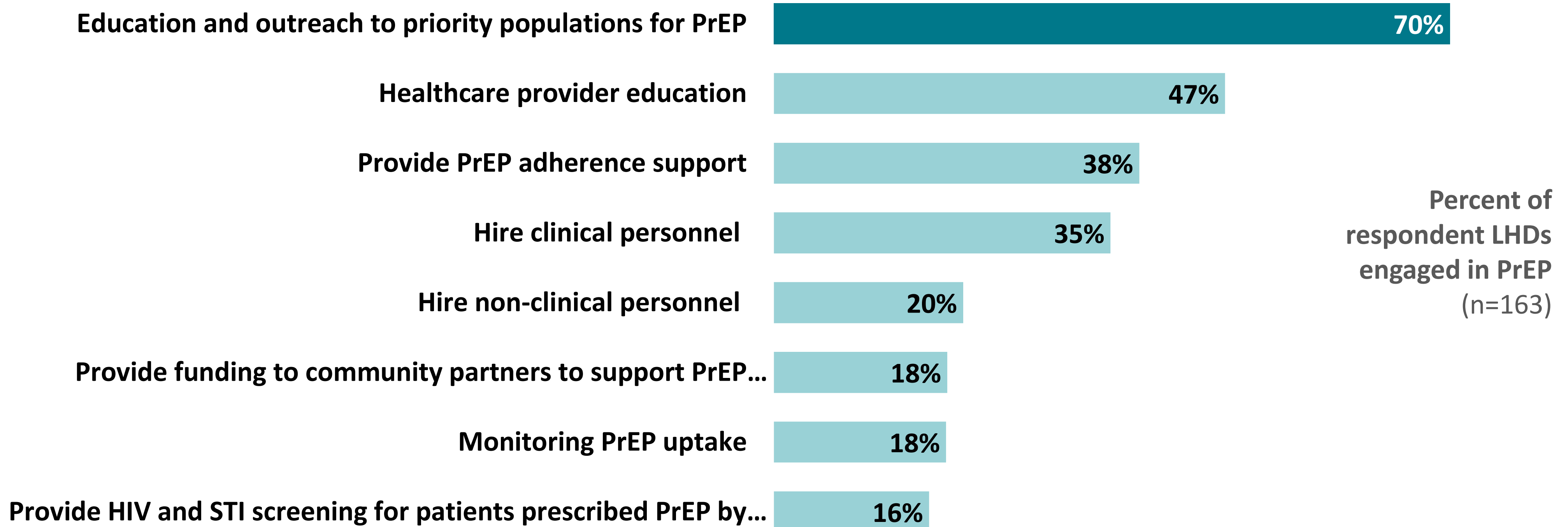



# LHDs most need information, resources, and support in reaching/engaging priority populations

Percent of respondent LHDs engaged in PrEP  
(n=162)



# If funding was available, LHDs would prioritize its use for education/outreach to priority populations

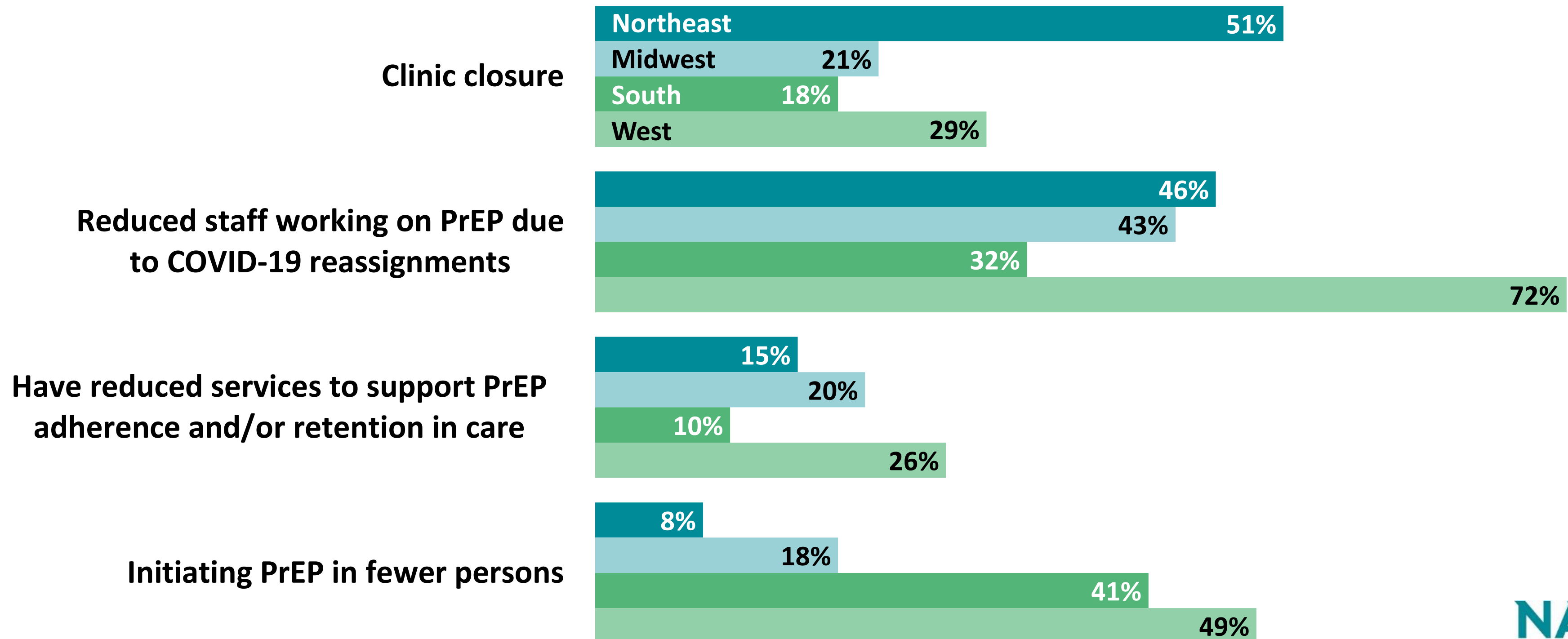




# Impact of COVID-19 on PrEP Implementation for LHDs Engaged in PrEP

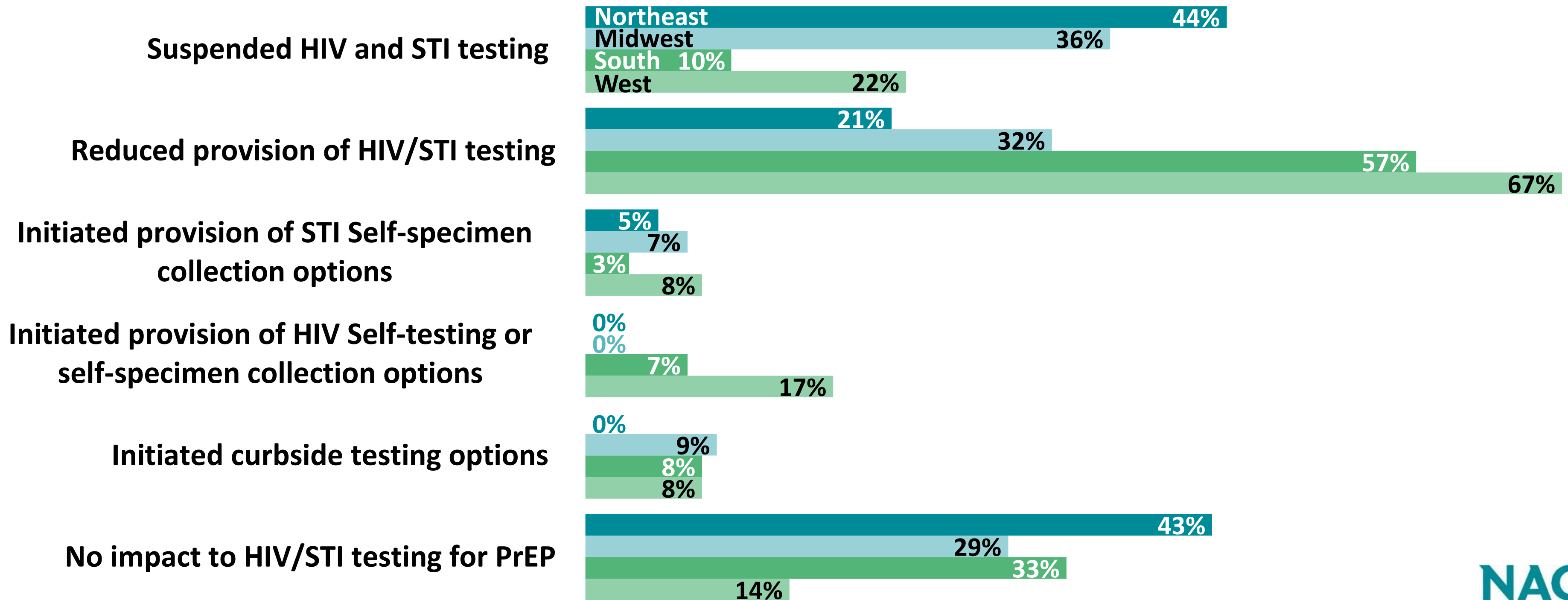
# COVID-19 impacted LHD PrEP programs by closing clinics and reducing staff capacity

Percent of respondent LHDs engaged in PrEP, by Census region  
(n=158)



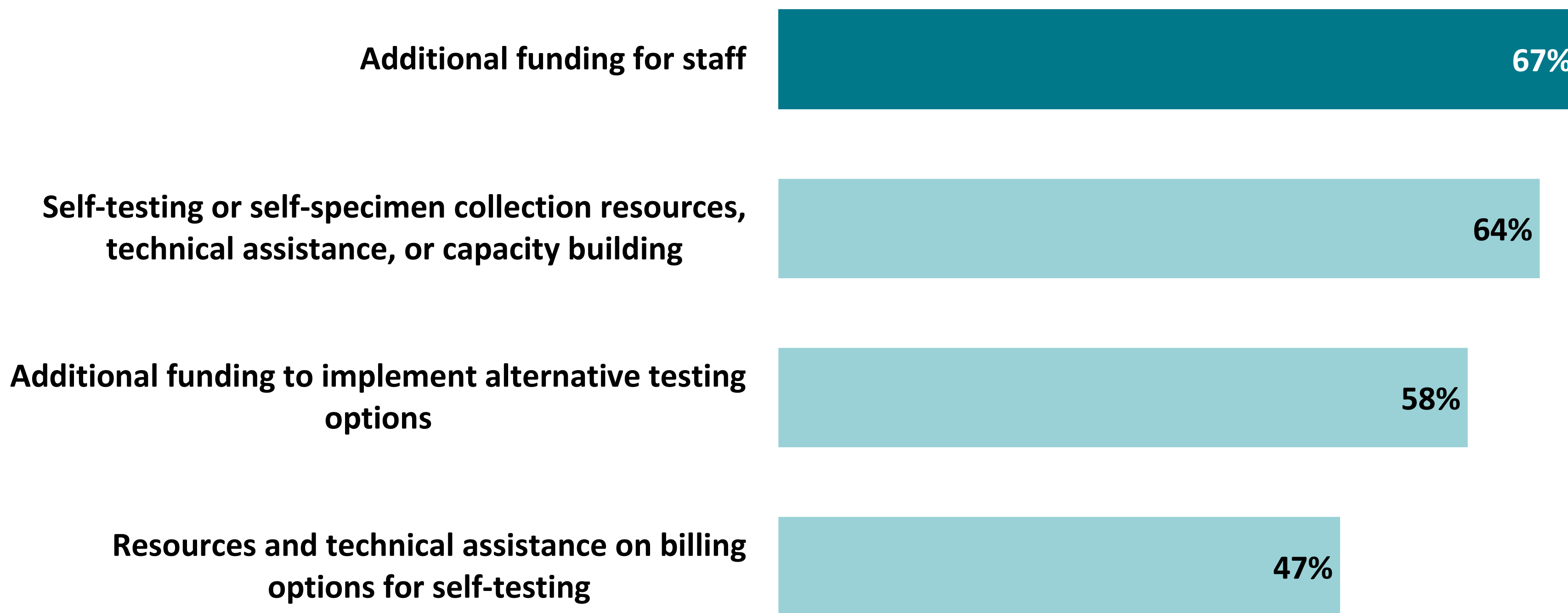
# COVID-19 impacted LHD HIV/STI testing for PrEP by suspending and reducing its provision

Percent of respondent LHDs engaged in PrEP, by Census region  
(n=161)



# In the future and beyond COVID, LHDs need funding for staff to sustain PrEP

Percent of respondent LHDs engaged in PrEP  
(n=153)





# Key Findings for LHDs Engaged in PrEP

 More LHDs are **engaged in PrEP activities** compared to 2015 (8 percentage point increase), but still less than half are engaged

 LHDs **prescribing PrEP** has increased by 32 percentage points compared to 2015

 92% of LHDs in EHE jurisdictions reported they would **expand their level** of PrEP engagement

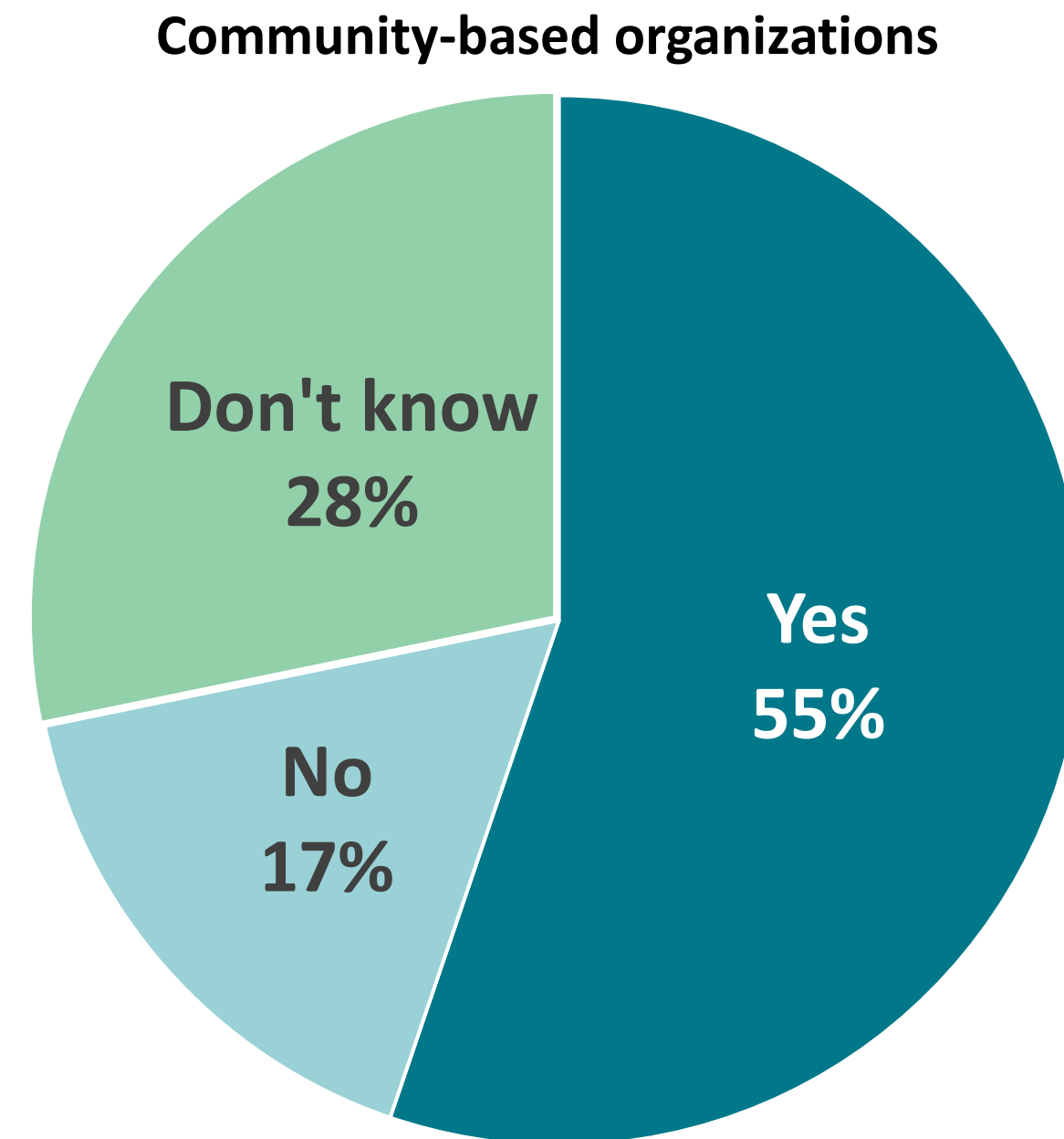
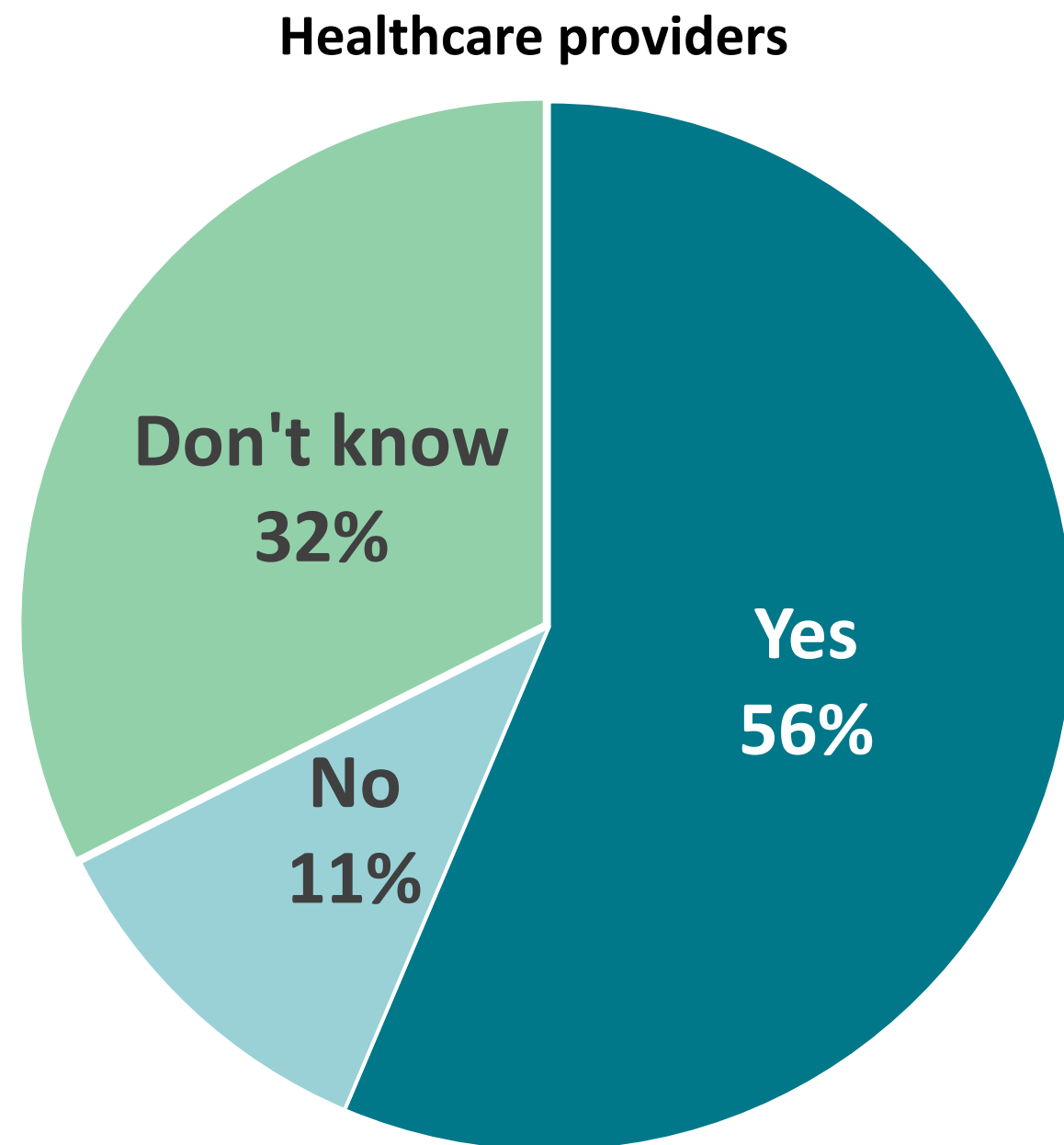
 49% of LHDs engaged in PrEP are **not measuring PrEP uptake**, compared to 51% in 2016

 **Lack of funding** and **lack of staff** were the top challenges to expanding PrEP activities

# LHDs Not Engaged in PrEP Implementation

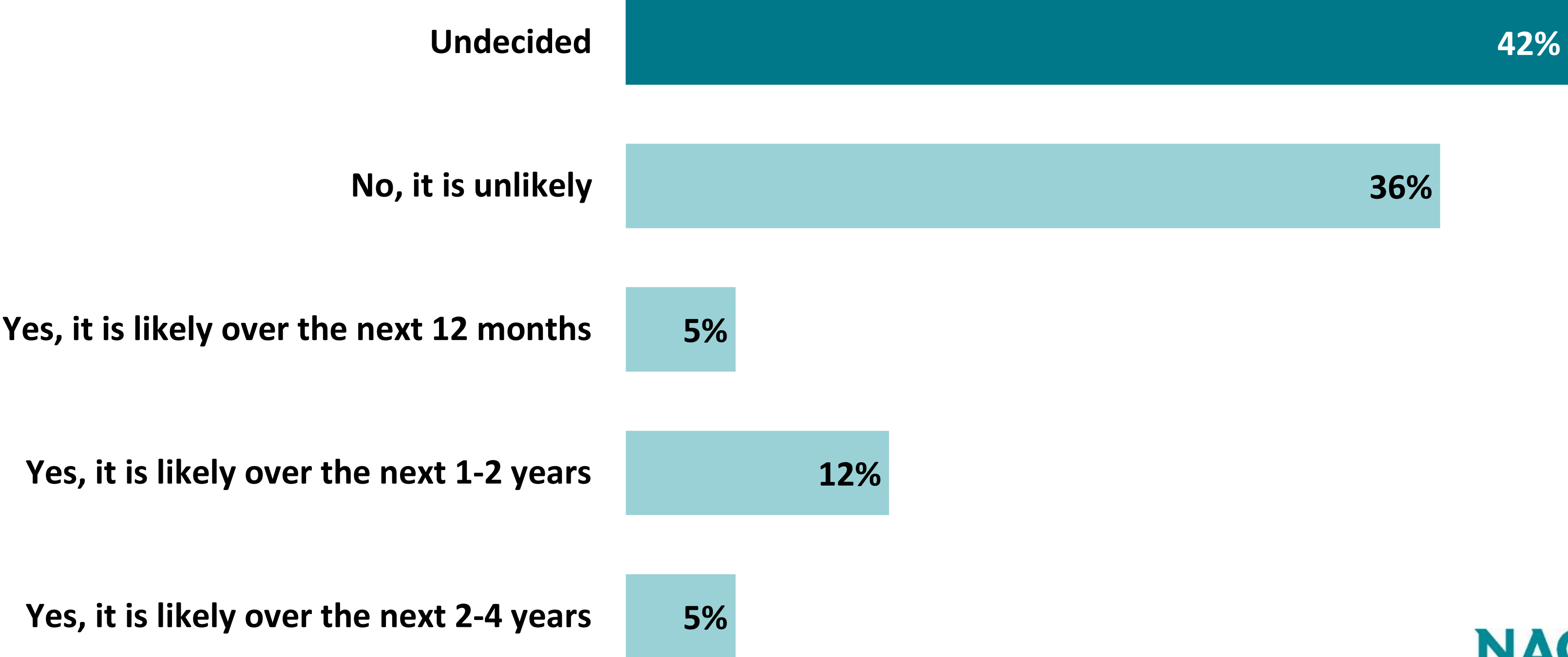
# More than half of LHD jurisdictions have healthcare or community-based providers prescribing PrEP

Percent of respondent LHDs not engaged in PrEP implementation  
(n=181)



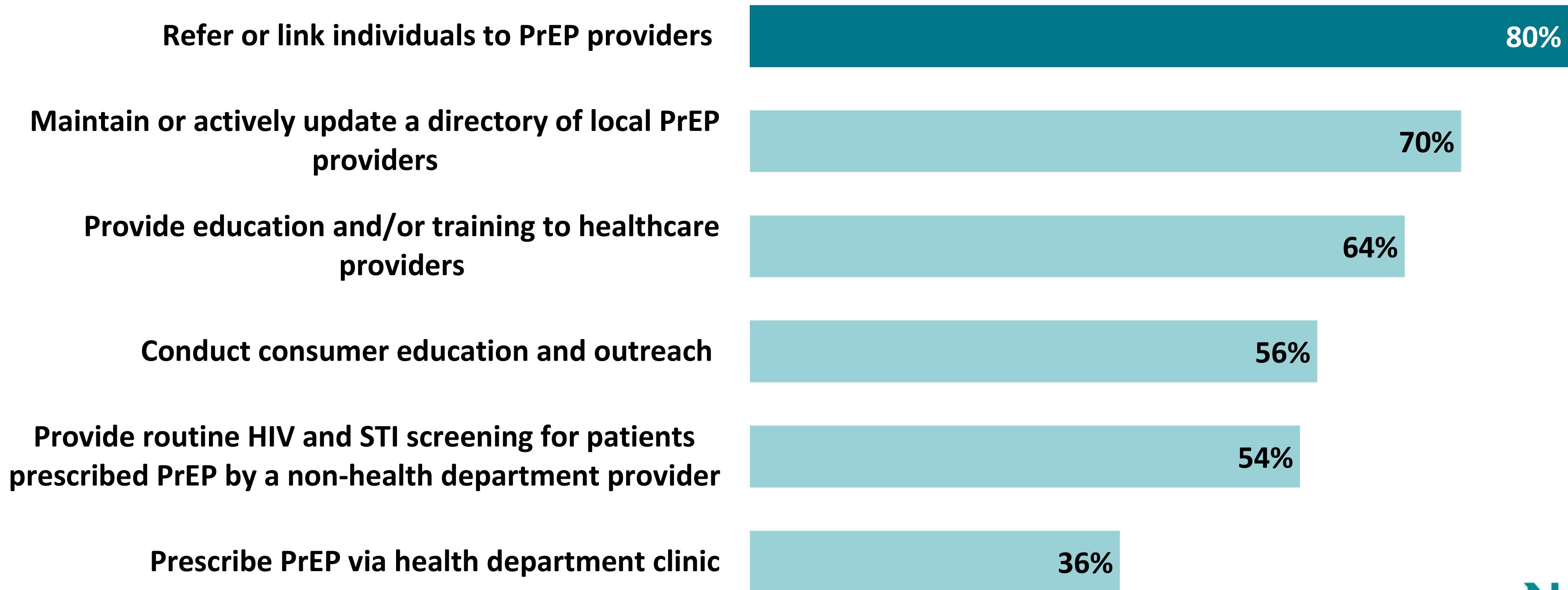
# LHDs not engaged in PrEP implementation are undecided about whether they will in the future

Percent of respondent LHDs not engaged in PrEP  
(n=181)



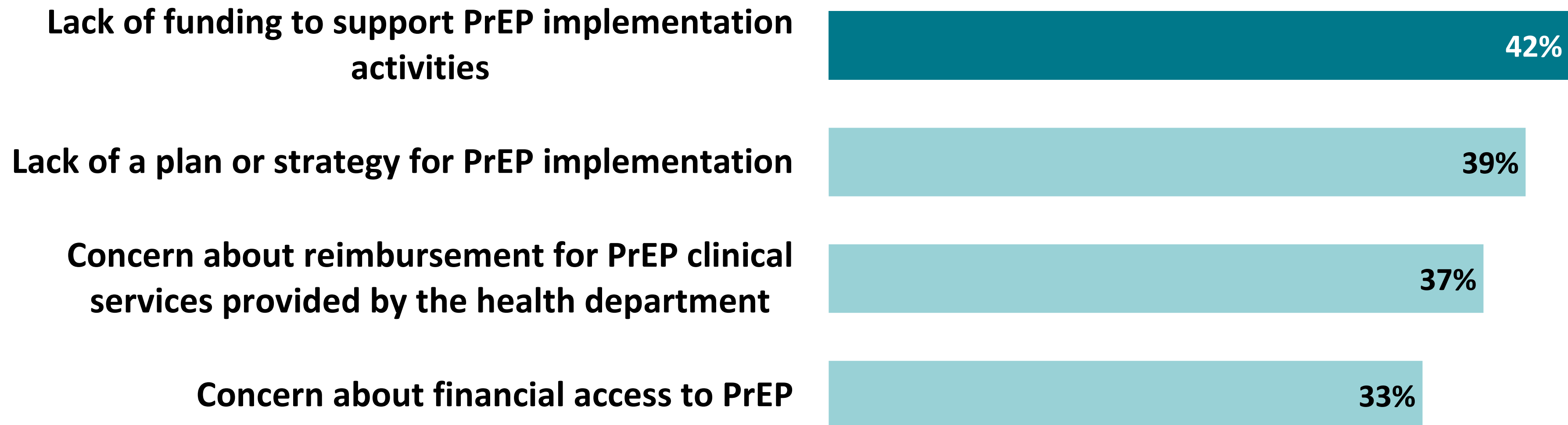
# LHDs not engaged in PrEP are interested in supporting PrEP implementation through referrals

Percent of respondent LHDs not engaged in PrEP and anticipate becoming engaged in the future  
(n=116)



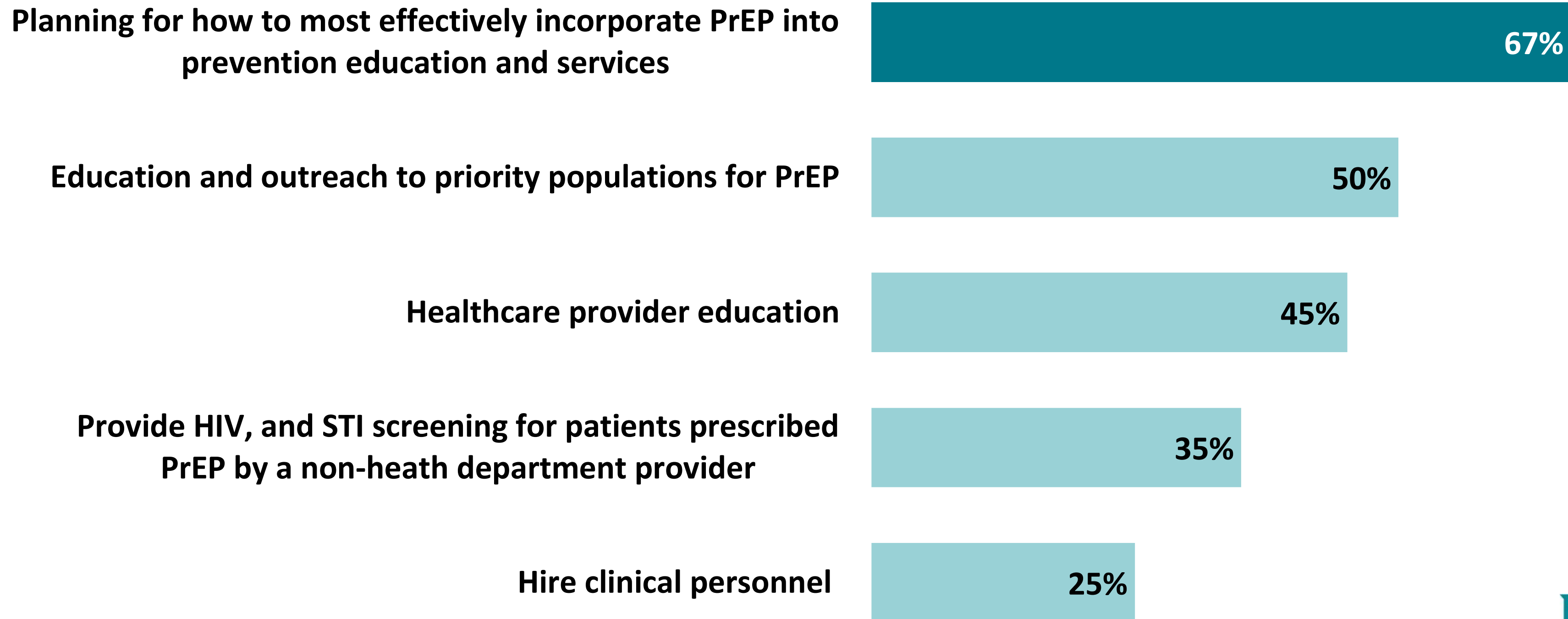
# The most common challenges to implementing PrEP experienced by LHDs is lack of funding

Percent of respondent LHDs not engaged in PrEP and anticipate becoming engaged in the future  
(n=115)



# If funding was available, LHDs would prioritize its use for planning how to incorporate PrEP

Percent of respondent LHDs not engaged in PrEP and anticipate becoming engaged in the future  
(n=113)



# Key Findings for LHDs Not Engaged in PrEP

 Majority of LHDs stated health department **staff are supportive of PrEP** for HIV prevention

 Most LHDs agree or strongly agree that PrEP is an HIV prevention method that has the potential to **make a significant impact on reducing new HIV infections** in your community

 35% of LHDs responded that more information, resources and support is needed regarding **patient assistance programs** for PrEP

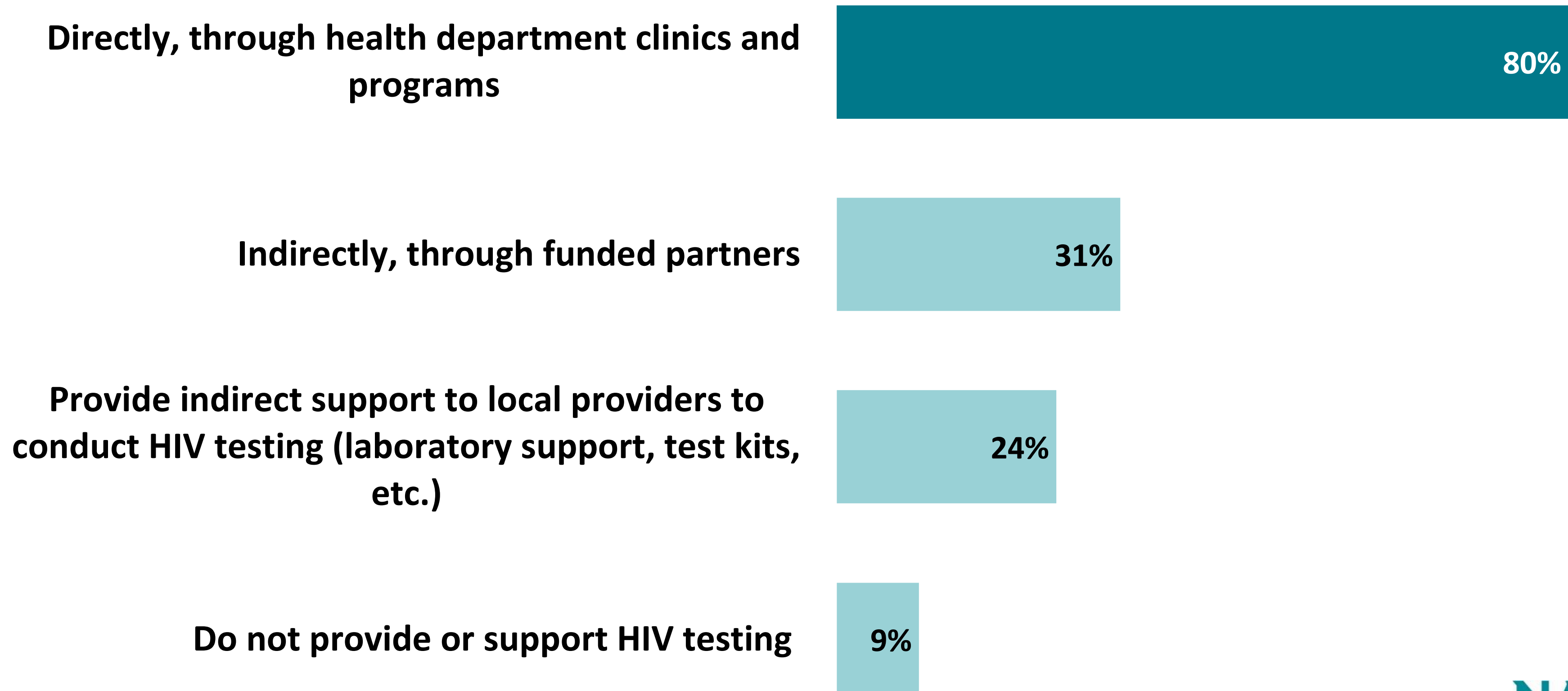
 **Lack of funding** is among top reasons for not implementing PrEP in the future



# HIV/STI Testing at LHDs

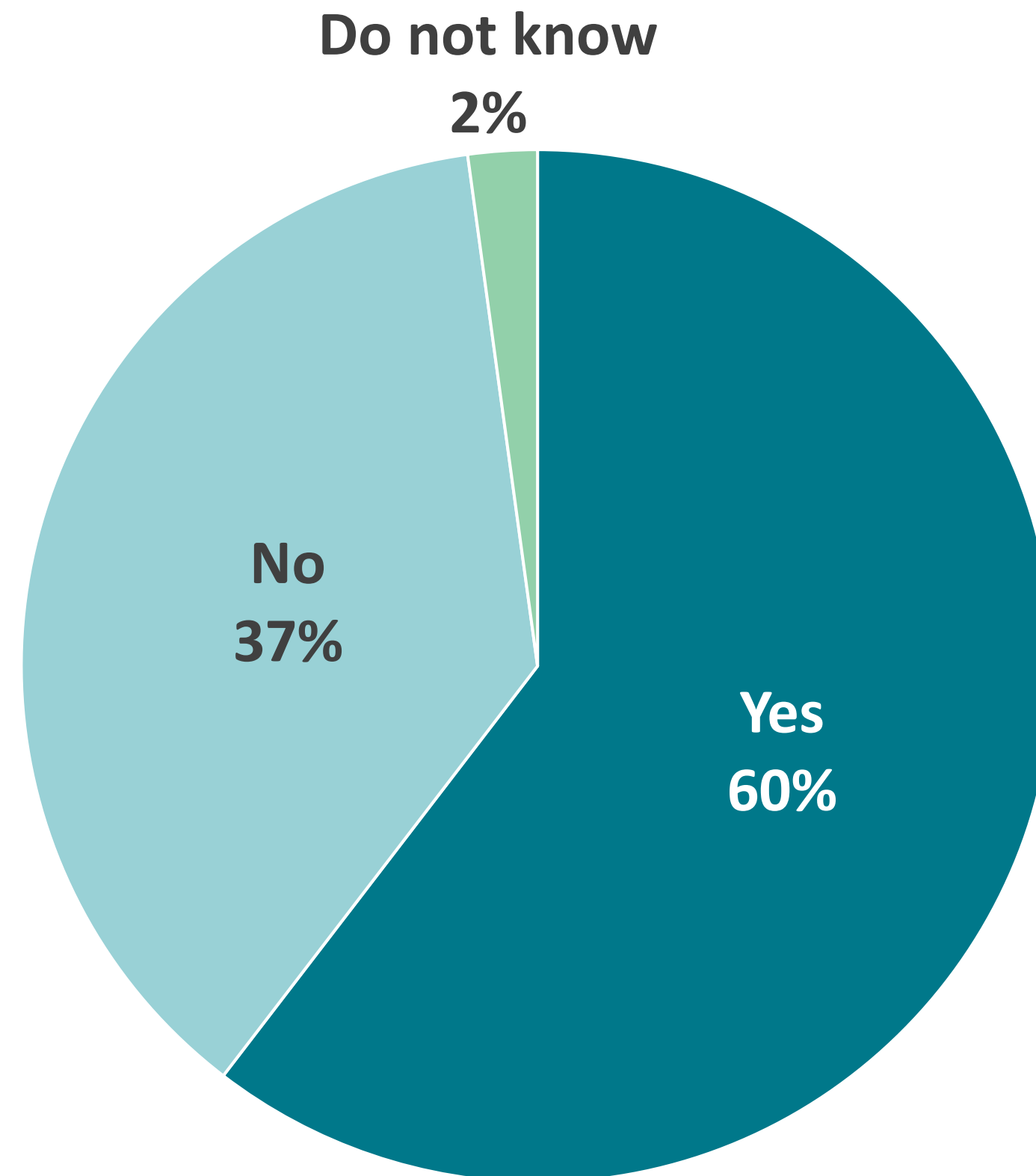
# LHDs provide or support HIV testing directly

Percent of respondent LHDs  
(n=345)



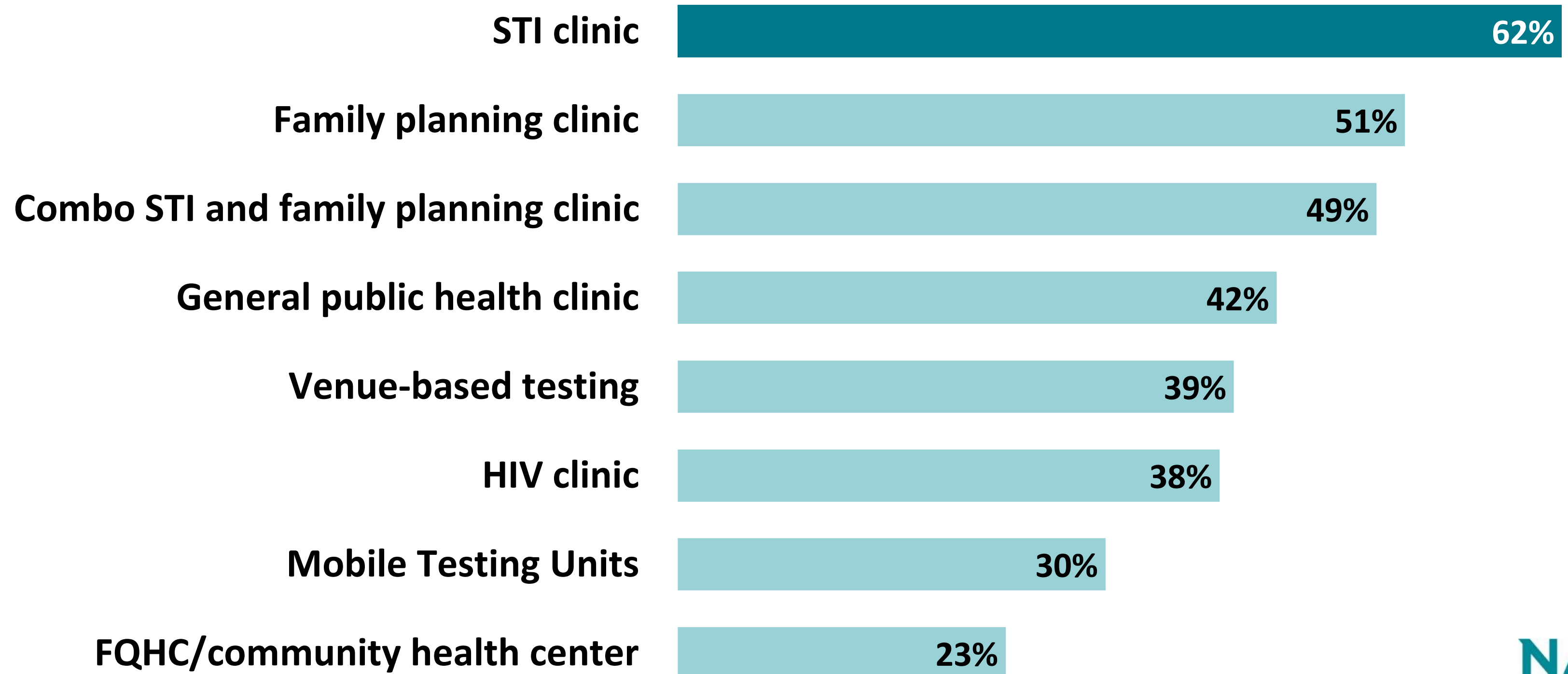
# 60% of LHDs use rapid testing

Percent of respondent LHDs  
(n=311)



# LHDs operate or support STI clinics as HIV testing sites

Percent of respondent LHDs  
(n=303)



# 78% of LHDs do not offer HIV/STI self-testing or non-clinic based self-specimen collection options

Percent of respondent LHDs  
(n=351)



# 39% of LHDs reported their biggest challenge in providing HIV testing was concerns about COVID

Percent of respondent LHDs  
(n=311)

Concerns about reduced visits because of social distancing policies due to COVID-19

39%

Lack of resources (funding, staff)

32%

Do not experience any challenges

28%

# Next Steps

- ▶ Publications
- ▶ Presentations
- ▶ More analysis will be done on the following topics
  - EHE jurisdictions
  - Jurisdiction region, size and governance
  - PrEP stories from the field
  - In depth look at COVID impact on PrEP activities
  - In-depth look and comparison regarding PrEP providers and jurisdictions
  - Concerns, challenges and needs for LHDs to be successful in PrEP implementation

# Discussion

- ▶ **What trends did you notice? What stood out to you?**
- ▶ **How does this data resonate with your experience in your community or practice?**
- ▶ **What do you see as the most important challenges and facilitators to implementing PrEP at local health departments?**
- ▶ **After viewing this data, what types of resources and technical assistance might NACCHO develop or disseminate? How would you like to see this data used?**



# Acknowledgements

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  - ▷ Julia Zigman, NACCHO
- ▷ Kellie Hall, MSOD, NACCHO
  
- ▷ \*\*\*\*\*Special thanks to\*\*\*\*\*
  - ▷ Gretchen Weiss, MPH
    - ▷ Emily Yox, MPH
- ▷ LHDs that completed the survey

# Further Questions?



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