

NAVIGATION FOR PrEP PERSISTENCE

Evidence-Informed for the Pre-Exposure Prophylaxis Chapter



POPULATION

- Black or African American men who have sex with men (MSM)

KEY INTERVENTION EFFECTS

- Improved PrEP initiation/uptake

BRIEF DESCRIPTION

Navigation for PrEP Persistence is designed to improve PrEP related outcomes by providing Black or African American MSM with a PrEP navigator.

The intervention includes:

- One brief session either directly after or within seven days of initiating PrEP. Session discussions include:
 - Exploring barriers and facilitators to PrEP adherence and retention in care
 - Discussions to help patients overcome barriers (medication access, stigma, costs, information about actual or perceived side effects)
 - Preferred communication methods (text, email, calls)
 - Preferred schedule for follow up communications about navigation to promote retention in care
- Weekly check-ins for the first month to troubleshoot and overcome barriers
- Bi-weekly check-ins after the first month and up to six months to maintain rapport, address issues, and remind patients of upcoming appointments and opportunities to fill prescriptions
- Navigators verifying prescription refills and pick-ups monthly with the pharmacy
- General PrEP information from health care provider at initial visit; reminder calls, emails, or texts for subsequent visits; transportation assistance on a case-by-case basis; and navigating patient assistance programs to cover medication costs

DURATION: One in-person session and weekly calls up to 6 months

SETTING: Community health center (Jackson, Mississippi)

STUDY YEARS: 2018 – 2022

STUDY DESIGN: Randomized controlled trial (RCT)

DELIVERERS: Patient navigators; Clinic staff

DELIVERY METHODS: Prevention case management

STUDY SAMPLE

The baseline study sample of 60 patients was characterized by the following:

- 100% Black or African American persons
- 100% identified as male at birth
- 46.7% had health insurance
- 40.0% had primary care provider
- Median age = 25 years

STRUCTURAL COMPONENTS

There are no structural components reported for this study.

KEY INTERVENTION EFFECTS (see **Primary Study** for all outcomes)

- A greater percentage of intervention participants purchased at least one PrEP prescription within the first 6 months than comparison participants who received the standard of care (93.3% vs. 63.3%, Risk Ratio [RR] = 1.47, 95% Confidence Interval [CI]: 1.10-1.97).
- A greater percentage of intervention participants purchased more than one PrEP prescription within the first 6 months than comparison participants (80.0% vs. 30.0%; RR = 2.67; 95% CI: 1.50–4.74).
- A greater percentage of intervention participants had more than 80% of days covered by prescriptions than comparison participants (70.0% vs. 23.3%; RR = 3.00; 95% CI: 1.50–5.98).

CONSIDERATIONS

- More intervention participants used a manufacturer-sponsored payment assistance program to help pay for their PrEP prescriptions than comparison participants.

ADVERSE EVENTS

- The author did not report adverse events.

FUNDING

- National Institute of Mental Health (R34MH109371 and R25MH083620)

PRIMARY STUDY

Goedel, W. C., Coats, C. S., Chan, P. A., Sims-Gomillia, C. E., Brock, J. B., Ward, L. M., Mena, L. A., & Nunn, A. S. (2022). [A pilot study of a patient navigation intervention to improve HIV pre-exposure prophylaxis persistence among Black/African American men who have sex with men](#). *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 90(3), 276–282. doi.org/10.1097/QAI.0000000000002954

PLEASE CONTACT STUDY AUTHOR FOR TRAINING AND INTERVENTION MATERIALS.

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