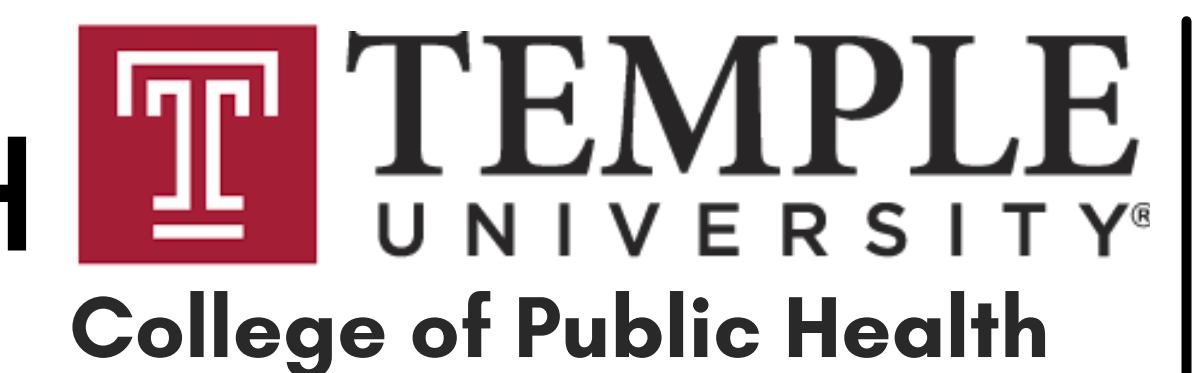


PREPPING FOR PREP: A QUALITATIVE STUDY OF HIV SERVICE PROVIDERS' EXPERIENCES IN WORKING WITH WOMEN WHO INJECT DRUGS (WWIDS)



APOORVA SUDINI, SARAH BAUERLE BASS, PH.D., MPH AND PATRICK J KELLY, MPH



DEPARTMENT OF SOCIAL AND BEHAVIORAL SCIENCES

BACKGROUND

WWIDs are at elevated risk for HIV due to injection drug use and survival sex work.

Pre-exposure Prophylaxis (PrEP) reduces risk of HIV in people who inject drugs.



Few studies have explored factors that impact PrEP use among WWIDs.

Explored the perspectives of HIV service providers on PrEP care for WWIDs at a community-based syringe exchange, Prevention Point Philadelphia

METHODS



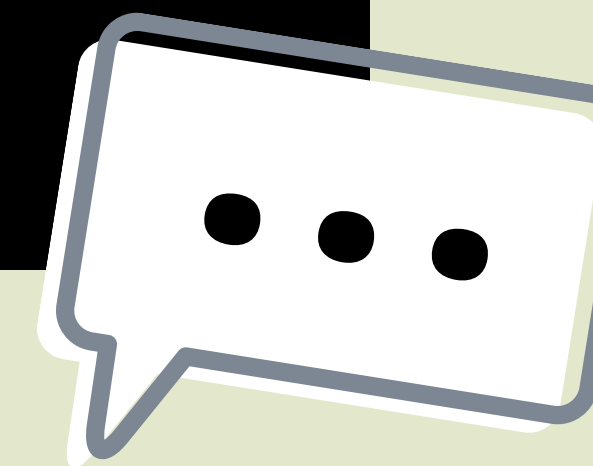
Conducted audio-recorded in-depth interviews with purposeful sample of HIV service providers (n=10) serving WWIDs.

Transcripts were transcribed verbatim and analyzed using an iterative process.

Coding schema was developed and applied to transcripts. Dedoose qualitative software facilitated analyses.

Key themes were examined to explore barriers and facilitators to PrEP use in WWIDs from the provider perspective.

THEMES



PATIENT EMPOWERMENT

"THEY'RE STILL HUMAN BEINGS THEY'RE JUST ADDICTED TO DRUGS LIKE-I'VE BEEN DATING THIS GIRL WHO GOT STRANGLED..AND SHE DIDN'T KNOW SHE GOT RAPED OR NOT AND THE EMERGENCY ROOM SAID AT EPISCOPAL-OH WE'RE NOT WASTING A RAPE KIT ON YOU"

PROVIDER #2

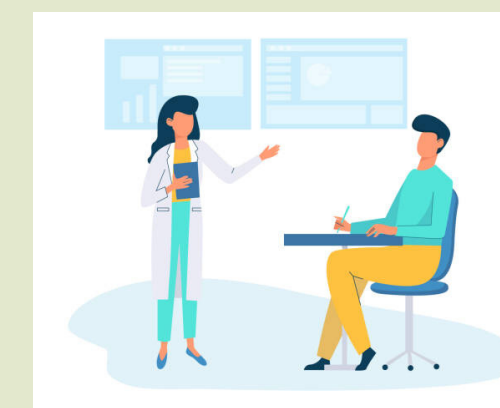
"YOU KNOW, SO THAT GIVES THEM A CERTAIN, IT RAISES A TRU- THE TRUST LEVEL AND WHEN YOU CAN COME IN HERE AND ALL YOU WANNA DO IS GET TESTED, BUT YOU LEAVE WITH TESTS, MCDONALD'S CARDS, IF YOU NEEDED A MAILING ADDRESS, YOU KNOW, ALL YOUR NEEDS ARE BEING ADDRESSED AT ONE TIME." PROVIDER #6

STIGMAS ARE LIMITING

"I THINK OVERALL, THERE'S A DISPARITY IN, IN THE SYSTEM OVERALL FOR WOMEN. WHETHER ITS TREATMENT-RELATED FOR DRUG AND ALCOHOL, WHETHER ITS TREATMENT-RELATED FOR HIV SERVICES, BUT IN GENERAL, YOU KNOW, AND THEN YOU HAVE A SUBCULTURE WITHIN THE SUBCULTURE." PROVIDER #4

"DOCTORS ARE NOT SOCIAL WORKERS" PROVIDER #1

PATIENT EDUCATION



"I DON'T THINK ENOUGH THINGS ARE DELIVERED IN SPANISH."

"YOU KNOW, THEY DON'T WANNA HEAR IT BECAUSE IF I, IF I'M LEARNING ABOUT SEXUALLY TRANSMITTED DISEASES THEN OBVIOUSLY I'M DOING SOMETHING IF THAT'S WHAT I'M LEARNING. AND THEY DON'T REALIZE EDUCATION IS ONE THING-GETTING INFORMED AND YOU KNOW, ACTUALLY BEING A SEX WORKER IS ANOTHER THING" PROVIDER #5

PATIENT PRIORITIES

"I MEAN JUST A LACK OF A STABLE ENVIRONMENT, UM, IS WHAT IT REALLY COMES DOWN TO. YOU HAVE TO HAVE SOMEWHERE TO PUT YOUR SHIT. YOU HAVE TO HAVE LIKE SOME KIND OF STABILITY IN YOUR LIFE BEFORE LIKE OTHER ASKS CAN BE MADE, YOU KNOW."

PROVIDER #7



PROVIDER RECOMMENDATIONS

1. Integrate PrEP prescribing with other these with other community health and social services
2. Create additional "safe spaces" for patients struggling with HIV/at-risk of HIV
3. Devise more comprehensive, active routes for patient education about HIV and PrEP care
4. Drive efforts to champion more female-centric events and medical services



DISCUSSIONS

- Gender based discrimination, homelessness, socioeconomic status, sex work, mistrust in healthcare, and PrEP and HIV misinformation prevent patients from feeling worthy or valuable enough to receive PrEP information.
- Embedding PrEP services in community-based organizations by streamlining with other femme-centric services may improve the PrEP care continuum and bolster the patient-provider relationship.



CONCLUSIONS

- Prevention Point staff would benefit from a more standardized approach that champions PrEP adherence and disseminates HIV information to patients
- Structural change in clinic operations would expand access to various medical services, increase patient retention and supplement PrEP adherence

