
Adaptation of the Mobile PrEP Implementation Strategy for Equitable Scale-Out (AMP-IT-OUT)

3rd National Ending the HIV Epidemic
Partnerships for Research Meeting

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Disclosures

- Research support to institution from Gilead Sciences and Merck



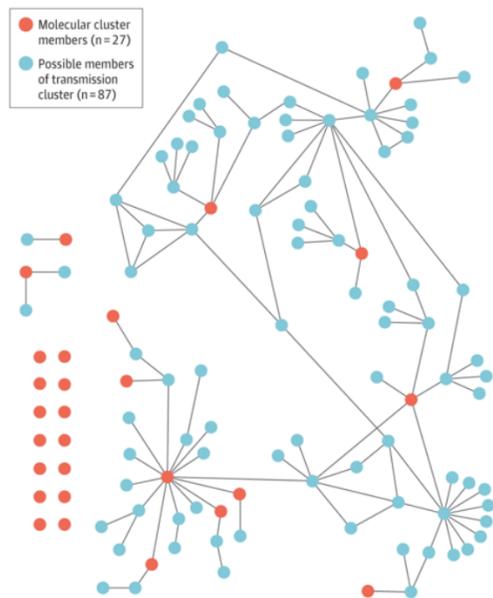
What We Do: Mobile Clinic Concept and Goals

- Zero cost to patient for PrEP labs, visit, Rx
- STI testing & treatment, HIV rapid entry
- Low stigma
- Visible in community, regular hours including evenings until 8 pm
- Multilingual, welcoming staff
- 5 sites selected based on HIV incidence data and input from community





EHE Supplement 2019-20: Cluster Analysis to Position Mobile Services



Epidemiological & Molecular HIV Cluster Data



Outreach & Mobilization

Deployment of Accessible Mobile Prevention Services



Provision of Services to Priority Risk Networks to Interrupt Transmissions in Recent and Rapidly Growing HIV Transmission Networks



EHE Supplement Activities 2019-20

- **Established workflow and collaboration with DOH (ongoing)**
- **Established new Mobile PrEP site in Liberty City neighborhood (September 2020)**
- **Community consultation:**
 - HIV prevention is recognized priority
 - In-person outreach preferred
 - Many failed attempts accessing services and feeling of futility
 - Establish trust through partnerships and follow-through
 - Focus on STI testing & treatment to enable PrEP education
 - **Build support, engagement, and motivation through established trusted sources (close peers and community resources)**





EHE Supplement 2020-22: **Adaptation of the Mobile PrEP Toolkit**

Barrier-lowering strategy with core elements:

- No cost
- Convenient hours
- Transportation
- Multi-lingual staff
- Patient-centered navigation
- Community assessment and preparation

Add to toolkit elements:

- Best possible positioning data
- Outreach through multiple strategies
- Pre-visit strengths-based navigation from testing programs
- **Peer advocacy and engagement for HIV testing and HIV prevention**
- **Social network engagement**

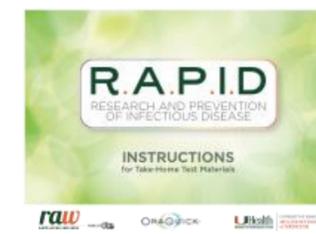
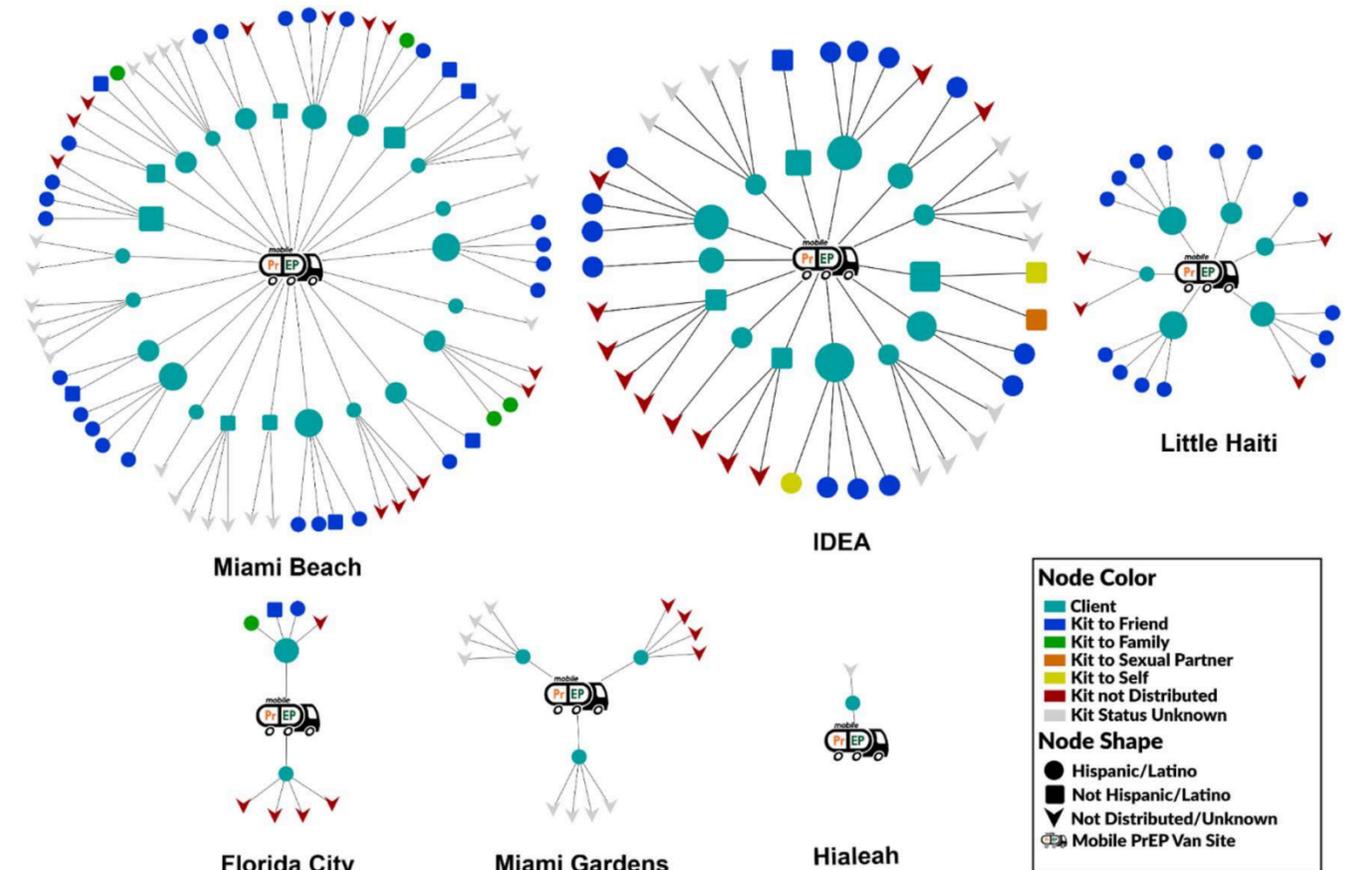


Butts SA, Young B, Blackmon J, Doblecki-Lewis S.
BMC Health Serv Res. 2023 Nov 27;23(1):1311.



Social Network Strategy: Test-to-PrEP

- A strategy to **empower current PrEP users** in Miami to **engage** people in their **social networks** in:
 - HIV self-testing (HIVST)
 - PrEP / treatment entry resources
- Based on pilot social network HIVST distribution with FDOH partners
- Kit developed through CBPR process to increase reach of HIV testing and PrEP
- 100 PrEP clients identified 414 contacts
- Evaluated organizational and community determinants of implementation (CFIR)



King K, et al. J Acquir Immune Defic Syndr. 2022 Jul 1;90(S1):S105-S113.



Distribution of Kits

- 100 clients identified 414 social network contacts
- Received brief training and offered up to 4 kits (median accepted = 3)
- 3-month follow-up of clients, QR code on test kit for recipient

Implementation evaluation:

- Test-to-PrEP is doable, and our clients are interested in this strategy
- All clients felt “completely” (87%) or “mostly” (13%) comfortable with distributing
- No safety concerns or issues identified
- 77% reported discussing PrEP with recipient of kit
- *“Great way to reduce stigma around testing”*
- *“Excited for the opportunity to help my friends who hadn’t been tested before.”*

King K, et al. J Acquir Immune Defic Syndr. 2022 Jul 1;90(S1):S105-S113.



Recipient Results

- 2 reactive tests, engaged in care
- 4 PrEP starts directly traced to kits
- 38% had not heard of PrEP
- 17% never tested for HIV previously
- Median 3 sex partners in last year
- Increase in mean likelihood to take PrEP from 58.8 to 77.9 (scale 0-100)
- Most effective distributors of kits:
 - New PrEP starts
 - More identified social network contacts

| Alter Level Demographic Characteristics | Overall (N=414) |
|---|-----------------|
| Ethnicity | |
| Hispanic/Latino | 313 (75.6%) |
| Non-Hispanic | 97 (23.4%) |
| Missing | 4 (1.0%) |
| Gender Identity | |
| Cisgender Male | 268 (64.7%) |
| Cisgender Female | 143 (34.5%) |
| Trans Woman | 1 (0.2%) |
| Tran Man | 2 (0.5%) |
| Age Range | |
| 18 - 29 | 119 (28.7%) |
| 30 - 39 | 197 (47.6%) |
| 40 - 49 | 66 (15.9%) |
| 50 + | 28 (6.8%) |
| Missing | 4 (1.0%) |
| Alter Relationship Type | |
| Friend | 260 (62.8%) |
| Sexual Partner | 65 (15.7%) |
| Co-worker | 33 (7.9%) |
| Neighbor | 15 (3.6%) |
| Family Member | 31 (7.6%) |
| Other | 10 (2.4%) |

Johnson AL, et al. J Acquir Immune Defic Syndr. 2023 Dec 15;94(5):421-428.



Clients Served: 2018-2024

- 2475 clients
- 1304 PrEP starts -- 6 mo persistence: 73% in care, 53% on PrEP for mobile clinic starts
- 50 clients received CAB-LA (10 via mobile)
- Median Age 37.3 years
- 70.2% cisgender men, 24.3% cisgender women, 5.5% transgender/non-binary
- 53% MSM (80% for PrEP)
- 61.2% Hispanic/Latino, 26.5% Black
- 43.6% born in U.S.
- 3.2% new diagnosis of HIV at first visit
- 19.2% acute bacterial STI positive at first visit
- Median sex partners last 6 months: 7.25



| | UM PrEP Clinics | | | | Miami- Dade County | |
|---|----------------------|----------------------|--|---------------------------------|-----------------------------------|--|
| | Mobile (N=1301) | Fixed (N=1159) | Combined Mobile and Fixed (N=2460) | PrEP Initiations (N=1304) | New HIV Diagnoses (N = 814) | Overall County Demographics (N= 2,758,636) |
| Age | | | | | | |
| Median [Min, Max] | 39.6 [19, 81] | 34.7 [19, 77] | 37.3 [19, 81] | 36.3 [19, 78] | 39.0 [13,75] | 41.1 [0,106] |
| Gender Identity | | | | | | |
| Cisgender Man* | 855 (65.7%) | 878 (75.8%) | 1737 (70.2%) | 1112 (85.3%) | 689 (84.7%) | 1,341,202 (48.6%) |
| Cisgender Woman* | 411 (31.6%) | 187 (16.1%) | 601 (24.3%) | 117 (9.0%) | 120 (14.7%) | 1,417,434 (51.4%) |
| Transgender/Gender Non-Conforming* | 35 (2.7%) | 94 (8.1%) | 137 (5.5%) | 75 (5.7%) | 5 (0.6%) | N/A |
| Race | | | | | | |
| White* | 646 (49.7%) | 699 (60.3%) | 1352 (54.6%) | 865 (66.3%) | 604 (74.2%) | 2,095,573 (75.9%) |
| Black/ African American | 467 (35.9%) | 186 (16.0%) | 655 (26.5%) | 175 (13.4%) | 202 (24.8%) | 450,402 (16.4%) |
| More than One Race/ Other* | 188 (14.4%) | 274 (23.6%) | 469 (18.9%) | 264 (20.2%) | 7 (0.9%) | 171,178 (6.2%) |
| Born In the U.S | 684 (52.6%) | 257 (32.9%) | 1079 (43.6%) | 399 (30.6%) | 314 (38.6%) | 1,489,663 (54.0%) |
| Identifies as Hispanic/Latino | 691 (53.1%) | 563 (72.1%) | 1513 (61.1%) | 971 (74.5%) | 519 (66.5%) | 1,974,449 (71.6%) |

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Conclusions

- **Mobile clinic services for HIV prevention and treatment are feasible and acceptable to diverse communities in Miami-Dade County**
- **Developing a workflow with DOH partners allows data-based positioning**
- **Mobile clinics can increase equitable reach of HIV prevention services**
- **Social network strategies are promising for further increasing the reach of HIV testing and PrEP**



Sustainability & Future Directions

- **2019: Established 340B pharmacy program**
- **2020: HRSA SPNS and CDC EHE funding for Rapid Start field implementation**
- **Continuing collaborations with FDOH, MDCHD, community partners**
- **Adaptation of Mobile PrEP toolkit / strategy and evaluation in other EHE areas**
- **Hybrid trial of PrEP client-based social network strategy for extending reach of HIV testing and PrEP**
- **2nd mobile clinic, refit of Sprinter van for injectables**



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MIAMIBEACH

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