



Understanding the implementation of SB 159: Pharmacist delivered pre- and post- exposure prophylaxis in three high priority EHE counties in CA

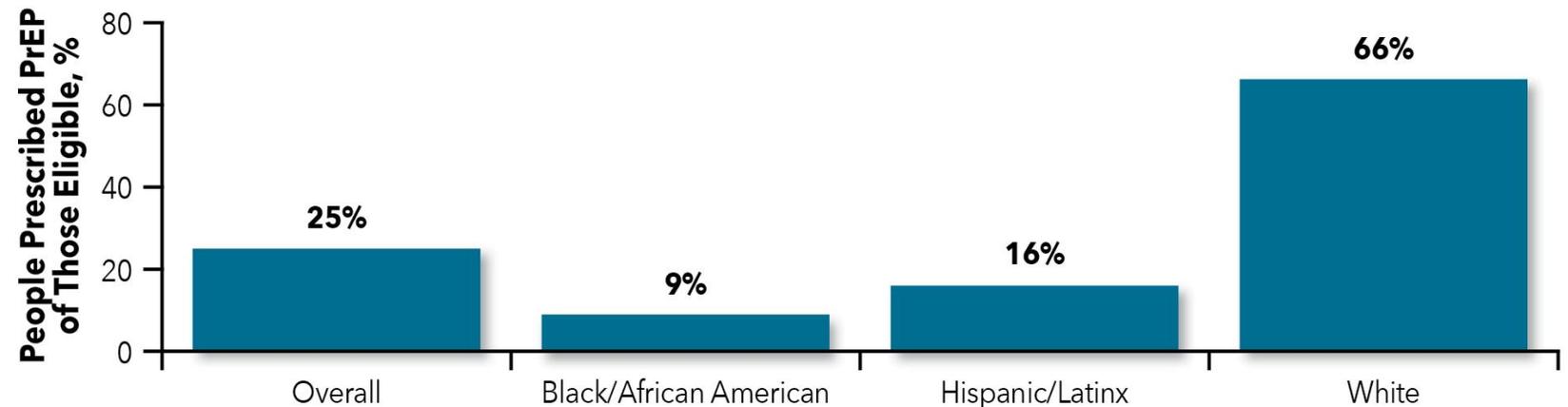
Raiza Beltran PhD, MPH (UCLA HHIPP) & Tam Phan, PharmD, AAHIVP (LA LGBT/USC)



PrEP Implementation and Disparities

- 1.2 million people are likely to benefit from PrEP
- 2019 data demonstrates that PrEP coverage is almost 8 x better for White patients than Black patients.
- But in 2020, of those who could benefit, few were prescribed PrEP:
 - Only 28% of males
 - Only 10% of females
- Significant inequities in PrEP coverage exist based on **race/ethnicity**

FIGURE 2. PrEP Coverage in the US by Race/Ethnicity, 2020²⁰



Only 25% of patients eligible for PrEP were prescribed it.

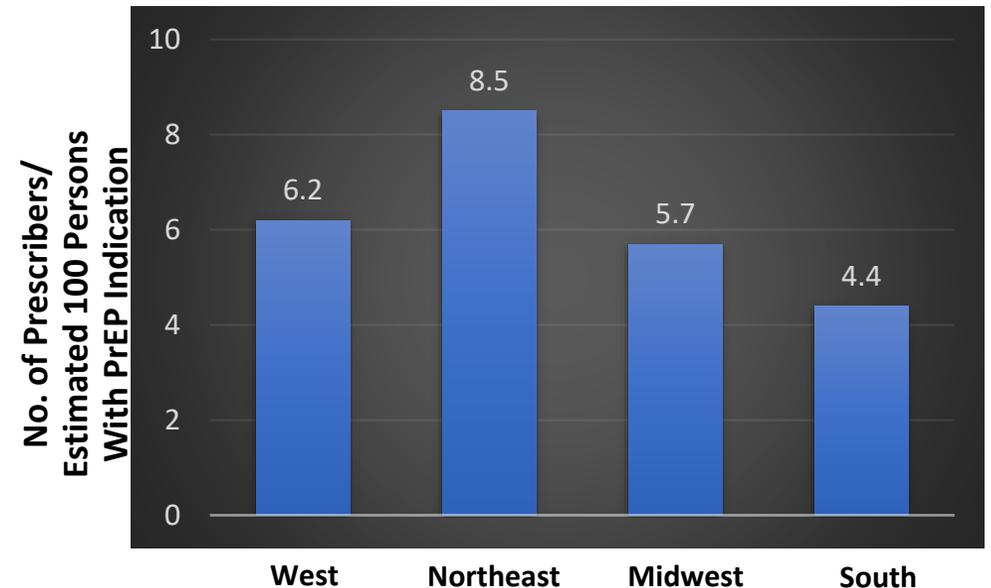
Barriers to HIV Prevention Strategies

Information Barriers	Structural Barriers	Healthcare Professionals
<ul style="list-style-type: none">• Information about PrEP varies in quality and not widely distributed• Lack of immediate access to community based organization	<ul style="list-style-type: none">• Geographic location and isolation• Perception that community-based clinics only provide STI care<ul style="list-style-type: none">• Decreased use• Cultural barriers, particularly for Southern BIPOC• Costs associated with PrEP• Lack of same-day PrEP starts	<ul style="list-style-type: none">• Limited access to LGBTQIA affirming or sexual health affirming• Mistrust of healthcare professionals• Perceived healthcare discrimination

Provider Capacity – Role of the Pharmacist

- Increases in those who prescribed PrEP from 2014-2019 (0.7% to 4.3%):
 - **Primary Care** : 1.8% to 13.6%
 - **Infectious Disease** : 14.2% to 34.2%
- Number of PrEP providers increased from **9621** in 2014 to **65,822** in 2019
- ~90% of the U.S. population lives within 5 miles of a pharmacy
- Pharmacist scope of practice continues to expand
- SB-159 – Pharmacists can independently furnish PrEP/PEP

PrEP Provider Capacity by Region, 2019



- In 2019, the South accounted for:
 - 52% of new HIV infections
 - Largest proportion of people with PrEP indications (41%)

Study Objectives & Aims

Main intervention: Pharmacist-Delivered PrEP & PEP (SB159) in LA, San Bernardino and Riverside

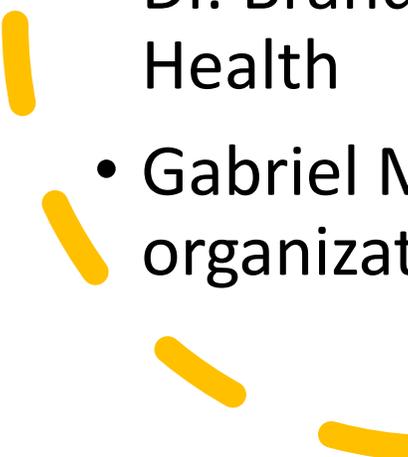
- Primary objective: Identify key implementation determinants, barriers and facilitators, to implementing pharmacist-delivered PrEP and PEP (PrEP vs. Non-PrEP deserts)
- Secondary objective: Build an engaged coalition of key regional stakeholders to develop locally-based solutions
 - local public health officials & pharmacists
 - consumers groups & community leaders (people with lived experience, members of faith-based and community-based organizations)



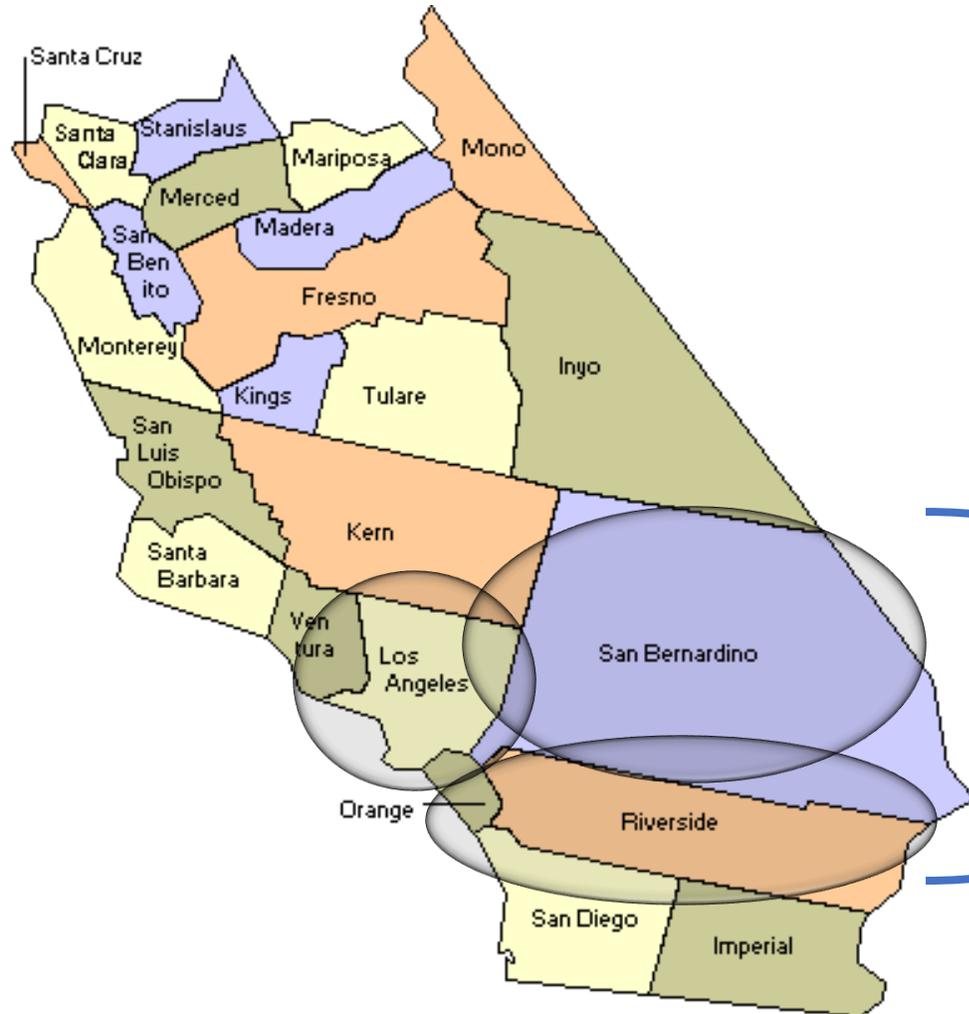
Project and Regional Partners

- UCLA HHIPP (Academic Partner)
- LA LGBT Center (Community Partner)

Regional Partners

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- Dr. Brandon Brown, UC Riverside School of Social Medicine & Public Health
 - Gabriel Maldonado, Executive Director of TruEvolution (HIV service organization in the inland empire)

Project Jurisdiction



- Populations of Focus***
- People of color, sexual and gender diverse communities
 - Regional stakeholders and pharmacists



Comparing PrEP deserts vs. non-PrEP deserts

Study Activities (Mixed Methods Study)

Obj 1: Identify Key Implementation Determinants

Aim 1: Convene coalition members and conduct stakeholder Interviews on barriers/facilitators (n=5 per key stakeholder group; N=60 for 3 counties)

Aim 2: Survey pharmacists working in PrEP vs. non-PrEP deserts on facilitators/barriers (N=300 in all 3 counties; split between geographic areas of vulnerability)

Key Outcomes: acceptability, feasibility, appropriateness & (non-monetary) cost of SB159 implementation

Obj. 2: Engage Coalition Members

Aim 3: Assess accumulated qualitative and quantitative study data with members and work with them to develop locally-based solutions

Key Outcomes: Authentic engagement of members; identified implementation champions & local solutions

Project Timeline

	Tasks	Year 1 Q1 Fall 22	Year 1 Q2 Win 22	Year 1 Q3 Spr 23	Year 1 Q4 Sum 23	Year 2 Q5 Fall 23	Year 2 Q6 Wi-23	Year 2 Q7 Spr 24	Year 2 Q8 Sum 24
Aim 1 (Convene Stakeholders & Conduct Stakeholder Interviews)	Participant Recruitment (N=60)			X (n=12)	X (n=12)	X (n=12)	X (n=12)	X (n=12)	
	Instrument Validation	X	X						
	Qual. Data Collection			X	X	X	X	X	
	Qual. Data Analysis			X	X	X	X	X	
Aim 2 (Survey Pharmacists from LA, RS & SB counties)	Participant Recruitment (N=300)		X (n=55)	X (n=55)	X (n=55)	X (n=55)	X (n=55)	X (n=25)	
	Instrument Val.	X							
	Quant. Data Collection		X	X	X	X	X	X	
	Identify PrEP Deserts	X	X						
	Quant. Data Analysis			X	X	X	X	X	X
Aim 3 (Assess Accumulated Data with stakeholders)	Stakeholder Meetings	X	X	X	X	X	X	X	X
	Pilot-test qual. & quant. Instruments.	X	X						
	Invited Guest Speakers		X	X		X	X	X	
	Identified implementation strategies/solutions				X		X		X
	Dev. implementation strategies/solutions per key stakeholder groups.				X				X

Thank you!

On behalf of our research team

Dr. Ian Holloway & Ayako Ochoa (UCLA HHIPP); Dr. Bob Bolan
& Risa Flynn (LA LGBT) and

