

# Preparing for Long-acting Injectable antiretroviral therapy for HIV in Los Angeles

## **Presenter:**

Oluwadamilola Jolayemi, MSc  
Program Coordinator, UCLA CHIPTS

## **Study Team**

Laura Bogart, PhD  
Rebecca Cohen, MD, MPH  
David Goodman-Meza, MD, MAS  
Oluwadamilola Jolayemi, MSc  
Raphael Landovitz, MD, MSc  
Elena Rosenberg-Carlson, MPH  
Steve Shoptaw, PhD  
Erik Storholm, PhD



# Long Acting Injectable for HIV Treatment

- Current treatment is daily oral antiretroviral therapy
- Received regulatory approvals in US
- Requires monthly clinic visits for injection
  - Potentially every 2 months pending regulatory approvals
    - Possible burden health care delivery systems
- Must be virally suppressed prior to initiation
  - Possible gaps in access

# Study Goals

1

Strengthen and develop partnerships and build capacity in partners to support research on implementation of LAI ART for HIV as part of a strategy to optimize viral suppression in Los Angeles County

2

Assess the policy, systems, financial, operational and clinical level barriers to and facilitators of the rollout and scale-up of LAI ART in Los Angeles County

3

Assess the end-user (consumer) perceived barriers to and facilitators of LAI ART use in Los Angeles County

# Qualitative Methods

## 5 focus groups/interviews

- 2 consumer focus groups
- 1 clinical provider focus group
- 1 clinical/non-clinical provider focus group
- 1 semi-structured interview session (non-clinical)

## Participants

- 18 consumer stakeholders
- 23 clinical and non-clinical stakeholders

Location-Los Angeles County

# Characteristics of participants

Consumer Participants n=18		Clinical and Non-clinical Participants n=23	
Age M (SD) Range	52.2 (11.5), 20-69 years	Age M (SD) Range	45.65 (12.47), 28-75 years
Cisgender male n (%)	13 (72)	Cisgender male n (%)	17 (74)
Cisgender female n (%)	5 (28)	Cisgender female n (%)	6 (26)
Sexual orientation n (%)		Roles n, (%)	
Bisexual	3 (17)	Clinical provider	14 (61)
Gay/Lesbian (homosexual)	11 (61)	Non-clinical provider	8 (35)
Straight (heterosexual)	4 (22)	Unreported	1 (4)
Race/Ethnicity n (%)		Race/Ethnicity n (%)	
Black (Non-Hispanic/Latinx)	7 (39)	Asian (Non-Hispanic/Latinx)	4 (17)
Hispanic/Latinx	9 (50)	Black (Non-Hispanic/Latinx)	8 (35)
White (Non-Hispanic/Latinx)	2 (11)	Hispanic/Latinx	6 (26)
		White (Non-Hispanic/Latinx)	5 (22)

# Findings

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## General perspectives

Overall enthusiasm and acceptance for LAI ART as a new treatment option

*“new tool in the toolbox” of HIV treatment options*



## Consumer level considerations

Key facilitators and barriers



## Organizational level considerations

Key facilitators and barriers



## Messaging Recommendations



## Implementation Recommendations



**“Well, I think it's a positive contributor to our materials to treat our patients.** It's not going to be with every patient, but there will [be] patients that it will be their ideal treatment.” (Clinical stakeholder)

**“I think that that would be so awesome when that gets approved because for me, I would prefer to do a long acting injectable instead of having to take a pill every day...”** (Consumer)



Key  
considerations  
for  
implementation-  
Consumer level

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Adherence and  
Resistance

Treatment  
Management  
Burden

Medical Mistrust

Stigma

Pain, Side Effects  
and Comfort  
with Shots



# Illustrative Quotes

- Stigma

“A lot of patients we find just the daily routine of taking a pill every day is a reminder that they are ill, and **I think the injectable has an option to take that stigma away, or at least [take] that personal, internal stigma away from those people living with HIV,** who kind of feel that burden.” (Clinical stakeholder)

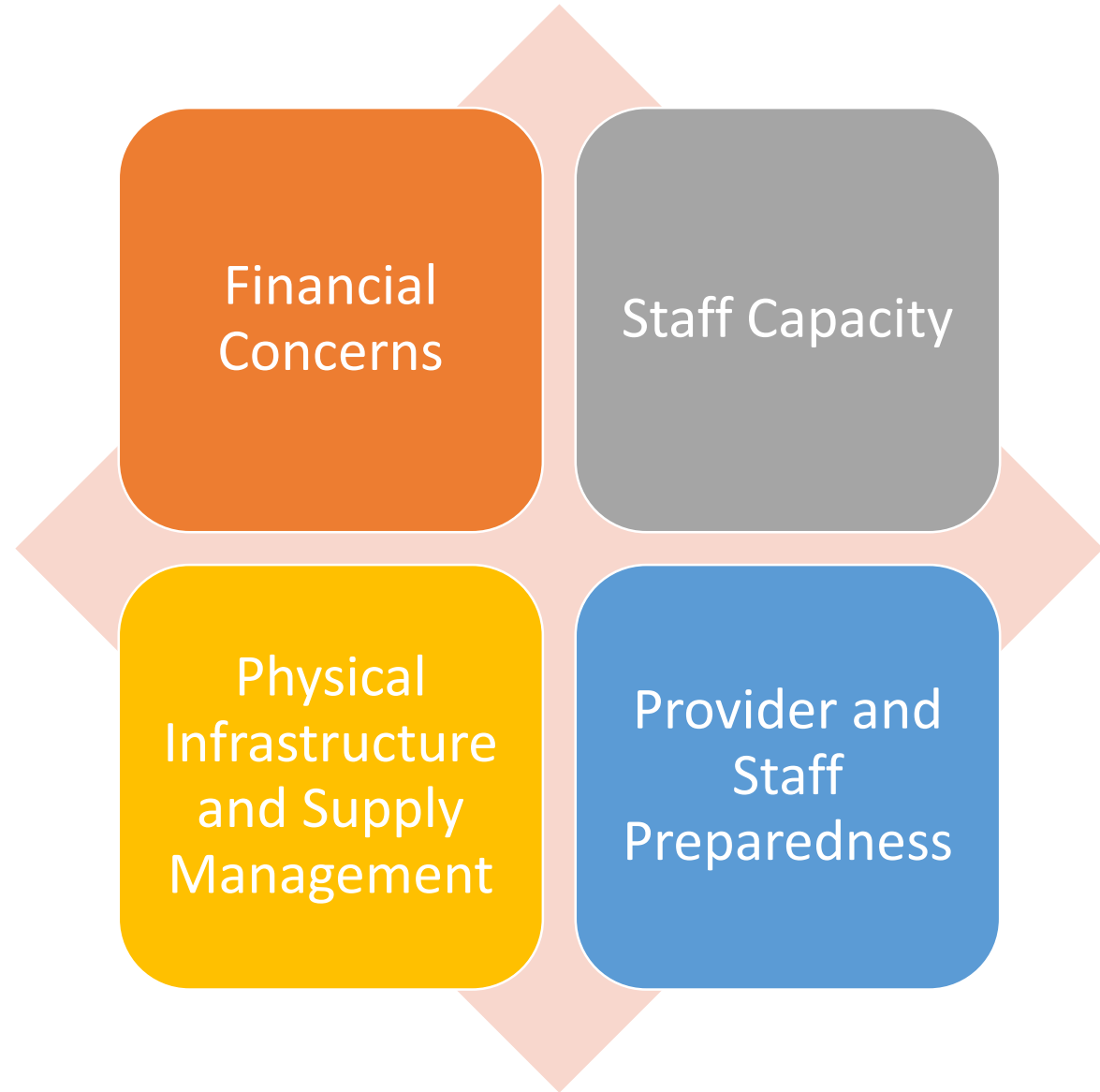


- Medical Mistrust

“**That is actually a huge thing in the Black community. Mistrust or a lack of trust in the healthcare field...**So that could definitely be an issue that could get in the way...” (Consumer)



Key considerations for implementation - Organizational level





# Illustrative Quotes

- Provider Preparedness

**“...I think implementing the program for injectables of HIV clinics has to be very well thought in regard to training and capacity building. Not only from the clinic administrators, but also from the persons dispensing and applying the medications.”** (Non-clinical stakeholder)

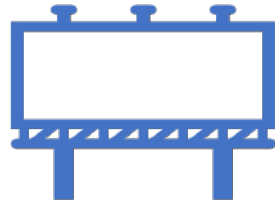


- Staff capacity

**“...You're talking about an influx actually of new visits potentially. Whether our clinics can handle that, whether we have the staffing...”** (Non-clinical stakeholder)

# Key recommendations

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## Messaging recommendations

Community engagement in development and delivery

Mode of messaging-TV, billboards, social media, presentations

Trusted sources of information

Messaging types-simple messages highlighting benefits of LAI ART



## Implementation recommendations

Alternative staff to deliver LAI ART treatment

Treatment education and adherence support

Research trials and demonstration project

Innovative implementation strategies



**“...the peer-to-peer strategy. I think [it] is incredibly effective, particularly when using people within a community ...You tell them, ‘Hey, we've got this. Could you talk to your friends and stuff about it?’ I think when they're the ones to push the message, especially for people of color, then it's a little more digestible.”** (Non-clinical stakeholder)

# Recommended Next Steps

- Partnership building, seamless coordination and effective communication across stakeholders on the public and private level
- Establishing seamless systems within HIV service delivery organizations (specifically addressing implementation barriers)
- Establishing policies and standardized treatment guidelines and protocols around LAI ART for HIV
- Ensure that LAI ART for HIV is included in insurance formularies

# Ending the HIV Epidemic Planning Project Collaborators

- LA County DHSP
- RAND Corporation
- UCLA
- CHIPTS Community Advisory Board
  
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- Thank you to the study participants from Los Angeles community and various partner organizations.

Thank you for listening!

Questions?