



TECHNOLOGY-BASED PREP DELIVERY FOR BLACK AND LATINA CISGENDER WOMEN IN LOS ANGELES COUNTY

Summary Report

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Introduction

In 2018, only 5% of Black and Latina Cisgender Women (BLCW) in Los Angeles County (LAC) with an indication for Pre-Exposure Prophylaxis (PrEP) accessed this critical biomedical intervention for HIV prevention.¹ This distressingly low coverage rate denoted an urgent need to consider innovative strategies to connect BLCW with PrEP services. As part of a National Institute of Mental Health (NIMH) Ending the HIV Epidemic (EHE) supplement project, the UCLA Center for HIV Identification, Prevention, and Treatment Services (CHIPTS) received funding to develop and pilot an implementation strategy to increase PrEP awareness and optimize PrEP uptake among BLCW through the use of the PlushCare telemedicine application. Table 1 provides a brief overview of the primary intervention and implementation strategy utilized for this project.

Intervention:	Technology-based delivery of PrEP (i.e., PlushCare)
Implementation Strategy:	TelePrEP Information Sessions with BLCW clients who receive services at community-based organizations that do not provide clinical services.

PlushCare is a stand-alone telemedicine service that exclusively provides remote delivery of clinical services.² The selection of PlushCare was informed by our previous EHE supplement project, in which we facilitated a community consultation with LAC service providers to explore the perceived acceptability and appropriateness of five digital technology products to optimize PrEP uptake among LAC's priority populations.³ Of the five products, participants believed that the stand-alone telemedicine services could be an acceptable and appropriate option for BLCW to use to access PrEP.⁴ PlushCare was also selected as the intervention for this project because of its partnership with the California Department of Public Health (CDPH)⁵ to make PrEP accessible through the Gilead Advancing Access Program (GAAP)⁶ and the California State Office of AIDS' PrEP Assistance Program (PrEP-AP).⁷ This partnership offered coverage of expenses related to the PrEP medication, provider visits, and lab tests for both insured and uninsured California residents taking PrEP.^{8,9}

Study AIMS

This pilot project had three primary aims:

- 1) Assess the effectiveness of the TelePrEP Information Sessions in increasing knowledge and awareness of PrEP, and motivating BLCW to consider using PlushCare as an option to access PrEP
- 2) Assess the acceptability and appropriateness of the TelePrEP Information Sessions, PrEP, and PlushCare among BLCW in LAC
- 3) Assess the feasibility and overall experiences of implementing the sessions across two LAC community-based organizations (CBOs) serving BLCW

Procedures

Study Sites

This study employed a community-partnered implementation approach to increase the use of PlushCare for PrEP among BLCW at two CBOs that do not provide clinical services. Our collaborating CBOs were East Los Angeles Women’s Center (ELAWC) and Black Women for Wellness (BWW). Both CBOs are California 501(c)(3) nonprofit agencies that began as grassroots organizations, have longstanding relationships with their local community, and are comprised of staff who culturally mirror the population they serve. These characteristics made them ideal implementation settings for the TelePrEP Project. Additional information about each agency is provided below.

East Los Angeles Women’s Center

ELAWC is located in East Los Angeles where a large community of Latinx individuals reside. ELAWC offers culturally tailored services to Latina youth, women, and their families. The majority of the clients they serve identify as immigrants from Latin American countries and are monolingual Spanish speakers. Services are based on core cultural values of Latin American populations and centered on trauma-informed care. ELAWC has an established HIV prevention and treatment education training program led by health educators. These health educators offer linkage to support services for women who are HIV-positive as a result of sexual or domestic violence (i.e., human trafficking, intimate partner violence), but are not limited to these circumstances. For more information, visit: <https://www.elawc.org/>

Black Women for Wellness

BWW is located in South Los Angeles where a large proportion of Black individuals reside. BWW offers services that create, improve, and expand holistic wellness for Black women. BWW advocates for, educates, and empowers Black women and youth. Sexual and reproductive health education is a focus of BWW, particularly on issues that disproportionately impact Black women. BWW mobilizes community members on such issues via policy work, campaigns, and educational trainings. For more information, visit: <https://www.bwwla.org/>

Pre-Implementation

As part of our pre-implementation activities, agency staff at ELAWC and BWW were required to attend a two-hour training with the UCLA project team to discuss the following topics:

- 1) PrEP Education for Cisgender Women
- 2) Motivation for Using PrEP
- 3) PrEP Navigation Resources
- 4) Resources to Help Pay for PrEP
- 5) TelePrEP Information Session Breakdown

Staff were also asked to attend an introductory meeting with the PlushCare team (i.e., PrEP navigators and medical providers) to familiarize themselves with the service and discuss steps for downloading PlushCare and applying the project's free \$200 credit. While not a requirement, agency staff were given the option to attend additional meetings with the UCLA team to better familiarize themselves with the process of delivering the TelePrEP Information Sessions. This was necessary for BWW since the agency experienced turnover of staff members who were initially assigned to the project, resulting in a need to separately train and orient two new staff members to the project once it began. Further information is provided in the results section regarding the impact this had on implementation.

Implementation

Staff from each CBO were tasked with completing the following research activities as part of the TelePrEP Project:

- 1) Conduct Information Sessions with 50 BLCW
- 2) Complete client engagement logs after each session and submit them monthly to the UCLA team
- 3) Refer 25 participants who participated in an Information Session to take part in post-implementation interviews
- 4) Participate in post-implementation interviews (3 staff per agency)

The overall goals of the TelePrEP Information Session were three-fold:

- 1) Educate BLCW about PrEP as an HIV intervention and on PlushCare as one option for accessing PrEP
- 2) Motivate BLCW to consider using PlushCare as the method for accessing PrEP
- 3) Navigate BLCW to access PrEP with resources such as our PrEP navigation resource guide (See Appendix 1)

To assist the health educators with conducting the Information Sessions, the UCLA team provided a detailed 11-step Information Session checklist to use as a reference. The complete checklist is included in Appendix 2.

Data Collection Procedures

As part of the client engagement logs, health educators were asked to document the following information about each TelePrEP Information Session:

- a. Number of BLCW who completed the Information Session
- b. Type of session: individual or group
- c. Language of the session: English or Spanish
- d. Time spent delivering the Information Session (in minutes)
- e. Number of BLCW who expressed an interest in PrEP
- f. Number of BLCW who expressed an interest in PlushCare
- g. Relevant notes about the Information Session

The Proctor implementation model was used to guide the creation of the post-implementation qualitative interview guide with BLCW clients.¹⁰ The main goal of the interviews with clients was to assess the acceptability and appropriateness of the TelePrEP Information Sessions, PrEP, and PlushCare. As defined by Proctor, acceptability is the perception that a given intervention is agreeable or satisfactory.¹⁰ Appropriateness is the perceived fit, relevance, or compatibility of an intervention for a given setting or population. Appropriateness is also the perceived fit of the intervention to address the particular issue.¹⁰ Beyond acceptability and appropriateness, participants were asked to describe their self-perceived HIV risk, awareness and knowledge of PrEP and PlushCare, and motivation or interest in using PlushCare to access PrEP.

As part of the post-implementation interviews with agency staff, the health educators were asked to provide background information about their organization and to discuss agency buy-in to the TelePrEP Project. In addition, the staff were asked to describe their opinions about the pre-implementation activities and their experiences conducting the TelePrEP Information Sessions with their BLCW clients.

Data Analysis

Multiple methods were used to analyze our study data. For monthly client engagement logs, descriptive statistics were calculated by the UCLA team to provide a profile of the Information Sessions that were conducted by agency staff. For qualitative data, a thematic analysis method was used to analyze the post-implementation interviews with LCW clients.¹¹ Finally, a rapid data analysis approach was used to analyze post-implementation interviews with the health educators who conducted the Information Sessions at both agencies.¹²

Preliminary Results

Client Engagement Logs

Table 3 provides an overview of the findings from the client engagement logs. In total, ELAWC staff conducted 26 Information Sessions with 94 LCW, which was nearly double the initial expectation (n=50). Of note, the majority (76.92 %) of these Information Sessions were conducted in Spanish. BWW staff were similarly productive, conducting 11 Information

Sessions with 83 BCW. However, only a small percentage of women at each site expressed an interest in using PrEP (17.02 % LCW and 26.51 % BCW), and even fewer expressed an interest in using PlushCare to access PrEP (6.38% LCW and 18.07% BCW).

Table 3: Findings from the Client Engagement Logs		
Characteristic	ELAWC N (%) or M, Range	BWW N (%) or M, Range
Information Sessions Conducted	26	11
Group Sessions Conducted	17 (65.38 %)	8 (72.73 %)
Individual Sessions Conducted	9 (34.62 %)	3 (27.27 %)
Duration of Information Sessions	M=26 min, Range=15-60 mins	M=24 min, Range=15-45 mins
Language of Information Sessions		
English	20 (76.92 %)	11 (100.0 %)
Spanish	6 (23.08 %)	0 (0.0 %)
Total Participants	94	83
# Interested in PrEP	16 (17.02 %)	22 (26.51 %)
# Interested in PlushCare	6 (6.38 %)	15 (18.07 %)
Participants who participated in a follow-up meeting	7 (7.45 %)	5 (6.02 %)

Table 4 provides a summary of the relevant notes that were documented by agency staff. These notes helped to provide additional context about the discussions that occurred during the Information Sessions, particularly regarding the reasons BLCW did not want to use PrEP and PlushCare.

Table 4: Overall Agency Findings	
ELAWC	BWW
<ul style="list-style-type: none"> Most participants were unaware of PrEP. 	<ul style="list-style-type: none"> Participants were concerned about the safety of PrEP.

Table 4: Overall Agency Findings

ELAWC	BWW
<ul style="list-style-type: none"> • Many of the women who were not interested in PrEP or PlushCare had concerns about side effects, preferred the use of condoms, and wanted to find an in-person clinic first. • Some participants expressed difficulty with privacy on a video communication platform. 	<ul style="list-style-type: none"> • Some participants did not understand why Black women were being targeted for PrEP and did not believe HIV stigma was real. • Some participants expressed mistrust and misinformation about PrEP and medication in general.

Post-Implementation Interviews with BLCW Clients

As part of our post-implementation phase, we conducted 20 in-depth qualitative interviews with LCW referred by ELAWC staff to assess their experiences participating in the TelePrEP Information Sessions. BWW promoted the interview opportunity among their participants, but no BCW clients ultimately participated in an interview. Table 5 provides participant demographic characteristics, and information regarding their concerns about HIV and awareness of PrEP and PlushCare prior to the Information Session.

The LCW who participated were an average of 41 years of age (range=26-62), and the majority identified as heterosexual (89.5%), completed at least some high school (65%), were employed (full or part-time) (68.4%), had an annual income of \$20,000 or less (70.6%), and had some form of insurance (80%). In addition, the majority reported that they were “not at all” or only “slightly concerned” about HIV (75%). The majority also “knew nothing at all” about PrEP before participating in the session (60%), and all of the women (100 %) were unaware of PlushCare prior to the session.

Table 5: Participant Demographic Information, Concern about HIV, Awareness of PrEP and PlushCare prior to Information Session (N=20)

Characteristic		N (%) or M, Range, SD
Age (in years)		M=41, Range=26-62, SD=7.7
Language of Interview		
	Spanish	15 (75.0)
	English	5 (25.0)
Sexual Orientation (n=19) ¹		
	Straight/heterosexual	17 (89.5)
	Bisexual	1 (5.3)
	Don't know/not sure	1 (5.3)
Relationship Status (n=19) ¹		
	Single and not dating anyone special	4 (21.1)
	Partnered or married in a closed relationship	9 (47.4)
	Dating someone in a closed relationship	3 (15.8)
	Dating someone in an open relationship	2 (10.5)
	Other ²	1 (5.3)
Education Status		
	8 th grade (junior high) or less	3 (15.0)
	Some high school	7 (35.0)
	HS diploma or received GED	6 (30.0)
	Some college, professional, vocational, or trade school	3 (15.0)
	Bachelor's degree	1 (5.0)
Employment Status (n=19) ¹		
	Unemployed	6 (31.6)
	Working full-time	6 (31.6)
	Working part-time	5 (26.3)
	Other ³	2 (10.5)
Income (n=17) ¹		

Table 5: Participant Demographic Information, Concern about HIV, Awareness of PrEP and PlushCare prior to Information Session (N=20)

Characteristic		N (%) or M, Range, SD
	\$0-9,999	8 (47.1)
	\$10,000-19,999	4 (23.5)
	\$20,000-39,999	3 (17.7)
	\$40,000-59,999	1 (5.9)
	\$60,000-99,999	1 (5.9)
Health Insurance		
	Does not have health insurance	4 (20.0)
	Medi-Cal	9 (45.0)
	Private medical insurance or employer-provided insurance	1 (5.0)
	Other insurance ⁴	6 (30.0)
Concern about HIV		
	Not at all concerned	8 (40.0)
	Slightly concerned	7 (35.0)
	Somewhat concerned	3 (15.0)
	Moderately concerned	0 (0.0)
	Extremely concerned	2 (10.0)
Awareness of PrEP prior to Information Session		
	Nothing at all	12 (60.0)
	Only a little	5 (25.0)
	A moderate amount	2 (10.0)
	A lot	1 (5.0)
	A great deal	0 (0.0)
Awareness of PlushCare prior to Information Session (n=18) ¹		
	Nothing at all	18 (100.0)
	Only a little	0 (0.0)
	A moderate amount	0 (0.0)

Table 5: Participant Demographic Information, Concern about HIV, Awareness of PrEP and PlushCare prior to Information Session (N=20)

Characteristic		N (%) or M, Range, SD
	A lot	0 (0.0)
	A great deal	0 (0.0)

¹Only includes participants who answered the questions.

²Other includes “Single” and “sometimes I go out with someone”

³Other includes “Housewife”

Key Highlights from the Qualitative Interviews with LCW

1) The TelePrEP Information Sessions increased knowledge and awareness of PrEP.

As part of the interview, participants consistently reported learning about PrEP for the first time or learning things they did not previously know about PrEP when describing their experience with the Information Sessions. They were also asked a series of assessment questions to test their understanding of PrEP (e.g., “*how long does it take before PrEP starts becoming effective in women?*”), and were generally able to answer these questions correctly:

“One of the things I learned is that you can take that pill daily, just like contraceptive pills... Women need to take it for more than a week to stay protected. It prevents HIV from entering the body in case you are with someone who’s HIV-positive. I like that information because it’s another way you can protect yourself as a woman, as a man.” (Spanish speaker, age 54)

2) LCW viewed the Information Sessions as acceptable and appropriate.

Participants liked the Information Sessions and felt the content was “interesting,” “informative,” and “educational”:

“I liked learning about this medication because I didn’t know it existed. I hadn’t heard of it. It was very informative. There wasn’t anything I didn’t like. I found everything interesting.” (Spanish speaker, age 42)

The health educators providing the sessions were also viewed as knowledgeable and helped the women feel more comfortable having conversations about their sexual health:

“I feel like she [the health educator] was very knowledgeable on the subject, and I just feel like she presented herself in a way where I could ask any questions. I felt comfortable talking to her. I felt like I was in a safe space to talk.” (English speaker, age 34)

Finally, LCW felt the Information Session was relevant to their lives, particularly given the lack of information about PrEP among women:

“We’re women. We’re experimenting with sexual relationships, and we’re in a process where such basic information is needed. To me, that information is very useful.” (Spanish speaker, age 40)

3) LCW generally expressed positive attitudes about PrEP and PlushCare, and could anticipate benefits to their potential use.

Although the majority of participants did not feel they were at sufficient risk to warrant using PrEP, LCW liked knowing that PrEP is available as an option to help protect them from HIV. This was especially important in the event that they experienced a change in their relationship status or HIV risk behaviors:

“I don’t take these measures because I have a stable partner, but just to be safe, gain confidence, and avoid mistakes, you need to take care of yourself when you have several relationships.” (Spanish speaker, age 46)

“Although I don't have a relationship right now, I am interested, and I am concerned about what they explained to us... For me, it is very important to know more about [PrEP] and be able to get the medication because the moment I have a sexual relationship, I know I will be protected in many ways.” (Spanish speaker, age 50)

LCW also discussed the importance of sharing information about PrEP with other people in their families and communities:

“I really liked it [the Information Session] because I found out how to protect myself, and I can tell my daughters how to take care of themselves as well.”
(Spanish speaker, age 46)

Regarding PlushCare, LCW thought the service was time-saving, convenient, and easy to use:

“You don't have to go anywhere. So, if you didn't have a car, you want to save gas or save the trip of not going, it can all be done at home or at work or whatever the case may be. So, I think that would be its convenience.” (English speaker, age 34)

Others felt PlushCare was a good option for women who are not comfortable going into a clinic for HIV services and who expressed concerns about confidentiality:

“The benefit is that you can do it from the comfort of your home without having to go through the embarrassment of going to a clinic where there is a lot of people or being seen on the street entering a certain clinic. I think it's beneficial in terms of confidentiality.” (Spanish speaker, age 36)

4) Recommendations for Tailoring the Information Sessions

LCW participants offered the following recommendations for improving the Information Sessions:

- Provide an option to participate in group sessions.
- Provide additional links, flyers, or brochures to help the women access PrEP.
- Increase the length of the Information Sessions.
- Provide additional information about other sexually transmitted infections affecting LCW, correcting misinformation.
- Provide more visuals and graphics.
- Offer additional support to LCW who are not tech savvy.

Post-Implementation Interviews with Agency Staff

In total, the UCLA team conducted six post-implementation interviews with agency staff from BWW (n=3) and ELAWC (n=3). Interviews with agency staff provided greater context

regarding the implementation of the TelePrEP Information Sessions at each CBO. Key highlights are presented below separately for each agency.

East Los Angeles Women’s Center

Preparation to deliver the TelePrEP Information Sessions

After participating in the TelePrEP Information Session Training with the UCLA team, agency staff at ELAWC felt well-prepared to deliver the TelePrEP Information Sessions. Of note, all staff shared that they were knowledgeable about PrEP prior to the training and discussed PrEP with their clients as part of their routine HIV prevention work. However, none were familiar with PlushCare prior to the training. The staff also found the resources provided by the UCLA team to be very useful (e.g., training slides, Information Session checklist), and reported referencing these resources before and during the Information Sessions. Additionally, agency staff found the meeting with the PlushCare Team to be helpful, sharing that it increased their comfort with referring clients to the service. One recommendation for improving the training was to increase its overall length.

Agency Buy-In

Agency staff reported that everyone at ELAWC was made well-aware of the project and was highly committed to helping them achieve the project aims. They received support from a range of staff members, including their “*extremely responsive and helpful*” senior leadership, therapists, and volunteer staff. This allowed ELAWC to promote the Information Sessions across departments:

“That’s the beauty of here, we kind support each other. Even with when we were doing our sessions, we would send flyers out to our therapists, which they would contribute to their clients. That helped us a lot... we always include each other.”

“From the therapists to the volunteers to staff, everyone was aware of the project in a very informal and formal way, just to make sure that we would not miss any opportunity to let them know so that they themselves could identify and refer those clients that could benefit from participating in this project, in this study.”

Implementation: Recruitment and Experiences Conducting the Information Sessions

Agency staff used a wide range of strategies to recruit LCW clients to participate in the TelePrEP Information Sessions, including email blasts to client lists, social media posts across multiple platforms, working with partner organizations to promote the sessions, and integrating the sessions within their existing HIV health navigation programming. They found that reaching out to clients participating in their existing programming was especially effective for recruitment. One staff member also tried to reach women working in the sex trade through ELAWC's Human Trafficking Department, but noted that it takes a lot of time to establish trust and rapport with these women. Staff did face some challenges with recruitment but were able to work through those difficulties with the support of their supervisor and team members.

Staff shared varying experiences conducting the Information Sessions. Group sessions were thought to be advantageous by helping clients who were more reserved or shy learn from others' questions. However, one staff member believed that client engagement and facilitation was easier during individual sessions:

"What worked really well for me was to do the informational sessions individually, one-on-one via Zoom with the video on. It was extremely helpful. To me, that was actually when I felt that I had more success, and them understanding what PlushCare, more engagement asking questions."

In general, the lack of Spanish-language materials was a challenge for agency staff implementing the Information Sessions. This included not having all the project resources translated to Spanish before the sessions began and a general lack of flyers, pamphlets, and public information about PrEP for cisgender women available in Spanish. Staff also discussed challenges with sharing the resources with clients during the sessions due to technical issues:

"I have to send it by email or taking picture of the flyer, but some women still have a struggle in opening it and seeing the information."

Additionally, staff noted that knowledge and awareness of PrEP as an option for cisgender women varied among their clients who participated in a session. While some women

had no prior knowledge of PrEP, others were familiar with PrEP but assumed it was a strategy used exclusively by gay men:

"...some people just weren't aware it, of what PrEP was. They had no clue or heard of it. Some of the clients who have heard of it, due to the commercials they've seen or the billboards they seen, in their mind, it was like, 'Oh, I didn't know this was for us. I thought it was for the MSM community.' They weren't aware that it's also for cisgender women."

Overall, staff shared that they had positive experiences implementing the TelePrEP Information Sessions and participating in this project:

"I was just very glad that we were picked to be part of this project and that actually this project is being done. Like I said, even when we were doing the regular navigation prior to being involved, it didn't seem like PrEP was very out there for women. I feel like it was lacking, especially cis-gender women. I think this is very important because everybody should be aware of PrEP."

Black Women for Wellness

Preparation to deliver the TelePrEP Information Sessions

After participating in the TelePrEP Information Session training with the UCLA team, agency staff at BWW expressed varied opinions about their level of preparedness to deliver the TelePrEP Information Sessions. For example, one staff member felt very prepared to deliver the sessions while another did not feel prepared at all since she was new to the agency. Some of the recommendations for improving the training included providing more information about recruitment, breaking up the training into several parts to assist with retention of information, and providing a demonstration of how to sign up for the PlushCare app. Of note, two of the staff members who were ultimately assigned to the project did not attend the introductory meeting with PlushCare because they were new employees. The one staff member who did attend the meeting expressed concern about the lack of Black representation with PlushCare (i.e., staff, providers, promotional materials).

Agency Buy-In

A consistent theme that emerged from the interviews with BWW staff was a desire for more communication with senior leadership about the project. A lack of clarity about the project structure and expectations resulted in confusion among staff selected to conduct the Information Sessions, all of whom were newer to the agency:

“... communication was definitely like a big issue for us, as far as all of us starting because we were all brand new, but there had been prior communication. But there wasn't really a connection there.”

Implementation: Recruitment and Experiences Conducting the Information Sessions

Multiple strategies were used to recruit BCW clients to participate in the TelePrEP Information Sessions, which included email blasts, newsletter releases, and social media posts on Facebook and Twitter. Three promotional videos were also created to promote the sessions. One of the strategies that worked best for recruitment was utilizing phone banking at the agency:

“... we weren't sure how much we could collaborate with other parts of our org and stuff like that. So, once we figured out that we could incorporate the phone banking that we do have at our organization, that completely changed our outreach numbers and success in being able to reach out to people.”

However, the agency staff experienced challenges in recruiting BCW to participate in the Information Sessions. For instance, the staff did not have regular contact with BCW clients as a result of the COVID-19 pandemic and were primarily forced to rely on virtual engagement. In addition, many of the women who were contacted to participate in a session either refused outright or did not believe PrEP was necessary for them:

“I think one of the important notes that stuck in my head was like the judgment behind it. It was either like they hang up immediately or they just say no, and they walk away or they wanted me to know that they were ‘clean’ or that they knew all about that. They didn't need it.”

The experience of conducting the Information Sessions also varied depending on a number of factors. For one, Information Sessions that were one-on-one or conducted within

small group settings proved to be most successful, as participants felt they were able to have frank conversations and did not have to censor themselves. It was also helpful when one of the women within the group and/or the health educator herself expressed interest in PrEP, which allowed others to feel more comfortable having conversations about PrEP. However, larger group sessions were not as successful, as the women were much less receptive to the information they received. This is evident in the following example:

“... if we do a larger group one, there might have to be like a pre-session that here's the baseline for HIV, because I was getting questions. I explained how you can be undetectable if you are HIV-positive, but take medication and they were like terrified about that. They were like, ‘Then someone can lie to me about having HIV?’ [...] And it was that like those questions and everyone was just very hostile about learning about the subject at all.”

In general, the agency staff noted that BCW did not have a baseline understanding of PrEP and that much of the resistance to PrEP could be attributed to the highly stigmatized nature of HIV within the Black community. As one staff member suggested, conversations about HIV prevention also tend to be easier among younger populations than they are when talking to women who are older in age:

“It [HIV] was very stigmatized for the Black community... So, it's like, just talking to people about HIV in general when they're older, or, one, a lot of times they don't necessarily feel that it pertains to them, even though it can literally just pertain to anybody, whether you're married or otherwise. But it was definitely easier to talk to younger people about it as opposed to older folks, so when I reach out to people individually they tended to be younger.”

Qualitative Interviews with UCLA Team

While the agency staff were ultimately able to reach and exceed their target numbers for the Information Sessions, they were not able to refer BCW to the qualitative interview opportunity within the limited timeframe of the project. In our follow-up meetings with BWW, the staff provided anecdotal evidence to suggest that their BCW clients did not want to engage with the project beyond the Information Sessions. The multiple hand-offs required to participate

in the interviews and a broader distrust of research may have also contributed to referral challenges.

Conclusion

BLCW have long been underserved by traditional PrEP education and care models. As illustrated by our results, there is a broad lack of information about PrEP and its availability for cisgender women among these populations in LAC. This signals a critical need to explore implementation strategies to improve PrEP awareness and uptake among BLCW. We piloted the TelePrEP Information Sessions to help address this need.

Among LCW, the TelePrEP Information Sessions were very successful in raising awareness and knowledge of PrEP and PlushCare. LCW generally viewed the sessions as acceptable and appropriate, and they expressed positive attitudes about PrEP and PlushCare. Although most LCW who participated did not feel they needed PrEP at this time, they noted several prospective benefits of both PrEP (e.g., prevents HIV, helps you stay in control of your health) and PlushCare (e.g., convenient, time-saving, private) for individuals at-risk for HIV in their community.

Implementation feasibility of the TelePrEP Information Sessions varied considerably across the two agencies. While both agencies experienced challenges with recruitment, the existing HIV prevention programming and high levels of agency buy-in at ELAWC made the implementation feasible and the implementation experience generally positive. For BWW, staff turnover and challenges with communication at their agency made implementation less feasible. Both agencies also found the limited amount of time they engaged with women in the TelePrEP Information Sessions to be a challenge, noting that the populations they serve may require more time and engagement to consider using PrEP or PlushCare. These factors are important considerations for future implementation of the TelePrEP Information Sessions and other PrEP implementation strategies.

As the COVID-19 pandemic threatens to further widen disparities in PrEP uptake, never have the benefits and importance of innovative interventions to expand access to PrEP been more evident. While there will always be a crucial role for in-person medical services, telemedicine services like PlushCare show great promise in offering acceptable and appropriate PrEP services to BLCW. We must continue to explore and scale-up implementation strategies like the

TelePrEP Information Sessions to increase knowledge and awareness of PrEP among BLCW and connect these populations to accessible PrEP services.

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Appendix

Appendix 1: PrEP Navigation Resource Guide

Appendix 2: TelePrEP Information Session Checklist

UCLA TelePrEP Project Resource Guide

How to Access PrEP for HIV Prevention

Where can I go to access pre-exposure prophylaxis (PrEP) for HIV prevention?

There are many different options available for accessing PrEP:

1) TelePrEP

- a. **PlushCare** offers [TelePrEP services](https://plushcare.com/prep-online/) (<https://plushcare.com/prep-online/>) that allow you to access PrEP care from any location using your mobile device or computer. PlushCare is the largest PrEP provider in the U.S. and holds a contract with the California Department of Public Health to provide TelePrEP services at no cost to members of the PrEP Assistance Program (PrEP-AP).



2) Los Angeles County PrEP Centers of Excellence

- a. Los Angeles County has 14 **PrEP Centers of Excellence** that provide PrEP-related medical services for uninsured and underinsured patients and offer health insurance navigation and enrollment assistance.
- b. Find more information about the PrEP Centers of Excellence on the [GetPrEPLA website](http://getprepla.com/centers-of-excellence/) (<http://getprepla.com/centers-of-excellence/>).



3) Your Nearest PrEP Provider

- a. If you have a regular health care provider, you can contact them to learn more about the PrEP services they offer.
- b. To find a PrEP provider near you, visit <https://prelocator.org/>.



How can I pay for PrEP?

PrEP is covered by a wide range of insurance plans and assistance programs!

For help paying for PrEP, check out the options below. Note: Besides Medi-Cal, none of the options listed below are used as a determination for public charge in regards to immigration.

Payment Option	2021 Eligibility Criteria	For More Information
Medi-Cal	Annual income at or below \$17,609 (with higher income cutoffs for larger households) or member of a designated group (e.g., 65 years or older, pregnant, blind, etc.), must legally reside in the U.S.	https://www.medi-cal.ca.gov/ Phone (for LA residents): 866-613-3777 Services available in Spanish.

Payment Option	2021 Eligibility Criteria	For More Information
California PrEP Assistance Program (PrEP-AP)	Not fully covered by a health insurance program (including Medi-Cal), 12 years or older, annual household income at or below \$62,450	https://www.pleasepreme.org/ca-prep-ap Phone: 844-421-7050 Services available in Spanish.
Gilead Advancing Access Program	Uninsured or insurance denies coverage, resident of the US or its territories (social security number not required), annual income between \$17,774 - \$64,400	https://www.gileadadvancingaccess.com/ Phone: 800-226-2056 Services provided only in English; Spanish language interpreters available.
Gilead Copay Coupon Program	Commercially insured or has Medi-Cal with no Part D benefits, resident of the US or its territories (social security number not required)	https://www.gileadadvancingaccess.com/copay-coupon-card Phone: 800-226-2056 Services provided only in English; Spanish language interpreters available.
Ready, Set, PrEP Program	Uninsured, resident of the US or its territories (social security number not required)	https://www.getyourprep.com/ Phone: 855-447-8410 Services provided only in English; Spanish language interpreters available.
Patient Advocate Foundation (PAF)	Commercially insured or has Medi-Cal, resident of the US or its territories (social security number not required), annual income at or below \$51,520	https://copays.org/funds/hiv-aids-and-prevention/ Phone: 800-532-5274 Services available in Spanish.
Patient Access Network (PAN) Foundation	Has Medi-Cal, resident of the US or its territories (social security number not required), annual income at or below \$64,400	https://www.panfoundation.org/disease-funds/hiv-treatment-and-prevention/ Phone: 866-316-7263 Services available in Spanish.
Good Days	Has Medi-Cal, TRICARE, CHAMPVA, or Blue Cross/Blue Shield Federal, resident of the US or its territories (social security number required), annual income at or below \$64,400	https://www.mygooddays.org/ Phone: 877-968-7233 Services available in Spanish.

You may also be eligible for a \$200 credit from the UCLA TelePrEP Project to help you pay for PrEP through PlushCare. Please call the UCLA TelePrEP Project number at 310-794-0229 for more information.

Additional Resources

Information on the Public Charge Rule:

<https://www.uscis.gov/green-card/green-card-processes-and-procedures/public-charge>

Information on the Federal Poverty Level:

<https://aspe.hhs.gov/poverty-guidelines>

Quest Diagnostics Lab Locator:

<https://appointment.questdiagnostics.com/patient/confirmation>

LabCorp Facility Locator:

<https://www.labcorp.com/labs-and-appointments-advanced-search>

PrEP-AP Enrollment Site Locator:

<https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2>

UCLA TelePrEP Project: Information Session Checklist

Please have the following documents ready before each interview:

- UCLA TelePrEP Study Flyer
- PrEP Navigation Resource Sheet
- PlushCare Step-by-Step Tutorial

Find the documents at:

<https://uclahs.box.com/s/o8vxa7mmareaqyxcrj1vdllesw71vl1>

- Step 1: Identify women whom you believe may benefit from PrEP and conduct the TelePrEP Information Session.**
 - If in your interactions with clients you identify women who are sexually active, you should go forward with providing the TelePrEP Information Session.
 - You may choose to initiate the TelePrEP session during these initial conversations or schedule a separate meeting via Zoom to discuss (1) PrEP and (2) PlushCare as an option for accessing PrEP.
 - You may conduct either individual or group information sessions with clients.
 - Inform clients that [agency name] is conducting these information sessions as part of the UCLA TelePrEP Project.
- Step 2: Assess the level of awareness and knowledge about PrEP with each client.**
 - For example, you might ask: “Have you ever heard about Pre-Exposure Prophylaxis or PrEP for HIV prevention?”
 - If they say they have heard about PrEP, ask them to tell you what they know: “So, what do you know about PrEP?”
- Step 3: Provide education and fill-in knowledge gaps about PrEP.**
 - Example statements can include: “PrEP is a medication that can prevent HIV by more than 90% when taken daily (1 pill every day). In order to

maintain your PrEP prescription, you must see a doctor every 3 months and get tested regularly for HIV and sexually transmitted infections.”

- Please note that this is a necessary step even among those who are aware of PrEP. It will also be important to correct any misinformation that may come up.
- Examples of misinformation:
 - PrEP is a “magic pill” that will prevent all STIs
 - PrEP prevents against pregnancy
 - PrEP takes 7 days (or a week) to become effective in women

Step 4: Discuss the benefits of PrEP with your clients.

- For example, you might say: “There are some real advantages to using PrEP. For example, it may help reduce any fear, stress, or anxiety you have when having sex, particularly if you are concerned about getting HIV.”
- You might also say: “PrEP might also be a good option if you have difficulty talking to your partner or don’t know your partner’s HIV status.”
- At this point, you may ask the client if they are interested in using PrEP. If a client expresses interest in PrEP, proceed to step 5.
 - If a client does not express interest in PrEP, proceed to steps 8-10 to conclude the session.
 - Make sure to note this in the client engagement log and document the reason why once the information session has ended.

Step 5: Assess the level of awareness and knowledge about PlushCare for accessing PrEP with clients.

- Begin by transitioning from the conversation from PrEP: “Now that we have discussed PrEP, I want to talk through some of the different options you have for accessing the medication. For example, have you ever heard of the online service called PlushCare?”
- If they say they have heard about PlushCare, ask them to tell you what they know: “So, what do you know about PlushCare?”

□ **Step 6: Provide education and fill-in any knowledge gaps about using PlushCare for PrEP.**

- For example, you might say: “PlushCare is an app-based service you can use to access PrEP. You are able to schedule a virtual visit with a physician to see if you are eligible for PrEP, complete regular testing for HIV and other sexually transmitted infections at a participating Quest Diagnostics/LabCorp facility or in the privacy of your home [Tentative start date: February, 2021], and have the medication delivered directly to an address of your choosing.”
 - To find a Quest Diagnostics lab near you, visit the following link: <https://appointment.questdiagnostics.com/patient/confirmation>
 - To find a LabCorp facility near you, visit the following link: <https://www.labcorp.com/labs-and-appointments-advanced-search>
- It will also be important to correct any misinformation that may come up about PlushCare.
 - Examples of misinformation include the belief that PlushCare can only be accessed as a subscription service that clients will have to pay for monthly.

□ **Step 7: Discuss the advantages of using PlushCare to access PrEP.**

- For example, you might say: “There are some real advantages to using PlushCare to access PrEP. For example, PlushCare is a good option for women who want to use PrEP but are working multiple jobs or caring for children or loved ones, and don’t have the time to see a doctor in-person every three months.”
- You might also say: “PlushCare is also a good option for women who do not want to go to a local clinic where they may be recognized by peers or family members.”

□ **Step 8: Provide the link to the UCLA TelePrEP Study Flyer to ALL clients who participated in the information sessions.**

- Here is some language you might use: "As part of this project, UCLA is conducting interviews with clients who participated in an information session. If you are interested in participating, call the number on the

study flyer. You will receive a \$50 e-gift card for completing the interview.”

□ **Step 9: Provide the PrEP Navigation Resource Sheet to assist clients with accessing and paying for PrEP.**

- This should be provided to ALL clients who participate in the information session.
- *Accessing PrEP*
 - You should first note that PlushCare is an option for accessing PrEP remotely/from the privacy of their own home.
 - You may then direct clients to the other options for accessing PrEP listed on the resource sheet.
- *Paying for PrEP*
- You should first direct clients to information about the California PrEP Assistance Program (PrEP-AP).
 - Clients can sign up for PrEP-AP either by calling an enrollment worker through the PrEP-AP Call Center (844-421-7050) or by scheduling an appointment at one of the enrollment sites (see: PrEP- AP enrollment site tracker).
 - Note: Some enrollment sites have switched to virtual visits. Instruct clients to call the site ahead of time to see if they can apply remotely or if they have to schedule an in-person visit.
 - You may then direct clients to the other medication assistance programs listed on the resource sheet that they may apply for.
 - This includes the \$200 credit available through the UCLA TelePrEP Study to all clients who use PlushCare to access PrEP.
 - The \$200 credit can be used for PrEP-related medical appointments (consultation fee or co-pay) and lab tests.
- At this point, you may ask the client if they are interested in using PlushCare to access PrEP.
 - If the client is interested in using PlushCare, proceed to step 10.
 - If the client is not interested in using PlushCare, they may contact the project staff in the future at (310) 794-0229 to access the \$200 credit.

- **Step 10: Provide PlushCare step-by-step tutorial and agency project code.**
 - If a client has expressed interest in using PlushCare to access PrEP, you may choose to walk her through downloading the application on their mobile device and/or signing up for an account online. These instructions are also outlined in the PlushCare step-by-step tutorial, which is made available in both video and PDF format.
 - Clients can download the PlushCare app through the app store on their Android or Smartphone. They may also sign up with PlushCare through their web browser.
 - Provide an assigned agency project code to the client and instruct them to enter the code when providing payment information on PlushCare to redeem the \$200 credit. You can choose to email or text the project code to the client.
 - When discussing the project code, you might say: “If you decide to use PlushCare for PrEP, you can use your assigned project code to access the \$200 credit available through the study. Please provide the project code when you enter your payment information.”
 - You might also say: “The purpose of the project code is to get a group snapshot of women who access PlushCare after completing an information session with our agency. For example, this can include the number of women who access PlushCare for PrEP, receive a prescription, and complete follow-up visits. All data will be anonymous.”
 - **If you or a client has questions about the PlushCare application or how to pay for PrEP services through PlushCare, please contact the PlushCare Navigation Team at 800-221-5140 or prepap@plushcare.com.**

- **Step 11: Complete the client engagement log after each session.**
 - Find blank logs in the UCLA Box.
 - Make sure to include the following information:
 - Session type (individual or group session)
 - # BLCW participating in the TelePrEP information session
 - Approximate time spent talking about PrEP and PlushCare (in minutes)

- # BLCW interested in PrEP
- # BLCW interested in using PlushCare for PrEP
- Any relevant notes or significant information about the session.
- Upload completed logs in the ELAWC folder or BWW folder at the end of each month.