

2022

PrEP Three-Year Pilot Program Report





INTRODUCTION

On April 25, 2019, House Bill (HB) 290 was enacted, which amended Chapter 17A of Title 31 of the Official Code of Georgia Annotated (O.C.G.A.), relating to control of human immunodeficiency virus (HIV). HB 290 required the Georgia Department of Public Health (DPH) to establish a three-year pilot program to provide preexposure prophylaxis (PrEP) drug assistance to individuals at risk of being infected with HIV. DPH selected the Northwest Health District (District 1-1) and North Health District (District 2) to participate in the pilot program due to Haralson County (District 1-1) and Towns County (District 2) being identified by the Centers for Disease Control and Prevention (CDC) as at risk of outbreaks of HIV as a result of a high rate of opioid related use. HB 290 required DPH to submit a detailed written report on the implementation and effectiveness of the pilot program and recommendations for expanding the pilot program statewide. In addition to these legislative requirements, the following report also includes background on the status of HIV and PrEP in Georgia.

BACKGROUND

The number of people living with HIV (PLWH) in Georgia has increased over time, reaching approximately 58,600 as of the end of 2019. Although the annual number of new HIV diagnoses has declined in Georgia since 2010, the state continues to have one of the highest rates in the United States of new diagnoses of HIV infection among adults and adolescents. Some of the highest rates of new HIV diagnoses in Georgia have been concentrated among young Black and Hispanic men who have sex with men (MSM).

PrEP is a medication that is used by HIV-negative individuals to prevent HIV. When used as prescribed, PrEP is almost 99 percent effective in preventing transmission through sexual contact. Individuals taking PrEP should receive HIV testing every 3 months to ensure they remain HIV-negative.

A multi-level approach is needed to address the overwhelming need for improved access to PrEP and other HIV prevention services. As early as 2015, county health departments and other community public health clinics began establishing PrEP clinics across Georgia to assist individuals, at high risk of HIV transmission, access PrEP medications through insurance coverage or pharmaceutical company patient assistance programs. Factors that affect PrEP utilization and retention include structural factors such as cost and access to services for clinic visits and laboratory monitoring; social factors such as stigma and relationship status; behavioral factors including sexual risk behaviors; and clinical factors such as perceived and actual medication side effects.¹

As part of its HIV prevention strategy, DPH has sought to increase public awareness of PrEP and its role in preventing HIV. Additionally, DPH has sought to promote education about PrEP to individuals in communities that are most vulnerable to acquiring HIV, including sexually active adult MSM, adult heterosexually active men and women, and people who inject drugs (PWID).

¹ Skovdal, Mortel. Facilitating engagement with PrEP and other HIV prevention technologies through practice-based combination prevention. *JIAS*, 22, S4, (2019).

Passed in the 2019 session of the Georgia General Assembly, HB 290 enabled the appropriation of state funds to DPH, for a three-year pilot program to expand access and utilization of PrEP. In total, this pilot program has been appropriated \$188,710 (SFY 2021: \$57,351; SFY 2022: \$85,650; and SFY 2023: \$45,709). This legislation was funded based upon estimates from the Fiscal Note to LC 33 7549. Prior to 2019, 4 of the 18 Public Health Districts had a PrEP clinic in at least one county health department (See Map). HB 290 became effective upon appropriation on July 1, 2020. At that time DPH selected District 1-1 (Rome) and District 2 (Gainesville) to participate in this pilot program. Both Districts were selected based on a 2015 CDC report identifying Towns and Haralson counties, as vulnerable to HIV/HCV outbreaks due to high rates of PWID, and as locations without existing PrEP clinics.

PrEP Pilot Program Goals and Objectives

1. Increase Comprehensive Prevention Service Integration including expanding PrEP screening and HIV/STI infection testing
2. Increase PrEP Awareness and Education
3. Increase PrEP Access and Uptake



PILOT IMPLEMENTATION

Objectives included establishing or maintaining a PrEP clinic within a county health department or alternative setting, and participating districts were required to implement at least one of the following deliverables throughout the duration of the PrEP pilot program:

1. Establish partnerships with local providers to advance expanded access and uptake of PrEP.
2. Support costs associated with PrEP utilization that may include personnel, essential support services, case management, diagnostic and/or lab testing required for PrEP initiation, monitoring, and maintenance.
3. Conduct community mobilization and marketing activities to increase awareness of PrEP among individuals at greatest risk for HIV. Marketing efforts could include web and mobile advertising as well as print, broadcast, and outdoor media.
4. Provide education and technical assistance (TA) to local healthcare providers to increase awareness and access to PrEP.

An assessment of the staffing needs and capacity of each location resulted in varying implementation timelines and outcome goals between the two funded health districts. Year One (July 1, 2020 – June 30, 2021) was designated a planning year during which data was reviewed to identify pilot sites, explore current PrEP efforts, develop workplans, and begin reporting metrics. At the start of Year One, sites assessed local PrEP availability within their community and staff capacity.

Implementation for the two target counties for the PrEP pilot program is addressed below.

NORTHWEST HEALTH DISTRICT (DISTRICT 1-1)

Year One (July 1, 2020 – June 30, 2021)

In Year One, District 1-1 assessed clinical capacity to support provision of PrEP services at the Haralson County Health Department. Nursing and administrative staff at the health department received training and technical assistance for PrEP intake, enrollment, and insurance documentation.

The implementation plan for District 1-1 outlined development of partnerships to increase engagement via social media and outreach to better address challenges with PrEP uptake. The district aimed to increase regular screening for PrEP in its Family Planning and STI clinics while also increasing HIV testing. PrEP screening occurs in tandem with HIV testing and includes a series of clinical and behavior-based questions to determine if a patient may benefit from PrEP. DPH's HIV testing protocol includes referral and/or linkage to additional clinical and supportive services as appropriate (e.g., STI testing and treatment).

District 1-1 expanded technical assistance by offering capacity building trainings on PrEP intake, enrollment and insurance documentation to all nurses throughout the district. These trainings were facilitated during quarterly district-wide meetings for the purpose of expanding PrEP services. In addition, ongoing planning efforts focused primarily on expanding PrEP services to Polk and Paulding counties.

Year Two and Year Three (July 1, 2021 – Present)

By Year Two, District 1-1 began implementation of PrEP services within their Haralson County Health Department. Later in Year Two, PrEP services were made available in Polk and Paulding Counties. The health district continued outreach activities and events for HIV awareness and conducted monthly PrEP education

sessions for clients at Highland Rivers Behavioral Health, a local mental health and substance abuse treatment provider located in Northwest Georgia. By the end of the pilot, PrEP screening services were available in all county health departments.

The district hired a customer service representative (CSR) to work in the Floyd County Health Department but able to travel to the other counties, as necessary, to provide information and services for HIV/STI testing, PrEP, and viral hepatitis. The individual hired as the CSR resigned after two months, and the position currently remains vacant. HIV Prevention Program staff have supported by non-PrEP pilot funding sources currently cover the duties of the CSR. New staff come into the HIV Prevention Program and received PrEP training as a part of the required HIV Counseling and Testing Training curriculum.

District 1-1 continues to explore opportunities to raise awareness and increase site traffic at Haralson County for HIV testing, screening for PrEP, and distributing condoms and other safer sex supplies. During the first two years of implementation, the staff partnered with Henry J. Kaiser Family Foundation to develop and place an Ending the Epidemic Awareness Campaign in Northwest Georgia to increase knowledge and understanding of HIV/AIDS, confront stigma and promote awareness and uptake of PrEP.

The campaign ran from November 1, 2021—February 12, 2022, and included radio and digital ads (post/videos/banners) on social media platforms to reach priority populations. The campaign media placements, messages, and community outreach were tailored to the needs of the specific county communities with local tags and referrals. Plans are being developed to resume the campaign in early 2023.

NORTH HEALTH DISTRICT (DISTRICT 2-0)

Year One

In Year One, District 2 planned to increase awareness of and implement PrEP services in Towns and Hall counties. The health district established two memorandums of agreement (MOUs) with Brenau University (Hall County) and the Towns County Department of Community Supervision to assist with outreach and community awareness activities.

Local advertising efforts highlighted PrEP along with condom use and routine HIV testing using combined internet-based, and peer delivered campaigns. Social media, radio, billboard, and advertisements on other websites focused on stigma reduction and PrEP education.

Outreach events were hosted to increase community engagement including PrEP “Open Houses” at the Towns County Health Department and the Hall County Health Department as well as participation in local health fairs and community mobilization activities.

Health department staff participated in quarterly capacity building trainings to increase the skills and ability to conduct PrEP assessments among individuals accessing routine clinical services. These trainings used the CDC’s ***Stigma Language Guide*** to better prepare staff on effective ways to have conversations about HIV with their clients while avoiding stigma asserting verbiage.

Years Two and Three

Year Two activities in District 2 included continued capacity building, stigma reducing media campaigns, staff technical assistance for improved service delivery, and modeling ways of initiating conversations with clients about PrEP.

Activities include:

- Expanded STI screenings with PrEP integration
- Increased access to PrEP for rural counties in District 2
- Strategies for specifically targeting individuals who will benefit most from PrEP

District 2 continued to enhance the capacity of the PrEP clinics by initiating services in Forsyth County Health Department in November 2022 and Towns County Health Department in December 2022. Nursing and administrative staff at these two health departments received training and technical assistance for PrEP intake, enrollment, and insurance documentation. District 2 will continue to provide training and technical assistance to all nurses throughout the district during quarterly meetings, with the purpose of ultimately expanding PrEP services to all thirteen county health departments within the district. District 2 is now fully staffed with an HIV Prevention/PrEP Coordinator, Infectious Disease/PrEP Nurse Supervisor, and PrEP Administrative Assistant who will oversee the district's efforts to increase PrEP awareness, access, and uptake. The salary of the PrEP administrative assistant was supported by the PrEP pilot project funds while the other positions were supported by federal and county funds.

To increase PrEP awareness, District 2 placed a billboard on Dawsonville Highway in Gainesville, Georgia with an estimated 113,635 views per week. They also implemented a **PrEP With Us!** campaign to advertise openings of local county health department PrEP clinics on various social media platforms.

District 2 also provided condoms and other safer sex supplies to all clients tested for HIV in their Towns, and Forsyth County Health Departments. The district partnered with Hispanic Alliance, Brenau University, Young Harris College, University of North Georgia, Good News at Noon Shelter Ministries, and Piedmont College LGBTQ Alliance to provide HIV testing and PrEP education, screenings, and referrals. These activities were primarily supported by federal funds; however, a portion of PrEP pilot project funds (approximately 15%) were used to augment these activities.

District 2 also partnered with the University of Pennsylvania (UPenn) to disseminate 40 ads reaching over 24 North Georgia zip codes using a the social-media-posting application, ARMT_HIV (America Regional Messages Targeting HIV). These messages were posted weekly with a focus on the dissemination of messages that promote HIV testing, treatment, and prevention among MSM and other at-risk populations.



SUMMARY OF OUTCOMES

District 1-1

- Established a PrEP Clinic at Haralson County Health Department.
- Expanded PrEP screening services to all county health departments in District 1-1.
- Implemented a targeted marketing campaign partnership with Kaiser Family Foundation (KFF), and monthly PrEP education sessions at Highland Rivers, a local mental health and substance abuse treatment facility to increase PrEP awareness.
- 100% (843 of 843) of clients tested for HIV were offered condoms and safer sex supplies.
- 84% (701 of 839) of clients identified as HIV negative with recent high-risk behavior were screened for PrEP, and 71% (592 of 839) were provided co-infection screening services within 30 days of a negative HIV test result.
- Of the 701 clients screened for PrEP, 134 were eligible for PrEP, 23 were referred to a PrEP provider, 15 were linked to a PrEP provider and 1 was prescribed PrEP.

District 2

- Established two satellite PrEP clinics at Towns and Forsyth County Health Departments.
- Implemented targeted marketing campaigns and partnerships with University of Pennsylvania (UPenn), Hispanic Alliance, Brenau University, Young Harris College, University of North Georgia, Good News at Noon, and Piedmont College LGBTQ Alliance to increase PrEP awareness.
- 100% (1,052 of 1,052) of clients tested for HIV were offered condoms and safer sex supplies.
- 81% (851 of 1,047) of clients identified as HIV negative with recent high-risk behavior were screened for PrEP, and 98% (1,025 of 1,047) were provided co-infection screening services within 30 days of a negative HIV test result.
- Of the 851 clients screened for PrEP, 626 were eligible for PrEP, 104 were referred to a PrEP provider, 81 were linked to a PrEP provider and 14 were prescribed PrEP.

HB 290 PROGRAM OUTCOMES

PREP ACCESS AND UPTAKE:²

District 1-1 and District 2 sought to establish at least one new PrEP clinic in a county health department during the pilot program. In Year One, District 2 had one PrEP clinic housed in Hall County Health Department. By Year Two the district established a satellite PrEP clinic in Towns County Health Department, and another in Forsyth County Health Department. In Year Two, District 1-1 established a PrEP clinic at Haralson County Health Department. By the end of the pilot program, PrEP screening services were available in all District 1-1 county health departments.

² Establish or maintain a PrEP clinic within a county health department or alternative setting.

From July 2021 to September 2022, 1,895 HIV tests were performed in District 1-1 and District 2, of which 1,886 (99.5%) were negative (Table 1). Of the 1,886 persons with negative tests, 1,552 (82%) were screened for PrEP eligibility, and of those 1,552, 760 (49%) were eligible for PrEP. All individuals who were eligible for PrEP were offered a referral to a PrEP provider; however, only 127 (17%) accepted the referral while 633 (83%) declined the referral. Of those 127 persons, 96 (67%) were linked to a provider. Of those 96 linked to a provider, 15 (16%) were prescribed PrEP. All who were prescribed PrEP received it within 30 days of the negative HIV test result.

Table 1: HB 290 HIV Testing, PrEP Screening, Referral, Linkage, and Prescription—July 2021 through September 2022

	District 1-1	District 2	Total
HIV Tests Performed	843	1,052	1,895
HIV Negative Tests	839	1,047	1,886
Screened for PrEP	701	851	1,552
Eligible for PrEP	134	626	760
Referred to PrEP Provider	23	104	127
Declined PrEP Linkage	111	522	633
Linked to a PrEP Provider	15	81	96
Prescribed PrEP	1	14	15

COMPREHENSIVE PREVENTION SERVICE INTEGRATION:³

Preventing HIV requires implementation of multiple strategies including HIV testing for at risk populations, distributing condoms and safer sex supplies, and referrals to testing for other STIs and hepatitis, and increasing uptake of PrEP. In addition to promoting PrEP, activities in the pilot program included efforts to link clients with these other prevention services.

From July 1, 2021, to September 30, 2022, Districts 1-1 and 2 conducted 1,895 HIV tests; 843 were conducted at District 1-1 sites and 1,052 were conducted at District 2 sites. Of the 843 tests in District 1-1, testing was most frequently performed in Non-Hispanic Whites (375 or 44.5%), women (603 or 71.5%), and those 35 years and older (353 or 41.8%). Of the 1,052 tests in District 2, testing was most frequently performed in Hispanics (474 or 45.1%), women (764 or 72.6%), and those 25-35 years old (444 or 42.2%). High Risk Heterosexuals accounted for the largest priority population tested in both districts (79% 664/843 in District 1-1 and 65% 683/1,052 in District 2). PWID accounted for less than 3% (55 of 1,895) of the population reached by testing activities. These findings are consistent with the populations that utilize health department services in Districts 1-1 and 2.

All 1,895 clients testing for HIV were also offered condoms and safer sex supplies. 85% or 1,617 of these HIV tests were conducted concurrently with an STD (syphilis, gonorrhea, or chlamydia) or hepatitis C test. Nine of

³ By December 31, 2022, ensure that at least 85% of clients screened for PrEP offered condoms and safer sex supplies. By December 31, 2022, ensure that 85% of clients identified as HIV negative with recent high-risk behavior are referred to HIV prevention and other screening services within 30 days of a negative HIV test result.

1,895 HIV tests conducted were reactive for a positivity rate of 0.5%. Of the 1,886 people with negative test results, 82% or 1,552 had PrEP eligibility screening.

PREP AWARENESS:⁴

District 1-1 and District 2 implemented marketing campaigns, partnerships, and education sessions to promote PrEP awareness throughout their communities. Between July and December of 2021, Districts 1-1 and 2 created 18 posts or ads across four social media platforms resulting in almost 1,010,000 views (Table 2). They also used local radio ads, billboards, and flyers to increase awareness of PrEP among individuals at greatest risk for HIV (Table 3).

Table 2: HB 290 Social Media Campaigns, Views, and Ads/Posts—July-December 2021

	Views	Ads/Posts
Facebook/Instagram	93,464	12
Google Display Network	337,653	2
Grindr	525,352	2
YouTube	51,829	2

Table 3: HB 290 Media and Marketing Categories, Impact, and Coverage Area—July- December 2021

	Local Radio	Billboard/Transit	Flyer
Ads or Placement	8	1	8
Airs, Impressions or Distributions	380	113,635	2,150
Zip Codes Covered	0	6	6

Between November 1, 2021 – February 21, 2022, District 1-1 partnered with Kaiser Family Foundation to place **Let’s Get Tested** and **Let’s Talk About PrEP!** sponsored posts/banner ads/videos on Google Display Network (GDN) and YouTube to reach priority audiences in Haralson County. This campaign resulted in 365,000 impressions, reaching almost 95,000 viewers, resulting in almost 44,000 video views and almost 2,000 clicks to online informational resources. Between January and March 2022, District 2 partnered with UPenn to disseminate 40 Facebook, Instagram and Twitter messages reaching over 24 zip codes within the district using the social-media-posting application, ARMT_HIV. The messages were posted to their social media platforms weekly with added district information.

According to data obtained in EvaluationWeb®⁵ from all HIV testing locations (includes HB 290 pilot sites and other testing locations in the districts) in District 1-1 and District 2, 3,879 persons presented for testing during July 1, 2020 - June 30, 2021 (SFY 2021) and 4,421 persons presented for testing during July 1, 2021 - June 30, 2022 (SFY 2022). Among those clients presenting to any testing location in District 1-1 or District 2, 19.7% (764/3,879) were aware of PrEP in SFY 2021 compared with 20.8% (918/4,421) in SFY 2022. The number of clients recently or currently using PrEP at any testing location in District 1-1 or District 2 increased from 41 in SFY 2021 to 101 in SFY 2022.

⁴ Conduct marketing activities to increase awareness of PrEP among individuals at greatest risk for HIV. Marketing efforts can include web and mobile advertising as well as print, broadcast, and outdoor media.

⁵ EvaluationWeb® is an online data collection and reporting system specifically for CDC-funded HIV testing and prevention activities.



CHALLENGES

COVID-19

Initial program implementation occurred during the height of the COVID-19 pandemic. Response efforts required that an already short supply of public health staff be re-deployed from core public health work to support pandemic response, which affected program implementation. Additionally, disruptions associated with the COVID-19 pandemic including shelter in place recommendations, reductions in clinic hours and decreased demand of clients seeking PrEP resulted in limited programmatic success in increasing PrEP uptake.

Stigma

While advances have occurred with both HIV treatment and prevention services in the state of Georgia, stigma continues to be a barrier to service delivery. People included in those groups face stigma such as MSM and PWIDs, may have concerns about being negatively judged if they seek preventive services such as PrEP. This is especially the case in small rural communities where this pilot program was implemented.

Wraparound Services

A primary challenge for patients seeking PrEP in public health clinics is the lack of access to regular care services. Staffing, access to regular clinic visits, and laboratory costs associated with medication monitoring contribute to this challenge.

Knowledge Gaps

Despite efforts to increase education about and awareness of PrEP, knowledge gaps about PrEP continue to persist. Increasing uptake will require additional efforts to enhance education on the indications and eligibility for PrEP, medication side effects, and information on the accessibility including through patient assistance programs for those without insurance.

Awareness

The impetus for HB 290 appears to be a 2015 CDC study that identified counties as vulnerable to HIV outbreaks among people who inject drugs – primarily in rural areas. National studies have shown that PrEP awareness is lower among the general public and health care providers in rural areas than in urban areas. Additionally, awareness of eligibility for PrEP is suboptimal among people who inject drugs, particularly among those living in rural areas. While efforts are being made to improve patient and provider knowledge of PrEP, overcoming these barriers requires ongoing engagement.

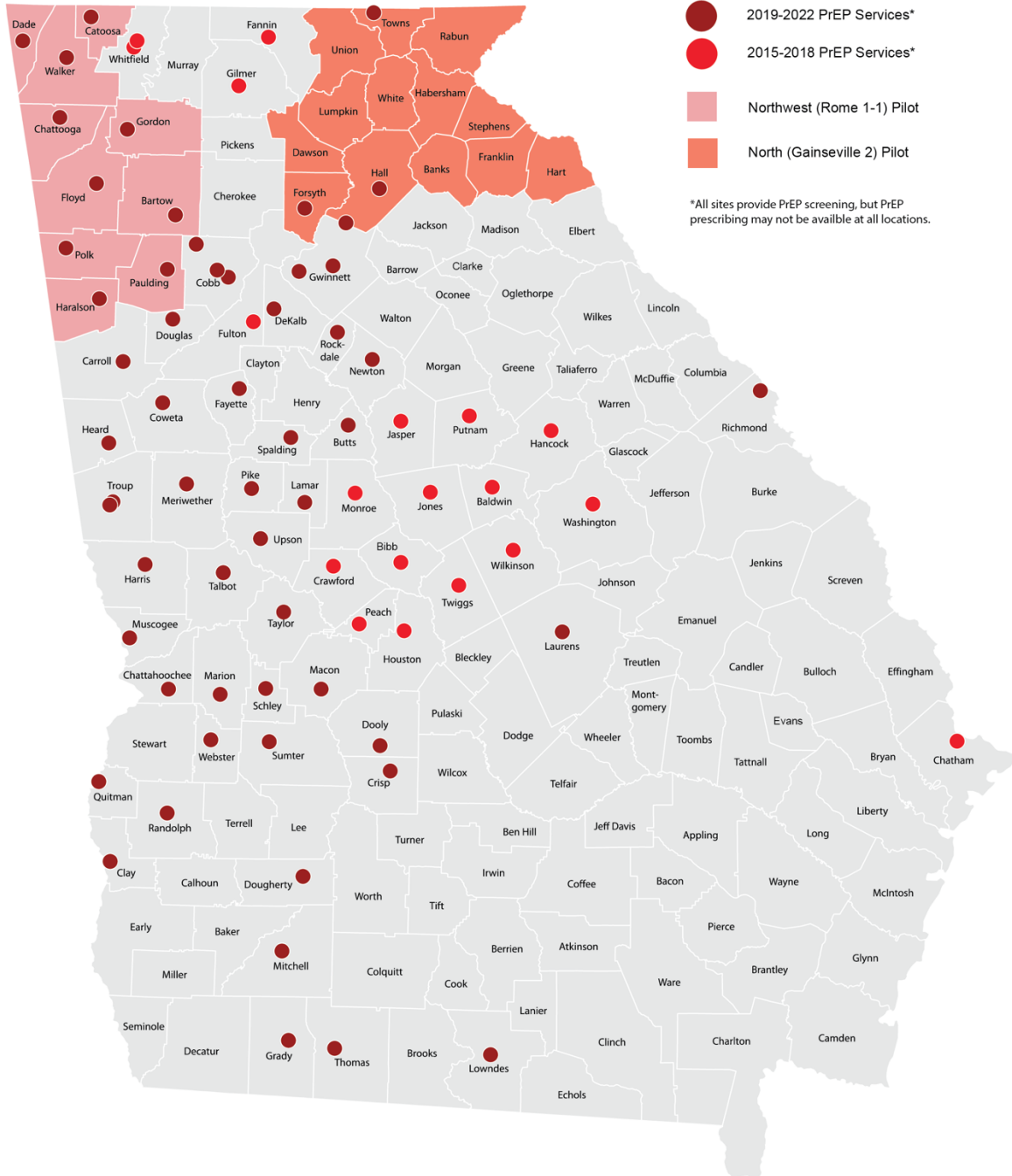


RECOMMENDATIONS

- Based on the results and the challenges cited in this report, the approach used in the pilot program is not sufficient for expanding PrEP services in Georgia.
- The capacity of our public health infrastructure to fully address service gaps within our communities should include the continuation/reconfiguration of state funded PrEP programs and should specifically include support for staffing/wraparound services and laboratory testing costs.
- While the fiscal note suggested that only HIV/STI testing costs will be incurred, our experience with PrEP programs in other public health districts demonstrates that in addition to HIV/STI testing, dedicated staff and targeted communications/marketing materials are required for sustained PrEP uptake and connection to wraparound services.⁶
- Conduct a survey of government and non-government providers that are currently succeeding with providing PrEP services to their populations, including the use of different funding mechanisms such as 340B, and provide support to those providers that are able to expand those services to other areas of the state with gaps in PrEP coverage.
- Although health departments can serve as a venue for individuals to access PrEP, populations most in need of PrEP may not regularly access other health department services. Supporting partnerships with organizations that serve those populations may be able to augment DPH's ability to increase access to and uptake of PrEP.
- Evaluate incentives for encouraging medical providers to discuss and recommend PrEP to patients meeting eligibility criteria.

⁶ For example, PrEP navigators are needed so PrEP clients can be connected to traditional HIV prevention services, including the distribution of safer sex supplies, prevention counseling services, etc. Additionally, an Advanced Practice Registered Nurse, who is assigned solely to PrEP would ensure quick intake appointments, rapid provision of the first prescription, and connection to a PrEP navigator.

DPH PrEP Service Locations and Pilot Districts





GEORGIA DEPARTMENT OF PUBLIC HEALTH