

# PrEP and PEP PUBLIC HEALTH DETAILING CAMPAIGN FOR CISGENDER AND TRANSGENDER WOMEN



[Evidence-Informed for the Pre-Exposure Prophylaxis Chapter](#)  
[Evidence-Informed for the Structural Interventions Chapter](#)

## POPULATION

- Healthcare providers serving cisgender and transgender women

## KEY INTERVENTION EFFECTS

- Increased PrEP prescriptions

## BRIEF DESCRIPTION

The **PrEP and PEP Public Health Detailing Campaign for Cisgender and Transgender Women** is directed towards healthcare providers whose patients include cisgender and transgender women who could potentially benefit from prescribed PrEP and/or PEP, to promote PrEP and post-exposure prophylaxis (PEP) and includes:

- Public Health Detailing consisting of 1-on-1, in-person visits with prescribing providers at select practices to promote key messages such as taking thorough sexual histories, routinely screening and treating cisgender and transgender women for sexually transmitted infections and discussing and prescribing PrEP and PEP.
- Action kits including clinical tools, provider resources, and patient education materials to help providers address knowledge gaps and practice needs on providing PrEP and PEP to cisgender and transgender women and help patients make informed decisions about PrEP and PEP.

**DURATION:** Two 10-minute visits on average (4-6 weeks apart)

**SETTING:** Healthcare practices serving cisgender and transgender women with risk factors for HIV (New York, NY)

**STUDY YEARS:** May – November 2019

**STUDY DESIGN:** One-group pre/post

**DELIVERERS:** Trained health department representatives

**DELIVERY METHODS:** Discussion, Presentation

## STUDY SAMPLE

The baseline study sample of 1,348 providers was characterized by the following:

- 80% medical doctors/doctors of osteopathic medicine,
- 17% nurse practitioners/physician assistants, 2% midwives, 1% providers with other training
- 47% primary care providers, 30% women's health providers, 7% adolescent health providers, 4% HIV-infectious disease providers, 12% other providers
- 57% never prescribed PrEP, 43% ever prescribed PrEP prior to start of the campaign

## STRUCTURAL COMPONENTS

Access – PrEP and PEP

- Increased access to HIV prophylaxis for cisgender and transgender women who may benefit from prescribed PrEP and/or PEP

### Capacity Building – Training staff

- Educated healthcare providers on PrEP and PEP prescription

### KEY INTERVENTION EFFECTS (see **Primary Study** for all outcomes)

- A higher percentage of study participants reported ever prescribing PrEP to cisgender and transgender women at 4-6 weeks post-intervention than at baseline (51% vs. 39%,  $p < 0.0001$ ).
  - In subgroup analyses of PrEP prescribing by provider specialty,\* a higher percentage of study participants reported ever prescribing PrEP to cisgender and transgender women at 4-6 weeks post-intervention than at baseline, respectively
    - Primary care providers (57% vs. 44%,  $p < 0.01$ )
    - Women’s health providers (52% vs. 38%,  $p < 0.01$ )
    - Adolescent health providers (24% vs. 18%,  $p < 0.01$ )

\*No change was seen among HIV/infectious disease providers (79% vs. 79%)

### CONSIDERATIONS

- The Public Health Detailing Campaign reached over 800 practices and 1,300 cisgender and transgender women’s health providers within a 6-month period.

### ADVERSE EVENTS

- The author did not report adverse events.

### FUNDING

- National Center for HIV/ AIDS, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Prevention of the Centers for Disease Control and Prevention (PS 18-1802)
- New York State/New York City Ending the Epidemic Funds

### PRIMARY STUDY

Wahnich, A., Gandhi, A. D., Cleghorn, E., Estacio, K., Blackstock, O. J., Myers, J. E., Abraham, B., & Edelstein, Z. R. (2021). [Public health detailing to promote HIV pre- and postexposure prophylaxis among women’s healthcare providers in New York City](#). *American Journal of Preventive Medicine*, 61(5 Suppl. 1), S98-S107. doi: <https://doi.org/10.1016/j.amepre.2021.05.032>

**PLEASE CONTACT STUDY AUTHOR FOR TRAINING AND INTERVENTION MATERIALS.**

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