Background
In the U.S., uptake of pre-exposure prophylaxis (PrEP) for HIV prevention has been low among young, white men in urban centers where access to PrEP is fostered by convenient and attractive clinical services supported by benefits navigation. Overall uptake of PrEP is lower than the CDC's estimated 1.1 million U.S. adults who could benefit, with an estimated 98,732 having started PrEP by the end of 2016.

Reasons for not using PrEP include:
- lack of PrEP awareness
- denial of HIV risk
- fear of high costs associated with PrEP care
- fear of high costs associated with PrEP care
- concerns about side effects
- provider lack of knowledge/experience
- provider judgment (real and perceived)
- HIV-related stigma (real and perceived)

HIV-prevention education and health benefits navigation are essential to ensure potential PrEP and PEP (post-exposure prophylaxis) users can access insurance coverage, state and local government PrEP services, and industry-sponsored services.

PleasePrEPMe Global is a worldwide directory of PrEP providers.

PleasePrEPMe:Directory responds to frequently asked questions with links to HIV-prevention resources including those in PleasePrEPMe:Resources, and support uninsured, and underserved visitors with benefits navigation. Hours of operation are Monday–Friday, 9 a.m.–5 p.m. Pacific Time.

Quality assurance protocols ensure high levels of clinical accuracy and customer service throughout the process. Through follow-up surveys to those visitors who supplied email addresses, barriers to PrEP and PEP access are assessed (Figure 3).

Conclusions & Next Steps
An online sexual health coaching model is successful at reaching a range of individuals, from those not already engaged in HIV-prevention care, to staff navigating PrEP and PEP interest through payment and insurance systems. Visitors report high user satisfaction.

PreP navigation conversations must necessarily include a comprehensive HIV-prevention approach including PEP, TasP/U=U, and HIV 101 to holistically serve the needs of visitors at all stages in the PrEP care continuum.

Mapping chats geographically illustrates further outreach is needed to areas of moderate-to-highly HIV prevalence, a surrogate margin for potential HIV exposure (Figure 2).

Paid advertising and partnerships with online and offline community leaders have been key to increasing website traffic. Further evaluation is needed to understand the need of the 2,000–32,000+ per-month website visitors who do not engage in chat.

Additional research evaluating online marketing and outreach are needed in order to understand how best to reach priority populations not well served by the current system of care and prevention.

Reference


Settional Settings
California has the highest national aggregate for decreases in new HIV diagnoses. From 2011–2016 the number of new diagnoses fell 5.7% annually, while California dropped less than that at 2.4%. Nationally, an estimated 1.4% of African Americans and 2.5% of Latinx men who have sex with men and transgender women in geographic areas with lower PrEP uptake and fewer PrEP resources.

Launched in April 2017, in three online programs, available in English and Spanish, PleasePrEPMe expands access to PrEP and PEP.

PleasePrEPMe:Connect is an online chat service serving Californians and is staffed by navigators specializing in a sexual health coaching model (Figure 1).

Figure 1: PleasePrEPMe sexual health coaching model

Figure 2: Chat is the primary method of online communication that is promoted, PleasePrEPMe:Connect process

Figure 3: PleasePrEPMe:Connect experience

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