



Supporting Tailored and Responsive PrEP in Rural North Carolina (STARR NC)

IMPLEMENTED BY

The University of North Carolina at Chapel Hill
Florida State University
One Cow Standing

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THE SHORT OF IT

STARR NC is a study to increase the **uptake of PrEP** (pre-exposure prophylaxis), medication that prevents HIV, within populations of **young sexual minority men** who reside in **rural counties**.

336

STARR NC will enroll 336 participants over the span of 18 months

18-39

Participants are between the ages of 18-39



STARR NC is partnering with 15+ STI clinics across North Carolina

BACKGROUND

To end HIV, the United States (US) needs **integrated, scalable, and cost-effective prevention strategies**. Despite the high efficacy of PrEP, less than 20% of PrEP eligible people have received a prescription, with noted regional and racial disparities. In 2018, the US South accounted for 51% of new HIV diagnoses but only 33% of PrEP users. **In North Carolina (NC), where 1 in 93 residents will acquire HIV in their lifetime, PrEP use is half of the US average.** PrEP uptake is **lowest among young sexual and gender minority populations (YSGM) who account for 63% of new HIV diagnoses in NC.** Among NC counties with the most HIV diagnoses in 2019, four have rural designation and nine are small or medium metropolitan areas. The **lack of robust healthcare infrastructure** in these areas presents challenges for HIV prevention services.

NC's HIV epidemic tracks alongside rising sexually transmitted infections (STI) with **disproportionately high burden among rural YSGM**. Despite likelihood overlap of incident STIs/HIV, in NC, PrEP is only offered at a few, primarily urban health department (HD) affiliated STI clinics. As of November 2022, **we have identified 15 HD-affiliated STI clinics in relatively high-HIV burden, rural (n=13) or peri-urban (n=2) counties across NC who are interested in participating in this study.**



BACKGROUND

All patients who are seeking STI testing at the participating clinics are offered HIV testing on-site. Per NC standard of care, all patients who are diagnosed with HIV are referred to immediate ART care, which may be offered onsite at the HD or through other local HIV providers. However, **linkage to PrEP services is not well-established:** as of November 2022, **one clinic (Wilson County, rural) offers referral to a co-located primary care clinic that can prescribe PrEP. The remaining 14 HD clinics do not provide any PrEP services to patients beyond passive referral to services in the community** (e.g. patient is provided a list of private practice providers that may offer PrEP services).

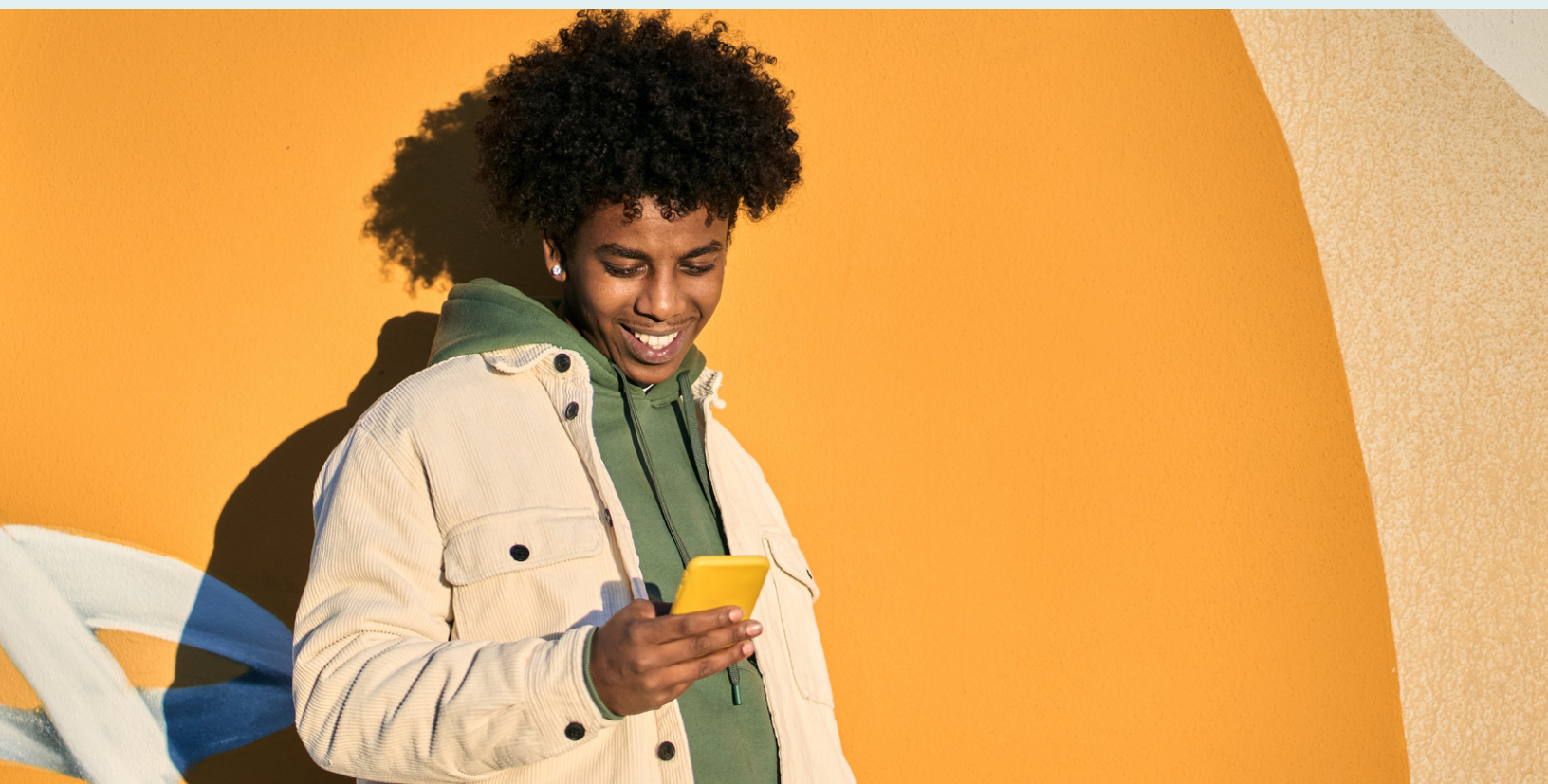
STI clinics are a logical entrée to PrEP, but ineffective integration in rural HDs reflects heterogeneity in clinic structure and staffing: STI clinics are designed to provide episodic care, whereas PrEP services require additional human resources and longitudinal engagement to be effective. **Leveraging STI clinics as an on-ramp to PrEP is a compelling opportunity to capitalize on STI service encounters and address disparities in PrEP access for YSGM.**



OVERVIEW

STARR NC will collaborate with local, rural STI clinics in order to increase the uptake in PrEP amongst young sexual minority men (YSMM). This project consists of two phases to be **completed over five years**. The Phase 1 study is a **randomized trial of a multilevel PrEP intervention strategy in rural NC sexually transmitted infection (STI) clinics**, with primary outcome of PrEP uptake within 3 months of an index STI clinic visit.

Participants will be randomized 1:1 to an intervention or control condition. Participants enrolled in the **intervention arm will receive a multi-level intervention** with three components: a **PrEP Navigator to facilitate linkage to PrEP services** and completion of applications for health insurance/drug assistance; a **Digital Health Intervention (DHI) platform** (HealthMpowerment) – a HIPAA-compliant evidence-based DHI that provides interactive educational resources, social support, and tools for developing PrEP behavioral skills and self-efficacy; and **referral to Telehealth PrEP services** as an option for linking to PrEP care. **Control arm participants will receive the standard PrEP referral services available in a given clinic setting**. They will also receive linkage to a **limited version of the DHI**, with basic PrEP resources and information.



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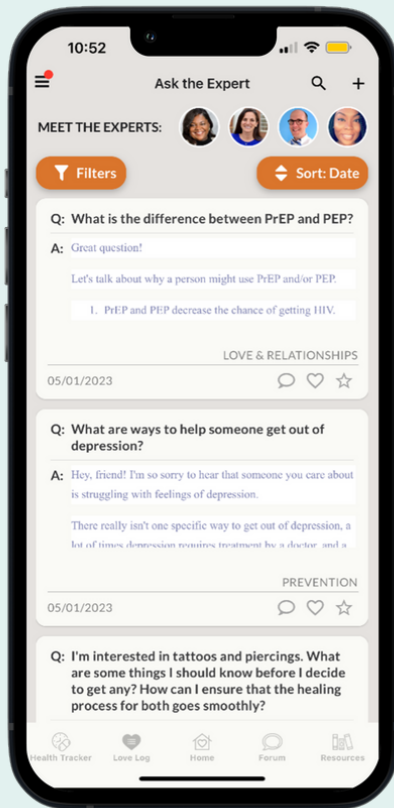
AIM 1

Conduct a randomized trial of a multilevel PrEP intervention strategy in rural and peri-urban STI clinics in North Carolina.

AIM 2

Conduct cost-effectiveness analysis, including budget impact analysis.

APP HIGHLIGHTS

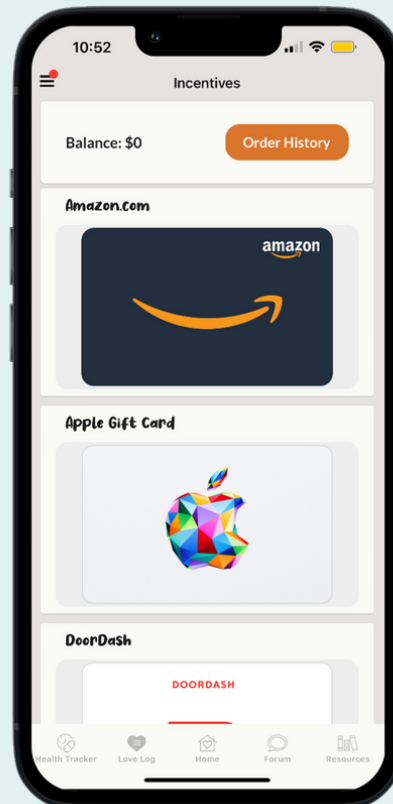


Ask the Expert

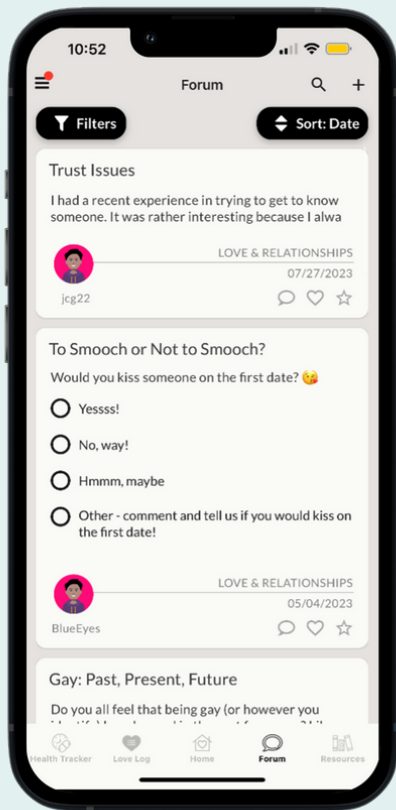
Answer anonymous health and wellness questions. Experts provide answers to both health-related and study questions.

Incentives

Based on their participation in the study, HMP users can earn incentives for their efforts. A new feature is HMP's ability to integrate with companies such as "Tango" e-gift cards.



APP HIGHLIGHTS

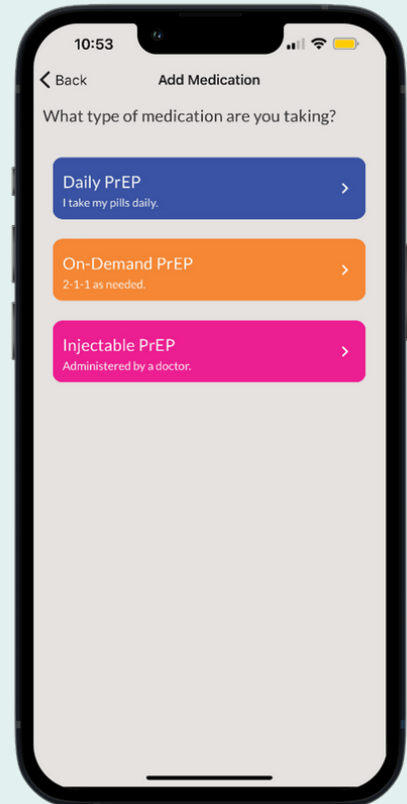
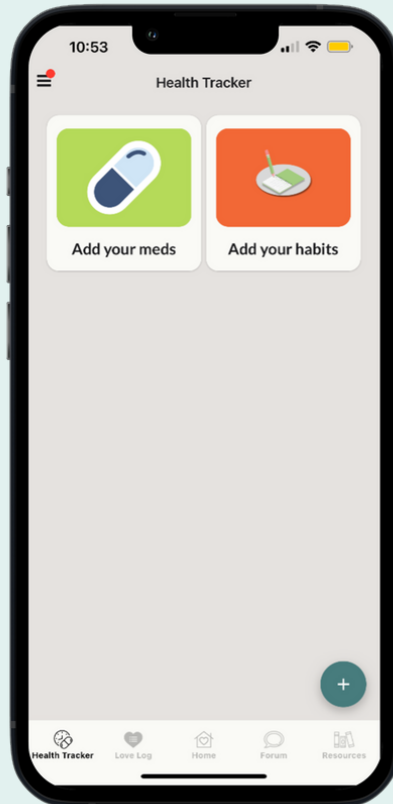


Forum

Space used to create community while allowing peer to peer interaction.

Health Tracker

A feature where participants can track their medication, habits, and mood. The tracker assists users with being medication adherent and triggers reminders.



APP HIGHLIGHTS

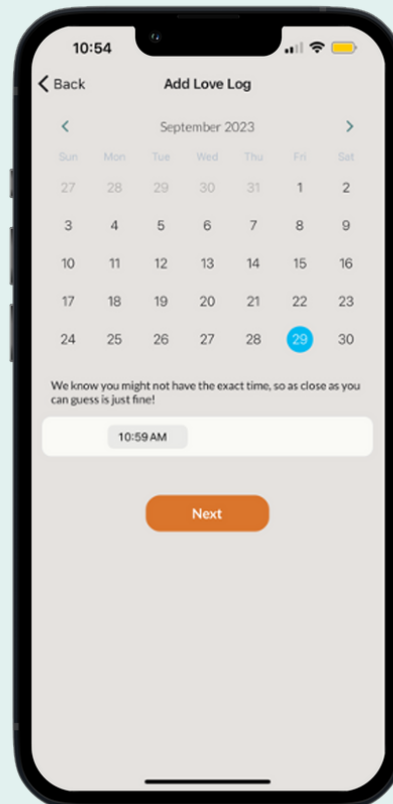


Goals

Goals assist with participants having a structured path to a particular objective. Content from the app can be tailored to user's goals. This feature includes a journaling section, tasks, milestones, connections, and tips.

Love Log

A tracking featured used to trigger 2-1-1 PrEP reminders and allow users to plan for upcoming encounters.



APP HIGHLIGHTS

Image coming soon!

Test Kits

Participants can order in-home HIV test kits to learn their status while also earning an incentive.

WHAT'S NEXT

As the first phase of the grant, STARR NC will continue to **enroll participants through October 2024**. In the second phase of the grant (anticipated start of 2025), STARR NC will **refine the intervention and redeploy** it at all participating clinics from the initial phase. There will be no randomization in this phase, **allowing all enrolled participants to receive the STARR NC intervention**.