

Formative Research on the Feasibility and Acceptability of a Pharmacy-Driven Model for PrEP (Pre-Exposure Prophylaxis) Services

Esha Nambiar, MPH Candidate, Epidemiology Department

BACKGROUND/ INTRODUCTION

- Despite the demonstrated effectiveness of HIV pre-exposure prophylaxis (PrEP) in preventing HIV acquisition and onward transmission, it is under-utilized in the US due to barriers like low awareness and limited access. Pharmacies are a strategic venue for identifying and initiating individuals on PrEP: (1) potential to reach people who could benefit from PrEP who do not access health services in traditional settings; (2) potentially mitigate PrEP-related stigma; (3) build capacity of pharmacy workforce. The overall goal of the project is to develop, and pilot test the feasibility and acceptability of a model to deliver PrEP services in pharmacies in an underserved New York City community with a high HIV burden using implementation science.
- By addressing challenges such as pharmacist authorization and HIV testing logistics through Collaborative Practice Agreements, the project seeks to improve PrEP access and effectiveness, bridging gaps left by traditional healthcare settings and reducing disparities in HIV prevention.

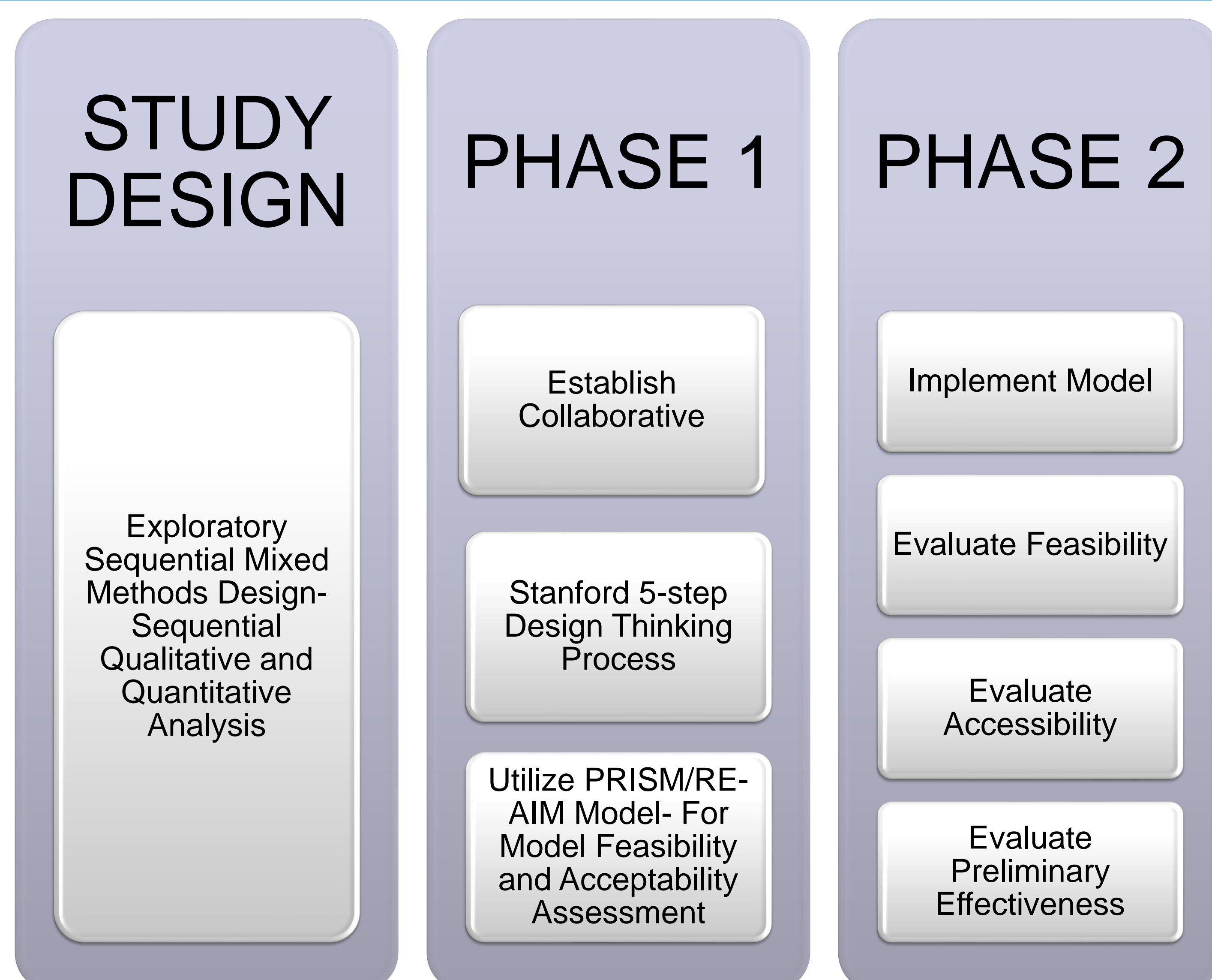
STUDY AIMS

There will be two phases in two years:

Phase 1 (Year 1) aims to establish a collaborative, systematically identify challenges to offering PrEP in pharmacies, identify strategies to address them and develop a testable model of pharmacy PrEP.

Phase 2 (Year 2) aims to implement the model in one or more pharmacies and evaluate the implementation as well as the preliminary effectiveness.

DESIGN, METHODS AND IMPLEMENTATION



STUDENT CONTRIBUTION

- Participate in multiple training sessions for in-depth interviewing.
- Participate in conducting interviews (pending CUIMC IRB approval of student participation).
- Assist with developing a codebook for the qualitative interviews
- Conduct a literature review of pharmacy-based PrEP implementation in other global settings.

NEXT STEPS

- Conduct in-depth qualitative interviews with pharmacy staff, healthcare providers and consumers of pharmacy services.
- Participate in iterative data analysis as interviews are completed, using a thematic analysis and logic model in collaboration with the research team.
- Plan modifications to pharmacy electronic record systems to include PrEP implementation variables based on interview findings.
- Assist in preparation of abstracts and papers based on the formative research.
- Continue conducting a literature review on pharmacy-based PrEP implementation in global settings.

CONCLUSION

The project will develop and pilot test a scalable pharmacy-based PrEP model in New York City to enhance HIV prevention efforts based on formative research and feedback from the Community Collaborative.

EXAMPLES OF HOW I APPLIED COMPETENCIES

Competency	I applied it by . . .
Select among common epidemiologic study designs and explain their uses for solving epidemiological problems based on study goals and key sources of available data	I will use the PRISM/RE-AIM Implementation Science (IS) framework, to guide the study on pharmacy-based PrEP implementation in New York City. Although the IS framework does not follow a traditional epidemiological design, it helps explore the barriers and facilitators to integrating PrEP services into pharmacies. Through qualitative interviews with pharmacy staff, healthcare providers, and consumers, I identify key domains such as the pharmacy's inner and outer settings and individual roles. This approach assesses the feasibility, acceptability, and potential sustainability of PrEP services, allowing me to systematically evaluate and refine strategies for improving their implementation in pharmacies.
Analyze public health problems in terms of magnitude; person, time, and place; and the distribution and determinants of both chronic and infectious diseases; and principles of disease prevention in different populations	In addressing the public health issue of HIV prevention through pharmacy-based PrEP services in New York City, I assess the magnitude of the epidemic by analyzing demographics and incidence rates to identify high-risk populations. Qualitative interviews with pharmacy staff, healthcare providers, and consumers will elicit barriers like stigma and accessibility, although these are not systematically measured as epidemiologic determinants. I will use available epidemiological data to analyze these determinants and guide targeted interventions, supporting the ongoing research to adapting this model in global settings.