INTRODUCTION

In the US, women account for ~19% of new HIV infections.

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METHODS

- Semi-structured individual interviews with WICS (n=10) and stakeholders from the carceral (CS) and public health (PH) systems (n=15).

ELIGIBILITY

- CS-involved women
  - 18 to 64 years
  - CS status < 3 years
  - PrEP indication
  - English-speaking

- CS & PH Stakeholders
  - Employed in either the CS or PH system
  - Work with gender-based or SH services

- Interviews elicited feedback on a 5-session, 30-day kINSHIP model and asked participants to provide feedback related to session content, structure, and delivery.

- Incentives: $50 for WICS ($10 for screening and $40 for interview) and stakeholders.

- Data analyses were informed by the IE-CFIR using Inductive Thematic Analysis in Dedoose.

RESULTS

SOCIODEMOGRAPHIC CHARACTERISTICS

- WICS: Mage= 29 years; 78% self-identified as being from a racial or ethnic minority group; 67% <$10,000 annual income; 78% had a high school graduate degree or higher.

- Stakeholders: Mage= 12 years; 67% female identifying; 73% have graduate-level education.

TABLE. Factors shaping Project kINSHIP implementation with WICS, by domain and construct of the IE-CFIR (N=25).

IE-CFIR Domain | Factors Shaping Implementation | Outer Setting (economic, political, and social context) | Patient needs and resources | External policies and incentives | Implementation climate | Readiness for implementation | Champions
|---|---|---|---|---|---|---|---|
| Relationship Building | - To be compatible sessions should be offered in an order that is responsive to individual needs and allow for social support. | - Sessions should include activities that address WICS’ experiences of discrimination related to women’s intersecting stigmatized identities (e.g., CS involvement, gender, race; Spotting Stigma activity). | - To be compatible sessions should be offered in an order that is responsive to individual needs and allow for social support. | - To be compatible sessions should be offered in an order that is responsive to individual needs and allow for social support. | - Access to knowledge and information will be supported with brief sessions (<45 min.) that limit written text, avoid triggering language, and allow for self-reflection (e.g., journaling). | - Collaborate w/ jail health staff champions

CONCLUSIONS

- Participants were optimistic about Project kINSHIP because it addressed gaps in existing PrEP services.
- kINSHIP should incorporate content and activities that address the unique of intersectional stigma and discrimination experiences of WICS.
- Participants suggested collaborating with CS partners, particularly Jail Health Services, because of believed to be championing this work.
- Results informed the revision of Project kINSHIP content, structure, and delivery for testing in a pilot trial (N=75 WICS; see below).
- The Relationship Building session will always be offered first and all subsequent sessions will be tailored to participant needs.

GRANT SUPPORT

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REFERENCES


Acknowledgments:

This study uses the Intersectionality-Enhanced Consolidated Framework for Implementation Research (IE-CFIR) to analyze data collected to inform the development of a peer-led PrEP linkage navigation intervention (kINSHIP) designed to address intersectional stigma as a healthcare barrier for WICS.