OBJECTIVE: We explored state-level clustering of organizational constructs relevant to PrEP implementation in family planning clinics in the Southern US.

METHODS

State-level clustering in PrEP implementation factors among family planning clinics in the Southern United States

BACKGROUND

• Increasing clinic capacity and readiness for HIV pre-exposure prophylaxis (PrEP) care is a key component of the Ending the HIV Epidemic Initiative.
• Availability of PrEP-providing clinics is low in the Southern US, the region with disproportionate HIV burden.
• Little is known about factors influencing PrEP implementation within clinics in the region, or in individual Southern states.
• Southern states vary in state-level policies that affect PrEP implementation, such as Medicaid expansion.

RESULTS

Three clusters of states were identified (Figure 1)

Figure 1. Clusters of 12 Southern US states stratified by first (CV1; x-axis) and second (CV2; y-axis) canonical variables derived from CFIR construct-specific, state-level fixed effect estimates.

- First canonical variable (CV1; x-axis) distinguished Cluster 3 from Cluster 1 and Cluster 2.
- Cluster 3 states characterized by higher perceived PrEP implementation readiness, higher PrEP-specific leadership engagement, more favorable PrEP attitudes, and higher PrEP knowledge (Figure 2a).
- Canonical variable 2 (CV2; y-axis) distinguished Cluster 2 from Cluster 1.
- Cluster 2 states characterized by higher perceived PrEP-specific resource availability, more favorable PrEP attitudes, and lower perceived general implementation climate (Figure 2b).
- All Cluster 3 states had expanded Medicaid by the time of the survey, compared to 1 state in Cluster 1 and none in Cluster 2.

CONCLUSIONS

- CFIR constructs relevant for PrEP implementation identified state-level clustering.
- Medicaid expansion was a common feature in Cluster 3 states, which were characterized by higher perceived readiness for PrEP implementation and other implementation constructs associated with PrEP implementation readiness.
- Presence or absence of Medicaid expansion could explain the similarity of implementation constructs within clustering states.

REFERENCES


IMPLICATIONS

- Tailored strategies could be used by clustered states to improve PrEP provision in their publicly-funded family planning clinics.
- The role of Medicaid expansion and other state-level policies on PrEP implementation warrants further exploration.