Utilizing Peer Health Navigation for Retention in an HIV Prevention Trial

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Background: Black & African American MSM (BMSM) in the United States are disproportionately at risk for HIV infection, have later entry to HIV care and differential experiences of treatment and retention. Effective HIV prevention interventions readily transferable and acceptable to BMSM are urgently needed. Peer Health Navigation (PHN) has been shown to increase access and retention to care for certain health issues however, such methods have not been examined with BMSM.

Methods: HPTN061, a feasibility study of a multi-component HIV prevention intervention in 6 US cities examined acceptance of PHN intervention for a diverse group of BMSM. Correlates of PHN refusal, acceptance and utilization were analyzed.

Results: Peer Health Navigation data was completed for 1,466 participants with 856 (58%) accepting PHN and 423 (49%) utilizing PHN services. Participants accepting PHN ranged in age from 18 to 68. Utilizers of PHN were younger than non-utilizers (p=.03 Wilcoxon Rank Sum); median age for utilizers being 37 years and 40 years for non-utilizers. Participants receiving PHN services were more likely to have been retained (p <.001) over the 12 month study. Site-specific differences were identified (p<.001).

Conclusions: The findings highlight the strong potential for utilizing community PHN to retain diverse BMSM in HIV prevention studies and services. Demographic and structural differences emphasize the need for tailoring PHN for this diverse population.