

Health Care Provider Experiences After 12 Months of Implementing Cabotegravir Long-Acting Injectable PrEP (CAB LA) for Black Women: EBONI Study Results

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Background

Black women in the United States face a significant risk of HIV, making up about half of new diagnoses among women. Cabotegravir long-acting injectable (CAB LA) is a new, convenient option for preventing HIV, given every 2 months. The EBONI study looked at how clinics can best use CAB LA for Black women, focusing on how well it works and any extra health benefits after a year of use.

What medicine was studied here?

The study focused on CAB LA, an option for preventing HIV. It is given every 2 months and helps protect against HIV without needing daily pills, which can help provide more consistency in staying protected.

What was the purpose of this study?

This study aimed to see how well CAB LA works in real-life settings for Black women and to understand healthcare providers' experiences with it. It also looked at any extra health benefits from using CAB LA in clinics serving this group.

Who took part in the study and how was the medicine studied?

The study included 84 healthcare providers from 15 clinics; 55% were cisgender females, 49% were Black, and 12% were Hispanic. The average age was 44 years. Surveys and interviews helped gather information on how suitable CAB LA was to use.

What are the research findings?

Healthcare providers found CAB LA to be a good fit for their clinics, with its use becoming easier over time. By the end of the study, clinics could handle more patients, while needing fewer staff. Helpful resources like checklists and videos were widely used. Among the resources that healthcare providers reported using, most (64%) reported using a CAB LA injection video, with 93% of those healthcare providers rating it as helpful. Overall, 75% of healthcare providers found implementing CAB LA into their workflow as very or somewhat easy. Regular visits every 2 months permitted more health checks with patients, providing more opportunities to screen for other sexually transmitted infections or to discuss medication concerns.

What does this mean for people who may need HIV prevention?

CAB LA offers a promising way to expand access to prevention, especially for Black women. Regular clinic visits may help with HIV prevention and provide chances for other important health checks, improving overall care.

Conclusions

The study showed that CAB LA can be successfully used in clinics for Black women, thus enhancing the capacity to serve diverse patient populations. Flexible scheduling and other strategies helped make this possible. Clinic staff found CAB LA to be very suitable for Black women, with regular visits offering additional health benefits, making it a valuable option in various clinics.

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