



March 25, 10 to 11:30 AM ET

The Injectors of Tomorrow are Here Today

Fostering expanded access and
delivery of injections for sexual health

Thank you for
joining us today!





HIV prevention research - a new forum
for advocacy on the latest

avac.org/project/choice-agenda



2800+ individuals from 40+ countries are subscribed to The Choice Agenda global discussion list. Are you?





TCA Radio
3.25.26 playlist



time
/culture club

lay your hands on me
/thompson twins

another life
/saudade


**the way you do the
things you do**
/the temptations

**ain't no mountain
high enough**
/marvin gaye, tammi terrell

together
/david guetta, hypaton,
bonnie tyler

tinyurl.com/tcawebinarmaterials

TCA webinars:
Recording, slides and
info resources are
available



THE CHOICE AGENDA PRESENTS

**Embracing Task Shifting
and Innovation to Support
Expanded Access to
Long-Acting Injectable PrEP**

THURSDAY JUNE 26
10 – 11:30 AM ET

REGISTER/MORE INFO:
tinyurl.com/taskshifting



Sept 11

TCA + BLUPrint invite YOU

**Will lenacapavir
be a lever or
a letdown?**

Lessons, Resources, and Considerations for
Implementation of Yeztugo in the United States

More info + register
tinyurl.com/lenacapavirlever

Moderators:

Leandro Mena, Emory University and NMAC

Parrish Brown, Whitman-Walker Health

Speakers:

Seth Gomez, Wellness Equity Alliance

April Henson, Legacy Community Health

Francois Venter, University of the Witwatersrand

Thank you for
joining us today!



Expanding the Workforce for HIV/STI Treatment and Prevention

LEANDRO MENA, MD, MPH, FIDSA
PROFESSOR OF MEDICINE, DIVISION OF INFECTIOUS DISEASES, EMORY UNIVERSITY
CHIEF MEDICAL OFFICER, NMAC

Expanding the workforce through task shifting



- **Rational redistribution of tasks** among health workforce teams
- **Where appropriate**, tasks can be shifted from highly qualified health workers to health workers with shorter training, fewer qualifications
- **Evolving over decades** due to healthcare worker shortages
- Task shifting policies, practices backed up by **robust evidence, global models** of success
- **Cost savings**
- **Fully utilize skill set** of support staff to minimize burnout of licensed clinical providers.
- Allow clinical providers to **focus on higher level** clinical needs and education

Key words: TRAINED and SUPERVISED



What would laws look like around task shifting?

Develop law that allows **trained community health workers, medical assistants, pharmacists, pharmacy techs, nurses, nursing assistants, and physician assistants** to **give care, including injections**, for HIV/STIs and other disease treatment and prevention in **non-clinical settings**—street, shelters, field, mobile units, homes.

Allow **standing orders** for health staff and **off-site supervision** in the context of having an emergency care plan

Key words: TRAINED and SUPERVISED

What is the urgency for expanding today's workforce?

- By 2023, there will be a shortage of **10 million** health workers
 - Shortage of **5.9 million** nursing and midwives
- WHO created guidelines starting in 2007

World Health Organization. (2016). *Global strategy on human resources for health: Workforce 2030*. Geneva: World Health Organization. (Update 2023)

WHO. *Task Shifting: Rational Redistribution of Tasks Among Health Workforce Teams. Global Recommendations and Guidelines*. 2008.



Implementation Frameworks for Taskshifting

The Strategic Healthcare Implementation Framework for Task Shifting, Sharing and Resource Enhancement

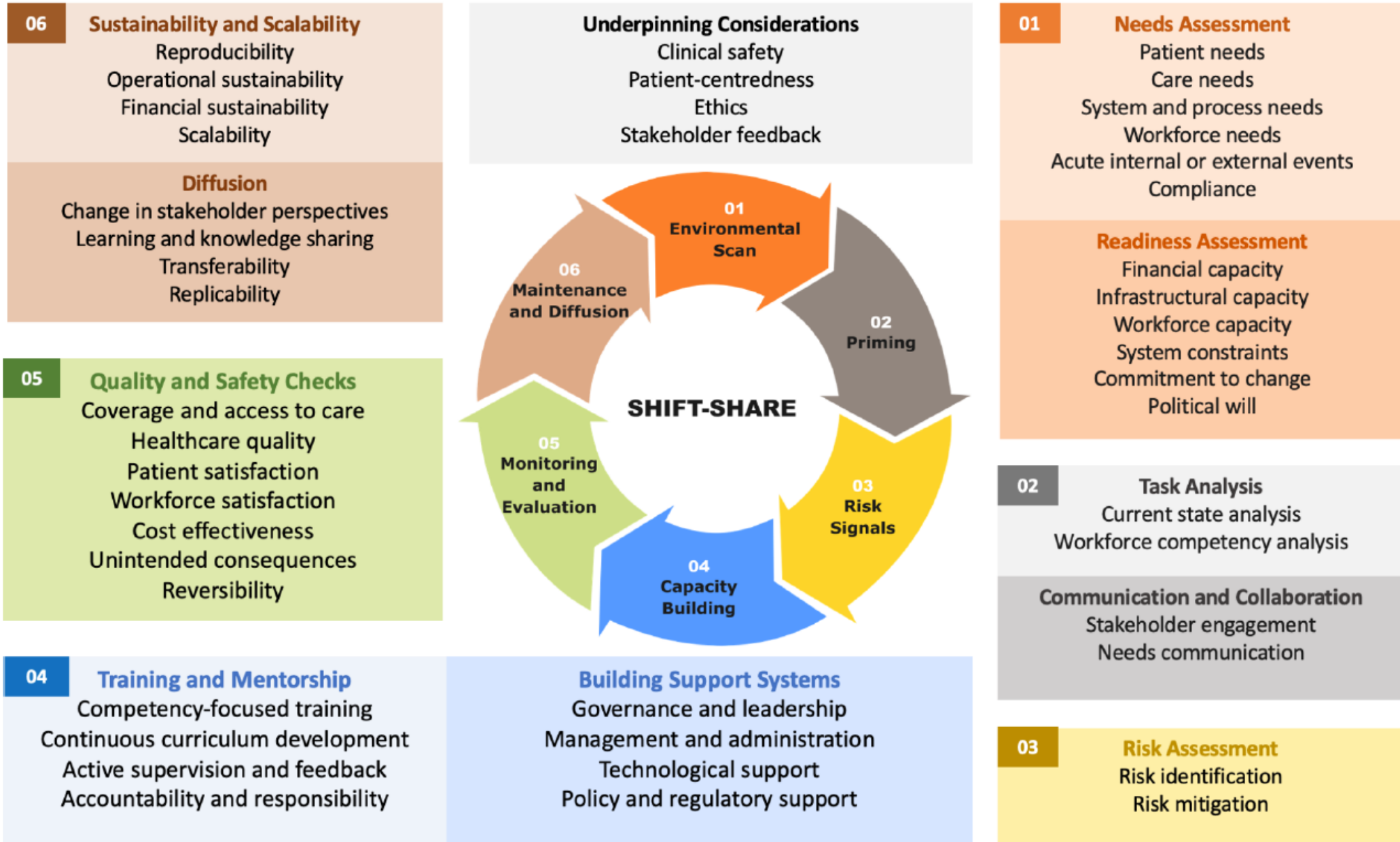


Fig. 2 The SHIFT-SHARE framework

Stories of success and feasibility

Today's Program Examples

- Pharmacists
- Community health workers
- Street medicine
- Home delivery



Journey with Injectable PrEP with Community

Parrish Brown- Community Health Worker, Whitman Walker Health

Why I Chose Long Acting Injectables

My Journey

Education background: B.S. in Hospitality Management with Management with a concentration in Health Promotions. Promotions. Been apart of PrEP since 2019.

After trying oral PrEP, I switched to CAB-LA injectable PrEP almost two years ago. Daily pills didn't fit my life—I life—I needed a solution that worked for me.

Being an early adopter wasn't just about my health. It was about charting a path others could follow with confidence.



Freedom

No daily pill stress

Empowerment

Control over my health

Community

Leading by example

Why Choice Matters in HIV Prevention

In seven years working with diverse communities—sex workers, people seeking discretion, young adults—I've learned that having options is crucial for autonomy and real-world success.

99%

Oral PrEP Efficacy

When taken as prescribed

99.7%

Injectable PrEP Protection

Proven effectiveness

25%

Current Reach

Of 1.2M who could benefit

"It's like taking your pill once every eight weeks." One appointment, and you're protected.

The gap isn't about effectiveness—it's about access, awareness, and options that match real lives. People work multiple jobs, have kids, travel, forget, experience stigma. Injectable PrEP offers convenience, privacy, and confidence.

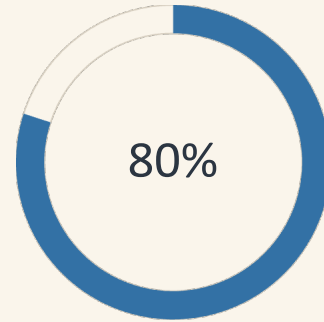


Community-Based Care That Works

Beauty Shop Conversations

A DC Health-funded initiative reaching Black and brown women in trusted community spaces—beauty shops &

college campus become safe hubs for wellness education without stigma or stigma or judgment. We discuss Long Acting Injectable as a option for self-care for self-care while discussing safe sex practices.



Increase in Interest
Black women exploring PrEP



01

Meet People Where They Are

Cultural hubs where trust exists

03

Break Down Barriers

Reach beyond traditional healthcare

02

Honor Culture & Community

Conversations without judgment

04

Invest in What Works




Fund community-driven initiatives



Critical Need: Lawmakers and public health leaders must invest in programs addressing social determinants of health—housing, transportation, income, transportation, income, discrimination, and culturally competent care.



How Injectable PrEP Fits into Daily Life

-  **Schedule Injection**
One appointment every 8 weeks
-  **Show Up**
Quick, simple visit
-  **Live Your Life**
Protected and worry-free

Less Stress

No daily pill routine to remember
remember

More Confidence

Consistent protection you can
trust

More Freedom

Focus on living, not worrying

When you remove barriers—stigma, pill fatigue, fear of missing doses—you empower people to take control of their control of their health sustainably. That's the real purpose of PrEP: supporting whole-person wellness.



Choice Matters



Choice Matters
Options that fit real lives



Accessibility Matters
Reaching all communities



Representation Matters
Seeing ourselves in care



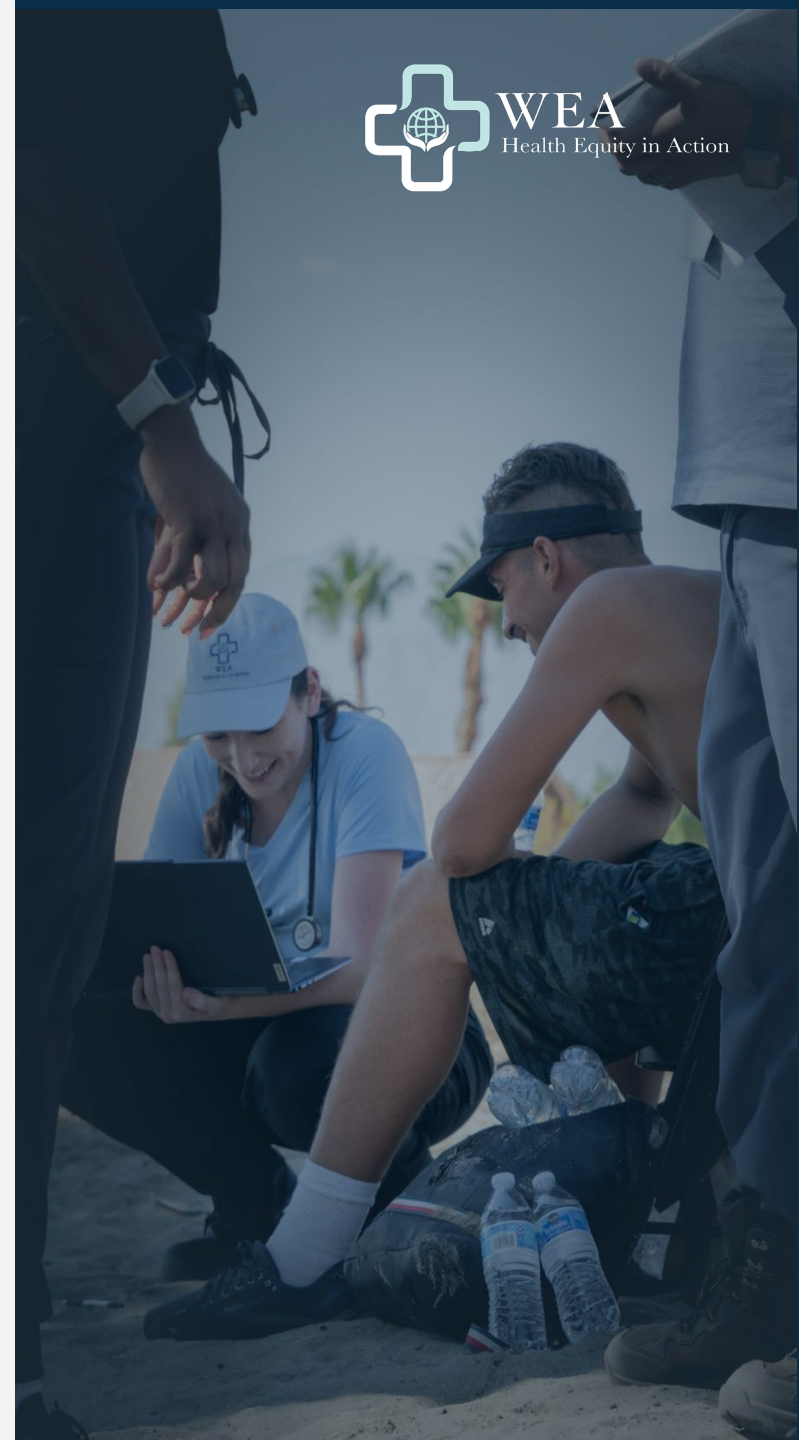
Conversations Matter
Breaking stigma together

As we expand options and reduce stigma, more people—especially in marginalized communities—will have the tools to protect themselves. Thank you for learning, Thank you for learning, reflecting, and carrying this knowledge back to your communities.

Seth Gomez, PharmD

Senior Pharmacist and Administrator
Wellness Equity Alliance

- Over decade experience with homeless health care
- Core clinical work intersects, psychiatry, addiction, communicable disease
- HIV Tx, Prep, PEP, Injections
- ~40-60 HIV/PrEP injections per month per program





WEA

Health Equity in Action

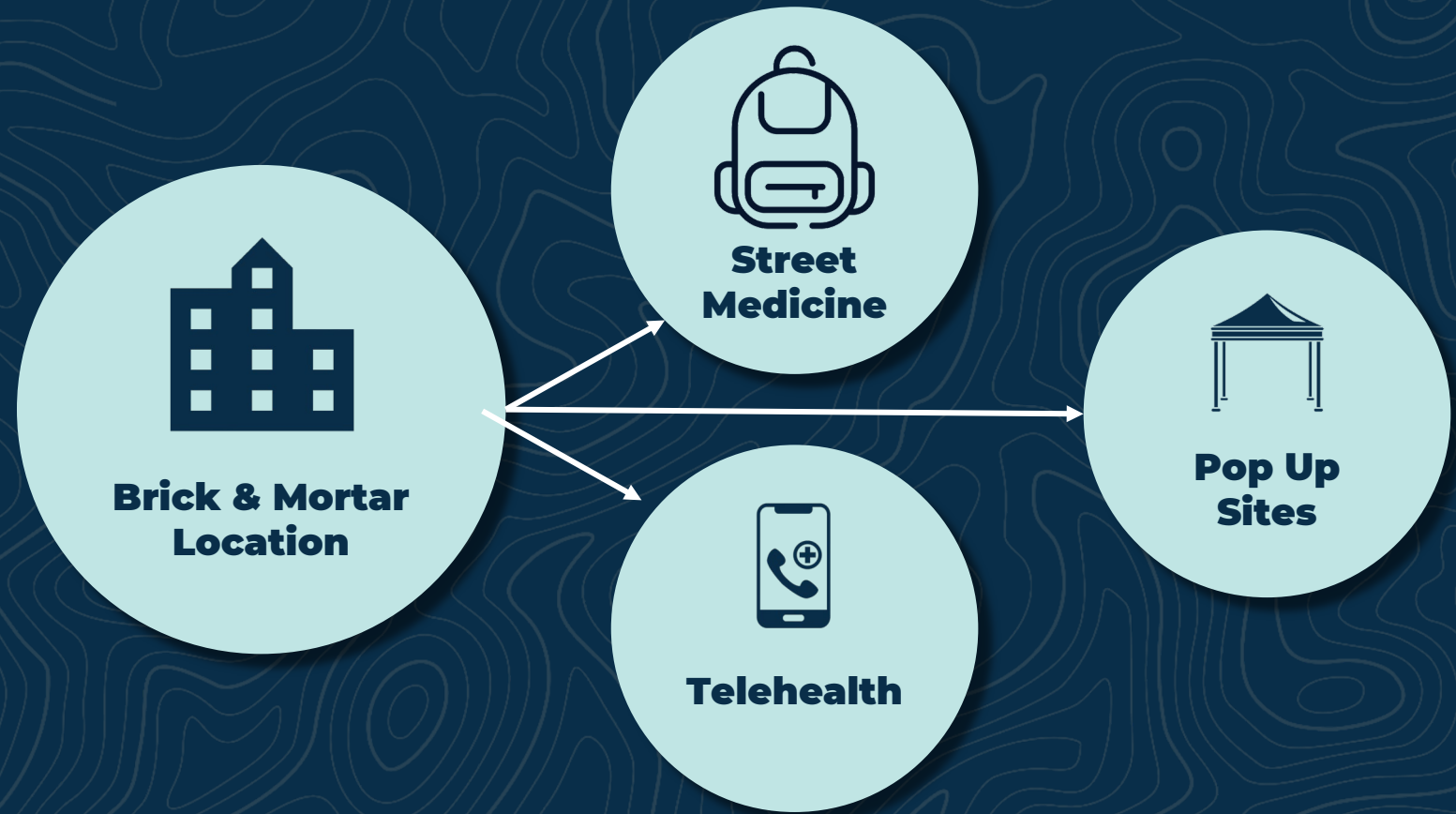


Wellness Equity Alliance | Field-Tested Nationwide Network





Our Operational Model



Meeting People Where They Are

Students and Families | Rural Communities

Indigenous Communities | People Experiencing Homelessness

LGBTQIA+ | Migrants and Refugees | Justice-Impacted Individuals

Inside Facilities | On the Streets | In The Community





The Injectors of Tomorrow are Here Today:

Fostering expanded access and delivery of
injections for sexual health

APRIL HENSON | MARCH 2026

- In 1978, the Montrose Clinic (now Legacy) was founded to provide screening, diagnosis, treatment and prevention of sexually transmitted infections primarily for gay men.
- Legacy serves:
 - People on PrEP: 3,800
 - People living with HIV: 8,746
- Harris County (where Legacy is primarily located):
 - People living with HIV: >30,000
 - Newly diagnosed with HIV: 1,413

Legacy by the Numbers

LOCATIONS

57 (Across Baytown, Beaumont, Deer Park, Houston, Missouri City and Stafford)

NUMBER OF EMPLOYEES

1,575

COMPLETED APPOINTMENTS

687,330

COMMUNITY MEMBERS SERVED ANNUALLY

215,372

PATIENTS LIVING AT OR BELOW THE FEDERAL POVERTY LEVEL

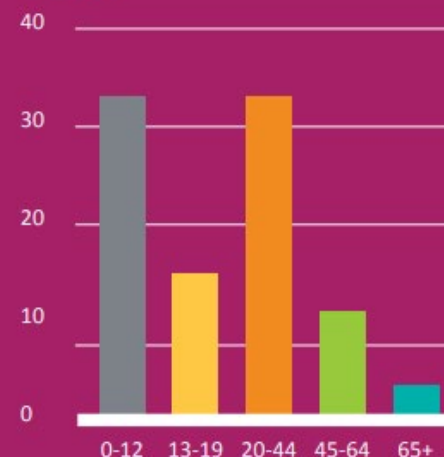
91%

Whom We Serve

By Race/Ethnicity



By Age



By Gender



What did we do?

- 2021:



Trained pharmacists to administer cabotegravir+rilpivirine injections

- 2022:



Trained pharmacists to administer cabotegravir injections

- 2025:



Trained pharmacists to administer lenacapivir injections for PrEP

Why?

- ① High patient interest, limited provider availability
- ② Nursing and Medical Assistant staffing shortages
- ③ Pharmacists were already conducting oral PrEP visits under Collaborative Practice Agreements with providers
- ④ Pharmacy was already involved in logistics (procurement, ordering, delivery)
- ⑤ Pharmacists were already doing medication counseling and LAI brought a lot of patient questions
- ⑥ Pharmacy already had vaccine appointments that were not fully utilized
- ⑦ Pharmacy hours were longer
- ⑧ Patients were already used to getting vaccines in the pharmacy
- ⑨ Due to COVID, Legacy had built an extra vaccination room.

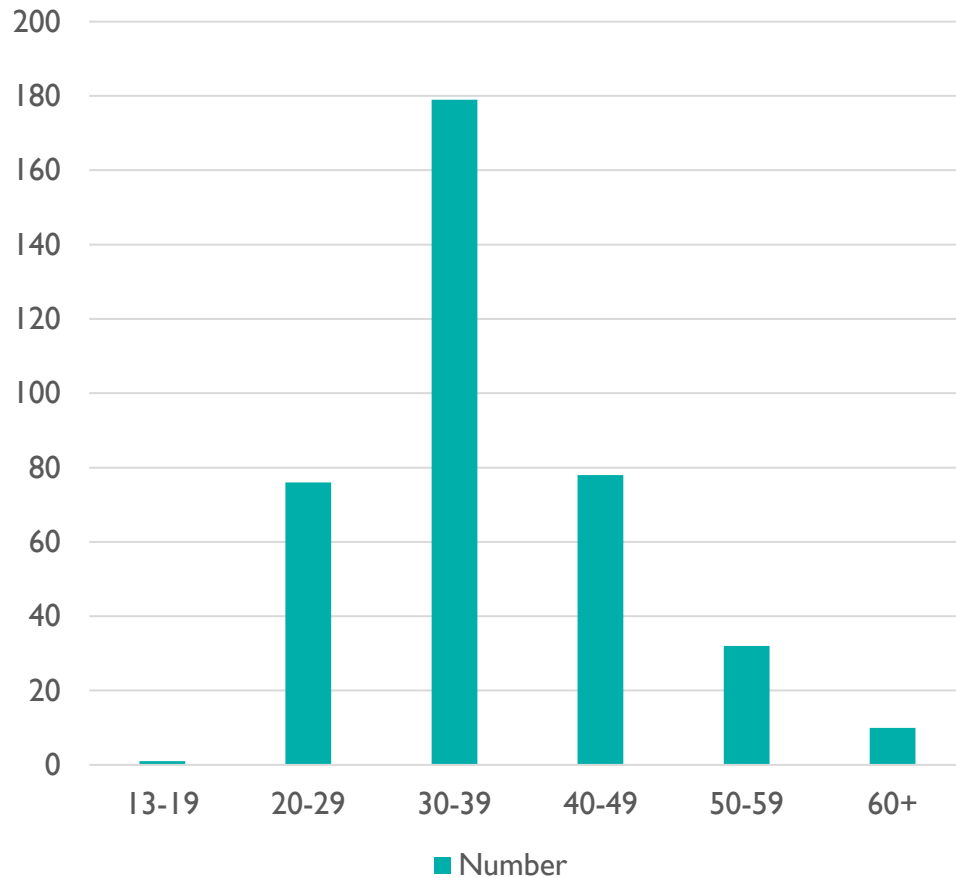
- Texas law allows pharmacists to administer medications either via collaborative practice agreement or physician delegation.
 - Although most pharmacists in Texas use this to administer vaccines, B12 or long-acting antipsychotic injections
- Multi-disciplinary teamwork
- One full time pharmacist currently does PrEP and HIV injections
- During the visit, the pharmacist would
 - Conduct a PrEP focused visit
 - Do a point-of-care HIV test
 - Order labs
 - Administer the injection.

The patient would go to lab right after the pharmacist visit.

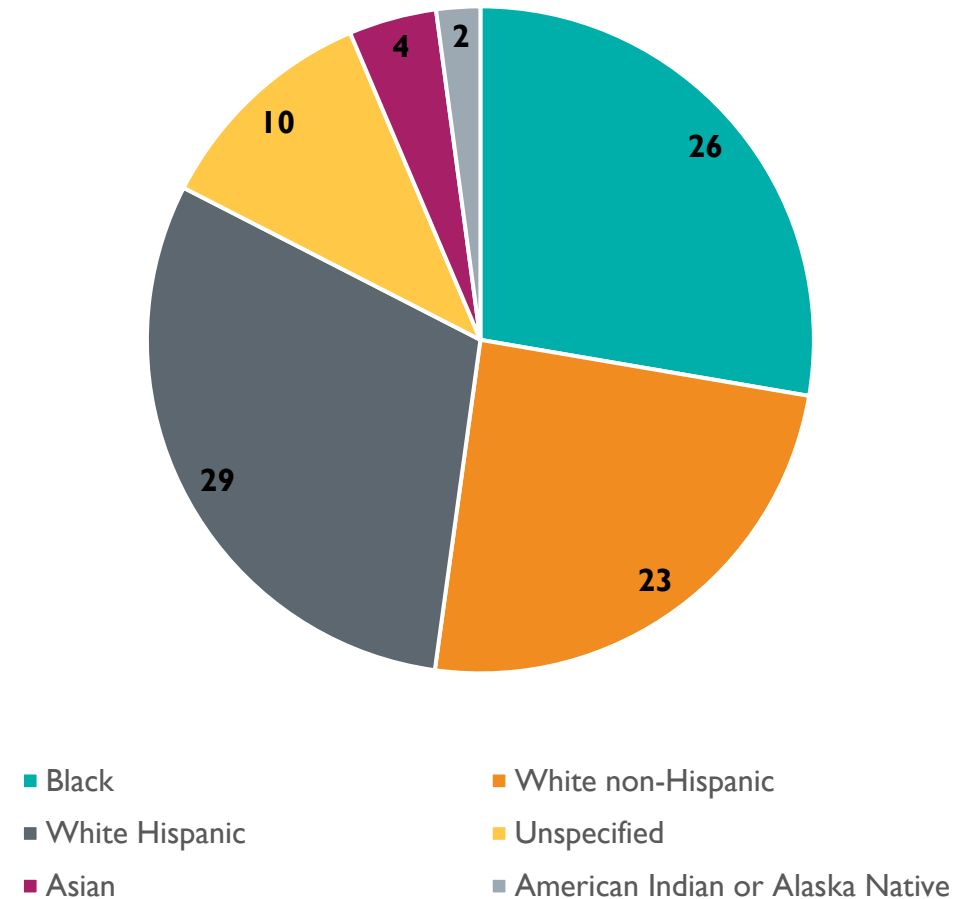
What happened?

- In 2022: Only <1% of our clients on PrEP were on a LAI = 25 patients
- In 2025: 10% of our clients on PrEP are on a LAI = ~400 patients
- Over 500 injections administered by pharmacists in the first 12 months
- >90% on-time injection rate
- High patient satisfaction: reduced wait times, more flexible access points
- Improved provider capacity to focus on complex care needs

Number of Patients on PrEP LAI based on Age group



Race/Ethnicity Percent of Patients on PrEP LAI



- Provider feedback has been overwhelmingly positive. Once prescribed, the pharmacy team takes over.
 - Prior authorization (insurance)
 - Procurement
 - Scheduling
 - Administration
- Clients:
 - Easier buy in from clients that were already using our pharmacy and knew our pharmacists
 - Requests from clients to have the same injector
 - Requests from clients to have pharmacists initiate DoxyPEP

Implementation Considerations

- Legal and Compliance
 - Texas law allows pharmacists to administer injectables under standing orders or collaborative practice agreements. *Check local regulations*
- Training and Comfort
 - In-house certification for pharmacists on administering injections. *Consider comprehensive injection training.*
- Billing Strategy
 - Injections billed under clinic provider when applicable. *Consider any reimbursement strategies to cover pharmacist administration cost*
- Cultural Shift
 - Buy-in required from providers, pharmacists, and patients. This was achieved through education and shared wins. *Consider if your organization is ready for this cultural shift*

- Task shifting to pharmacists is not just feasible, it is scalable
- Improves access, equity and operational efficiency
- Pharmacists are underutilized champions of HIV prevention innovation
- What's next?
 - Updating workflows to increase capacity
 - Additional FTE for another injector

Questions?

AHENSON@LEGACYCOMMUNITYHEALTH.ORG |

LEGACY COMMUNITY HEALTH PHARMACY