

POWER PROJECT

Protecting Ourselves With Every Resource

of Chase Brexton Health Care



Implementing PrEP in Clinic

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Chase Brexton Health Care
Because everyone's health matters.

Disclaimer

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Agenda

- PrEP timeline
- Implementation of PrEP in clinic
- Clinic roles and flow
- Client adherence to PrEP program
- Electronic documentation
- Challenges and solutions

Timeline

- **7/2012**
 - FDA Approval of Truvada for PrEP
- **12/2013**
 - First PrEP prescription written for Truvada at CBHC
- **3/2014**
 - Webinar held to train CBHC providers on PrEP provision
- **4/2014**
 - CBHC PrEP Protocol approved
 - Jill joined Baltimore City PrEP Workgroup
- **6/2015**
 - CBHC PrEP Task Force formed
- **9/2015**
 - POWER Project formed
- **3/2016**
 - POWER Clinic launched

Data

- As of 5/2/16
- Number enrolled: 230
- Number started/on PrEP: 183
- Number stopped PrEP: 23
- Number prescribed but never started PrEP: 24

POWER Clinic



- Community Outreach and Engagement
- CTR and Couples' HIV Testing
- PrEP:
 - Screenings
 - Referrals
 - Peer Navigation Services
- PEP Navigation
- Linkage to Care Services
 - Newly diagnosed HIV+
 - Returning to care



POWER Clinic (cont.)

When: Thursday 1-4pm
scheduled visits, Friday 10-2pm
walk in/scheduled

Where: 1111 North Charles St.,
Baltimore, MD 21201

Services: STI testing and
treatment, Medical PrEP
Evaluations/starts/follow ups,
PEP

POWER CLINIC

CHASE BREXTON'S NEW CLINIC IS HERE!

THE POWER CLINIC OFFERS:

HIV/STI SCREENINGS

PRE-EXPOSURE PROPHYLAXIS (PREP)

CASE MANAGEMENT SERVICES

POST-EXPOSURE PROPHYLAXIS (PEP)

SCHEDULE AN APPOINTMENT TODAY!

WALK-INS WELCOME!

1111 N. CHARLES ST. BALTIMORE, MD 21201

THURSDAYS 11AM-3PM

FRIDAYS 10AM-2PM

CALL: 410-837-2050 EXT. 8813

INSTAGRAM/TWITTER @POWERPROJECTMD

FB: THE POWER PROJECT OF CHASE BREXTON HEALTH CARE

POWER PROJECT
Teaching Ourselves, Changing Lives

Implementing PrEP in Clinic

- **Assess** provider availability and willingness to prescribe PrEP
 - Obtaining provider “buy in” is crucial
 - Helpful to utilize willing provider(s) to obtain “buy in” from others
 - Provider education is key in increasing competence, comfort level, and willingness to prescribe PrEP
 - CA STD Program Webinar viewing
 - Institutional PrEP Protocol
 - Hopkins/AETC PrEP Workshop
 - Informal trainings

Implementing PrEP: Define Target Population

Summary of Guidance for PrEP Use

	Men Who Have Sex With Men	Heterosexual Women and Men	Injection Drug Users
Detecting substantial risk of acquiring HIV infection:	<ul style="list-style-type: none"> Sexual partner with HIV Recent bacterial STD High number of sex partners History of inconsistent or no condom use Commercial sex work 	<ul style="list-style-type: none"> Sexual partner with HIV Recent bacterial STD High number of sex partners History of inconsistent or no condom use Commercial sex work Lives in high-prevalence area or network 	<ul style="list-style-type: none"> HIV-positive injecting partner Sharing injection equipment Recent drug treatment (but currently injecting)
Clinically eligible:	<ul style="list-style-type: none"> Documented negative HIV test before prescribing PrEP No signs/symptoms of acute HIV infection Normal renal function, no contraindicated medications Documented hepatitis B virus infection and vaccination status 		
Prescription	Daily, continuing, oral doses of TDF/FTC (Truvada), ≤90 day supply		
Other services:	<ul style="list-style-type: none"> Follow-up visits at least every 3 months to provide: HIV test, medication adherence counseling, behavioral risk reduction support, side effect assessment, STD symptom assessment At 3 months and every 6 months after, assess renal function Every 6 months test for bacterial STDs 		
	<ul style="list-style-type: none"> Do oral/rectal STD testing 	<ul style="list-style-type: none"> Assess pregnancy intent Pregnancy test every 3 months 	<ul style="list-style-type: none"> Access to clean needles/syringes and drug treatment services

Source: US Public Health Service. Preexposure prophylaxis for the prevention of HIV infection in the United States —2014: a clinical practice guideline.

Implementing PrEP in Clinic (2)

- **Identify** access points for potential PrEP patients
 - CTR and Community STI Clinic
 - Standard medical appointments M-F
 - POWER Clinic
- **Incorporate** PrEP screenings and referrals within existing services or programs
 - Case Managers began educating about PrEP and presenting it as another option for HIV prevention during CTR encounters
 - Interested clients were referred same-day to walk-in clinic or given new patient appointment

Implementing PrEP in Clinic (3)

- **Gradually incorporate** testing and PrEP services within clinic
 - CTR Certified CMs review clinic charts using CM PrEP Screening
 - Consult with the patient's PCP
 - Based on PCP consultation, offer CTR and provide PrEP education during appointment
 - Some providers preferred to offer rapid testing themselves and then send in the CM

Initially offered in clinic 1-2 days/week. Over 4-6 months, increased to 5 days/week due to increased demand from patients and providers.

Implementing PrEP in Clinic: Collaboration

- **All Staff awareness**
 - Call center and front desk trained
 - Discussed at All Staff meetings
- **Creation of PrEP Task Force in 2015**
 - Members: 2 providers, 2 CMs, 2 Administrative staff, and 1 RN
 - Goal: Expand PrEP services and streamline process
- **Enhanced marketing budgets & Role delineation via funding opportunities**
 - Mass Marketing: Print ads, Bus ads, Social media subscriptions and ads, Community events, etc. Peer PrEP Navigators
 - Peer PrEP Navigators
 - Sexual Health RN for POWER Clinic
 - Sexual Health Lead Provider for POWER Clinic

Implementing PrEP in Clinic: Marketing

- Marketing plan includes mass and targeted advertising
- Print Ads:
 - Blade, Outloud, Baltimore Sun, Bus Ads, Flyers, etc.
- Social Media Subscriptions and Ads:
 - Facebook, Twitter, Instagram, YouTube, Snapchat, etc.
- Social Networking Aps:
 - Grindr, Growlr, Scruff, Jack'd, etc.

Clinic Roles:

Medical Staff (provider or RN)

- General medical history
- Sexual health risk assessment
- Confirmation of eligibility
- Full STI screening and treatment when appropriate
- Vaccinations for hepatitis A&B/HPV
- Nurse education regarding HIV prevention, PrEP, and harm reduction
- Ordering/monitoring initial and follow up labs, symptom management, prescription refills

Non Medical Staff

(peer navigators)

- Outreach and engagement
- Needs assessment and referrals to wraparound services
- Insurance assessment and referral to onsite CACs
- Assistance with MAPs
- Peer support
- Adherence support

Standard Clinic Flow:

- Patients who call or walk in for PrEP are directed to POWER Project staff to pre-screen for insurance and schedule appointments
 - POWER Project Hotline (410-837-2050 x8813) provided increased access to Navigators and PrEP appointments
 - Select appointment times saved for PrEP vs. access to all slots
- Patients are seen in clinic by medical staff first in order to maintain clinic flow and maximize provider time
- PrEP Navigators meet with patients after medical staff for further needs assessment and agency introduction
- Sexual Health RN and PrEP Navigators provide follow-up services and support

POWER Clinic Flow:

- Sexual Health RN starts visit with HPI, sexual risk assessment, collects STI samples
- Medical provider reviews data from RN, meets patient, adds to history and ROS, performs physical exam, confirms eligibility, orders labwork
- PrEP Navigators meet with patients after medical provider for further needs assessment and agency introduction
- Sexual Health RN and PrEP Navigators provide follow-up services and support

EMR Documentation: Risk Assessment

PEP	PrEP Eval	PrEP Pt Engagemt	PrEP Follow-Up	Clinical Assmt	Chart Review
Sexual Risk Exposure Prophylaxis		DOB: 02/27/1973	Patient Age: 43 Years Old		
Pre-Exposure Prophylaxis (PrEP) - Patient Evaluation Previous					
<i>Why do you want to take part in PrEP?</i>					
<input type="checkbox"/>	Known HIV Positive partner(s)	<input type="checkbox"/>	Concerned over partner(s) HIV status		
<input type="checkbox"/>	History of condom breakage and/or inconsistent usage	<input type="checkbox"/>	Unprotected sex		
<input type="checkbox"/>	Recent Sexually Transmitted Infection (STI) diagnosis	<input type="checkbox"/>	Anxiety about HIV		
<input type="checkbox"/>	Using needles	<input type="checkbox"/>	Other: <input type="text"/>		
<i>Where did you hear about PrEP?</i>					
<input type="checkbox"/>	Friends and/or Family	<input type="checkbox"/>	Outside Healthcare Provider		
<input type="checkbox"/>	Media/Marketing	<input type="checkbox"/>	At this Health Center		
<input type="text"/>	<i>How well do you understand PrEP?</i> <input type="text"/>				
<i>What concerns do you have about PrEP?</i>					
<input type="checkbox"/>	Side effects	<input type="checkbox"/>	Stigma of taking HIV medication		
<input type="checkbox"/>	Expense of medication	<input type="checkbox"/>	Expense of healthcare visits		
<input type="checkbox"/>	Engaging in more risky behaviors during PrEP	<input type="checkbox"/>	Fear of viral resistance		
<input type="checkbox"/>	Fear of disclosing to partner(s)	<input type="checkbox"/>	How to maintain discretion		
<input type="checkbox"/>	Remembering to take PrEP daily	<input type="checkbox"/>	Other: <input type="text"/>		
<input type="text"/>	<i>Have you ever taken prescription medication on a regular basis as directed by a healthcare provider?</i> <input type="radio"/> Yes <input type="radio"/> No				
<i>Do you have any life challenges that may interfere with your ability to take PrEP?</i>					
<input type="checkbox"/>	Housing insecurity	<input type="checkbox"/>	Food insecurity		
<input type="checkbox"/>	Income insecurity	<input type="checkbox"/>	Moving		
<input type="checkbox"/>	Cultural and/or social issues	<input type="checkbox"/>	Family issues		
<input type="checkbox"/>	Personal and/or emotional issues	<input type="checkbox"/>	New relationship		
<input type="checkbox"/>	Insurance insecurity	<input type="checkbox"/>	Other: <input type="text"/>		

EMR Documentation: Risk Assessment (cont.)

PEP	PrEP Eval	PrEP Pt Engagemt	PrEP Follow-Up	Clinical Assmt	Chart Review
Sexual Risk Exposure Prophylaxis		DOB: 02/27/1973	Patient Age: 43 Years Old		
What make patient a good candidate?	<input type="text"/>	Clinical Assessment			
	<input type="text"/>	What makes this patient a good candidate for Pre-Exposure Prophylaxis (PrEP)? <input type="text"/>			
	<input type="text"/>	<input type="checkbox"/> Patient is in a sero-discordant relationship.			
	<input type="text"/>	<input type="checkbox"/> Patient has had unprotected receptive anal sex partners with unknown/positive HIV status.			
	<input type="text"/>	<input type="checkbox"/> Patient has had unprotected vaginal sex partners with unknown/positive HIV status.			
	<input type="text"/>	<input type="checkbox"/> Patient has been diagnosed with syphilis in the past 12 months.			
	<input type="text"/>	<input type="checkbox"/> Patient has been diagnosed with rectal gonorrhea and/or chlamydia in the past 12 months.			
	<input type="text"/>	<input type="checkbox"/> Patient has used crystal methamphetamine or amyl nitrate in the past 3 months.			
	<input type="text"/>	<input type="checkbox"/> Patient has requested information about PrEP because of his/her ongoing risk.			
	<input type="text"/>	<input type="checkbox"/> Patient has used Post-Exposure Prophylaxis (PEP) in the past.			
Potential for Ongoing Risk:	<input type="text"/>	Prophylaxis Assessment			
Adherence Potential	<input type="text"/>	Potential for Ongoing Risk: <input type="text"/>			
		Adherence Potential: <input type="text"/>			

EMR Documentation: Follow Up

PEP	PrEP Eval	PrEP Pt Engagemt	PrEP Follow-Up	Clinical Assmt	Chart Review
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Sexual Risk Exposure Prophylaxis **DOB:** 02/27/1973 **Patient Age:** 43 Years Old

<p>days missed (last week): days missed (last month): Relationship with PrEP provider:</p>	<p>Pre-Exposure Prophylaxis (PrEP) - Medication Adherence</p> <p><i>In the 7 days, how many days have you missed a dose of your medication?</i> <input type="text"/> <i>In the last 30 days, how many days have you missed a dose of your medication?</i> <input type="text"/></p> <p><i>Describe your relationship with your PrEP-prescribing healthcare provider:</i></p> <p><input type="radio"/> Very negative <input type="radio"/> Mostly negative <input type="radio"/> Neutral <input type="radio"/> Mostly positive <input type="radio"/> Very positive</p>
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<p>days missed (last week): days missed (last month): Relationship with PrEP provider:</p>	<p>Pre-Exposure Prophylaxis (PrEP) - Follow-Up</p> <p><i>Do you want to discontinue PrEP?</i> <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p><i>Why do you want to discontinue PrEP?</i></p> <table><tr><td><input type="checkbox"/> Side effects</td><td><input type="checkbox"/> Stigma of taking HIV medication</td></tr><tr><td><input type="checkbox"/> Expense of medication</td><td><input type="checkbox"/> Expense of healthcare visits</td></tr><tr><td><input type="checkbox"/> Engaging in more risky behaviors during PrEP</td><td><input type="checkbox"/> Fear of viral resistance</td></tr><tr><td><input type="checkbox"/> Fear of disclosing to partner(s)</td><td><input type="checkbox"/> Relationship with healthcare provider</td></tr><tr><td><input type="checkbox"/> Remembering to take PrEP consistently</td><td><input type="checkbox"/> Other: <input type="text"/></td></tr></table>	<input type="checkbox"/> Side effects	<input type="checkbox"/> Stigma of taking HIV medication	<input type="checkbox"/> Expense of medication	<input type="checkbox"/> Expense of healthcare visits	<input type="checkbox"/> Engaging in more risky behaviors during PrEP	<input type="checkbox"/> Fear of viral resistance	<input type="checkbox"/> Fear of disclosing to partner(s)	<input type="checkbox"/> Relationship with healthcare provider	<input type="checkbox"/> Remembering to take PrEP consistently	<input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> Side effects	<input type="checkbox"/> Stigma of taking HIV medication										
<input type="checkbox"/> Expense of medication	<input type="checkbox"/> Expense of healthcare visits										
<input type="checkbox"/> Engaging in more risky behaviors during PrEP	<input type="checkbox"/> Fear of viral resistance										
<input type="checkbox"/> Fear of disclosing to partner(s)	<input type="checkbox"/> Relationship with healthcare provider										
<input type="checkbox"/> Remembering to take PrEP consistently	<input type="checkbox"/> Other: <input type="text"/>										

<p>days missed (last week): days missed (last month): Relationship with PrEP provider:</p>	
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EMR Documentation: Plan

PEP	PrEP Eval	PrEP Pt Engagemt	PrEP Follow-Up	Clinical Assmt	Chart Review
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Sexual Risk Exposure Prophylaxis **DOB:** 02/27/1973 **Patient Age:** 43 Years Old

Pre-Exposure Prophylaxis (PrEP) - Risk Reduction Previous

How do you plan on reducing your risk of HIV and Sexually Transmitted Infections (STIs)?

<input type="checkbox"/> Taking PrEP	<input type="checkbox"/> Using Post-Exposure Prophylaxis (PEP)
<input type="checkbox"/> Increasing condom use	<input type="checkbox"/> HIV/STI testing with partner(s)
<input type="checkbox"/> Reducing the number of sexual partners	<input type="checkbox"/> Monogamy or serial monogamy
<input type="checkbox"/> Using lubrication	<input type="checkbox"/> Obtaining regular HIV/STI testing
<input type="checkbox"/> Reducing exposure to ejaculate	<input type="checkbox"/> Other: <input type="text"/>

Pre-Exposure Prophylaxis (PrEP) - Plans & Goals Previous

How long do you plan on taking PrEP?

Up to 3 months
 Up to 1 year
 At least 1 year
 Unsure/Undecided

Patient goals, plans, and other comments:

EMR Documentation: Sexual Risk Assessment

Sexual Risk Assessment

DOB: 02/27/1973
Patient Age: 43 Years Old

Sexual Activity & Identity

Sexually active: Yes No

Current sexual partner(s):

Previous sexual partner(s):

Number of partners in the past year:

Number of partners in the past 2 months:

Current relationship:

Age of first sexual intercourse:

Attracted to:

Sexual orientation:

Sex at birth:

Gender identity:

Contraception

Previous contraception methods (click all that apply):

- Abstinence
- Birth Control Pills
- Cervical Caps
- Condoms - male

Current contraception method:

Sexual Assault Risk / History

History of forced sex: Yes No

Has exchanged sex for money? Yes No

Sexual Behaviors

Behavior

- Giving oral sex on penis
- Receiving oral sex on penis
- Giving oral sex on vagina
- Receiving oral sex on vagina
- Giving oral sex on anus
- Receiving oral sex on anus

Behavior

- Putting penis into vagina
- Receiving penis into vagina
- Putting penis into anus
- Receiving penis into anus
- Contact with menstrual blood
- Sharing sexual toys

STI History

	Date	Result
<input type="checkbox"/> Chlamydia	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Gonorrhea	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Hepatitis A	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Hepatitis B	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Hepatitis C	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Herpes	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Syphilis	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -

	Date	Result
<input type="checkbox"/> LGV	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> HIV	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Bacterial Vaginosis	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> HPV	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Scabies/Lice	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Trichomoniasis	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -

Depo-Provera Injection

Oral Contraceptive

Adult HM&E

Adolescent HM&E

v2.08 - version date: 07/28/2014
Alliance of Chicago Community Health Services, LLC

EMR Documentation: Lab Order

Custom List Categories Search Order Details

Use custom list:

PrEP Start		
<input type="checkbox"/> PrEP Start Labs	<input type="checkbox"/> Creatinine, Serum	<input type="checkbox"/> GC NAA, Rectal
<input type="checkbox"/> HIV Ab with reflex confirmation	<input type="checkbox"/> BUN	<input type="checkbox"/> CT NAA, Rectal
<input type="checkbox"/> Basic Metabolic Panel (8)	<input type="checkbox"/> HIV VL, Real Time PCR	<input type="checkbox"/> CT/GC NAA, Rectal
<input type="checkbox"/> Hep B Panel		<input type="checkbox"/> Trichomonas by Amp, male
Optional for PrEP Start		
<input type="checkbox"/> hCG, Serum, Quant	<input type="checkbox"/> RPR with reflex titer and TP-PA	<input type="checkbox"/> Trichomonas by Amp, female
PrEP Follow Up		
<input type="checkbox"/> PrEP Follow Up Labs	<input type="checkbox"/> HCV Antibody	
<input type="checkbox"/> HIV Ab with reflex confirmation	<input type="checkbox"/> Hep A.Ab, Total	
	<input type="checkbox"/> CT/GC NAA (urine, endocervix, urethra)	
	<input type="checkbox"/> GC NAA, Pharyngeal	

Optional for BOTH PrEP Start and Follow Up

STI Labs

EMR Documentation: Quick Text Plan

(prep1) Confirmed that patient is at significant risk for HIV acquisition (sexual transmission, IVDU).

Counseled for 20 minutes on rationale of Truvada as a part of a comprehensive prevention plan that involves 100% condom use, the need to take Truvada every day for it to be a functional preventive measure, and some of the common side effects of Truvada.

(prep2) Plan to verify HIV negative status with 4th generation HIV Ab test and/or HIV RNA PCR.

Patient advised to stay abstinent (or at least use condoms) until HIV results are known and until PrEP is started. Confirm CrCl > 60, Hep B status and perform STI testing. Rule out pregnancy in female and trans male patients. Patient to return to discuss testing; if no contraindications will have patient 1) sign PrEP agreement form 2) Start Truvada with 3 month supply 3) re-inforce risk reduction and 4) discuss medication adherence.

(prep3)

Plan for future follow up every 3 months for clinical visit addressing: 1) confirmation of continued HIV negative status 2) Medication adherence counseling 3) Behavioral risk reduction support 4) Side effect assessment 5) STI symptom assessment. Also plan for renal function assessment first at 3 months and every 6 months thereafter.

Adherence Support

- All team members establish rapport between patient and agency via outreach and "in-reach"
- Peer Navigator can attend medical appointments with patients to facilitate relationship development with provider
- Peer Navigator can provide "warm" referrals and handoffs to community agencies with periodic follow-up to assess engagement in support services

Adherence Support (cont.)

- Peer Navigator and RN can provide ongoing counseling and adherence support between appointments
- Peer Navigator and RN can monitor adherence to treatment plan and provide reminder calls/texts/letters
- Peer Navigator can periodically reassess services provided to ensure that they meet current needs
- Outreach for nonadherence: phone calls, texts, letters, etc.

Problems and Solutions

- **How do we provide PrEP to patients with outside PCPs?**
 - **Solution**: Implement insurance pre-screening by POWER Staff, and have all PrEP patients schedule through POWER Project
 - Insurance is verified same-day to assess need for specialty referral from outside PCP. Be mindful that some MCOs will require that PrEP is provided by an Infectious Disease Provider

Problems and Solutions (2)

- **How do we confront stigma?**
 - **Solution:**
 - Address “Truvada Whore” concept
 - Normalize sexual health
 - Reframe people’s health belief system
 - Use peers to provide support
 - Maintain sex-positive approach to outreach and engagement

Problems and Solution (3)

- **How do we manage our data?**
 - **Solution:**
 - Use internal EMR program or overlay system (i2i)
 - Create proxy for PrEP patients (ICD10, tag)
 - Assign status (taking, stopped, never started)
 - Assure gender and sexual orientation is tracked, as well as age, ethnicity/race, STIs

Problems and Solutions (4)

- **How do we keep agency or program focused on expanding PrEP?**
 - **Solution**: Develop agency PrEP Taskforce or Committee
 - Provides structure for addressing organizational concerns, brainstorming marketing ideas, and helps to maintain momentum

Contact

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References

- <https://start.truvada.com/>
- <http://start.truvada.com/individual/truvadaprep-patient-resources>
- <http://www.cdc.gov/hiv/basics/prep.html>
- <http://www.cdc.gov/hiv/risk/prep/>

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