

Enhancing PrEP Access for Black and Latino Men Who Have Sex with Men

Corina Lelutiu-Weinberger, PhD

Hunter College, Hunter HIV/AIDS Research Team (HART)

11th International Conference on HIV Treatment and Prevention Adherence

May 9-11, 2016

Fort Lauderdale



Conflict of Interest Disclosure

Corina Lelutiu-Weinberger, PhD

Has no real or apparent
conflicts of interest to report.

Pre-Exposure Prophylaxis (PrEP)

*** Potential to end the epidemic (92% effective)**

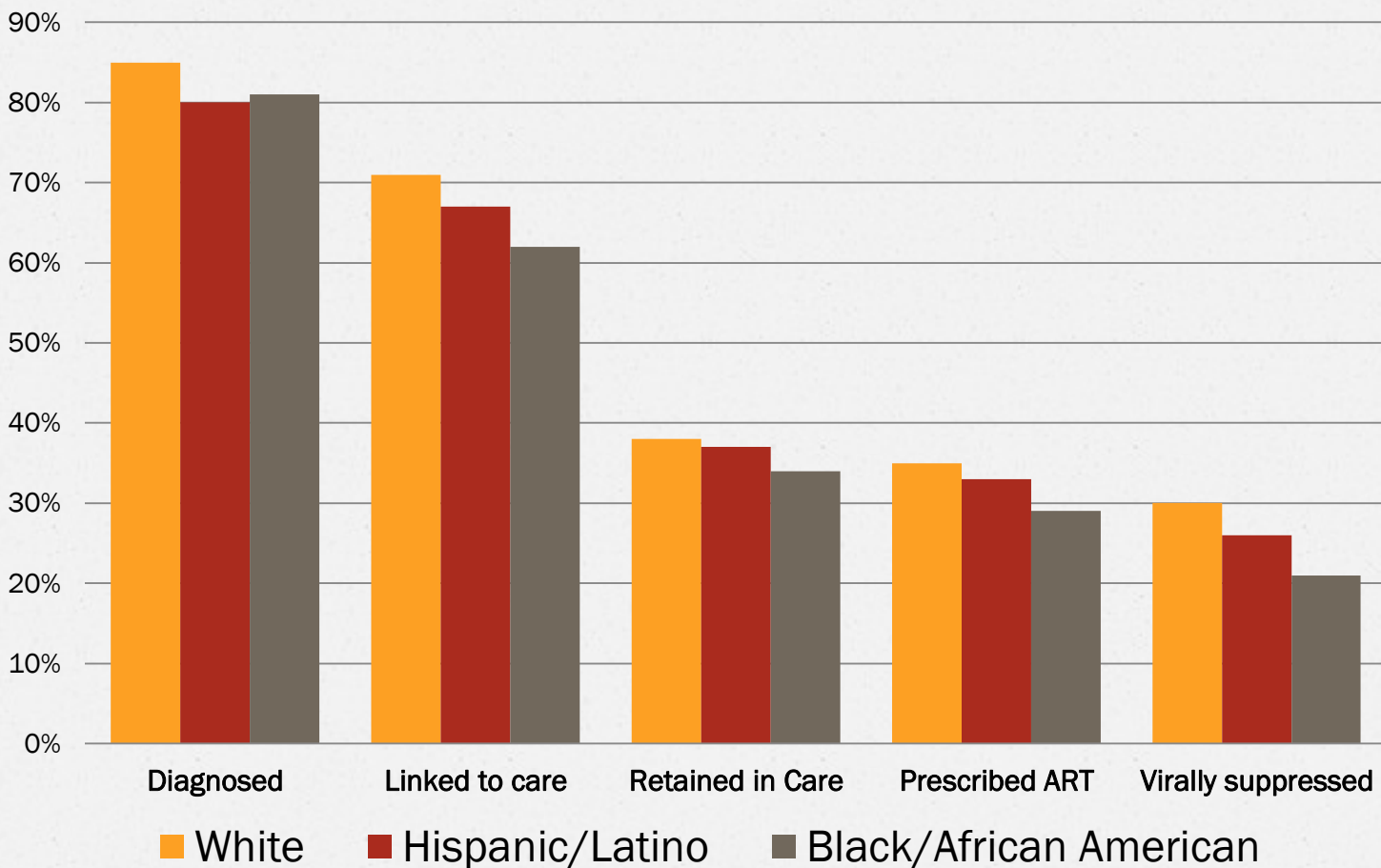
o Increasing implementation and acceptability across high-priority groups (Cohen et al., 2015; Hosek et al., 2013)

o **Yet, differential uptake by most vulnerable groups in the US: MSM of color**

(Cairns, 2015; Galindo et al., 2012)

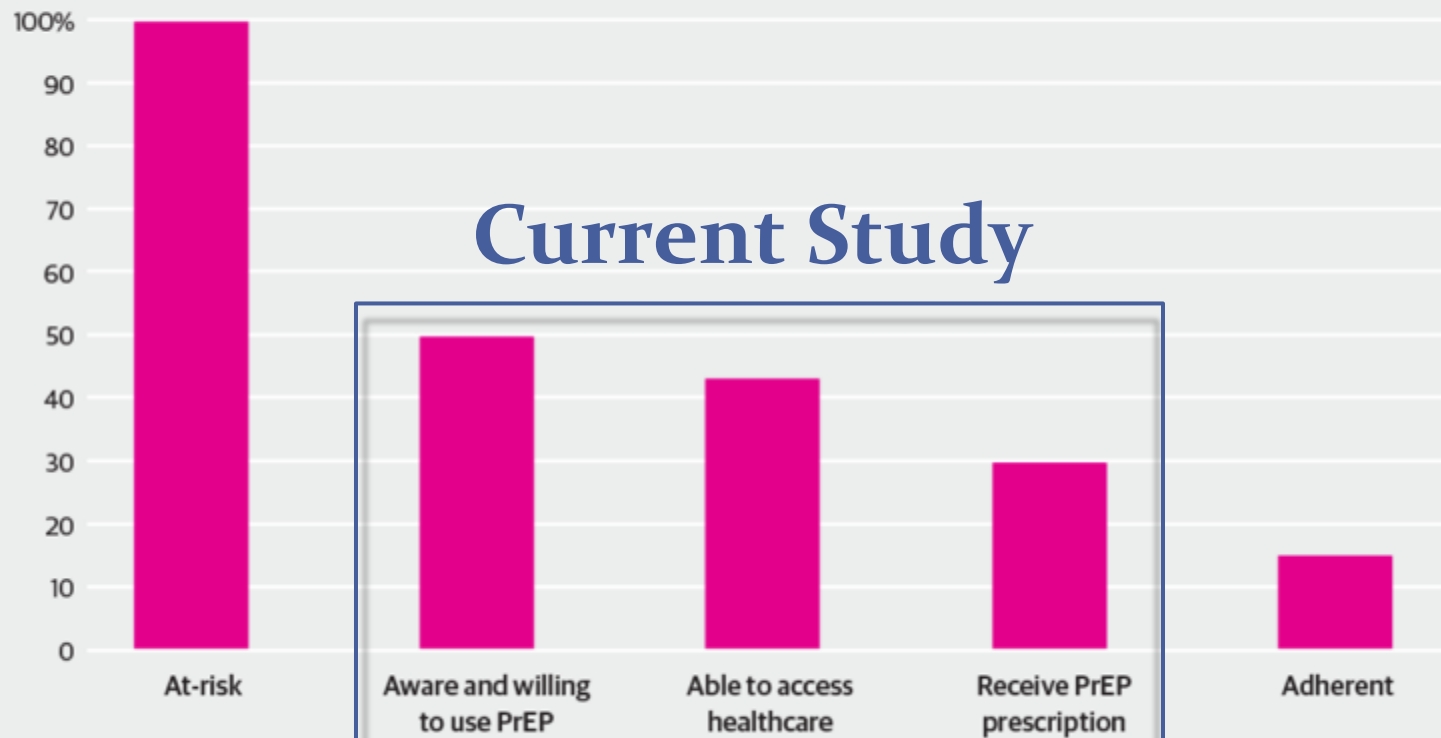


HIV Treatment Cascade



CDC, 2012

Ensure that disparities are not mirrored in PrEP cascade



Kelley et al., 2015

Current Study

R01MH095565; Golub (PI)

- Examine salience of particular barriers to PrEP for Black and Latino MSM compared to other MSM
- Identify points of intervention:
 - **Systems** level (e.g., setting of care)
 - **Provider** level (e.g., patient-provider dynamics)
 - **Individual** level (e.g., risk and PrEP efficacy attitudes)
- Operationalization of barriers was guided by PrEP expert interviews and examination of the literature

PrEPARE NYC Study

- Impact of PrEP messaging on comprehension and acceptability
- January 2012 – June 2014
- NYC recruitment:
 - Passive (ads in physical and virtual spaces)
 - Active (bars, events, CBOs)
 - Participant referrals



R01MH095565; Golub (PI)

PrEPARE NYC Study

o Eligibility:

- o Male gender assigned at birth (regardless of current gender identity)
- o At least 18
- o Self-reported HIV-negative serostatus
- o =>1 condomless sex act with any male partner in past month

o 2-hour study visit compensated with \$40:

- o PrEP messaging
- o Sexual history (counterbalanced with messaging)
- o Self-administered survey

R01MH095565; Golub (PI)

Sample

- o Total of 500 eligible participants
 - o 491 included in current analyses (9 on PrEP)
- o Age: M=33; SD=10.5; range: 18-66
- o Race/ethnicity:
 - o Black/African American 33%
 - o Latino 23%
 - o White 37%
 - o Other 7%

Classification of Black and Latino MSM

- o Classification of Black and Latino men in HIV research remains suboptimal and imprecise
- o OMB's and NIH's guidelines for classification of federal data on race/ethnicity
- o **Latino**: Anyone identifying as Hispanic or Latino (in the two-step question including multiracial)
- o **Black**: Anyone identified as Black, African American, Caribbean, or West-Indian

Rationale for Black and Latino Group

- o No significant differences between Black and Latino MSM in separate analyses
 - o Same pattern of difference compared to the primarily white rest of the sample
- o Decision to combine Black and Latino samples

Research on **group specific PrEP-related barriers** and **needs** for culturally competent support remains paramount.

Systems Level Barriers

- Insurance type

- public, private, uninsured

- Point of health care access

- private doctor, community health center,
public clinic or hospital/emergency room.

Provider Level Barriers

- o Having a regular provider: yes/no
- o Having to talk to doctor about their sex life before PrEP use: 5-point scale, dichotomized into “not important” (1-3) versus “important” (4-5).
- o Patient agency in health decision-making: 5-point scale, dichotomized into “high” (3-5) or “low” (1-2) desire for agency in medical decision-making. (Sutherland et. al., 1989)

Individual Level Barriers

- o Importance of barriers to PrEP (not important vs important)
 - o Having to take a daily pill.
 - o Stigma-related:
 - o People will think I am HIV+
- o Efficacy-related:
 - o PrEP does not provide complete protection (agree vs disagree)
 - o Sexual risk while on PrEP (much less risky vs much more risky)

PrEP Facilitators

(degree of importance)

○ Systems-level:

- Access to free testing and sexual health care

○ Provider-level:

- one-on-one counseling and support for PrEP

○ Patient-level:

- Text-based support for PrEP use

Analyses

- No differences by study condition
- Bivariate analyses for sample differences
- Logistic regression models: differences by racial/ethnic groups on the three levels
- SES adjustment: BA degree (y/n) & =<10K annually

Results

- o BLMSM **more likely** to:
 - o Be younger
 - o Earn \leq \$10,000 annually

- o BLMSM **less likely** to:
 - o Have a BA
 - o Identify as gay

- o **No differences** by race/ethnicity in:
 - o Acceptability of PrEP
 - o Testing behavior
 - o Having to pay for PrEP as a deterrent for use

All analyses
adjusted for
education and
income

Table 1. Race-Ethnicity as Determinant of Systems-Level Barriers to PrEP Access

	Adjusted for SES	BLMSM	Other MSM
	aOR	% Yes	% Yes
Insurance Type			
Public	3.2**	45.6	13.1
Private	.45**	35.7	67.2
Uninsured	.91	19.5	19.6
Point of Health care Access			
Private doctor’s office	.78	44.2	58.8
Community Health Center	.70	9.2	11.0
Public Clinic	2.4*	16.2	7.3
Hospital Clinic or ER	1.03	30.2	23.0
Identify as gay	1.01	68.4	78.0

* $p < 0.01$; ** $p < 0.001$

Table 2. Race-Ethnicity as Determinant of Provider-Level Barriers to PrEP Access

	Adjusted for SES	BLMSM	Other MSM
	aOR	% Yes	% Yes
Have a regular provider	.88	72.8	78.5
Having to talk to my doctor about my sex life	3.7*	33.5	8.98
Desire for agency in medical decisions	.58*	56.5	69.6

* $p < 0.001$

Table 3. Race-Ethnicity as Determinant of Patient-Level Barriers to PrEP Access			
	Adjusted for SES aOR	BLMSM % Yes	Other MSM % Yes
<i>Stigma Concerns</i>			
People seeing me take it will want to know why	2.3***	35.5	17.2
People seeing me take it will think have HIV	2.1**	33.2	18.2
<i>Efficacy Concerns</i>			
PrEP does not provide complete protection	1.6*	61.7	48.1
CAR is less risky on PrEP	.61*	58.5	79.1
CAI is less risky on PrEP	.51**	66.1	75.2
Sex with an HIV+ partner is less risky on PrEP	.61**	49.0	66.4
* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; CAR = condomless anal receptive sex; CAI = condomless anal insertive sex			

PrEP Facilitators

(degree of importance)

- o No differences by race/ethnicity in “Not having to pay for PrEP”
- o BLMSM accorded significantly higher importance to all other facilitators.

Familiar and Persistent Message

- o I hear you
- o I want protection

BUT

- o You're not meeting me where I'm at (**systems**)
- o I don't want to talk to you about sex (**provider**)
- o I don't yet believe PrEP can protect me (**patient**)

PrEP care cascade



Kelley et al., 2015

Systems Access

o Barriers:

- o Points of health care accessed by BLMSM are less likely to offer PrEP
- o Insurance coverage remains a issue

o Facilitation:

- o Incorporate PrEP messaging into practices frequented by BLMSM
- o Expand PrEP availability beyond LGBT-specific clinics and private practices

Provider Dynamics

o Barriers:

- o Reluctance to discuss sex life
- o Disengagement from own medical decisions

o Facilitation:

- o Increase provider skills to initiate sexual behavior conversations relevant to MSM
- o Create opportunities for BLMSM to ask questions and have input in their health care decisions
- o BLMSM more likely to rate availability of enhanced services as important PrEP uptake facilitators: free sexual health care while of PrEP; SMS, one-on-one and group adherence support

PrEP Efficacy Trust

o Barriers:

- o Decreased trust in PrEP efficacy
- o Stigma

o Facilitation:

- o High-quality PrEP education
 - o From “what it is” to “how we know it works”
- o Messaging by trusted community members
- o Hybrid in-person and mobile health support
- o Long-acting injectable options

Limitations

- Black and Latino men are culturally distinct
- Study aims did not investigate racial/ethnic differences – require considerably expanded measures
- PrEP interest likely higher in this sample
- PrEP attitudes and stigma have likely shifted since 2012-14

Looking Forward Missed Opportunities

Black and Latino men who have sex with men are

- o on board,
- o motivated, and
- o asking for more care and care that speaks to them

Listen closely.

Acknowledgements

Sarit A. Golub, PhD, MPH (PI)

Kristi E. Gamarel, PhD

Anthony Surace, MA

Inna Saboshchuk

Kailip Boonrai

Ruben Jimenez

DaShawn Usher

All research participants.....

Michael Stirratt, PhD

Willo Pequegnat, PhD

The National Institute of Mental Health

Grant #: R01MH095565

Dates: 09/2011 - 06/2014

PI: Sarit A. Golub, PhD, MPH



Thank you!

clelutiu@hunter.cuny.edu



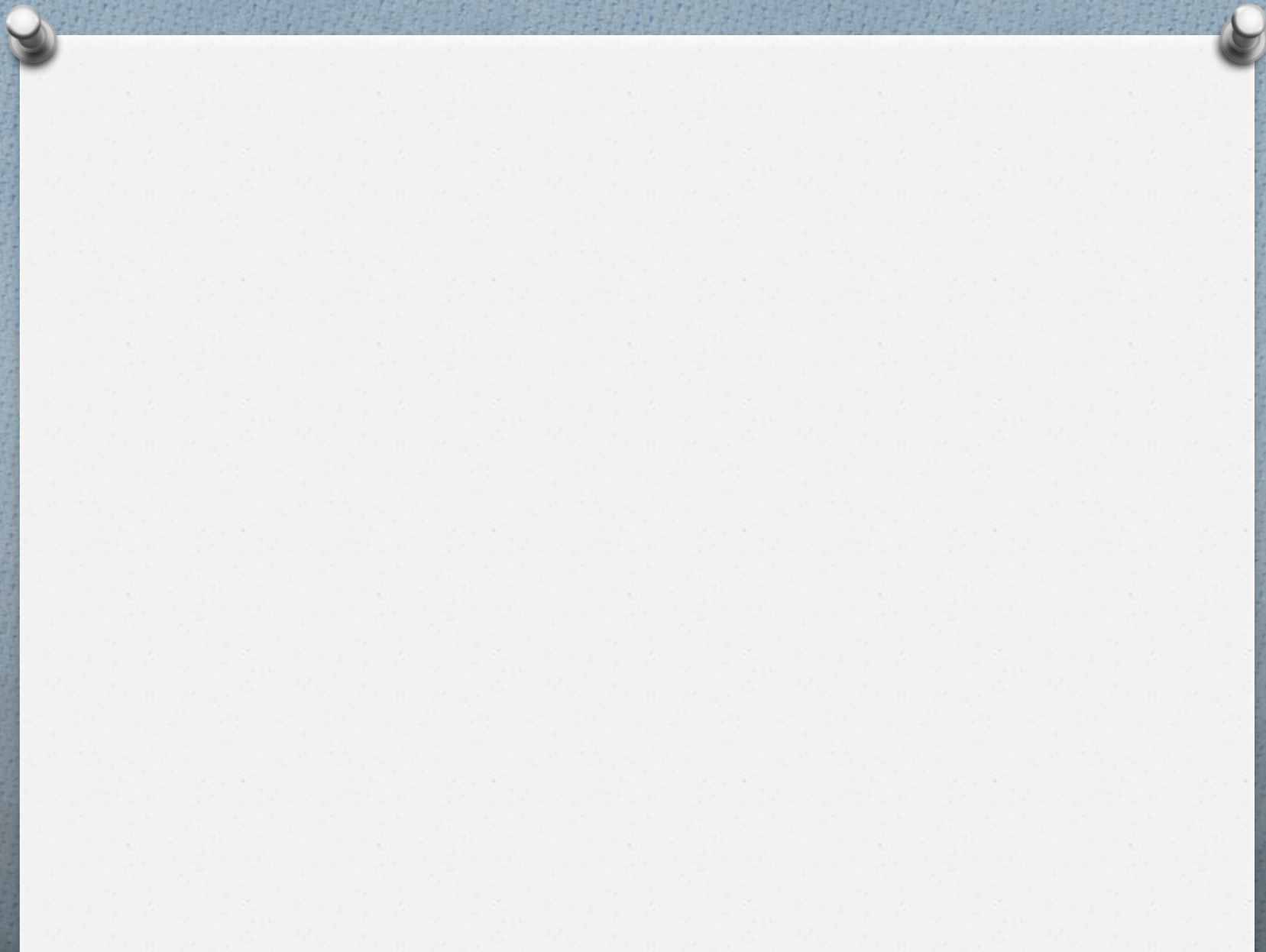


Table 1. Sample characteristics (N=491).

	Total	Black and Latino MSM (n = 277)	Other MSM (n = 214)	
	N(%)	n(%)	n(%)	Significance
<i>Age</i>				$p < 0.05$
18-29	233 (47)	144 (52)	89 (42)	
30-49	216 (44)	115 (42)	101 (47)	
50 and above	42 (9)	18 (7)	24 (11)	
<i>Education</i>				$p < 0.001$
Does not have a BA	274 (56)	204 (74)	70 (33)	
BA or more	217 (44)	73 (26)	144 (67)	
<i>Income</i>				$p < 0.001$
<\$10,000	151 (31)	113 (41)	38 (18)	
\$10,000 to \$49,000	255 (52)	142 (51)	113 (53)	
\$50,000 to \$75,000	42 (8)	15 (5)	27 (13)	
> \$75,000	43 (9)	7 (3)	36 (17)	
<i>Sexual Identity</i>				$p < 0.01$
Gay	357 (73)	188 (68)	254 (78)	
Not gay	134 (27)	89 (32)	45 (21)	
<i>Relationship Status</i>				<i>n.s.</i>
Single	251 (51)	149 (54)	102 (48)	
In a relationship	240 (49)	128 (46)	112 (52)	
<i>HIV Testing</i>				<i>n.s.</i>
Past 6 months	346 (70)	200 (72)	146 (68)	
Over 6 months ago	145 (30)	77 (28)	68 (32)	
<i>Likelihood of taking PrEP</i>				<i>n.s.</i>
Maybe or definitely not	162 (33)	84 (30)	78 (36)	
Probably or definitely	329 (67)	193 (70)	136 (64)	
		Mean (SD)	Mean (SD)	
Number of sexual partners		5.1 (6.6)	3.7 (4.0)	$p < 0.01$
Number of condomless anal sex acts		4.88 (5.7)	4.81 (5.4)	<i>n.s.</i>
Percent acts that were condomless		55.7 (30.0)	65.7 (31.4)	$p < 0.01$
<i>Days of substance use past month</i>		14 (10.9)	14 (9.3)	<i>n.s.</i>
<i>Heavy drinking days past month</i>		3.6 (5.7)	3.3 (4.7)	<i>n.s.</i>

Table 4. Racial-Ethnic Differences in Facilitators of PrEP adoption.			
	BLMSM	Other MSM	Adjusted for SES
	% Yes	% Yes	aOR
Systems-Level Facilitators			
Access to free HIV testing	84.5	65.9	2.1*
Access to free sexual health care	83.7	68.2	2.1*
Not having to pay for PrEP	84.5	80.1	1.5
Provider-Level Facilitators			
Access to one-on-one counseling and support for PrEP use	82.1	60.0	2.6**
Access to support or counseling about my sex life	62.8	40.1	2.5**
Patient-Level Facilitators			
Access to text-based support for PrEP use	71.5	45.3	2.4**
Access to group adherence PrEP support	60.2	30.1	2.4**
* <i>p</i> < 0.01; ** <i>p</i> < 0.001			

Conclusions

- o **No differences** between BLMSM and others in:
 - o PrEP acceptability
 - o HIV prevention behavior (testing; % time condom use higher for BLMSM)
- o **Unique barriers** for BLMSM:
 - o Access
 - o Provider dynamics
 - o Efficacy trust

Looking Forward “Time of Day”

- o Equitable care :
 - o accord sufficient *time* to explain the Why and the How behind PrEP efficacy
 - o invite questions to increase agency

Gain trust in and new comfort with providers.
Be empowered to ask for what's right for them.