



# **The Implications of Race and Medical Mistrust for Women's Comfort Discussing PrEP with a Healthcare Provider**

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**Adherence 2018 • June 8-10 • Miami**



# BACKGROUND



# HIV Risk and PrEP Uptake

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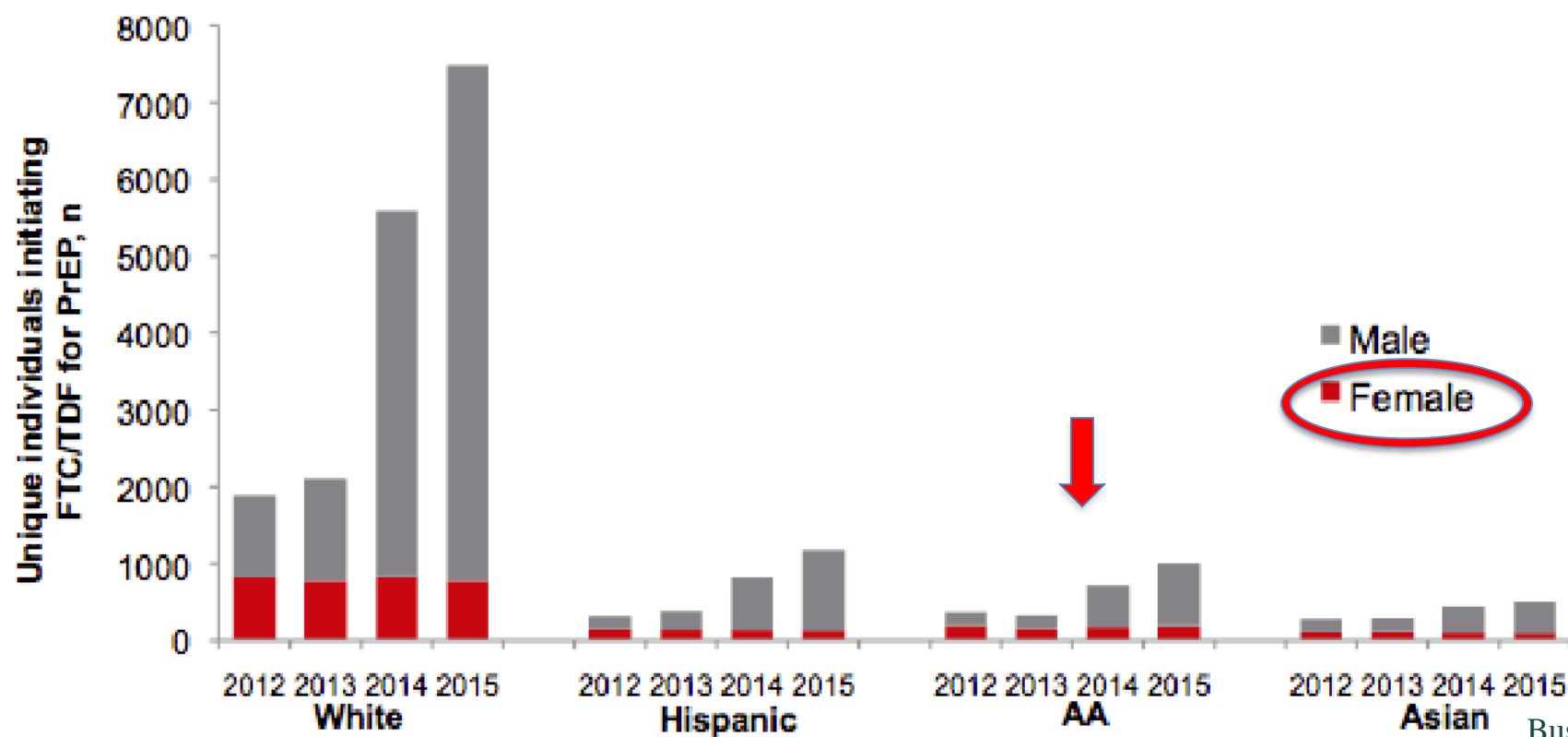
- Black women are **20 times** more likely than White women to be diagnosed with HIV.<sup>1</sup>
- Racial minorities and women are less likely to be prescribed PrEP.<sup>2,3</sup>

1 Hess et al., 2017

2 Smith, Handel, & Grey, 2018

3 Wu et al., 2017

# New FTC/TDF PrEP Starts by Race/Ethnicity and Sex/ Gender\*





# Medical Mistrust

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- Medical mistrust may function as a barrier to PrEP uptake among Black women.<sup>1,2</sup>
- Mistrust of government and pharmaceutical industry

1 Auerbach et al., 2015

2 Hill, Patel, Haughton, & Blackstock, 2017



# Medical Mistrust

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- Lack of confidence in the medical system and intentions and work of medical professionals.<sup>1</sup>
- Black Americans are more likely than White Americans to have medical mistrust.<sup>2,3</sup>

1 Ball, Lawson, & Alim, 2013

2 Doescher, Saver, & Franks, 2000

3 Halbert, Armstrong, Gandy, & Shaker, 2006



# Gap in Literature

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- Few studies have looked at the relationship between medical mistrust and decisions to seek/initiate PrEP.
  - Mostly qualitative and mainly focused on MSM.<sup>1,2,3,4,5</sup>

1 Cahill et al., 2017

2 Eaton et al., 2014

3 Eaton et al., 2017

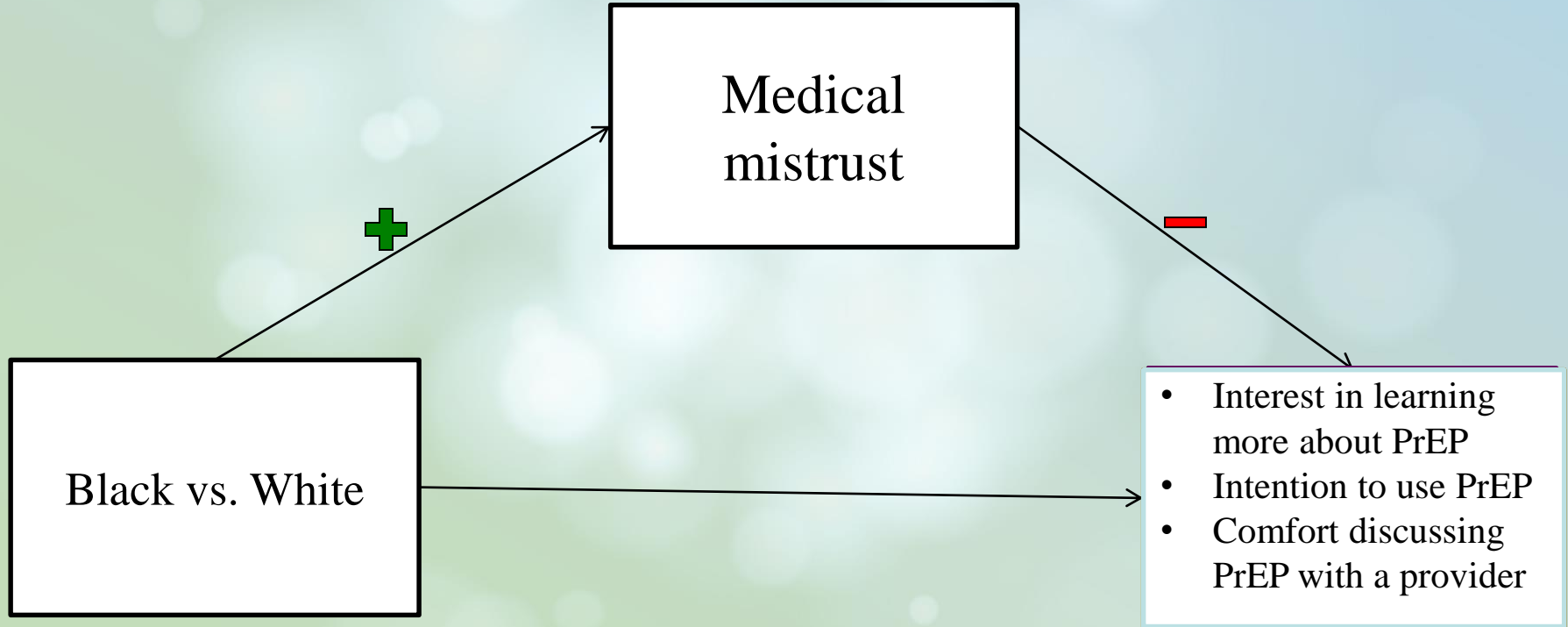
4 Hill, Patel, Haughton, & Blackstock, 2017

5 Underhill et al., 2015



# Study Overview

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# METHODS

# Study Procedure

#ADHERENCE2018



- Parent study: **PrEP'ing Planned Parenthood Project**
- 2017 cross-sectional online survey
- 3 Planned Parenthood centers in Connecticut
  - Recruited patients 18+ engaged in care in preceding 10 months
- $n = 973$  participants enrolled
  - $n = 501$  met study criteria:
    - Self-identified Black or White women
    - HIV-negative
    - Heterosexually active in the past six months
    - PrEP inexperienced
- Given information about PrEP
- Median duration: 35 minutes
- Compensated post survey completion





- **Background characteristics** (e.g. race, sex, age)
  - “Which of the following best describes your race?”
    - (1) American Indian or Alaska Native (2) Asian (3) Black or African American (4) Native Hawaiian/Other Pacific Islander (5) White (6) other
- **Medical mistrust**
  - Group-based Medical Mistrust Scale (GBMMS).<sup>1</sup>
- **Interest in learning more about PrEP**
  - “How interested are you in learning more about PrEP (daily HIV prevention pill)?”
- **Intention to use PrEP**
  - “How likely would you be to take PrEP (daily HIV prevention pill) if it were available for free?” <sup>2</sup>
- **Comfort discussing PrEP with a provider**
  - “How comfortable would you be talking with a healthcare provider about PrEP (daily HIV prevention pill)?”



# RESULTS

# Background Characteristics (n = 501 women)

#ADHERENCE2018



- **Race/Ethnicity**

- 48% Black
- 52% White

- **Age**

- 39% 18 - 25 years
- 47% 26-35 years
- 14% >35 years

- **Education**

- 72% <bachelor's

- **Employment**

- 69% employed PT or FT

- **Annual Income**

- 24% ≤\$10,000
- 33% \$11,000-30,000
- 43% \$31,000+

- **Sexual Orientation**

- 78% heterosexual
- 14% bisexual
- 1% gay/lesbian
- 7% other

- **PrEP Awareness**

- 24% ever heard of PrEP



# Background Characteristics: Comparisons

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## No Significant Difference

- Age
- Sexual orientation
- Health insurance status
- Perceived HIV risk
- Number of sexual partners
- Rate of condom use

## Significant Difference

- Annual income
- Education level
- Marital status
- Employment status
- Recent HIV test
- PrEP knowledge\*



# Results

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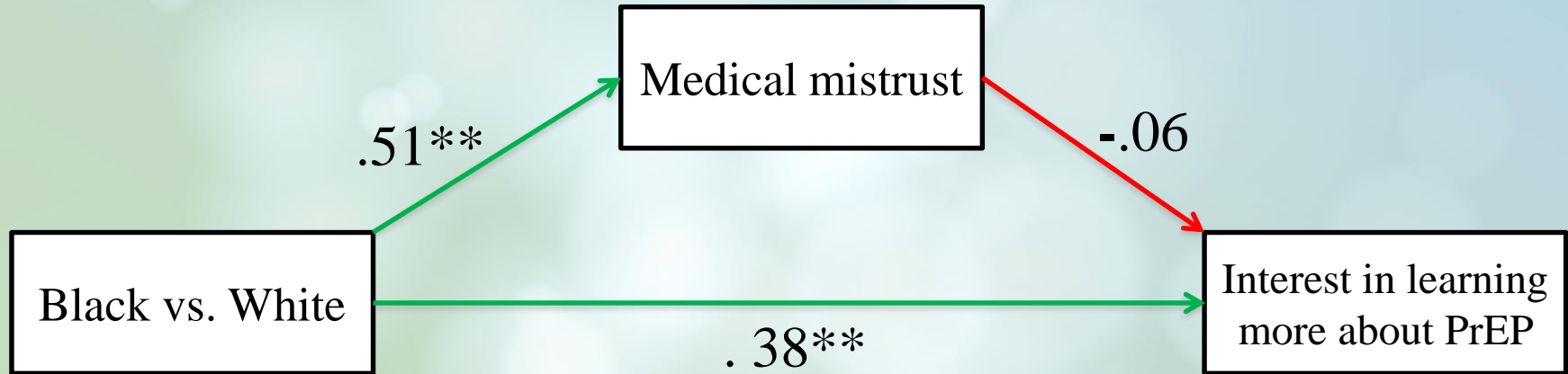
- Hayes' PROCESS macro for SPSS.<sup>1</sup>
- Adjusted for:
  - Annual income, employment status, level of education, and perceived HIV risk, age, ethnicity, insurance status, marital status, and prior PrEP knowledge

<sup>1</sup> Preacher & Hayes, 2008

<sup>2</sup> Hayes, 2009



# Outcome: Interest in learning more about PrEP



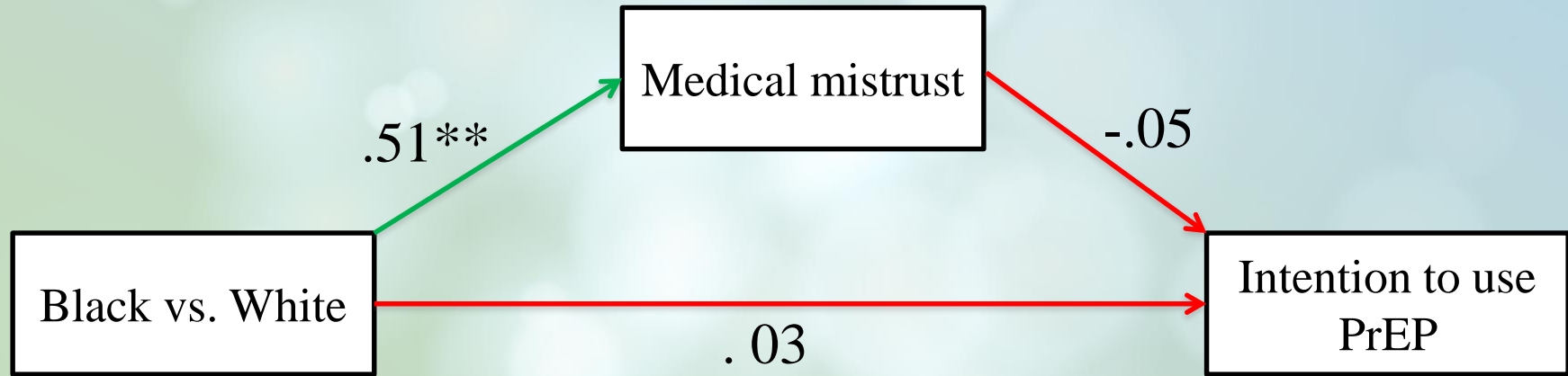
*Note.* Indirect effect =  $-.0313$ , SE =  $.0427$ , 95% confidence interval =  $-.1142, .0527$ .

$^{**}P < .01$





# Outcome: Intention to use PrEP

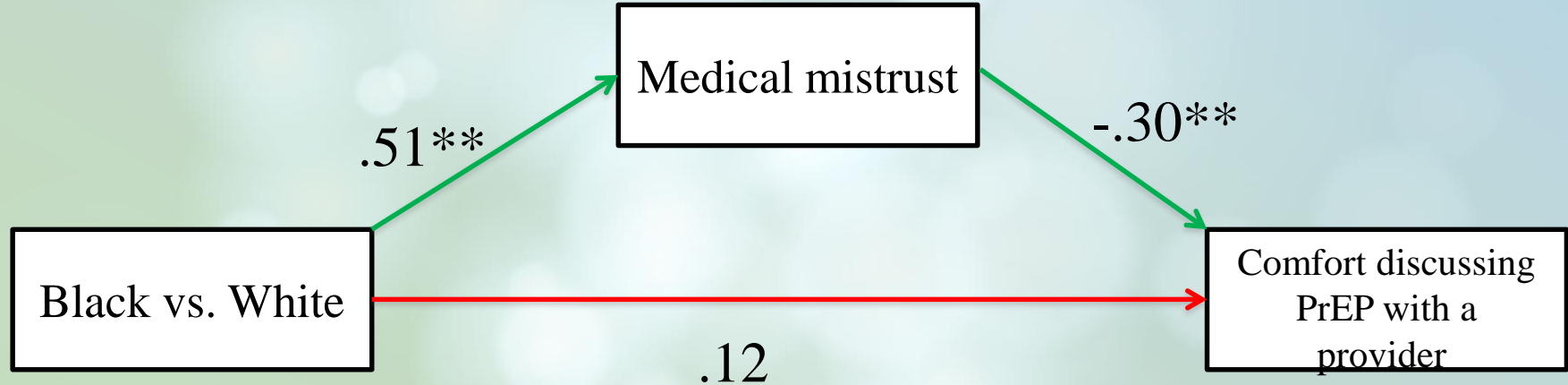


*Note.* Indirect effect =  $-.0267$ , SE =  $.0490$ , 95% confidence interval =  $-.126$ ,  $-.071$ .

$^{**}P < .01$



# Outcome: Comfort discussing PrEP



*Note.* Indirect effect =  $-.1558$ ,  $SE = .0499$ , 95% confidence interval  $-.2623, -.0679$ .

**\*\*** $P < .01$



# DISCUSSION



# Summary of Findings

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- Black women had more medical mistrust.
  - Associated with lower comfort in discussing PrEP with a healthcare provider.
- Lack of trust in and comfort with healthcare professionals may compromise medication access.



# Implications

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- Increased efforts to build trust in the healthcare system.
  - Greater diversity among healthcare workers.
- More aggressive efforts to increase PrEP awareness.
  - Public awareness campaigns.
  - Routinizing PrEP education in health services.<sup>1</sup>

<sup>1</sup> Calabrese et al., 2017



# Limitations & Future Research

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- Sample engaged in care
  - Association with Planned Parenthood
  - Sample may be lower in medical mistrust than the larger population
- Replicate with women not engaged in care



# Limitations & Future Research

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- Cross-sectional study
- A mixed-methods, longitudinal study
  - Culturally tailor PrEP dissemination efforts
  - Inform ways to build trust in the medical system and increase engagement in care



# Acknowledgements

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- **National Institute of Mental health**
  - CIRA Pilot Projects in HIV Prevention Research Program [P30-MH062294]
- **Participating Planned Parenthood centers and patients**
- **PrEP'ing Planned Parenthood Research Team**
  - Sarah Calabrese, Abigail Caldwell, Susan Lane, Clair Kaplan, Trace Kershaw, Tiara Willie, John Dovidio, Oni Blackstock, Cara Safon, Rachel Galvao, Tamara Taggart, Courtney Peasant, Brittany Wilbourn, Damon Ogburn, Djordje Modrakovic
- **GWU Sexuality & Health Equity Lab**
  - Sarah Calabrese, Damon F. Ogburn, Djordje Modrakovic, Riko Boone, Brittany Wilbourn





**Thank you!**

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# **SUPPLEMENTARY SLIDES**



# PrEP Background Information

- PrEP is a daily pill that can be prescribed to HIV negative individuals to help prevent them from becoming infected with HIV.
- If they take PrEP once a day before they are exposed to HIV (such as through having sex with someone who is HIVpositive), PrEP can be over 90% effective in preventing them from getting HIV.
- In July of 2012, the U.S. Food and Drug Administration (FDA) approved a medication called Truvada® as the first PrEP medication, stating, "Truvada is approved for use as part of a comprehensive HIV prevention strategy that includes other prevention methods such as safe sex practices risk reduction counseling and regular HIV testing."
- Providers can now prescribe Truvada as a once a daypill to individuals who are at risk for getting HIV.
- People taking PrEP will need to take an HIV test and follow up with their medical provider every 3 months.
- Most insurance companies cover the cost of PrEP and there are PrEP financial assistance programs for people who are uninsured.
- Side effects can include upset stomach and dizziness when first starting PrEP. However, they typically go away after the first few weeks, and most people who take PrEP do not notice any side effects at all.

## Group-Based Medical Mistrust Scale

### GBMMS

#### Items

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##### Suspicion

5. People of my ethnic group cannot trust doctors and health care workers.
4. People of my ethnic group should be suspicious of information from doctors and health care workers.
3. People of my ethnic group should not confide in doctors and health care workers because it will be used against them.
6. People of my ethnic group should be suspicious of modern medicine.
7. Doctors and health care workers treat people of my ethnic group like “guinea pigs.”
9. Doctors and health care workers do not take the medical complaints of people of my ethnic group seriously.

##### Group Disparities in Health Care

10. People of my ethnic group are treated the same as people of other groups by doctors and health care workers.<sup>a</sup>
8. People of my ethnic group receive the same medical care from doctors and health care workers as people from other groups.<sup>a</sup>
11. In most hospitals, people of different ethnic groups receive the same kind of care.<sup>a</sup>

##### Lack of Support from Health Care Providers

2. Doctors have the best interests of people of my ethnic group in mind.<sup>a</sup>
1. Doctors and health care workers sometimes hid information from patients who belong to my ethnic group.
12. I have personally been treated poorly or unfairly by doctors or health care workers because of my ethnicity.

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<sup>a</sup> Reverse scored.



*“Like with this Tuskegee syphilis thing issue, we think we’re getting one thing, right? Well, really they’re injecting our brothers, our fathers, and husbands with syphilis. And then down the line, 25–30 years, I just don’t trust the whole [thing]”*