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

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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)

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

- **Yet, differential uptake by most vulnerable groups in the US: MSM of color** (Cairns, 2015; Galindo et al., 2012)
HIV Treatment Cascade

Diagnosed: 80%
Linked to care: 80%
Retained in Care: 55%
Prescribed ART: 50%
Virally suppressed: 40%

White
Hispanic/Latino
Black/African American

CDC, 2012
Ensure that disparities are not mirrored in PrEP cascade

**Current Study**

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

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

2-hour study visit compensated with $40:
- PrEP messaging
- Sexual history (counterbalanced with messaging)
- Self-administered survey

R01MH095565; Golub (PI)
Sample

- Total of 500 eligible participants
  - 491 included in current analyses (9 on PrEP)

- Age: M=33; SD=10.5; range: 18-66

- Race/ethnicity:
  - Black/African American 33%
  - Latino 23%
  - White 37%
  - Other 7%

Lelutiu-Weinberger & Golub, submitted to JAIDS
Classification of Black and Latino MSM

- Classification of Black and Latino men in HIV research remains suboptimal and imprecise

- OMB’s and NIH’s guidelines for classification of federal data on race/ethnicity

- **Latino**: Anyone identifying as Hispanic or Latino (in the two-step question including multiracial)

- **Black**: Anyone identified as Black, African American, Caribbean, or West-Indian
Rationale for Black and Latino Group

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

- 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

- Having a regular provider: yes/no

- 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).

- 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

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

O Systems-level:
  O Access to free testing and sexual health care

O Provider-level:
  O one-on-one counseling and support for PrEP

O Patient-level:
  O 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

- BLMSM more likely to:
  - Be younger
  - Earn =< $10,000 annually

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

- No differences by race/ethnicity in:
  - Acceptability of PrEP
  - Testing behavior
  - 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

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

*p < 0.01;  **p < 0.001
<table>
<thead>
<tr>
<th></th>
<th>Adjusted for SES</th>
<th>BLMSM</th>
<th>Other MSM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>aOR</td>
<td>% Yes</td>
<td>% Yes</td>
</tr>
<tr>
<td>Have a regular provider</td>
<td>.88</td>
<td>72.8</td>
<td>78.5</td>
</tr>
<tr>
<td>Having to talk to my doctor about my sex life</td>
<td>3.7*</td>
<td>33.5</td>
<td>8.98</td>
</tr>
<tr>
<td>Desire for agency in medical decisions</td>
<td>.58*</td>
<td>56.5</td>
<td>69.6</td>
</tr>
</tbody>
</table>

*p < 0.001
Table 3. Race-Ethnicity as Determinant of Patient-Level Barriers to PrEP Access

<table>
<thead>
<tr>
<th></th>
<th>Adjusted for SES</th>
<th>BLMSM % Yes</th>
<th>Other MSM % Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>aOR</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Stigma Concerns</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People seeing me take it will want to know why</td>
<td>2.3***</td>
<td>35.5</td>
<td>17.2</td>
</tr>
<tr>
<td>People seeing me take it will think have HIV</td>
<td>2.1**</td>
<td>33.2</td>
<td>18.2</td>
</tr>
<tr>
<td><strong>Efficacy Concerns</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PrEP does not provide complete protection</td>
<td>1.6*</td>
<td>61.7</td>
<td>48.1</td>
</tr>
<tr>
<td>CAR is less risky on PrEP</td>
<td>.61*</td>
<td>58.5</td>
<td>79.1</td>
</tr>
<tr>
<td>CAI is less risky on PrEP</td>
<td>.51**</td>
<td>66.1</td>
<td>75.2</td>
</tr>
<tr>
<td>Sex with an HIV+ partner is less risky on PrEP</td>
<td>.61**</td>
<td>49.0</td>
<td>66.4</td>
</tr>
</tbody>
</table>

*p < 0.05; **p < 0.01; ***p < 0.001; CAR = condomless anal receptive sex; CAI = condomless anal insertive sex
PrEP Facilitators
(degree of importance)

- No differences by race/ethnicity in “Not having to pay for PrEP”

- BLMSM accorded significantly higher importance to all other facilitators.
Familiar and Persistent Message

- I hear you
- I want protection

BUT
- You're not meeting me where I'm at (systems)
- I don't want to talk to you about sex (provider)
- 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 an 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

Barriers:
- Reluctance to discuss sex life
- Disengagement from own medical decisions

Facilitation:
- Increase provider skills to initiate sexual behavior conversations relevant to MSM
- Create opportunities for BLMSM to ask questions and have input in their health care decisions
- 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

Barriers:
- Decreased trust in PrEP efficacy
- Stigma

Facilitation:
- High-quality PrEP education
  - From “what it is” to “how we know it works”
- Messaging by trusted community members
- Hybrid in-person and mobile health support
- 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
- on board,
- motivated, and
- asking for more care and care that speaks to them

Listen closely.
Acknowledgements

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All research participants.....

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Dates: 09/2011 - 06/2014
PI: Sarit A. Golub, PhD, MPH
Thank you!

clelutiu@hunter.cuny.edu
Table 1. Sample characteristics (N=491).

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Black and Latino MSM (n = 277)</th>
<th>Other MSM (n = 214)</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N(%)</td>
<td>n(%)</td>
<td>n(%)</td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>233 (47)</td>
<td>144 (52)</td>
<td>89 (42)</td>
<td>p &lt; 0.05</td>
</tr>
<tr>
<td>30-49</td>
<td>216 (44)</td>
<td>115 (42)</td>
<td>101 (47)</td>
<td></td>
</tr>
<tr>
<td>50 and above</td>
<td>42 (9)</td>
<td>18 (7)</td>
<td>24 (11)</td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Does not have a BA</td>
<td>274 (56)</td>
<td>204 (74)</td>
<td>70 (33)</td>
<td></td>
</tr>
<tr>
<td>BA or more</td>
<td>217 (44)</td>
<td>73 (26)</td>
<td>144 (67)</td>
<td></td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>&lt;$10,000</td>
<td>151 (31)</td>
<td>113 (41)</td>
<td>38 (18)</td>
<td></td>
</tr>
<tr>
<td>$10,000 to $49,000</td>
<td>255 (52)</td>
<td>142 (51)</td>
<td>113 (53)</td>
<td></td>
</tr>
<tr>
<td>$50,000 to $75,000</td>
<td>42 (8)</td>
<td>15 (5)</td>
<td>27 (13)</td>
<td></td>
</tr>
<tr>
<td>&gt; $75,000</td>
<td>43 (9)</td>
<td>7 (3)</td>
<td>36 (17)</td>
<td></td>
</tr>
<tr>
<td><strong>Sexual Identity</strong></td>
<td></td>
<td></td>
<td></td>
<td>p &lt; 0.01</td>
</tr>
<tr>
<td>Gay</td>
<td>357 (73)</td>
<td>188 (68)</td>
<td>254 (78)</td>
<td></td>
</tr>
<tr>
<td>Not gay</td>
<td>134 (27)</td>
<td>89 (32)</td>
<td>45 (21)</td>
<td></td>
</tr>
<tr>
<td><strong>Relationship Status</strong></td>
<td></td>
<td></td>
<td></td>
<td>n.s.</td>
</tr>
<tr>
<td>Single</td>
<td>251 (51)</td>
<td>149 (54)</td>
<td>102 (48)</td>
<td></td>
</tr>
<tr>
<td>In a relationship</td>
<td>240 (49)</td>
<td>128 (46)</td>
<td>112 (52)</td>
<td></td>
</tr>
<tr>
<td><strong>HIV Testing</strong></td>
<td></td>
<td></td>
<td></td>
<td>n.s.</td>
</tr>
<tr>
<td>Past 6 months</td>
<td>346 (70)</td>
<td>200 (72)</td>
<td>146 (68)</td>
<td></td>
</tr>
<tr>
<td>Over 6 months ago</td>
<td>145 (30)</td>
<td>77 (28)</td>
<td>68 (32)</td>
<td></td>
</tr>
<tr>
<td><strong>Likelihood of taking PrEP</strong></td>
<td></td>
<td></td>
<td></td>
<td>n.s.</td>
</tr>
<tr>
<td>Maybe or definitely not</td>
<td>162 (33)</td>
<td>84 (30)</td>
<td>78 (36)</td>
<td></td>
</tr>
<tr>
<td>Probably or definitely</td>
<td>329 (67)</td>
<td>193 (70)</td>
<td>136 (64)</td>
<td></td>
</tr>
<tr>
<td>Mean (SD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of sexual partners</td>
<td>5.1 (6.6)</td>
<td>3.7 (4.0)</td>
<td></td>
<td>p &lt; 0.01</td>
</tr>
<tr>
<td>Number of condomless anal sex acts</td>
<td>4.88 (5.7)</td>
<td>4.81 (5.4)</td>
<td></td>
<td>n.s.</td>
</tr>
<tr>
<td>Percent acts that were condomless</td>
<td>55.7 (31.4)</td>
<td>65.7 (31.4)</td>
<td></td>
<td>p &lt; 0.01</td>
</tr>
<tr>
<td>Days of substance use past month</td>
<td>14 (10.9)</td>
<td>14 (9.3)</td>
<td></td>
<td>n.s.</td>
</tr>
<tr>
<td>Heavy drinking days past month</td>
<td>3.6 (5.7)</td>
<td>3.3 (4.7)</td>
<td></td>
<td>n.s.</td>
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<tr>
<td>Facilitators</td>
<td>BLMSM % Yes</td>
<td>Other MSM % Yes</td>
<td>Adjusted aOR</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>-------------</td>
<td>-----------------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td><strong>Systems-Level Facilitators</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to free HIV testing</td>
<td>84.5</td>
<td>65.9</td>
<td>2.1*</td>
<td></td>
</tr>
<tr>
<td>Access to free sexual health care</td>
<td>83.7</td>
<td>68.2</td>
<td>2.1*</td>
<td></td>
</tr>
<tr>
<td>Not having to pay for PrEP</td>
<td>84.5</td>
<td>80.1</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td><strong>Provider-Level Facilitators</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to one-on-one counseling and support for PrEP use</td>
<td>82.1</td>
<td>60.0</td>
<td>2.6**</td>
<td></td>
</tr>
<tr>
<td>Access to support or counseling about my sex life</td>
<td>62.8</td>
<td>40.1</td>
<td>2.5**</td>
<td></td>
</tr>
<tr>
<td><strong>Patient-Level Facilitators</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to text-based support for PrEP use</td>
<td>71.5</td>
<td>45.3</td>
<td>2.4**</td>
<td></td>
</tr>
<tr>
<td>Access to group adherence PrEP support</td>
<td>60.2</td>
<td>30.1</td>
<td>2.4**</td>
<td></td>
</tr>
</tbody>
</table>

*p < 0.01; **p < 0.001
Conclusions

- **No differences** between BLMSM and others in:
  - PrEP acceptability
  - HIV prevention behavior (testing; % time condom use higher for BLMSM)

- **Unique barriers** for BLMSM:
  - Access
  - Provider dynamics
  - Efficacy trust
Looking Forward
“Time of Day”

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

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