Multi-level Correlates of Oral PrEP Uptake and Discontinuation Among English and Spanish-Speaking Transgender Women in New York City: The TURNNT Cohort Study

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HIV Risk is **High** Among Trans Women of Color

1 in 5 transgender women of color are living with HIV
Pre-Exposure Prophylaxis (PrEP) can prevent HIV, but…

Only 22% of Transgender Women of Color are on PrEP
Multi-Level Determinants May \textbf{Explain} This Phenomenon

- Barriers to Healthcare
  - Insurance
  - Discrimination
  - Distance
  - Wait Times

- Competing Priorities
  - Housing
  - Food
  - Safety
  - Employment

- Only 22\% of Transgender Women of Color are on PrEP

- Sexism

- Transphobia

- Racism
By identifying factors that affect PrEP use and PrEP discontinuation, we can inform future interventions to increase uptake and re-engagement.
Trying to Understand Neighborhoods and Networks Among Transgender Women of Color (TURNNT) Cohort

- **314** participants ages 18 to 55 who live in New York City metropolitan area enrolled from August 31, 2020, until November 04, 2022
- Recruitment through paid advertising on **social media**, distribution via existing **online social groups**, print advertising distributed in **health services** and venues, **event**-based recruiting, and **referrals** from transgender health and support organisations.
How do we **Identify** Barriers and Facilitators to PrEP?

**Study Population:** Transgender women of color living in New York City who are HIV negative (n=140)

**Exposure:** Baseline age, income status, race/ethnicity, nativity, sexual orientation, education, food insecurity, sex work, primary access to healthcare, intimate partner violence, sexual assault, stable housing, and number of sexual partners

**Outcome:** Ever PrEP use and PrEP discontinuation

**Statistical Analysis:** Bivariate and multivariable modified Poisson regression

**Confounders:** Age, educational attainment, income level, and sex work history
What **else** did we Investigate?

<table>
<thead>
<tr>
<th>Date of PrEP Initiation</th>
<th>Reasons for PrEP Discontinuation</th>
<th>Likelihood of Restarting PrEP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify temporal trends in when transgender women of color initiated PrEP</td>
<td>Identify reasons for PrEP disuse among transgender women of color</td>
<td>Among those who discontinued PrEP, what percentage would restart it?</td>
</tr>
</tbody>
</table>
What did we find?
Overall, we found that...

- Median Age: 34
- Identified as Black: 24%
- Identified as Latina: 48%
- Had done Sex Work: 74%
- Had Income less than $10,000: 44%
- Experienced Sexual Assault: 33%
- Experienced Intimate Partner Violence: 53%
Overall, we found that…

44.3% were currently on PrEP

25.0% used to be on PrEP

30.7% had never been on PrEP
What did we Find for Current PrEP Use?

Being sexually active was positively associated with current PrEP use

Prevalence Ratio: 1.71
What did we Find for PrEP Discontinuation?

Having history of being sexually assaulted was positively associated with PrEP discontinuation

Prevalence Ratio: 1.78

Having access to primary care was negatively associated with PrEP discontinuation

Prevalence Ratio: 0.43
PrEP Initiation Dropped in 2020, Coinciding with COVID-19

Figure 2. Year of PrEP initiation among those who ever used PrEP.
There were **Many** Reasons for PrEP Discontinuation

<table>
<thead>
<tr>
<th>Reason</th>
<th>n</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>You were using other strategies to reduce risk of getting HIV</td>
<td>14</td>
<td>40%</td>
</tr>
<tr>
<td>You were concerned about consequences of long-term use</td>
<td>13</td>
<td>37%</td>
</tr>
<tr>
<td>You were no longer having sex</td>
<td>10</td>
<td>29%</td>
</tr>
<tr>
<td>You were forgetting to take PrEP every day</td>
<td>9</td>
<td>26%</td>
</tr>
<tr>
<td><strong>You were concerned about how PrEP would interact with your hormones</strong></td>
<td>8</td>
<td>23%</td>
</tr>
<tr>
<td>You were experiencing side effects</td>
<td>6</td>
<td>17%</td>
</tr>
</tbody>
</table>
60% of Those Who Disused PrEP were Likely to Use it Again

Figure 3. Likelihood of restarting PrEP among those who stopped.
Limitations of the Study

- Small sample size made many large effect sizes appear non-significant
- Limited generalizability as participants were recruited from a community health center in NYC
What did we Learn?

**Access to PrEP:** We identified barriers to accessing PrEP such as not having access to a primary care physician. We need to engage those individuals and address structural determinants.

**Misconceptions about PrEP:** There is a myth that PrEP can interact negatively with hormone therapy. We need to clear up this misconception.

**A Holistic Approach to PrEP:** Addressing PrEP solely with a biomedical approach is not sufficient. We need to consider other factors such as experiences with history of sexual assault.

**Re-Engagement is Necessary:** Many of those who discontinued PrEP indicated that they were likely to restart it. We need to help those individuals get back on the regimen.
Thank you!

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Big thank you to the Participants of the TURNNT Cohort!

Research reported in this publication was supported by the National Institute of Allergy and Infectious Diseases of the National Institutes of Health under Award Number T32AI114398. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.