

PrEP – Stigma and Barriers

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Disclosures

Consultation

MedIQ, Practice Point, Clinical Care Options

Grants

Merck

NIH/NIMH/NICHD

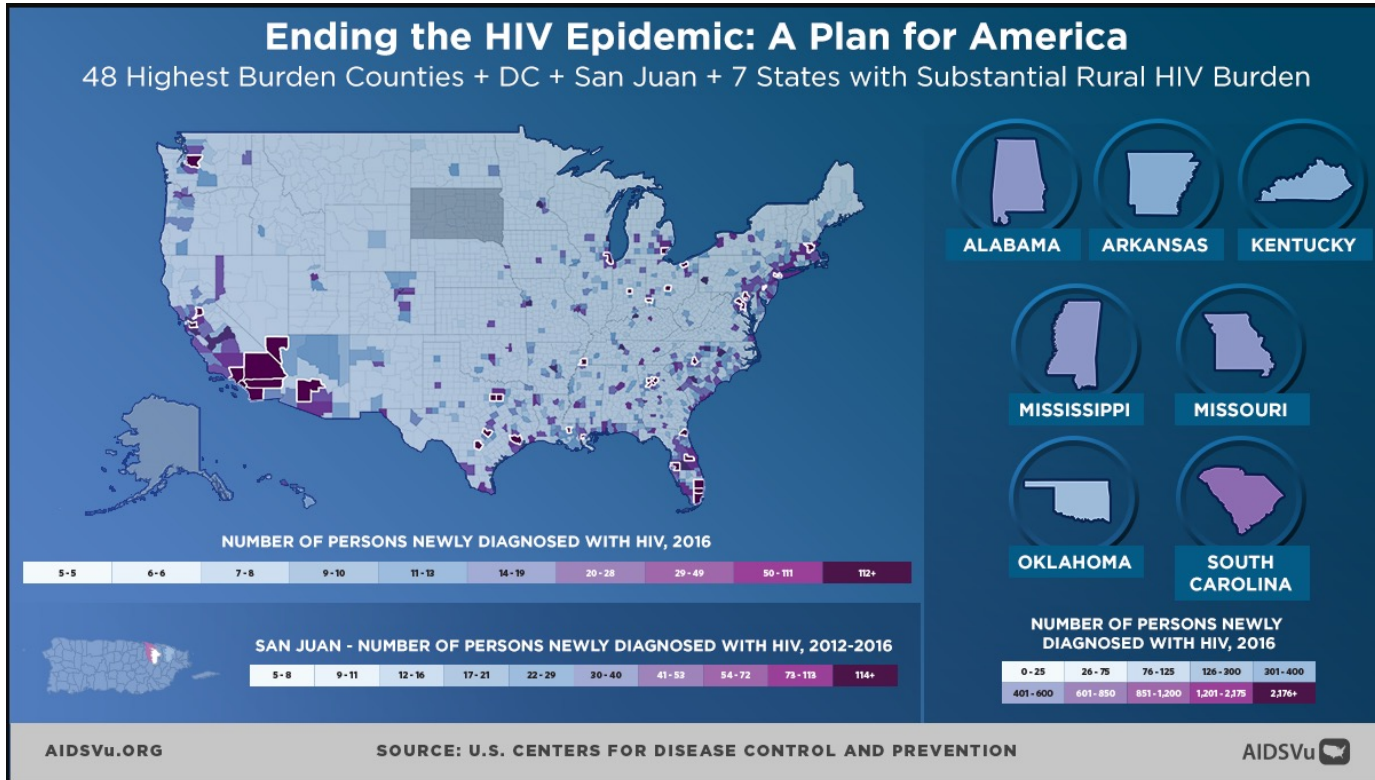


Objectives

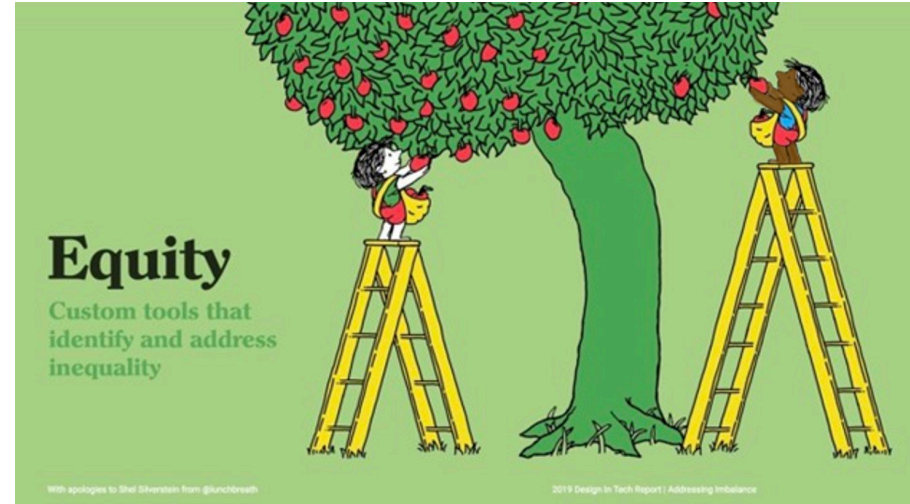
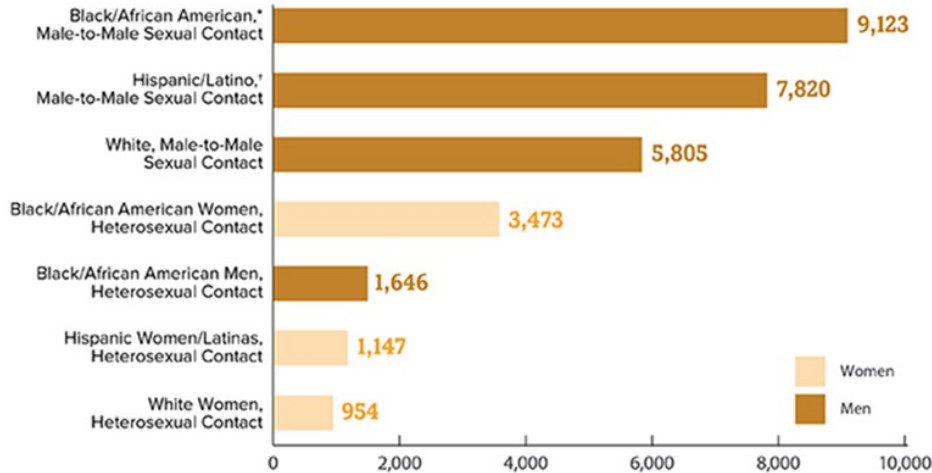
1. Understand current disparities in HIV rates and inequities in PrEP access in the U.S.
2. Review factors associated with inequities in PrEP utilization

HIV Epidemiology and PrEP Inequities

Regions with the Highest HIV Burden



Disparities in HIV Rates due to Inequities



Status Neutral Continuum of HIV Prevention and Care



Widespread HIV testing and linkage to care enabling people living with HIV to access treatment early.



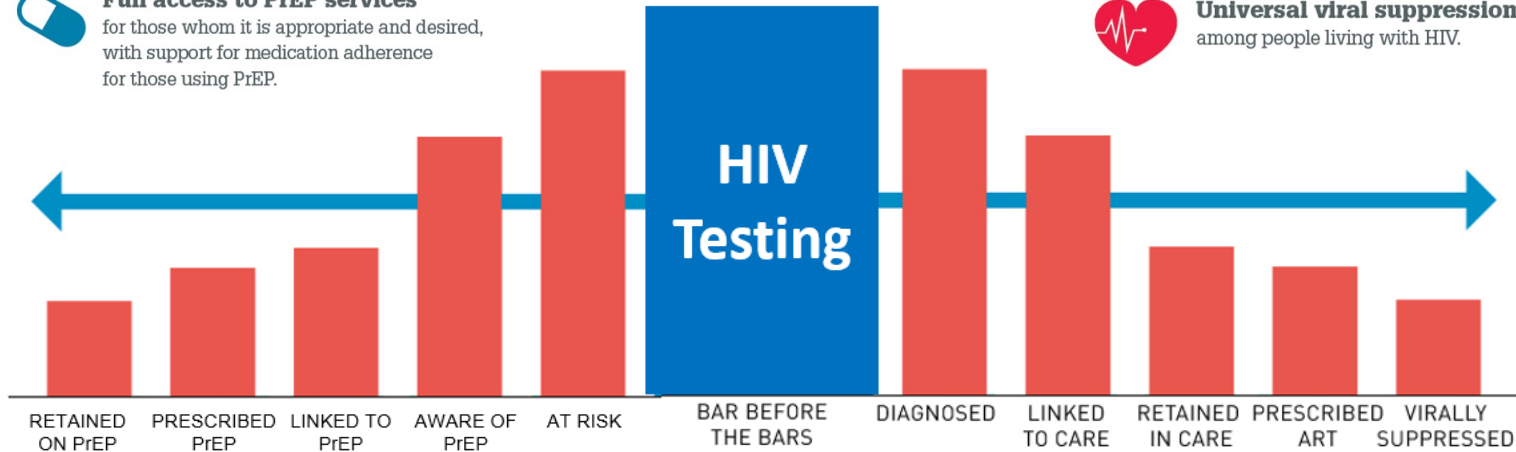
Broad support for people living with HIV to remain engaged in comprehensive care, including support for treatment adherence.



Full access to PrEP services for those whom it is appropriate and desired, with support for medication adherence for those using PrEP.

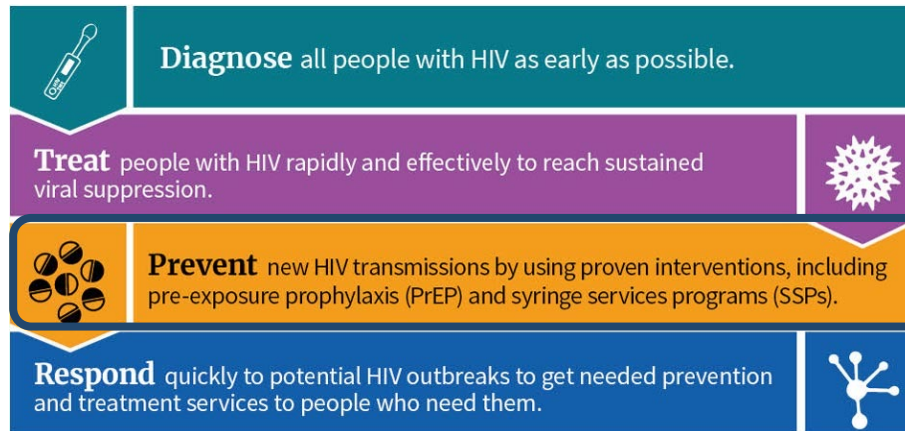


Universal viral suppression among people living with HIV.



Ending the HIV Epidemic

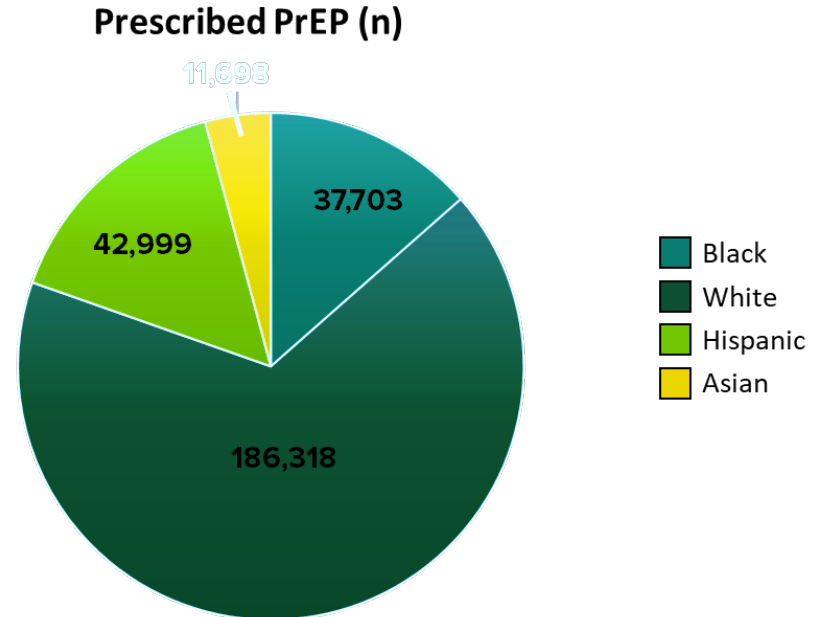
- Federally funded agencies working in a coordinated manner to End the HIV Epidemic, with a goal of reducing HIV diagnoses
 - $\geq 75\%$ by 2025
 - $\geq 90\%$ by 2030



Increasing PrEP use for populations vulnerable to HIV diagnosis by at least 50%

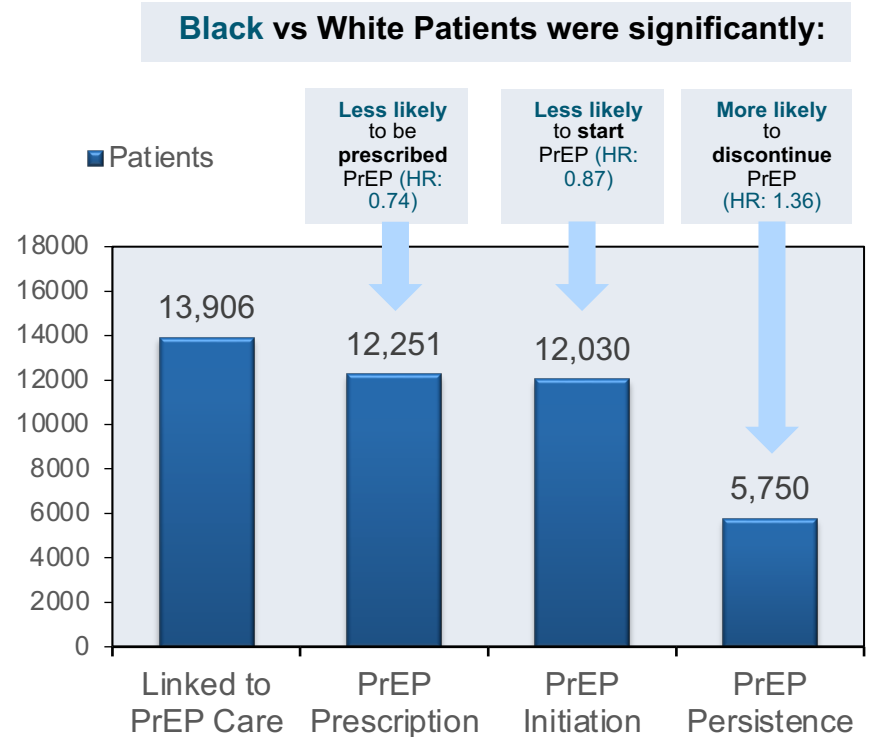
Inequities in PrEP Prescription

- 1.2 million people are likely to benefit from PrEP
 - Only 18% of persons with an indication prescribed
 - Only 28% of males were prescribed PrEP
 - Only 10% of females

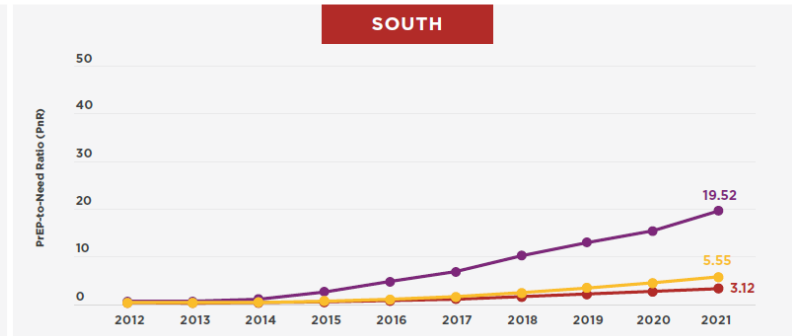
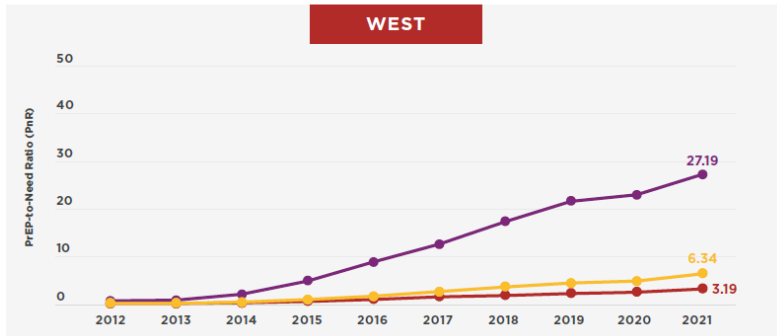
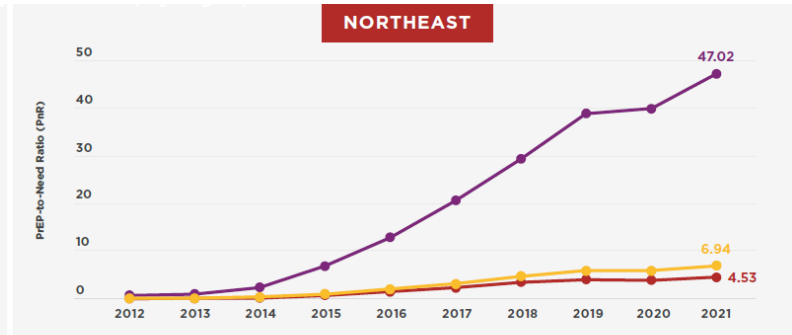
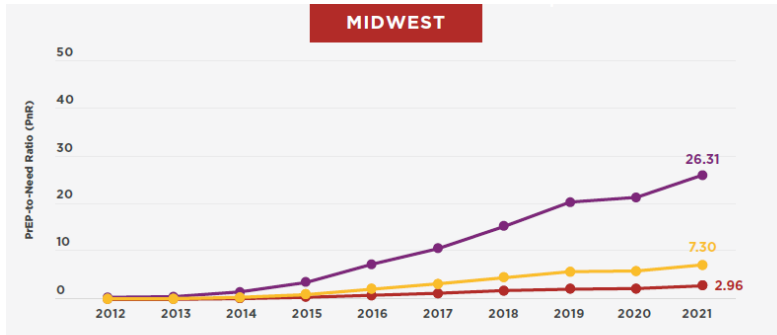


Kaiser Permanente (2012-2019): PrEP Continuum of Care and New HIV Infections

- Cohort study (n = 13,906 linked to PrEP care)
 - Male (95%),
White/Hispanic/Asian/Black
(49%/22%/15%/7%)
- Discontinued PrEP at least once: 52%, of whom 60% restarted
- HIV incidence rates per 100 patient-yr:
 - Linked but not prescribed PrEP (0.87)
 - Discontinued without restarting (1.28)
 - **Started and persisted with PrEP (0)**



PnR by Race/Ethnicity and US Region, 2012-2021



● Black
 ● White
 ● Hispanic

The PrEP-to-Need Ratio (PnR) is the number of PrEP users divided by the number of new diagnoses in a given year. PnR serves as a measurement of how PrEP use compares to the need for PrEP in a population.

Stigma Drives Inequities

What is Stigma?

- A concept rooted in the perception of deviance from community values and social norms.
- The identification and labeling of human differences, linking labeled persons to negative stereotypes, and categorization to facilitate discrimination and unequal outcomes.



Intersectional Stigma = Intersecting Disparities

Black

- Poverty
- Education
- Employment
- **Access to care**
- Chronic diseases
- Racism/Profiling
- **Sexual prejudice**
- Insurance
- Homicide
- **HIV/STI**
- **Mental health**
- **Homelessness**
- Incarceration
- **Alcohol/Substance abuse**



MSM/Gay men

- **Sexual prejudice**
- Obesity
- **HIV/STI**
- Suicide
- **Alcohol/Substance abuse**
- **Homelessness**
- **Mental health**
- **Access to care**

“Perceptions of PrEP” among YBMSM

CHARACTERISTICS	Total = 25
Median Age	24 (18-29)
Has Health Insurance	
Yes	21 (84%)
Regular Source of Healthcare	
Yes	18 (72%)
Self-Described Sexual Identity	
Gay/MSM/Same gender loving	16 (64%)
Aware of PrEP	
Yes	25 (100%)
Willing to take PrEP	
Yes	21 (84%)
On PrEP	
No	21 (84%)

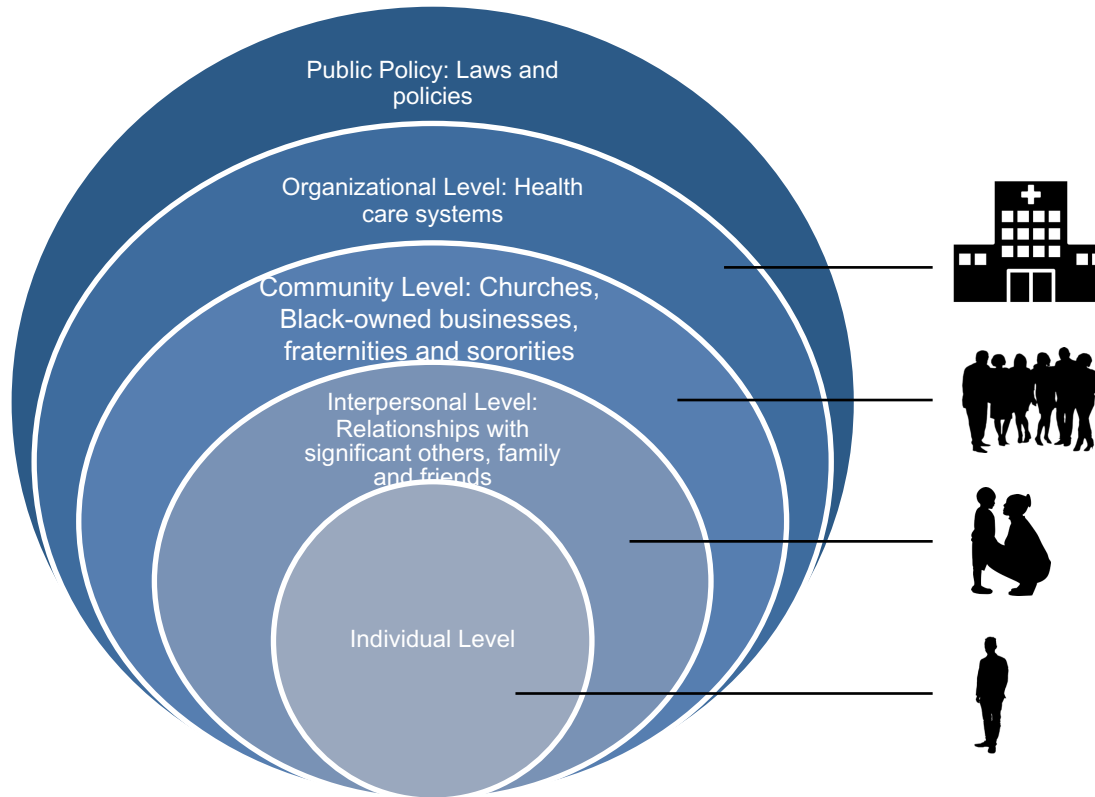
Stigma Related to being Black, Gay and Living in the South

- ***“I don’t feel like I’ve ever had true peace of mind in a sexual encounter in my life, which is kind of sad...straight people... They have no idea what that is because there’s no shame associated with their sex. So much shame associated with gay people, gay sex and all that stuff...”*** – CP120, 29 years old, Gay
- Subtheme – Perceived Masculinity among Male Relatives
 - ***“So, like, the Black community foundationally, I think has an idea of a conceptualized masculinity that homosexuality naturally seems to kind of not claim – I think a lot of it becomes a fear that you can’t be a man, or something if you’re gay...”*** – CP 100, 20 years old, Gay

Gaining Acceptance of Sexual Identity - Themes

- Homophobia (internalized, perceived and experienced)
 - Sub-theme related to the coming out experience and religiosity worsening internalized homophobia
- Social-support networks were important in validation of sexual identity
 - Networks are often complex consisting of other gay men and Black women
- Cultural norms in the Black community need to change
 - Heteronormative ideals
 - Religious Beliefs
 - Lack of Black gay and bisexual role models

Multi-level Interventions



Addressing Outstanding Barriers

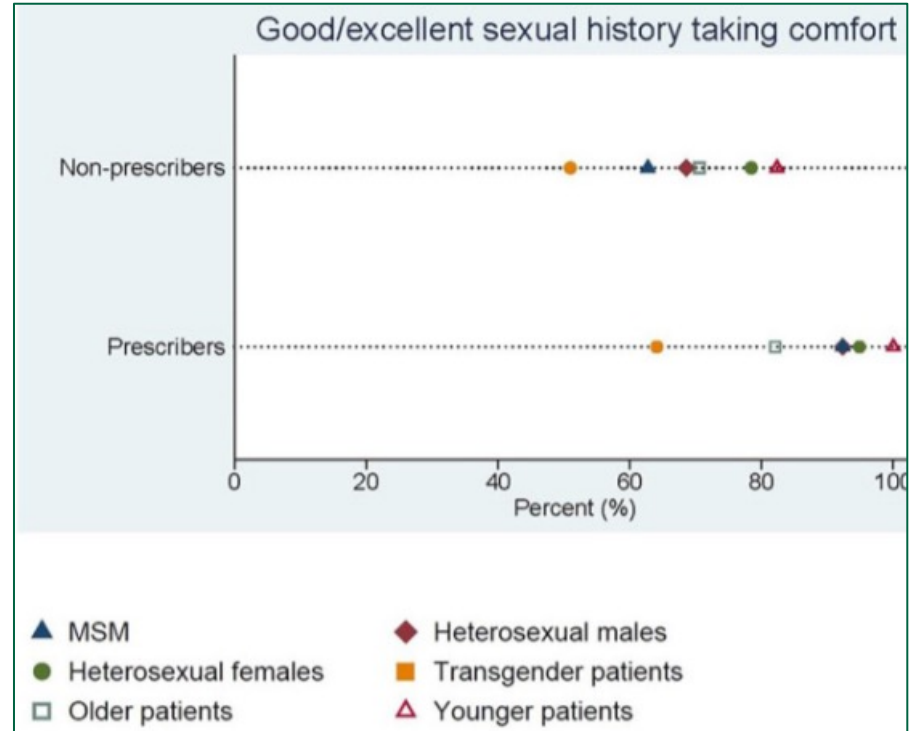
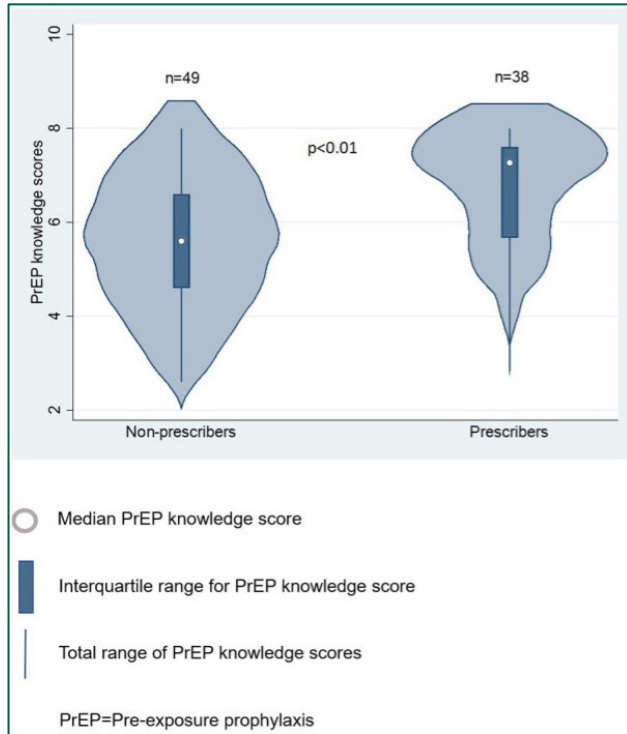
- Universal access to quality healthcare
- Geographical, racial and ethnic disparities in HIV (as well as HIV prevention) services
- Address discrimination and racism in health care
- Advancing and protecting LGBTQ+ rights, access to services and engagement in the response
- Create an enabling environment



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Additional Multi-level Barriers to Utilization and Implementation

“Purview Paradox” - Neither HIV providers nor PCPs consider PrEP implementation within their clinical domain

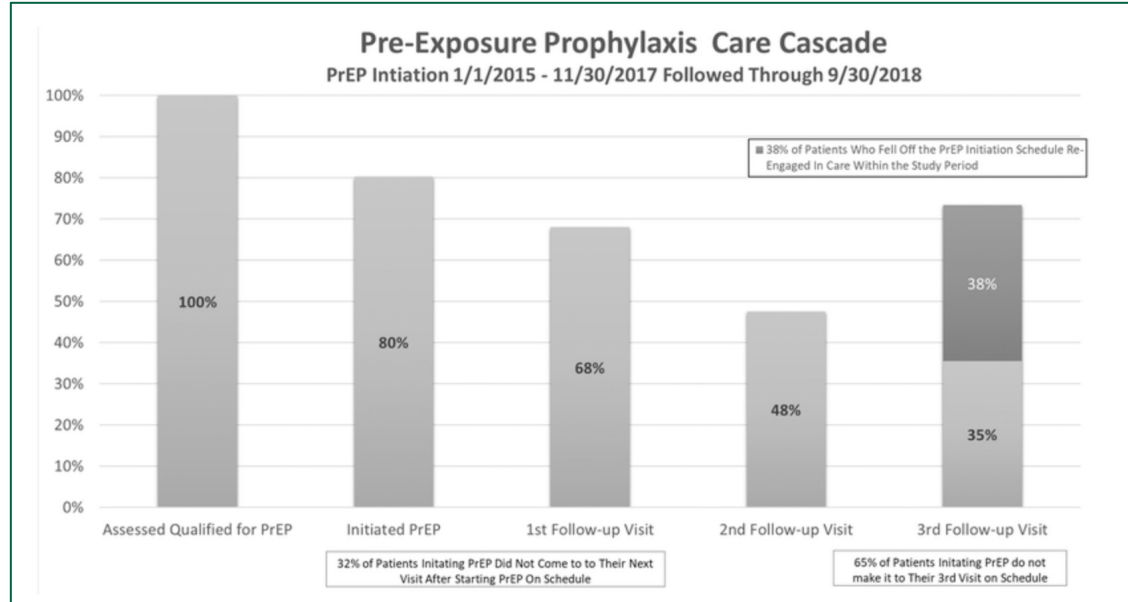


System-Level Barriers

Demographic variable	Study design	Summary of data
Sexual orientation	Qualitative phone interviews with attendees at a sexual health clinic in New York City (<i>N</i> = 1208)	58 of 1208 patients who initiated PrEP reported barriers stemming from insurance issues
	Patients with recently diagnosed HIV (<i>N</i> = 268, mainly MSM)	Cost/insurance concerns were reported as barriers in 36% of patients
	Interviews with MSM at Rhode Island Department of Corrections (<i>N</i> = 26)	Most participants were interested in taking PrEP, but were concerned that access to health insurance may be necessary to help with the cost
	A large survey of young MSM (<i>N</i> = 2297)	PrEP use was associated with having health insurance
	Mixed-methods study of 14–18-year old MSM (<i>N</i> = 56)	Paying for PrEP was frequently cited as a barrier
Gender	Interviews with women attendees at an urban sexual health clinic (<i>N</i> = 14)	Lack of insurance coverage was a concern
Race/ethnicity	Group discussions with cis and transgender women of color in South Florida (<i>N</i> = 279)	Insurance coverage and lack of economic independence were cited as barriers
Age	^a	
History of substance abuse	A survey of PWID in New Jersey (<i>N</i> = 138)	33% reported lack of insurance as a barrier to PrEP use
Geographic location	Strengths-based case management intervention in Florida (<i>N</i> = 30, mostly male, Hispanic, and Black)	Financial barriers to PrEP were encountered by 67% (20/30) of adults
Marginalized populations	Behavioral intervention trial in female sex workers in the Mexico–US border region (<i>N</i> = 295)	18.7% of individuals cited perceived financial barriers to PrEP
	Mixed methods study of young adults experiencing homelessness in Houston and Los Angeles (<i>N</i> = 45)	Cost was identified as a barrier to PrEP use

PrEP Care Means Comprehensive Care

- Higher retention in PrEP care
 - Male gender at birth
 - Transition PEP to PrEP
 - **Participation in mental health services**



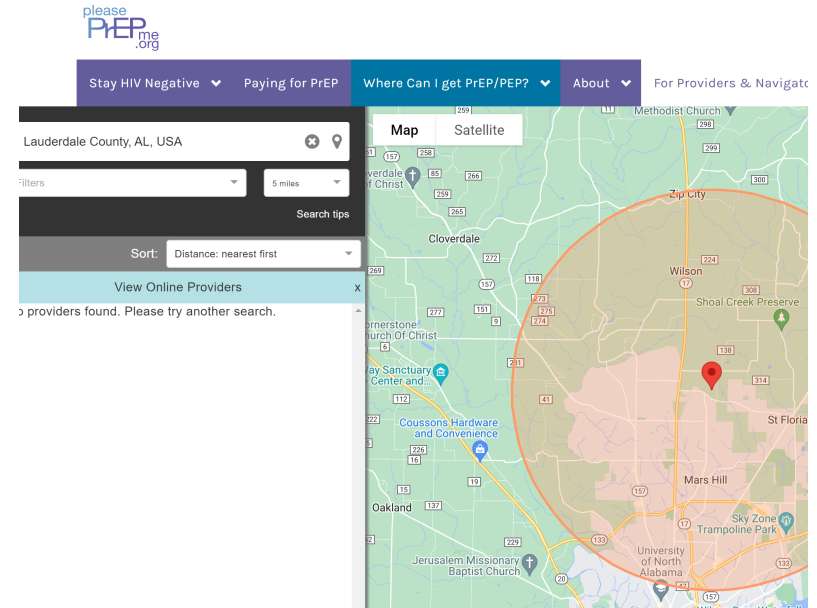
PrEP Deserts

Current Clusters

- Coosa Co.
 - 6 cases
 - 1 NIC, 1 VS, 3 In care, 1 unknown
 - 2 new dx in most recent 3 months
 - IDU, MSM, & Adult Other
- Lauderdale Co.
 - 22 cases
 - 20 In care, 2 unknown
 - 60% viral suppression
 - 3 new dx in most recent 3 months
 - Adult Other & MSM



Scott Harris, MD, MPH
State Health Officer



Potential Ways Forward

PrEP Messaging

PrEP Messaging that Targets Sexual Pleasure


- Systematic Review
 - 16 studies (quant/qual/mixed methods)
 - PrEP as increasing intimacy
 - PrEP as increasing sexual options
 - PrEP as removing barriers to physical closeness
 - PrEP as reducing sexual anxiety and fears

PrEP 101

Are you HIV-negative but at very high risk for HIV? Taken every day, PrEP can help keep you free from HIV.

What Is PrEP?


- PrEP, or pre-exposure prophylaxis, is daily medicine that can reduce your chance of getting HIV.
- PrEP can stop HIV from taking hold and spreading throughout your body.
- Daily PrEP reduces the risk of getting HIV from sex by more than 90%. Among people who inject drugs, it reduces the risk by more than 70%.
- Your risk of getting HIV from sex can be even lower if you combine PrEP with condoms and other prevention methods.



Is PrEP Right For You?

PrEP may benefit you if you are HIV-negative and **ANY** of the following apply to you.

You are a gay/bisexual man <ul style="list-style-type: none">• who has an HIV-positive partner.• who has multiple partners, a partner with multiple partners, or a partner whose HIV status is unknown –and–<ul style="list-style-type: none">◦ has anal sex without a condom, or◦ recently had a sexually transmitted disease (STD).	You are a heterosexual <ul style="list-style-type: none">• who has an HIV-positive partner.• who has multiple partners, a partner with multiple partners, or a partner whose HIV status is unknown –and–<ul style="list-style-type: none">◦ does not always use a condom for sex with people who inject drugs, or◦ is a woman who does not always use a condom for sex with bisexual men.	You inject drugs and <ul style="list-style-type: none">• share needles or equipment to inject drugs.• recently went to a drug treatment program.• are at risk for getting HIV from sex.
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HIV and HIV Prevention Care is Just One Aspect of Your Overall Wellbeing

Mental Health

Relationships

Sexual Health
and Pleasure

Life Goals and
Barriers

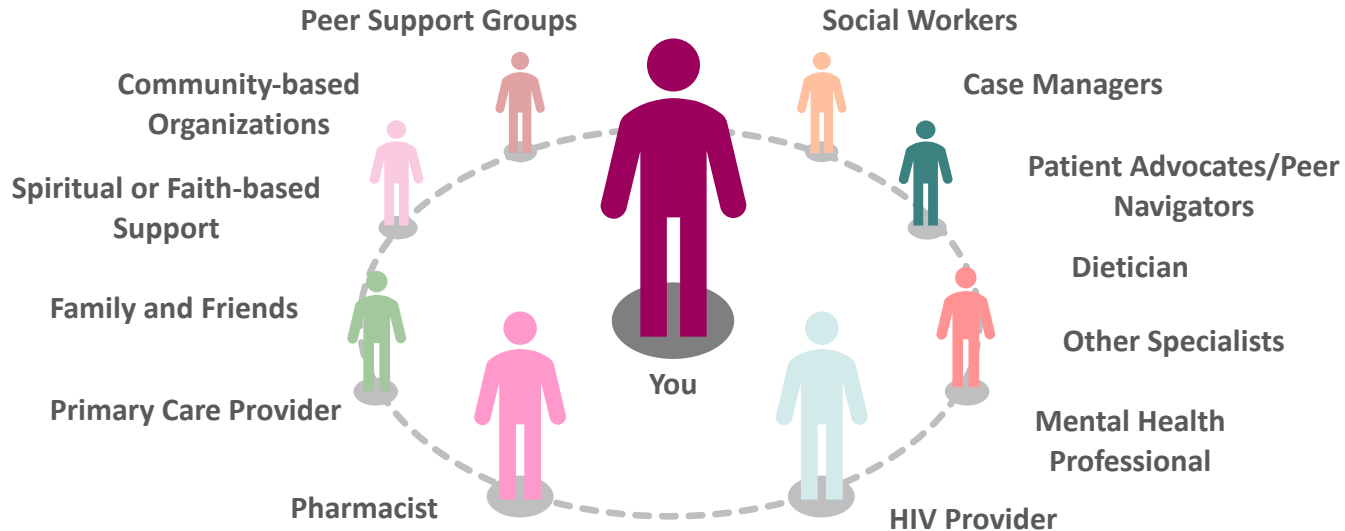


Mental Health
Wellness

HIV Care

Age-Related Changes

Building a Care Team to Support You



You get to decide what is best for you

Models of PrEP Care

Service Model Examples	
No or low cost for PrEP services	<ul style="list-style-type: none"> - Florida* - Washington State - San Francisco - NYC
Decentralized services	<ul style="list-style-type: none"> - eHealth and Telehealth^{a,b} - Mobile health clinics^b - At-Home^c - Pharmacy-based PrEP^b
Patient-centered	<ul style="list-style-type: none"> - PCPs/Family Clinics^{d,e} - Substance Use Facilities

Register for
PrEP DAP



Intersecting racism, xenophobia, homophobia, and HIV stigma

Racism affects clinical decision making of health-care provider

Geographical and sociopolitical contexts



Anti-Black and anti-Brown immigration policies

Disassortative and assortative patterns of mixing

Economic and legal hardships

a. Evans et al. AIDS and Behavior 2022.

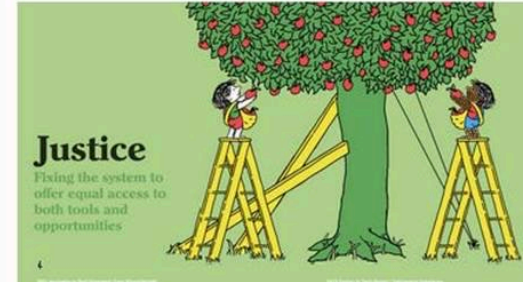
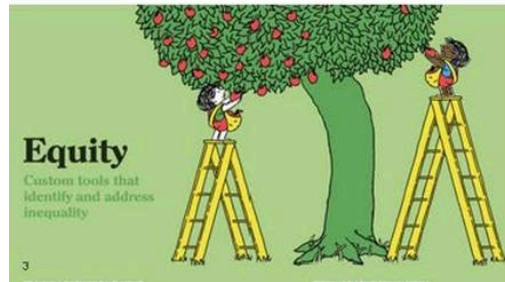
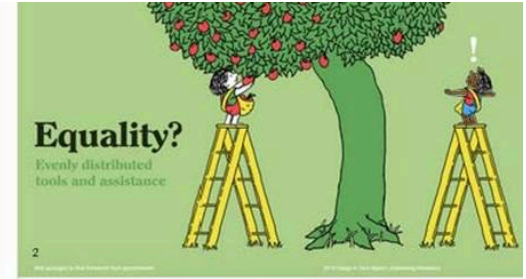
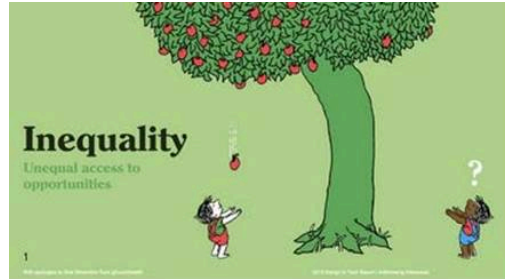
b. Roussequ et al. Current HIV/AIDS Reports. 2021

c. Siegler et al. AIDS and Behavior 2022

d. Moore et al. J Prim Care Community Health. 2020

e. Sales et al. J Acquir Immune Defic Syndr. 2020

Ending the Epidemic



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