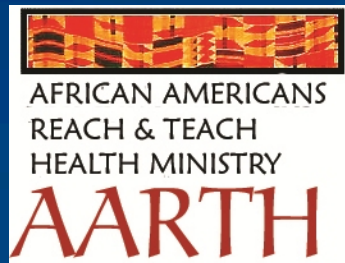


# PrEP Access for Black MSM

Thursday, May 17, 2018

Co Presented by



# Presenter Bio

Joycelyn Thomas holds a Doctor of Nursing Practice (DNP) degree from the University of Washington. Currently, she works as a Family Nurse Practitioner at a Family Practice Clinic for Catholic Health Initiatives. She is a nurse practitioner specializing in the care of persons of all ages, and her interests include HIV care and prevention to HIV/AIDS infected individuals specifically individuals of African descent, pregnant women and children exposed and or infected with HIV/AIDS, and patient provider communication with African Americans. Joycelyn worked with the International Maternal Pediatric Adolescent AIDS Clinical Trials at a University of Washington clinical trials site specifically working with seropositive pregnant women and seropositive/exposed infants, children, and youth where she worked to successfully recruit and retain over several years hard to reach populations into NIH clinical trials. For her doctoral project, Joycelyn collaborated with a large northwest medical center focusing on improving provider communication with African American patients. As a result of this collaboration, Dr. Thomas developed evidence-based recommendations for implementation into an existing communication-training course for providers to be utilized by the collaborating agency.



# Learning Objectives

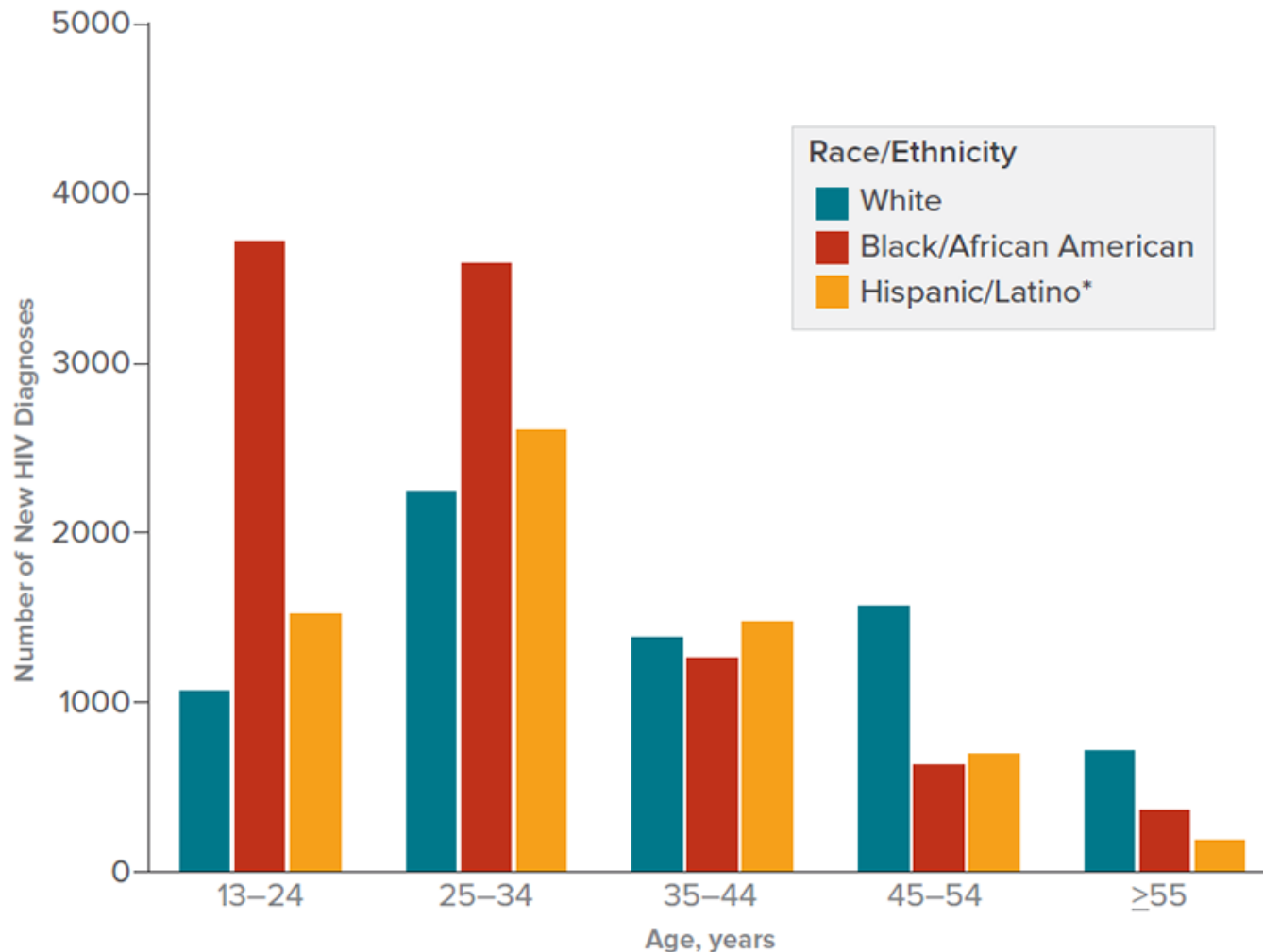
- Understand HIV burden for Black MSM
- Identify barriers to PrEP access for Black MSM
- Understand providers' role in screening and prescribing PrEP for Black MSM

# HIV & Black Men

The CDC estimates that African Americans represent more than one-third of all people living with HIV. Black men who have sex with men (MSM) are the most affected.

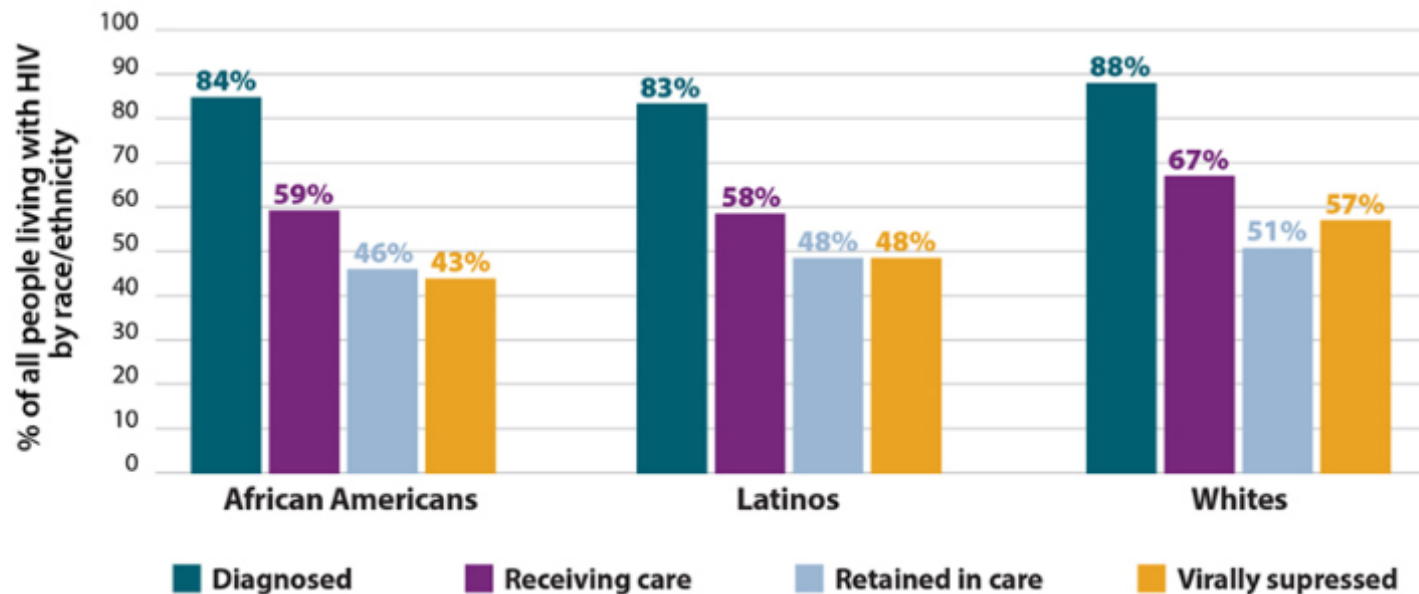
- **If current rates persist, the CDC projects that approximately**
  - **1 in 20** black men;
  - **1 in 2** black MSM will be diagnosed with HIV during their lifetimes.

# HIV Diagnoses Among Men Who Have Sex With Men, by Race/Ethnicity and Age at Diagnosis, 2015—United States



# The HIV Care Continuum

## HIV Care Continuum, by Race/Ethnicity, U.S., 2014



### HIV Care Continuum, by Race/Ethnicity, U.S., 2014

African Americans and Latinos living with HIV are less likely than whites living with HIV to have their infections diagnosed, to be in care, and to be virally suppressed.

# PrEP Use in the US

## HIV prevention pill is not reaching most who could potentially benefit – especially African Americans and Latinos

44%

of people who could potentially benefit from PrEP are **African American** – **approximately 500,000 people...**

...but only **1%** of those – **7,000 African Americans** – were prescribed PrEP\*



25%

of people who could potentially benefit from PrEP are **Latino** – **nearly 300,000 people...**

...but only **3%** of those – **7,600 Latinos** – were prescribed PrEP\*

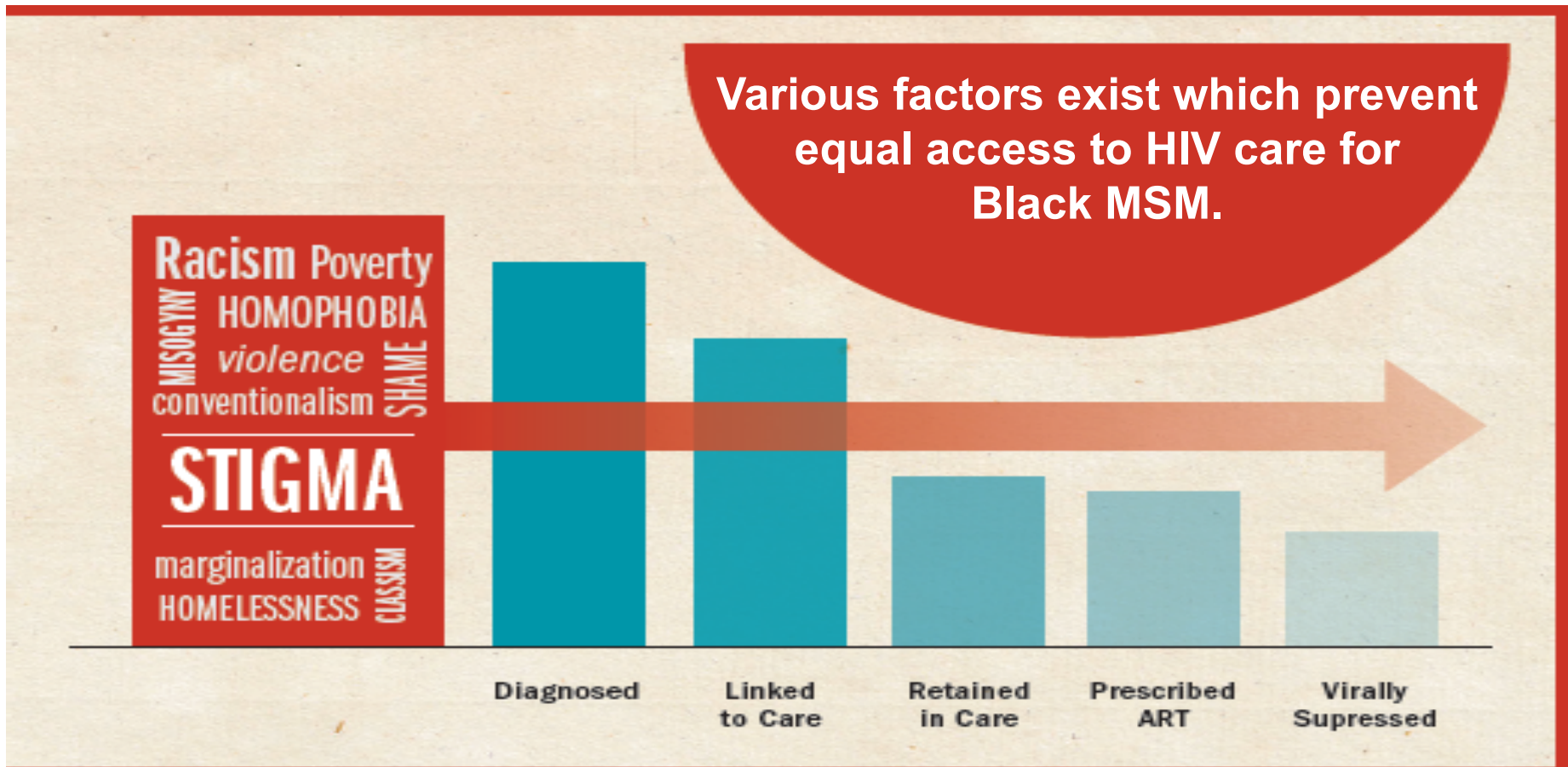


\*Prescription data in this analysis limited to those filled at retail pharmacies or mail order services from September 2015 – August 2016; racial and ethnic information not available for one-third of the prescription data

Why is this  
happening?



# BARRIERS TO HIV CARE: The Bar Before the Bars



Source: National Alliance of State and Territorial AIDS Directors (NASTAD).  
Addressing Stigma: A Blueprint for Improving HIV/STD Prevention and Care  
Outcomes for Black and Latino Gay Men

# Racial, Ethnic, & Implicit Bias in Health Care

- Providers less likely to prescribe PrEP to Black patients because they assumed these patients would make riskier sexual decisions than White patients on PrEP

(Calabrese, S. K., Earnshaw, V. A., Underhill, K., Hansen, N. B., & Dovidio, J. F. (2014). The Impact of Patient Race on Clinical Decisions Related to Prescribing HIV Pre-Exposure Prophylaxis (PrEP): Assumptions About Sexual Risk Compensation and Implications for Access. *AIDS and Behavior*, 18(2), 226–240. <http://doi.org/10.1007/s10461-013-0675-x>)

- Physicians less likely to prescribe opioids to Black patients experiencing pain

(Tamayo-Sarver, J. H., Hinze, S. W., Cydulka, R. K., & Baker, D. W. (2003). Racial and Ethnic Disparities in Emergency Department Analgesic Prescription. *American Journal of Public Health*, 93(12), 2067–2073.)

# Provider Knowledge about PrEP

## Not enough health care providers know about PrEP.

Pre-exposure prophylaxis (PrEP) is a medicine taken daily that can be used to prevent HIV infection. PrEP is for people without HIV who are at very high risk for acquiring it from sex or injection drug use.



**90%**  
Daily PrEP can reduce the risk of sexually acquired HIV by more than 90%.



**70%**  
Daily PrEP can reduce the risk of HIV infection among people who inject drugs by more than 70%.



**1 in 3**  
1 in 3 primary care doctors and nurses haven't heard about PrEP.

SOURCE: CDC Vital Signs, Dec. 2015.

**Vital**<sup>CDC</sup>**signs™**

[www.cdc.gov/vitalsigns/HIVPrEP](http://www.cdc.gov/vitalsigns/HIVPrEP)



echo

# Case Study

- A 26 year old professional Black male comes into your clinic for annual physical exam and during the exam you see in his medical records that he was treated for rectal gonorrhea 6 months ago.

# Discussion Questions

- What questions would you ask this patient to determine whether or not to provide PrEP?
- What do you see as the potential social-cultural and HIV related stigma issues for this patient and how would you address them?
- Why do you think PrEP was not recommended during initial STI diagnosis/treatment?

# Considerations

- Take the time to listen
- Get to know the individual
- Avoid making assumptions
- Establish a genuine rapport
- Take sexual and drug inventories

# Considerations

- Providers should ask all patients who are sexually active if they have sex with men, women or both men and women.
- Offer rectal and penile swabs to test for STIs unless the patient refuses. Remind patient that condom usage helps prevent STIs.
- Providers should ensure that all of their patients who are MSM or transgender persons who have sex with men know about PrEP.
- Providers should give special consideration to MSM with methamphetamine or popper use and history of rectal gonorrhea or chlamydia or early syphilis.
- Providers should evaluate patients' knowledge and readiness to initiate PrEP prior to prescribing.

# Summary

- Black MSM are disproportionately impacted by HIV
- If current trends continue, 1 in 2 Black MSM will be diagnosed with HIV in their lifetimes
- More training for providers around PrEP
- More provider training to address racial, ethnic, and implicit bias



# Related Topics & Resources

- The Impact Of HIV Stigma, Historical Trauma, & Institutional Racism In HIV Care

*(Earnshaw, V. A., Bogart, L. M., Dovidio, J. F., & Williams, D. R. (2013). Stigma and racial/ethnic HIV disparities: Moving toward resilience. American Psychologist, 68(4), 225-236*

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3740715/>)

- PrEP Facts: <https://www.kingcounty.gov/depts/health/communicable-diseases/hiv-std/patients/pre-exposure-prophylaxis.aspx>
- Legacy Project: <https://www.hanc.info/legacy>
- Be The Generation: [www.bethegeneration.org](http://www.bethegeneration.org)

# Contact Information

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