A TALE OF TWO CITIES: EXPLORING THE ROLE OF RACE AND PLACE ON PREP USE AMONG ADOLESCENT MSM

Jessica Saleska*, Arleen Leibowitz, Sung-Jae Lee, Dallas Swendeman

CHIPTS Next Gen Conference, 2020
Background

• In 2017, **1 in 5** new HIV infections occurred among adolescents [1]

• Adolescent cisgender men who have sex with men (cisMSM), especially those of color, at high risk of infection [1]

• Pre-exposure prophylaxis (PrEP) could reduce risk [2]

• Many barriers to PrEP use, especially among people of color in the South [3, 4]

Source: CDC (2018); https://www.cdc.gov/hiv/group/age/youth/index.html
Objective

To understand the role that race/ethnicity and place on PrEP use among adolescent cisMSM

Research questions:

1. Are there racial/ethnic disparities in PrEP use?
2. Do these disparities vary by geographical setting?
3. Do these disparities persist if we adjust for care access & socioeconomic factors?

Methods

• Cross-sectional analysis of data from a RCT among adolescent cisMSM in Los Angeles & New Orleans who were at high risk of HIV acquisition (n=729)

• Logistic regression models to examine racial disparities [White vs. Latinx and African American (AA)] in PrEP awareness and use, by geographic setting

• Adjusting for age, housing and employment status, and access to a medical provider
Results

In the full sample:

82% were aware of PrEP

11% currently used PrEP
Results

1. Are there racial/ethnic disparities in PrEP use? Yes. PrEP use was greatest among White adolescents, followed by Latinx and then AA adolescents.

2. Do these disparities vary by geographical setting?

3. Do these disparities persist if we adjust for care access & socioeconomic factors?

- **White**: 19%
- **Latinx**: 12%
- **AA**: 7%
Results

1. Are there racial/ethnic disparities in PrEP use?

Yes. In New Orleans, the disparity between White and AA adolescents in New Orleans was stark [OR (95% CI): 0.24 (0.10, 0.53)]

2. Do these disparities vary by geographical setting?

In Los Angeles, we did not observe evidence of substantial differences across racial/ethnic groups.

3. Do these disparities persist if we adjust for care access & socioeconomic factors?
Results

Research questions:

1. Are there racial disparities in PrEP use?

2. Do these disparities vary by geographical setting?

3. Do these disparities persist if we adjust for care access & socioeconomic factors?

Yes. The OR comparing White and AA adolescents in New Orleans was almost identical after adjustment [ORadj (95% CI): 0.24 (0.10, 0.59)]
Discussion

• Disparity in PrEP use, particularly between AA and White adolescents in New Orleans
  • Need for targeted interventions, informed by geographic setting

• Disparity persisted in adjusted analysis
  • Implications for exploring etiology of disparity & potential interventions

• Need to encourage the initiation of PrEP among all adolescent cisMSM
Future Directions

- Assess & address sociocultural barriers among AA cisMSM (e.g., *intersectional* stigma)

- Improve PrEP access & adoption among all adolescents

Potential strategies:

1. Patient-centered care
2. Provider training & education
3. Telehealth approaches
4. Next-generation PrEP methods (e.g., 2-1-1 intermittent, long acting injectables)

Source: Institute for Healthcare Improvement
Limitations

• Limited sample size for Latinx adolescents

• Timing of FDA approval for adolescents <18 years
  • Enrollment began in May, 2017 (1 year before approval), though 95% of participants were >18 at enrollment
Questions?
References


