California HIV/AIDS POLICY RESEARCH CENTERS

Policy Brief
February 2016

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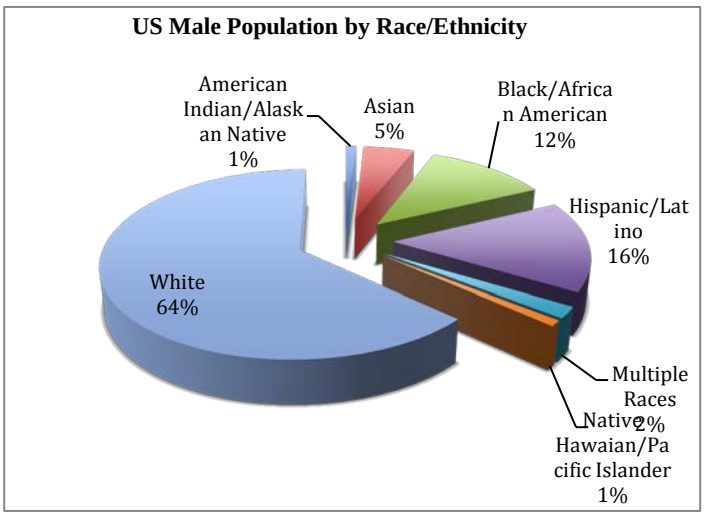
Black Men Who Have Sex with Men and Pre-Exposure Prophylaxis: A Way Forward

Background

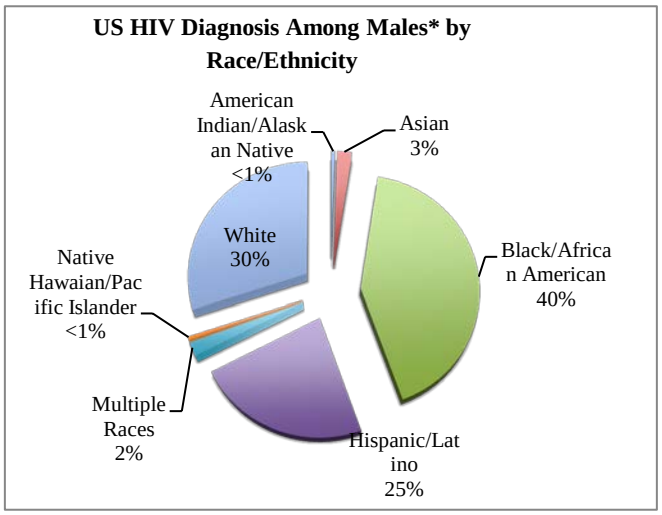
The FDA first approved the use of anti-retrovirals as a form of HIV prevention for at-risk, HIV-negative individuals in 2012. Various studies have since continued to demonstrate the efficacy of pre-exposure prophylaxis (PrEP) among different populations.[1-3] Nonetheless, Black men who have sex with men (BMSM) lag behind in PrEP use[4] despite their disproportionate HIV incidence and prevalence.

As shown in Figure 1, Black men represented about 12% of the total US male population, but constituted 42% of all HIV diagnoses among US men in 2013.[5] BMSM make up the majority of this group diagnosed with HIV. The racial disparities are even starker among young men, and young BMSM (YBMSM) experienced the largest increase of all racial/ethnic groups in diagnosed HIV infections between 2009 and 2013.

Figure 1: 2014 US Male Population and HIV Diagnoses in Males by Race/Ethnicity



US Census Bureau, 2015



CDC HIV Surveillance Report, 2015

*2014 US Adult and Adolescent Males

Of the 8,018 HIV infections diagnosed in the US and 6 dependent areas among young MSM, aged 13–24 in 2013, an estimated 58% were young Black MSM.[5]

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Low-level use of PrEP by at-risk BMSM, coupled with healthcare provider anxieties about prescribing PrEP[6], may reduce the potential positive effect of PrEP in reducing HIV infection rates in this disproportionately impacted population. On the local front, recent data suggest that knowledge of and willingness to use PrEP has increased significantly among MSM across sociodemographic groups. However, current PrEP utilization among at-risk MSM remains low[7,8] and recent PrEP demonstration projects struggled to fill quotas of BMSM.

It is within this context, that the Charles R. Drew University of Medicine and Science's (CDU) HIV Cluster, the CDU Pacific AIDS Education and Training Center (PAETC), and the California HIV/AIDS Policy Research Center at UCLA organized a round-table discussion with local experts in March 2015. This was followed by extensive information gathering from available literature, meetings with providers and researchers and audience feedback from presentations on the topic. This Brief outlines the factors that participants identified as impediments to BMSM's PrEP access and uptake in Los Angeles, as well as possible solutions to the challenges. Prioritized next steps for implementing the solutions are presented here as short-term actionable items for consideration by policy makers and researchers.

Identified Barriers

Inadequate knowledge regarding the efficacy, safety and benefits of PrEP, both among providers and at-risk BMSM, was the most consistent concern cited during the discussion of barriers inhibiting PrEP utilization among BMSM. This concern is consistent with studies demonstrating that populations most at risk are often the least likely to be aware of or to access new innovations in healthcare technologies, be they diagnostic, preventive, or therapeutic.[6,9-11] Also frequently mentioned were the often serious challenges and competing needs experienced by many Black MSM, due to factors such as low socioeconomic status, lack of social support, and multiple stigmas. Below, we outline these and other factors described as contributing to the relative slow uptake of PrEP among BMSM:

- Insufficient PrEP knowledge
- Competing needs among Black MSM
- Insufficient access to PrEP due to cost or provider-related issues
- Inaccurate HIV risk perceptions
- Community opposition to PrEP
- HIV, race, and MSM stigma
- Provider resistance and perceived incompetence with prescribing PrEP
- Inconsistent criteria for identifying at-risk PrEP candidates
- Lack of culturally tailored messaging on uptake and adherence to PrEP

Solutions were offered that involve five broad categories of public health, policy, community mobilization, and health care intervention: targeted and culturally appropriate PrEP education and marketing, client care coordination programs and financing that addresses competing needs, increased real access to PrEP, broadening of PrEP referral sources to engage Black MSM where they commonly enter service systems, and tailored support for ongoing PrEP adherence.

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Proposed Solutions & Specific Recommendations

Proposed Solutions	Specific Recommendations
PrEP Education & Marketing	• Improve messaging to present PrEP as a pro-active preventative measure. • Broaden and increase outreach and promotion efforts. • Target providers to young Black men. • Promote provider education that emphasizes the potential benefits of providing PrEP and addresses provider concerns. • Educate providers and potential referrers especially on sexual-risk history taking and PrEP prescription criteria. • Incorporate PrEP into medical education.
Client Care Coordination	• Co-locate social and medical services to address issues and circumstances that complicate the lives of many BMSM (social support, health literacy, poverty, housing, criminal justice involvement, etc.). • Provide wraparound services to encourage utilization and adherence. • Develop policies that address provider compensation for time spent on patient education related to HIV/AIDS and PrEP.
Increasing Real Access to PrEP	• Streamline and promote PrEP medication assistance programs to both potential providers and patients. • Encourage sexual history taking through provider training, electronic medical record prompts, and self-administered risk histories from patients. • Create and support specialized sexual health clinics that offer PrEP.
Broadening PrEP Referral Sources	• Engage HIV testing programs, PEP sites, and STD clinics • Engage case managers, drug treatment counselors, mental health workers, peer navigators, as well as Nurse Practitioners and Physician Assistants • Engage LACDMH, LAUSD & other educational institutions, especially community colleges and the California State University systems. • Constitute and promulgate clear, consistent local referral criteria for PrEP.
Supporting PrEP Adherence	• Develop and implement culturally tailored adherence curricula for both providers and patients. • Engage LACDMH, social workers and other mental health providers.

LACDMH: Los Angeles County Department of Mental Health
LAUSD: Los Angeles Unified School District.

Short-term Action Items

- ✓ Widely distribute PrEP assistance hotline information (855 HIV PrEP or 855-448-7737) and directory of local PrEP providers (http://www.getprepla.com/provider_directory.html).
- ✓ Identify and educate potential PrEP providers (i.e., those serving at-risk BMSM).
- ✓ Develop a social media campaign geared toward and informed by YBMSM.
- ✓ Develop a culturally tailored PrEP adherence curriculum.

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Conclusion

Round table participants recognized that innovative approaches such as PrEP have the potential to shift the course of the HIV/AIDS epidemic. However, because HIV has not affected populations evenly, it is incumbent on policy makers, health providers, researchers and public health professionals to address this disparate impact as new tools for addressing the epidemic become available. Because BMSM, especially YBMSM have been, and continue to be disproportionately affected by HIV, roundtable participants stressed the importance of targeted approaches that take into consideration their diversity, unique histories (both collective and individual), culture, and attitude towards the healthcare system. Tailored approaches that seek to increase access to PrEP through a coordinated multi-agency approach while supporting adherence and addressing potential concerns among patients, providers, and their communities were recommended. These approaches were seen as having the potential to bend the HIV incidence curve both in the BMSM community in general and YBMSM in particular.

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An in-depth white paper on the topic is also available at http://chipts.ucla.edu/about/chiptspolicycore/.

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