

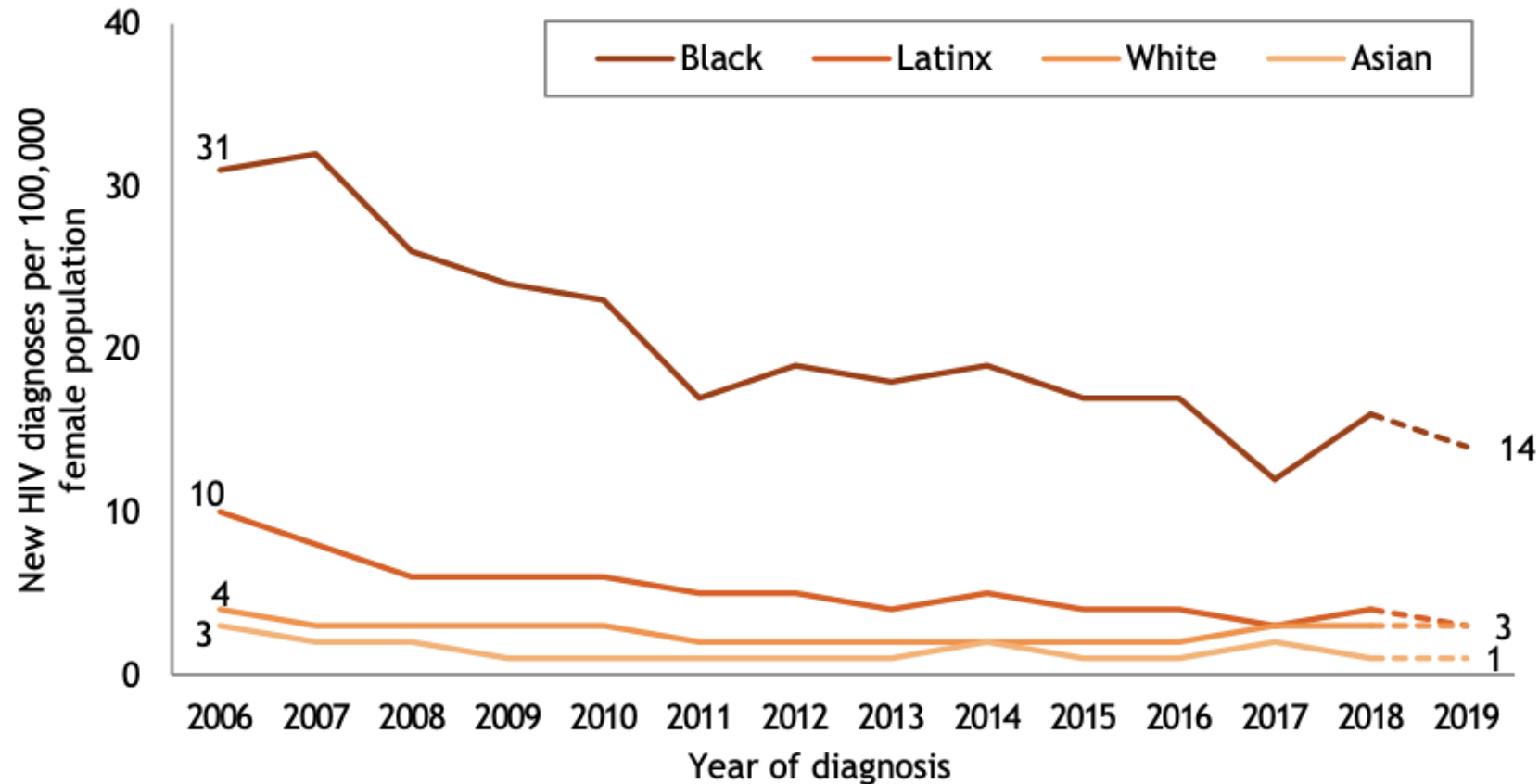
“I want to see what that’s about”: Black Women’s Insights on Accessing PrEP via a Telehealth App

Drew Mack, B.S
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Background

Figure 11: HIV diagnoses rates among females aged ≥ 13 years by race/ethnicity¹, LAC 2006-2019²



Between 2006 to 2019, HIV diagnoses rates declined by 55% among Black females and by 70% among Latinx females. Still rates were highest among Black females.

How can we prevent HIV among Black women?

Promoting Optimal Sexual and Reproductive Health with Mobile Health Tools for Black Women: Combining Technology, Culture and Context

Rasheeta Chandler ¹, Dominique Guillaume ², Andrea G Parker ^{3 4}, Sierra Carter ⁵, Natalie D Hernandez ⁶

Developing Culturally Tailored mHealth Tools to Address Sexual and Reproductive Health Outcomes Among Black and Latina Women: A Systematic Review

Rasheeta Chandler ¹, Dominique Guillaume ^{1 2}, Andrea Parker ³, Jessica Wells ¹, Natalie D Hernandez ^{4 5}

Computer-based interventions for sexual health promotion: systematic review and meta-analyses

J V Bailey ¹, E Murray, G Rait, C H Mercer, R W Morris, R Peacock, J Cassell, I Nazareth

Affiliations + expand

PMID: 22807534 DOI: [10.1258/ijisa.2011.011221](https://doi.org/10.1258/ijisa.2011.011221)



A Randomized Trial to Evaluate the Efficacy of a Web-Based HIV Behavioral Intervention for High-Risk African American Women

[Douglas W. Billings](#), [Samantha L. Leaf](#), [Joy Spencer](#), [Terrlynn Crenshaw](#), [Sheila Brockington](#), and [Reeshad S. Dalal](#)

Objective

To use qualitative interviews to explore Black women's' perception of:

- Using telehealth through an app
- Using telehealth to access PrEP



BLACK WOMEN'S FOCUS GROUP

Methods & Results

- Convenience & snowball sampling were used to recruit Black women in South & Central LA
- Focus groups were analyzed via Braun and Clarke thematic analysis
- Inclusion criteria: HIV-negative Black women, age 18-39, condom-less sex with a man in the past year



N=5 focus groups (21 total Black women) in Los Angeles



Median age = 33 years



20 (95%) have insurance



21 (100%) use smartphone apps



17 (80%) have a regular doctor



17 (80%) are aware of PrEP



11 (52%) have used apps for health

Results: Themes

Individual Factors
The convenience
of telehealth

**Interpersonal &
Community
Factors**
The importance of
setting/location
when advertising
for a PrEP app

Structural Factors
The creation of
safe spaces in the
virtual world of
telehealth

The Convenience of Telehealth

Seeing general telehealth apps as convenient : “I always like getting my test results and stuff because I like to—it’s tangible for me and quicker for me. I don’t like the whole like call or not call if nothing’s wrong thing.”

Seeing PrEP apps as convenient : “I think it’s like just the convenience of it and also it’s like maybe some people are private. If they are scared to know their status, maybe they just feel better like that.”

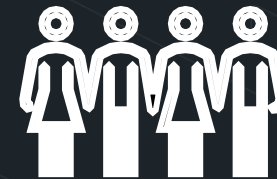
Seeing accessing PrEP via Telehealth as discrete: I mean, that’s discrete, a discrete way because it’s not everyone’s business, but maybe everybody should be doing it.



The Importance of Setting for PrEP Ads

Targeting people with smartphones: “I think by advertisement on your phone, Facebook or something... Yeah, or your doctor gives you a link or sends you a link or something.”

Targeting people without social media: “Maybe they can have a little [telehealth kiosk] spot on like at a CVS or something where you can just go into the kiosk in case your phone is broken and just be like talking in there, the CVS or a Rite Aid.”



Interpersonal & Community Factors

The Creation of Safe Spaces in PrEP Telehealth

Having mistrust of telehealth “I reached out to the doctor. The doctor is the one that I create somewhat of a relationship with to ask questions to...So I felt like when the nurse called me back...her answer was generic...I reached out to the doctor, but it was a representative that got back to me.”

“I’m not even that old, but I don’t feel comfortable with that stuff. To get your information quick, right away, that’s perfect, but I’d rather go into the doctor.”



Structural Factors

The Creation of Safe Spaces in Telehealth

Feeling stigma towards picking up PrEP “If you have a personal lifestyle preference and you’re at this [telehealth kiosk] let’s say it was especially for PrEP ...You don’t want people approaching you and questioning about your lifestyle or even approaching you to solicit you for relations.”



Structural Factors

Discussion

- Black women identified benefits of PrEP telehealth including convenience, accessibility, & reduced embarrassment about accessing PrEP
- Concerns include the loss of direct contact with their provider through telehealth, & fear of private information being released
- This was a qualitative study, and the findings are not meant to be generalizable. Limitations include small sample size, the use of convenience and snowball sampling

Future Directions

- To further combat the HIV epidemic, health care systems should utilize telehealth based PrEP in a way that is both discrete and and focused on the patient-doctor relationship.
- Embarking on into medical school I hope to take these foundations into my role as a physician-advocate



Thank You

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UCLA National Clinician
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Email: drewmack@cdrewu.edu