

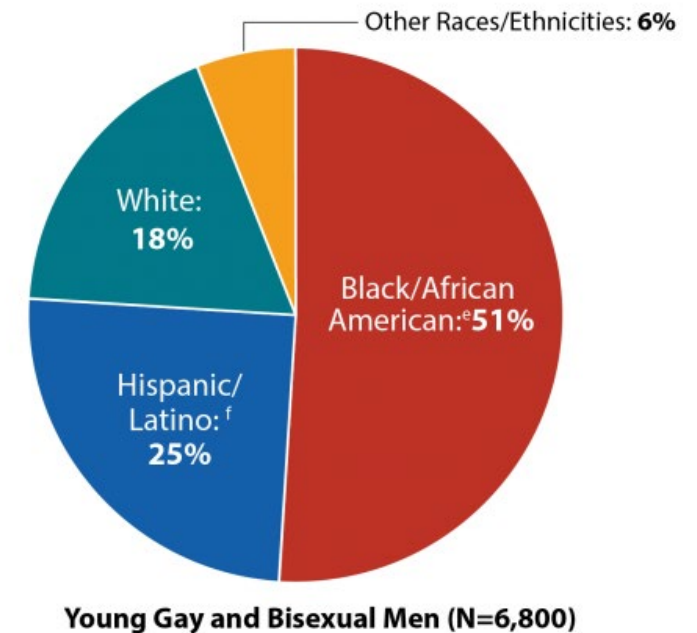
A TALE OF TWO
CITIES:
EXPLORING THE
ROLE OF RACE
AND PLACE ON
PREP USE
AMONG
ADOLESCENT
MSM

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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 of 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?



Source: World Atlas (<https://www.worldatlas.com/articles/the-regions-of-the-united-states.html>)

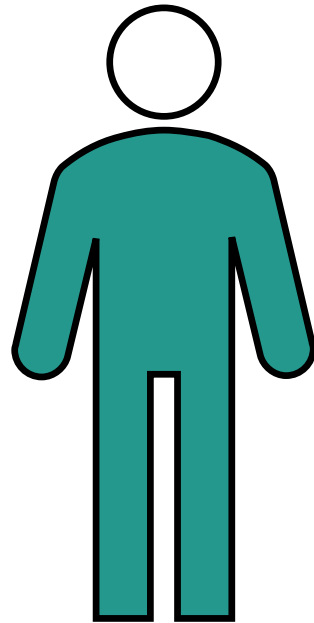
Methods

- 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

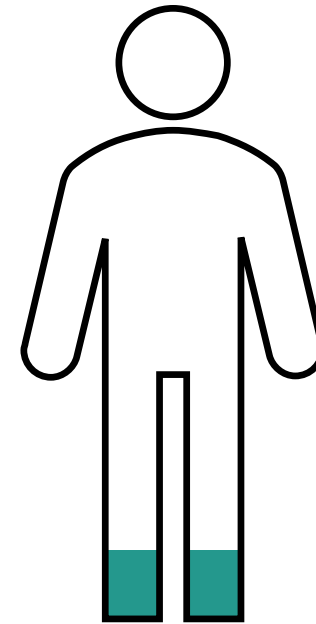
Results

In the full sample:

82%
were
aware of
PrEP



11%
currently
used
PrEP



Results

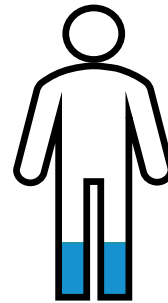
1. Are there racial/ethnic disparities in PrEP use?



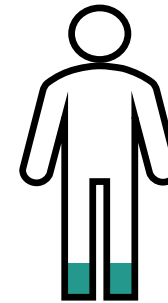
Yes. PrEP use was greatest among White adolescents, followed by Latinx and then AA adolescents.

2. Do these disparities vary by geographical setting?

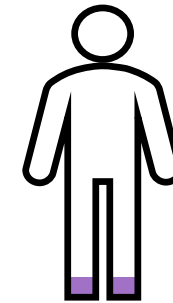
3. Do these disparities persist if we adjust for care access & socioeconomic factors?



19%
White



12%
Latinx



7%
AA

Results

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?

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)]

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

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
[OR_{adj} (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)



Limitations

- Limited sample size for Latinx adolescents
- Timing of FDA approval for adolescents <18 years
 - Enrollment began in in May, 2017 (1 year before approval), though 95% of participants were >18 at enrollment



Questions?

References

[1] Centers for Disease Control and Prevention, "HIV Among Youth | Age | HIV by Group | HIV/AIDS | CDC," 2019. [Online].

[2] S. G. Hosek *et al.*, "An HIV Preexposure Prophylaxis Demonstration Project and Safety Study for Young MSM.," *J. Acquir. Immune Defic. Syndr.*, vol. 74, no. 1, pp. 21–29, 2017.

[3] C. F. Kelley *et al.*, "Applying a PrEP Continuum of Care for Men Who Have Sex With Men in Atlanta, Georgia.," *Clin. Infect. Dis.*, vol. 61, no. 10, pp. 1590–7, Nov. 20

[4] S. Cahill, S. W. Taylor, S. A. Elsesser, L. Mena, D. M. Hickson, and K. H. Mayer, "Stigma, medical mistrust, and perceived racism may affect PrEP awareness and uptake in black compared to white gay and bisexual men in Jackson, Mississippi and Boston, Massachusetts.," *AIDS Care - Psychol. Socio-Medical Asp. AIDS/HIV*, vol. 29, no. 11, pp. 1351–1358, Nov. 2017

