

# *PrEP uptake by race/ethnicity in LA County and California*

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# Acknowledgements



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*PrEP is  
part of  
CA and  
LA  
HIV  
Strategic  
Plans*

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- California Department of Public Health, Office of AIDS. (2016). *Laying a foundation for getting to zero: California's integrated HIV surveillance, prevention, and care plan.*
  - [https://archive.cdph.ca.gov/programs/aids/Documents/IP\\_2016\\_Final.pdf](https://archive.cdph.ca.gov/programs/aids/Documents/IP_2016_Final.pdf).
- Getting to zero = zero new HIV infections, zero AIDS-related deaths, zero stigma, and discrimination against PLWH
- Californians with an indication for PrEP: 220,000 to 240,000
- In LA Co.: 72,700



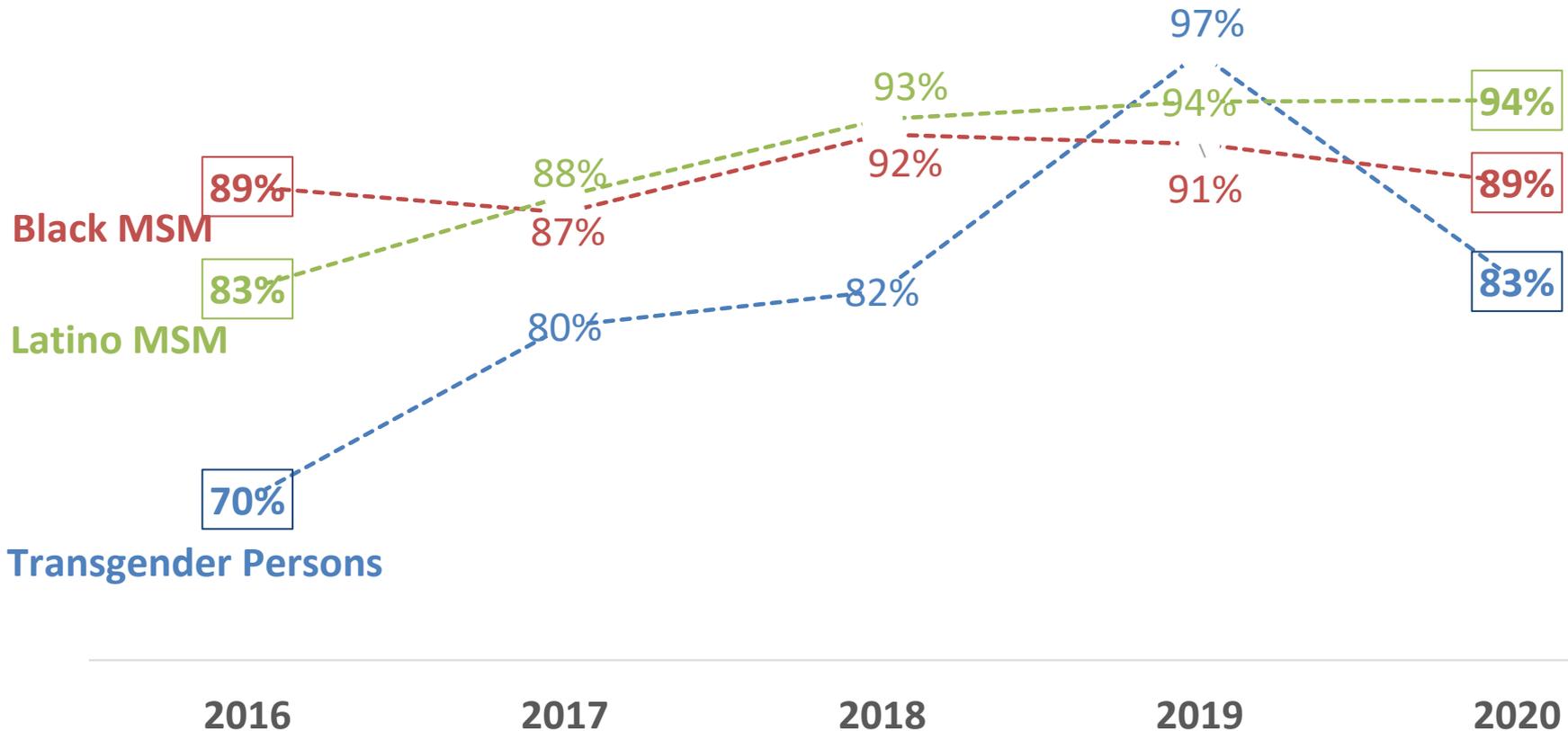
## LA County: Online PrEP Monitoring PrEP

- Purpose: To monitor PrEP knowledge, attitudes and behaviors among priority populations for the CDC PrIDE initiative.
- Sample of Black and Latino MSM and Transgender Persons (TGP) recruited through dating apps
- Conducted annually since 2016
- Key indicators:
  - **PrEP Awareness:** Before today, had you ever heard of PrEP?
  - **Willingness to use PrEP:** If it was available to you, would you be willing to take PrEP daily?
  - **PrEP Use:** In the past 12 months, have you taken PrEP daily for a period of at least one month?



## Which Priority Groups Saw Increased PrEP Awareness?

PrEP awareness significantly increased Latino MSM and TGP through 2020 but remained relatively unchanged among Black MSM



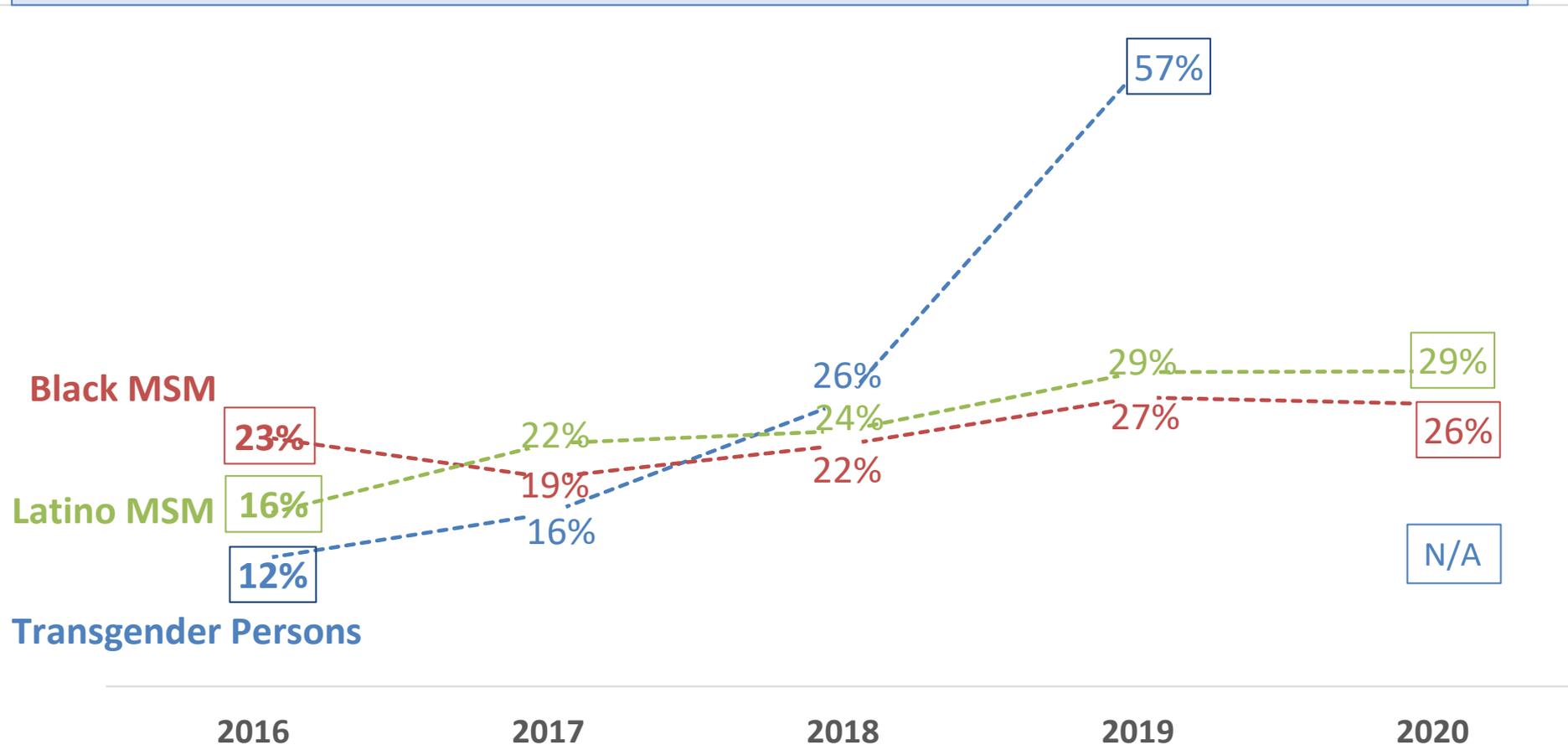
\*LMSM and TGP p<0.001

<sup>1</sup>Collected at baseline in April 2016 and in all follow up surveys (October 2016, February 2017, August 2017, February 2018, July 2018, December 2019, December 2020); MSM recruited via app TGP all sources



## Which Priority Groups Saw Increased PrEP Use?

PrEP use within the past 12-month significantly increased across all groups since 2016\*

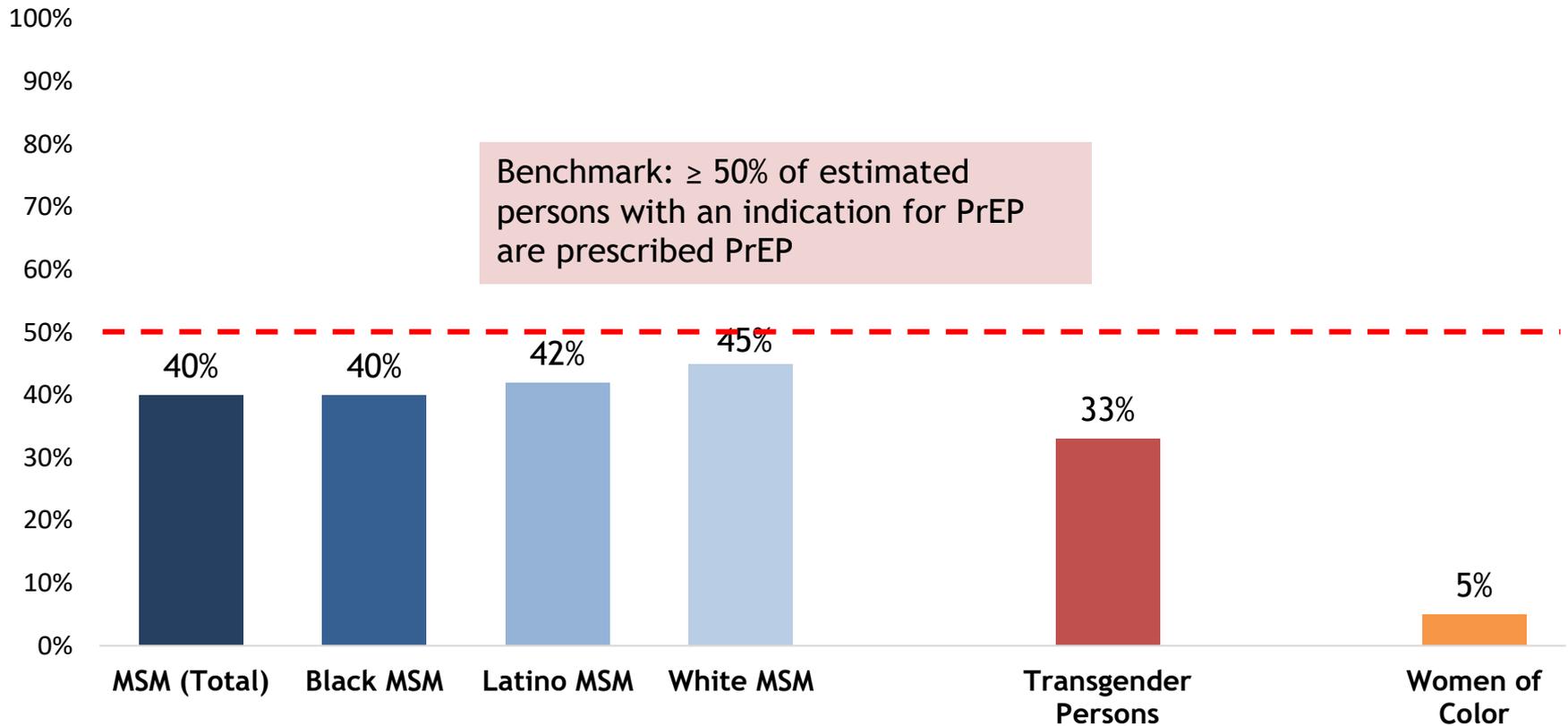


\*p<0.001

<sup>1</sup>Collected at baseline in April 2016 and in all follow up surveys (October 2016, February 2017, August 2017, February 2018, July 2018, December 2019, December 2020); MSM recruited via app TGP all source; TGP data for 2020 not presented due to low sample size



## 2018 estimates suggest that none of the priority populations in LAC met the EHE PrEP benchmark of at least 50% coverage



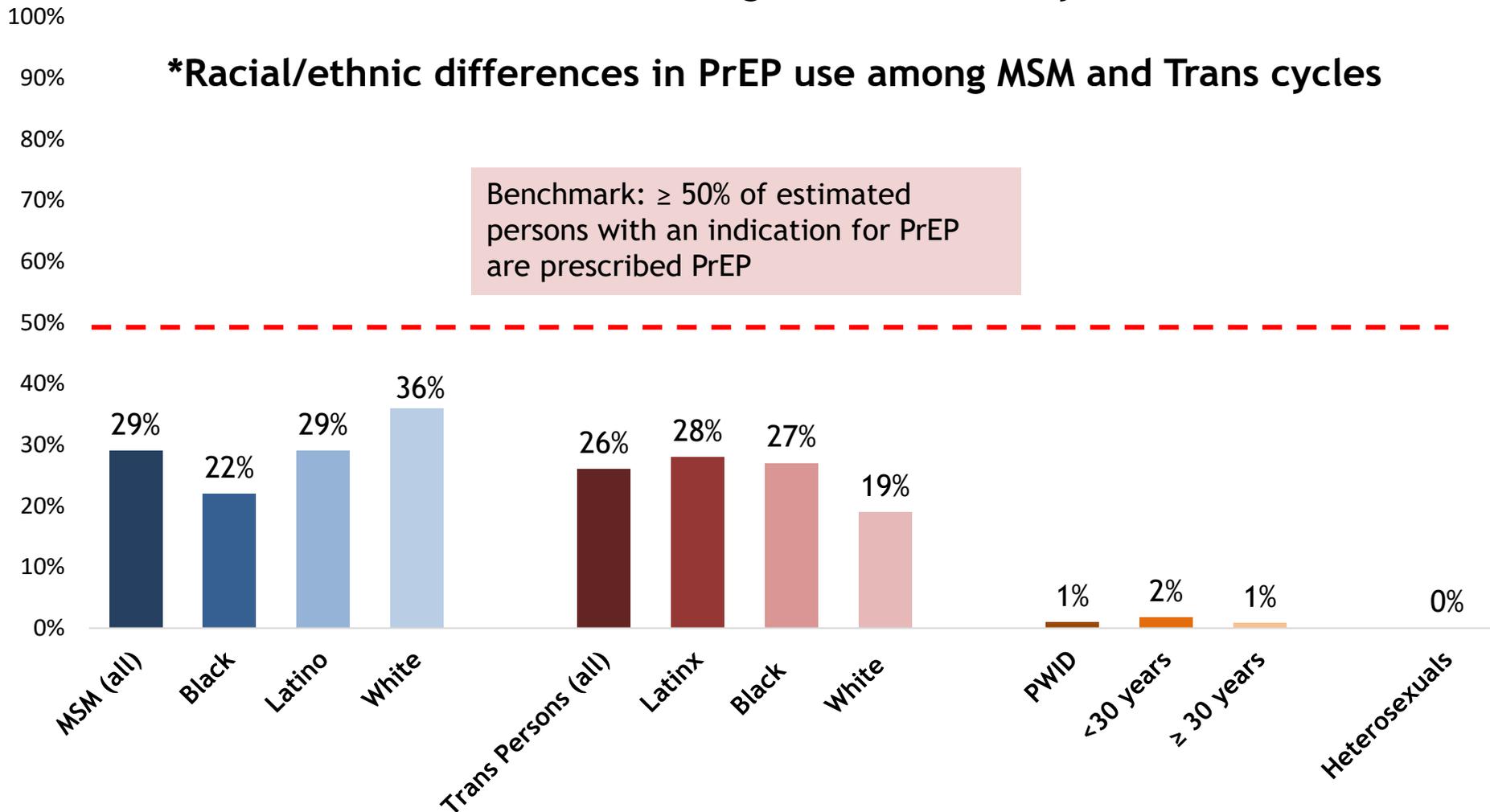
Main Sources: LAC Health Survey 2018 (MSM), NHBS (MSM, WoC), CDC PrEP Indication Calculator, DPH STD Clinics (WoC), DHSP PrEP Survey (MSM, TGP), and DHSP Partner Services (MSM, TGP, WoC)



**\*Current PrEP use reported by NHBS populations is below EHE benchmark**

**\*PrEP lowest among PWID and HET cycles**

**\*Racial/ethnic differences in PrEP use among MSM and Trans cycles**



# *State of CA Medi-Cal Beneficiaries*

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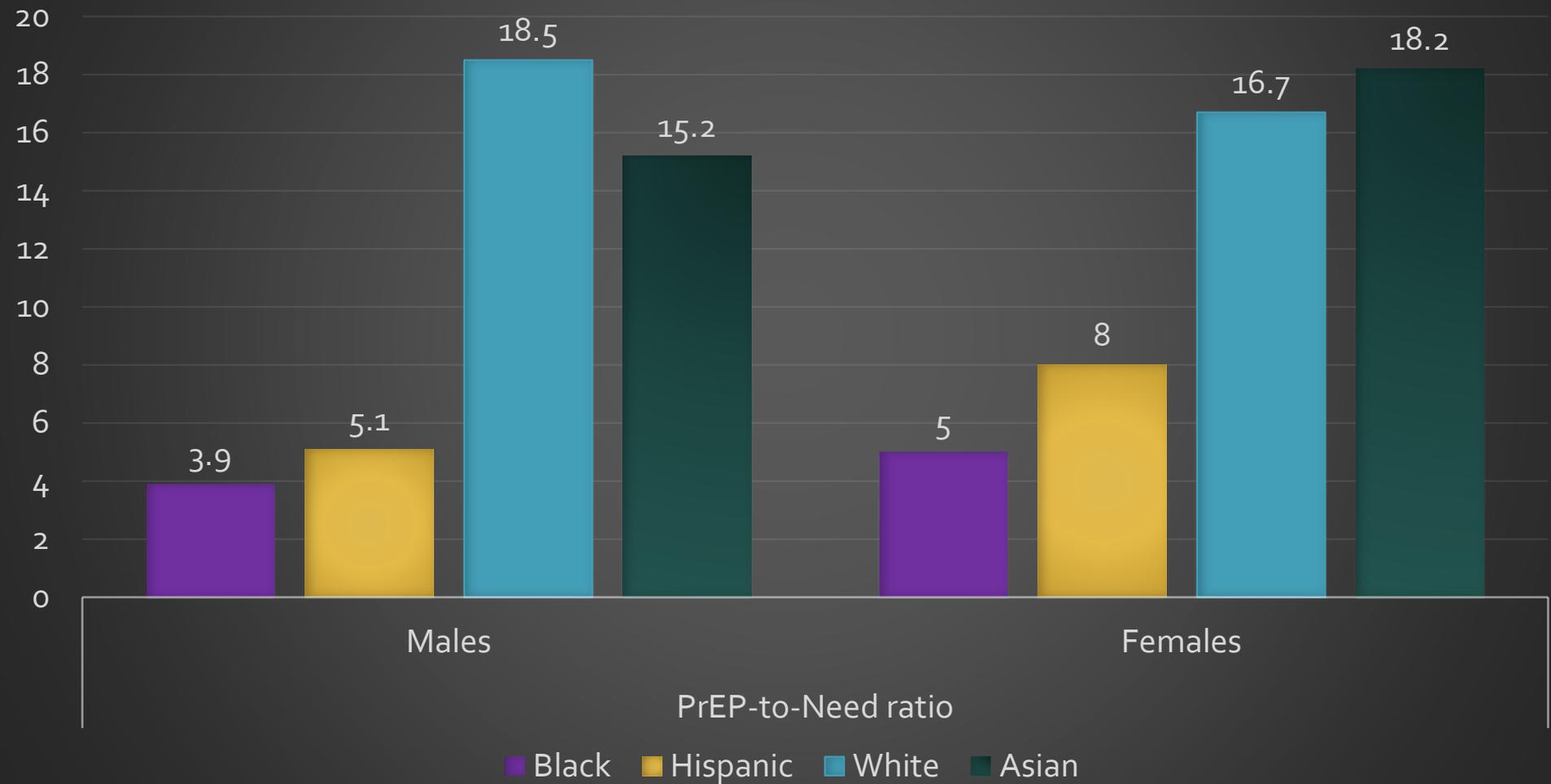
- Aggregate claims data from the Pharmacy Benefits and Information Management Division of the California Department of Health Care Services (DHCS)
- 2019 identified total enrollee years and PrEP users in each racial/ethnic, sex, and age group, yielding take-up rates.
  - Beneficiaries: persons ages 16-69 (inclusive) on full-scope Medi-Cal, not known to be HIV-positive, and not dually enrolled in Medicare
  - PrEP users: patients receiving Truvada for greater than 30 days and not receiving any other antiretroviral therapy (ART)

# *PrEP-to-need ratio or PnR*

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- **ratio** of the number of **PrEP users** to the **number of people newly diagnosed** with HIV
- measurement for *whether PrEP use appropriately reflects the need for HIV prevention* in a geographic region or demographic subgroup
- calculated by applying CA HIV diagnosis rates within strata for 2018 to our data on person years of Medi-Cal enrollment for each strata

# Medi-Cal Beneficiary Estimated PrEP-to-Need Ratios by Sex and Race/Ethnicity



# *Summary*

- (LA Co) Prescriptions are below targets and fairly similar across racial/ethnic groups (e.g., 40-45% for MSM with indications).
  - (LA Co) Current PrEP uses shows larger racial/ethnic disparities in MSM (22-36% for those with indications); but higher use in Black and Latina compared with white transgender women.
  - (State Medi-Cal) Relative to need, vastly higher rates of uptake observed in
    - White and Asian than Black and Hispanic males
    - White and Asian than Black and Hispanic females, despite Black women's significantly higher take-up rates
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# *Policy Implications*

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- Simple looks at PrEP prescriptions tell an incomplete story, traditional risk indicators miss many at risk.
  - Efforts to expand PrEP uptake, if implemented without attention to equity, may increase disparities.
  - Focused outreach, education, and technical support to Medicaid agencies and Medicaid managed care organizations can increase uptake.
  - The lack of Medicaid expansion in states whose populations are disproportionately Black and Hispanic likely to increase disparities.
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# *Policy Questions*

## **CA Senate Bill 159,**

- January 1, 2020,
- Allows pharmacists to dispense PrEP (up to a 60-day supply) and increases coverage for PrEP.<sup>13</sup>
- May reduce barriers for those who lack a primary care provider, are concerned about visiting a medical clinic because of COVID-19, or are uncomfortable initiating a PrEP conversation with their primary care providers.

## **Telehealth**

- Do options for mail-order prescriptions, virtual provider visits and HIV/STI testing facilitate PrEP retention?

## **Trust**

- How can providers and agencies shift practices to engender trust?
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