



For Us By Us: Increasing the Uptake of PrEP in the Black Community

Presenter:

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CONFLICT OF INTEREST DISCLOSURE

Tony D. Christon-Walker, AIDS Alabama



Conflicts

I have no conflicts that would affect my presentation.

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Current Overview

- We know that Black men who have sex with men (BMSM) have higher indications for HIV and are accessing pre-exposure prophylaxis for HIV at a lower rate than their white counterparts.
- BMSM in Southern States have many barriers to accessing PrEP including, but not limited to lack of health insurance, transportation issues, and homophobia.

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The Silent Disparity

There are many ongoing projects designed to address many of the barriers to accessing PrEP for BMSM. The CDC funded PS15-1509 which emphasized HIV testing, linkage, referral and retention in care. We referred clients who tested positive to HIV care services. Clients who tested negative are referred for PrEP screening and referrals. The number of clients who accessed PrEP was very low, less than 15% of those referred made it to their first appointment.

There are providers in Birmingham who have assisted in combating most of the barriers to PrEP, including transportation, the inability to pay, and being queer-friendly, but none of these organization address systemic racism that exist in HIV treatment and care.

Our failure to adequately address inequity and discrimination in HIV prevention and care has the potential to further exacerbate disparities in the epidemic, and evidence is emerging showing that young BMSM are often not offered the option of PrEP.¹

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Personal Anecdote

I had some serious gastrointestinal issues in December of 2013. I spoke to my physician about it and they told me that I was suffering from internal hemorrhoids. I suffered with this diagnosis for 10-months. I changed doctors to get my cancer diagnosis and received the appropriate treatment.

Observations

- My original doctors never touched my body during the original or subsequent appointments.
- They told me to eat more dietary fiber and suggested over-the-counter pain relief.
- They just didn't seem to care or understand me.

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Cultural Competence/Humility

Cultural Competence or Cultural Humility(CCH) is a great idea in theory. It champions the need to be more understanding and sensitive to the needs of marginalized communities. It is important to note that Cultural Competence/Humility is a process and not an endpoint. The problem with it is how it is implemented in the South.

In Southern States CCH has created some unintended consequences. There are a lack of minority leadership, providers and workers. CCH has given cover to racist practices that have existed in the country for centuries. Why bother hiring minorities when non-minorities can be taught how to deal with them? This is what CCH looks like in the south.

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Cultural Relevance

In June of 2019, the Prevention Team of AIDS Alabama decided to open a PrEP Clinic within the confines of our drop-in center, The Hub. It was an ambitious venture for many reasons. There were already three organizations in Birmingham providing PrEP, each of these organizations has some mechanism to assist under insured people.

We also wanted to create a space in which our clients could see themselves and feel comfortable. When we looked at the staffing for the clinic, we were able to find a Black cis-female, Nurse Practitioner, and Social Worker, along with a young Black MSM to coordinate the program.

We opened the Living Well PrEP clinic in September and had an amazing response. In just six months, we were able to get 47 people on PrEP and 3 people receiving HIV treatment. The following slide shows the demographics of our clients. We are now examining our data and here are some of our preliminary findings.

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Preliminary Results

| Pre-COVID | Numbers | Insured | Transportation | Ethnicity |
|----------------------|---------|---------|----------------|-------------------|
| Total Clients | 50 | | | |
| Cis-Male | 43 | 47% | 95% | 39 BMSM; 2 Latinx |
| Cis-Female | 2 | 100% | 100% | 2 AA |
| MTF | 2 | 50% | 100% | 2 AA |
| FTM | 2 | 100% | 100% | 1 AA ; 1 Latinx |
| Lost to Care | 1 | 2% | | |

88% of our clients are of African-American descent which is almost double for the other organizations providing PrEP services.

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⁹ Retention Results Post-COVID-19

COVID-19 threw us for a loop. Without proper personal protective equipment, we were unable to complete blood draws for labs, which impede our ability to increase our customer base. As of August 8, 2020, we have been able to recover.

- 11 patients were lost to follow-up
- 3 patients transferred the care (moved)
- 4 patients are in the process of being re-engaged
- 42 active PrEP patients

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10 Summary

We have seen a remarkable increase in the number of Black men who are taking PrEP. We have helped our clients navigate situational and long-term barriers, including medication delivery and secure pick-up. The process of normalizing business as usual in the age of COVID-19 evolves everyday.

We are in the process of sending out surveys to assess customer satisfaction and the reasons they selected us to provide care.

Despite the national narrative about the reasons BMSM are not taking PrEP at the rates of their non-black counterparts, it is our belief, and our anecdotal information shows that there are deeper issues. The biggest of these is Institutional/Systemic Racism.

Citations



1. Highleyman, Liz. "PrEP Use Is Rising Fast in US, but Large Racial Disparities Remain." *Aidsmap.com*, 24 June 2016, www.aidsmap.com/PrEP-use-is-rising-fast-in-US-but-large-racial-disparities-remain/page/3065545/.
2. Lelutiu-Weinberger, Corina, and Sarit A Golub. "Enhancing PrEP Access for Black and Latino Men Who Have Sex With Men." *Journal of Acquired Immune Deficiency Syndromes (1999)*, U.S. National Library of Medicine, 15 Dec. 2016, www.ncbi.nlm.nih.gov/pmc/articles/PMC5110381/.