

**YOU DON'T
HAVE TO BE
POSITIVE TO
THINK**

POSITIVE



**ENSURE YOU
STAY
PROTECTED**

EVERYTIME

Why should Black women take PrEP?

Community healthcare providers offer their unique perspectives for why Black women can most benefit from PrEP uptake.

Community Healthcare Providers' Perspectives on HIV Pre-Exposure Prophylaxis (PrEP) Use among Black Women

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Background

- The most at-risk population among women for HIV diagnosis in the U.S. are Black women, who account for 61% of all new HIV cases (Rao et al., 2018).
- In 2019, the rate of new HIV infections among Black women was 11 times that of White women and four times that of Latina women (Irie et al., 2022).
- Pre-Exposure Prophylaxis (PrEP) was developed to address the worldwide HIV epidemic as an anti-viral medication that reduces the risk of getting HIV from sex by 99% and injection drugs by 74% (Center for Disease Control and Prevention, 2022).
- PrEP uptake among Black women specifically is lower than all other demographics despite complete agreement of its health benefits (Patel et al., 2019).

The aim of this study was to use the socio-ecological framework to explore community healthcare workers and PrEP prescriber's perspectives on the barriers and facilitators of PrEP uptake among Black women in Southeastern Virginia.

Method

Participants and Procedure



Our sample was comprised of 14 community healthcare workers providing HIV testing and PrEP referral services at HIV testing clinics in community healthcare settings and one PrEP prescriber in Southeastern Virginia.

Interviews



Semi-structured phone or zoom interviews lasting approximately 25-30 minutes with participants were held between May and June 2022.



All study interviews were conducted using a semi-structured interview guide that queried participants about their experiences providing HIV testing services and PrEP referrals to patients who visit HIV clinics.



All interviews were audio-recorded with participants' consent.



A \$50 gift card was provided as compensation after each interview which was delivered to participants at their place of work.

Coding and Data Analysis

Interviews were transcribed verbatim by a professional transcription service, and transcripts were checked for accuracy against the original recordings.

All coding was done by two independent coders using Nvivo software.

Coding and analyzing the data followed Braun and Clarke's (2006) common thematic analysis approach, which is an iterative process for finding meaning in data.

Results

Barriers

Level	Theme
Individual	Medication reluctance and/or adherence concerns
	Side effect concerns
	Perception that PrEP encourages risky sex
	Perception that individual is not at-risk for contracting HIV
	Undesirable association with PrEP medication
	Low medical literacy about PrEP suitability and benefits
	Lack of knowledge about HIV and PrEP
	Mental health disturbances decrease PrEP adherence
	Intravenous substance users unacknowledged HIV susceptibility
	Basic needs not met (e.g., housing, transportation, childcare, etc.)
Interpersonal	Lack of health insurance
	Age
	Discomfort in talking about HIV risk
Community	Perception that individual is in monogamous relationship
	Perception that partner(s) are safe
Organizational (Clinic)	Military culture lacks anonymity
	Process to obtain PrEP prescription is cumbersome
	Facilities that provide PrEP prescription are short-staffed
	Provider time constraints
	Lack of HIV education
	LGBT+ focused materials
	Provider's PrEP referrals focus on LGBT+ members
Women's risk denial perception	
Societal or Policy	Stigma
	Ads focus on LGBT+ groups
	HIV education not prioritized
	Lack of trust in medical community
	Limited free PrEP for insured
	No tracking process for continuity of care

Facilitators

Level	Theme
Individual	Age
	Work flexibility allows clinic appointments
	Previous PrEP knowledge
	Desire to have unprotected sex
	STI/STD diagnosis history
Interpersonal	Sex solicitation workers are more inclined to PrEP uptake and adherence
	HIV positive partner
	Verification of HIV status for sex partner
Community	Social support
	Assessable PrEP information
	Positive relationship with provider(s)
Organizational (Clinical)	Member of LGBT+ community
	Inclusive advocacy of PrEP uptake
	Female focused PrEP materials and ads
	PrEP apparel worn by healthcare workers and PrEP prescribers
	Increased female staff
	Increased staff PrEP education
	Group psychoeducation about PrEP
Maintaining sex positive tone when discussing PrEP	
Societal or Policy	Incentive offering (e.g., free meal, giftcard, receive same day PrEP prescription)
	Diverse healthcare workers and PrEP providers
	Free PrEP
	HIV education in schools
	Increased provider information
	Ability for pharmacists to prescribe PrEP
	Opening women sexual health centers

Conclusions

- Community healthcare workers and PrEP prescribers report many misconceptions regarding PrEP that stem from inclusivity limited materials and advertisements that obscure perceived suitability, susceptibility, and outcomes of PrEP uptake.
- There appears to be intersections between multiple levels of both facilitators and barriers, such that factors that directly effect women's decision to utilize PrEP at the individual level reappear as societal or policy determinants that influence uptake among all Black women.
- Findings from this study can guide well-informed initiatives to reduce the rates of HIV infections among Black women in the U.S. Prevention interventions and programs should focus on community implementation in different underserved areas nationwide.



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