LOS ANGELES LGBT CENTER

Disclosure of Commercial Interest

The members of the CHCN CME Committee have no relevant financial relationships or affiliations that have influenced the content of this presentation.

This training, staff and presenters' time is covered by the Gilead FOCUS funding.

LOS ANGELES LGBT CENTER

Lowering Barriers to Engage Hard to Find Communities in PrEP

Brian Toynes
Program Manager, Sexual Health and Education Program (SHEP)
Los Angeles LGBT Center

LOS ANGELES LGBT CENTER

STATE OF EMERGENCY!

In the United States, reducing new HIV infections will REQUIRE a determined focus on primary HIV prevention among young black men who have sex with men (YBMSM), which is the only group in the United States where incidence has increased over the past decade.
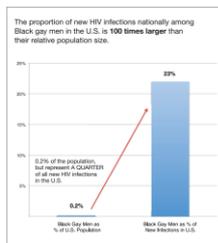
If current infection trends continue unabated, the federal government estimates that today's 20-year-old YBMSM will face a 25% HIV infection rate by age 25, and a 60% HIV infection rate by the age of 40.*

*Presented by Greg Millett at the 2013 National Gay and Lesbian Task Force *Creating Change* Conference

LOS ANGELES LGBT CENTER

"When new infections among young Black gay men increase by nearly 50 percent in three years, we need to do more to show them that their lives matter."

— President Barack Obama, December 1, 2011, at George Washington University

The proportion of new HIV infections nationally among Black gay men in the U.S. is **100 times larger** than their relative population size.

0.2% of the population, but represent A QUARTER of all new HIV infections in the U.S.

0.2% — Black Gay Men as % of U.S. Population

25% — Black Gay Men as % of New Infections in U.S.

Graph: amfAR Issue Brief, February 2015
HIV and the Black Community: Do #Black(Gay)Lives Matter?

LOS ANGELES LGBT CENTER

Barriers to Engage Hard to Find Communities in PrEP
- **Stigma**
- **Medical Mistrust**
  - **Identity/socialization factors**
  - **Recent healthcare experiences**

LOS ANGELES LGBT CENTER

Stigma:
- Stigma is best understood as a social practice that "marks" or associates something with a form of difference that is **negatively valued**.

- Stigma doesn't always have to be attributed to **family and friends**.

- Healthcare-related stigmas often lead to **mistrust and medical visit gaps**.

WILL YOU STILL LOVE ME?
MODEL

LOS ANGELES LGBT CENTER

Stigma:
- Due to its association with high-risk sexual activity, **PrEP risks multiple stigmas, that can differ according to specific cultural conditions**.

- This includes, but is not limited to:
  - **The stigma of being related to HIV** (which in some cases is also related to other stigmas, such as homosexuality, sex work, and/or drug use), and

  - **The stigma of PrEP being an alternative to condoms** (and thus missing the symbolic virtues attached to consistent condom use). (Haire 2015)


MODEL

LOS ANGELES LGBT CENTER
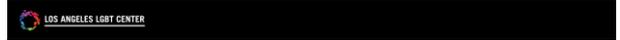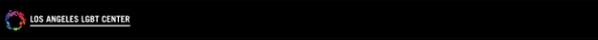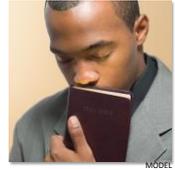
Stigma:
- A study of the attitudes of young African-American adults (18–24 years) found that the anticipated negative reaction of peers, friends, and family members was viewed as a factor that could mitigate against PrEP uptake. (Smith et al 2012)

- A Los Angeles, CA study that explored how YBMSM and their friends view PrEP and PEP found that participants felt that gossip about these topics would be common, and that this would cause some people to be hesitant to use these methods or to disclose their use of them (Mutchler et al 2015).

LOS ANGELES LGBT CENTER

Stigma:
RECOMMENDATION:
- Social marketing needs to redress PrEP-related stigmas through health promotion campaigns aimed at clinicians, HIV-affected communities, and people at high risk of HIV who might benefit from PrEP access. **PrEP access needs to be reframed as a positive and responsible option to help people remain HIV-negative.**

LOS ANGELES LGBT CENTER

VERSUS

LOS ANGELES LGBT CENTER

LOS ANGELES LGBT CENTER
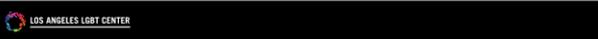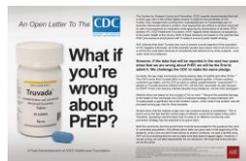
They're our friends, our co-workers, our partners, and our family members. Here, they're simply known as **PrEP Heroes**.

Think your day is busy? *Think again*. PrEP Heroes are on duty 24/7, fighting aggressive viruses, negative stigmas, and uninformed stereotypes in an effort to change the face of HIV.

Their bodies are symbols of strength, shielding the rest of us from deadly threats that lurk around every dark corner.

Working around the clock to protect themselves and others through a daily preventative treatment, these heroes are committed to stopping the transmission of HIV, forever changing the fate of hundreds — and history as we know it — with a single empowered choice.

PROTECT YOURSELF.
PROTECT YOUR COMMUNITY.
**PROTECT YOUR FUTURE.**

LOS ANGELES LGBT CENTER

Medical Mistrust:

- To feel uncomfortable, fearful or suspicious in a health care place.
- Dissatisfaction with health care experiences.

LOS ANGELES LGBT CENTER

Medical Mistrust:

- A 2010 study suggests that **medical mistrust among African-American men** is informed by (Hammond 2010):
  - a. **Background factors** (i.e., age, personality, level of education, and health status);
  - b. **Identity/socialization factors** (i.e., masculine role identity and healthcare system socialization);
  - c. **Recent healthcare experiences** (i.e., quality of recent patient–physician interactions);
  - d. **Recent socioenvironmental experiences** (e.g., discrimination experiences); and
  - e. **Healthcare system outcome expectations** (i.e., perceived racism in healthcare).
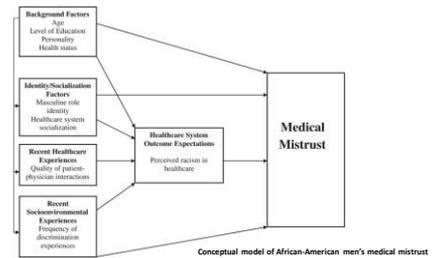
LOS ANGELES LGBT CENTER

Conceptual model of African-American men's medical mistrust

LOS ANGELES LGBT CENTER

Medical Mistrust:

- a. **Identity/socialization factors** *(i.e., masculine role identity and healthcare system socialization);*
  - Researcher, Hammond, suggests that men's mistrust of doctors and caregivers be viewed as a **help-seeking barrier shaped by traditional masculine beliefs about relational vulnerability**. (Hammond 2010)
  - It's important to be aware that the health socialization messages that parents convey to boys (e.g., "Boys don't cry") appear to be infused with traditional masculinity ideology that **inadvertently reinforces disengagement from healthcare organizations**.

LOS ANGELES LGBT CENTER

Medical Mistrust:

- a. **Identity/socialization factors** *(i.e., masculine role identity and healthcare system socialization);*
  - **Philbin et al 2014 examined factors influencing want, need, and adherence to PrEP among Black men who have sex with men in NYC.**
    - o Black MSM **asserted their masculinity in ways that have implications for their engagement with PrEP**, particularly around self-care and sex and gender performance.
    - o Men reported not attending medical visits to appear as a *"man's man"*; being *"weak and worried"* and **taking medication were associated with femininity** (which influenced BMSM's want for PrEP).

LOS ANGELES LGBT CENTER

Medical Mistrust:

a. **Identity/socialization factors** *(i.e., masculine role identity and healthcare system socialization);*
- **Stigma + Masculine Role Identity:**
  - Participants **described stigma towards those who present as feminine**, including perceptions that they were "promiscuous," "sluts" and "have HIV/STIs;"
  - BMSM suggested that taking PrEP could subject individuals to **the stigma of "failed" masculinity**.
  - Masculinity was asserted by being a "top" during sex, which participants viewed as less risky, thus affecting BMSM's **perceived need for PrEP.** (Philbin et al 2014)

LOS ANGELES LGBT CENTER

Medical Mistrust:

"If we go see a doctor, then that makes us sort of feel weak... like you're just not capable of doing things on your own. You don't want to feel incompetent...I allowed this to happen to me, I'm not gonna have a doctor tell me that you should have done this or you should have done that, or why is this that way?"

— 17 year old, bisexual, no insurance

MODEL

LOS ANGELES LGBT CENTER

Medical Mistrust:

c. **Recent healthcare experiences** *(i.e., quality of recent patient–physician interactions)*
- Since **physicians serve as trust brokers** for medical organizations, **their interactions with patients are important determinants of mistrust**.
- **Patient-centered communication** might be viewed by African-American men as an indicator of **the physician's willingness to share relational power and demonstrate sensitivity to their history of disparate treatment in social and healthcare environments** (Hammond 2010).
- With patient-centered communication, patients are no longer regarded as passive objects, but rather as **active subjects** who **work as partners with health care professionals to optimize health** ('participatory medicine').

LOS ANGELES LGBT CENTER

Medical Mistrust:

c. **Recent healthcare experiences** *(i.e., quality of recent patient–physician interactions)*
- Interestingly, **physicians seem to communicate in a more physician-centered manner with African-American patients** (Johnson et al. 2004a).
- Consequently, racial and ethnic minorities are more likely to feel looked down upon, disrespected, and as if the care they received was negatively influenced by racial or linguistic differences. A study found that physicians were **23% more verbally dominant and engaged in 33% less patient-centered communication with African-American patients than with White patients** (Johnson et al. 2004a).
- **Racial discrimination threatens power, control, status, and success, creates vulnerability, and positions African-American men as weak or subordinate** (Johnson et al. 2004a).

LOS ANGELES LGBT CENTER

Medical Mistrust:

- In a 2015 study of BMSM (Eaton et al. 2015):
  - **31% of HIV-negative BMSM** reported experiencing **racial or sexual orientation discrimination (stigma)** from their healthcare providers.
  - **49% of HIV-negative BMSM** reported an **overall mistrust of medical establishments**.
  - Among HIV negative BMSM, **those who experienced greater stigma and global medical mistrust had longer gaps in time since their last medical exam and HIV screenings**, leading to Black MSM not knowing their status.

LOS ANGELES LGBT CENTER

Medical Mistrust:

- **Health care related stigma (sexual orientation- and race-based)** (Eaton et al. 2015)
  Participants were asked to answer six questions about experiences with enacted stigma related to health care. Three questions specifically on sexual orientation:
  ex: *"I have been mistreated by health care providers because of my sexual orientation,"* (13%)
  and then these three items were repeated for race,
  ex: *"My health care isn't as good as others' because of my race."* (15%)

- **Global medical mistrust** (Eaton et al. 2015):
  Participants were asked to answer items concerning global medical mistrust. Items included: *"Health care providers have sometimes done harmful things to patients without their knowledge"* (49%)

- **Trust in health care provider** (Eaton et al. 2015):
  Participants were asked to answer three items concerning trust in health care providers. Items included: *"I trust health care providers are giving me the best available treatment".* (61%)

LOS ANGELES LGBT CENTER

Medical Mistrust:

RECOMMENDATIONS:

- One important goal of healthcare system interventions might be to increase physician awareness of African-American men's masculine role-specific need for empathic and respectful clinical encounters. (Hammond 2010)

- Physicians can utilize a **patient-centered communication approach**:
  - To **develop a trusting relationship** with patients;
  - **Involve patients in the decision-making process** regarding treatment; and
  - Help patients reach therapeutic goals that are **understood and endorsed by patients** as well as healthcare providers.

Discussion

LOS ANGELES LGBT CENTER

LOS ANGELES LGBT CENTER

Psychosocial Correlates of Medical Mistrust Among African American Men.
Hammond WP.
American journal of community psychology. 2010;45(1-2):87-106. doi:10.1007/s10464-009-9280-6.
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2910212/

The Role of Stigma and Medical Mistrust in the Routine Health Care Engagement of Black Men Who Have Sex With Men
Eaton LA, Driffin DD, Kegler C, Smith H, Conway-Washington C, White D, Cherry C.
Am J Public Health. 2015 Feb;105(2):e75-82. doi: 10.2105/AJPH.2014.302322.
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4318301/

Racial differences in same-race partnering and the effects of sexual partnership characteristics on HIV Risk in MSM: a prospective sexual diary study.
Newcomb ME, Mustanski B.
J Acquir Immune Defic Syndr. 2013 Mar 1;62(3):329-33. doi: 10.1097/QAI.0b013e31827e5f8c.
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3640752/

Racial/Ethnic Differences in Sexual Network Mixing: A Log-Linear Analysis of HIV Status by Partnership and Sexual Behavior Among Most at-Risk MSM
Fujimoto K, Williams ML.
AIDS and Behavior. 2015;19(6):996-1004. doi:10.1007/s10461-014-0842-8.
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4312750/

Patient race/ethnicity and quality of patient–physician communication during medical visits.
Johnson RL, Roter D, Powe NR, Cooper LA.
American Journal of Public Health 2004;94:2084–2090.
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448596/

Preexposure prophylaxis-related stigma: strategies to improve uptake and adherence – a narrative review.
Haire BG.
HIV/AIDS (Auckland, NZ). 2015;7:241-249. doi:10.2147/HIV.S72419.
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4610795/

Attitudes and Program Preferences of African-American Urban Young Adults About Pre-Exposure Prophylaxis (PrEP)
Smith DK, Toledo L, Smith DJ, Adams MA, Rothenberg R
AIDS Education and Prevention 2012 24, 5, 408-421
http://guilfordjournals.com/doi/pdf/10.1521/aeap.2012.24.5.408

Getting PrEPared for HIV Prevention Navigation: Young Black Gay Men Talk About HIV Prevention in the Biomedical Era.
Mutchler MG, McDavitt B, Ghani MA, Nogg K, Winder TJ, Soto JK
AIDS Patient Care STDS. 2015 Sep;29(9):490-502. doi: 10.1089/apc.2015.0002. Epub 2015 Jun 29.
http://www.ncbi.nlm.nih.gov/pubmed/26121564

Masculinity and biomedical HIV prevention technologies: factors influencing want, need, and adherence to pre-exposure prophylaxis (PrEP) among Black men who have sex with men in New York City, NY
Philbin M, Hirsch J, Grisham K, Parker C, Garcia J, Wilson P, Parker R
http://pag.aids2014.org/EPosterHandler.axd?aid=5605

LOS ANGELES LGBT CENTER

LOS ANGELES LGBT CENTER