Characterizing the PrEP continuum for young black and latinx sexual and gender minorities in the United States

Stephen Bonett, PhD, MA, RN¹, Nadia Dowshen, MD², Jose Bauermeister, MPH, PhD³, Steven Meanley, MPH, PhD¹, Andrea Wirtz, PhD⁴, David Celentano, PhD⁵, Noya Galai, PhD⁴, Kimberly Hailey-Fair, MPH, CPH⁶ and Renata Arrington-Sanders, MD, MPH, ScM⁷

(1)University of Pennsylvania School of Nursing, Philadelphia, PA, (2)Children's Hospital of Philadelphia, Philadelphia, PA, (3)University of Pennsylvania, Philadelphia, PA, (4)Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, (5)Johns Hopkins School of Public Health, Baltimore, MD, (6)Johns Hopkins University School of Medicine, Baltimore, MD, (7)Johns Hopkins School of Medicine, Baltimore, MD

APHA's 2020 VIRTUAL Annual Meeting and Expo (Oct. 24 - 28)

Background: Youth and racial/ethnic minorities have low rates of pre-exposure prophylaxis (PrEP) uptake and high rates of HIV, a trend that could exacerbate disparities in HIV. HIV experts widely recognize that multilevel social factors interact to produce HIV-related disparities and limit youths' PrEP engagement. We describe the PrEP continuum in a cohort of young Black and Latinx sexual and gender minorities (BLSGM), and identify factors associated with PrEP engagement.

Methods: Data came from the Providing Unique Support for Health study, which recruited 219 BLSGM ages 15-24 in Philadelphia, Baltimore, and Washington D.C. from 2017-2019. We characterized PrEP engagement as a continuum (i.e., ordinal factor) using self-reported PrEP awareness, willingness, intention, and lifetime use. Bivariate analyses and partial proportional odds regressions assessed the associations that socioeconomic advantage, social and sexual networks, and sexual risk behavior have with PrEP engagement.

Results: Among BLSGM, 96% reported ≥1 PrEP-indicated sexual risk behavior, 82% were aware of PrEP, and 33% had ever used PrEP. Being insured, having a sexual partner who uses PrEP, and reporting more sexual risk behaviors were all positively associated with engagement across the PrEP continuum. Perceived family wealth, housing instability, social network size, and sexual network size were not associated with PrEP engagement.

Conclusions: Though higher than in previous studies, low PrEP engagement among our study's participants suggest that current PrEP efforts fail to reach many BLSGM who are indicated for PrEP. Addressing structural barriers to PrEP may yield increased uptake and reduce age and race-related disparities in HIV.

Advocacy for health and health education Provision of health care to the public Public health or related research Social and behavioral sciences