

Intentions to initiate PrEP among gay and bisexual men are driven by demographic factors, sexual risk, and perceptions of providers: Results from a nationally representative sample

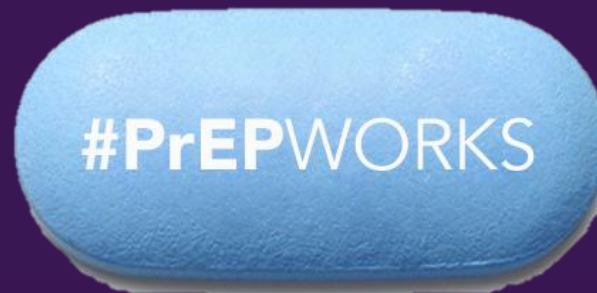
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Background

- PrEP has been shown in numerous studies to be efficacious
- Numerous community-based studies show PrEP to be acceptable to gay, bisexual, and other MSM and indicate high willingness to take PrEP
 - Fewer data are available that examine intentions to begin PrEP
 - Few studies have looked at these issues in large, national U.S. samples
- Despite high acceptability, uptake remains slow



Aims

- Utilizing data from a large sample of gay/bisexual men across the United States:
 - Examine correspondence between PrEP willingness and PrEP intentions
 - Examine timeline to begin PrEP among those who intend to
 - Examine demographic, behavioral, and psychological variables associated with PrEP intentions



Method

One Thousand Strong:

Syndemics & Resilience for HIV Transmission in a National Sample of Vulnerable Men

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CHEST

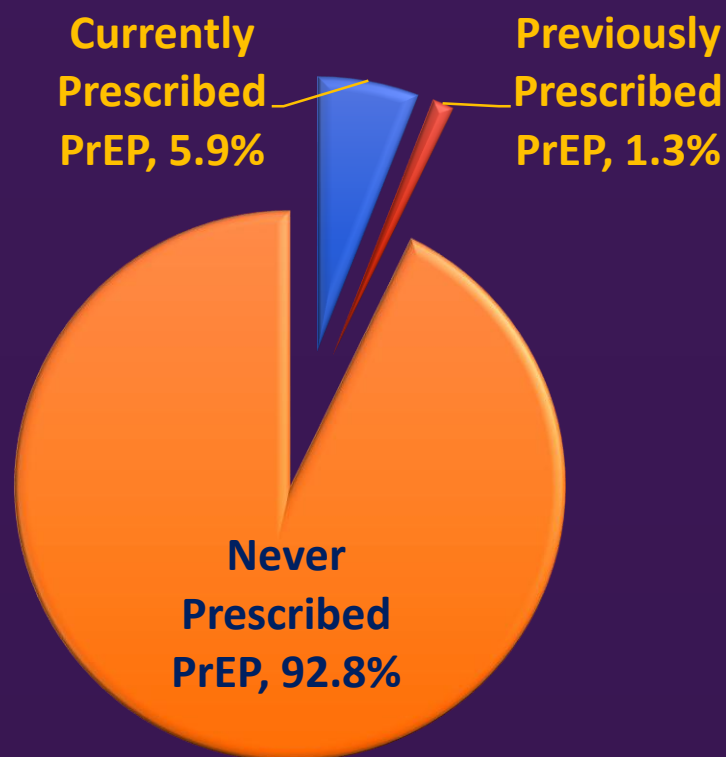
Center for HIV Educational
Studies & Training

Participants & Procedures

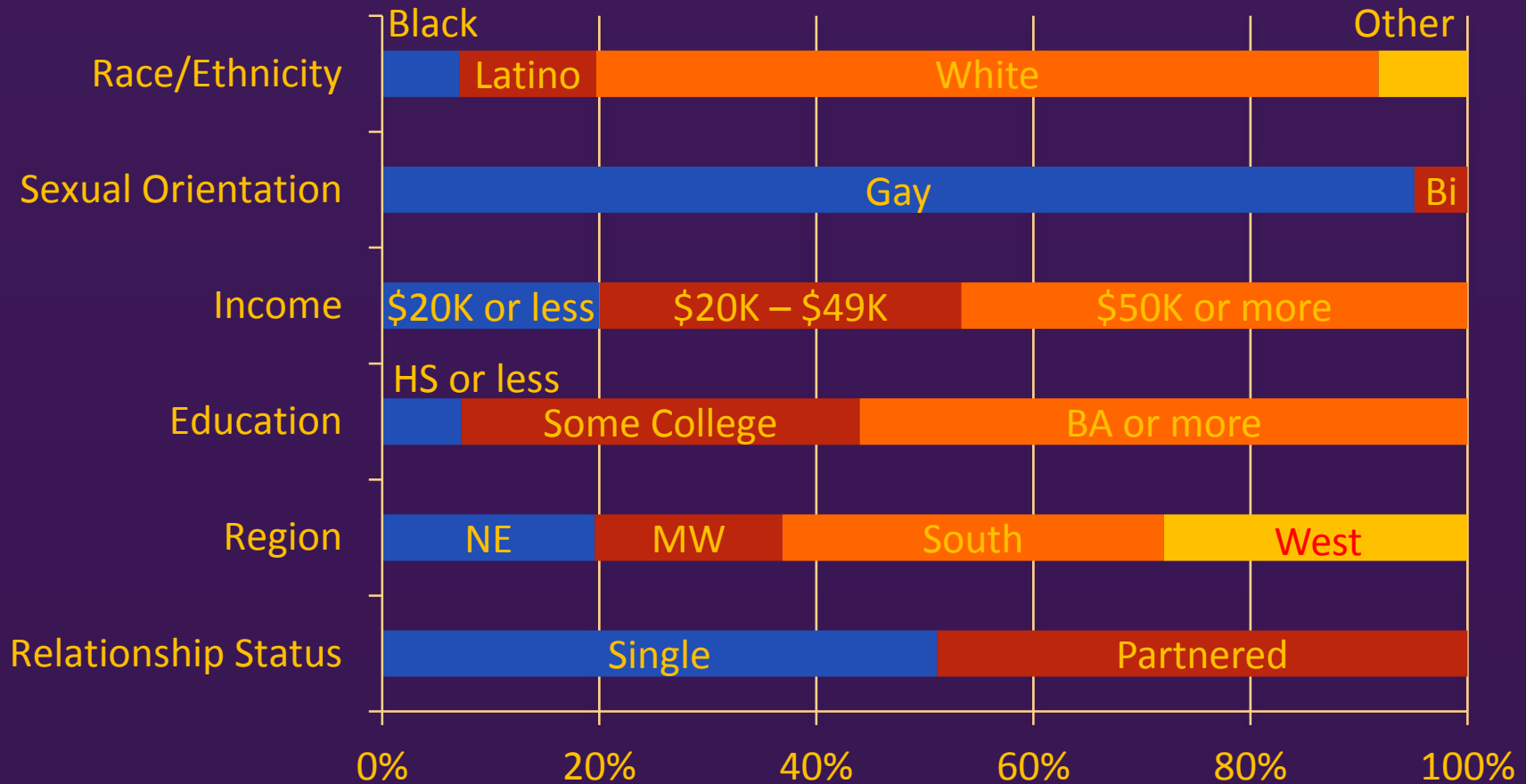
- Recruited by Community Marketing & Insights (CMI) Inc. Panel
- Eligible if:
 - 18 years of age or older
 - Reside in U.S. with permanent mailing address
 - Biologically male and identified as male
 - Identified as gay/bisexual
 - Internet access and device for taking digital pictures
 - HIV-negative and willing to complete at-home HIV/STI testing
 - Sexually active with men in the past year
- Completed at-home surveys (screening, baseline, 6-month PrEP) and at-home HIV/STI testing

PrEP Use at 6M Survey

- Of those who completed the 6M survey ($n = 950$, 89%):



Participant Demographics ($n = 879$)



Age = 40.6, SD = 13.9

Measures

- Demographic characteristics (age, race/ethnicity, education, relationship status, zip code → region of country)
- Medical provision (insured status, having a PCP, MSM disclosure to PCP)
 - Recent STI-positive result from at-home testing
- Sexual behavior (frequencies among serodiscordant/ seroconcordant partners)
- Willingness and intentions to initiate PrEP and timeline for beginning
 - Suppose that PrEP is at least 90% effective in preventing HIV when taken daily. How likely would you be to take PrEP if it were available for free?
 - PrEP is currently available with a prescription from your doctor, and research has shown that a majority of insurance companies cover most or all of the costs of PrEP. Do you plan to begin PrEP?

Measures (cont'd)

■ Barriers to PrEP (adapted from Golub et al., 2013)

Health Consequences

- Long-term health effects
- Potential side effects
- Developing resistance if infected
- Incomplete protection against HIV

Provider Stigma

- Bringing up PrEP to a doctor
- Talking to a doctor about your sex life

Social Stigma

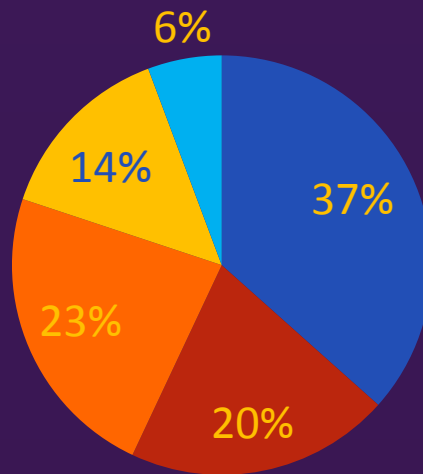
- Friends finding out
- Family finding out
- Sexual partners finding out
- Way men on PrEP are portrayed in media
- Way other gay/bi men talk about guys on PrEP

Results

PrEP Initiation Willingness & Intentions

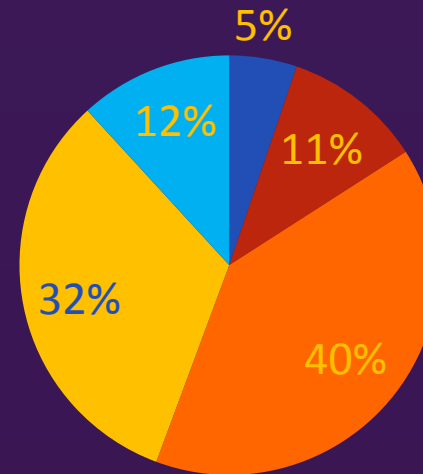
Willingness

- Definitely
- Probably
- Might
- Probably not
- Definitely not



Intentions

- Definitely
- Probably
- Might
- Probably not
- Definitely not



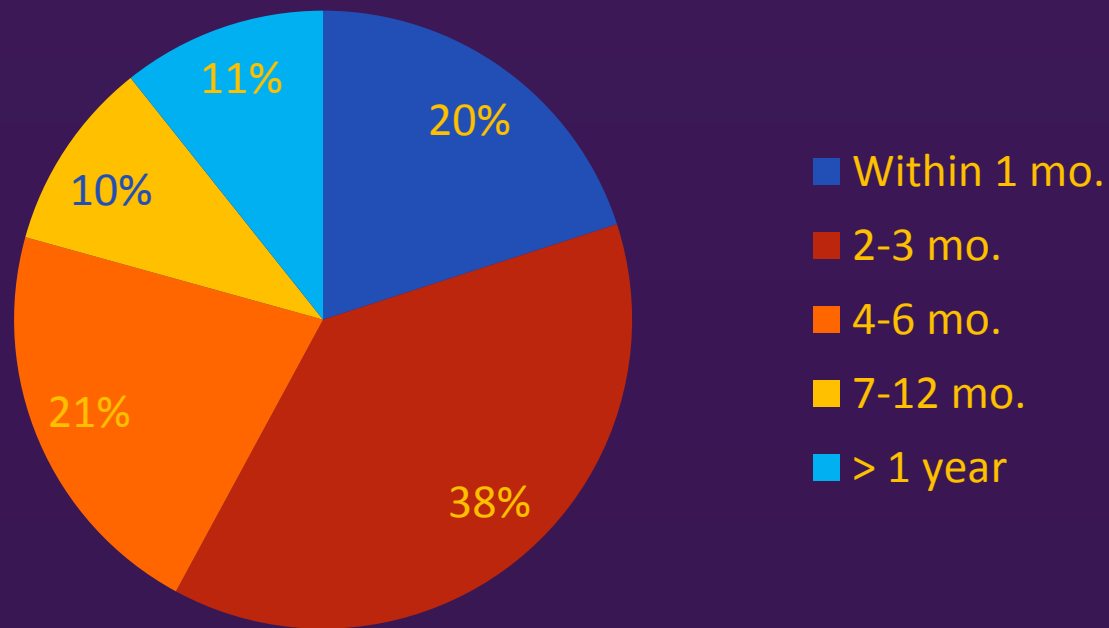
PrEP Willingness & Intentions (cont'd)

| | | Intentions | | |
|-------------|-------|--------------|--------------|--------------|
| | | No | Maybe | Yes |
| Willingness | No | 172 19.6% | 3 0.3% | 0 0.0% |
| | Maybe | 122 13.9% | 78 8.9% | 3 0.3% |
| | Yes | 96 10.9% | 268 30.5% | 137 15.6% |

$$\chi^2(4) = 380.91, p < 0.001$$

Planning to begin PrEP

- Among those who intended to begin PrEP, they indicated they would do so in...



Predicting PrEP Intentions

| | AOR |
|------------------------------|--------|
| Race/ethnicity (ref = Black) | |
| Latino | 0.31** |
| White | 0.44* |
| Other | 0.96 |
| Region (ref = Northeast) | |
| West | 0.92 |
| South | 1.20 |
| Midwest | 0.63 |
| Education (ref = HS or less) | |
| Some college/associate's | 0.36** |
| Bachelor's or more | 0.33** |

| | AOR |
|-----------------------------------|---------|
| Age | 0.98** |
| Income (ref = less than \$20k/yr) | |
| \$20k to \$49k/yr | 0.85 |
| \$50k or more/yr | 0.79 |
| Partnered (1 = yes) | 0.52** |
| Insured (1 = yes) | 1.23 |
| PCP disclosure (ref = no PCP) | |
| Not "out" to PCP | 0.95 |
| "Out to PCP | 1.67* |
| Baseline STI diagnosis (1 = yes) | 1.51 |
| Recent CAS (1 = yes) | 2.02*** |

Predicting PrEP Intentions (cont'd)

| | AOR |
|--|--------|
| Barriers to PrEP – Social Stigma | 0.84 |
| Barriers to PrEP – Health Consequences | 0.64** |
| Barriers to PrEP – Provider Stigma | 1.32* |

Discussion

Summary of Findings

- Overall, likelihood of taking PrEP if it's provided for free and 90% efficacious (i.e., “willingness”) is higher than actual plans (i.e., “intentions”) to begin PrEP
 - The difference primarily occurs with individuals who say they are or might be likely to take it but do not plan to take it (i.e., imagined vs. real)
- Of those who definitely or probably intended to begin PrEP, more than half planned to do so within 3 months
 - Nearly 80% said within 6 months



Summary of findings (cont'd)

- Several demographic and behavioral factors influenced PrEP intentions
 - Younger men, Black men, and men with a high school education or less all had higher intentions to begin PrEP; partnered men had lower intentions
 - Men who recently engaged in CAS (casual or main) had higher intentions
 - Men who had a PCP and were out to her or him had higher intentions
 - Neither income nor insurance status seemed to deter intentions

Summary of findings (cont'd)

- With regards to concerns about various aspects of PrEP...
 - Societal stigmas did not seem to influence intentions
 - Having greater concerns about the health effects decreased intentions
 - Having greater concerns about talking with a doctor about PrEP and sexual behavior *increased* intentions
 - Men not thinking about PrEP may not have imagined this conversation in the same way



Limitations

- Data are cross-sectional – over time, we will be able to see how many do ultimately begin a PrEP regimen
- Large national sample that is approx. representative of census data on same-sex households
 - Over-represents experiences of White, educated, and higher income men
- Work is needed to continue developing measures of PrEP stigma



Implications & Conclusions

- Interventions that move people from contemplating initiating a health behavior like PrEP to planning to do so may increase uptake
 - Could Motivational Interviewing do the trick?
- The groups at highest risk for HIV (e.g., younger, Black men, those engaged in CAS) seem to be most interested in starting PrEP
 - Programs are needed to improve access
- Greater education about what is and is not known about PrEP's health effects is needed
 - Important to note that stigma had unexpected associations here, but this was just one way of measuring it and others are needed

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 - Developing a mobile emotion regulation intervention for HIV-positive men (K01-DA039030; PI: Rendina; Will Aklin, Project Officer)
- Our participants who volunteered their time



Thank you!

For further questions or a copy of these slides, please email me:

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