



Multi-level Correlates of Oral PrEP Uptake and Discontinuation Among English and Spanish-Speaking Transgender Women in New York City: The TURNNT Cohort Study

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HIV Risk is High Among Trans Women of Color

1 IN 5
TRANSGENDER
WOMEN OF
COLOR ARE
LIVING WITH HIV

Pre-Exposure Prophylaxis (PrEP) can prevent HIV, but...

Only 22%
of Transgender
Women of Color
are on PrEP

Multi-Level Determinants May Explain This Phenomenon

Barriers to Healthcare

Insurance
Discrimination
Distance
Wait Times

Sexism

Only 22%
of Transgender
Women of Color
are on PrEP

Transphobia

Competing Priorities

Housing
Food
Safety
Employment

Racism

By identifying factors that affect PrEP use and PrEP discontinuation, we can inform future interventions to increase uptake and re-engagement.

Trying to Understand Neighborhoods and Networks Among Transgender Women of Color (TURNNT) Cohort

- **314** participants ages 18 to 55 who live in New York City metropolitan area enrolled from August 31, 2020, until November 04, 2022
- Recruitment through paid advertising on **social media**, distribution via existing **online social groups**, print advertising distributed in **health services** and venues, **event**-based recruiting, and **referrals** from transgender health and support organisations.



How do we Identify Barriers and Facilitators to PrEP?

Study Population: Transgender women of color living in New York City who are HIV negative (n=140)

Exposure: Baseline age, income status, race/ethnicity, nativity, sexual orientation, education, food insecurity, sex work, primary access to healthcare, intimate partner violence, sexual assault, stable housing, and number of sexual partners

Outcome: Ever PrEP use and PrEP discontinuation

Statistical Analysis: Bivariate and multivariable modified Poisson regression

Confounders: Age, educational attainment, income level, and sex work history

What else did we Investigate?

Date of PrEP Initiation

Identify temporal trends in when transgender women of color initiated PrEP

Reasons for PrEP Discontinuation

Identify reasons for PrEP disuse among transgender women of color

Likelihood of Restarting PrEP

Among those who discontinued PrEP, what percentage would restart it?

What did we find?

Overall, we found that...

34

Median Age

24%

Identified as
Black

48%

Identified as
Latina

74%

Had done
Sex Work

44%

Had Income less
than \$10,000

33%

Experienced
Sexual Assault

53%

Experienced
Intimate Partner
Violence

Overall, we found that...

44.3%

were currently
on PrEP

25.0%

used to be
on PrEP

30.7%

had never been on
PrEP

What did we Find for Current PrEP Use?

Being sexually active was positively associated with current PrEP use

Prevalence Ratio:

1.71

What did we Find for PrEP Discontinuation?

Having history of being sexually assaulted was positively associated with PrEP discontinuation

Prevalence Ratio:

1.78

Having access to primary care was negatively associated with PrEP discontinuation

Prevalence Ratio:

0.43

PrEP Initiation Dropped in 2020, Coinciding with COVID-19

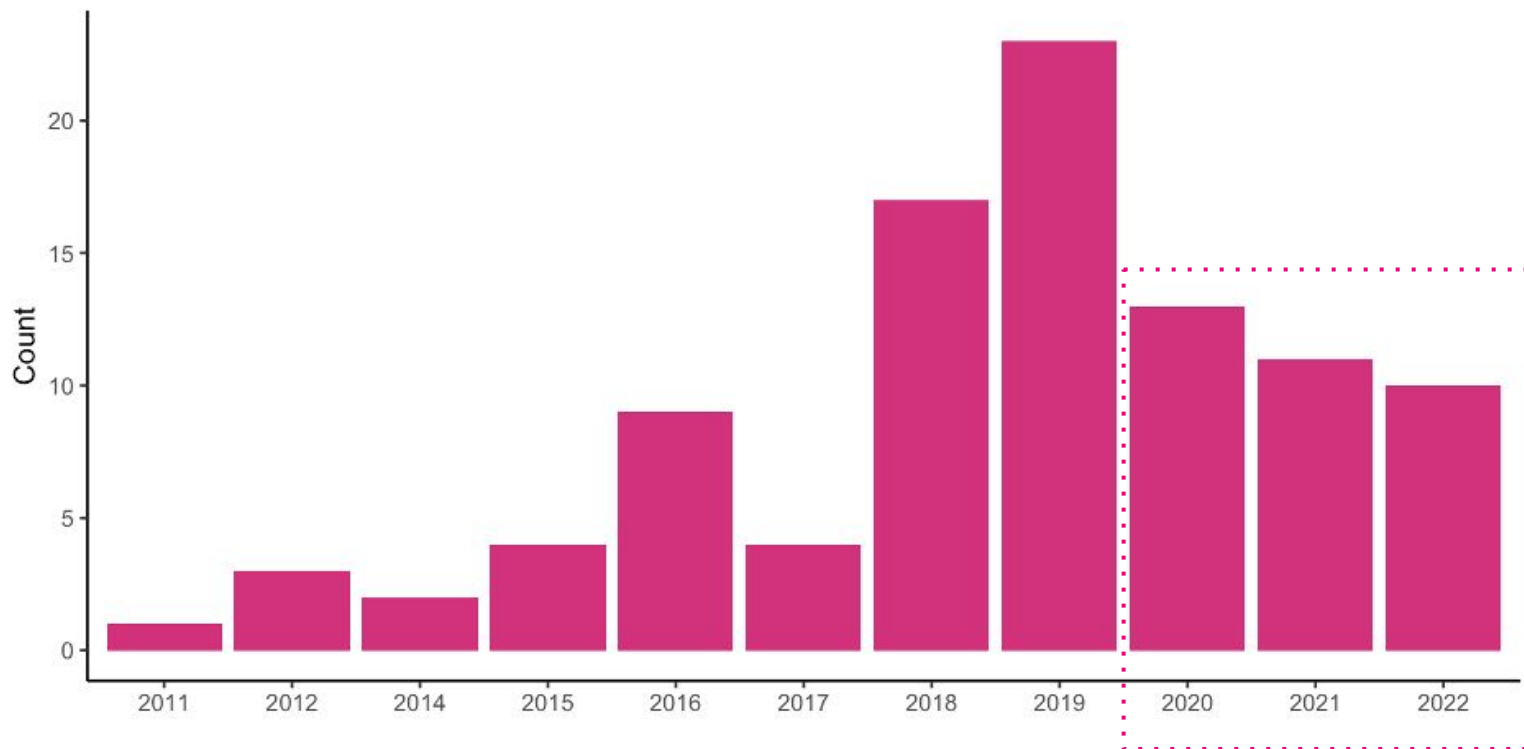


Figure 2. Year of PrEP initiation among those who ever used PrEP.

There were Many Reasons for PrEP Discontinuation

	n	Percentage
You were using other strategies to reduce risk of getting HIV	14	40%
You were concerned about consequences of long-term use	13	37%
You were no longer having sex	10	29%
You were forgetting to take PrEP every day	9	26%
You were concerned about how PrEP would interact with your hormones	8	23%
You were experiencing side effects	6	17%

60% of Those Who Disused PrEP were Likely to Use it Again

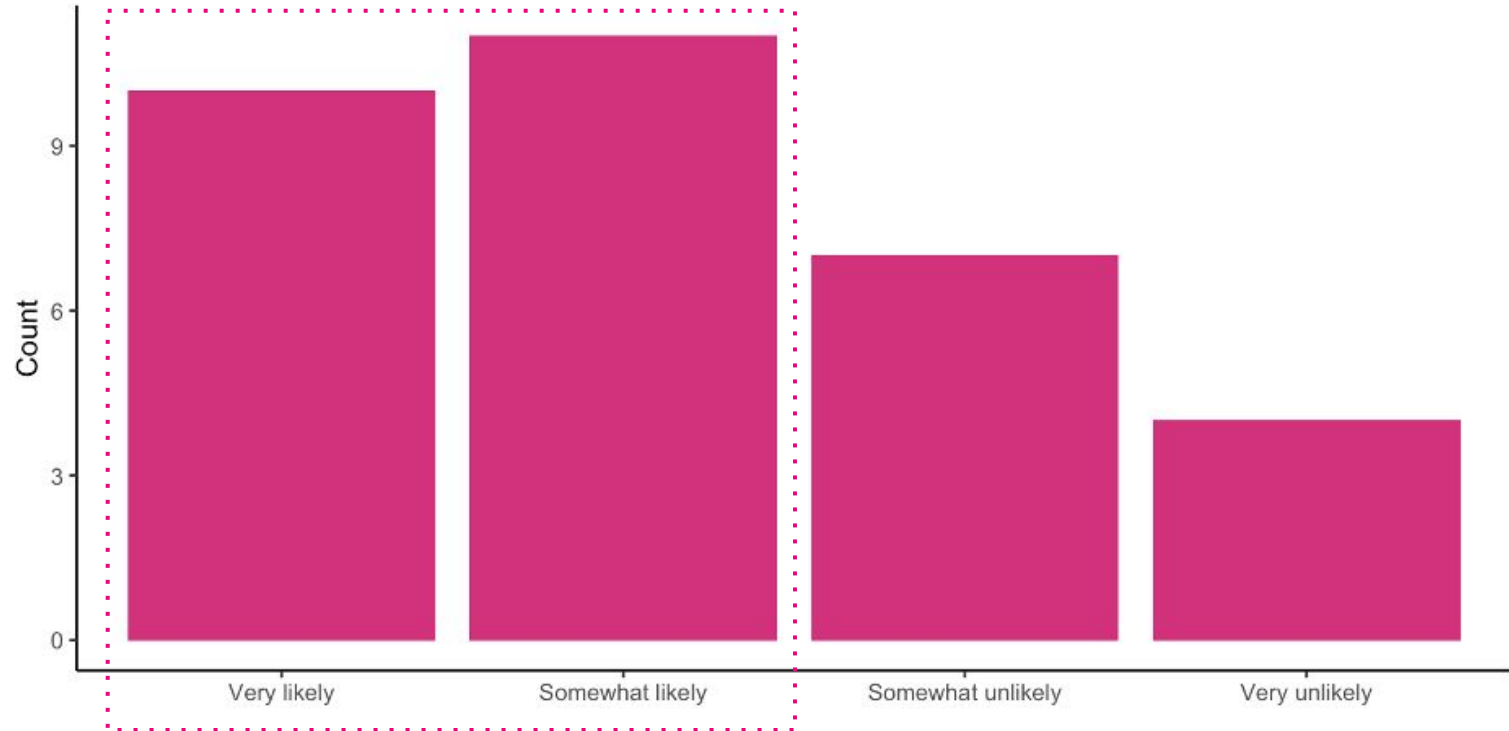


Figure 3. Likelihood of restarting PrEP among those who stopped.

Limitations of the Study

Small sample size
made many large
effect sizes
appear
non-significant

Limited
generalizability as
participants were
recruited from a
community health
center in NYC

What did we Learn?

Access to PrEP: We identified barriers to accessing PrEP such as not having access to a primary care physician. We need to engage those individuals and address structural determinants.

Misconceptions about PrEP: There is a myth that PrEP can interact negatively with hormone therapy. We need to clear up this misconception.

A Holistic Approach to PrEP: Addressing PrEP solely with a biomedical approach is not sufficient. We need to consider other factors such as experiences with history of sexual assault.

Re-Engagement is Necessary: Many of those who discontinued PrEP indicated that they were likely to restart it. We need to help those individuals get back on the regimen.

Thank you!

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