

# FROM PREVENTION TO PRESCRIPTION: THE CHALLENGES OF PRESCRIBING PREP TO WOMEN OF COLOR

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# CONFLICT OF INTEREST DISCLOSURE

- I have no actual or potential conflict of interest in relation to this presentation.
- I have received no funding from any source in the preparation of this presentation.
- Neither HRSA or Bee Busy Wellness Center is to be held liable for any information I am presenting here today.



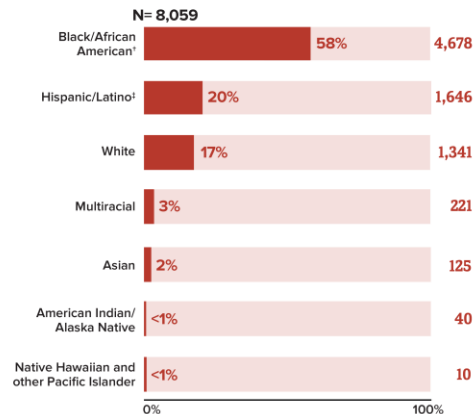
- By the close of this presentation, you will learn the following:
  - ❖ Added skills to communicate with Women of Color in the United States
  - ❖ How to build the trust needed to prescribe PrEP
  - ❖ What makes this so difficult
  - ❖ How the healthcare industry creates stigma
  - ❖ Delivery of the “right message” from the “right people”



# New HIV Diagnoses Among Blacks/African Americans by Transmission Category and Sex in the US and Dependent Areas, 2021

## New HIV Diagnoses Among People Who Reported Heterosexual Contact in the US and Dependent Areas by Race and Ethnicity, 2021\*

Among people who reported  
heterosexual contact and received  
an HIV diagnosis in 2021, racial and  
ethnic disparities continue to exist.



\* Among people aged 13 and older.

† Black refers to people having origins in any of the Black racial groups of Africa. African American is a term often used for people of African descent with ancestry in North America.

† Hispanic/Latino people can be of any race.

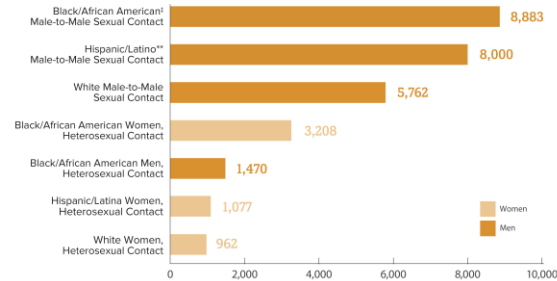
Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2021. *HIV Surveillance Report* 2023;34.



# HIV Diagnoses Among the Most-Affected Subpopulations in the United States and 6 Dependent Areas, 2021

## New HIV Diagnoses in the US and Dependent Areas for the Most-Affected Subpopulations, 2021\*†

Gay and bisexual men are the population most affected by HIV.



Subpopulations representing 2% or less of all people who received an HIV diagnosis in 2021 are not represented in this chart.

\* Among people aged 13 and older.

† Transmission category is classified based on a hierarchy of risk factors most likely responsible for HIV transmission. Classification is determined based on the person's sex assigned at birth. Data have been statistically adjusted to account for missing transmission category.

‡ Black refers to people having origins in any of the Black racial groups of Africa. African American is a term often used for people of African descent with ancestry in North America.

\*\* Hispanic/Latino people can be of any race.

Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2021. *HIV Surveillance Report* 2023:34.

Subpopulations representing 2% or less of all people who received an HIV diagnosis in 2021 are not represented in this chart

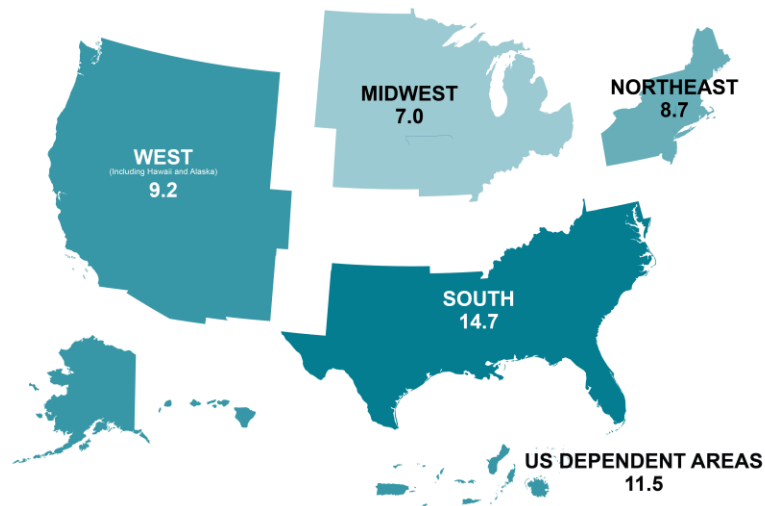


## African American Women:

- ❖ Account for approximately 60% of New HIV Infections in the United States with the greatest burden occurring in the South
- ❖ 15x the AIDS rate than white women
- ❖ 1 in 54 lifetime risk of acquiring HIV
- ❖ 15.3x more likely to die from HIV infection as white women



## Rates of New HIV Diagnoses in the US and Dependent Areas by Region, 2021\*†



\* Rates are per 100,000 people.

† Among adults, adolescents, and children under the age of 13.

Source: CDC. Diagnoses of HIV Infection in the United States and dependent areas, 2021. *HIV Surveillance Report* 2023;34.

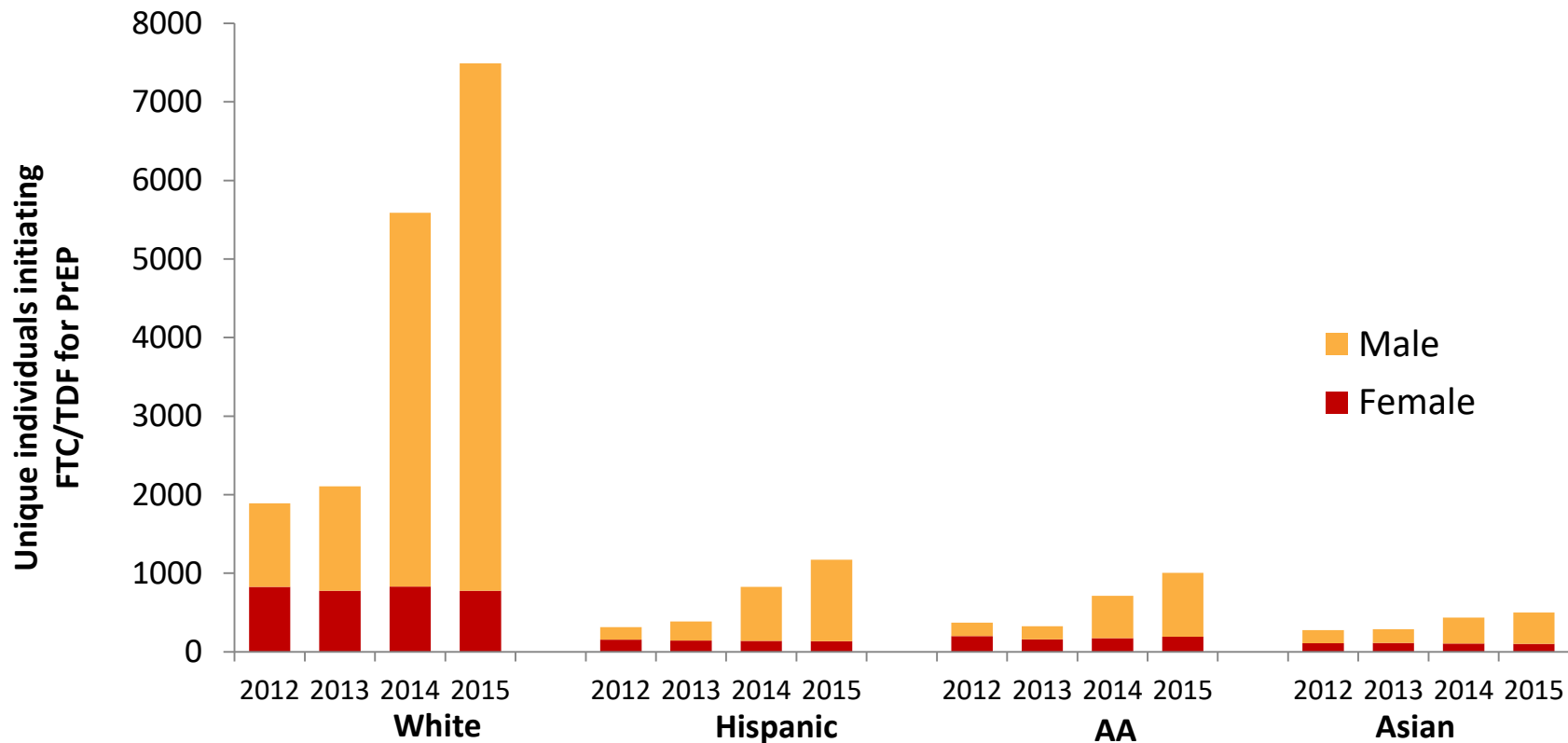


# HIV PRE-EXPOSURE PROPHYLAXIS

- ❖ PrEP has been designated as an effective HIV prevention method since 2012 and has been shown to be 92%-99% effective at preventing HIV when taken consistently as Prescribed (CDC, 2019).
- ❖ Yet, its awareness and uptake for African American cisgender women remains low
- ❖ Of the 1.2 million people in the United States who could benefit from PrEP, only 30% were prescribed PrEP in 2021.



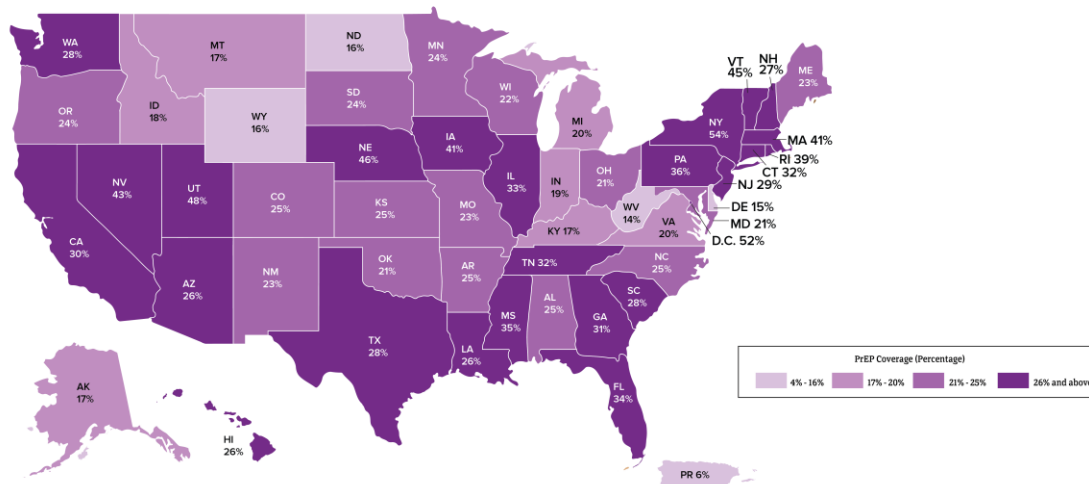




While the number of women who initiate FTC/TDF for PrEP is low across all races/ethnicities, the rate of FTC/TDF for PrEP initiation among AA and Hispanic women is significantly less than that of white women



## PrEP Coverage in the US and Puerto Rico by Area of Residence, 2021\*



\* Among people aged 16 and older.

Source: CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2021. *HIV Surveillance Supplemental Report* 2023;28(4).



Why is PrEP not being prescribed to women of color??



- ❖ Lack of Access
- ❖ Lack of Knowledge
- ❖ STIGMA
- ❖ Societal and Systemic Racism
- ❖ Distrust of those in Healthcare
- ❖ Short and Long-term side effects



## LACK OF ACCESS

- ❖ Small number of PrEP providers in their areas
- ❖ Transportation
- ❖ Hard to get or take time off for appointments
- ❖ PrEP not offered



## LACK OF KNOWLEDGE

Despite being the largest number of New HIV infections among heterosexuals, fewer women of color are prescribed or even know about PrEP.



# STIGMA

- ❖ Associated with “unfaithfulness” or “cheating”
- ❖ Associate with promiscuity
- ❖ Research trials don’t mirror “real-life”



## SOCIETAL AND SYSTEMIC RACISM

As much as we would like to believe it not to be true, racism is very real.

Research continues to show that people of color receive better healthcare from providers of color.

There is a wide range of disparities in Women's Health outcomes for women of color.





# LACK OF TRUST IN HEALTH CARE

## Theory of Reasoned Action/Planned Behavior



Fishbein's Theory, builds upon the simple proposition that a person's behavior can be predicted. People do what they want to do, and they don't do what they do not want to do. This applies to the behavior of clinicians.

More about this to come...



## LACK OF ACCESS

- ❖ Extended Hours
- ❖ Transportation Vouchers
- ❖ Group visits
- ❖ Using every visit as an opportunity to offer PrEP to this at-risk population



## LACK OF KNOWLEDGE (1/2)

Increase provider education on PrEP:

- ❖ You can't teach what you don't know!!
- ❖ Providers: Test your knowledge of HIV and HIV prevention and stay up-to-date.



## LACK OF KNOWLEDGE (2/2)

- ❖ PrEP questionnaire to determine patient's level of knowledge of HIV risk and prevention
- ❖ Offer PrEP at well-woman and annual visits; not just STI visits
- ❖ Talk about PrEP even when you believe their risk is low. Equip them with the knowledge to make an informed decision. Don't assume you know their story.
- ❖ **Providers On PrEP (POPs)** who better to discuss PrEP than a provider who take it?!!



# STIGMA

- ❖ First thing, this is not a decision to pass **JUDGEMENT!** Your opinion is just that!
- ❖ Put all biases aside and assess the person that is sitting directly in front of you
- ❖ This disease is not a punishment for “wrong-doings,” this is a disease of **Failed Opportunities!** This is a disease of the “Perfect Storm,” consisting of **failed opportunities** to educate about HIV and HIV Prevention and disrupt the transmission chain.



# SOCIETAL AND SYSTEMIC RACISM AND STIGMA

## Self-Evaluation:

- ❖ Do you provide culturally-sensitive care?
- ❖ Are you adding to the stigma?
- ❖ Are you approaching HIV care and prevention as you would any other chronic illness in Primary Care?
- ❖ Do you advocate for and educate on HIV as you would Diabetes and Hypertension?



How are you adding to the Stigma??





We know that disparities do exist in healthcare, and notably so in HIV for women of color. The fight to dismantle health disparities is ongoing, but we must do what we can to educate and equip these women with the necessary tools to protect themselves from this disease. It is our responsibility, as public servants, to make sure the communities we serve are educated on their risk and preventative treatment. We must improve access, increase knowledge, address societal and systemic racism as well as stigma that prevents treatment, which requires self-evaluation. We must provide culturally-sensitive care that addresses the individual and is free from judgement. We must regain the trust of women of color.



# APPENDIX

## DATA TABLE: New HIV Diagnoses Among Blacks/African Americans

Race/Ethnicity	Number	Percentage
Black/African American	4678	58%
Hispanic/Latino	1646	20%
White	1341	17%
Multiracial	221	3%
Asian	125	2%
American Indian/Alaska Native	40	<1%
Native Hawaiian and other Pacific Islander	10	<1%

## DATA TABLE: New HIV Diagnoses in the US and Dependent Areas

Race/Ethnicity	Number
Black/African American Male-to-Male Sexual Contact	8883
Hispanic/Latino Male-to-Male Sexual Contact	8000
White Male-to-Male Sexual Contact	5762
Black/African American Women Heterosexual Contact	3208
Black/African American Men Heterosexual Contact	1470
Hispanic/Latino Women Heterosexual Contact	1077
White Women Heterosexual Contact	962

## DATA TABLE: MALES AND FEMALES WHO INITIATE FTC/TDF FOR PREP BY RACE/ETHNICITIES (1/4)

### White

Year	Female	Male
2012	828	1,061
2013	778	1,329
2014	832	4,756
2015	779	6,71s

## DATA TABLE: MALES AND FEMALES WHO INITIATE FTC/TDF FOR PREP BY RACE/ETHNICITIES (2/4)

### Hispanic

Year	Female	Male
2012	156	160
2013	142	245
2014	141	685
2015	137	1,036

## DATA TABLE: MALES AND FEMALES WHO INITIATE FTC/TDF FOR PREP BY RACE/ETHNICITIES (3/4)

### African American

Year	Female	Male
2012	200	173
2013	160	168
2014	176	536
2015	192	812

## DATA TABLE: MALES AND FEMALES WHO INITIATE FTC/TDF FOR PREP BY RACE/ETHNICITIES (4/4)

### Asian

Year	Female	Male
2012	111	167
2013	113	175
2014	106	329
2015	101	401