

May 9, 2023

PrEP (In)equity: Documenting, measuring, and flipping the script towards justice

WELCOME

Leisha-McKinley Beach
Michael Chancley
Dr. Patrick Sullivan





THE CHOICE AGENDA

**HIV prevention research - a new forum
for advocacy on the latest**

avac.org/choice-agenda



People are not the drivers of transmission.
Rather, it is their unmet needs



Childhood experiences



Housing



Education



Social support



Family income



Employment



Our communities

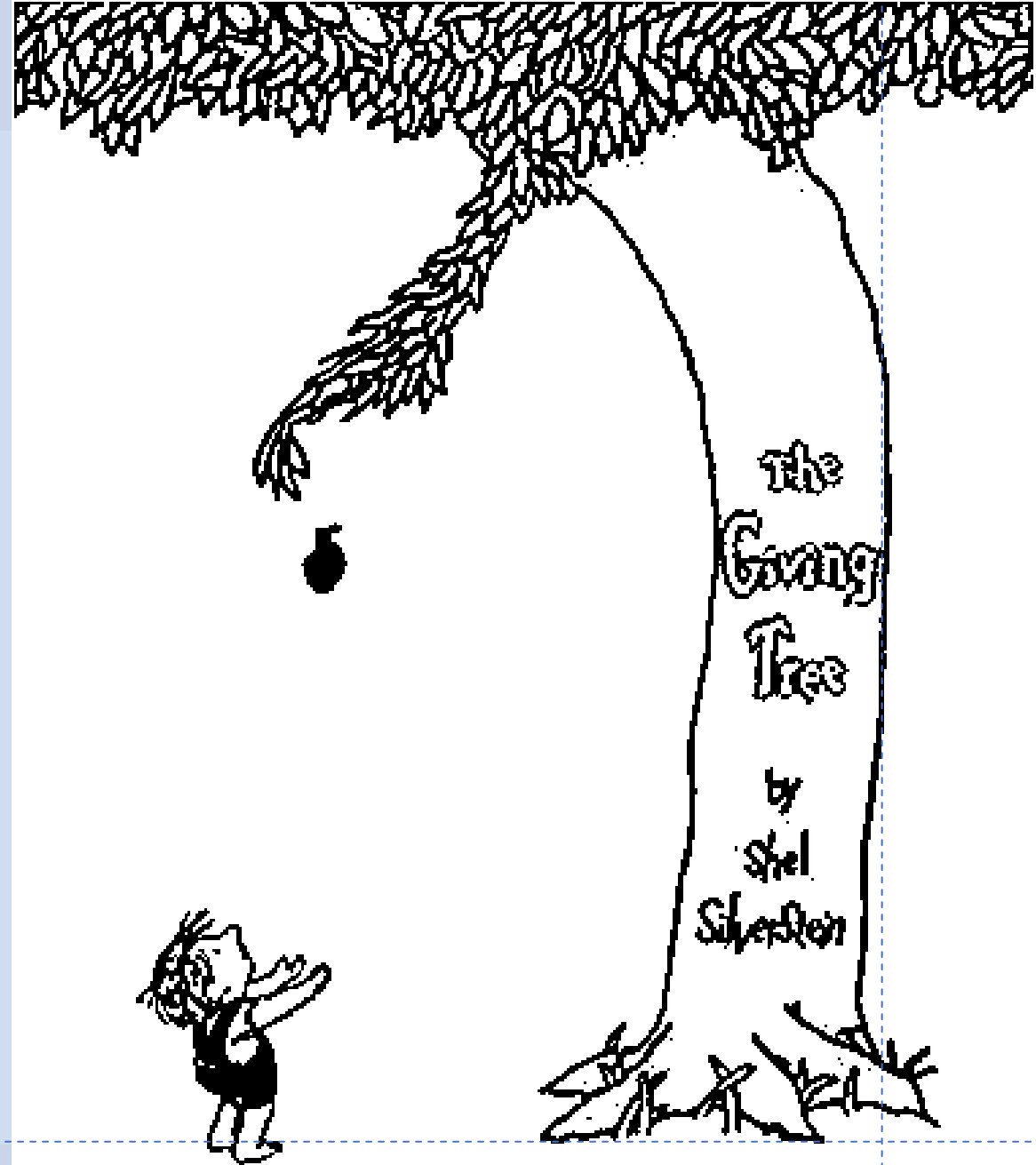


Access to health services

Muge Cevik, University of St Andrews, CROI 2022

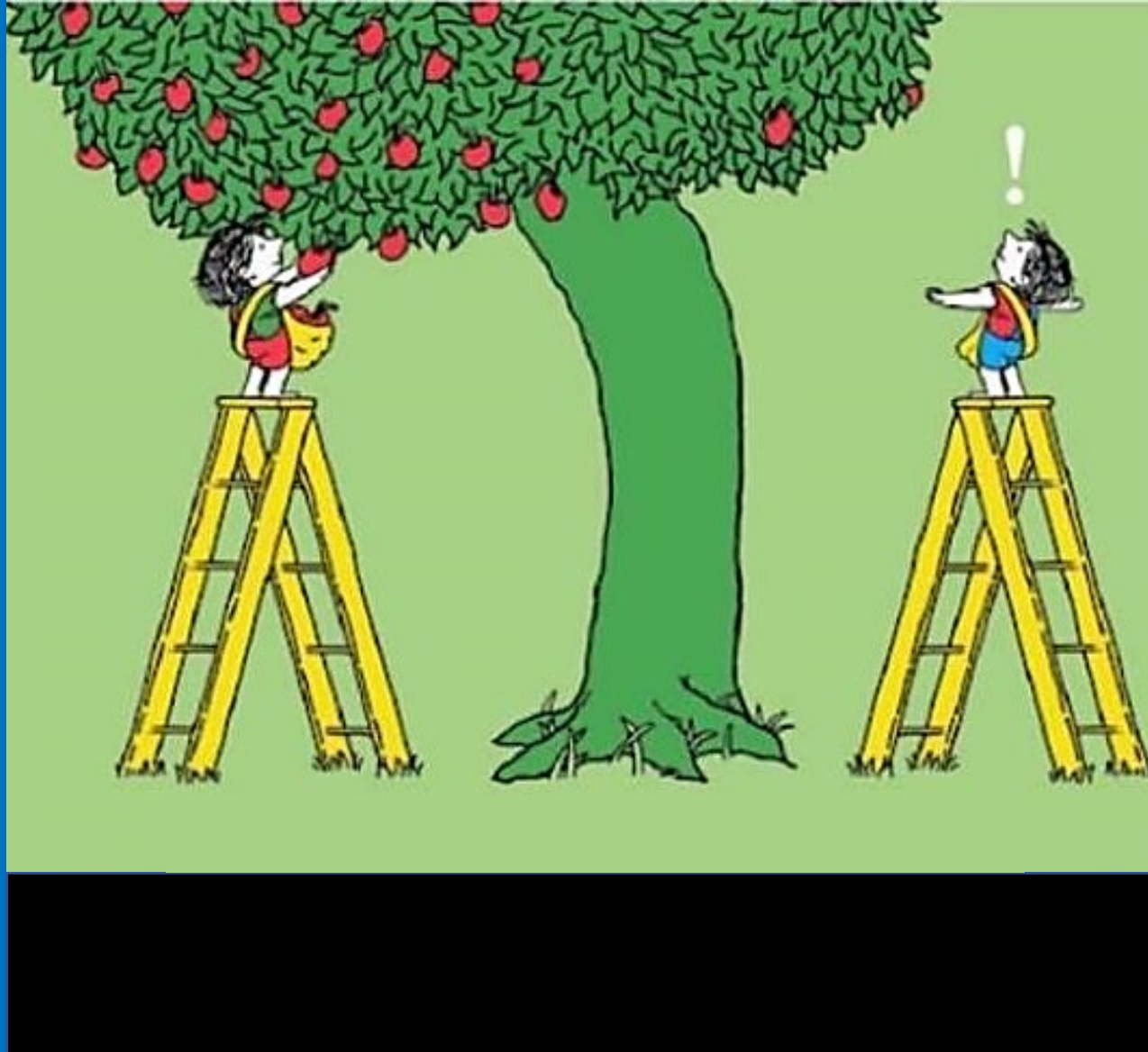


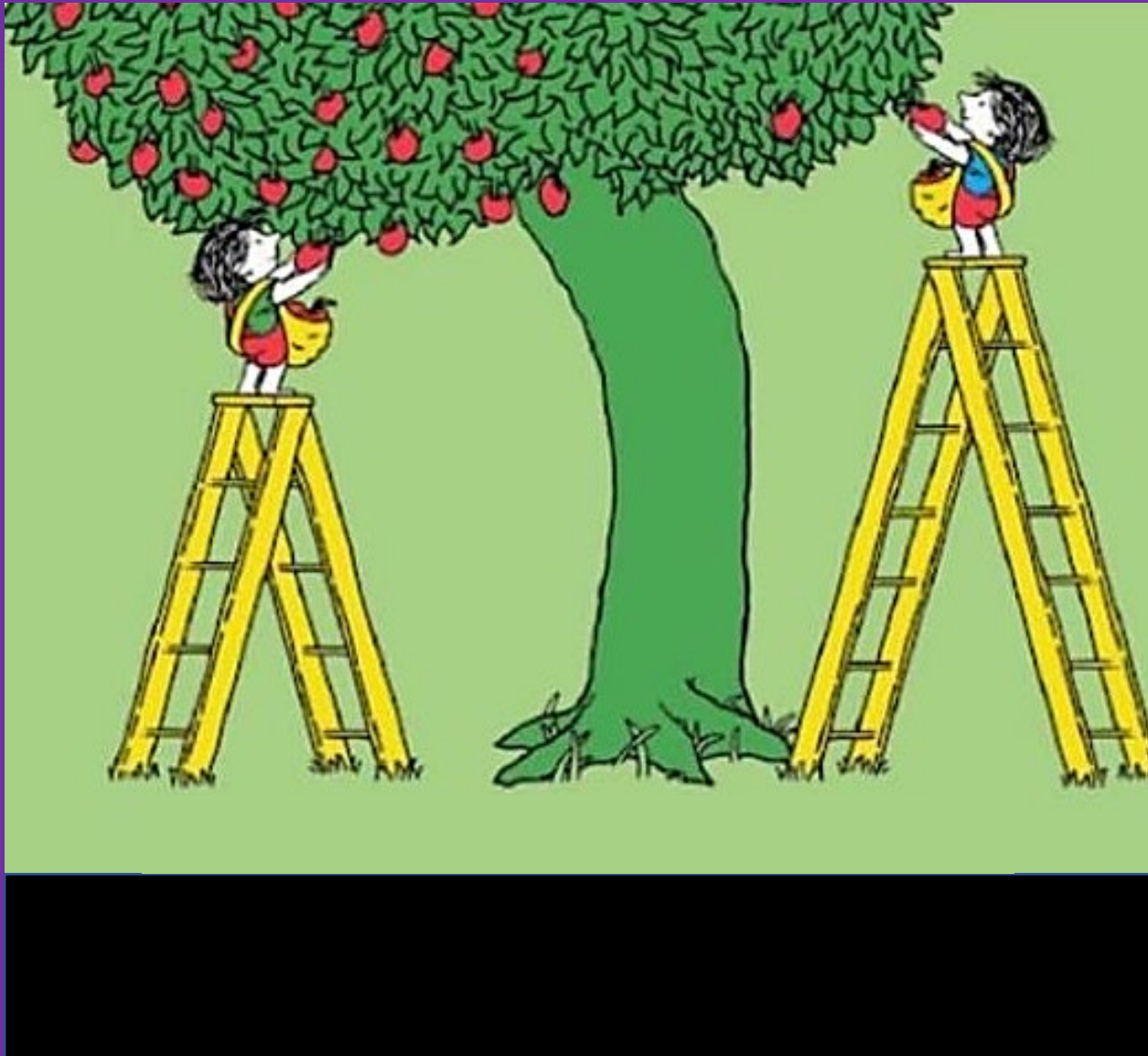
Equity
and
Justice

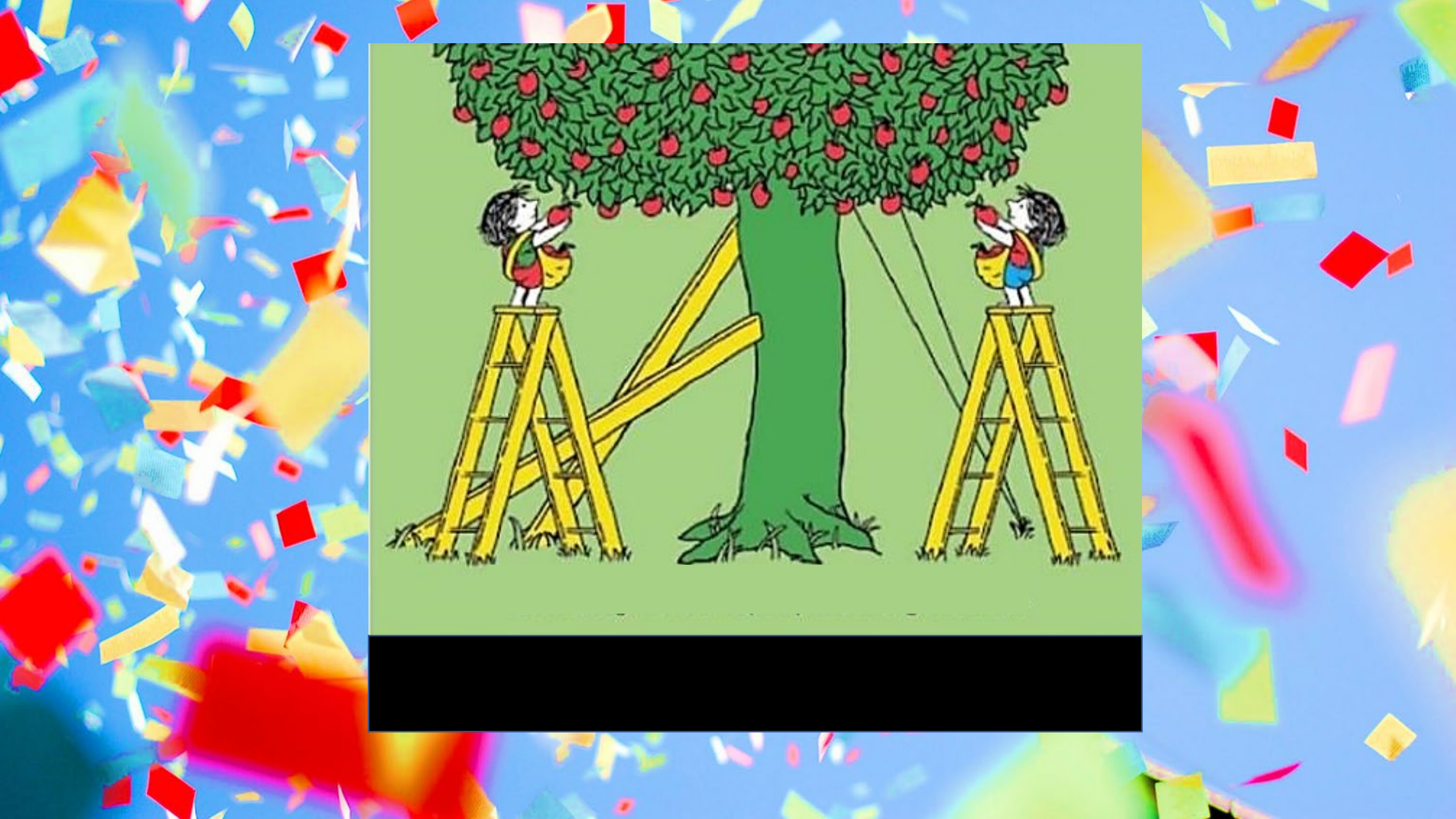
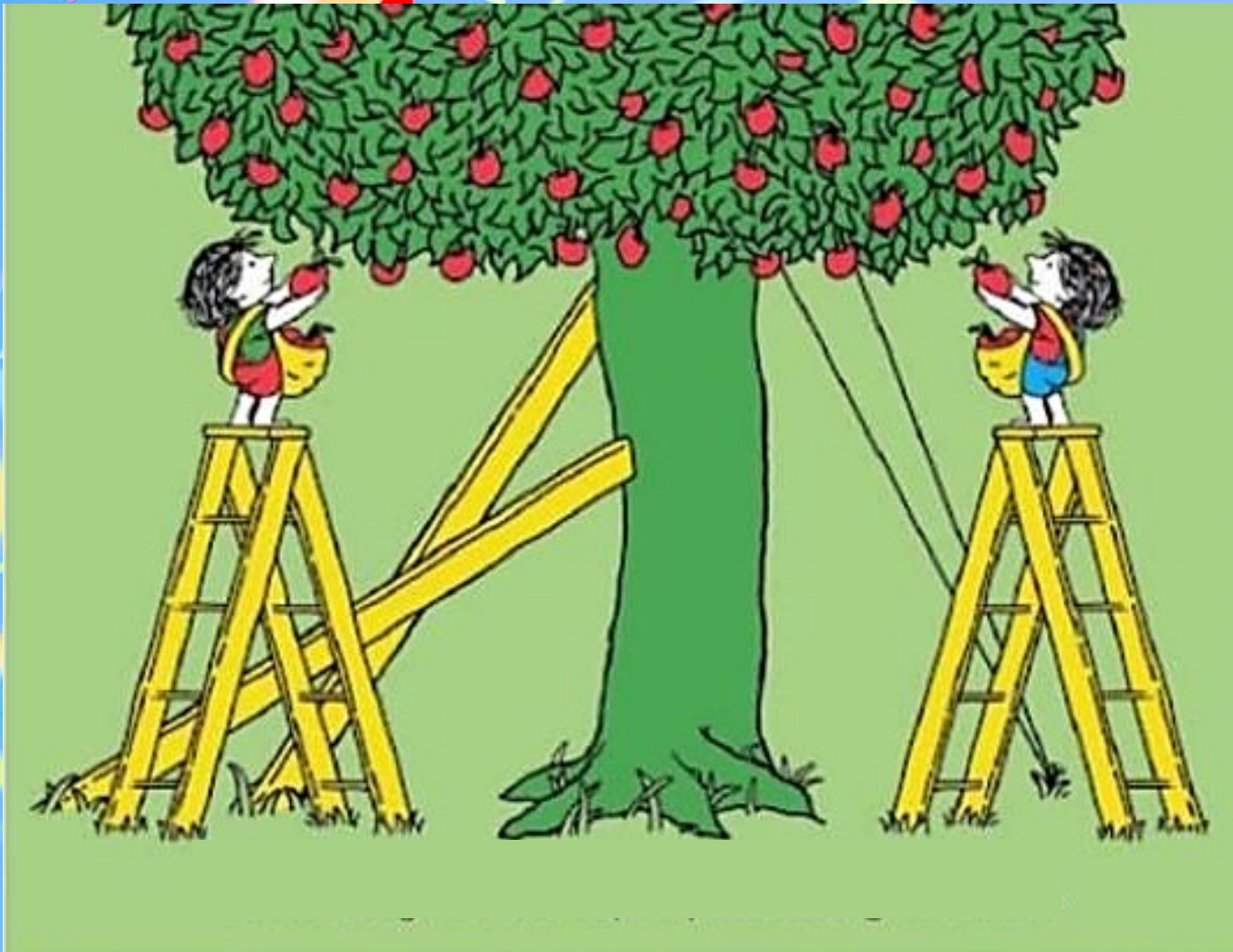


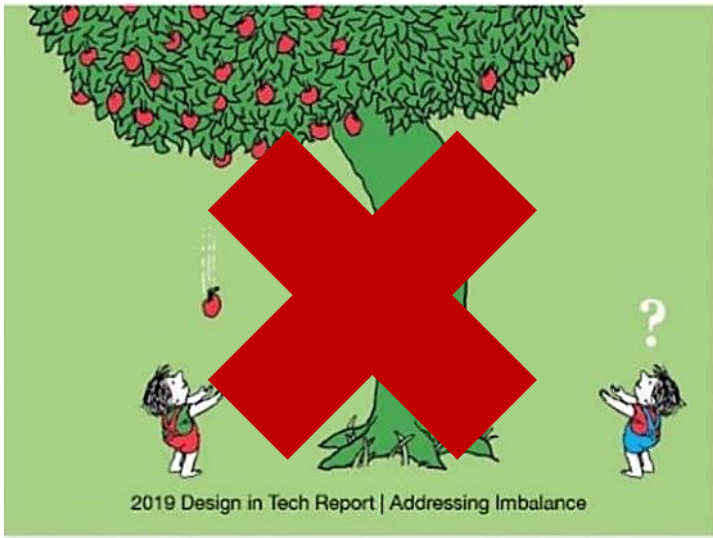


2019 Design in Tech Report | Addressing Imbalance

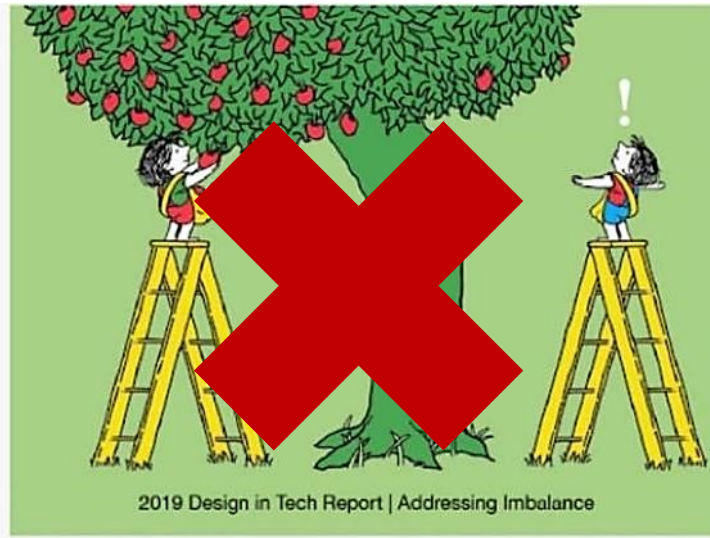








INEQUALITY

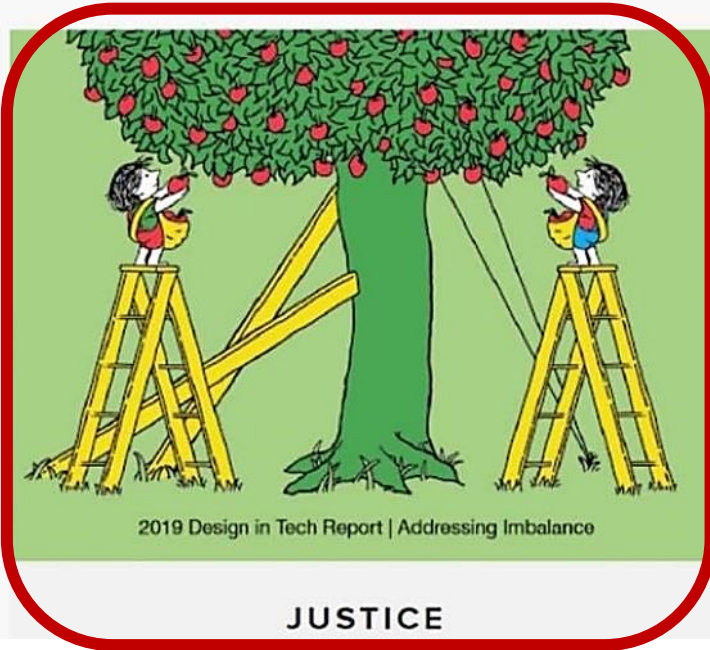


EQUALITY



GOOD

EQUITY



JUSTICE

The background of the slide features a complex, abstract network structure. It consists of numerous small black dots (nodes) connected by thin, light gray lines (edges). The nodes are arranged in a way that suggests a hierarchical or interconnected system, with some nodes having many connections and others having fewer. The overall appearance is that of a data network or a complex system of relationships.

What ideas do you have to address PrEP inequities?



You said

- **Focus on communities of color.**
- **English/Spanish bilingual efforts.**
- **Address sexual empowerment among black/brown cisgender women.**
- **Center pleasure, stigma reduction in HIV prevention.**
- **Prioritize allocation of resources.**
- **Work on dismantling racist/inequitable systems/institutions.**
- **Increase providers and clinics.**
- **Fully covered/Free and OTC.**
- **Non-traditional wrap around strategies.**
- **De-medicalize as much as possible, street-based PrEP.**
- **We need a national PrEP program, no more fake donations from big pharma or limited access programs.**

PrEP Pass

MEMBER ID: 0123 4567 8901

RX BIN: 71612

RX GROUP: EHENOW

RX PCN: 1230

- Insured? Tell President Biden #ProtectPrEP coverage!
- Uninsured? Tell CDC #IWantMyPrEPPass and that coverage for labs and medication is essential!

SCAN TO LEARN MORE:



EXP: 12-31-2030

 **VIRTUAL REGISTRATION NOW OPEN!**
PrEP In Black America

FRIDAY, MAY 19, 2023
10AM CT-4PM CT



Join Black HIV prevention advocates from across the U.S. as we develop and build on existing strategies to increase PrEP access and awareness in the Black community at the second interactive PrEP In Black America Summit.

Ashe Power House Theatre
1731 Baronne Street
New Orleans, LA 70113

For In Person Attendance, Register At:
prep4all.org/prepinblackamerica

To Attend Virtually, Register via Zoom At: bit.ly/pibavirtual

10 days from now!

In Partnership With:





Let's get started

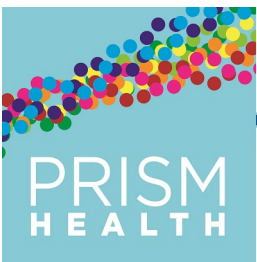
PrEP (In)equity:
Documenting,
measuring, and
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towards justice

Leisha-McKinley Beach
Michael Chancley
Dr. Patrick Sullivan



Equity-informed PrEP Programs: Methods, Metrics, and Public Health Consequences

Patrick S Sullivan, DVM, PhD
Department of Epidemiology
Rollins School of Public Health
Emory University, Atlanta GA



Conflict of Interest Disclosure

- Dr. Sullivan reports research grants and consulting fees from Gilead Sciences and Merck, and grant funding from Viiv

Background

- PrEP was approved for HIV prevention in the US in 2012
- Black and Hispanic people have higher rates of new HIV diagnoses than White non-Hispanic people in the US
- People in the US South have higher rates of new HIV diagnoses than people in other US regions
- Health equity dictates that access and use of prevention interventions should be proportional to the impact of the health concern in the population

How *do* we measure our success and opportunities in PrEP programs?

How *should* we measure our success and opportunities in PrEP programs?

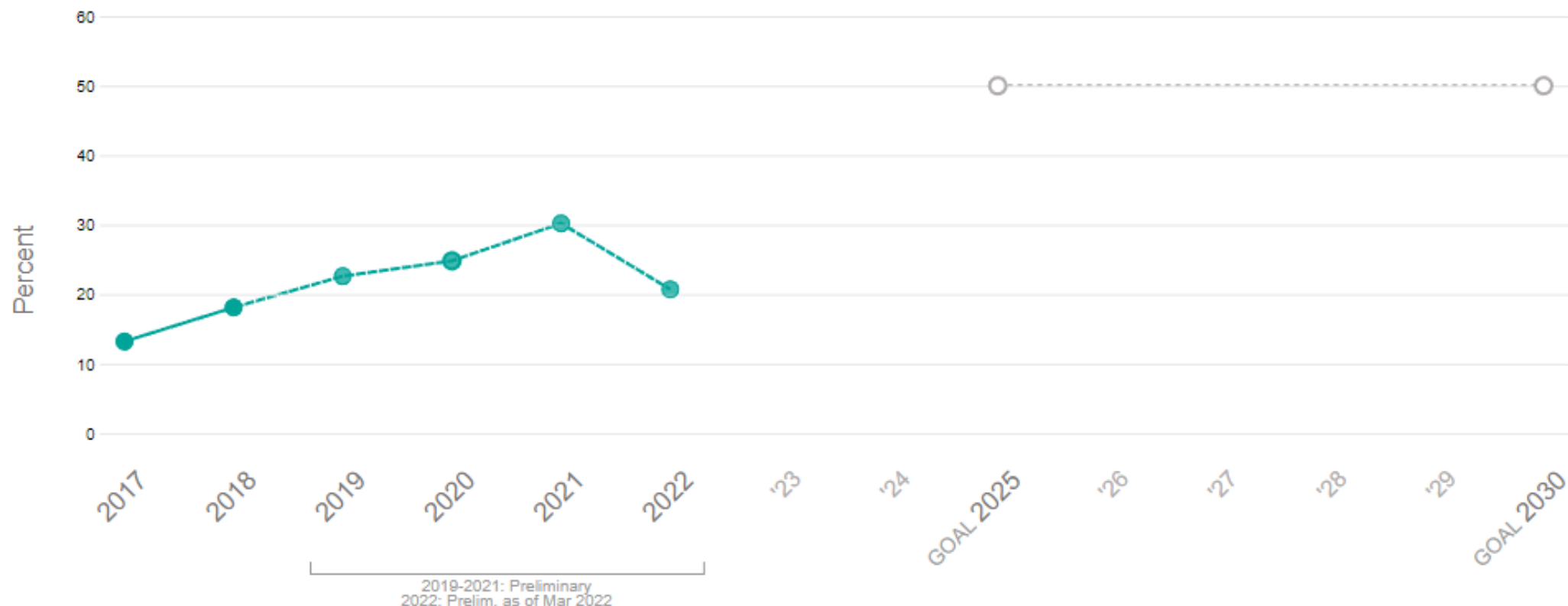


National Goals

Increase PrEP coverage to 50% by 2025.

In 2021, **30.2%** of people estimated to have PrEP indications are prescribed PrEP.

Percentage of people with indications for PrEP classified as having been prescribed PrEP nationwide.



PrEP coverage is one of the six EHE indicators. PrEP coverage is the estimated percentage of individuals with indications for PrEP classified as having been prescribed PrEP.

Health Equality versus Health Equity



Equality

Equity

Equity indicator metrics



Original article

The prevalence of pre-exposure prophylaxis use and the pre-exposure prophylaxis-to-need ratio in the fourth quarter of 2017, United States

Aaron J. Siegler, PhD ^{a,*}, Farah Mouhanna, MS ^{a,b}, Robertino Mera Giler, MD, PhD ^c, Kevin Weiss, MPH ^a, Elizabeth Pembleton, MPH ^a, Jodie Guest, PhD ^a, Jeb Jones, PhD ^a, Amanda Castel, MD, MPH ^b, Howa Yeung, MD ^d, Michael Kramer, PhD ^a, Scott McCallister, MD ^c, Patrick S. Sullivan, DVM, PhD ^a

^a Department of Epidemiology, Rollins School of Public Health, Emory University, Atlanta, GA

^b Department of Epidemiology and Biostatistics, Milken Institute School of Public Health, The George Washington University, Washington, DC

^c Pharmacovigilance & Epidemiology, Gilead Sciences, Foster City, CA

^d Department of Family and Preventive Medicine, School of Medicine, Emory University, Atlanta, GA

- PrEP-to-Need Ratio (PnR):
$$\frac{\text{Number of PrEP Users}}{\text{Number of new HIV diagnoses}}$$
- Intuition: More PrEP use needed in groups that have more HIV diagnoses

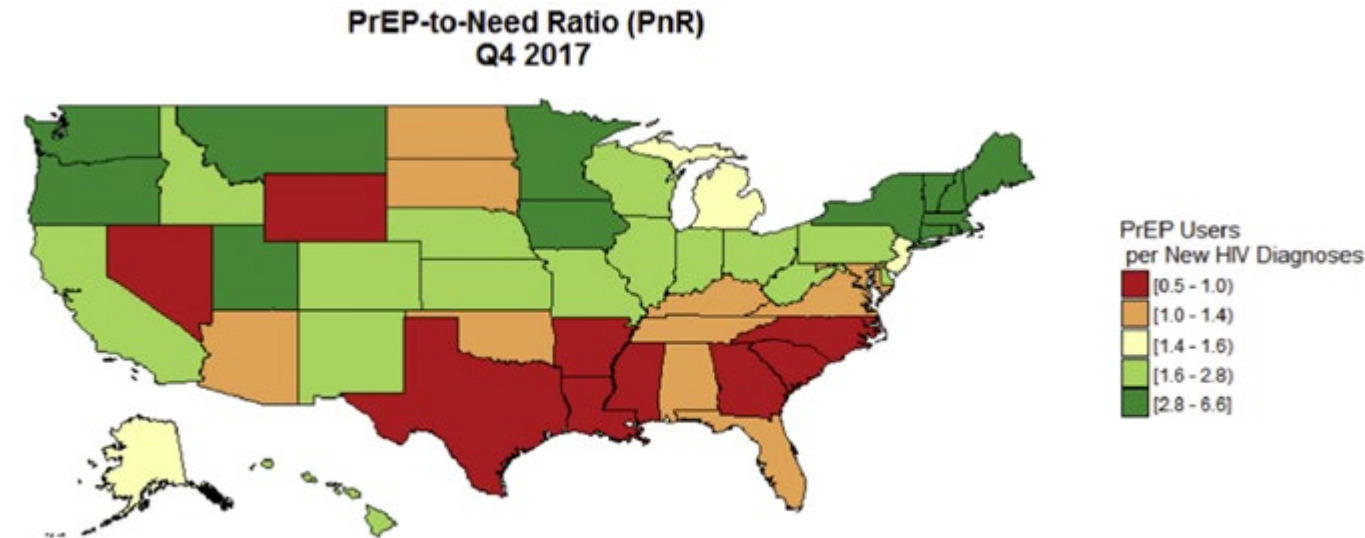
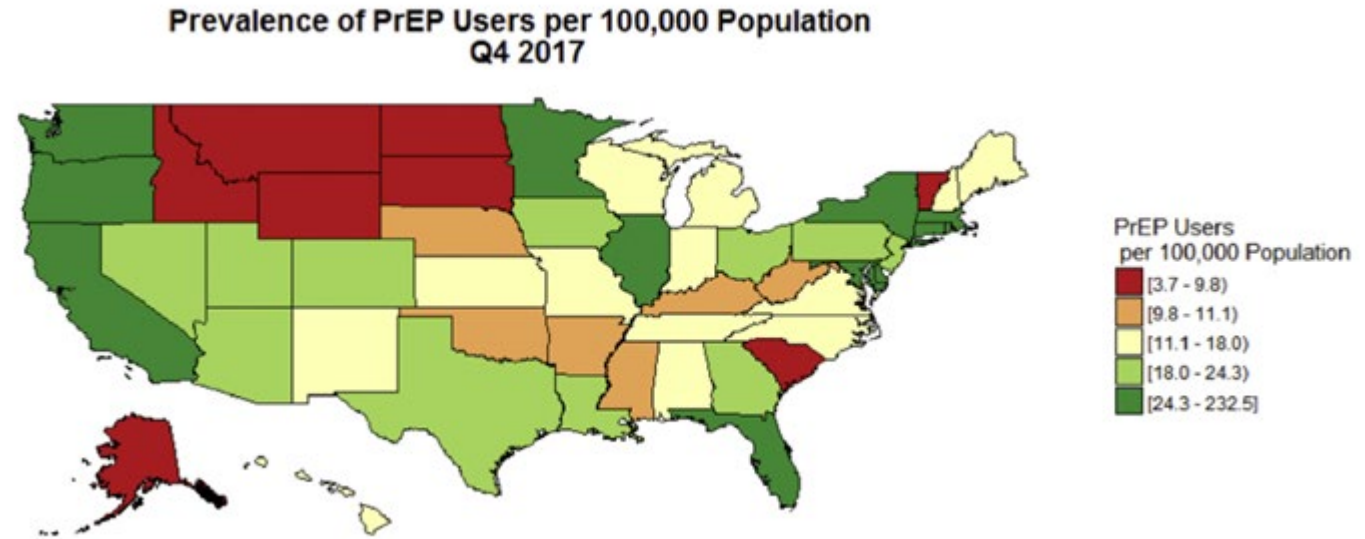


Fig. 3. The prevalence of PrEP users and the PrEP-to-need ratio by state, Q4 2017.

Original article

Policy- and county-level associations with HIV pre-exposure prophylaxis use, the United States, 2018



Aaron J. Siegler, PhD ^{a,*}, C. Christina Mehta, PhD ^b, Farah Mouhanna, MS ^{a,c},
Robertino Mera Giler, MD, PhD ^d, Amanda Castel, MD, MPH ^e, Elizabeth Pembleton, MPH ^e,
Chandni Jaggi, MPH ^e, Jeb Jones, PhD ^e, Michael R. Kramer, PhD ^e,
Pema McGuinness, MPH ^d, Scott McCallister, MD ^d, Patrick S. Sullivan, DVM, PhD ^e

^a Department of Behavioral Sciences and Health Education, Rollins School of Public Health, Emory University, Atlanta, GA

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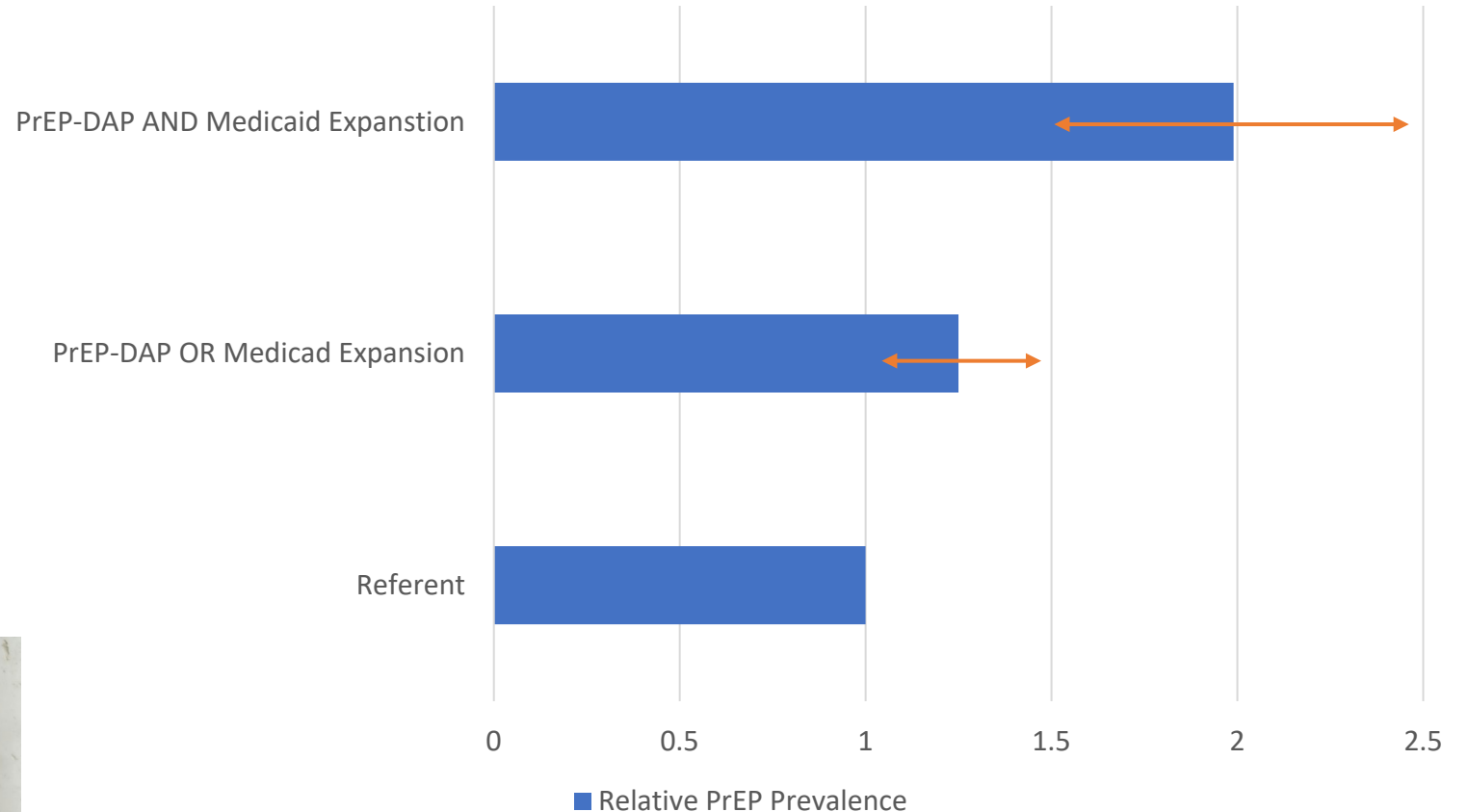
^d Department of Epidemiology, Gilead Sciences, Foster City, CA, 94404

^e Department of Epidemiology, Rollins School of Public Health, Emory University, Atlanta, GA

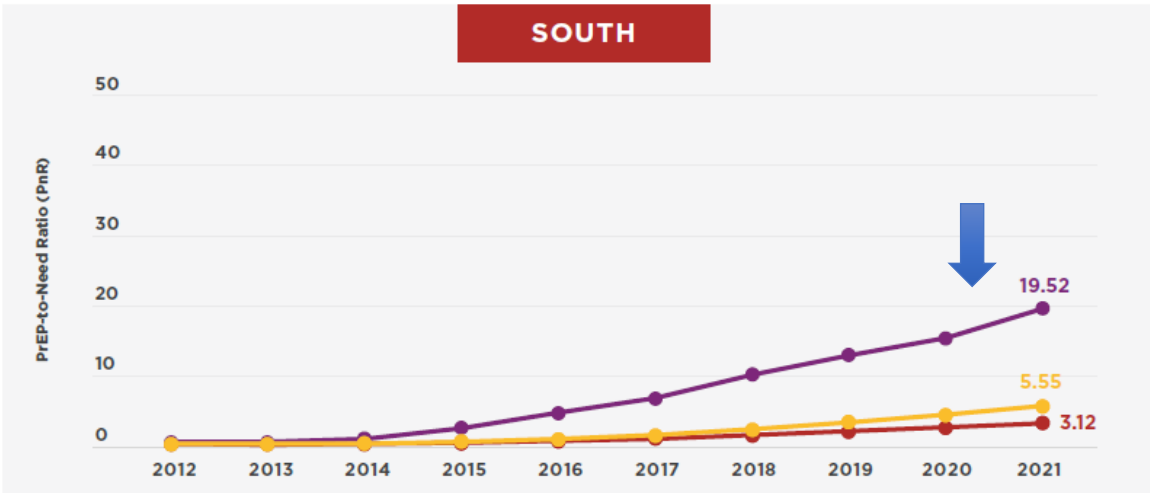
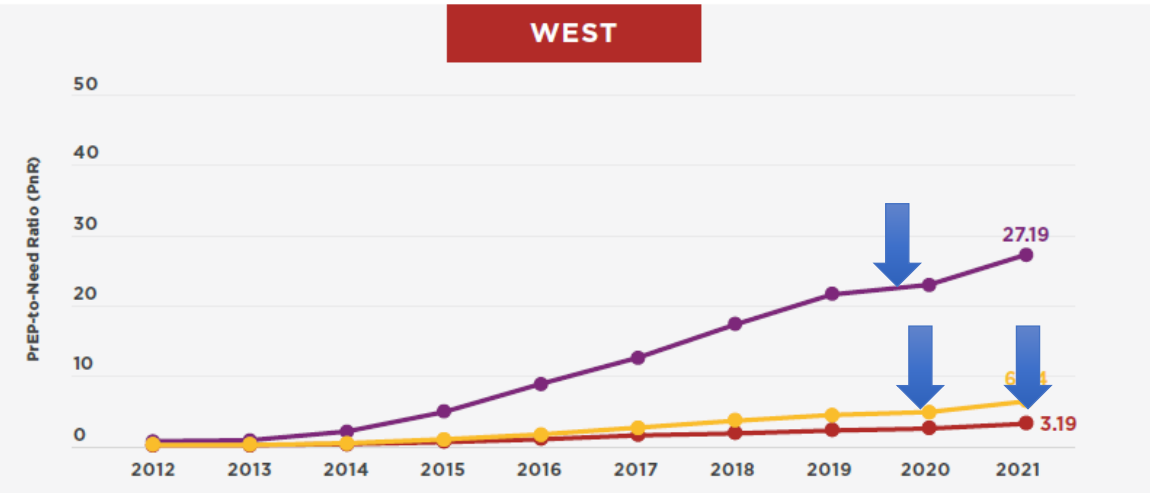
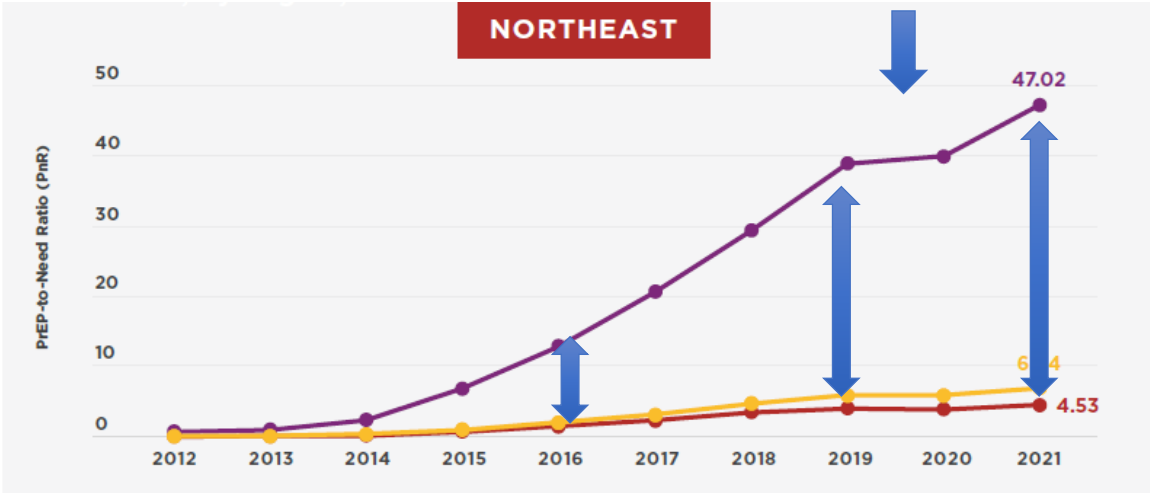
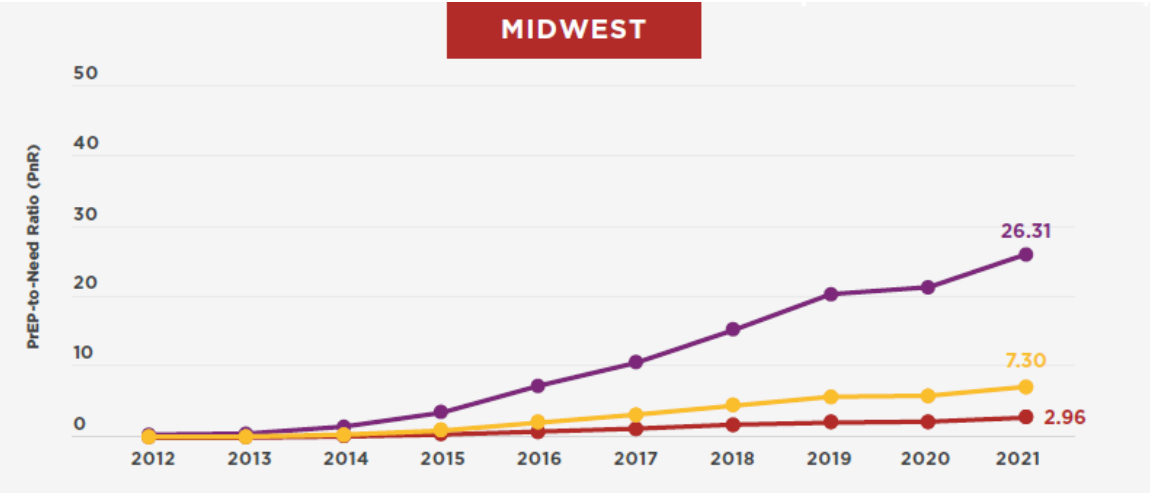
- PrEP Prevalence was higher in areas with PrEP-DAP alone, Medicaid alone, or both
- PnR (AKA more equitable PrEP use) was higher in areas with both PrEP DAP and Medicaid expansion
- Message: EITHER policy moves towards PrEP equality; COMBINED, they move towards PrEP Equity



Policy associations of PnR with State-level policy, United States, 2018



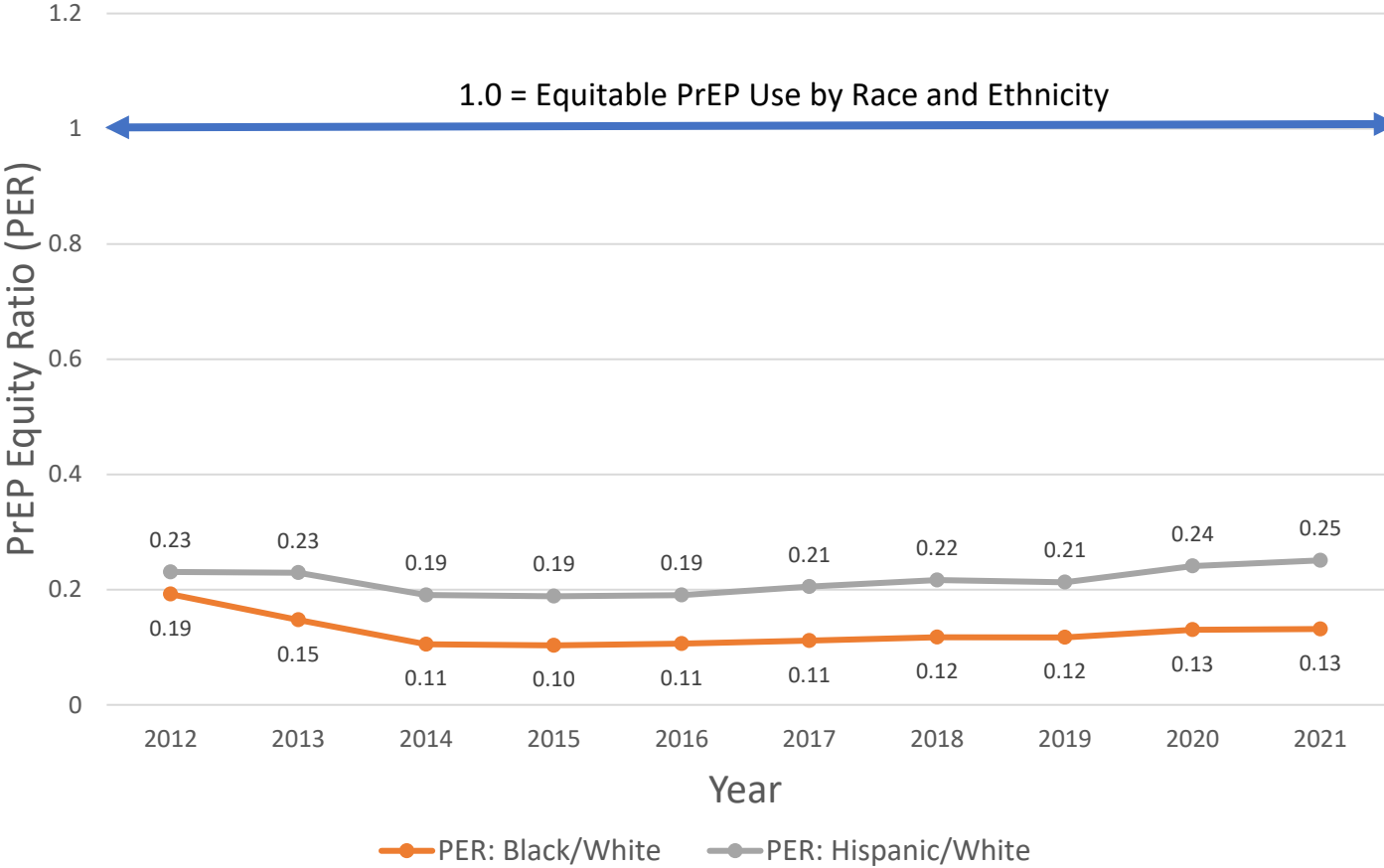
PnR by Race/Ethnicity and US Region, 2012-2021



● Black ● White ● Hispanic

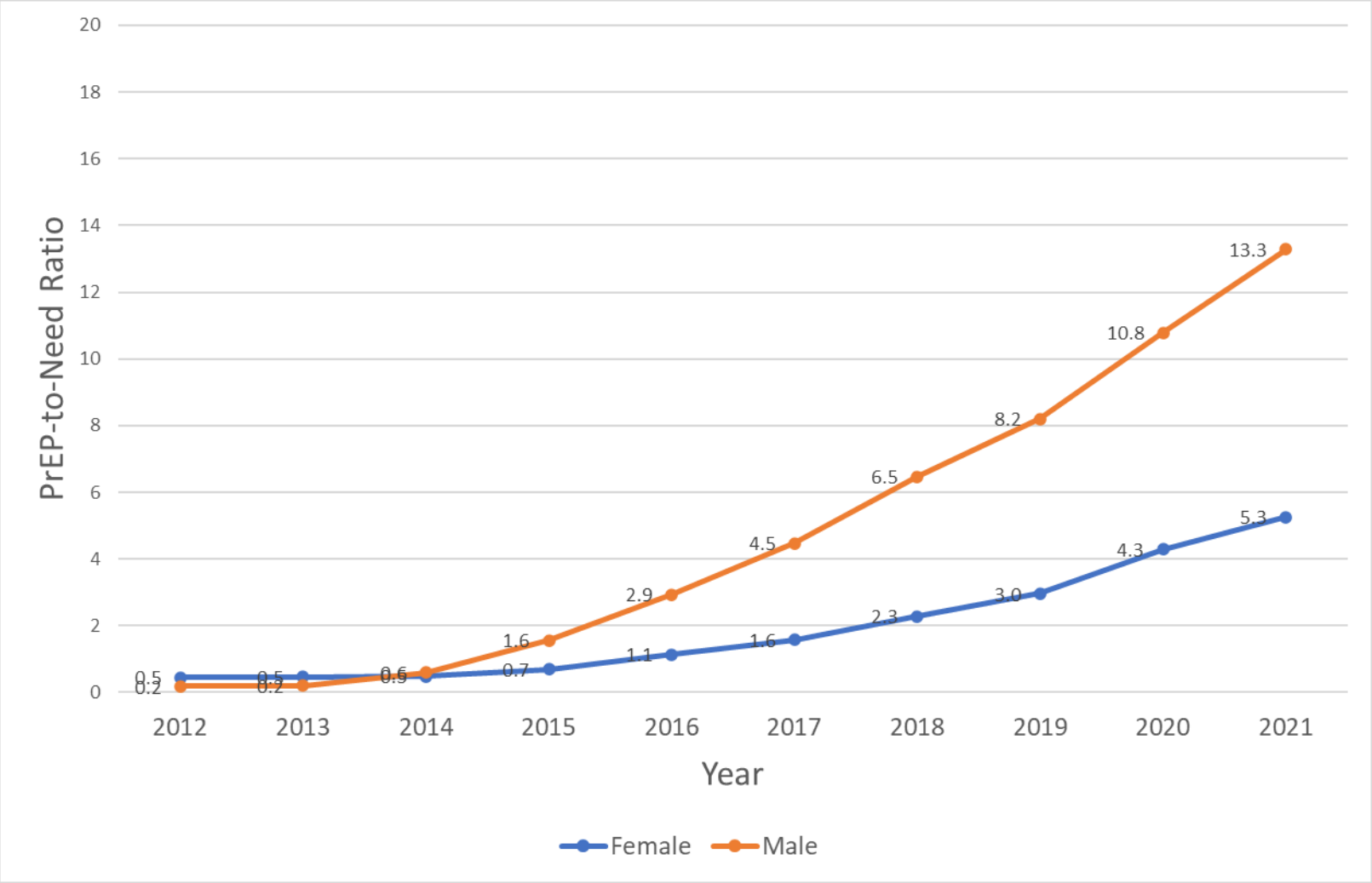
The PrEP-to-Need Ratio (PnR) is the number of PrEP users divided by the number of new diagnoses in a given year. PnR serves as a measurement of how PrEP use compares to the need for PrEP in a population.

Trend in Black/White and Hispanic/White PrEP Equity Ratio, United States, 2012-2021

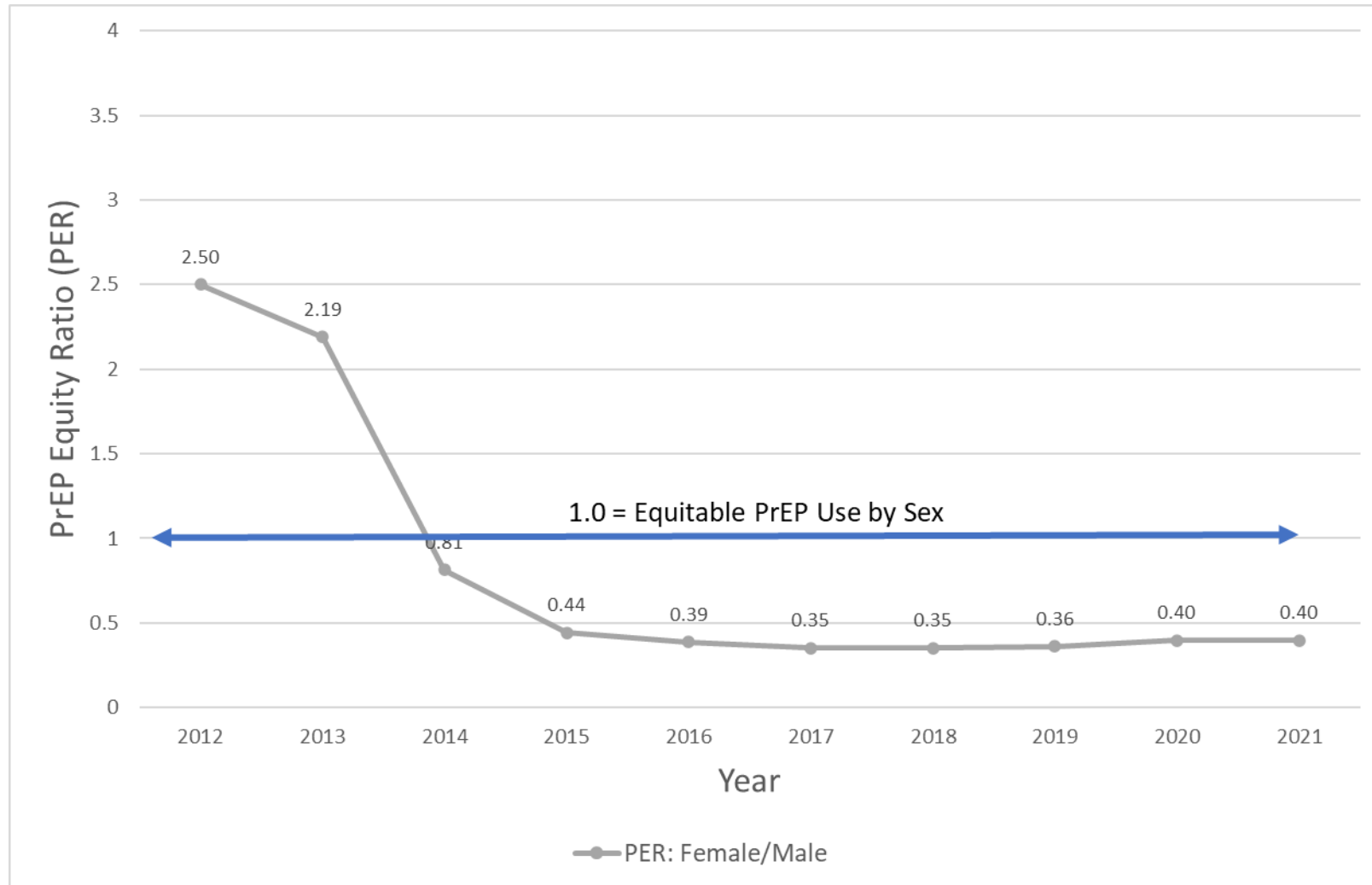


*Values below 1.0 indicate inequitable PrEP use.

PrEP-to-Need Ratio by Sex, United States, 2012-2021

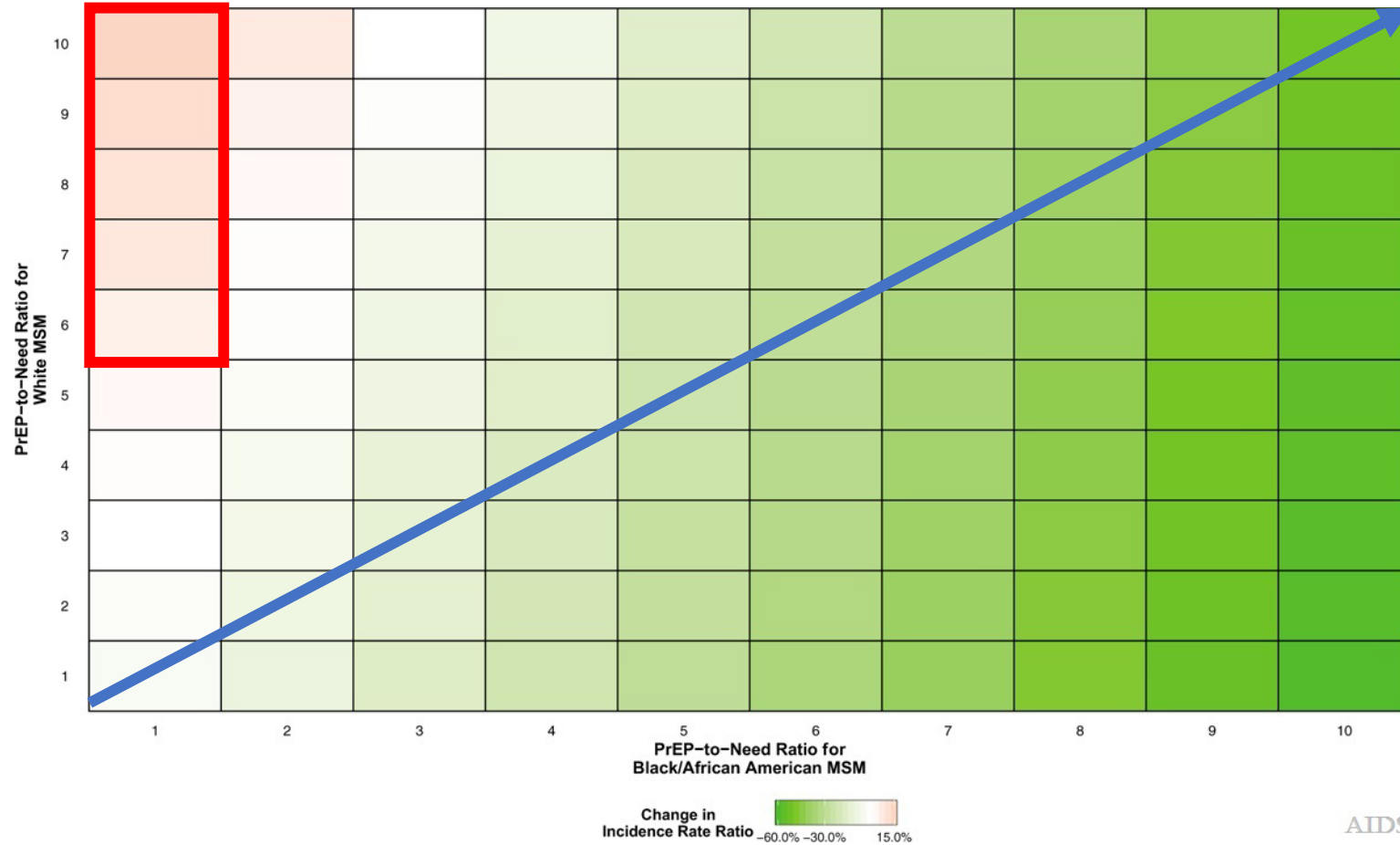


Trend in Female/Male PrEP Equity Ratio, United States, 2012-2021



What does the PrEP Inequity Ratio tell us about prevention?

Projecting the impact of equity-based preexposure prophylaxis implementation on racial disparities in HIV incidence among MSM



AIDS

How can these metrics make a difference in public health programs?

- PrEP equity metrics should be a primary measure of the success of PrEP programs
- Programming to equity metrics will drive programs to focus resources in proportion to need
- Local calculation and dissemination of PnR metrics – national equity will only come about from a sum of local success in equity

How to be Guided by Equity

- Prevention programs should be guided by PrEP equity (use relative to epidemic impact), not PrEP equality (equal use in groups, regardless of HIV diagnosis proportion).
- By this measure, US prevention programs in all regions demonstrated decreasing PrEP equity over time (e.g., larger gaps in PnR by race/ethnicity).
- The US South lagged all regions in equitable PrEP use, with the lowest PnR overall compared to other US regions.
- Women lag in PnR compared to men in the US and all regions; inequities are smaller in magnitude by sex than by race
- Better programs are needed to provide PrEP to communities and people *at greatest risk for HIV infection/who will benefit from it most*
- Removing barriers to access – **out of pocket costs, travel distance to providers, and stigmas association with seeking or being on PrEP** – must be high priorities for research, policy and programs

With Gratitude and Respect



- Aaron Siegler, PhD
- Dawn Smith, MD, MPH
- Travis Sanchez, DVM, MPH
- Jeremy Grey, PhD
- Sam Jenness, PhD
- Palmer Hipp, MPH
- Marta Juhasz, MPH
- Pema McGuinness, MPH
- Shamaya Whitby, MPH
- Stephanie DuBose, MPH
- Farah Mouhanna, PhD

PrEP In BLACK AMERICA

"We can't say PrEP is a success in America until Black America has benefited from it."

- Leisha McKinley-Beach
National HIV Consultant & Advocate



PrEP (in) Equity

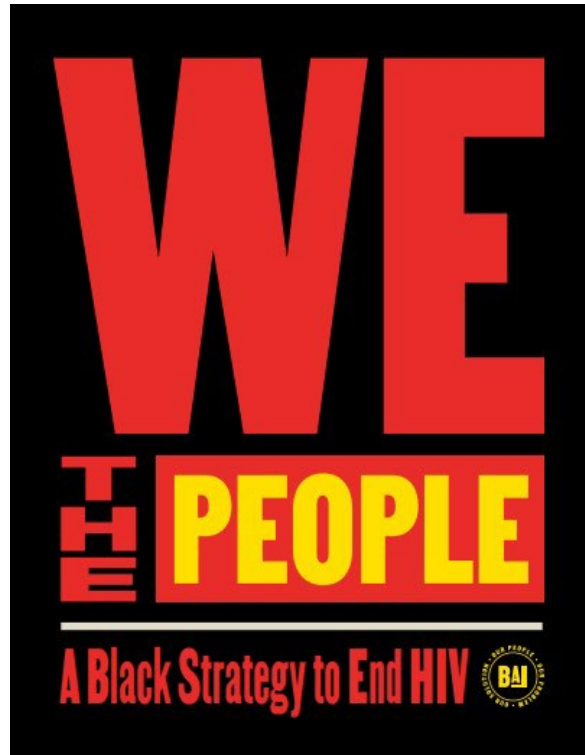
Leisha McKinley-Beach
CEO Black Public Health
Academy

To Learn More, Visit:
prep4all.org/prepinblackamerica



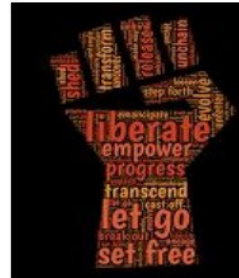
Her Vision of
PrEP In Black
America

Guiding Documents to Address PrEP (in)Equities in Black communities



<https://Blackaids.org>

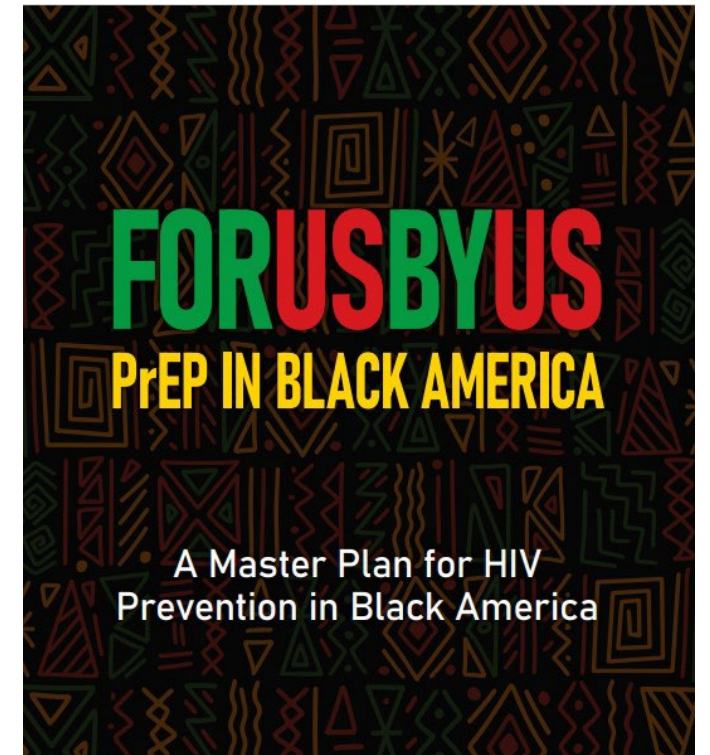
**BLACK
SOUTH
RISING**



The Future is Now!

A Political Agenda for
Advancing, Building, and Sustaining Black HIV Leadership in the South

<https://www.blacksoutherising.org>



<https://www.prep4all.org/prepinblackamerica>

WE

THE PEOPLE

A Black Strategy to End HIV



Founder, Equity & Impact Solutions

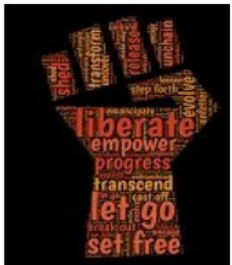
1 Dismantle anti-Black practices, systems and institutions that endanger the health and wellbeing of Black people and undermine an effective, equitable response to HIV in Black America.

2 Provide resources and services that address the fullness, richness, potential and expertise of Black people and mitigate social and structural factors that worsen health outcomes in Black communities.

3 Ensure universal access to and robust utilization of high-quality, comprehensive, affordable and culturally- and gender-affirming healthcare to enable Black people to live healthy lives in our full dignity

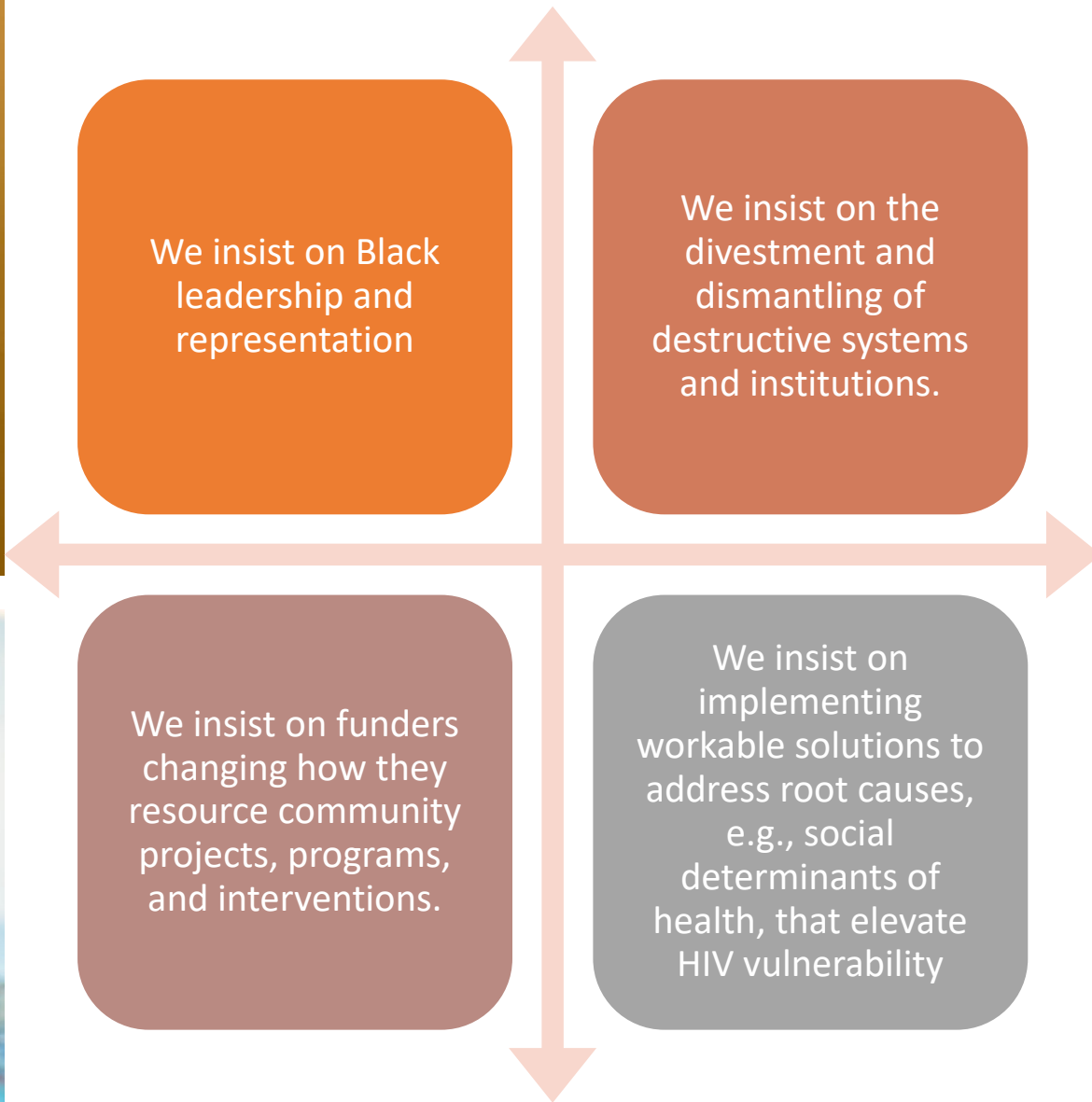
4 Build the capacity and motivation of Black communities to be the change agents for ending HIV.

**BLACK
SOUTH
RISING**



The Future is Now!

A Political Agenda for
Advancing, Building, and Sustaining Black HIV Leadership in the South



Five Key Components For PrEP Scale Up In Black Communities



Riko Boone



Danielle M. Campbell



Michael Chancley



Raniyah Copeland



Kenyon Farrow



Abraham Johnson



Leisha McKinley-Beach



John Meade, Jr.



Stacy W. Smallwood



Justin Smith

**PrEP in Black America
Summit Organizing Committee**

National PrEP Program

Expansion of Providers

Black Marketing Campaigns

Research-With Black Researchers

Sex positivity

PrEP Pass

MEMBER ID: 0123 4567 8901

RX BIN: 71612

RX GROUP: EHENOW

RX PCN: 1230

SCAN TO LEARN MORE:



- Insured? Tell President Biden #ProtectPrEP coverage!
- Uninsured? Tell CDC #IWantMyPrEPPass and that coverage for labs and medication is essential!

EXP: 12-31-2030

National
PrEP
Program

Thank You!

Leisha@blackpublichealthacademy.com

- About The Academy

**BLACK PUBLIC HEALTH
ACADEMY**



"Black Health is Black Wealth"

Addressing Racial Disparities in PrEP Uptake with a National PrEP Program

Michael Chancley, MSW

Communications and Mobilization Manager, PrEP4All

Organizer, PrEP In Black America

Disclosure of Conflicts of Interests

Michael Chancley, MSW has not received any funding, honorariums, or in kind donations from pharmaceutical companies in the last 24 months.

Background

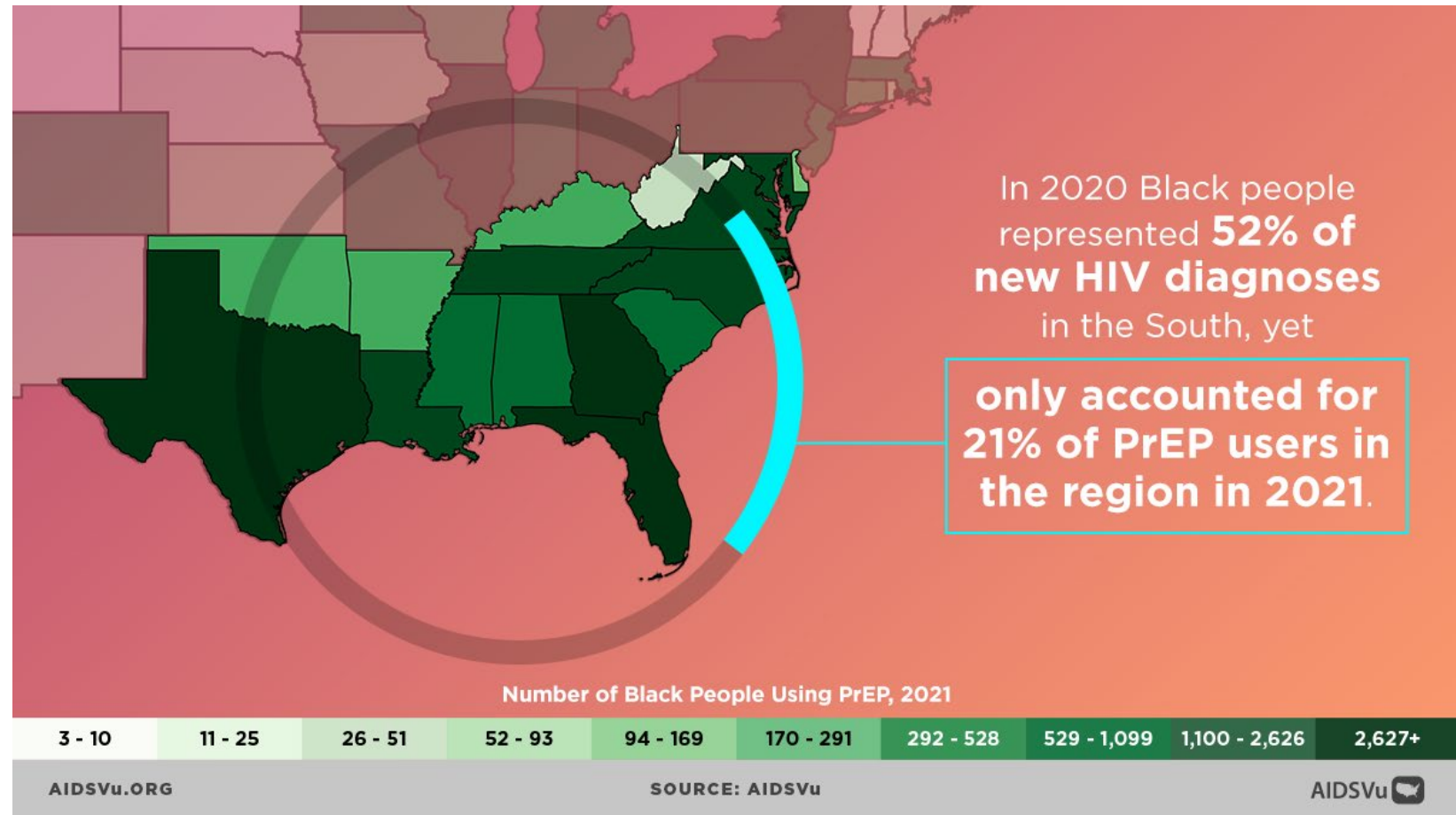


PrEP Use By The Numbers

Black people represent 14% of PrEP users, but 42% of new HIV diagnoses nationally.

Of Black Americans who can benefit from PrEP, 91% have not received a prescription.

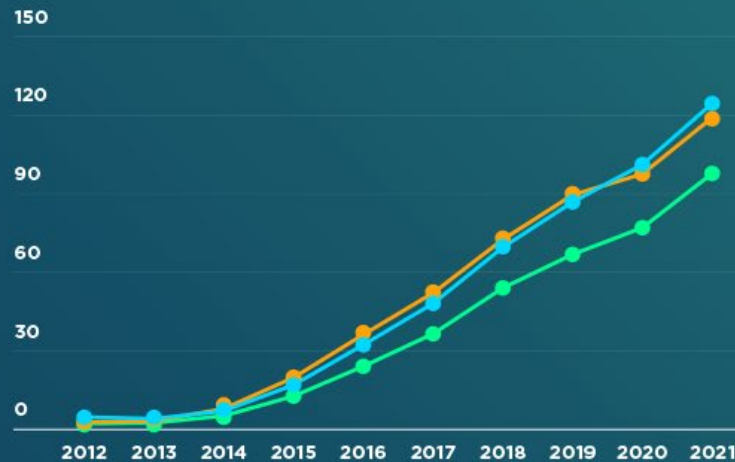
PrEP Use By The Numbers



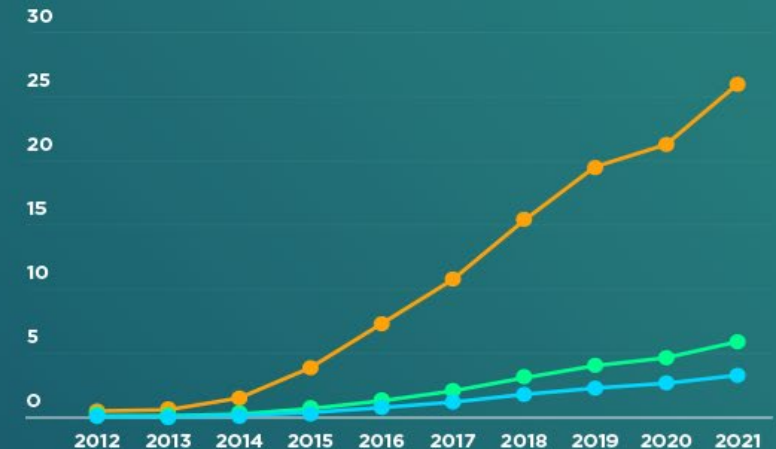
PrEP Use By The Numbers

While the **rate of PrEP use** has **increased consistently** across **all races/ethnicities**, **equity in PrEP use** by race/ethnicity has **decreased** over time.

PrEP Use Rate by Race/Ethnicity Over Time, 2012-2021



PrEP-to-Need Ratio by Race/Ethnicity Over Time, 2012-2021



— Black — Hispanic — White

The PrEP-to-Need Ratio (PnR) is the number of PrEP users divided by the number of new diagnoses in a given year. PnR serves as a measurement of how PrEP use compares to the need for PrEP in a population.

Barriers to PrEP Uptake

HIV stigma and lack of sex positive approaches representing the diversity of the Black community



Mistrust of historically problematic medical systems, as well as medical biases



Gender inequity in HIV prevention research, including in lack of studies on modalities for ciswomen and individuals assigned female at birth




Lack of education on interactions with hormones for transgender individuals



Lack of medical coverage, including in non-Medicaid expansion states

PrEP In Black America

The logo features the text "PrEP In BLACK AMERICA" centered on a black rectangular background. "PrEP In" is in white, "BLACK" is in green, and "AMERICA" is in white.

PrEP In
BLACK
AMERICA

PrEP In Black America

Held in Atlanta, GA on Sept. 13, 2022

Engaged Black community stakeholders on the gaps in PrEP access

Strategize what a National PrEP Program needs to address racial disparities

Mobilize Black advocates to create a community demand for a National PrEP Program

Release "For Us, By Us: PrEP In Black America: A Master Plan for HIV Prevention" at prep4all.org/prepinblackamerica

Next summit in New Orleans, LA on May 19, 2023

FOR US BY US

PrEP IN BLACK AMERICA

A Master Plan for HIV
Prevention in Black America

Energize

- Energize the Black public health workforce to lead the HIV prevention response.

Educate

- Educate Black masses on the science and effectiveness of PrEP.

Support

- Support a Federally-Funded National PrEP Program.

Key Components of National PrEP Program

PrEP Pass

Build simplified federal reimbursement mechanisms that leverage existing pharmacy supply and payment mechanisms and laboratory networks.

The system needs to cover labs, medications, and provider visits related to PrEP.

Provider Network Expansion

An expanded nonclinical network can leverage telePrEP in a way that allows immediate virtual access to a prescribing provider as well as act as a traditional referral system for patients who prefer in person clinical visits.

Demand Creation

Contract with an experienced PR/marketing firm that specializes in deep partnership with communities most in need of PrEP

National and locally-tailored campaigns

PrEP Pass

MEMBER ID: 0123 4567 8901

RX BIN: 71612

RX GROUP: EHENOW

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- Email: michael@prep4all.org
- LinkedIn: Michael Chancley, MSW

Register for PrEP In Black America

New Orleans, LA

May 19, 2023

10 am-4 pm

- Virtual Attendance: bit.ly/pibavirtual
- In Person: prep4all.org/prepinblackamerica



In Partnership With:

