

## Innovative Interventions for Engaging Black Women in Prevention

Danielle Houston, MSPH
DHouston Solutions, LLC



### Conflict of Interest Disclosure Statement

Speaker has nothing to disclose

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$4,205,743 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor does mention of trade names, commercial practices, or organizations imply an endorsement by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov. *Any trade/brand names for products mentioned during this presentation are for training and identification purposes only.* 



## Use of Trade/Brand Names

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$4,205,743, with 0% financed with non-governmental sources.

The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government. *Any trade/brand names for products mentioned during this presentation are for training and identification purposes only.* 



## **Unconscious Bias Disclosure**

- SCAETC recognizes that language is constantly evolving, and while we make every effort to avoid bias and stigmatizing terms, we acknowledge that unintentional lapses may occur in our presentations.
- We value your feedback and encourage you to share any concerns related to language, images, or concepts that may be offensive or stigmatizing.
- Your input will help us refine and improve our presentations, ensuring they remain inclusive and respectful to participants.



## **Learning Objectives**

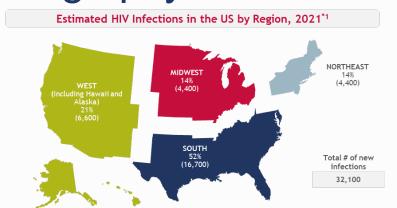
- 1. Demonstrate how to leverage a status-neutral approach to HIV prevention to close care gaps and improve health outcomes.
- 2. Identify evidence-based and innovative approaches to engaging Black women in HIV prevention.
- 3. Propose actionable steps to address disparities in HIV prevention for Black women.

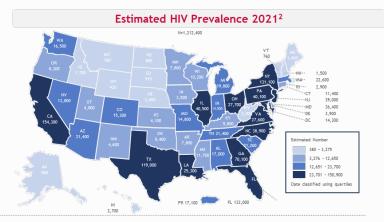


### Intersections

- HIV Risk versus Vulnerability
- Lifetime Risk of HIV in the US
- Local Statistics and Disparities

## Geography Matters When it Comes to HIV





29-45

46-93

Number of Persons Newly Diagnosed with HIV, 2021<sup>3</sup>



In 2021, the South comprised

38%

of the U.S. population but

represented **52%** of new HIV diagnoses

Among people aged 13 and older; † In 2021, there were 32,100 estimated new HIV infections in the U.S.

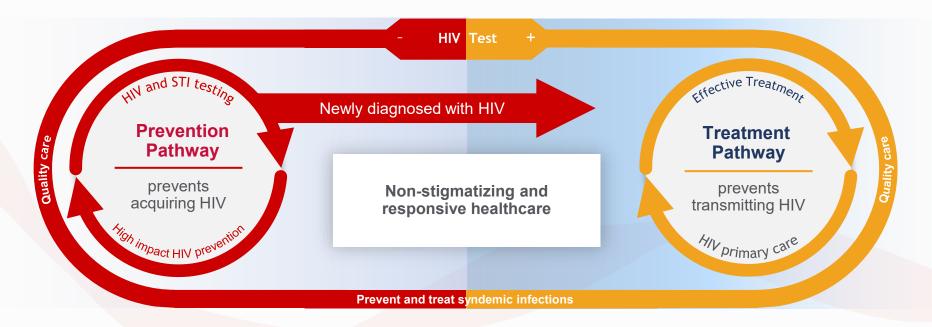


AIDSVu Regional data: South. https://aidsvu.org/resources/deeper-look-south/.

HIV.gov. HIV & AIDS Trends and U.S. Statistics Overview. HIV.gov. https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics/.

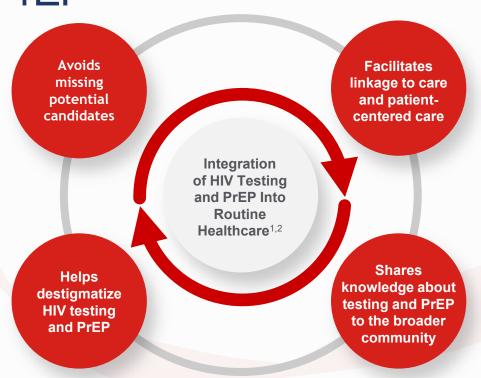
https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-28-no-3/content/figures.html. Figure 23

## A Status Neutral Approach to Ending the HIV Epidemic





## Prevention Pathway: HIV Testing and Linkage to PrEP



Normalizing HIV testing and PrEP may be an important tactic to reduce stigma and improve engagement in the HIV prevention continuum of care<sup>1</sup>



Treatment Pathway: HIV Testing and Linkage to

**Treatment** Continuous **Engagement** in Care Viral HIV Treat HIV. Suppression Goal **Diagnosis ASAP** (VS) Lifelong **Viral Suppression VS Improves** Discuss U=U Health **Outcomes &** Reduces **Destigmatize Transmissions** HIV<sup>2</sup>

The ultimate goal of the continuum of care is virological suppression.

To achieve and maintain viral suppression people with HIV must stay in constant care and have lifelong treatment.



## Sexual Health Conversations are Critical to Determining Next Steps Yet these conversations may not be happening<sup>1</sup>...



Just 34% of primary care visits include a partial sexual history



1%

of these visits include a full sexual history

Many people have sexual health questions and want your insights but are hesitant about initiating the conversation.2



## Approaches to Sexual Health Conversations



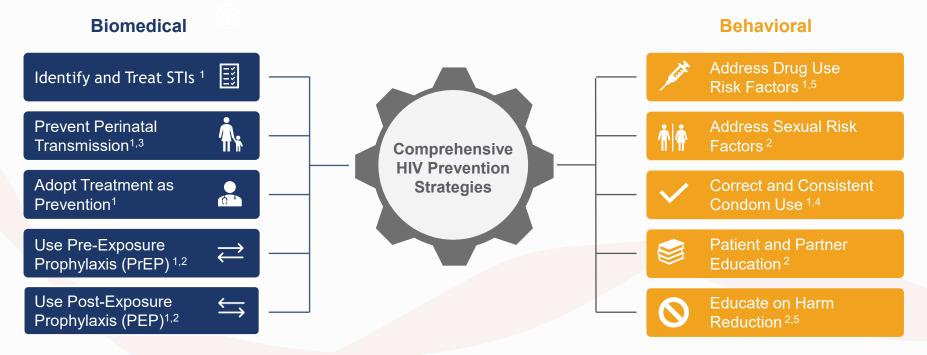
Taking a sexual history can be part of regular medical care.

### The CDC recommends asking the 5P's:

- 1. Partners
- 2. Practices
- 3. Protection from STIs (including HIV)
- 4. Past History of STIs
- 5. Pregnancy Intention



## High-Impact HIV Prevention Incorporates Multiple Interventions





## **High-Impact HIV Prevention**



### **Efficacy to Prevent HIV**

Condoms 63-91%<sup>1</sup>

HIV Treatment 100%<sup>2</sup>

PrEP >99%<sup>3</sup>

PEP >80%<sup>4,5</sup>



# Condoms offer protection against HIV and some STIs

\*Condom effectiveness, optimal use, defined as both consistent and correct use during every sex act



## Understanding the Link Between STIs and HIV

Bacterial STIs increase the chance of acquiring HIV and transmitting HIV to others<sup>1</sup>



Asking all sexually active people about any diagnoses of bacterial STIs during the past 6 months may identify those who could be exposed to HIV\*2,3



of the US population has an STI4



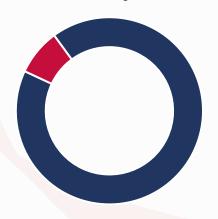
of positive STI results are not followed by an HIV test<sup>5</sup>

HIV testing is recommended for all persons seeking STI evaluation who are not already known to have HIV infection.6

## Differences in PrEP Uptake<sup>1</sup>

In 2022, **92% of all PrEP users were male** and only **8% were female**, despite the fact that women represented 18% of new diagnosis in 2021.

### PrEP Users by Sex 2022



■ Female ■ Male



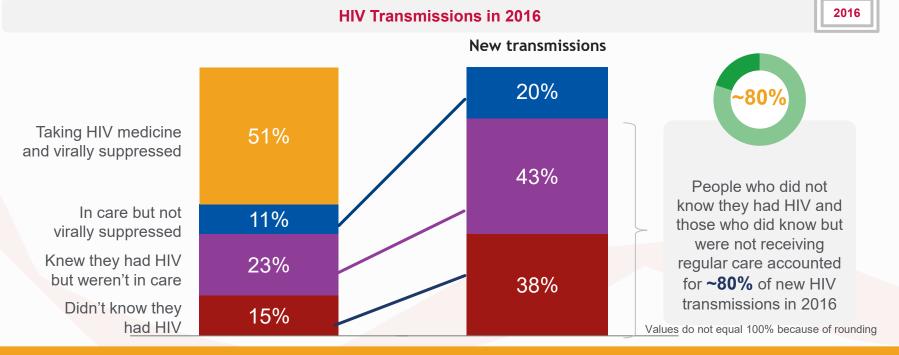
There were **16 male PrEP users** for every new HIV diagnosis among men.



There were **6 female PrEP users** for every new HIV
diagnosis among women.

- 40% of males who could benefit from PrEP were prescribed it, compared with 15% of females.
- Among Black women eligible for PrEP only 5% were prescribed PrEP medication and 8% were linked with a PrEP provider.<sup>2</sup>

## TasP: The Effect of Diagnosis and Treatment on HIV Transmission



The 51% of people were taking HIV medicine and were virally suppressed accounted for 0 new transmissions.



## Rapid Start Supports U=U\*1,2

1-6 months to **BECOME** undetectable after starting treatment<sup>1</sup>

TRANSMISSION

#### 6 months

to STAY undetectable after. first undetectable test results

### Can't pass HIV through sex

as long as stay undetectable

- Take medications daily
- See health care provider regularly to monitor test results



#### Individual benefit<sup>2,3</sup>

Reduces stigma associated with HIV

Opportunity for linkage to care

Increases chances of long-term success



#### Community benefit<sup>2,3</sup>

Decreases community viral load

Reduces transmission Incentivizes support for individual



Undetectable Untransmittable

\* Rapid Start (starting antiretrovirals within 7 days of diagnosis) supports Undetectable = Untransmittable (U=U) by reducing the time to viral suppression and increasing engagement in care.



<sup>3.</sup> DHHS, January 2022. Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents. https://clinicalinfo.hiv.gov/en/guidelines

## Prioritizing Black Women in HIV Prevention

### Diagnose



HIV testing is vital to knowing one's status<sup>1</sup>

- Eliminate barriers to HIV testing by routinizing screening and utilizing innovative HIV-testing methods (e.g., self-testing)
- Integrate sexual health into overall healthcare
- Provide opportunities for linkage and entry into either the HIV prevention or treatment continuum

#### **Treat**



Rapid initiation of ARVs (i.e. Rapid Start), within 7 days of diagnosis, is a strategy for decreasing time to viral suppression and increasing engagement in care. It should be used for newly diagnosed PWH and considered for those returning to care.<sup>2</sup>

#### **Prevent**



Today, we have the high-impact prevention tools to End the HIV Epidemic<sup>3</sup>

- Educate about and provide early and continuous HIV treatment [Treatment as Prevention / Undetectable = Untransmittable]
- Educate about and provide proactive and continuous HIV prevention [Pre-Exposure Prophylaxis]
- Education and provide emergency HIV prevention [Post-Exposure Prophylaxis]

### Respond



Provide status neutral, person-centered care 4,5

- Create an open, supportive environment for sensitive conversations
- Engage Black women, communicate effectively, and promote engagement and retention in care
- Increase trust and collaboration between Black women and healthcare providers by using shared decision making



## References

- Singh S, Hu X, Hess K, et al. Estimating the lifetime risk of a diagnosis of HIV infection in the United States. 2022 CROI, February 12-16 and 22-24, 2022. Abstract 43.
- HIV.gov. HIV & AIDS Trends and U.S. Statistics Overview. HIV.gov. https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics/.
- https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-28-no-3/content/figures.html. Figure 23
- AIDSVu Regional data: South. https://aidsvu.org/resources/deeper-look-south/.
- Myers J, et al. Redefining Prevention and Care: A Status-Neutral Approach to HIV. OFID. 2018.
- Calabrese SK, Krakower DS, Mayer KH. Integrating HIV preexposure prophylaxis (PrEP) into routine preventive health care to avoid exacerbating disparities. Am J Public Health. 2017;107(12):1883-1889.
- CDC. How Does Routine HIV Screening Benefit My Patients? https://www.cdc.gov/hiv/clinicians/screening/patient-benefits.html. Last Reviewed March 8, 2023.
- HIV Continuum of Care | NIH. https://clinicalinfo.hiv.gov/en/glossary/hiv-continuum-care.
- Calabrese, et al. (2019). Providers should discuss U=U with all patients living with HIV. The Lancet HIV, 6(4), e211–e213.
- Palaiodimos L, Herman HS, Wood E. Practices and barriers in sexual history taking: a cross-sectional study in a public adult primary care clinic. J Sex Med. 2020;17:1509–1519.
- CDC. How Do I Discuss Sexual Health with Patients. https://www.cdc.gov/hiv/clinicians/screening/sexual-health.html.
- Vermund SH, et al. Translation of Biomedical Prevention strategies for HIV. Journal of Acquired Immune Deficiency Syndromes.
   2013;63(Supplement 1):S12-S25. doi:10.1097/qai.0b013e31829202a2.
- Cohen M, et al. J Int AIDS Soc. 2008;11:4.



## References

- Shaw GM, Hunter E. HIV transmission. Cold Spring Harb Perspect Med. 2012 Nov 1;2(11):a006965.
- Smith. D. et al. J Acquir Immune Defic Syndr 2015;68:337–344).
- Montain J, et al. Addict Behav. 2016 Jul;58:90-4. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4808383/.
- Marfatia YS, Pandya I, Mehta K. Condoms: Past, present, and future. Indian J Sex Transm Dis AIDS. 2015 Jul-Dec;36(2):133-9.
- CDC. https://www.cdc.gov/hiv/risk/art/index.html.
- CDC. https://www.cdc.gov/hiv/basics/prep/prep-effectiveness.html.
- Ayieko J, Petersen ML, Kamya MR, Havlir DV. PEP for HIV prevention: are we missing opportunities to reduce new infections? J Int AIDS Soc. 2022 May;25(5):e25942.
- https://aidsnetwork.ca/post-exposure-prophylaxis-pep/.
- Marfatia YS, Pandya I, Mehta K. Condoms: Past, present, and future. Indian J Sex Transm Dis AIDS. 2015 Jul-Dec;36(2):133-9.
- Craib KJ, et al. Genitourin Med 1995;71:150-154.
- CDC. https://www.cdc.gov/nchhstp/newsroom/fact-sheets/std/STI-Incidence-Prevalence-Cost-Factsheet.html.
- Shipton L. J Health Care Poor Underserved. 2023;34(1):102-111.
- CDC. https://www.cdc.gov/std/treatment-guidelines/hiv.html.
- AIDSVu Deeper look: PrEP. Infographics -https://aidsvu.org/resources/deeper-look-prep/.
- Townes AR et al. Presented at CROI 2021. Available from: https://www.natap.org/2021/CROI/croi\_162.htm.
- CDC. https://www.cdc.gov/nchhstp/newsroom/fact-sheets/hiv/PrEP-for-hiv-prevention-in-the-US-factsheet.html.



## References

- Ending the HIV Epidemic: HIV Treatment Is Prevention. Vital Signs: HIV Transmission Along the Continuum of Care United States, 2016. Updated March 2019. https://www.cdc.gov/mmwr/volumes/68/wr/mm6811e1.htm# ."HIV Treatment Can Prevent Transmission".
- AETC. https://aidsetc.org/sites/default/files/media/document/2023-06/ncrc-rapid-art-full.pdf.
- CDC. https://www.cdc.gov/hiv/clinicians/treatment-care/treatment-as-prevention.html.
   DHHS, January 2022. Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents. https://clinicalinfo.hiv.gov/en/guidelines.
- Prevention Action Campaign https://preventionaccess.org/wp-content/uploads/2021/03/UU-Public-Health-Benefits.pdf.
- CDC. https://www.cdc.gov/hiv/clinicians/screening/index.html. Reviewed: June 1, 2023.
- DHHS. What to start: Initial combination Regimens for the Antiretroviral-Naive patient | Clinicalinfo.HIV.gov. https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/what-start-initial-combination-regimens. Published September 21, 2022.
- CDC. Ending the HIV Epidemic. <a href="https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview/">https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview/</a>.
- CDC Issue Brief Status Neutral Care https://www.cdc.gov/hiv/policies/data/status-neutral-issue-brief.html.
- HRSA. https://hab.hrsa.gov/sites/default/files/hab/Publications/careactionnewsletter/patient-centered-care-2018.pdf.



## Resources

- National Clinician Consultation Center http://nccc.ucsf.edu/
  - HIV Management
  - Perinatal HIV
  - HIV PrEP
  - HIV PEP line
  - HCV Management
  - Substance Use Management
- Present on ECHO
- https://hsc.unm.edu/scaetc/programsservices/echo.html

- AETC National HIV Curriculum https://aidsetc.org/nhc
- AETC National Coordinating Resource Center <a href="https://targethiv.org/library/aetc-national-coordinating-resource-center-0">https://targethiv.org/library/aetc-national-coordinating-resource-center-0</a>
- HIVMA Resource Directory
   https://www.hivma.org/globalassets/ektron-import/hivma/hivma-resource-directory.pdf
- Additional trainings
   scaetcecho@salud.unm.edu
- www.scaetc.org



### PLEASE FOLLOW THE SCAETC ON SOCIAL MEDIA

### facebook



**@SCAETC** 







**SCAETC** 





**@SCAETCNM** 





SCAETC

