

Building a culturally tailored PrEP demonstration program for young men who have sex with men of color: Lessons learned from the CRUSH project in Oakland, California

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Background

CRUSH: Connecting Resources for Urban Sexual Health is a project funded by the California HIV/AIDS Research Program. The project is located within the East Bay AIDS Center's (EBAC) Downtown Youth Clinic (DYC) and focuses on serving young men who have sex with men of color (YMSMC) for whom sexual health services are scarce. Nationwide, although HIV incidence was stable among most groups from 2006 to 2009, there has been a 48% rise in new infections among African American MSM between ages 13 and 29. Providing PrEP to these youth requires building culturally sensitive sexual health services as well as a clinical infrastructure that supports the delivery of PrEP.

Objectives

- ❖ Develop and refine innovative outreach, HIV testing, and linkage to care strategies for young MSM of color in the East Bay.
- ❖ Pilot sexual health services including pre-exposure prophylaxis for HIV negative young MSM of color within the Downtown Youth Clinic (DYC).
- ❖ Identify successful elements of the current DYC clinic model for engaging HIV positive young MSM of color in care and develop strategies for enhancing services.

Methods

Data Collections (actively in process):

- ❖ Clinic observations (30 hours)
- ❖ In-depth interviews with partners of DYC patients (n=8)
- ❖ In-depth interviews with YMSMC (n=2)
- ❖ In-depth interviews with DYC providers (n/a)
- ❖ Focus groups with youth uninfected with HIV (n/a)
- ❖ In-home interviews with DYC patients (n/a)

Setting

Downtown Youth Clinic

- ❖ Division of EBAC serving youth ages 13-25
- ❖ "Clinic without walls"
- ❖ 100+ patients in care
 - 70% MSM
 - 67% African American
 - 25% Latino



Findings

- ❖ Most youth liked the idea of taking PrEP.
 - o Youth in serodiscordant relationships were highly motivated to gain access to PrEP.
 - o Two youth did not want to use PrEP; they always used condoms and had no reason to take PrEP.

"... Yeah, I would use it. I would just need to know exactly what I'm taking into my body, like the biggest concern is the side effects." ~ Cesar*, 20 y.o., gay Latino male #009

"If it's protecting my health and it's good for me, why wouldn't I use it." ~ Vanessa*, 20 y.o., het Black woman #002

Findings

- ❖ Taking PrEP would allow negative partners in serodiscordant relationships, in particular, to relax during sex and react to their partner with greater normalcy during occasions when blood is present.
 - o None of the YMSMC described a desire to take PrEP in order to have sex without a condom. Two of the women indicated they would have sex without a condom in order to get pregnant.
 - o Some participants noted they would be able to relate better to their partners based on their personal experiences with daily pill-taking and possibly coping with side effects.

"... By no means does [taking PrEP] tell people hey we don't need to use protection... [PrEP] It would bring more comfort, more protection - it would take the stress off of me." ~Michael*, age 30, bi-sexual Black man

Demographics of Key Informants: Partners of DYC Patients & HIV Negative YMSMC

	#001	#002	#003	#004	#005	#006	#007	#008	#009	#010
Gender	MALE	FEMALE	MALE	MALE	FEMALE	MALE	MALE	MALE	MALE	FEMALE
Ethnicity	LATINO	BLACK	BLACK	LATINO	WHITE	WHITE	LATINO	WHITE	LATINO	BLACK
Age	20	20	30	20	23	19	23	20	20	21
Education	HS	CC	BA	CC	HS	BA	CC	CC	CC	HS
Sero-Discordant*	YES	YES	YES	NO	YES	YES	NO	YES	YES	YES
Sexual Orientation	HET	HET	BI	GAY	HET	GAY	GAY	GAY	GAY	HET

HS = High School, CC = Some Community College, BA = Bachelors degree * Currently in a serodiscordant relationship

Messages from Youth to Program Developers:

- ❖ "Let people know that taking PrEP is not a contract, you can stop at any time."
- ❖ "Have a class on PrEP and present the good and the bad; have someone who is already taking it be there."
- ❖ "Knowledge takes away the fear of things."
- ❖ "Open the clinic early in the morning and after hours" to give working youth a chance to come in.
- ❖ "I would add less of a clinic environment, more like a home where people actually feel comfortable, that will make a difference, if people feel like it's a home and it's warm and homey feeling, people don't like going to clinics.."

Conclusions

- ❖ Interest in taking PrEP was high with side effects being the most important issue to learn more about.
- ❖ The social and sexual worlds of the DYC-affiliated youth are complex and in flux e.g., shifting relationships with family, friends, and sexual/romantic partners.
- ❖ The sero-negative partners in relationships with peri-natally infected DYC patients are more isolated and disconnected from peers than the gay or bi-sexual youth. The gay youth expressed less isolation and had more knowledge about HIV prevention and treatment.
- ❖ The youth would benefit from a workshop on sexuality, relationships, managing HIV stigma, HIV transmission, prevention and treatment.
- ❖ Most importantly, young gay and other MSM of color as well as heterosexual partners of the DYC HIV positive patients, youth need to a place to congregate in solidarity with one another.

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*All names are pseudonyms

