

The Impact of Structural Racism and Discrimination on the HIV Pre-exposure Prophylaxis Continuum: Evidence from a Systematic Review of the Published Literature

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BACKGROUND

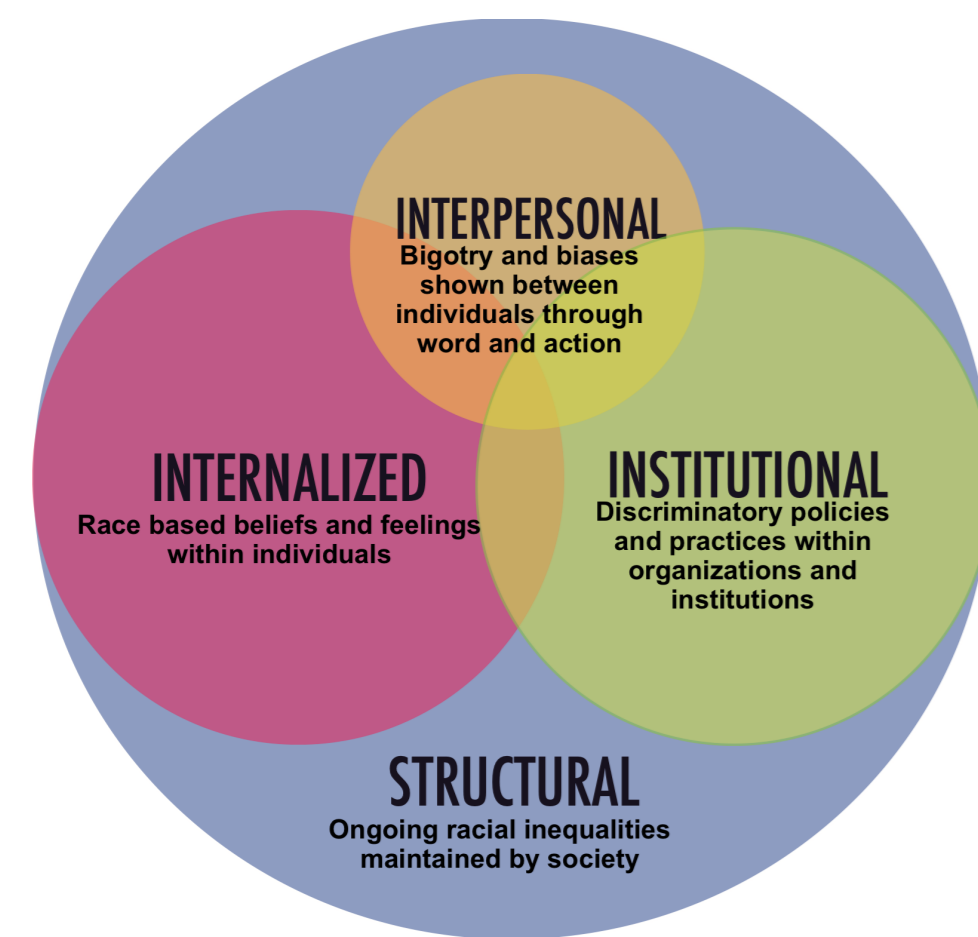
- Pre-exposure prophylaxis (PrEP) is an evidence-based intervention shown to effectively reduce HIV infection and is one of the pillars to ending the HIV Epidemic in the US.
- PrEP is under-utilized, especially among racial and ethnic minority groups where HIV incidence is the highest.
- Racial inequities across the PrEP continuum of care exist, which in large part, can be explained by structural barriers.
- We aim to describe the impact of structural racism and discrimination (SRD) on the pre-exposure prophylaxis continuum.

MATERIALS AND METHODS

- We performed a systematic review of the published literature using MEDLINE database for keywords including and related to HIV, PrEP, racism, and healthcare disparities.

Included Studies	Excluded Studies
Peer-reviewed quantitative studies that describe a structural racism/discrimination (SRD) measure applicable to the Race Forward Model (raceforward.org)	Studies involving only qualitative methods
Studies that assess the association of the SRD measure with PrEP care continuum outcomes based in the USA	Conference proceedings, reviews, and commentaries

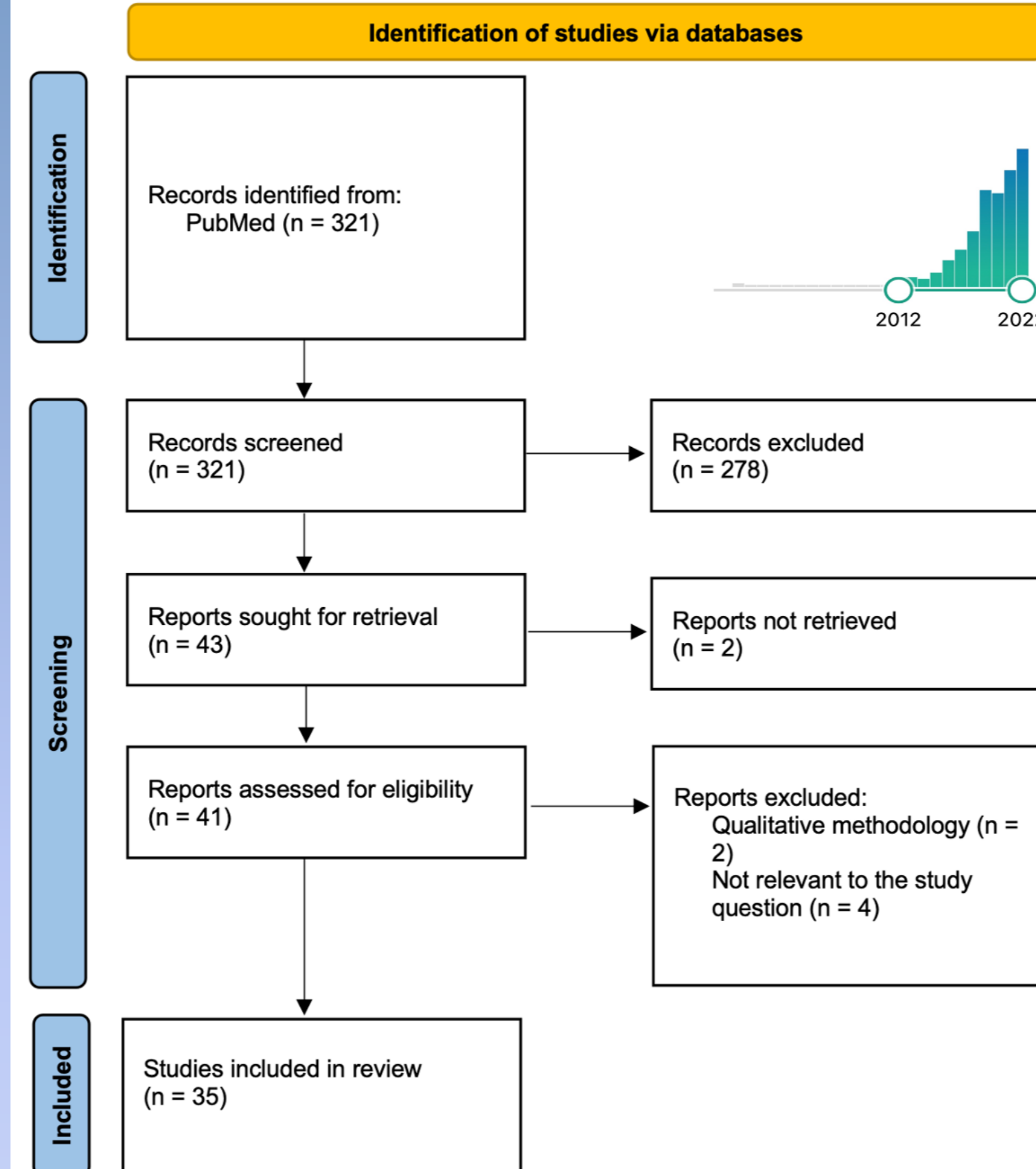
- Main exposure was structural racism and discrimination (SRD) defined as a socially structured action that is unfair or unjustified and harms individuals and groups on the basis of race, ethnicity and/or other statuses.



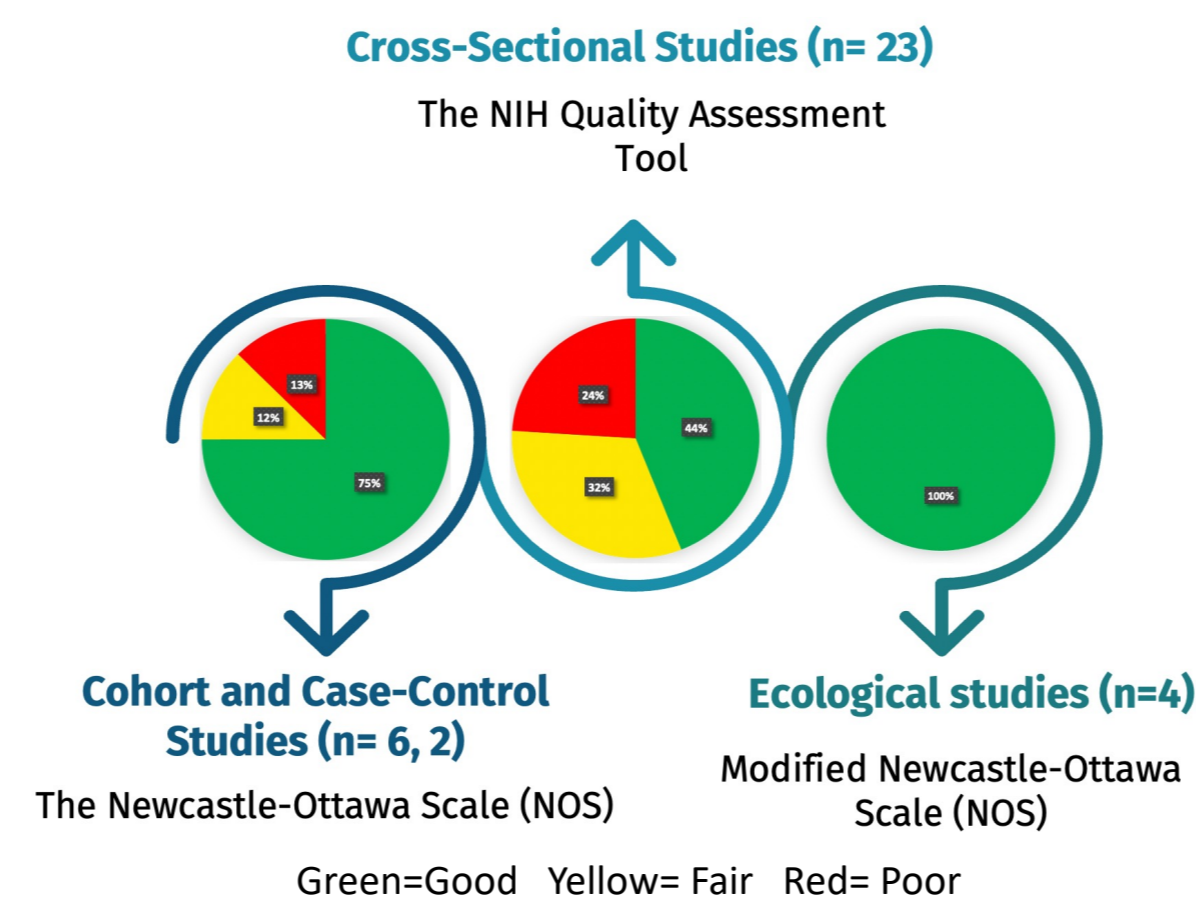
- Outcome measures: PrEP continuum of care including PrEP awareness, access, uptake, adherence and retention in PrEP care.

RESULTS

- The search returned 321 papers, from which 35 studies met inclusion criteria.

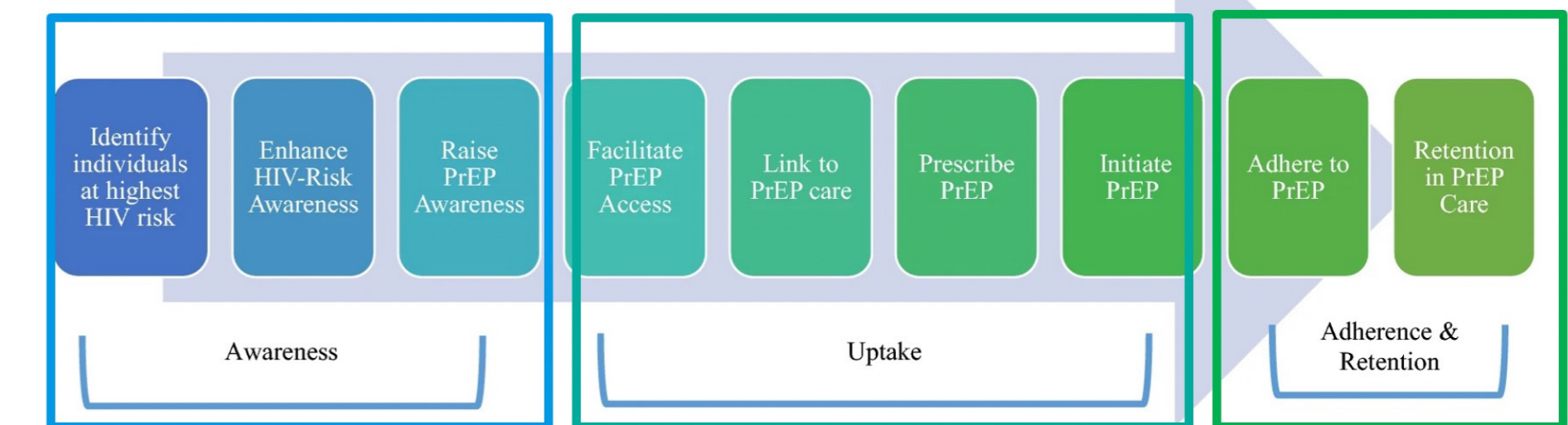


- Quality assessment of the included studies:



RESULTS

- Key PrEP outcomes



- Interpersonal Racism**
 - Healthcare providers who scored high on a modern racism scale were less willing to discuss and prescribe PrEP to Black patients. (Hull et al, 2021)
 - Black women expressed higher levels of medical mistrust → Higher levels of medical mistrust ~ lower odds of PrEP awareness. (Tekeste et al, 2018; Kimball et al, 2020)
- Internalized Racism**
 - Internalized racism was not statistically associated with PrEP use among Black MSM. (Whitfield, 2020)
- Interpersonal Racism**
 - PrEP use decreased when mistrust of the provider increased. (Kimball et al, 2020)
 - Provider racism was associated with decreased intention to prescribe PrEP. (Hull et al, 2021; Calabrese et al, 2018; Calabrese et al, 2014)
- Institutional Racism**
 - Medical students were far less willing to prescribe PrEP to Black MSM compared to White MSM due to sexual risk compensation in a hypothetical context. (Calabrese et al, 2018)
- Structural Racism**
 - Lower socioeconomic status was associated with lower rates of PrEP use once prescribed. (Xavier Hall et al, 2022; Hojilla et al, 2021; Li et al, 2019)
 - Access to health insurance was associated with increased use. (Okafor et al, 2017; Fitch et al, 2021; Siegler et al, 2018)
- Interpersonal Racism**
 - PrEP adherence decreased when medical mistrust increased. (p= 0.034) (Kimball et al, 2020)
- Structural Racism**
 - Adherence decreased based on neighborhood and racial and ethnic composition (Pyra et al, 2022), with neighborhoods consisting largely of Black and Latinx communities having lower rates of adherence.

DISCUSSION

- We found significant race-based differences across all the steps of the PrEP continuum of care with Black and Hispanic patients experiencing worse outcomes compared to White patients.
- Potential mediators to poor PrEP continuum outcomes include medical mistrust, internalized homonegativity, perceived healthcare-related discrimination, provider related implicit bias and racial stereotypes, and structural factors such as housing instability, food insecurity, insurance status, history of incarceration and poor access to health care.
- Facilitators to optimal PrEP continuum outcomes included social support, health care access and trust in the medical provider.

CONCLUSIONS

- SRD → PrEP Continuum impediments at all stages
 - Worsened HIV/PrEP Outcomes
- Limited data across the board, but especially at the internalized and institutional levels
- Structural factors worsen disparities in susceptible populations at all stages

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