Visibility, Attitudes and Opinions of the PrEP Campaign in NYC

Results from a Street Intercept Survey in Predominantly Minority
Neighborhoods

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Outline

- Background
- Study Purpose
- Study Methods
- Survey Results
- Focus Group Results
- Discussion

Background - PrEP and the Facts

- Pre-Exposure Prophylaxis (PrEP) is the latest biomedical intervention in the HIV prevention toolkit
- Facts¹:
 - It is an FDA-approved HIV medication (Truvada®)
 - Taken only once a day
 - Minimal side effects
 - Can be prescribed by a primary care physician
 - Covered by most insurance companies
 - Has been shown to be up to 92% effective in preventing HIV infection
 - Equally effective in gay and straight couples
 - Protects both men and women to the same degree
 - Condom use recommended

http://www.nyc.gov/html/doh/html/living/prep.shtml

Background - PrEP Campaign

- Launched Fall 2014 by the New York City Department of Health and Mental Hygiene (NYC DOHMH) along with other agencies in the City
- Targeting priority populations identified in the NYS Blueprint for Ending the Epidemic: Black and Hispanic/Latino MSM, transgender persons, women of color and sero-discordant couples
- Strategically placed all around NYC
 - Seen as poster ads in MTA subway stations/cars, in/on MTA buses, in bus shelters and as standalone posters
 - Heard as radio and TV PSA ads
 - Seen in newspapers and online on social media outlets and dating websites/apps



Purpose of Study

- Inspired by apparent lack of PrEP/PEP campaign awareness among Iris House testing clients
- Gain insight from actual target populations postlaunch
- Maximize effectiveness of nascent PrEP social marketing campaigns

Study Methods

- Street Intercepts
 - Locations: Central Harlem, East Harlem and South Bronx
 - Survey: Collecting honest feedback and perspectives from the priority populations on the visibility, awareness and impact of PrEP campaigns in NYC
- Focus Groups
 - Participants: Representatives of the priority populations

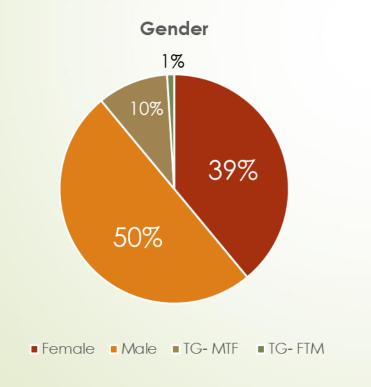


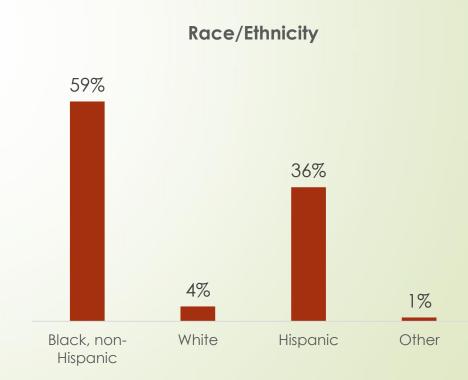


Street Intercept Survey				
Please answer all the following questions as honestly as you can. Your responses are confidential and will not be shared with anyone. Your feedback will be used to improve services and design new programs at Iris House.				
l. Age		Male DMale to Female (Transgender) D	Fomale to Male (Transponder)	
			remare to brane (fransgender)	
	What race/ethnicity best identifies you? Black, non-Hispanic			
4. Are	you currently sexually active? 🗆	Yes DNo		
5. Who	are you sexually active with? 🗆	Men DWomen DBoth men and women	□N/A	
6. Do 3	ou have any health insurance (in	cluding Medicaid)? □Yes □No		
7. Wb	n was your last HIV test? □0-3:	months ago □3-6 months ago □6-12 mon	iths ago □Over a year ago	
Infe	Which of the following method: do you currently use to protect yourself from HIV and other Sexually Transmitted Infections? (Select all that apply) Male condoms Demaile condoms Dental dams Abstinence Other: One of these			
9. Doy	ou use the method(s) selected ab	ove consistently every time you have sex?	POYes ONo	
VISIBII	ITY			
10. In tl	ie last year prior to today, have y	ou ever seen/heard of Pre-Exposure Pro	phylaxis (PrEP)? □Yes □No	
11. Wb	ere did you see/hear about this in	formation on Pre-Exposure Prophylaxis	(PrEP)?	
□ Adv	ertisement in subway car/station	☐ Advertisement in/on bus	☐ Poster in bus shelter	
	o Public Service Announcement	Television Public Service	☐ Internet advertisement	
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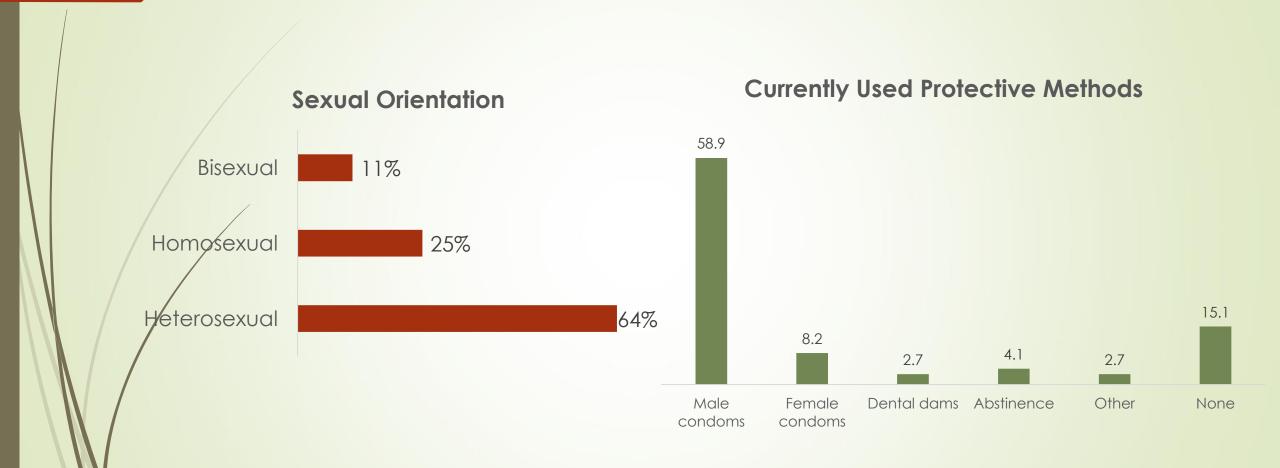
Results - Demographics

- Number of completed surveys: 73
- Mean age= 32 years-old (Median = 26, Standard deviation = 15.3)
- Range= 14-74 years





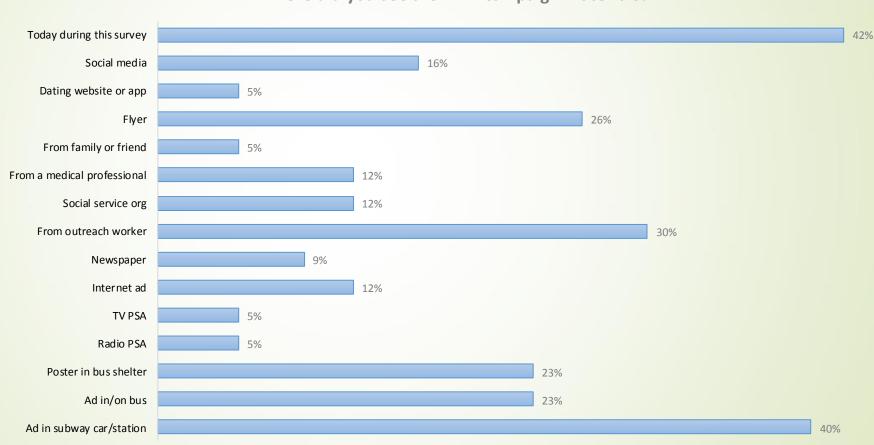
Results - Sexual Activity and Risk Reduction



Results - Visibility

 25 participants (34.2%) prior and 18 participants (24.7%) for the first time (on the day of intercept)





Results - Attitudes

- 67% thought the materials were eye-catching
- 82% thought it was in a good location/placement
- 55% felt they could relate to any of the images or people used in the materials
- Only 44% felt positive about the messaging they saw or heard (50%-neutral and 6%- negative)

LIKES	DISLIKES
It is something new that can prevent HIV	Once I saw HIV, I was turned off from reading any further
It's educational- something new	Gay couple holding hands
That it's for both men and women	It looks like it's only for gay men
Colors used in ad	Unclear message
The ad catches your eye	No lesbian couples in ad

Results - Impact

Did the PrEP campaign material...

- Inspire you to learn more about PrEP: 61%
- Influence you to actually look up information on PrEP: 20%
- Influence you to get tested for HIV: 42%
- Influence you to talk to your sexual partner about ways to protect yourselves from HIV: 59%
- Influence you to actually use protective measures every time you had sex: 52%
- Influence you to ask a medical provider for a prescription for PrEP: 32%

Results - Knowledge

Question	True	False	Don't Know
1. If you are on PrEP, using condoms all the time will help prevent HIV infection.	72%	11%	17%
2. PrEP is a vaccine for HIV.	27%	53%	20%
3. While on PrEP, you should ONLY take it when you are about to have sex.	26%	52%	22%
4. People who inject drugs should NOT use PrEP.	24%	49%	27%
5. If your partner is HIV positive, using PrEP can prevent you from becoming HIV infected.	54%	24%	22%
6. Heterosexuals should not use PrEP but only use condoms to prevent HIV infection.	19%	58%	23%
7. In order to get on PrEP, individuals need to talk with their doctor and get a prescription.	73%	7%	20%
8. Most insurance companies pay for PrEP.	47%	18%	35%
9. If a person was exposed to HIV, he/she should take PrEP within 72 hours.	27%	32%	41%
10. I can take PrEP for one month and then stop taking it without talking to my doctor.	17%	57%	26%
11. Taking the medication all the time will lower someone's chance of becoming infected.	54%	24%	22%

Results - Knowledge (Adjusted)

Question	True	False	Don't Know
1. If you are on PrEP, using condoms all the time will help prevent HIV infection.	86%	14%	
2. PrEP is a vaccine for HIV.	33%	67%	
3. While on PrEP, you should ONLY take it when you are about to have sex.	33%	67%	
4. People who inject drugs should NOT use PrEP.	33%	67%	
5. If your partner is HIV positive, using PrEP can prevent you from becoming HIV infected.	70%	30%	
6. Heterosexuals should not use PrEP but only use condoms to prevent HIV infection.	24%	76%	
7. In order to get on PrEP, individuals need to talk with their doctor and get a prescription.	81%	9%	
8. Most insurance companies pay for PrEP.	82%	18%	
9. If a person was exposed to HIV, he/she should take PrEP within 72 hours.	46%	54%	
10. I can take PrEP for one month and then stop taking it without talking to my doctor.	23%	77%	
11. Taking the medication all the time will lower someone's chance of becoming infected.	69%	31%	

Results - Feedback on PrEP Messaging

	Message	Not Important	Important	Very Important
5	Success rate (e.g., 99% successful)	4%	44%	52%
F	Positive results from previous clinical trials	7%	54%	39%
1	No or minimal Side effects	10%	28%	62%
F	DA approval	11%	39%	50%
1	The peace of mind it brings (added layer of protection)	7%	41%	52%
Ī	only have to take it once a day	7%	50%	43%
	Celebrity endorsement	26%	48%	26%
1	My doctor can prescribe it	9%	41%	50%
Ī	nsurance coverage (i.e. Insurance will pay for it)	4%	36%	60%
ľ	t can protect you even if your sexual partner is HIV+	-	38%	62%
ľ	t is equally effective in gay and straight couples	2%	41%	57%
ľ	t protects both men and women	5%	25%	70%
`	You are being proactive about your health	7%	30%	63%

Results - PrEP Usage and Referrals

- Only 7% of survey respondents (5 participants) self-reported being on PrEP
- 55% reported having a PCP that they see on a regular basis and 67% of those felt they could talk to him/her about getting on PrEP
- Only 15% of respondents not on PrEP (10 participants) expressed an interest in having Iris House connect them to a medical provider to get on PrEP
- When asked for contact information for a follow up linkage, only 30% (3 people) left their contact information

Survey Results Summary

- Demographics:
 - 50% male, mean age 31 y.o and 64% heterosexual
 - 83% sexually active but only 56% using any type of protective method consistently
- Only 35% had actually seen the PrEP campaign materials in the year priormajority in MTA subway and bus systems
- Only 44% had positive feelings about what they had seen
- 61% felt inspired to learn more about PrEP, but only 20% actually looked up some information on PrEP
- PrEP knowledge varied
- Most important messaging reported: Protects both men and women; You are being proactive about your health; No or minimal side effects; and Protection even if your partner is HIV+
- Very few participants expressed interest in linkage to PrEP even fewer were ready at that moment

Results - Focus Groups

- One focus group was conducted with 15 YMSM and young TG MTF
- Most had seen the PrEP campaign materials in social service organizations, dating sites and from outreach workers
- Participants reported attending several PrEP workshops/seminars, but still displayed many misconceptions about PrEP
- Less than 10% were on PrEP and most (not on prep) were resistant to PrEP initiation with valid reasons:
 - Stigma
 - Homelessness
 - Fear of being perceived to be HIV+
 - Have more pressing needs that are not being met
 - Housing
 - Medical support, especially hormone therapy for TG women
 - Education and employment
 - Need for organizations to continue serving them after they age out
 - Help applying to college

PrEP Campaign Feedback from Group

- Upset at choice of individuals for poster
 - Regular people weren't used
 - Most people in posters were known personally by focus group participants and perceived as posers or paid to disclose their status
- Felt that the posters confuse lay people who can't understand how an HIV medication can prevent HIV
- Felt that some PrEP campaign materials perpetuated stigmas or misconceptions about MSM community



Redesigning Suggestions from YMSM/TG Group

- Have actual people known in the community correctly portrayed in their role (e.g., if HIV+ then they should be portrayed as HIV+)
- Feature lesbians in the campaigns
- Highlight the important messaging that might appeal more to target audience
- Rebrand/rename Truvada for PrEP to a completely different name to avoid confusion
- Link PrEP to other needed services

Next Steps

- Conduct more street intercepts to gather additional data
- Analyze data for any significant differences amongst populations of respondents (e.g., men vs. women, straight vs. LGBTQ, seen PrEP campaign previously or first time)
- Conduct focus groups with respondents representative of other priority populations to garner more feedback on the attitudes towards PrEP campaigns and get possible guidance on messaging re-designing
- Collaborate with other willing organizations to launch a redesigned PrEP campaign incorporating participant feedback, then reevaluate impact

Summary

- PrEP campaigns may not have the desired visibility amongst priority populations
- Messaging of PrEP campaigns has to be more culturally appropriate and sensitive
- Despite a lot of education among YSMS, there are still a lot of misconceptions regarding PrEP
- Major barriers to PrEP initiation and adherence exist which we may or may not be addressing
- Tying PrEP in with other much needed services may be key in some populations as well as renaming Truvada

Further Questions?

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