PrEP Advocacy Project: Increasing the Adoption of Pre-Exposure Prophylaxis (PrEP) in San Luis Obispo County

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ABSTRACT

The following study investigates the need for Pre-exposure Prophylaxis (PrEP) in San Luis Obispo (SLO) County in order to develop an effective health outreach and advocacy program that could increase the adoption of PrEP treatment and in turn decrease new HIV transmissions in the community studied. The sponsor of this study is the Access Support Network (ASN), a non-profit organization that provides supportive services for individuals living with HIV/AIDS. ASN launched this study after observing the effectiveness of PrEP in metropolitan cities. At the same time, ASN also noticed a rise in new HIV transmissions, particularly among injecting drug users (IDUs) and young men who have sex with men (YMSM). Consequently, the research conducted for this project focuses on these groups and the healthcare professionals that interact with them. In addition, this paper examines the barriers to receiving PrEP treatment and attempts to strategize solutions to these obstacles as part of the project’s implementation plan. Furthermore, the recommendations and plan of action that will be outlined within this study can be utilized by other communities as a model for implementing PrEP beyond San Luis Obispo County.
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Chapter 1

Introduction

Statement of the Problem

1996 was the first turning point for the war against AIDS. The number of AIDS-related deaths began to slowly dwindle after a “drug cocktail” known as HAART (Highly Active Anti-retroviral Therapy) transformed the disease from one that was terminal to one that is chronic and manageable. Since then, there has been another breakthrough in the fight against a disease that has cost the lives of nearly 39 million individuals across the globe and shaped the lives of many others who lived through the epidemic (“WHO HIV/AIDS Fact Sheet,” 2015). Despite this new treatment’s promise to radically reduce HIV transmissions, most at-risk individuals are not on the new drug and a third of primary care doctors and nurses in the United States haven’t even heard of it (“Daily Pill Can Prevent HIV,” 2015). So what is it and how can we use it to disrupt the ongoing battle against HIV/AIDS?

Researchers call this treatment “Pre-Exposure Prophylaxis,” or PrEP for short. Drugmaker Gilead introduced this treatment in 2012 in the form of an FDA-approved drug called Truvada. In response to an increase of HIV transmission in San Luis Obispo (SLO) County, the Access Support Network (ASN), a non-profit organization that provides supportive services to individuals living with HIV and Hepatitis C launched the PrEP Advocacy Project. This project will attempt to increase adoption of Pre-Exposure Prophylaxis (PrEP) by evaluating the needs and feasibility of implementing a plan of
action that effectively reaches out to target demographics (Young men who have sex with men, injecting drug users, healthcare professionals, potential prescribers) and encourages the consideration of PrEP in San Luis Obispo County.

**Background of the Problem**

Though PrEP can almost completely protect a user against HIV, it has mostly seen widespread adoption in urban areas such as San Francisco and New York City. In many cases, underserved areas such as San Luis Obispo County, are the areas that could benefit from PrEP the most, as HIV transmission rates have recently accelerated in such areas. At the same time, many healthcare professionals either do not know about PrEP or are misinformed about this treatment. Healthcare providers undoubtedly play a central role in raising awareness about impactful treatments and without familiarity to PrEP, many of their patients that are at-risk for HIV transmission remain uninformed about this life-saving treatment.

Even for the individuals that could benefit from PrEP, several hypothesized barriers to treatment exist. First off, in the United States, Truvada can cost $8,000 to $14,000 per year out of pocket. Some private insurance companies cover PrEP, yet the treatment is still unaffordable for gay Black and Hispanic men— the highest risk groups — who are the least likely to have health insurance. Besides these financial barriers, one of the largest barriers to taking PrEP is psychological. The stigma that surrounds PrEP stems from opponents who believe PrEP will deter condom use among a population already at high risk for STIs. “Unsurprisingly, there is a backlash against men who are on
PrEP because they view Truvada the same way people initially viewed birth control,” said Mario Espinoza, Outreach and Testing Coordinator at ASN. “Even though a small number of men use Truvada because they simply don’t like condoms, the people who are on Truvada safely are being slutshamed.” Finally, continuity of care is another obstacle that could deter individuals from seeking PrEP treatment. The pill is taken once a day and requires a checkup every 3 months which poses logistical challenges for potential PrEP users.

**Purpose of the Study**

With new HIV infections on the rise in San Luis Obispo County, it is imperative to begin to lay the groundwork for implementing PrEP in this region by gaining a better understanding of how PrEP is perceived among the key demographics studied, how barriers to treatment can deter use of PrEP, and how to promote a dialogue concerning the prevention of HIV transmission. By studying and exploring these questions, one can effectively use the information gathered to implement research-based public health and public relations strategies to catalyze wider adoption of PrEP in San Luis Obispo County.

**Setting for the Study**

This study will be completed with the use of qualitative data collection and implementation of strategic outreach efforts for a Senior Project at California Polytechnic State University located in San Luis Obispo, California. The investigative component of this study will revolve around interviews with a wide range of healthcare professionals
from physicians to healthcare administrators and also interviews conducted with YMSM individuals. The implementation arm of this project will focus on planning for the Know Your Status event held on the Cal Poly campus on May 19, 2016, professional development opportunities for healthcare professionals, future on-campus events to build awareness, and recurring advocacy efforts through PSAs, social media, print campaigns, and online advertising.

**Research Questions**

The following research questions were developed as an assessment of how to best encourage PrEP use in San Luis Obispo County. More specifically, these questions were designed to guide a plan of action that effectively reaches out to target demographics and in turn increases the adoption of PrEP.

1. How do you raise awareness about PrEP among healthcare professionals and encourage them to prescribe the treatment?

2. How do you inform people that aren’t currently on PrEP but are at-risk of transmitting HIV (particularly YMSM and IDUs) about its benefits and encourage them to go on the treatment?

3. How can you make it easier for people who want to go on PrEP to receive PrEP treatment?

4. How do you challenge the stigma surrounding PrEP?

5. What are the best tactics for reaching out to our target demographics about PrEP?
6. How effective are ASN/The PrEP Advocacy Project’s current efforts to prevent HIV transmission?

Definition of Terms

The following terms are defined to clarify repeating terms throughout the study and to provide context for the remainder of the study.

**Acquired Immune Deficiency Syndrome (AIDS)** – A disease characterized by fever, weight loss, lymphadenopathy, and the occurrence of opportunistic infections and malignant tumors, associated with a reduction in the number of helper T lymphocytes in the blood, and now known to occur as a late stage of infection with human immunodeficiency virus (HIV).

**Access Support Network (ASN)** – Since 1984, the ASN has been known to give support services for community members living with HIV/AIDS and Hepatitis C. It is community-based as well as non-profit. In 2009, approximately $52 million dollars were cut throughout California as budget cuts were approved by Sacramento lawmakers. Consequently, the County AIDS Program was removed, leaving the ASN to become the primary source for supports services for the community.

**Highly Active Anti-retroviral Therapy (HAART)** – Halts the replication of the HIV virus in the body, in turn dramatically reducing the viral load as well as the progression to AIDS for those who are infected with HIV.

**Human Immunodeficiency Virus (HIV)** – A retrovirus which chronically infects cells of the human immune system and causes AIDS, and which is transmitted
mainly by sexual activity, by contaminated blood products and needles, and between infected mothers and their babies during delivery or breastfeeding; an isolate, strain, or type of this virus.

**YMSM** – Young men who have sex with men.

**Pre-Exposure Prophylaxis (PrEP)** – Pre-exposure prophylaxis, or PrEP, is a way for people who do not have HIV but who are at substantial risk of getting it to prevent HIV infection by taking a pill every day. The pill (brand name Truvada) contains two medicines (tenofovir and emtricitabine) that are used in combination with other medicines to treat HIV. When someone is exposed to HIV through sex or injection drug use, these medicines can work to keep the virus from establishing a permanent infection.

**PSA** – A public service announcement, or PSA, is a ready-to-air audio or video message disseminated by the media without charge with the objective of raising awareness, changing public attitudes and behavior toward a social issue. PSA’s are useful tools for non-profit organizations to spread their message to the community.

**Sexually Transmitted Infections (STIs)** – Infections that are transmitted through sexual contact.

**Organization of the Study**

Chapter 1 included a background of the study, a purpose of the study, and a definition of terms. Chapter 2 will determine the strategies and tactics in developing and maintaining a PrEP implementation plan by reviewing the scholarly literature regarding the topic. Chapter 3 will focus on the methodology of the study. Chapter 4 will present
the findings of the research and measure the outcome of preliminary tactics. The data will then be analyzed, interpreted, and compared to the current literature on the topic. Lastly, Chapter 5 will summarize the end of the study and include recommendations for future project managers on the development and implementation of the PrEP Advocacy Project in San Luis Obispo County and beyond.
Chapter 2

Literature Review


PrEP Implementation and Outreach Strategies

One of the most well-known implementation models for PrEP was first proposed by Liu et al. (2012). This model involves the “PrEP Delivery Cascade” seen below. The “PrEP Delivery Cascade” not only includes the framework for delivering PrEP but also lays out ways in which organizations can play a role in the delivery model, even if they are not delivering PrEP directly.

![PrEP Delivery Cascade Diagram](image)

*Figure 1: PrEP Delivery Cascade*

Within this model, Liu et al. (2014) identified increasing awareness about PrEP a priority for any PrEP implementation strategy. These researchers noticed that “PrEP uptake appears higher among those with prior knowledge about PrEP.” Therefore, it is
evident that awareness and education plays a crucial role in increasing PrEP use. Thrun (2015) reiterated the importance of educating communities by stressing the importance of providing patient-focused “resource inventories” in addition to serving as a “resource/local expert for providers, community members, and partners,” which will be discussed in greater detail in the “PrEP Adoption Within The Healthcare Community” sub section.

Another relevant framework for understanding how to increase the adoption of PrEP comes from the “diffusion theory” popularized by Lattimore et al. (2012). These scholars define this theory by saying:

“Diffusion theory states that people adapt an idea only after going through five stages: awareness (the individual has been exposed to the idea), interest (the idea has to arouse the individual), evaluation (the individual must consider the idea as potentially useful), trial (the individual tries out the idea on others), and adoption (final acceptance of the idea after having successfully passing through the four earlier stages).”

Since awareness and more specifically, increasing PrEP knowledge has been defined as a key step to facilitating PrEP implementation, it is especially important to review the outreach messages and tactics that can be effective at raising awareness about PrEP. Thrun (2015) believes that the key messages that should be disseminated to the community include:

“What PrEP is – a pill a day to help prevent HIV, efficacy and potential side effects – what does this really mean for someone on PrEP, who might benefit
from PrEP – indicators that may resonate with the target population(s), where to find PrEP – who to talk to about PrEP and where to get it, and paying for PrEP – how much does it cost and what if you can’t afford it or don’t have insurance.”

Additionally, Thrun (2015) also listed the following outreach tactics for educating and informing populations about PrEP:

“Direct marketing (e.g., PrEP awareness raising campaigns, banner ads – including on mobile applications like Grindr and Scruff), social media and other online communities (e.g. Facebook, Instagram, Twitter, blogs), earned media, especially in LGBT-focused outlets, editorials or letters to the editor, HIV prevention planning groups/Ryan White councils, Medicaid advisory boards, community forums, and Pride and other community events.”

One of the most critical tactics for engaging potential PrEP users is to adapt the messaging and strategies for reaching out to at-risk populations by identifying target audiences (Liu et al., 2014). According to Evans (2006), “Audience segmentation is usually based on sociodemographic, cultural, and behavioural characteristics that may be associated with the intended behaviour change.” More detailed commentary on the optimization of PrEP outreach efforts for the target publics for this study can be read in the “PrEP Adoption Within The Healthcare Community,” “PrEP for Young Men Who Have Sex With Men,” and “PrEP for Injecting Drug Users” sub sections.

Linkage to care is another important facet that should be addressed in PrEP implementation plans (Liu et al., 2014). Since oftentimes “the individuals who could benefit from PrEP are often not engaged in care,” Liu et al. (2014) mention that
organizations should strive for collaboration with community partners outside of clinic settings to facilitate linkages to PrEP providers.

Even after devising a strategic plan for implementing PrEP, it’s important to keep a close eye on the obstacles and barriers to obtaining PrEP (Liu et al., 2014). Some solutions will be discussed in the “Facilitating Access to PrEP,” sub section. At the same time, Thrun (2015) suggests that organizations “Monitor and evaluate the implementation and impact of PrEP in [their] jurisdiction.” Thrun continues by providing examples of ways organizations can assess their programs:

“Direct measurement through health department clinics or health department-funded clinics, community-based surveys (e.g., National HIV Behavioral Surveillance), patient surveys at PrEP delivery sites, patient surveys at STI/HIV screening sites, or other publically funded clinical settings, convenience samples (e.g., clinic-based, online, LGBT media), and HIV surveillance data.”

**PrEP Adoption Within The Healthcare Community**

“Healthcare providers are likely to play a critical role in [the] implementation of PrEP in care settings,” Krakower and Mayer (2016) said. Despite this, they noted that prescribing PrEP has been limited to a minority of ‘innovators and early adopters,’ even though many healthcare providers support PrEP as a public health intervention. This could be explained in part by ‘Diffusion of Innovation Theory’ which “describes the factors that influence the adoption of novel technologies by a population of end-users, including medical interventions by clinicians or patients (Rogers 2003). Therefore,
Krakower and Mayer (2016) believe that “PrEP appears to be at a critical stage, such that engagement of a larger group of early providers will be needed to achieve widespread adoption of PrEP.” Consequently, they add “One of the most important strategies is to invest in innovators and early adopters and to promote the visibility of successful early adopter activities.”

Another reason why widespread adoption of PrEP has not been achieved could be because “many providers do not initiate discussion about HIV risk with their patients,” and “Providers may not have experience prescribing or monitoring patients taking [PrEP treatment]” (Liu et al., 2014). At the same time, “Many clinicians are cautious about providing PrEP because of concerns about the efficacy and safety of PrEP; providers also perceive practical barriers to prescribing PrEP in ‘real-world’ settings” (Krakower and Mayer 2016). For instance, providers in a study in New England cited multiple 'real-world' a need for more training, few patient requests for PrEP, concerns about insurance coverage for PrEP, and time constraints, among others (Krakower and Mayer 2016).

According to Krakower and Mayer (2016), a hypothetical provider ‘cascade’ for PrEP may be useful to construct to conceptualize the various aspects of preparedness (e.g., awareness, willingness, and training) that must be achieved for different types of providers to implement PrEP. An outline of this cascade can be seen below. Heights of bar graphs are hypothetical for the purposes of illustration, given the heterogeneity of provider engagement and incomplete data on provider opinions and practices. The arrows
represent favorable amplification effects from engaging providers as ‘trainers’ for their colleagues.

Figure 2: Hypothetical provider ‘cascade’ for PrEP

Krakower and Mayer (2016)’s implementation research points to “training programs about PrEP and sexual history-taking, novel tools to facilitate routine HIV risk assessments, and opportunities to communicate with trusted colleagues about successful experienced with PrEP,” as the ingredients for success for achieving widespread PrEP adoption in the healthcare community.

In order to gauge provider satisfaction during and after implementation, it is important to pay attention to the following, according to Thrun (2015):

“Positive reinforcement is helpful for providers. Providers [are] interested in:

Patient satisfaction, patient risk perception and use of PrEP – are patients using
PrEP in concert with other prevention methods?, STD rates among those using PrEP – is STI screening occurring? [It] may also be helpful to assess provider satisfaction with PrEP and their ongoing needs related to PrEP.”

**PrEP for Young Men Who Have Sex With Men**

Men who have sex with men (MSM) currently constitute the majority of prevalent and incident HIV infections in the United States (Taylor et al., 2014). However, a growing demographic within this group are young men who have sex with men (YMSM) or MSM that are between the ages of 18-24. “In 2009, YMSM accounted for 44% of all MSM infections, 27% of new infections nationwide, and close to 70% of new infections among individuals aged 13–29,” according to Bauermeister et al. (2013).

The general attitude toward PrEP in the MSM community is that taking PrEP might affect sexual decision-making (Taylor et al., 2014). “[The majority of participants] saw PrEP as a means to protect oneself from HIV, to reduce the concern and fear of HIV transmission, and to have unprotected sex with reduced chance of infection,” according to the same researchers.

The same study also explored some of the impediments to going on PrEP. These included medication costs, access, short and long-term side effects, and stigma and discrimination associated with disclosing PrEP use in the context of risky sexual behaviors (Taylor et al., 2014). YMSM research echoed MSM concerns: “When examining PrEP-related barriers among YMSM with prior PrEP knowledge, over a third (36.4%) agreed that they would not take PrEP due to side effect concerns. YMSM were
most likely to agree or strongly agree (61.2%) that they could not afford to take PrEP,”
(Bauermeister et al., 2013).

Although these findings parallel MSM findings, “PrEP-related concerns are
particularly salient in PrEP implementation for YMSM as they are less likely to have
access to routine and quality medical care, may be more vulnerable to PrEP-related side
effects such as adverse bone effects, and may not be able to afford PrEP medication and
its associated toxicology screenings,” (Bauermeister et al., 2013). Regardless of costs or
side effects, younger age was associated with decreased willingness to use PrEP (Gersh et
al., 2014). The researchers added that “this finding is in agreement with a prior study
which found that older age was associated with greater PrEP interest,” (Gersh et al.,
2014).

When it comes to awareness, less than a third of the sample (27%) from
Bauermeister et al. (2013)’s report had prior awareness of PrEP. These findings indicate
that greater attention should be placed on increasing PrEP awareness through public
health campaigns. Rotheram-Borus et al. (2008) suggested that the most effective HIV
prevention programs convey issue-specific and population-specific information.
“Programs that target youth need to incorporate knowledge about the facts of sexuality,
childbirth or sexually transmitted diseases."

Furthermore, an essential quality for PrEP delivery personnel, whether in a
research or medical context, must be well educated and trained about PrEP use, in order
to build rapport with the MSM demographic (Taylor et al., 2014). In addition, given that
“the efficacy of PrEP in the iPrEx trial was highest among participants who had greater adherence to the product, the long-term success of PrEP will require YMSM to have access to a combination of biomedical and comprehensive HIV primary prevention services (e.g., access to behavioral counseling, free condoms, treatment for STIs, regular HIV testing, and frequent medical evaluation), as these measures have been shown to increase adherence,” (Bauermeister et al., 2013). Taylor et al. reinforces this idea by adding that optimal preventative strategies for MSM include prevention counseling that encourages consistent PrEP use to achieve maximum adherence and the optimal protective effect.

From a theoretical standpoint, any PrEP-related intervention will have to address YMSM’s perceived psychological barriers regarding PrEP, as “this construct has been documented to be one of the strongest predictors of behavior change and maintenance,” (Bauermeister et al., 2013). Discussion on alleviating barriers to PrEP can be read in the “Facilitating Access to PrEP” sub section.

**PrEP for Injecting Drug Users**

Injecting drug users (IDUs) have a disproportionate burden of HIV according to Kennedy and Fonner (2014). Of the estimated 50,000 new HIV infections in the United States in 2010, eight percent was attributed to injection-drug use (“HIV in the United States: At A Glance,” 2015). Existing methods of HIV prevention for IDUs include approaches used across general populations to reduce sexual transmission, in addition to, approaches specific to IDUs such as needle and syringe programs and opioid substitution
therapy (Kennedy and Fonner, 2014). However, Kennedy and Fonner (2014) add that political and structural barriers prevent access to programs for many populations of IDUs.

Beyond the sociopolitical context of HIV prevention of IDUs, research has shown that both injection-drug use and sexual practices of IDUs put them at risk for getting HIV. In a recent study of IDUs without HIV,

“34% reported having shared syringes in the preceding 12 months, and 58% reported having shared injection equipment; 69% reported having unprotected vaginal sex and 23% reported having unprotected male-female anal sex. Among HIV-uninfected male IDUs, 7% reported previous male-male anal sex, and 5% reported unprotected male-male anal sex. However, only 19% of male and female IDUs reported participating in an intervention to reduce risk behaviors,” (Smith et al., 2013).

These findings highlight a need to provide effective interventions to further reduce HIV infections among IDUs.

Another reason why PrEP should be considered for IDUs is because the acceptability of PrEP is high among this demographic according to one study. Escudero et. al (2014) found that a majority (53%) of the Ukrainian IDUs studied would “definitely be willing to use PrEP (based on a 4-point Likert scale), and 32.6% responded that they would “probably” be willing to use PrEP.

Despite the optimistic results of the aforementioned study, public health officials have thus far encountered a host of implementation issues, including “various challenges associated with the scale-up of mass or even targeted administration strategies,”
(Escudero et al., 2014). The role of PrEP for IDUs is further complicated by the fact that “in many settings, HIV prevention interventions specifically addressing drug users often have little or no public or governmental support, and in some places punitive and harsh treatment from government bodies is common and has been linked to poor outcomes,” (Escudero et al., 2014).

For now, researchers believe that PrEP will likely be most effective when implemented with other prevention efforts, such as needle exchange programs (Escudero et al., 2014). In addition to prevention efforts, PrEP implementation should also consider the additional health concerns of people who inject drugs. PrEP delivery, should, therefore be integrated with clinical care for relevant health issues such as hepatitis B and C infection, abscesses, and overdose (“An Introduction to Pre-Exposure Prophylaxis (PrEP),” 2015).

In addition, since IDUs frequently lack access to healthcare, larger systematic issues such as stigma, discrimination, and marginalization experienced by IDUs who attempt to access health and social services will need to be addressed in order for PrEP to be successful within this community (Escudero et al., 2014). Moreover, Escudero et al. (2014) believe that significant change will only be achieved with “the reform of punitive laws against drug users” and the implementation and substantial scale-up of evidence-based HIV prevention programs.

Facilitating Access to PrEP
The most highly endorsed barriers to PrEP use according to one study were health concerns. More specifically, respondents were concerned with “long-term impacts and short-term side effects, questions about PrEP’s impact on future drug resistance, and concerns that PrEP does not provide complete protection against HIV,” (Golub et al., 2013). Another study found that stigma and discrimination played a significant role in deterring at-risk individuals from using PrEP. Participants in the study reported feeling “stigmatized by their decision to use PrEP by medical providers, friends, and sex partners,” (Liu et al., 2014). In addition, the “Truvada whore” stereotype has deterred individuals from adopting PrEP (Calabrese and Underhill, 2015).

Finances and insurance hurdles constitute another major barrier toward receiving PrEP. Among those not taking PrEP, 19.3% said issues of finance and insurance contributed to their disinterest, according to one poll (Gilchrist 2015). Finally, adherence was cited as another impediment. According to the same poll, 35.2% of those who are not currently taking PrEP but have expressed an interest in doing so reported feeling anxious about having to take the pill consistently each day. Despite this, 90% of respondents currently on PrEP reported taking all 7 doses for the past week. Consequently, even though adherence is generally high for individuals on PrEP, health care providers still cite adherence as a reason for their hesitation to prescribe the drug (Gilchrist 2015).

In order to combat health concerns associated with PrEP, Golub et al. (2013) recommend that “educational information about PrEP should address such health concerns directly, and provide potential PrEP users with information about side effects and their management.” Combating PrEP stigma will require a multi-faceted approach,
according to Liu et al. (2014), including “social-marketing campaigns, education for health care providers, and a broad recognition of PrEP users as individuals proactively using proven prevention strategies.”

In response to the discouraging costs of PrEP, Golub et al. (2013) found free access to PrEP as well as access to “support services such as regular HIV testing, sexual health care/monitoring, and access to one-on-one counseling,” as the most highly endorsed facilitator for PrEP. Likewise, Gersh et al. (2014) found that “a minority of participants expressed intent to use PrEP, however that interest significantly increased if PrEP was provided free of charge.” In terms of adherence, researchers conclude that health care practitioners should always encourage all patients to stay adherent to their medications and let patients know about the CDC estimate that the regimen, if correctly adhered to, can reduce their risk of HIV by 92% (Gilchrist 2015).
Chapter 3

Methodology

This chapter presents the methods used to collect data for the study including the data sources, collection and presentation of the data, and limitations and delimitations.

Data Sources

For this study, three healthcare practitioners, two HIV/HEP C healthcare administrators, two YMSM, and one healthcare administrator that works with IDUs were interviewed. The interviews were based on multiple questionnaires that were specifically developed to answer the original research questions regarding the adoption of PrEP in San Luis Obispo County.

Participants

Dr. Ann Bollay, MD is an infectious disease specialist that practices in San Luis Obispo. She has treated patients with HIV and is currently one of the only physicians prescribing PrEP in the county. Dr. Aaron Baker, MD is the Interim Medical Director at the Cal Poly Health Center. He is a general practitioner with over 23 years of experience. Buffy Ramirez, FNP is a family nurse practitioner and PrEP prescriber who works for the SLO County Health Department. Mario Espinoza is an Outreach and Testing Coordinator at ASN. Jonathan Presley is a Hep C Health Educator and HIV Test Counselor at ASN. Of the two YMSM individuals interviewed, one is a 19 year old Cal Poly student (YMSM #1). The other is a 22 year old Cal Poly student (YMSM #2). Finally, Katie Grainger, MPP is an administrative services officer for SLO County’s Behavioral Health
Department, where she works with IDUs in the county and was recently named one of SLO County’s “Top 20 under 40” for her commitment to community service.

**Interview Design**

The following questions and probes were asked each of the interviewees and served as data sources for the study:

**Healthcare Practitioners**

1. What, if anything, have you heard about PrEP?
2. What do you think about PrEP?
3. Why might others be for or against taking PrEP?
4. How can we encourage more doctors to prescribe PrEP?
5. Do you have sexual health conversations with your patients?
6. If one of your patients wanted to go on PrEP, how would they obtain it?
7. What are the best ways to reach out to you about this type of info?
8. What do you think is the best way to reach out to other healthcare practitioners about PrEP information?

**Healthcare Administrators**

1. What, if anything, have you heard about PrEP?
2. What do you think about PrEP?
3. Why might others be for or against taking PrEP? How can we the stigma associated with PrEP?
4. Where do your clients go for sexual health information?
5. How do you inform people that aren’t currently on PrEP but are at-risk of transmitting HIV (particularly YMSM and IDUs) about PrEP?

6. How can you make it easier for people who want to go on PrEP to receive PrEP?

7. What are the best ways to reach out to healthcare administrators about this type of info?

8. How can we encourage more healthcare professionals to recommend PrEP?

YMSM

1. What, if anything, have you heard about PrEP?

2. What do you think about PrEP?

3. Why might others be for or against taking PrEP?

4. What comes to mind when you think of a person who’s on PrEP?

5. Would you want to take PrEP? Why or Why not?

6. With whom, if anyone, do you talk about your sexual health (such as sexual activities, getting tested, prevention methods, etc)?

7. What is your relationship like with your doctor?

8. How have STIs (or at least the knowledge about it) affected your sexual behavior?

9. Can you talk about your own perception about the risk of getting HIV?

10. Where do you go for sexual health information?

11. What do you think is the best way to reach out to young men who have sex with men with PrEP information?

12. If you wanted to go on PrEP, how would you do it?

13. What would make that process easier for someone or for you personally?
14. What are the best ways to reach out to you about this type of info?

**Data Collection**

The method of data collection for this study was an individual interview with each of the eight interviewees. The interviews were conducted from March 2016 to May 2016 and lasted approximately between 15-45 minutes. During the interviews, the interviewees were asked questions from one of the three personalized questionnaires which were designed to provide answers to the original research questions while gaining unique insights into how to best implement PrEP in SLO County.

**Data Presentation**

The data collected during the interviews was documented through audio recordings using a digital voice recording app as well as written notes during and after the interviews to document any additional information that could potentially clarify the context of the responses. This method of data collection ensures that the data is presented in the most thorough and objective way possible.

**Limitations**

The biggest limitation to this study was the time constraint. Since the project timetable was about ten weeks long, extensive research on this subject was limited. Another limitation was interviewing IDUs because this population can be difficult to reach out to.
Delimitations

Due to the stated limitation, the scope of the project had to be limited to only SLO County instead of both of the counties that ASN serves, SLO and Monterey County. In addition, this study relies on mostly qualitative input to guide its conclusions because collecting sufficient quantitative research was not feasible within the project’s timetable. Finally, in lieu of interviewing IDUs firsthand, Katie Grainger, a healthcare professional that works with this population firsthand, was interviewed.
Chapter 4

Data Analysis

This chapter will include descriptions of the experts interviewed in the study and a summary of the respondents’ responses. Since the data was collected via 20-45 minute interviews, the data will be presented in the form of direct quotations or paraphrased responses. The answers given will subsequently be analyzed and compared to the research questions and existing literature discussed in previous sections.

Description of Participating Experts in Related Fields

Healthcare Practitioners

Dr. Ann Bollay, MD is one of the healthcare practitioners probed for this study. Dr. Bollay is an infectious disease specialist that practices in San Luis Obispo. She has treated patients with HIV in the past and is currently one of the only physicians prescribing PrEP in the county. Dr. Aaron Baker, the Interim Medical Director at the Cal Poly Health Center, was also surveyed for his perspectives on PrEP. He is a general practitioner with over 23 years of experience. Buffy Ramirez, FNP is a family nurse practitioner and PrEP prescriber who works for the SLO County Health Department.

Healthcare Administrators

Mario Espinoza is an Outreach and Testing Coordinator at ASN. He is an HIV activist who has done research on PrEP in the past. Espinoza is also a PhD candidate at the University of California, Santa Barbara. Jonathan Presley is a Hep C Health Educator and HIV Test Counselor at ASN. Along with Espinoza, he helped to launch ASN’s PrEP
project. Presley is planning to enter a career in medicine in the future and graduated from Cal Poly with a degree in biology. Katie Grainger, MPP is an administrative services officer for SLO County’s Behavioral Health Department, where she works with IDUs in the county and was recently named one of SLO County’s “Top 20 under 40” for her commitment to community service.

**YMSM**

Of the two YMSM individuals interviewed, one is a 19 year old Cal Poly student (YMSM #1) who engages in sexual activity about once a month. The other is a 22 year old Cal Poly student (YMSM #2) who engages in sexual activity about twice a week.

**Healthcare Practitioners Questions**

Each interviewee was asked to respond to the following questions and probes regarding the implementation of PrEP in SLO County.

1. **What, if anything, have you heard about PrEP?**

   Question #1 was asked to gauge the interviewee’s awareness of PrEP. This questions also attempts to probe the interviewee about some of the discussion surrounding PrEP and second-hand information they may have obtained.

   - Buffy Ramirez: “I prescribe PrEP so I know a great deal about the treatment” (Appendix C).
   - Dr. Baker: “I know about PrEP as a treatment for preventing HIV” (Appendix F).
2. **What do you think about PrEP?**

Question #2 was designed to give the researchers a better understanding of the interviewee’s perception of PrEP and whether their perception of PrEP has affected their choice to advocate for PrEP.

- **Buffy Ramirez:** “I am definitely a proponent of PrEP. People are not going to stop having sex anytime soon, so I think PrEP is actually a pretty practical way to prevent HIV” (Appendix C).

- **Dr. Baker:** “It’s not something that I have experience with or something that I’ve prescribed in the past. The biggest concern I have revolves around its efficacy and effectiveness” (Appendix F).

- **Dr. Bollay:** “Those of us who have treated HIV/AIDS for awhile still remember with a lot of pain the incredible numbers of mostly young men who died from HIV/AIDS in the late 80s and early 90s and anyone who lived through that period has a healthy respect for the power of that virus, that’s why having something like PrEP that can help us a great deal in preventing new HIV transmissions is exciting” (Appendix D).

3. **Why might others be for or against taking PrEP?**

This question was asked to investigate the sentiments and attitudes toward PrEP within the community. This question can also help provide insights on some of the barriers and facilitators to PrEP.
● Buffy Ramirez: “Some infectious disease doctors in the area are not interested in prescribing PrEP because they feel it is a ‘moral issue.’ The cost of PrEP might be problematic for non-insured clients” (Appendix C).

● Dr. Baker: “It’s an expensive drug and obviously it’s not offered everywhere.” (Appendix F).

● Dr. Bollay: “Most of our initial reaction to PrEP was ‘well why don’t we just have people use condoms?’” (Appendix D).

4. **How can we encourage more doctors to prescribe PrEP?**

   Question #4 was formulated in an effort to gain perspective on how to encourage doctors to take PrEP into consideration as a treatment to prevent HIV.

   ● Buffy Ramirez: “For the patient, the biggest barrier is cost, but that’s not the case for the clinic. Prescribing PrEP could be beneficial for clinics or doctors who want more patients, so that could be something to raise with other clinicians” (Appendix C).

   ● Dr. Baker: “We have a lot of brochures that we hand out. I think having a website, brochure, or business cards can be helpful. I think business cards would be good because unlike brochures, it’s something you can hide in your pocket if you don’t want the whole world to see. Another thing that could be encouraging for doctors is having a protocol for going on PrEP” (Appendix F).

   ● Dr. Bollay: “I think when healthcare professionals sort of think of it as a corollary of contraception for women, I think it becomes more understandable and more acceptable” (Appendix D).
5. **Do you have sexual health conversations with your patients?**

This question was created to probe the interviewee about the nature of their patient-physician relationship and how common sexual health conversations occur with patients.

- **Buffy Ramirez:** “Yeah, I believe that sexual health is very important. I try and make the conversations as easy as possible and I consider myself to be an compassionate practitioner” (Appendix C).
- **Dr. Baker:** “We provide pretty basic services so I don’t believe a lot of doctors here are talking about sexual health. We direct people to PULSE for those conversations because a lot of students feel more comfortable talking about their sexual health with their peers” (Appendix F).
- **Dr. Bollay:** “Yeah, I like to have those discussions because everything is related and I think it’s important to take a holistic approach when it comes to sexual health” (Appendix D).

6. **If one of your patients wanted to go on PrEP, how would they obtain it?**

Question #6 was included to get an understanding of the process for patients in SLO County who seek PrEP in an effort to find room for improvement within this process.

- **Buffy Ramirez:** “As one of the only PrEP prescribers in SLO County, I usually do an HBV test for the first visit and an HIV test, creatinine clearance, and thorough STI test every 3 months” (Appendix C).
Dr. Baker: “Prescribing PrEP would be a pretty labor intensive project for us and focusing on being able to offer PrEP might affect our ability to provide basic services, so I think students that are interested in PrEP would be better served by a more experienced clinician” (Appendix F).

Dr. Bollay: “They would have to first take an HIV test to see if they are positive or negative because they can’t go on treatment if they already have HIV. After those tests are completed, they could consult with me and start the treatment, once financial hurdles are straightened out as well” (Appendix D).

7. What are the best ways to reach out to you about this type of info?

Question #7 was designed to figure out the best outreach tactics for the studied group in an effort to create a more effective outreach strategy.

- Buffy Ramirez: “The best way to reach out to be would be to call me if you have any questions about PrEP. Tuesdays and Thursdays are good for me in the afternoon” (Appendix C).
- Dr. Baker: “We get most of our information from a program called UpToDate that has medical information and research but we could stay in contact through email as well” (Appendix F).
- Dr. Bollay: “Meeting with me is probably the best way” (Appendix D).

8. What do you think is the best way to reach out to other healthcare practitioners about PrEP information?

Question #8 was asked to help the researchers understand potentially effective outreach strategies, as they relate to PrEP, for the healthcare practitioners as a whole.
• Buffy Ramirez: “I think events geared toward practitioners can be very informative and beneficial. It would be helpful for me to also know other gay friendly doctors in the area, so in a way connecting with other practitioners is another way to spread PrEP information” (Appendix C).
• Dr. Baker: “I think physicians are seeking peer-reviewed and credible research, so providing that whether it be through an email or a brochure would be helpful and informative in my opinion” (Appendix F).
• Dr. Bollay: “I think having printed materials to give out would be nice for other practices but I think having events and just talking to people about their concerns would be most effective” (Appendix D).

Healthcare Administrators Questions

1. What, if anything, have you heard about PrEP?

Question #1 was asked to gauge the interviewee’s awareness of PrEP. This questions also attempts to probe the interviewee about some of the discussion surrounding PrEP and second-hand information they may have obtained.

• Jonathan Presley: “I mean for years people have been saying, use condoms, use condoms, or don’t have sex, use condoms, use condoms, and that’s the only message that we’ve heard for decades but now that we have another option for HIV prevention, it’s just another useful tool to use to have on hand to help keep people healthy and keep people informed about what the options are” (Appendix B).
• Mario Espinoza: “Last year when I did my senior project, I did some research on PrEP and then earlier this year when I talked to David [ASN Executive Director] and Jonathan about starting a PrEP project I became more involved with PrEP. So yeah, I would say I’m pretty familiar with PrEP” (Appendix A).

• Katie Grainger: “I know about PrEP as a way to prevent HIV but unfortunately, none of my clients have heard anything about PrEP” (Appendix E).

2. **What do you think about PrEP?**

   Question #2 was designed to give the researchers a better understanding of the interviewee’s perception of PrEP and whether their perception of PrEP has affected their choice to advocate for PrEP.

   • Jonathan Presley: “PrEP is pretty groundbreaking” (Appendix B).

   • Mario Espinoza: “To me personally, PrEP is something that really has the power to prevent a lot of new HIV transmissions and give hope to people that are worried about getting HIV” (Appendix A).

   • Katie Grainger: “Even though I work with overdose prevention and communicable diseases I believe in looking at my client’s overall health and wellness and I believe in harm reduction, therefore I think PrEP is a relevant and valuable tool for people that work with drug users” (Appendix E).

3. **Why might others be for or against taking PrEP?/How can we combat the stigma associated with PrEP?**
This question was asked to investigate the sentiments and attitudes toward PrEP within the community. This question can also help provide insights on some of the barriers and facilitators to PrEP.

- Jonathan Presley: “I think a lot of people are uneasy about it. It’s kind of like the birth control debate. I mean people are looking at PrEP as something that only has sexual benefits and is all about promiscuity rather than taking a more holistic approach that considers PrEP for more than just that. I think it would be good to get voices out there on why PrEP is important to rebrand PrEP as something more than just a party drug” (Appendix B).

- Mario Espinoza: “PrEP has been viewed as controversial by some and a lot of that goes back to the stigma toward HIV in general which can deter people from getting treatment. I think we need to break the silence surrounding HIV stigma in this community and actively challenge negative beliefs. Events like Know Your Status can also get the right information out there about PrEP” (Appendix A).

- Katie Grainger: “None of my other colleagues have heard about PrEP. My colleagues take an abstinence-based approach when it comes to sexual health, so I would expect some pushback. In order to combat the stigma, I would say that clinicians need to be compassionate in regards to PrEP. I think campaigns that highlight success with PrEP need to be advertised” (Appendix E).

4. **Where do your clients go for sexual health information?**
Question #4 was designed to inform researchers about the outlets that are often used for obtaining sexual health information in an effort to identify useful and effective tools and outlets for such information.

- Jonathan Presley: “I think very few of them have those conversations with their doctors, which is part of the problem. A lot of people don’t know where to go for sexual health information and that’s why they are uninformed. For those that seek it out on their own, I would say the internet is a pretty abundant resource but I’m not sure it’s enough” (Appendix B).

- Mario Espinoza: “Well in this community, ASN is definitely a big resource for that but I think more specifically for the younger demographics of men who have sex with men, the Pride Center on campus and other campus resources are beneficial but overall a lot of people are still very unaware” (Appendix A).

- Katie Grainger: Well the ones that are engaged and linked to care would get that information through their primary care appointment but of course we consult for some of those things here as well. But the issue is health clinics are 90% Medi-Cal patients and overbooked. There is not only not enough facility space but physicians tend to treat what is immediately in front of them. They are not digging deeper, they say ‘here is your 15 minutes’ and move onto the next patient. So experiences can range drastically and besides that issue, drug and sexual education needs immense reform. Knowledge of addiction in particular is really lacking” (Appendix E).
5. How do you inform people that aren’t currently on PrEP but are at-risk of transmitting HIV (particularly YMSM and IDUs) about PrEP?

Question #5 was probed to help understand the ways healthcare practitioners currently inform their clients about PrEP to get insight on tactics that could be implemented in the future.

- Jonathan Presley: “For the PrEP project we put together a folder of resources so it really just depends on who that person is because each person is different but in general, besides this library of resources, we want to do advertising and social media but also figure out how to make it easier to obtain PrEP after you actually learn about it” (Appendix B).

- Mario Espinoza: “I think right now we’ve mostly been relying on resources such as Project Inform and others that have kind of outlined the procedures for going on PrEP. You can also access this information on our PrEP project website. Through the PrEP project we are planning to do more to inform people in the community about PrEP” (Appendix A).

- Katie Grainger: “Since drug users can be difficult to reach out to, I think it can beneficial to inform and educate the people that interact with them about getting on PrEP and paying more attention to your sexual health. I believe in education 100% but funding for prevention and education programs has been drastically low for HIV/AIDS after the 80s and 90s” (Appendix E).

6. How can you make it easier for people who want to go on PrEP to receive PrEP?
This question was included so that researchers could gain a clearer picture on ways that access to PrEP can be facilitated, specifically in SLO County.

- Jonathan Presley: “I would say that one of the biggest barriers for a lot of people can be the cost. It’s definitely a lot harder if you don’t have insurance. I think it also has to do with the fact that people are being judged especially in the gay community for going on PrEP. I think we need to work to change the conversations around PrEP to make it something that people should not be ashamed of” (Appendix B).

- Mario Espinoza: “The biggest barrier I hear about is stigma. A lot of the stereotype around PrEP is that you’re a ‘Truvada Whore’, you’re seeking prevention of an epidemic and you get shamed for it. So we need to address this stigma by normalizing our conversations about our sexual health and HIV” (Appendix A).

- Katie Grainger: “For drug users providing adequate resources including things like transportation will be really important. Clients that are connected to support will have better follow-through and respond better to education” (Appendix E).

7. **What are the best ways to reach out to healthcare administrators about this type of info?**

Question #7 was designed to figure out the best outreach tactics for the studied group in an effort to create a more effective outreach strategy.

- Jonathan Presley: “I think calling them, setting up meetings, and having professional development opportunities are all helpful. We’ve been hearing that a
lot of doctors also want brochures that they can give to their patients and administrative support from organizations like ASN” (Appendix B).

- Mario Espinoza: I think we need to talk to them about how much of an impact PrEP can have and then also talk to them about their specific concerns. Like the cold-calling and visits can be an opportunity to make them feel comfortable about PrEP and help them understand the stigma that people who seek PrEP may encounter. Like the people who want PrEP, we can give out resources to raise awareness in our community” (Appendix A).

- Katie Grainger: “I think some of the things you can do are have events that are focused for each specific audience with their needs in mind. For working professionals, it might be nice to have a combination of both morning and evening presentations. We have regional meetings at each clinic, once a month and there you can present a powerpoint, give out brochures, pamphlets, and things like cards. At meeting like that you could also do an in-person question and answer session which I would recommend over simply just sending out follow up emails” (Appendix E).

8. **How can we encourage more healthcare professionals to recommend PrEP?**

Question #8 revolves around gaining insight on what specific things could lead to greater adoption of PrEP among healthcare professionals in SLO County.

- Jonathan Presley: “I realized that this is big that this is big news and this project needs to be big, we need all hands on deck here to help diminish those barriers by educating people, by making it accessible to the public as well but and going back
to some of the things I just talked about, we want all the various healthcare groups in the county to be working together and supporting each other to build linkages that make doctors especially feel more supported” (Appendix B).

- Mario Espinoza: “I would have conversations with as many doctors as possible but also encourage more conversations around sexual health because those conversations are not happening and they are not just important for PrEP but other things as well” (Appendix A).

- Katie Grainger: “Sharing success stories can be really impactful in my opinion. People’s attitudes can drastically change when they see lived experiences, and improvement in the lives of others. There needs to be a bottom line that everyone can relate to. In other words, how you frame PrEP to others is really important. I also think that engaging people in their healthcare and bringing agencies and communities together is also important” (Appendix E).

YMSM Questions

1. What, if anything, have you heard about PrEP?
Question #1 was asked to gauge the interviewee’s awareness of PrEP. This questions also attempts to probe the interviewee about some of the discussion surrounding PrEP and second-hand information they may have obtained.

- YMSM #1: “I actually only started to hear about it this summer. I was talking with some friends and I saw that there was this study that was recently released. I think it was on Facebook and I saw some mixed reviews. I know some friends
said that it was going to kill your liver and be really bad for you but some people said it was an amazing drug and highly recommended it. I was kinda confused and I talked to my doctor about it and she hated the idea partly because of the long term effects and because I’m not engaging in sexual activity that often so I’ll probably go to a new doctor if I become more sexually active in the future” (Appendix G).

● YMSM #2: “Well I know that it’s like a precautionary pill you take to prevent HIV. I know it’s like 99% percent effective. I don’t know how to get it in San Luis Obispo and I know that there was like one case where it didn’t work but it was only one case. I don’t know what it stands for. Yeah, that’s about what I know” (Appendix H).

2. What do you think about PrEP?

Question #2 was designed to give the researchers a better understanding of the interviewee’s perception of PrEP and whether their perception of PrEP has affected their choice to advocate for PrEP.

● YMSM #1: It’s huge, suddenly now people have this way to prevent themselves from HIV but it’s not all black and white” (Appendix G).

● YMSM #2: “I think it’s a miracle drug, that’s pretty amazing I think. I think if you talk to gay men from the last generation, how terrifying it was and the fact that technology has come far enough to prevent something that caused grief for so many people is awesome” (Appendix H).

3. Why might others be for or against taking PrEP?
This question was asked to investigate the sentiments and attitudes toward PrEP within the community. This question can also help provide insights on some of the barriers and facilitators to PrEP.

- YMSM #1: “It can promote the idea that you don’t need to wear condoms which can be very dangerous which can promote the spread of other STIs so I think there is a huge fear” (Appendix G).

- YMSM #2: “I’ve heard people talk about how they don’t like taking medicine everyday, it feels like you’re sick and then there are associations like you’re slutty or you’re sleeping around everyday. I think the only way to eliminate diseases though you have to be proactive about it and have an open mind about that stuff. We can pretend like we’re not having sex but we are” (Appendix H).

4. **What comes to mind when you think of a person who’s on PrEP?**

This question was designed to get responses and insight on the attitude and perception toward PrEP users from individuals in the YMSM community.

- YMSM #1: “I think that they are someone that is educated and takes care of themself” (Appendix G).

- YMSM #2: “Um I think they are someone that probably cares about sexual health and doesn’t want to get HIV” (Appendix H).

5. **Would you want to take PrEP? Why or Why not?**

This question was included to help researchers understand the reasons and motivations, as well as, potential deterrents for taking PrEP.

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6. With whom, if anyone, do you talk about your sexual health (such as sexual activities, getting tested, prevention methods, etc)?

Question #6 was formulated to gauge the type of sexual health conversations the interviewees were having and how these conversations contributed to their understanding of HIV prevention and sexual wellbeing.

- YMSM #1: “I actually talk a lot about it with my parents. I don’t usually talk about it much with my doctor because she doesn’t know much about it” (Appendix G).

- YMSM #2: “Yeah, I have a doctor now. Her name is Buffy. I just started seeing Buffy like my last checkup so in January. She’s awesome and we talked about ways to be safe and what it means. With my partner we talk about that every now and then. But not so much with my friends” (Appendix H).

7. What is your relationship like with your doctor?
Question #7 was asked in an effort to get interviewees to evaluate their patient-physician relationship and how it contributed to their concern for health.

- YMSM #1: “I mean she’s a pediatrician that I see from time to time, so it’s pretty average and routine” (Appendix G).
- YMSM #2: “Yeah, I mean Buffy is really great, responsive so I think I have a good relationship” (Appendix H).

8. **How have STIs (or at least the knowledge about it) affected your sexual behavior?**

   Question #8 was asked to gain an understanding on the role that STIs play in the lives of the interviewees and how awareness of these issues have contributed to their sexual choices.

- YMSM #1: “I feel like if I’m on Grindr or Tinder and I see someone that is HIV positive I won’t message them because I have this fear of what if something happens” (Appendix G).
- YMSM #2: “Especially being a gay man, you don’t learn a lot gay sex and what that means and STIs, you kind of have to sort through yourself. A lot of gay men come out of the closet pretty naive. But a couple years ago I had a scare and I went in and got tested and it changed what I thought and why am I not doing this, so yeah it changed a lot” (Appendix H).

9. **Can you talk about your own perception about the risk of getting HIV?**

   This question was created to probe interviewees on their perceived risk of getting HIV and whether or not this risk has played a role in their sexual health choices.
• YMSM #1: “I don’t like the idea of potentially having some illness for the rest of my life. I have a big stigma toward people who have HIV but a lot of my friends don’t give a shit about people who have HIV, so it’s sort of a double standard” (Appendix G).

• YMSM #2: “Gay men see HIV as the end all, terrifying, the worst of the worst that can happen. But I mean yeah it sucks, but I think that really hurts the HIV positive community because they’re still people. That stigma is unfortunate and I think things like PrEP will help break that stigma and get people educated about HIV, especially in San Luis Obispo” (Appendix H).

10. Where do you go for sexual health information?

Question #10 was designed to inform researchers about the outlets that are often used for obtaining sexual health information in an effort to identify useful and effective tools and outlets for such information.

• YMSM #1: “I guess the Pride Center on campus and online but mostly I go to my older brother” (Appendix G).

• YMSM #2: “I work in the Pride Center, so I’ve learned a lot just by being in that environment. Online resources I guess, and probably Buffy” (Appendix H).

11. What do you think is the best way to reach out to young men who have sex with men with PrEP information?

This question was asked to help the researchers understand potentially effective outreach strategies, as they relate to PrEP, for YMSM as a whole.
YMSM #1: I think Grindr is huge. I think going to MSM gatherings such as GALA or the Pride Center” (Appendix G).

YMSM #2: “In San Luis Obispo, there is no central meeting place. There’s the Pride Center and then there is GALA but there is no way to just meet other guys. Apps like Grindr and Scruff are used a lot. But there is like cliques of different gays so the gay community is very cohesive” (Appendix H).

12. If you wanted to go on PrEP, how would you do it?

This question was investigated to evaluate the methods for obtaining PrEP among this demographic in SLO County.

YMSM #1: “I think it would be finding a doctor that would be receptive to the idea and then finding a pharmacy that would hand it out easily and at a cheap price. Because I don’t even know if the pharmacy on campus hands out PrEP” (Appendix G).

YMSM #2: “I’m supposed to meet with Buffy in June, so I would probably ask her” (Appendix H).

13. What would make that process easier for someone or for you personally?

Question #13 was designed to draw attention to potential facilitators that could drive the adoption of PrEP among this demographic.

YMSM #1: “I think having friends that are on it, or really just having a society that has normalized HIV and views sex as a normal thing” (Appendix G).

YMSM #2: “People don’t know that it’s available. If it was more easily accessible gay men would be more about it. That is a barrier. People don’t know where to get
it. People don’t know enough about HIV in general, so they don’t know to ask for it. So I think awareness and accessibility. I don’t have an idea of what would PrEP cost” (Appendix H).

14. What are the best ways to reach out to you about this type of info?

Question #14 was designed to figure out the best outreach tactics for the studied group in an effort to create a more effective outreach strategy.

- YMSM #1: “I don’t know about outlets but whatever the outlet I think it's important to understand that sex does make us uncomfortable but it something that needs to be normalized” (Appendix G).

- YMSM #2: “I think events and fliers for sure, if I saw in the classroom, I would say hey I have that option. Social media, I feel like that would be hard to communicate stuff like that. Grindr is kind of that central meeting location for a lot of men but it’s hard to take things like that seriously on Grindr, people are a lot different when they have screens in front of it” (Appendix H).

Research Questions Analysis

The following research questions were developed as an assessment of how to best encourage PrEP use in San Luis Obispo County. More specifically, these questions were designed to guide a plan of action that effectively reaches out to target demographics and in turn increases the adoption of PrEP.

Research Question 1: How do you raise awareness about PrEP among healthcare professionals and encourage them to prescribe the treatment?
Thrun (2015) reiterated the importance of educating communities by stressing the importance of providing patient-focused “resource inventories” in addition to serving as a “resource/local expert for providers, community members, and partners.”

According to Krakower and Mayer (2016), a hypothetical provider ‘cascade’ for PrEP may be useful to construct to conceptualize the various aspects of preparedness (e.g., awareness, willingness, and training) that must be achieved for different types of providers to implement PrEP.

Krakower and Mayer (2016)’s implementation research points to “training programs about PrEP and sexual history-taking, novel tools to facilitate routine HIV risk assessments, and opportunities to communicate with trusted colleagues about successful experienced with PrEP,” as the ingredients for success for achieving widespread PrEP adoption in the healthcare community.

**Research Question 2: How do you inform people that aren’t currently on PrEP but are at-risk of transmitting HIV (particularly YMSM and IDUs) about its benefits and encourage them to go on the treatment?**

Thrun (2015) believes that the key messages that should be disseminated to the community include: “What PrEP is – a pill a day to help prevent HIV, efficacy and potential side effects – what does this really mean for someone on PrEP, who might benefit from PrEP – indicators that may resonate with the target population(s), where to find PrEP – who to talk to about PrEP and where to get it,
and paying for PrEP – how much does it cost and what if you can’t afford it or don’t have insurance.”

● Additionally, Thrun (2015) also listed the following outreach tactics for educating and informing populations about PrEP: “Direct marketing (e.g., PrEP awareness raising campaigns, banner ads – including on mobile applications like Grindr and Scruff), social media and other online communities (e.g. Facebook, Instagram, Twitter, blogs), earned media, especially in LGBT-focused outlets, editorials or letters to the editor, HIV prevention planning groups/Ryan White councils, Medicaid advisory boards, community forums, and Pride and other community events.”

● According to Evans (2006), “Audience segmentation is usually based on sociodemographic, cultural, and behavioural characteristics that may be associated with the intended behaviour change.”

**Research Question 3: How can you make it easier for people who want to go on PrEP to receive PrEP treatment?**

● In response to the discouraging costs of PrEP, Golub et al. (2013) found free access to PrEP as well as access to “support services such as regular HIV testing, sexual health care/monitoring, and access to one-on-one counseling,” as the most highly endorsed facilitator for PrEP.

**Research Question 4: How do you challenge the stigma surrounding PrEP?**

● Combating PrEP stigma will require a multi-faceted approach, according to Liu et al. (2014), including “social-marketing campaigns, education for health care
providers, and a broad recognition of PrEP users as individuals proactively using proven prevention strategies.”

**Research Question 5: What are the best tactics for reaching out to our target demographics about PrEP?**

- Rotheram-Borus et al. (2008) suggested that the most effective HIV prevention programs convey issue-specific and population-specific information. “Programs that target youth need to incorporate knowledge about the facts of sexuality, childbirth or sexually transmitted diseases.”

- An essential quality for PrEP delivery personnel, whether in a research or medical context, must be well educated and trained about PrEP use, in order to build rapport with the MSM demographic (Taylor et al., 2014).

- Researchers believe that PrEP for IDUs will likely be most effective when implemented with other prevention efforts, such as needle exchange programs (Escudero et al., 2014).

**Research Question 6: How effective are ASN/The PrEP Advocacy Project’s current efforts to prevent HIV transmission?**

- Thrun (2015) suggests that organizations “Monitor and evaluate the implementation and impact of PrEP in [their] jurisdiction.” Thrun continues by providing examples of ways organizations can assess their programs: “Direct measurement through health department clinics or health department-funded clinics, community-based surveys (e.g., National HIV Behavioral Surveillance), patient surveys at PrEP delivery sites, patient surveys at STI/HIV screening sites,
or other publically funded clinical settings, convenience samples (e.g., clinic-based, online, LGBT media), and HIV surveillance data.”

Research Questions Data

For this study, it was important to investigate how to best implement PrEP in SLO County by interviewing individuals within the project’s target demographics and experts that have knowledge of PrEP. The following tables present the respondents’ insights on PrEP adoption in SLO County based on the original research questions.

Research Question 1: How do you raise awareness about PrEP among healthcare professionals and encourage them to prescribe the treatment?

This question was studied to better understand the specific needs of the healthcare community in SLO, in order to best devise an implementation strategy that educates and encourages healthcare professionals to adopt PrEP. Table 1 summarizes the answers to this question. Most of the respondents cited informative print and web resources as effective ways to raise awareness about PrEP. Many also cited the effectiveness of events ranging from professional development opportunities to Q&A sessions for raising awareness. Individual meetings were also considered as an awareness tactic. In terms of adoption, many of the respondents believed that it was important to consider how the argument for PrEP was framed. In addition, several respondents viewed increased collaboration among local agencies as a way to drive adoption. Finally, devising a protocol for implementing PrEP for health clinics was also mentioned as a way to increase adoption.
## Table 1

*Increasing PrEP Adoption among Healthcare Professionals*

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Raising awareness</th>
<th>Encouraging adoption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Bollay</td>
<td>Printed resources and events that give clinicians the opportunity to address their concerns</td>
<td>Approaching PrEP as a “corollary of contraception for women”</td>
</tr>
<tr>
<td>Dr. Baker</td>
<td>Credible information that can be handed out via print and the web</td>
<td>Helping practices establish protocols, providing discreet resources that can be given to patients</td>
</tr>
<tr>
<td>Buffy Ramirez</td>
<td>Informative events and networking opportunities for local clinicians</td>
<td>Bringing up the fact that adoption will bring in more patients</td>
</tr>
<tr>
<td>Jonathan Presley</td>
<td>Individual meetings, professional development opportunities, brochures, support from local organizations</td>
<td>Build linkages in the community</td>
</tr>
<tr>
<td>Mario Espinoza</td>
<td>Address specific concerns, meet with clinicians, give out resources to practices</td>
<td>Normalize conversations surrounding sexual health</td>
</tr>
<tr>
<td>Katie Grainger</td>
<td>Targeted events, Q&amp;A sessions, print resources</td>
<td>Sharing success stories, engaging people in their healthcare, bringing agencies together</td>
</tr>
</tbody>
</table>

**Research Question 2:** How do you inform people that aren’t currently on PrEP but are at-risk of transmitting HIV (particularly YMSM and IDUs) about its benefits and encourage them to go on the treatment?
This question was included to help gain a deeper understanding of how to stimulate the adoption of PrEP for people that could benefit from it the most, or in this case, the target demographics of this study. Table 2 addresses this question with the respondents describing the various ways to inform users and encourage treatment.

According to Mario Espinoza and Jonathan Presley, distributing informative resources played a significant role in informing potential users. Besides these resources, advertising and targeted campaigns on various platforms stood out as another tactic. In terms of adoption, addressing population-specific barriers appeared to make a difference in encouraging users to go on PrEP treatment.

Table 2

*Increasing PrEP Adoption among YMSM and IDUs*

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Informing potential users</th>
<th>Encouraging treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mario Espinoza</td>
<td>Distribute effective third-party resources</td>
<td>Combat stigma surrounding PrEP</td>
</tr>
<tr>
<td>Jonathan Presley</td>
<td>Targeted advertising, social media, informative resources</td>
<td>Make PrEP more accessible to these individuals</td>
</tr>
<tr>
<td>Katie Grainger</td>
<td>Education campaigns</td>
<td>Connect IDUs to care and support</td>
</tr>
</tbody>
</table>

Research Question 3: How can you make it easier for people who want to go on PrEP to receive PrEP treatment?

This question was devised to identify facilitators to starting PrEP treatment, in order to prompt a more widespread adoption of PrEP in SLO County. According to Table 3, normalizing conversations revolving around sexual health, helping potential users
understand the financial costs of PrEP, and connecting potential users to PrEP via transportation and linkage to care are all facilitators for PrEP adoption.

Table 3

*Facilitating access to PrEP*

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Barrier</th>
<th>Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mario Espinoza</td>
<td>Stigma/psychological barriers</td>
<td>Normalize sexual health conversations, tackle labels like “Truvada Whore”</td>
</tr>
<tr>
<td>Jonathan Presley</td>
<td>Cost/financial barriers, stigma</td>
<td>Make PrEP financial information readily available, change conversations about PrEP</td>
</tr>
<tr>
<td>Katie Grainger</td>
<td>Logistical barriers</td>
<td>Provide transportation to checkups, connect IDUs to primary care and other resources</td>
</tr>
</tbody>
</table>

**Research Question 4: How do you challenge the stigma surrounding PrEP?**

This question was studied in an effort to recognize various methods for tackling the stigma surrounding PrEP as a way to prevent new HIV transmissions. Table 4 compiles the responses that related to this question. Most respondents believed that it is important to challenge the presumptions surrounding PrEP. Katie Grainger also cited the importance of compassionate care. Holding events such as Cal Poly’s Know Your Status event, rebranding PrEP’s image, and advertising success stories were among the tactics for combating PrEP-related stigma.

Table 4
Combating stigma

<table>
<thead>
<tr>
<th>Respondent</th>
<th>How to tackle the stigma</th>
<th>Possible tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mario Espinoza</td>
<td>Break the silence and challenge negative beliefs</td>
<td>Events such as Cal Poly’s Know Your Status event</td>
</tr>
<tr>
<td>Jonathan Presley</td>
<td>Tell people that PrEP has benefits beyond its sexual benefits</td>
<td>Get PrEP user voices to share the benefits of PrEP and rebrand PrEP’s image</td>
</tr>
<tr>
<td>Katie Grainger</td>
<td>Clinicians need to be compassionate</td>
<td>Advertise success stories within the healthcare community</td>
</tr>
</tbody>
</table>

Research Question 5: What are the best tactics for reaching out to our target demographics about PrEP?

This question was included to postulate more definitive tactics for reaching out to the PrEP project’s target demographics as part of the outreach arm of this study. Table 5 shows that both YMSM respondents unanimously agreed that dating apps geared toward MSM such as Grindr and Scruff were potential platforms for advertising. These respondents also pointed toward local LGBT organizations and gathering places as venues for disseminating PrEP-related information. Moreover, Katie Grainger believes that for the IDU population, word of mouth between the healthcare professionals that are in contact with these individuals can be effective. In terms of messaging, many of the respondents believed that it was important to demystify sexual health.

Table 5

Outreach to target demographics

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Medium</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Research Question 6: How effective are ASN/The PrEP Advocacy Project’s current efforts to prevent HIV transmission?

This question was included to give ASN a better understanding of the current landscape of PrEP awareness and the effectiveness of the early work that ASN has done to help stimulate discussions over HIV prevention. Table 6 summarizes the insights from the respondents for this question. Most of the respondents have some level of familiarity with PrEP but are not fully knowledgeable about the treatment. Some are not currently willing to adopt PrEP and even the respondents that would like to adopt PrEP had some reservations.

**Evaluating ASN’s current efforts**

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Level of familiarity with PrEP</th>
<th>Willingness to adopt</th>
</tr>
</thead>
<tbody>
<tr>
<td>YMSM #1</td>
<td>Heard about it recently, doesn’t fully know about the logistics</td>
<td>Not currently willing to adopt due to side effects</td>
</tr>
<tr>
<td>YMSM #2</td>
<td>Understands what PrEP is used for but not how it works and how to obtain it</td>
<td>Willing to adopt but feels like initiating the treatment is a chore because it isn’t</td>
</tr>
<tr>
<td>Name</td>
<td>Information</td>
<td>Willingness</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Katie Grainger</td>
<td>Is familiar with PrEP but none of her colleagues or clients know anything about it</td>
<td>Willing to adopt if it is logistically feasible</td>
</tr>
<tr>
<td>Dr. Baker</td>
<td>Knows what PrEP is but his clinic doesn’t know enough about PrEP to prescribe it</td>
<td>Not currently willing to adopt because of concerns over effectiveness and feels like implementing at his clinic would be “labor intensive”</td>
</tr>
</tbody>
</table>
Chapter 5

Discussion and Recommendations

Summary

This study was developed and conducted in response to the recent rise in new HIV transmissions in SLO County and the successful adoption of PrEP to reduce HIV transmission in other localities. Four years after its approval by the FDA, PrEP remains underutilized, particularly in SLO County. Since ASN initiated its PrEP Advocacy Project to study how PrEP could be implemented in SLO County, it became imperative to collect data from healthcare professionals, healthcare practitioners, and potential PrEP users in an effort to lay the groundwork for an implementation strategy.

To investigate and assess the implementation of PrEP in SLO County, each respondent was interviewed to provide qualitative data that could help to respond to the following research questions:

1. How do you raise awareness about PrEP among healthcare professionals and encourage them to prescribe the treatment?

2. How do you inform people that aren’t currently on PrEP but are at-risk of transmitting HIV (particularly YMSM and IDUs) about its benefits and encourage them to go on the treatment?

3. How can you make it easier for people who want to go on PrEP to receive PrEP treatment?

4. How do you challenge the stigma surrounding PrEP?

5. What are the best tactics for reaching out to our target demographics about PrEP?
6. How effective are ASN/The PrEP Advocacy Project’s current efforts to prevent HIV transmission?

These research questions were the basis for the questionnaires formulated for the interviews with each respondent. The questionnaire elicited a wide range of responses that could be compared to the literature on PrEP implementation.

Discussion

By synthesizing and analyzing the data presented in Chapter 4 with the existing literature discussed in Chapter 2, it is possible to make conclusions regarding the following original research questions.

Research Question 1: How do you raise awareness about PrEP among healthcare professionals and encourage them to prescribe the treatment?

The interviewees responded by identifying print and web resources that address specific concerns for target audiences, as effective for raising awareness among healthcare professionals. In addition, the respondents felt that strategic events such as Q&A panels and professional development opportunities could also raise awareness. The respondents interviewed noted that it was important to frame PrEP in a way that is sympathetic toward the needs and concerns of healthcare professionals. Last, respondents hoped for increased collaboration and a clear set of guidelines for working with PrEP.

Likewise, the existing literature explained the importance of “resource/local expert for providers, community members, and partners” (Thrun, 2015). Krakower and Mayer (2016)’s implementation research called for “training programs about PrEP and
sexual history-taking, novel tools to facilitate routine HIV risk assessments, and opportunities to communicate with trusted colleagues about successful experienced with PrEP.”

Overall, it is possible to conclude that resource inventories, training programs/professional development opportunities, and events that give healthcare professionals the opportunity to address their needs and concerns can play a critical role in raising awareness and encouraging the adoption of PrEP for this population.

**Research Question 2: How do you inform people that aren’t currently on PrEP but are at-risk of transmitting HIV (particularly YMSM and IDUs) about its benefits and encourage them to go on the treatment?**

In terms of informing at-risk groups about PrEP and encouraging its adoption, respondents found that distributing informative resources played a significant role in informing potential users. Besides these resources, advertising and targeted campaigns on various platforms stood out as another tactic. In terms of adoption, addressing population-specific barriers appeared to make a difference in encouraging users to go on PrEP treatment according to the interviewees.

The literature reflects similar proposals. Thrun (2015) believes that any PrEP outreach strategy should contain key messages that address common questions about PrEP for the community studied. Thrun (2015) also lists advertising channels for disseminating these messages. Evans (2006) furthered the idea that messages should be targeted by saying: “Audience segmentation is usually based on sociodemographic,
cultural, and behavioural characteristics that may be associated with the intended
behaviour change.”

All in all, it's evident that targeted, informative, and population-specific
messaging can both inform and encourage at-risk individuals to adopt PrEP. Furthermore, barriers should be considered and alleviated.

**Research Question 3: How can you make it easier for people who want to go on PrEP to receive PrEP treatment?**

During the interviews, many facilitators to PrEP were discussed. Among them include, normalizing conversations revolving around sexual health, helping potential users understand the financial costs of PrEP, and connecting potential users to PrEP via transportation and linkage to care.

The literature on this topic found that free access to PrEP as well as access to “support services such as regular HIV testing, sexual health care/monitoring, and access to one-on-one counseling,” was the most highly endorsed facilitator for PrEP (Golub et al. 2013).

In conclusion, it’s clear that efforts need to be made to make PrEP as accessible as possible. To do so, healthcare professionals need to consider the costs of PrEP for candidates and offer supportive services in response to the logistical obstacles surrounding PrEP.

**Research Question 4: How do you challenge the stigma surrounding PrEP?**

In order to challenge the stigma surrounding PrEP, most respondents believed that outreach messaging should attempt to challenge the presumptions surrounding PrEP
head-on. Katie Grainger also cited the importance of compassionate care. Holding events such as Cal Poly’s Know Your Status event, rebranding PrEP’s image, and advertising success stories were also some of the tactics denoted for combating PrEP-related stigma.

Similarly, the literature made it clear that combating PrEP stigma will require a multi-faceted approach, according to Liu et al. (2014), including “social-marketing campaigns, education for health care providers, and a broad recognition of PrEP users as individuals proactively using proven prevention strategies.”

Consequently, it is possible to conclude that tackling PrEP stigma calls for an aggressive combination of campaigns, events, and education that challenge the presumptions made about PrEP.

**Research Question 5: What are the best tactics for reaching out to our target demographics about PrEP?**

The YMSM respondents both agreed that dating apps geared toward MSM such as Grindr and Scruff were potential platforms for advertising. These respondents also pointed toward local LGBT organizations and gathering places as venues for disseminating PrEP-related information. Additionally, Katie Grainger believes that for the IDU population, word of mouth between the healthcare professionals that are in contact with these individuals is also effective. In terms of messaging, many of the respondents believed that it was important to include messaging that aimed to demystify sex and sexual health.

On the other hand, the literature brought up the fact that personnel involved with PrEP need to be well-informed, first and foremost, to build rapport with the MSM
demographic (Taylor et al., 2014). For the IDU population, it was noted that PrEP for IDUs will likely be most effective when implemented with other prevention efforts, such as needle exchange programs (Escudero et al., 2014). In terms of messaging, Rotheram-Borus et al. (2008) suggested that the most effective HIV prevention programs convey issue-specific and population-specific information.

Overall, it can be concluded that the YMSM population would benefit from population-specific information through platforms like Grindr and Scruff and LGBT gathering places. Both YMSM and IDUs could also benefit from well-informed healthcare personnel and messaging that demystifies sex. Moreover, the IDU population will respond well to outreach efforts if they are combined with other prevention efforts, such as needle exchange programs.

**Research Question 6: How effective are ASN/The PrEP Advocacy Project’s current efforts to prevent HIV transmission?**

The respondents also painted a brief picture of the PrEP landscape in SLO County, thus far. Most of the respondents have some level of familiarity with PrEP but are not fully knowledgeable about the treatment. Some are not currently willing to adopt PrEP and even the respondents that would like to adopt PrEP had some reservations.

According to the literature, Thrun (2015) believes that organizations “Monitor and evaluate the implementation and impact of PrEP in [their] jurisdiction.” Thrun continues by providing examples of ways organizations can assess their programs: “Direct measurement through health department clinics or health department-funded clinics, community-based surveys (e.g., National HIV Behavioral Surveillance), patient surveys
at PrEP delivery sites, patient surveys at STI/HIV screening sites, or other publically funded clinical settings, convenience samples (e.g., clinic-based, online, LGBT media), and HIV surveillance data.”

All in all, it is evident that efforts need to continue, in order to inform individuals about PrEP beyond those that were studied, and to address the concerns of the individuals that lack knowledge or are misinformed about PrEP. At the same time, organizations like ASN should assess their programs during implementation and collect surveillance data.

**Recommendations**

After of the study, substantial data has been collected and analyzed in order to devise an effective implementation strategy. Given this data and information, ASN designed the map seen below to adopt a multi-faceted approach that can address the various areas of need for the project moving forward. Some of the recommendations for practice include, creating a “PrEP navigator” training program, implementing educational events, continuing research through surveys, initiating an advertising campaign to raise awareness about PrEP, and applying for grant funding that could fund project initiatives that make PrEP more accessible.
Figure 3: PrEP Project Web

Awareness

As prior research and the research in this study highlighted, many of the individuals that are at-risk for HIV transmission and many of individuals that treat these populations still do not have enough awareness about PrEP. Therefore, one of the arms of this project will be devoted to raising awareness about PrEP, demystifying it to our target publics, and informing those that are familiar with it. Like the healthcare professionals that were interviewed explained, it important to have informational resources and material to distribute that is both population-specific and well-informed. Beyond these resource inventories, advertising and digital assets are also important to utilize, particularly for the
YMSM community, whose respondents brought up platforms such as Grindr and Scruff.

**Education**

Education will be another focus for this project moving forward. Some of the doctors interviewed sought protocol on how to implement PrEP at their practices. Moreover, in order to help make doctors feel more supported, it is important to create resource manuals that clinicians can refer to. At the same time, the implementation of “PrEP navigators” can give doctors an expert that they and their patients can rely on for PrEP-related support. Last but not least, the data in this study called for greater collaboration among local health-related agencies, in an effort to find synergies and make it as easy as possible for individuals to receive PrEP and feel informed. Therefore, ASN should strive to connect with local health organizations such as the Cal Poly Health Center and Planned Parenthood.

**Events**

Events can be another platform for educating individuals and raising awareness about PrEP but they can also be helpful for combating PrEP-stigma and bringing PrEP “out of the closet.” With the successes of previous HIV prevention programs such as the Know Your Status event, it is imperative that these events are continued and expanded in the future. Additionally, events should be considerate toward their target audiences by working around the schedules of working professionals for instance or providing access to one-on-one counseling
for individuals that have private needs.

**Costs and Logistics**

The cost of PrEP was noted as one of the biggest barriers to receiving PrEP according to interviewees and existing literature. However, many are unaware of PrEP’s cost for them, so the cost of PrEP should be unraveled through educational materials. ASN should also utilize cost-assistance programs offered by drugmaker Gilead to help with the costs of the treatment. Furthermore, the project should apply for grants that could support the costs associated with educational programs, in light of HIV prevention budget cuts. In addition, organizations like ASN can help alleviate the logistical barriers to PrEP by providing transportation for IDUs, as Katie Grainger mentioned.

**Research and Evaluation**

Lastly, research efforts for this project should not stop with this study. The PrEP Advocacy Project should continue to spend considerable time and resources understanding the unique needs of this community through focus groups and interviews. During implementation, programs should be evaluated for their effectiveness and surveys should be given out for feedback in order to ensure that this project is potent and productive toward reducing new HIV transmissions.

**Conclusion**

In conclusion, given the findings of this study, there is a lot of work that can be done to increase adoption and awareness of PrEP in order to radically reduce new HIV transmissions. Since PrEP is a relatively new treatment, further research can be
conducted on effectiveness of implementation programs. All in all, this study presented perspectives on PrEP from the target publics that ASN is attempting to reach through this project. However, the viewpoints of this small group of individuals barely scratches the surface of PrEP in SLO County. Thus, ASN should continue to collect data and research from a wide range of individuals in the county to inform its programs and procedures. Despite the limited scope of this project, this project can still be utilized as the groundwork for a widespread implementation program in SLO County and beyond. With careful consideration and unyielding determination, ASN’s implementation of the PrEP project can not only serve as a model for similar counties, but also save countless lives in the process.
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Appendix A

Interview Transcripts: Mario Espinoza

The following interview was conducted to receive insights on PrEP from a healthcare administrator’s perspective based on a questionnaire about implementing PrEP.

Interviewer: Leona Rajaee
Respondent: Outreach and Testing Coordinator at ASN (Mario Espinoza)
Date of Interview: 3/11/2016

Interview Transcription:

LR: “Mario, can you start off by telling me about your familiarity with PrEP?”

ME: “Last year when I did my senior project, I did some research on PrEP and then earlier this year when I talked to David and Jonathan about starting a PrEP project I became more involved with PrEP. So yeah, I would say I’m pretty familiar with PrEP.”

LR: “How did you get involved with the PrEP project?”

ME: “David basically approached us about getting this together and then I started working with Jonathan and we added more people to the team. Since I am working on the Know Your Status event I have been also in charge of that aspect of the project.”

LR: “That’s great. How do you feel about PrEP and how do you think other people feel about PrEP?”

ME: “To me personally, PrEP is something that really has the power to prevent a lot of new HIV transmissions and give hope to people that are worried about getting HIV. It’s rewarding to me because I’m doing something actively to save lives, and it just feels really great to know that I’m a part of a cause that could lead to the end of an epidemic but at the same time, I think that mostly in the men who have sex with men community and the young gay community there has been an increase in HIV transmissions because there’s this sense of invincibility that one has when they are young that they don’t think that this would happen to them, and I believe that because there is no awareness and the conversation around HIV hasn’t been normalized, that there is just a lack of education around how HIV is transmitted so a lot of these types of individuals have not even heard
about PrEP. PrEP has been viewed as controversial by some and a lot of that goes back to the stigma toward HIV in general which can deter people from getting treatment.”

LR: “So, how do we combat the stigma associated with PrEP?”

ME: “I think we need to break the silence surrounding HIV stigma in this community and actively challenge negative beliefs. Events like Know Your Status can also get the right information out there about PrEP.”

LR: “So, I know you are a big advocate for increased testing and sexual health resources, where do some of the people that come to see you at ASN go for this information?”

ME: “Well in this community, ASN is definitely a big resource for that but I think more specifically for the younger demographics of men who have sex with men, the Pride Center on campus and other campus resources are beneficial but overall a lot of people are still very unaware. At the Know Your Status event, we will be doing testing and hopefully more on campus in the future.”

LR: “What have been your strategies for informing candidates for PrEP about this treatment?”

ME: “I think right now we’ve mostly been relying on resources such as Project Inform and others that have kind of outlined the procedures for going on PrEP. You can also access this information on our PrEP project website. Through the PrEP project we are planning to do more to inform people in the community about PrEP.”

LR: “What are some barriers to PrEP and what can we do about them?”

ME: “The biggest barrier I hear about is stigma. A lot of the stereotype around PrEP is that you’re a ‘Truvada Whore’, you’re seeking prevention of an epidemic and you get shamed for it. So we need to address this stigma by normalizing our conversations about our sexual health and HIV.”

LR: “Interesting thoughts. How do you think we can better inform the healthcare community about PrEP?”

ME: “I think we need to talk to them about how much of an impact PrEP can have and then also talk to them about their specific concerns. Like the cold-calling and visits can be an opportunity to make them feel comfortable about PrEP and help them understand
the stigma that people who seek PrEP may encounter. Like the people who want PrEP, we can give out resources to raise awareness in our community.”

LR: “Beyond that, how can we encourage the people that know about PrEP to actually prescribe it?”

ME: “I would have conversations with as many doctors as possible but also encourage more conversations around sexual health because those conversations are not happening and they are not just important for PrEP but other things as well.”
Appendix B

Interview Transcripts: Jonathan Presley

The following interview was conducted to receive insights on PrEP from a healthcare administrator’s perspective based on a questionnaire about implementing PrEP.

Interviewer: Leona Rajaee
Respondent: Hep C Health Educator and HIV Test Counselor at ASN (Jonathan Presley)
Date of Interview: 3/14/2016

Interview Transcription:
LR: “So, I know you’re pretty involved with the PrEP scene but let’s start off with you telling me about your interest in PrEP and what you know about it.”

JP: “Well, here at ASN there has actually been an increase in new HIV transmissions. The fight isn’t over, we still have a lot of people that are HIV positive and people that are becoming HIV positive, so it’s still important because we still have transmission. In terms of the project, David approached me about this and we decided to get it started. PrEP is pretty groundbreaking. I mean for years people have been saying, use condoms, use condoms, or don’t have sex, use condoms, use condoms, and that’s the only message that we’ve heard for decades but now that we have another option for HIV prevention, it’s just another useful tool to use to have on hand to help keep people healthy and keep people informed about what the options are.”

LR: “What do you think other people’s attitudes toward PrEP are and how do we combat the stigma associated with PrEP?”

JP: “I think a lot of people are uneasy about it. It’s kind of like the birth control debate. I mean people are looking at PrEP as something that only has sexual benefits and is all about promiscuity rather than taking a more holistic approach that considers PrEP for more than just that. I think it would be good to get voices out there on why PrEP is important to rebrand PrEP as something more than just a party drug.”

LR: “Okay, that’s a good point. Where do the people that you work with typically go for their sexual health information?”
JP: “I think very few of them have those conversations with their doctors, which is part of the problem. A lot of people don’t know where to go for sexual health information and that’s why they are uninformed. For those that seek it out on their own, I would say the internet is a pretty abundant resource but I’m not sure it’s enough.”

LR: “Going off of that, how do you usually inform people that could use PrEP about the treatment?”

JP: “For the PrEP project we put together a folder of resources so it really just depends on who that person is because each person is different but in general, besides this library of resources, we want to do advertising and social media but also figure out how to make it easier to obtain PrEP after you actually learn about it.”

LR: “What are barriers to PrEP and what are some ways to alleviate them?”

JP: “I would say that one of the biggest barriers for a lot of people can be the cost. It’s definitely a lot harder if you don’t have insurance. I think it also has to do with the fact that people are being judged especially in the gay community for going on PrEP. I think we need to work to change the conversations around PrEP to make it something that people should not be ashamed of.”

LR: “How should we reach out to the different types of people that work in the healthcare community in SLO about PrEP?”

JP: “I think calling them, setting up meetings, and having professional development opportunities are all helpful. We’ve been hearing that a lot of doctors also want brochures that they can give to their patients and administrative support from organizations like ASN.”

LR: “Moving forward, what can we do beyond educating?”

“I realized that this is big that this is big news and this project needs to be big, we need all hands on deck here to help diminish those barriers by educating people, by making it accessible to the public as well but and going back to some of the things I just talked about, we want all the various healthcare groups in the county to be working together and supporting each other to build linkages that make doctors especially feel more supported.”
Appendix C

Interview Transcripts: Buffy Ramirez

The following interview was conducted to receive responses on implementing PrEP in San Luis Obispo County from a healthcare practitioner's perspective based on a questionnaire.

Interviewer: Jonathan Presley
Respondent: FNP, SLO County Health Department (Buffy Ramirez)
Date of Interview: 3/17/2016

Interview Transcription:
JP: “What, if anything, have you heard about PrEP?”

BR: “I prescribe PrEP so I know a great deal about the treatment. I have 5 current patients on PrEP, 2 awaiting co-pay issues with co-pay assistance from the ‘Advancing Access’ form from Gilead, which is filled out by the patient and prescriber.”


BR: “I am definitely a proponent of PrEP. People are not going to stop having sex anytime soon, so I think PrEP is actually a pretty practical way to prevent HIV.”

JP: “Why might others be for or against taking PrEP?”

BR: “Some infectious disease doctors in the area are not interested in prescribing PrEP because they feel it is a ‘moral issue.’ The cost of PrEP might be problematic for non-insured clients. Medi-cal covers lab costs for PrEP but places like The Center bill insurance for visit, so being uninsured means PrEP is less accessible but I do use the Family PACT insurance plan for some undocumented patients to cover some costs.”

JP: “How can we encourage more doctors to prescribe PrEP?”

BR: “For the patient, the biggest barrier is cost, but that’s not the case for the clinic. Prescribing PrEP could be beneficial for clinics or doctors who want more patients, so that could be something to raise with other clinicians.”

JP: “Do you have sexual health conversations with your patients?”
BR: “Yeah, I believe that sexual health is very important. I try and make the conversations as easy as possible and I consider myself to be an compassionate practitioner. The follow-up meetings I have with my patients on PrEP can be very quick if they have their tests done before their next appointment.”

JP: “If one of your patients wanted to go on PrEP, how would they obtain it?”

BR: “As one of the only PrEP prescribers in SLO County, I usually do an HBV test for the first visit and an HIV test, creatinine clearance, and thorough STI test every 3 months. I know that April Harris a family nurse practitioner in Paso also prescribes PrEP.”

JP: “What are the best ways to reach out to you about this type of info?”

BR: “The best way to reach out to be would be to call me if you have any questions about PrEP. Tuesdays and Thursdays are good for me in the afternoon.”

JP: “What do you think is the best way to reach out to other healthcare practitioners about PrEP information?”

BR: “I think events geared toward practitioners can be very informative and beneficial. It would be helpful for me to also know other gay friendly doctors in the area, so in a way connecting with other practitioners is another way to spread PrEP information.”
Appendix D

Interview Transcripts: Ann Bollay

The following interview was conducted to receive responses on implementing PrEP in San Luis Obispo County from a healthcare practitioner's perspective based on a questionnaire.

Interviewer: Leona Rajaee
Respondent: Infectious Disease Physician (Ann Bollay)
Date of Interview: 3/11/2016

Interview Transcription:
LR: “What do you know about PrEP?”

AB: “I am familiar with PrEP as a form of preventative treatment for HIV.”

LR: “Other than that, what are your feelings toward PrEP?”

AB: “Those of us who have treated HIV/AIDS for awhile still remember with a lot of pain the incredible numbers of mostly young men who died from HIV/AIDS in the late 80s and early 90s and anyone who lived through that period has a healthy respect for the power of that virus, that’s why having something like PrEP that can help us a great deal in preventing new HIV transmissions is exciting. I think that young men today, they haven’t lived through that unfortunate period in history and when they think of HIV, they either think oh that couldn’t happen to me or they think well we have medicines now and I can just get on treatment if I need to. But of course my hope would be that if everyone with HIV is undetectable because of treatment and everyone at risk for HIV acquisition is on Pre-Exposure Prophylaxis then HIV transmission would therefore be eliminated and eventually HIV could be as well. That would be the ideal.”

LR: “Why do you think others might be for or against PrEP?”

AB: “Most of our initial reaction to PrEP was ‘well why don’t we just have people use condoms?’ Well we don’t say to young women who might get pregnant having sex well why don’t you just not have sex or why don’t you just use the rhythm method and hope for the best, we try to reduce unwanted outcomes by putting people on birth control if they are interested in that and I think it’s appropriate to have a similar approach to people who are at risk of HIV acquisition.”
LR: “How can we encourage other doctors to prescribe PrEP?”

AB: “I think when healthcare professionals sort of think of it as a corollary of contraception for women, I think it becomes more understandable and more acceptable.”

LR: “Do you normally bring up your patient's sexual health when you meet with them?”

AB: “Yeah, I like to have those discussions because everything is related and I think it’s important to take a holistic approach when it comes to sexual health.”

LR: “If you had a patient that wanted PrEP, how would they go about obtaining it?”

AB: “They would have to first take a HIV test to see if they are positive or negative because they can’t go on treatment if they already have HIV. After those tests are completed, they could consult with me and start the treatment, once financial hurdles are straightened out as well.”

LR: “What are the best ways to reach out to you about PrEP info?”

AB: “Meeting with me is probably the best way.”

LR: “What do you think is the best way to reach out to other healthcare practitioners about PrEP information?”

AB: “I think having printed materials to give out would be nice for other practices but I think having events and just talking to people about their concerns would be most effective.”
Appendix E

Interview Transcripts: Katie Grainger

The following interview was conducted to receive responses on implementing PrEP for San Luis Obispo County’s IDU community from a healthcare practitioner's perspective based on a questionnaire.

Interviewer: Leona Rajaee & Jonathan Presley
Respondent: Administrative Services Officer for SLO County’s Behavioral Health Department (Katie Grainger)
Date of Interview: 4/15/2016

Interview Transcription:
LR: “What do you know about PrEP?”

KG: “I know about PrEP as a way to prevent HIV but unfortunately, none of my clients have heard anything about PrEP.”

JP: “How do you feel about PrEP as a form of treatment?”

KG: “Even though I work with overdose prevention and communicable diseases I believe in looking at my client’s overall health and wellness and I believe in harm reduction, therefore I think PrEP is a relevant and valuable tool for people that work with drug users.”

JP: “Cool, and what do you think your colleagues think about PrEP and how can we combat the stigma surrounding PrEP if there is any?”

KG: “None of my other colleagues have heard about PrEP. My colleagues take an abstinence-based approach when it comes to sexual health, so I would expect some pushback. In order to combat the stigma, I would say that clinicians need to be compassionate in regards to PrEP. I think campaigns that highlight success with PrEP need to be advertised.”

LR: “Speaking of sexual health, where do your clients go for sexual health information?”

KG: “Well the ones that are engaged and linked to care would get that information through their primary care appointment but of course we consult for some of those things
here as well. But the issue is health clinics are 90% Medi-Cal patients and overbooked. There is not only not enough facility space but physicians tend to treat what is immediately in front of them. They are not digging deeper, they say ‘here is your 15 minutes’ and move onto the next patient. So experiences can range drastically and besides that issue, drug and sexual education needs immense reform. Knowledge of addiction in particular is really lacking.”

JP: “How do you inform people that aren’t currently on PrEP but are at-risk of transmitting HIV (particularly YMSM and IDUs) about PrEP?”

KG: “Since drug users can be difficult to reach out to, I think it can beneficial to inform and educate the people that interact with them about getting on PrEP and paying more attention to your sexual health. I believe in education 100% but funding for prevention and education programs has been drastically low for HIV/AIDS after the 80s and 90s.”

LR: “How can you make it easier for people who want to go on PrEP to receive PrEP?”

KG: “For drug users providing adequate resources including things like transportation will be really important. Clients that are connected to support will have better follow-through and respond better to education.”

LR: “What are the best ways to reach out to healthcare administrators about this type of info?”

KG: “I think some of the things you can do are have events that are focused for each specific audience with their needs in mind. For working professionals, it might be nice to have a combination of both morning and evening presentations. We have regional meetings at each clinic, once a month and there you can present a powerpoint, give out brochures, pamphlets, and things like cards. At meeting like that you could also do an in-person question and answer session which I would recommend over simply just sending out follow up emails.”

LR: “How can we encourage more healthcare professionals to recommend PrEP?”

KG: “Sharing success stories can be really impactful in my opinion. People’s attitudes can drastically change when they see lived experiences, and improvement in the lives of others. There needs to be a bottom line that everyone can relate to. In other words, how you frame PrEP to others is really important. I also think that engaging people in their healthcare and bringing agencies and communities together is also important. That’s why
I’m working with Dave to collaborate and bring our resources together.”
Appendix F

*Interview Transcripts: Aaron Baker*

The following interview was conducted to receive responses on implementing PrEP in San Luis Obispo County from a healthcare practitioner's perspective based on a questionnaire.

**Interviewer:** Leona Rajaee & Jonathan Presley  
**Respondent:** Interim Medical Director at the Cal Poly Health Center (Aaron Baker)  
**Date of Interview:** 3/14/2016

*Interview Transcription:*

LR: “What, if anything, have you heard about PrEP?”

AB: “I know about PrEP as a treatment for preventing HIV. In terms of the Health Center, we’ve had sporadic and infrequent requests for PrEP. We don’t offer it right now but we would respond to an increase in demand, so it could be something we provide in the future but we won’t change our protocol unless demand is significantly higher.

JP:” What do you personally think about PrEP?”

AB: “It’s not something that I have experience with or something that I’ve prescribed in the past. The biggest concern I have revolves around its efficacy and effectiveness.”

LR: “Why might others be for or against taking PrEP?”

AB: “It’s an expensive drug and obviously it’s not offered everywhere.”

JP: “How can we encourage more doctors to prescribe PrEP?”

AB: “We have a lot of brochures that we hand out. I think having a website, brochure, or business cards can be helpful. I think business cards would be good because unlike brochures, it’s something you can hide in your pocket if you don’t want the whole world to see. Another thing that could be encouraging for doctors is having a protocol for going on PrEP.”

LR: “Do you have sexual health conversations with your patients?”
AB: “Cal Poly has a healthy amount of STI confirmations. We provide pretty basic services so I don’t believe a lot of doctors here are talking about sexual health. We direct people to PULSE for those conversations because a lot of students feel more comfortable talking about their sexual health with their peers. I suppose it’s really the clinician’s choice whether or not to engage in that conversation with the student or refer them to PULSE services.”

JP: “If one of your patients wanted to go on PrEP, how would they obtain it?”

AB: “Prescribing PrEP would be a pretty labor intensive project for us and focusing on being able to offer PrEP might affect our ability to provide basic services, so I think students that are interested in PrEP would be better served by a more experienced clinician.

LR: “What are the best ways to reach out to you about this type of info?”

AB: “We get most of our information from a program called UpToDate that has medical information and research but we could stay in contact through email as well.”

JP: “What do you think is the best way to reach out to other healthcare practitioners about PrEP information?

AB: “I think physicians are seeking peer-reviewed and credible research, so providing that whether it be through an email or a brochure would be helpful and informative in my opinion.”
Appendix G

Interview Transcripts: YMSM #1

The following interview was conducted to receive insights from a YMSM perspective on the implementation of PrEP in SLO County based on a questionnaire.

Interviewer: Leona Rajaee
Respondent: 19 year old Cal Poly MSM (YMSM #1)
Date of Interview: 5/17/2016

Interview Transcription:
LR: Alright so, what, if anything, have you heard about PrEP?”

Y1: “I actually only started to hear about it this summer. I was talking with some friends and I saw that there was this study that was recently released. I think it was on Facebook and I saw some mixed reviews. I know some friends said that it was going to kill your liver and be really bad for you but some people said it was an amazing drug and highly recommended it. I was kinda confused and I talked to my doctor about it and she hated the idea partly because of the long term effects and because I’m not engaging in sexual activity that often so I’ll probably go to a new doctor if I become more sexually active in the future.”

LR: “What do you think about PrEP?”

Y1: “It’s huge, suddenly now people have this way to prevent themselves from HIV but it’s not all black and white.”

LR: “Why might others be for or against taking PrEP?”

Y1: “It can promote the idea that you don’t need to wear condoms which can be very dangerous which can promote the spread of other STIs so I think there is a huge fear.”

LR: “What comes to mind when you think of a person who’s on PrEP?”

Y1: “I think that they are someone that is educated and takes care of themself.”

LR: “Would you want to take PrEP? Why or Why not?”
Y1: “I would not want to take PrEP right now because I am genetically prone to osteoporosis. I’d rather wait til more information comes out or I start becoming more promiscuous.”

LR: “With whom, if anyone, do you talk about your sexual health?”

Y1: “I actually talk a lot about it with my parents. I don’t usually talk about it much with my doctor because she doesn’t know much about it.”

LR: “What is your relationship like with your doctor?”

Y1: “I mean she’s a pediatrician that I see from time to time, so it’s pretty average and routine.”

LR: “How have STIs affected your sexual behavior?”

Y1: “I feel like if I’m on Grindr or Tinder and I see someone that is HIV positive I won’t message them because I have this fear of what if something happens.”

LR: “Can you talk about your own perception about the risk of getting HIV?”

Y1: “I don’t like the idea of potentially having some illness for the rest of my life. I have a big stigma toward people who have HIV but a lot of my friends don’t give a shit about people who have HIV, so it’s sort of a double standard.”

LR: “Where do you go for sexual health information?”

Y1: “I guess the Pride Center on campus and online but mostly I go to my older brother.”

LR: “What do you think is the best way to reach out to young men who have sex with men with PrEP information?”

Y1: I think Grindr is huge. I think going to MSM gatherings such as GALA or the Pride Center.”

LR: “If you wanted to go on PrEP, how would you do it?”
Y1: “I think it would be finding a doctor that would be receptive to the idea and then finding a pharmacy that would hand it out easily and at a cheap price. Because I don’t even know if the pharmacy on campus hands out PrEP.”

LR: “What would make that process easier for someone or for you personally?”

Y1: “I think having friends that are on it, or really just having a society that has normalized HIV and views sex as a normal thing.”

LR: “What are the best ways to reach out to you about this type of info?”

Y1: “I don’t know about outlets but whatever the outlet I think it's important to understand that sex does make us uncomfortable but it something that needs to be normalized.”
Appendix H

Interview Transcripts: YMSM #2

The following interview was conducted to receive insights from a YMSM perspective on the implementation of PrEP in SLO County based on a questionnaire.

Interviewer: Leona Rajaee
Respondent: 22 year old Cal Poly MSM (YMSM #2)
Date of Interview: 5/18/2016

Interview Transcription:
LR: “So, let’s start off by talking about what you’ve heard about PrEP?”

Y2: “Well I know that it’s like a precautionary pill you take to prevent HIV. I know it’s like 99% percent effective. I don’t know how to get it in San Luis Obispo and I know that there was like one case where it didn’t work but it was only one case. I don’t know what it stands for. Yeah, that’s about what I know.”

LR: “What do you think about PrEP?”

Y2: “I think it’s a miracle drug, that’s pretty amazing I think. I think if you talk to gay men from the last generation, how terrifying it was and the fact that technology has come far enough to prevent something that caused grief for so many people is awesome.”

LR: “Why might others be for or against taking PrEP?”

Y2: “I’ve heard people talk about how they don’t like taking medicine everyday, it feels like you’re sick and then there are associations like you’re slutty or you’re sleeping around everyday. I think the only way to eliminate diseases though you have to be proactive about it and have an open mind about that stuff. We can pretend like we’re not having sex but we are.”

LR: “What comes to mind when you think of a person who’s on PrEP?”

Y2: “Um I think they are someone that probably cares about sexual health and doesn’t want to get HIV.”

LR: “Would you want to take PrEP? Why or Why not?”
Y2: “Yes, yes I would. I get tested at The Center about every half a year or so. They don’t offer it there. They’ve given me a card to go somewhere but I got lazy and put it off. But yeah, I would very much be willing to. I feel like there is a lot I don’t know about PrEP that I’ve just been to lazy to look up like side effects.

LR: “Alright so, with whom, if anyone, do you talk about your sexual health?”

Y2: “Yeah, I have a doctor now. Her name is Buffy. I just started seeing Buffy like my last checkup so in January. She’s awesome and we talked about ways to be safe and what it means. With my partner we talk about that every now and then. But not so much with my friends.”

LR: “This might be a bit redundant but what is your relationship like with your doctor?”

Y2: “Yeah, I mean Buffy is really great, responsive so I think I have a good relationship.”

LR: “How have STIs affected your sexual behavior?”

Y2: “Especially being a gay man, you don’t learn a lot gay sex and what that means and STIs, you kind of have to sort through yourself. A lot of gay men come out of the closet pretty naive. But a couple years ago I had a scare and I went in and got tested and it changed what I thought and why am I not doing this, so yeah it changed a lot.”

LR: “Can you talk a little about your own perception about the risk of getting HIV?”

Y2: “Gay men see HIV as the end all, terrifying, the worst of the worst that can happen. But I mean yeah it sucks, but I think that really hurts the HIV positive community because they’re still people. That stigma is unfortunate and I think things like PrEP will help break that stigma and get people educated about HIV, especially in San Luis Obispo.”

LR: “Where do you go for sexual health information?”

Y2: “I work in the Pride Center, so I’ve learned a lot just by being in that environment. Online resources I guess, and probably Buffy.”

LR: “What do you think is the best way to reach out to young men who have sex with men with PrEP information?”
Y2: “In San Luis Obispo, there is no central meeting place. There’s the Pride Center and then there is GALA but there is no way to just meet other guys. Apps like Grindr and Scruff are used a lot. But there is like cliques of different gays so the gay community is very cohesive. “

LR: “If you wanted to go on PrEP, how would you do it?”

Y2: “I’m supposed to meet with Buffy in June, so I would probably ask her.”

LR: “What would make that process easier for someone or for you personally?”

Y2: “People don’t know that it’s available. If it was more easily accessible gay men would be more about it. That is a barrier. People don’t know where to get it. People don’t know enough about HIV in general, so they don’t know to ask for it. So I think awareness and accessibility. I don’t have an idea of what would PrEP cost.”

LR: “What are the best ways to reach out to you about this type of info?”

Y2: “I think events and fliers for sure, if I saw in the classroom, I would say hey I have that option. Social media, I feel like that would be hard to communicate stuff like that. Grindr is kind of that central meeting location for a lot of men but it’s hard to take things like that seriously on Grindr, people are a lot different when they have screens in front of it.”