RESULTS (continued)

Among Black MSM in the Internet-based sample:
- Independent correlates of lifetime PrEP uptake among HIV-negative men included:
  - Being less than 30 years of age (aOR = 5.51; 95% CI: 1.25, 23.86)
  - Not having private insurance (aOR = 0.02; 95% CI: 0.00, 0.69)
  - Difficulty trusting advice from its health network (aOR = 6.56; 95% CI: 1.14, 37.98)
  - Having been offered an HIV test the last time he saw his health care provider for any reason (aOR = 6.92; 95% CI: 1.25, 38.16)
- Having accessed a community-based clinic in the last year was associated with lifetime PrEP uptake in bivariable analysis (OR = 4.67, 95% CI: 1.56, 13.93, but not in multivariable analysis.

In qualitative interviews:
- Black MSM reporting experienced structural barriers to accessing HIV prevention interventions in primary care settings:
  - Experiences of stigma due to one’s sexual identity and/or perceived risk
  - Difficulty discussing one’s risk behavior and discussing related experiences with their provider
  - Low cultural competency of providers for facilitating routine access to biomedical and behavioral HIV prevention interventions.
- Men expressed preferences for receiving HIV prevention interventions at community-based clinics that are known to have culturally competent providers.

CONCLUSIONS
- In a non-clinic-based sample of Black MSM, reported uptake of HIV prevention interventions was highest in community-based clinics that were culturally sensitive to the unique health needs of Black MSM.
- Having access to health insurance and to healthcare does not necessarily facilitate uptake of HIV prevention interventions for Black MSM.
- It is critical that all health care encounters regardless of the setting support the use of HIV prevention interventions by removing structural barriers for those at highest risk of HIV.

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