PrEP Eligible but Missed: Preliminary Evidence Unlocking the Potential of Family Planning Services

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BACKGROUND

Black women in the U.S. are disproportionately impacted by STIs & HIV, primarily due to entrenched political, social & structural health determinants (SSDOH). Access to sexual reproductive health (SRH) services, while available, often remains fragmented, inadequate, & difficult to navigate. Despite these challenges women generally have several touchpoints with the healthcare system, highlighting opportunities to address SRH disparities.

STUDY AIMS:

(1) To **explore the relationship between utilization of family planning services (FPS) & engagement in STI/HIV testing, PrEP use, & PrEP awareness among cisgender Black women in Maryland**—which contains 3 Ending the HIV Epidemic (EHE) priority jurisdictions.

(2) To **understand the current landscape of FPS & identify opportunities to leverage existing strengths & identify gaps**, with the goal of system focused interventions to improve SRH outcomes for this population.

METHODS

Design: The SHINE Black Women Study employed a concurrent mixed-methods design.

Population: Cisgender Black women residing in Maryland, ages 18 & older.

Data collection: Questions on utilization of FPS within the past three years, awareness of PrEP, previous/current use of PrEP, & history of STI/HIV testing in the last year.

PrEP Eligibility: To determine PrEP eligibility, CDC guidelines were applied, including criteria such as having multiple sexual partners, engaging in condomless sex, recent STI history, & substance use during sex.

Statistical analysis: Descriptive statistics to summarize demographic & service utilization patterns. Bivariable & adjusted logistic regression models to assess the relationships between FPS use & STI/HIV testing odds. Associations between PrEP usage, awareness, & family planning service utilization were explored to identify gaps & potential strengths in the current SRH service landscape.

Black cisgender women who accessed family planning services were significantly more likely to undergo:

- ***STI*** (77.7% vs. 60.0%, p=0.019) ***and***
- ***HIV screening*** (67.9% vs. 50.9%, p=0.035).

Yet, utilization of family planning services had ***no significant association*** with

- ***awareness of PrEP*** **(p=0.954)** nor
- ***PrEP usage [ever used]*** **(p=0.200)**

RESULTS

STI/HIV screening were assessed based on reported testing conducted within the last year. Bivariate analysis showed a **significant association between FPS use & STI screening** (OR = 2.32, 95% CI: 1.14, 4.72, p=0.020) **& HIV testing** (OR = 2.05, 95% CI: 1.05, 4.00, p=0.037). The adjusted logistic regression analysis controlled for potential covariates: age, education level, insurance, & perceived HIV risk (scored). Factors significantly associated with **STI screening** were:

- having private **insurance coverage** (OR = 4.45, 95% CI: 1.60, 12.34, p=0.004) &
- perceived **HIV risk score** (OR = 1.06, 95% CI: 1.02, 1.11, p= 0.003).

Factors significantly associated with **HIV screening** were:

- having a **college degree** (OR = 0.39, 95% CI: 0.16, 0.95, p= 0.039) &
- perceived **HIV risk score** (OR = 1.04, 95% CI: 1.00, 1.08, p= 0.030)

Table 1: Descriptive Statistics for Cisgender Black Women Who Used Family Planning Services

n (%)	103 (65.2%)	
Age of respondent	29.854 (7.584)	0.075
STI Screen†		
No	23 (22.3%)	**0.019**
Yes	80 (77.7%)	
HIV Screen†		
No	33 (32.0%)	**0.035**
Yes	70 (68.0%)	
PrEP Eligible		
No	5 (4.9%)	**0.000**
Yes	98 (95.1%)	
PrEP Awareness		
No	21 (20.4%)	0.954
Yes	82 (79.6%)	
PrEP Utilization (Ever)		
No	86 (83.5%)	0.200
Yes	17 (16.5%)	
ETOH + Sex#		
No	44 (42.7%)	**0.022**
Yes	59 (57.3%)	
Substances + Sex#		
No	72 (69.9%)	0.538
Yes	31 (30.1%)	
Education*		
Secondary or Less	11 (10.7%)	0.447
Some College	22 (21.4%)	
Associates/Tech Degree	9 (8.7%)	
Bachelor's Degree	31 (30.1%)	
Graduate/Professional Degree	30 (29.1%)	
Employment*		
FT-work	80 (77.7%)	0.267
PT-work	6 (5.8%)	
Unemployed	1 (1.0%)	
Homemaker/SAHM	1 (1.0%)	
Student	15 (14.6%)	
Income*		
Low Income (<$50K)	37 (35.9%)	0.799
Middle Income ($50K-$99,999)	40 (38.8%)	
High Income (≥$100K)	19 (18.4%)	
Prefer not to say	7 (6.8%)	
Insurance*		
Employer-Sponsored Insurance	65 (63.1%)	**0.015**
Government Insurance	26 (25.2%)	
Private/Other Insurance	11 (10.7%)	
Unknown/Unreported	1 (1.0%)	

†STI/HIV screenings were assessed based on reported testing conducted within the last year.

#ETOH and Substance use during sex was assed based on reported use within the last 6 months.

*Categories were collapsed/simplified in the adjusted model

CONCLUSIONS

FPS are critical for expanding biomedical HIV prevention & improving SRH outcomes among Black women in Maryland. Key study findings signals that FPS may be an effective & strategic intervention point.

Significant socio-economic factors:

- Insurance coverage & educational attainment influence navigating the PrEP care continuum.
- Addressing systemic barriers is vital for effective biomedical HIV prevention efforts.

Substance Use Considerations:

- A noteworthy proportion of women who reported engaging in sex under the influence of substances & alcohol also utilized FPS.
- FPS could also serve as a critical point for intervention & education on substance use & its related SRH risks.

PrEP Awareness & Usage:

- Associations between PrEP usage & awareness with FPS utilization did not show statistical significance (p=0.954 & p=0.200), prompting further investigation into these relationships.
- Strengthening the integration of PrEP/PEP education & prescribing within FPS could improve uptake & awareness.

An integrated strategy ensures that vulnerable populations, particularly Black women, are included in public health efforts **&** targets determinants of health (i.e., provider bias & stigma). Ongoing research will seek to develop an integrated model of care that supports EHE efforts & reduces SRH disparities.

ADDITIONAL KEY INFORMATION

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