Let’s Stop Failing Black Women: Implementing Trauma-Informed Pre-Exposure Prophylaxis Services and Programs

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Outline

I. Background

II. Why Implementation Science?

III. Projects on Violence and HIV among Black Women
   a. Sister PrEP Project II
   b. Baltimore’s CHARM
   c. CHARM 2.0
   d. Baltimore PrEP WAVE*

IV. Q&A

*Preliminary data from a CIRA Pilot Project
New HIV Diagnoses Among Women by Race/Ethnicity in the US and Dependent Areas, 2019*

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
<th>Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African American†</td>
<td>54%</td>
<td>3,812</td>
</tr>
<tr>
<td>White</td>
<td>22%</td>
<td>1,508</td>
</tr>
<tr>
<td>Hispanic/Latina†</td>
<td>19%</td>
<td>1,326</td>
</tr>
<tr>
<td>Multiracial</td>
<td>3%</td>
<td>202</td>
</tr>
<tr>
<td>Asian</td>
<td>1%</td>
<td>97</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>1%</td>
<td>44</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>&lt;1%</td>
<td>10</td>
</tr>
</tbody>
</table>

* Based on sex assigned at birth and includes transgender people. For more information about transgender people, visit CDC’s HIV and Transgender People web content.
† Black refers to people having origins in any of the Black racial groups of Africa. African American is a term often used for people of African descent with ancestry in North America.
‡ Hispanic/Latina women can be of any race.

Most new HIV diagnoses among women were attributed to heterosexual contact.

- **Heterosexual Contact**: 84% (5,863)
- **Injection Drug Use**: 16% (1,111)
- **Other†**: <1% (26)

*Based on sex assigned at birth and includes transgender people. For more information about transgender people, visit CDC’s HIV and Transgender People web content.

†Includes perinatal exposure, blood transfusion, hemophilia, and risk factors not reported or not identified.


HOWEVER I DRESS, WHEREVER I GO, YES MEANS YES AND NO MEANS NO.
Intimate Partner Violence (IPV) Elevates HIV Acquisition

- Physical or Sexual IPV: 0.6%
- No IPV: 0.1%

HIV Diagnoses
Linking Intimate Partner Violence (IPV) to HIV Acquisition

- Sexual assault
- Reduced psychological well-being
- Compromised condom negotiation

Stockman et al., 2013; Campbell et al., 2013; Dunkle & Decker, 2013
PrEP is promising, but significant disparities persist

<table>
<thead>
<tr>
<th>Gender</th>
<th>Coverage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>9.7%</td>
</tr>
<tr>
<td>Male</td>
<td>26.5%</td>
</tr>
</tbody>
</table>

- Black/African American: 8.2%
- Hispanic/Latino: 14.0%
- White: 63.3%
- Other: 9.1%

PrEP Barriers for Black Women

Intimate Partner Violence

Gendered Racism

Lang and Bird, 2015; Crenshaw, 1989; Collins, 2002; Willie et al., 2021; Calabrese et al., 2018; Tekeste et al., 2018
How can we improve PrEP implementation for Black women?
Trauma-Informed Approach

1) **Realize** impacts of trauma
2) **Recognize** signs of trauma
3) **Respond** to trauma
4) **Resist** re-traumatization

Willie et al. 2021a, 2021b, 2022, and 2023; SAMHSA 2012, and 2014
Sister PrEP Project II

- Design, Implement and Evaluate a Trauma-Informed PrEP Implementation Toolkit

- Type 2 Hybrid Project
  - Focus: Effectiveness and Feasibility of Strategy

- Champions at Community Healthcare Clinics in The Mississippi Delta

NIMHD K01 90089115 | PI: Tiara C. Willie
Sister PrEP Project II

**Formative Phase**

- Conduct 6 focus groups with PrEP-eligible Black women (N=37)
- Conduct 8 individual interviews with staff
- Conduct 8 interviews with PrEP-experienced Black women

**Implementation Phase**

- Pilot-test Toolkit
  - Nonrandomized waitlist control with clinic routine data
- Assess staff’s skills 3-months and 6-months post-rollout

Data collection is ongoing, but preliminary findings are promising.
Participant 1: “I’ve actually been in an [abusive] domestic relationship. I was arrested for it as well. The way it happened; he was hitting me first...”

Multiple Participants: “Yeah.”

Participant 1: “He called the police and he said I was trying to murder him, but I got the bruises. They ended up arresting us both.”
Baltimore’s CHARM

• Adapt and Implement a Trauma-Informed PrEP Toolkit

• Type 3 Hybrid Project
  ▪ Focus: Strategy Feasibility

• 4 Clinical Implementation Partners in Baltimore City
Baltimore’s CHARM

- 11 semi-structured qualitative interviews with PrEP-eligible Black women clients
- 16 semi-structured qualitative interviews with staff

- Refine the Toolkit to Baltimore context
- Discuss recommendations for Toolkit implementation for each site
Toolkit needs to discuss how to avoid retraumatizing Black women experiencing IPV

“Having some type of information specific to trauma-informed care for Black women who are receiving PrEP would be helpful, just so I could know what it is...Even with that, you may not know that someone has had intimate partner violence, or has had a sexual assault, or whatever the case may be...there are certain words you just don’t say while you’re performing the exam, just going through the motions.”
Baltimore’s CHARM 2.0

• Stepped wedge multilevel intervention
  ▪ Toolkit implementation for staff
  ▪ Peer navigation or support group only clinical trial for Black women clients

• Implementation outcomes
  ▪ Adoption, Acceptability, Appropriateness, Sustainability, and Costs
Baltimore’s CHARM 2.0

- Toolkit implementation
- The order to receive Toolkit was randomized

<table>
<thead>
<tr>
<th>Site 1</th>
<th>UC</th>
<th>Toolkit</th>
<th>Toolkit</th>
<th>Toolkit</th>
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</thead>
<tbody>
<tr>
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<td>UC</td>
<td>UC</td>
<td>Toolkit</td>
<td>Toolkit</td>
<td>Toolkit</td>
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<tr>
<td>Site 3</td>
<td>UC</td>
<td>UC</td>
<td>UC</td>
<td>Toolkit</td>
<td>Toolkit</td>
</tr>
<tr>
<td>Site 4</td>
<td>UC</td>
<td>UC</td>
<td>UC</td>
<td>UC</td>
<td>Toolkit</td>
</tr>
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UC = usual care; Cooke et al. (2016). Implementation is ongoing.
Baltimore’s PrEP WAVE

• Adapt, Implement and Evaluate a PrEP Decision Aid

• Type 2 Hybrid Project
  • Focus: Effectiveness and Feasibility of Strategy

• Maryland Community Agencies Providing Domestic Violence Services

NIMH R34-MH-127986 | MPIs: Tiara C. Willie and Jaimie P. Meyer; Data collection is ongoing
Implementation Strategies to Increase PrEP Initiation among Black Women

- Trauma-informed PrEP Implementation in healthcare clinics
- Trauma-informed peer navigation in community settings
- Decision aids in community settings
Thank you! Questions?

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Supplemental Slides
**Integrated Frameworks**

**SAMSHA’s Trauma-Informed Care Principles**

1. SAFETY
2. TRUSTWORTHINESS & TRANSPARENCY
3. PEER SUPPORT

4. COLLABORATION & MUTUALITY
5. EMPOWERMENT VOICE & CHOICE
6. CULTURAL, HISTORICAL & GENDER ISSUES

**Intersectionality**

- Colonialism
- Homophobia
- Transphobia
- Ableism
- Patriarchy
- Classism
- Racism
- Capitalism
- Education
- Religion
- Gender
- Location
- Sexuality
- Race and Ethnicity

- Implicit Bias
- Complexity
- Middle Ground
- Intersectionality
Clinical settings as an entry point

- Healthcare providers are the gatekeepers of PrEP
- PrEP candidacy guidelines do not include IPV
- Microaggressions may be reinforced in this setting
- Women experiencing IPV might be missed due to the lack of routine screening

Willie et al., 2022a; Willie et al., 2022b; Willie et al., 2020; Willie et al., 2018
Findings: Toolkit Recommendations

Comprehensive IPV Definitions

Clinical IPV Screening

Responses to IPV Disclosure
Staff member includes financial abuse as part of IPV among her patients

“They'll probably have the conversations about fighting, emotional, [but] just explaining to them that abuse is not just physical. It could be financial. It could be emotional. You see them talking to you in a degrading manner and those kind of things. Not respecting, not giving them money to pay the bills, have an eviction notice, or has the power been turned off? That's control. That's abusive.”
Several Black women viewed clinical screening for IPV as appropriate

“I think that's a good idea because a lot of people are afraid to talk about it if they're real life going through, and maybe they talking to their doctors, somebody they feel close to, might be able help them out in a situation of getting out of domestic violence.”
Findings: Toolkit Recommendations

HIV Prevention & Abuse

Service Coordination

Training and Campaigns

- Workshop
- Development
- Skills
- Coaching
- Learn
- Teaching
- Knowledge
Black women shared how economics constrained women’s power in relationships

“It depends on where their resources come from – so where their money and their light bill comes from. If you don’t want me to use a condom, then I won’t because I won’t say anything because I need you to help me.”
“You got to go through the social worker. She would go through the steps and that will lead to placing the patient into a safe situation. Sometimes, that includes locating housing and food for her and if she has children, just trying to get them in a safe place.”
Staff member share the need for educational materials

“Anything that educates people to make people better, I think is wonderful because some women don’t know a healthy relationship…You should have pamphlets. We should have a way to let the people know. Let women know that: “You don’t have to live like this, and we can offer you this.”