

### Terminology

- **MSM** – Men who have sex with men (inclusive of cisgender and transgender men)
- **CDC** – Centers for Disease Control and Prevention
- **FDA** – Food & Drug Administration
- **HPTN** – HIV Prevention Trials Network
- **Same-gender loving** – A term some prefer to use instead of gay or bisexual to express attraction to and love of people of the same gender.
- **HIV Pre-Exposure Prophylaxis (PrEP)**: Taking a prescription drug as a means of preventing HIV infection in a person living without HIV.
- **Undetectable equals Un-transmittable (U=U)**: A term that describes a person living with HIV who has an undetectable level of HIV in their blood due to treatment (viral suppression) and is unable to transmit the virus to others.

### The Situation

- **Black men who have sex with men (MSM) living in the southern United States are among the hardest hit by the HIV epidemic.**
  - In 2019, 26% of new HIV diagnoses were among Black MSM.
  - About 3 out of 4 Black gay and bisexual men who received an HIV diagnosis were aged 13 to 24.
- **Black MSM are not the problem; the system is.**
  - Stigma, discrimination, and systemic barriers to adequate healthcare keep the epidemic going.
  - Disparities in healthcare can involve many things: lack of access to health services, racism and cultural insensitivity in healthcare settings, inconsistent health literacy, or challenges in cross-sectional areas (social and mental health services, nutrition, education, or socio-economic factors).
- **The reach and impact of prevention methods and effective antiviral medications are lacking.**
  - Oral PrEP was approved by the FDA a decade ago, but only a quarter of people who could benefit from PrEP used it. Only 8% of PrEP users were Black, while 63% were white (CDC, 2019).
  - Early linkage to HIV medical care is essential to achieving viral suppression. Only 67% of Black, gay and bisexual men newly diagnosed with HIV were linked to HIV medical care within 90 days of the diagnosis (CDC, 2016).

## The Study

- **HPTN 096 *Building Equity Through Advocacy* is an HIV prevention study aiming to reduce HIV rates among Black MSM in the southern U.S.** by simultaneously addressing social, structural, institutional, and behavioral barriers to HIV prevention and care.
  - Goals of the study intervention include:
    - Increasing HIV testing
    - Increase viral suppression among those living with HIV
    - Increase pre-exposure prophylaxis (PrEP) use among those living without HIV
- **The intervention is made up of four components focused on the following:**
  - Health Equity
  - Social Media Influencers
  - Culturally Responsive Intersectional Stigma Prevention in Healthcare settings
  - Peer Support
- **The study intervention is being tested against the current standard of care, such as ongoing local efforts to promote HIV care and prevention.**
- **Details of each study component include:**
  - **Health Equity** – Build local coalitions to develop locally-driven solutions to reduce health disparities through capacity-building, community engagement, education, advocacy, and partnerships. This component will also focus on working with local service providers to help them better meet the needs of Black MSM.
  - **Social Media Influencers** – We know that social media can profoundly impact individual health behaviors. In this component, social media influencers will provide accurate messaging on HIV testing, PrEP, and the benefits of viral suppression to their followers.
  - **Culturally-Responsive Intersectional Stigma Prevention (CRISP)** – Racism, stigma, and homophobia are barriers to equitable healthcare. This component will provide evidence-based training, support, and tools to healthcare facilities to identify and reduce stigma in their service delivery and help them find and iron out the wrinkles that may be keeping them from “showing their best” when providing services to Black MSM.
  - **Peer Support** – Black gay, bisexual, and same-gender loving men will be trained to provide emotional and practical support to their peers in a one-on-one virtual environment.

### Timeline & Specifics

- While currently in a pilot phase, it is anticipated that **full implementation will span over three years** starting in 2023 and involve **16 communities in the southern United States**.
  - Eight study communities were randomized to receive the intervention, and eight were randomized to participate as standard of care communities.
  - Four communities are participating in the pilot phase of HPTN 096; Houston, TX; Dallas, TX; Montgomery, AL; and Greenville, SC.
  - Continuation of the study beyond the pilot phase is dependent on the success of the pilot.

### Measurement & Outcomes

- The study intervention is designed to improve two primary outcomes: **viral suppression** and **PrEP uptake** in Black MSM living in the southern U.S. by Cross-Sectional Assessment.
  - Viral suppression is measured by data routinely collected by the CDC from people who are living with HIV. This is called surveillance data.
  - PrEP uptake is measured by blood samples and surveys collected during two assessments:
    - One at the beginning of the study (baseline)
    - One after the intervention ends (post-intervention)

### Additional Information

- HPTN stands for The HIV Prevention Trials Network, an organization funded by the National Institutes of Health dedicated to the discovery & development of innovative research strategies to reduce the acquisition & transmission of HIV.
- [www.hptn096.org](http://www.hptn096.org)
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