

\$2.97M Grant to Improve PrEP HIV Prevention Among Black Women

Chicago-based researchers will implement strategies to increase PrEP uptake and raise HIV prevention awareness among Black women.

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Although Black cisgender women are disproportionately affected by HIV, [less than 2%](#) of eligible women in this group use pre-exposure prophylaxis ([PrEP](#)) to prevent HIV. Available as daily pills and a long-acting injectable, PrEP can reduce the risk of getting HIV by 99%.

To increase [HIV prevention awareness](#) among Black cisgender women, the National Institutes of Health (NIH) awarded RUSH, a Chicago-area university medical center, a five-year, \$2.97 million [grant](#) to strategize ways to improve PrEP uptake and education among this population, according to a [RUSH news release](#).

In collaboration with Ann & Robert H. Lurie Children's Hospital, University of Chicago Medicine, the University of Illinois Chicago and Planned Parenthood of Illinois, RUSH will use the NIH grant to enhance HIV prevention services RUSH, family planning centers and other health care centers in the region.

In 2019, cisgender [women](#) accounted for nearly 20% of new HIV cases, and Black women made up more than half of those cases, according to the Centers for Disease Control and Prevention (CDC). What's more, while PrEP uptake is generally low among women, Black women are much less likely to be prescribed PrEP compared with white women, the CDC reports.

"Women who are having sex with men may not think their partner is at risk for HIV, and so they don't feel at risk," said study coleader Sadia Haider, MD, MPH, interim chair of obstetrics and gynecology at RUSH, in the news release. "For more than 10 years, medications have helped prevent countless cases of HIV. But the medication isn't reaching everyone who needs it, especially heterosexual women and Black women in particular."

The project will also offer HIV education and medication, including PrEP, at some Planned Parenthood locations in Illinois.

Researchers will implement and test a variety of strategies to increase access to HIV prevention options and other medical care. For example, researchers will help train medical providers on how to assess need for HIV prevention, how to talk to women about HIV and when to prescribe PrEP.

To help develop strategies from the patient perspective, study leaders will work with a Black advisory board to help raise awareness of HIV prevention among Black folks. Planned Parenthood of Illinois health care centers will also introduce patient navigators to provide education and guidance for people seeking HIV prevention options.

Haider and study coleader Amy Johnson, PhD, of Lurie Children's Hospital, said that if these tested strategies boost PrEP prescriptions, they could be used throughout the country.

"The first issue we need to address is in awareness," Johnson said. "Women need to be provided with all the HIV prevention options available so they can make informed decisions with their providers about what feels right to them."

To learn more, click [#Prevention](#) or read [POZ's Health Basics on HIV Prevention and PrEP](#). It reads in part:

PrEP Options

There are currently three antiretroviral options approved by the Food and Drug Administration (FDA) for HIV prevention:

- [Truvada](#) (tenofovir disoproxil fumarate/emtricitabine, or TDF/FTC)
- [Descovy](#) (tenofovir alafenamide/emtricitabine, or TAF/FTC)
- [Apretude](#) (long-acting cabotegravir)

[Click here](#) for the POZ HIV Prevention Drug Chart for more information about each of the available options.

How to Use PrEP

PrEP is indicated for people who are at increased risk for HIV. In addition to PrEP, they should be offered risk-reduction counseling, adherence counseling and condoms.

According to the CDC, this includes people who have had anal or vaginal sex within the past six months and who have sex partners who are HIV positive or whose status is unknown, do not consistently use condoms or have recently been diagnosed with a sexually transmitted infection. PrEP is also indicated for people who share needles or other equipment to inject drugs, but there has been little research on its effectiveness for this group.

The CDC now says that providers should inform all sexually active adults and adolescents about PrEP and prescribe it [to anyone who asks for it](#), as this may “help patients overcome embarrassment or stigma that could prevent them from telling their health care provider about their HIV risk factors.”

Access to PrEP

A decade after the FDA’s approval of Truvada for HIV prevention, [PrEP has yet to reach its full potential](#). According to the CDC, of the 1.2 million people in the United States who could benefit, [less than a third](#) were prescribed PrEP in 2021.

While many urban white gay men have eagerly adopted PrEP, uptake has been slower among other groups. This is true for Black and Latino men who have sex with men, women of all races and ethnicities, adolescents and young adults and people living in rural areas. While Black people account for about 40% of new HIV cases in the United States, [only 8%](#) of those who could benefit received a PrEP prescription. For women and Latino people, the proportions with a PrEP prescription were [10%](#) and [14%](#), respectively.