

# Investigating the influence of healthcare provider communication and language reframing on PrEP uptake among Black African and Caribbean women

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#### **Conflict of Interest**

There are no conflicts of interest to declare.





- Women comprise over one-third of new HIV diagnoses in England, yet Black women—who comprise nearly 65% of these cases—represent only 0.2% of PrEP initiations (UKHSA, 2024)
- Inspired by impactful research on the perception of using risk-based language in sexual health settings
- **PositiveEast** East London's largest and most tenured community-based HIV charity
  - Women4Women project in partnership with Queen Mary University of London and Barts NHS Trust
  - Asset-based approach to raising awareness of PrEP to women of African & Caribbean descent

## Aims & Objectives

#### Aim:

To identify existing literature on how **health consultations and language** used by health service providers influence PrEP engagement among Black African and Caribbean (BAC) women.

#### **Objectives**

To examine how the **language and communication strategies** employed by health service providers, alongside cultural and contextual influences, shape BAC women's perceptions of PrEP.

To explore potential interventions and training programmes for health service providers aimed at reframing **risk-based, stigmatising language** and strengthening patient-provider relationships.

## Methods

#### **Study Characteristics (n = 31):**

o 26: USA

o 3: UK

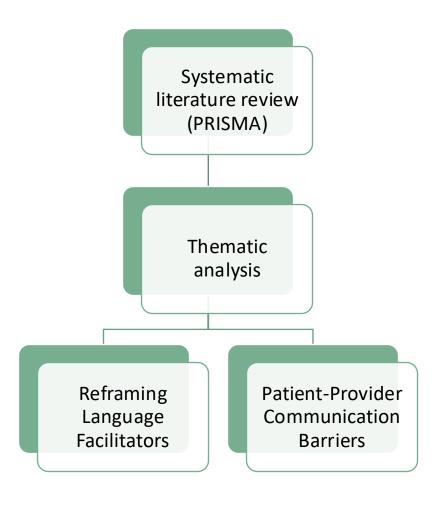
o 1: Kenya & South Africa

o 1: Brussels & Belgium

• 21 qualitative, 5 quantitative, 1 experimental, 4 mixed-methods

Population	HIV-seronegative, PrEP-eligible cisgender women of Black African or Caribbean descent
Intervention	Engagement with PrEP via patient-tailored provider communication and language reframing efforts
Comparison	Standard PrEP communication engagement practices, without regard to patient-related variables
Outcomes of interest	Communication-related themes observed in consultations between PrEP service providers and BAC women that serve as barriers or facilitators to PrEP uptake

Figure 1. Study PICO criteria



## Results: (1) Role of Provider Communication in PrEP Engagement

- 22 studies examined barriers related to provider communication when engaging with BAC women about PrEP
  - Lack of provider-led conversations (17)
  - Lack of adequate knowledge (14)
  - Perceived lack of empathy (10)

- Hesitant to engage for preconceived reasons (4)
- Inadequate healthcare staffing (4)

- 28 studies examined how dynamics of provider trust and medical mistrust influence communication with BAC women regarding PrEP
  - Perceived judgment from providers (20)
  - Medical mistrust (18)
  - Provider stigma (11)
  - Racial bias or racism (10)

- Emphasis on establishing a safe space for discussion (2)
- Patient-provider power dynamics (1)

## Results: (2) Role of Reframing Language in PrEP Engagement

- 23 studies examined overall impact of modifying and reframing language to be culturally-congruent and destigmatized
  - Reframing PrEP as a tool to emphasize women's autonomy & empowerment (9)
  - Normalizing PrEP in general women's sexual health conversation (6)

- Using a sex-positive lens approach (6)
- Emphasis on removing risk-based language (2)

- 9 studies examined cultural awareness and sensitivity in provider consultations
  - Tailoring PrEP education specifically to BAC women increased engagement (9)
  - Tailoring PrEP education to religious beliefs increased engagement (1)

### Recommendations

- Being mindful that a consultation is a therapeutic relationship address bias.
- A shift in language from risk-based to reason-based, therefore enhancing prevention & care.
- Normalise PrEP conversations within women's general health settings.
- Advocate for improved PrEP accessibility outside of SHS, in trusted venues.
- Strengthen PrEP promotion and allow **equitable access to PrEP information** for women.
- Build & invest in ongoing **community conversations** about PrEP & women's sexual health.

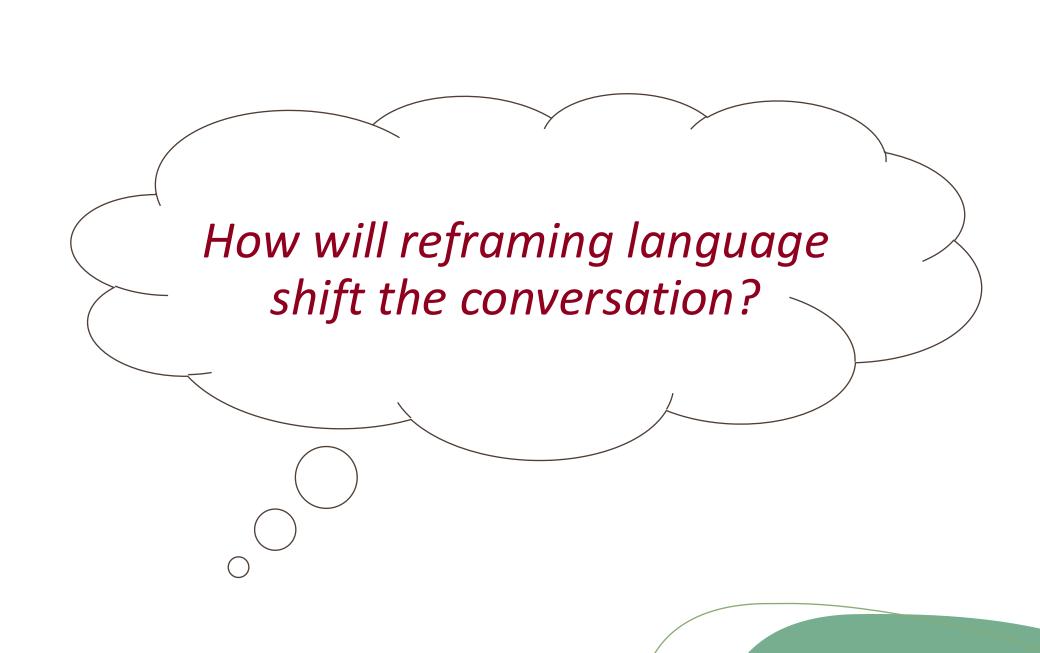
## Acknowledgements

- Renée West
- Ayeshah Émon
- UCL Community Research Initiative
- Positive East
- Queen Mary University of London
- Barts NHS Trust









### **Thank You!**

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