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Perceptions of Pre-Exposure Prophylaxis (PrEP) and Acceptability of Peer Navigation Among
HIV-Negative Latinx and Black Men Who Have Sex with Men (MSM) in Western Washington

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Abstract

Perceptions of Pre-Exposure Prophylaxis (PrEP) and Acceptability of Peer Navigation Among HIV-Negative Latinx and Black Men Who Have Sex with Men (MSM) in Western Washington

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HIV PrEP (pre-exposure prophylaxis) is an effective biomedical approach for HIV prevention. However, PrEP is an underutilized resource among Latinx and Black men who have sex with men (MSM) in the United States. Peer navigation approaches are being widely scaled up to support PrEP uptake and adherence, though it remains unclear what strategies work best to effectively address the diverse social and cultural needs of Latinx and Black MSM. This study is based on qualitative research conducted on a subset of 66 Latinx and Black MSM residing in Western Washington who participated in an online CAPI REDCap survey. We conducted semi-structured in-depth interviews with 21 men selected through purposive sampling methods to evaluate the intersectionality of race, ethnicity, sexual orientation, and other identities men possessed and how this related to their views on PrEP in general, and on peer navigation

specifically. Thematic analysis was used to identify and analyze emergent themes. Four major themes emerged as relevant to PrEP interest and uptake: 1) disclosure concerns for bisexual/gay masculine identified men; 2) specific challenges for Latinx MSM, including migration status and need for advocacy; 3) specific challenges for Black MSM, including discrimination and need lack of trust; and 4) special considerations for younger men, including limited knowledge and experience discussing sexual health and an interest in more comprehensive peer intervention content. Interest in peer navigation was high among study participants, particularly for men with limited social support or English proficiency and for men who had moved from out of state or another country. Several potential approaches to improve peer navigation were identified, including developing culturally congruent programming to match peers with men based on various identity considerations and identified needs, employing social media such as chatrooms and informational phone lines as complementary combination strategies, and incorporating trauma-informed care into a peer navigation program for Black/Latinx MSM. Tailored peer navigation approaches may help MSM of color by increasing resilience to societal stigma at the individual level, enhancing social support at the interpersonal level and serving as a bridge to providers at the structural level. These strategies could ultimately reduce racial/ethnic HIV disparities, if implemented.

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1. INTRODUCTION

Pre-exposure prophylaxis (PrEP) was approved by the U.S. Food and Drug Administration (FDA) in 2012 as a prevention strategy for HIV-negative individuals with substantial vulnerability to HIV infection [1]. Uptake of this resource, however, is unevenly distributed in the United States [2]. Over the past six years since PrEP became available, over 100,000 people were estimated to be on PrEP [3]. While uptake of PrEP has increased between 2013 and 2015, recent data suggest that 75% of all prescriptions were filled by Whites, with only 12% and 10% being filled by Latinx and Blacks, respectively [4]. However, the distribution of the HIV epidemic in the U.S. shows that men who have sex with men (MSM) accounted for 67% (26,570) of all HIV diagnoses in 2016, with Black/African American MSM accounting for the largest number of HIV diagnoses (10,223), followed by Hispanic/Latino (7,425) and White (7,390) MSM [5]. Recent data also show a 3% spike in incidence and high rates of undiagnosed infection among young Latinx MSM. While infection rates have stabilized among Black MSM overall, the figures are still unacceptably high and many of the disparities that increase risk for these men persist [6, 7].

Major reasons for racial disparities in HIV prevention and care engagement are social/behavioral, structural, and financial, and mirror the inequities that underlie disparities in HIV treatment outcomes for minority and underserved communities [8]. Factors driving the HIV epidemic include a high prevalence of sexually transmitted diseases, sexual and HIV stigma, and structural barriers including poverty, discrimination, residential segregation, and lack of access to healthcare [8]. To reduce vulnerability to HIV, national and international guidelines call for PrEP to be used in combination with other prevention methods [9]. Recent reviews identify several

efficacious behavioral interventions to reduce the risk of HIV infection in Latinx and Black MSM, including peer navigation to link men to HIV testing and prevention services [10]. Some success has been achieved through peer-based interventions that have utilized peer supported internet-based HIV prevention approaches for hard to reach young MSM. A pilot intervention utilizing Internet chat rooms and peer educators to engage men in HIV risk prevention, found that peer educators were more successful in reaching men when messaging was simple and concise such as informing men on the locations to get tested and get free condoms, and if they engaged in public chat-room discussions that were not primarily focused on HIV [11]. Another study of the effects of a pilot church-based peer intervention program to reduce HIV stigma and promote HIV testing among Latinx and Black men in California found that intervention churches had much higher rates of HIV testing and that stigma reduction and HIV testing may have synergistic effects in community settings [12].

Other interventions have utilized social network recruitment strategies to increase HIV testing and identify persons with undiagnosed HIV infection among MSM of color [13, 14]. To reduce risk behavior, a Los Angeles-based Latinx MSM intervention trained peer outreach volunteers to distribute bilingual outreach cards to encourage young Latinx MSM to test for HIV [15, 16]. In a program to increase HIV case-finding among MSM in King County, Washington, peer outreach workers were trained and provided with incentives to refer MSM for HIV testing [17]. Many Men, Many Voices (3MV) is a CDC group-level HIV and STD prevention intervention for MSM of color that trained peers as key stakeholders to facilitate intervention uptake in their home communities [18]. The 3MV intervention aims to address multiple factors that influence the behavior of Black MSM, including cultural, social, and religious norms; interactions between HIV and other sexually transmitted diseases; sexual relationship dynamics;

and the impact of racism and homophobia. A randomized trial demonstrated efficacy of the intervention, which led to significant reductions in the number of male sex partners and in unprotected anal intercourse with casual male partners, as well as increases in HIV testing and consistent condom use during receptive anal intercourse [18].

Diverse peer interventions have been tested for their effectiveness in improving health and treatment outcomes among MSM of color producing mixed results. For example, the study of a peer and pager support intervention to promote medication adherence among Black and Latinx communities living with HIV/AIDS found that no specific patient subgroups benefitted more or less from the intervention [19]. Other peer support and pager reminder interventions to promote ART adherence did not show any impact on biologic outcomes [20]. The continued increased HIV vulnerability experienced by Latinx and Black MSM underscores the urgent need for development of innovative, acceptable, and effective interventions for Latinx and Black MSM. Further research is needed to identify the most effective combination of interventions for Latinx and Black MSM with an understanding that packages will need to be tailored for specific settings and sub-populations such as immigrants, adolescents, and bisexual men [9, 21].

Enlisting Latinx and Black MSM currently on PrEP as peer educators has been suggested due to their experiential knowledge of PrEP and the ways they have contextualized PrEP use within cultural norms, beliefs, and values [22]. Culturally informed PrEP interventions for Latino MSM that have utilized social networks and support groups with predominantly Spanish-speaking Latinxs have been influential in reducing HIV risk behaviors [23, 24]. Culturally congruent interventions using community-based participatory approaches, have also been designed to use lay health advisers to promote HIV and STD prevention among recently arrived immigrant Latinx Men in rural North Carolina. [25]. Lessons learned from clinical supervision of peer navigators for

HIV prevention among Black MSM in six U.S. cities demonstrated the benefits of similarity in ethnicity, socio-economic status, psychosocial stressor experience and sexual identity between peer navigators and participants [26].

However, as peer interventions are scaled up widely in an effort to impact the trajectory of the epidemic among Latinx and Black MSM, more research is needed to inform peer training and program design [27]. Most formal studies of peer interventions have excluded men not accepting of this approach. We still don't know much about men who accept vs. do not accept such programs, their potential reach and effectiveness, how best to train peers and with what approach/content, and what specific approaches to peer navigation work best [28]. Research to better understand the needs and particular peer attributes that minority MSM targeted by peer navigation programs may prioritize has the potential to improve peer training and inform peer intervention design by identifying areas for improvement [9]. Such research could meaningfully increase PrEP uptake and adherence for high-priority individuals. Although there has been a push for combination approaches that are socially and culturally appropriate for MSM, how best to integrate different strategies into existing HIV prevention interventions remains unclear [9]. There is a current need to develop effective combination approaches for men who have sex with men (MSM) of color, who face a disproportionately high risk of HIV acquisition [9].

My objective for this MPH thesis was to assess the potential reach and identify Latinx and Black MSM's preferences for participating in peer navigation programming in Western Washington (King, Pierce, and Snohomish counties), where minority communities are widely dispersed and HIV stigma and other community- and structural-level factors, may impede men's ability to find a good role model and access needed HIV prevention services. I seek to describe what an effective and tailored combination prevention package would look like for diverse men

and discuss the role of PrEP and peer navigation as a potential component of that prevention package. An adequate understanding of men's expectations and factors related to acceptance of peer navigation is needed to guide ongoing programs as they expand [29]. A peer navigator intervention could be combined with technological supports such as text or messaging reminders [30], leading to a comprehensive package of intervention components with the potential to address disparities [31].

1.1. STUDY AIMS

Recruitment for the *What's PrEP?* study is currently underway in Seattle, Washington. The objective of the *What's PrEP?* study is to evaluate the promise of a peer support intervention to promote engagement in PrEP programming and support PrEP adherence among Latinx and Black MSM in Western Washington State. At the time of this thesis analysis, 66 MSM had participated in an online CAPI RedCap survey that captured data on sociodemographic and economic factors, insurance status, access to medical care, knowledge and attitudes towards PrEP, sexual stigma, mental health, HIV risk assessment, substance use, medication use, attitudes towards peer navigation, and importance of peer attributes. For this qualitative thesis analysis, 21 semi-structured in-depth interviews were conducted with a subset (n=21) of survey participants with the following aims:

- I. Understand men's views on PrEP in general and on peer navigation specifically;
- II. Determine the acceptability of different peer navigation approaches, as well as the desirable attributes of a peer navigator;
- III. Evaluate the intersectionality of participants' identities and what kinds of considerations and approaches may need to be integrated into a peer-intervention program that accounts for men's different identities and corresponding needs, and identify men who are unlikely to be reached by current approaches.

I hypothesized that while peer navigators will be acceptable to many high-risk Latinx and Black MSM in this region, they will look different for men based on diverse identity considerations, with higher acceptability for a peer who is closely matched with respect to race/ethnicity and sexual orientation. Other men may not find all types of peer support to be acceptable. Therefore, I presumed that the logistical and operational components of a peer-led intervention program suggested by men will also vary and reflect those diverse needs based on men's recommendations.

2. METHODS

2.1. *Conceptual Model*

The “*What’s PrEP?*” study was designed around the socio-ecological model by the Principal Investigator (PI), which situates the individual within the larger world, where individual, social, and societal-level structures reinforce differences in status, resources, and social and political influence in ways that generate disparities for men of color [32]. To determine acceptability of a peer navigation approach, as well as the desirable attributes of a peer navigator, a socio-ecological focus was used. The study hypothesis was that a trained peer navigator will be acceptable to high-risk Latinx and Black MSM in Western Washington, but that a peer who is closely matched with respect to race/ethnicity and sexual identity will be more acceptable than an unmatched peer. For this thesis, I brought in my perspective and my interest in intersectionality [33], which fit naturally with the data and provides the lens through which I am conducting the analysis of the qualitative data. Based on men’s descriptions of the ideal peer navigation approach that would suit their needs, my exploration considers the different identities that influenced preferences, and how these identities could provide insight on how to meet men’s

expectations. Since these approaches may look different for different kinds of men, this analysis may help identify men who are unlikely to be reached by current strategies and reveal ways to enhance peer navigation to improve PrEP uptake for Latinx and Black men.

2.2. *Theoretical Framework*

I organized and analyzed the data using the theoretical concept of intersectionality [33]. Intersectionality is important for offering insight about the diverse needs of men, and the identity considerations needed to optimize programming. Men's intersecting identities may place them at differential risk of HIV because of social and structural factors that become amplified as a result of multiple stigmatized identities [33]. Intersectionality theory highlights the myriad ways that categories and social locations such as race/ethnicity, immigration/citizenship status, and class intersect, interact, and overlap to produce systemic social inequalities [34]. The theory allows for an exploration of the ways in which various oppressions such as white supremacy, heteronormativity, patriarchy, and class society, play out in people's everyday lives. [34] The various identities MSM of color possess often result in particular lived conditions that impact their degree of awareness, interest, and trust in HIV prevention innovations like PrEP, as they navigate the social world [35]. Similarly, whether men consider peer navigation as acceptable and useful may also vary according to their specific identities [36]. The ideal model might look different for some men, and may be dependent on the harmonization or concordance of specific identities that are attributes of the peer and of the individual receiving the intervention.

An approach to examining health at intersecting social positions and processes can link the dynamic ways in which men's social identities interact with structural factors to produce particular conditions that might be targeted [37]. Beyond race/ethnicity, specific meanings relating to identity and social difference are also ascribed to indigeneity, sexuality, geography,

age, disability/ability, immigration/citizenship status, and religion [33]. An intersectional framework can therefore elucidate several key insights for understanding how MSM of color navigate the social world, and help identify the particular needs of men that could be integrated into an effective peer navigation program. First, MSM of color may experience distinctive disadvantages resulting from multiple stigmatized group identities related to race/ethnicity, sexual orientation, and class and potentially to other identity characteristics [35]. A second insight is the dynamic nature of identity, which can shift according to time and place as well as be context-specific; this insight can help to make sense of men's diverse needs and preferences [35]. Finally, men lacking social capital, which could mitigate inequitable conditions, might benefit from and be interested in peer programming, which could provide important social support to improve physical and psychological health [36].

Through the lens of intersectionality, I hypothesize that men's identities could affect their interest in PrEP. For some men, introduction of a peer could be perceived negatively and/or contribute to stigma in different ways (men who don't identify as gay, men who have concerns about confidentiality, etc.) which could impede access to PrEP. According to peer interventions that leverage peers from the community and provide tailored combination packages for Latinx and Black men, identity concordance of participants with their respective peer in particular facets relating to age, race, and lived experience is important. The following assumptions underlie my model:

- I. Perceived discordance between the identities of the individual and those he interacts with (e.g. provider, social group, etc.) and the kind of meaning that is ascribed to that discordance can influence men's interest in PrEP and in peer navigation;
- II. Varying degrees of concordance and/or discordance between an individual and those persons he interacts with socially (i.e., family, friends, sex partners) may have positive

- and/or negative consequences as men contemplate PrEP, and can influence whether men choose to go on PrEP or are receptive to peer navigator interactions;
- III. Concordance of identities between individuals and their providers and/or LGBT organization staff might play a determining role in PrEP uptake and engagement in HIV prevention services;
 - IV. Personal experiences of overlapping stigma and other structural factors associated with race, gender, and sexual orientation and other marginalized identities produce obstacles and conditions that may divert men from pursuing PrEP as a viable HIV prevention measure – peer navigation may be most critical as an intervention for these men.

For Latinx MSM in the U.S., in addition to sexual and gender minority considerations, immigration status, cultural/national identity, and language have also emerged as salient identity features that impact the uptake of PrEP among Latinx MSM [22]. Immigration status has been shown to impact the uptake of biomedical prevention tools for undocumented Latinx men, for whom healthcare options and other social service programs may be limited [22]. As a diverse population that differs culturally by country of origin and time within the U.S., limited English proficiency may also be a barrier [39]. Limited English skills create difficulties negotiating conditions of sex, placing Latinx who migrate to gay-friendly epicenters at higher risk for HIV infection [40]. Other influences such as cultural views of masculinity and ‘machismo,’ have been linked to risk behaviors in Latinx men as a way to compensate for negative perceptions about their sexual orientation as well as internalized homophobia [22]. Many newly arrived sexual and gender minority Latinx men are also more likely to experience poverty, and report discrimination, social isolation and marginalization, stigma, sexual trauma, violence, and substance abuse as compared to U.S.-born Latinx men [39, 40].

For Black MSM in the U.S., the major drivers of HIV vulnerability include violence, criminalization, thwarted educational prospects, racism and lack of access to wealth

accumulation [41]. For foreign-born Black MSM, especially those from countries with high HIV prevalence, immigration status is an important factor increasing HIV risk [42]. Studies on racial identity, masculinity and homosexuality in the lives of young Black MSM in Georgia and New York describe the conflict between homosexuality and nearly every other aspect of men's lives including expectations of masculinity, religion, reference group expectations and racial identity/group membership, resulting in recurrent stress [43]. Intersectional approaches to gender and preventive healthcare seeking have been utilized to demonstrate the ideological and structural dimensions that shape Black MSM's engagement in PrEP in the areas of relationships, the labor market, and healthcare systems [41, 44]. Stigma, medical mistrust, and perceived racism have also been found to affect PrEP awareness and uptake in Black MSM [45].

2.3. Personal Reflexivity

Due to the nature of this study, understanding my position within the research is an important aspect that must be highlighted [46]. There are a number of aspects about myself that will influence how I conduct this research, and how I interpret the findings. As an individual who identifies with the LGBTQ+ community, particularly the MSM category, I am very much an in-group member of the community I will be working in solidarity with. Although I am new to Seattle, I have taken steps to join community events, and engage the members of the community through volunteer opportunities and other forums.

I also understand that I am entering this research with a certain degree of privilege that many participants may not have. I am a lighter skinned Colombian-American cis-gender male and naturalized citizen, with two parents who are still alive, married, and financially supportive. I have had the opportunity to attend top universities and participate in elite programs and internship opportunities around the world. Despite the benefits I enjoy due to my educational and

financial social positions, I was raised in a Catholic household where homosexuality was frowned upon, and have experienced discrimination due to my racial and sexual identities. My experiences have shaped the way I learn and understand things and have influenced my views on the world as a whole. Through these experiences I have been able to reflect on my own values and beliefs. In short, I identify as an individual dedicated to equity, social justice, and LGBTQ health. This will affect the way in which I will go about my research.

2.4. *Data Collection*

From July 2017 – March 2018 I conducted semi-structured phone or on-line interviews with English and Spanish-speaking men from Western Washington (King, Pierce, and Snohomish counties) who participated in the online “What’s PrEP?” RedCap survey. Eligibility criteria for the online survey included: self-identified as cis-gender, Black or Latinx men, over the age of 16, HIV-negative, and sexually active with a man in the past 12 months. Participants were recruited in person, through outreach at community-based organizations, flyer distribution at events, Facebook campaigns, word of mouth, and peer referral, with support from the King County Health Department STD Clinic, the AIDS Clinical Trial Group research coordinator at the Madison Clinic at Harborview Medical Center, and community-based organizations including Entre Hermanos, the Center for MultiCultural Health, and the Pierce County AIDS Foundation.

I purposively sampled survey participants who agreed in the survey to be contacted for an in-depth interview. Sampling aimed to provide representative coverage of sexual orientation (gay vs. bisexual) and age (< 30 vs. 30 and older). A semi-structured interview guide was developed, based on the conceptual model and prior research by the *What’s PrEP* principal investigator

investigating barriers and facilitators to care engagement among gay, bisexual, and other MSM. The main topics explored men's experiences with HIV prevention and knowledge of PrEP, access to care (including insurance coverage), coping strategies for PrEP side effects and disclosure of PrEP use, self-efficacy to adhere, social support, and provider relationships. I elicited information regarding facilitators that could enhance motivation, help manage side effects, or remind individuals to take pills. I also asked about peers, friends, family, and providers and how they might facilitate or hinder PrEP uptake and adherence. Finally, we discussed the use of peer navigators and elicited feedback on the acceptability of this approach, as well as the desirable attributes of a peer navigator. In particular, men were asked to imagine their ideal peer navigator and were encouraged to how contacts would happen, how often, when and where. Men were also given complete freedom to suggest and recommend trainings for peers, and other approaches. All interviews were conducted via phone or telecommunications software, at participants' convenience. Notes were taken and conversations recorded, with permission, using a hand-held digital recorder. Each recording was assigned a study identification number.

2.5. Data Analysis

Notes and tapes from the in-depth interviews were transcribed verbatim, reviewed, and anonymized, removing any specific names or other potentially identifying references. QSR NVivo 11 qualitative software was used to manage and organize the transcripts. For this thesis, I analyzed the transcripts based on a codebook I developed based on discussions with my thesis advisor and the study PI. The study PI used a deductive approach to identify themes that had been identified a priori, and incorporated within the topic guide developed by the PI. This study

guide included questions and themes based on the socioecological model. The PI's approach was supplemented by an inductive approach to identify themes emerging from the data. This new information emerged from my conversations with men, in which men were encouraged to identify any barriers relevant to PrEP uptake and were given complete freedom to describe their ideal peer approach. This approach gave rise to new and rich descriptions in new topical areas around peer trainings and other forms of interventions. Quotes from respondents were included in the text to highlight findings and provide thick descriptions. The next steps in the data analysis phase of this study have been outlined in the limitations section.

3. FINDINGS

3.1. *Study Population*

Twenty-one in-depth interviews were carried out with key informants before saturation was reached in some areas relating to thoughts on PrEP and on peer navigation, but not on interpersonal interactions and structural influences, since limited numbers of Black participants have participated. To date 14 interviews have been conducted with Latinx men and 7 with Black-HIV negative men, of whom 11 (8 Latinx, 3 Black) self-reported to be currently taking PrEP. Characteristics of these men are presented in Table 1.

Participants represented 5 ethnic groups and moved from 8 states or countries. One Black participant reported being from Kenya. The Hispanic/Latinx participants reported being from Mexico (n = 4), the United States (n = 8), El Salvador (n = 1), and Colombia (n = 1). Participants' median age was 28 years (range, 20 - 60 years) and most (70%) self-reported a gay or homosexual orientation, while some identified as bisexual (20%) or queer (10%).

TABLE 1: Self-identified sociodemographic characteristics of participants interviewed

What's PrEP? Study Participants Interviewed (N = 21)		
	N	%
Race/Ethnicity		
Latino/Hispanic	14	67
Black	7	33
Born Outside the U.S.		
Yes	8	38
No	13	62
Self-Reported PrEP Use		
Currently on PrEP	11	52
Not currently on PrEP	10	48
Age Group in Years		
< 30 (16-29)	12	57
≥ 30 (30-60+)	9	43
Education		
12 th grade or less	1	5
High school graduate	1	5
Some college	9	43
College graduate	8	38
Graduate degree	2	9
Sexual Orientation		
Gay	15	70
Bisexual	4	20
Queer	2	10
Relationship Status		
Single	14	66
Married/Partnered	5	24
Divorced/Separated	2	10

Occupational Status		
Employed (FT)	12	57
Employed (PT)	1	5
Student	2	10
Casual/temp worker	3	14
Unemployed	3	14

3.2. *Ethnographic Data*

Across interviews, key themes emerged and were organized to demonstrate: **1)** disclosure concerns for bisexual/gay masculine identified men, **(2)** specific challenges for Latinx MSM, **(3)** specific challenges for Black MSM, **(4)** and special considerations for younger men, as categories that influenced interest in PrEP, current use, and interest in peer navigation.

Disclosure Concerns for Bisexual and More Masculine Identified Men

PrEP's association with being gay and promiscuous. When talking about PrEP, bisexual men reported their perceived associations between PrEP and community stigma around homosexuality and condomless sexual intercourse with multiple partners. Participants identified their own negative reactions to men on PrEP. When asked if they would disclose taking PrEP to their peers, some of these men expressed thinking that PrEP was more of a “gay thing” and something that straight couples never used.

I mean as far as PrEP, the stereo[type]... is it's okay to have random sex, you know? People just say like okay, that if you're on PrEP you can have random sex with whoever you want without using protection... I've heard people say that... I can just go out and do whatever I wanna do and... No condoms... you know... just kinda you know... free for all...

African American Bisexual Man, age 38, not taking PrEP

I don't have a lot of like gay friends... Most of my friends are straight so... But if I did have a friend that like... like kinda engages in [PrEP]... I'm not sure... am I classifying that as

a gay thing? Is PrEP for straight couples as well?

Latinx Bisexual Man, age 23, not taking PrEP

These attitudes impacted bisexual men's interest in PrEP, such that bisexual men who recognized PrEP's benefits were still wary of potential side effects, were not "fond of taking medications," or had concerns of the social implications of taking PrEP:

I'm actually a trained community health worker here in the U.S and I want [PrEP] to get out there, but I don't want it to bounce back on me. I don't want to personalize it.

African Bisexual Man, age 36, not taking PrEP

Homophobia's impact on disclosure. Bisexual men reported that homophobia was both a deterrent to disclosure of male-male sex and a contributor to social isolation. According to these men, homophobia and peer pressure influenced their decision-making and forced them to have to choose between being gay or straight. Their bisexual identities were often negated.

I think a lot of people want you to choose a side... You could hear that's the idea that people pushed on... You're either one, 'cause if you're having sex with guys, you're gay [and] if you're having sex with girls, you're straight. 'What are you?'

Latinx Bisexual Man, age 23, not taking PrEP

It does make you feel a bit like a freak of nature, because you do get the folks that [say], 'Oh you need to choose or you need to pick one.' You do get that stigma and it also goes the other way around... I had a conversation with someone else the other day and we were talking about going to a conference and she's like, 'oh you can share a room with me, I know you're gay,' and I'm like, 'just because I am with a guy doesn't mean I'm no longer bisexual.'

African American Bisexual Man, age 45, taking PrEP

In a similar vein, participants described feeling like they were in between two worlds with respect to their other identities. Participants alluded to a sense of social isolation produced by a limbo identity where disclosure of their sexual identities came into conflict with their racial identities. This tension impacted their interpersonal relationships with heterosexual and gay peers and their ability to connect with others in their communities of color, as these men felt they had to hide their bisexual identities to avoid rejection and judgment for engaging in same-sex behavior.

Well, first of all because people say that they accept gays more but in truth it is not true... Some people treat [you] more simply as more distanced, like okay, [they're] not the same person who used to invite you to eat or go out, and all of that diminishes. I think that's why I think I'm in two worlds, in two cultures, which is better not to disclose because already others have gays [in their minds] as very promiscuous.

Latinx Gay Man, Spanish-speaking, age 37, taking PrEP

[In] my barber shop, they think I'm a straight man there... You should be able to get your haircut without having to hear people say homophobic things... but there are young men in that group who are probably also attracted to men and [are] hearing all that and are like, 'Fuck... I will never be the person that I secretly am. For myself, I can disassociate. I can create these two worlds that I know don't fit together. Like that type of sexual identity, where it fits [with] my ethnic identity. I know where they don't fit, but I know where I fit in the in-between... But there are people who are also like me... but they don't fit... they can't make connections because life never gave them that opportunity... Those people live in the margins...and they will never have a middle ground. They'll never find what I have and that's a bummer... They're gonna have worse health outcomes because they never have a space where they can be safe... they can never be honest about who they are.

Latinx Gay Man, age 27, taking PrEP

Preference for discrete providers. Publically supported community STD clinics were considered better alternatives by bisexual men uncomfortable having sexual health conversations with their primary care providers. These men enjoyed the degree of anonymity and the expertise in LGBTQ health that this clinic offered, and preferred to keep their general health and sexual health needs separate.

Yeah I [have] a medical provider that I go to... but when it comes to like STDs... I just go to the one in Harborview. I don't know I just like that one, when it comes to those kind of things. I feel like I get more information over there and I rather talk to them... I have not gone for like any... sexual stuff to the provider... For some reason, I don't know, I like to keep things separated.

Latinx Bisexual Man, age 23, not taking PrEP

After my high-risk exposure... they referred me to Lifelong or this Gay city, but I did not feel comfortable either until I went to Harborview... that's where they started me [on PrEP]. I had to explain everything that had happened and I did not feel comfortable... I feared they would judge me... The first thing was the atmosphere that you are not in a private place because you are in a little room where everything can be heard from outside in [Lifelong and Gay City] ...and then in the Harborview there was a totally closed room.

Latinx Gay Man, Spanish-speaking, age 37, taking PrEP

More discrete contacts needed for peer navigation. Having a masculine “buddy” for informal meetings by phone or in safe spaces not overtly connected to the gay community was important for bisexual or more masculine gay men who were not ‘out’ to all members of their social network.

But if you were to partner me with someone... [who] has a sexual practice that puts him at risk and wants to be protected because he also has a family... that's the kind of person I would love to... work with discretely... People don't want to lose everything else just because we're taking PrEP... It's not worth the risk, not enough for me... PrEP is a lot more than just health... It's relations to keep, there are jobs to keep, perceptions when you want to go out there and you just don't want to lose all that because you're a health freak.

African Bisexual Man, age 36, not taking PrEP

Many men that are married and have a family and have not come out of the closet, I think [phone contact] would be much better [than meeting in person] and then after that, they would delete the number or the call. In the case that the woman checks the phone, then the message is very difficult to delete because if they sent it in several messages, then there are several, and if you forget [to delete them] it would be uncovered.

Latinx Gay Man, Spanish-speaking, age 37, taking PrEP

Specific Challenges for Latinx MSM

Immigration status and PrEP. Latinx men who moved to Washington compared their past experiences in other countries to what they perceived Washington could and could not offer them and others in their communities, which impacted their perceptions on HIV prevention and PrEP.

Since I've been living here... I see that there's a certain level of education, where people take care of themselves, and take preventative measures... in comparison to NY where people are more liberated and [there's] less prevention... I [moved because I] wanted to experience my gay life... and I found in other countries a problem... I didn't find open societies to live my life for what I am as person and for my sexual orientation... When I moved I saw that this is a community that respects the rights of others.

Latinx Spanish-Speaking Gay Man, age 60, not taking PrEP

I didn't say this earlier but... I'm undocumented... and I have DACA, and so I think that's part of my hesitation for essentially getting on PrEP now, because right now I have health insurance but when my DACA expires I will definitely not... The majority of Latinos are Latinos before they are LGBTQ... What I think about is recent immigrants or people who just moved here, that's really their experience right there, they are first immigrants, they are first undocumented, they are first Latino, Mexican, Guatemalan, wherever they are from before they are gay... so that to me is extremely important and critical in terms of reaching out and extending [HIV prevention] information to people.

Latinx Gay Man, age 25, not taking PrEP

Trust and intimacy in decision-making around sex. Men mentioned distrust of other Latinx men in their communities as reasons why they either chose to consider PrEP, increase condom usage, or remain abstinent in the context of high-risk scares, infidelity, peer pressure to engage in condomless sex, or personally testing positive for an STI. These incidents left Latinx men in a vulnerable state as they reevaluated their risk perceptions.

So I've gotten gonorrhea and chlamydia before multiple times... [The] first time I got it was with my ex-husband... we decided to mix things up in our relationship and had a third... We were a little shaken back by it... but when we realized that it was easily curable, that didn't really throw a curveball into that part of it.... And the second time I got it was a little shocking to me because... I find out that he actually cheated on me... which kind of blew my proportion out of like who to trust when it comes to sex.

Latinx Gay Man, age 21, not taking PrEP

There are even some who get angry. I had a sexual partner and he said, "Okay we're going to have sex," and when we were in the moment I said, "We should use condoms," and he said, "No. I do not like it," and I said, "But I want to use a condom," and he said, "You know what? You better just leave." And so I left. Like it was a pressure. It was a dilemma that he told me, "We don't use condoms or you better go." Then I left because I got scared... I said, "He wants us to not use a condom. Why do you not want to use condoms? I said I'm possibly at risk and for a moment of fever, of being horny, I'll regret it my whole life.

Latinx Gay Man, Spanish-speaking, age 34, not taking PrEP

For other Latinx men, condom use was perceived as a barrier to intimacy. Condomless sex was considered an expression of freedom, pleasure, and trust, and was especially felt during times when men chose to be the receptive partner. Yet, men also asserted the stigma that exists around unprotected sex and receptive anal intercourse, which singled out certain men. The disparaging language used to stigmatize and effeminize receptive sexual partners deterred men from speaking truthfully and openly about their practices to others in environments in which trust was limited.

We stigmatize bottoming more... We just know that bottoming is higher risk for HIV infection... but we always stigmatize the person that's on the receiving end of sex... With

*gay men, the person who's on the bottom is the most stigmatized so maybe it's just like a thing about the way our society is, [rather] than it is about me just deciding [to] like one type of sex is more okay than another... In Spanish it effeminizes the person, like feminine pronouns, when they're like **perra** or **sucia**... they're not saying your homeboy is gonna go 'top' that guy... they're saying that he's gonna 'be topped' ya know? ... and I think there's a lot of people that are trying to reclaim bottoming and destigmatize it.*

Latinx Gay Man, age 27, taking PrEP

Affordability and patient-centered care. Participants who reported negative relationships with their providers mentioned the effects of providers' discordant identity in terms of sexual orientation, sex or race, lack of knowledge about PrEP, and disapproving attitude about their interest in or use of PrEP. Providers failing to provide LGBT-friendly culturally competent services were considered obstacles preventing men from accessing PrEP, in addition to other structural barriers including compounding co-pay costs and lack of insurance.

I brought up [PrEP] to her and as a provider she wasn't knowledgeable about PrEP... She was like, 'let's schedule another appointment and let me do my research,' and I'm like, 'I already paid \$25 and you want me to pay another \$25 copay for you to like get your shit together?' So I went back and talked about it more... First of all, she's not a person of color and she's not LGBTQ and she doesn't understand the implications of the backgrounds that I come from as a Latino gay male. She didn't really think it was necessary for me to start this drug and she like pointed out the more negative consequences of the drug or whatever; how much it was going to cost me, how I'd have to come back for visits, and do more lab testing and it needs to get preapproved from your insurance. So I was just like, 'bleh,' I was just like, 'you just made me not want to take the drug.'

Latinx Gay Man, age 21, not taking PrEP

The first barrier [to accessing PrEP] would be the economic factor, the factor [of] medical access. When I go to the doctor, I go as a low-income person, as a person who is in the line of poverty. I manage a life system that I am in that group for the income I earn, [and] how I live. Then I have to go to [the] emergency [room as] charity.

Latinx Spanish-Speaking Gay Man, age 60, not taking PrEP

Peer navigators as patient advocates. For Latinx participants who were strictly Spanish-speaking, language and immigrant identity were major factors increasing interest in peer navigation. Men with these challenges expressed a preference for a peer they could reach by phone

and for one who could accompany them to medical appointments.

Immigrant, yes. Of course. [The peer] to be Latino. To be Gay. Immigrant, also. Because when a native from here explains to you [about PrEP] one says to themselves, 'Okay, yes, he's a citizen from here,' but when another immigrant explains it to you, you tell yourself, 'Oh, he's an immigrant, like me, and is also taking [PrEP].'

Latinx Gay Man, Spanish-speaking, age 34, not taking PrEP

If a phone line of information that is giving you addresses, telephone numbers, [and] schedules ... someone who is guiding them, taking them to places, because many people do not want to go to certain places alone. It makes them feel embarrassed. It scares them. For example, sometimes when people talk to me, I say, "Do you want me to go with you for an HIV test," and they say, "Yes, come with me." Because they are afraid that they [providers] will speak English. They are afraid that they will be charged. They are afraid that they do not know that they are going to be asked, that they will see be seen. So, there are a lot of people who are hiding, who do not want to go out in the public.

Latinx Gay Man, Spanish-speaking, age 34, not taking PrEP

Other recommendations from Latinx men included individualized care through home visits, weekly calls, and integration of crisis management and trauma-informed care to support mental health and other issues beyond a focus on PrEP uptake and adherence.

Maybe like [peers] had similar experiences I had in high school... I had anorexia and bulimia... I'm still like trying [to] get my body healthy from that... If they have at least an understanding of eating disorders that would be beneficial to me as a person. Of course that wouldn't apply to every other person in the program but I think it would be important if they understood eating disorders in men... That profoundly affected my life.

Latinx Gay Man, age 29, not taking PrEP

One thing that I would like my peer educator to be educated on ... I'm a victim of physical and sexual abuse... both by my parents and my ex-spouse... that has shaped my personality on how I trust people and how to connect... I was diagnosed with bipolar/depression... and I know that this peer advisor means well and wants me to be healthy and make smart decisions ... I feel at first it wouldn't be a problem but as the peer advisor got to know me I might resent and push him back... When it comes to that trust level that you're developing with the person... you don't want to be overbearing and powering over them to take this drug... 'cause to them it might be encouraging...but to me, by you constantly pressuring me to do something, it puts me in that vulnerability state that I used to be in.

Latinx Gay Man, age 21, not taking PrEP

In contrast, Latinx men with more resources noted that that identity considerations were less important to them, provided the peer was non-judgmental and had a good understanding of LGBTQ sexual health and health in general. Men expressed wanting peer navigators to be good listeners, honest, transparent, empathetic, and responsive, and to provide advice grounded in their own experiences.

I think [the identity of the peer navigator] matters less to me than it would matter to someone else who have less resources than I do. For instance, if I didn't speak English and my peer navigator only speaks English, that's gonna be a problem. But I feel just like on a gut level I would want my peer navigator who could relate to me on a cultural level more, but I don't think that's the biggest barrier to being able to work with anybody.

Latinx Gay Man, age 27, taking PrEP

Specific Challenges for Black MSM

Social isolation for Black MSM in Western Washington. Black newcomers and men who relocated from cities like San Diego, D.C., New York, or Chicago and were well adjusted to Seattle, described a sense of social, religious, and sexual isolation due to their racial identities. These struggles impacted their thoughts about PrEP and their perceptions of the delivery of HIV prevention services.

[I] lived in New York for some time and then lived in Chicago for some time as well and then was coming back to Seattle. I see things totally different... I feel like Seattle doesn't really have a huge African American community... In the space of living and working in Washington DC, in HIV prevention there have been a number of African American church leaders that wanted to have the conversation on educating themselves on HIV and PrEP and prevention so that they can have the conversation with their congregation... In Seattle I have not once met one leader in the church that is willing to have those realistic conversations with their congregation in the space that it's okay for individuals to be having sex and be having unprotected sex.

Black Gay Man, age 35, not taking PrEP

It's been my life here for the past 16 years so it's offered some great opportunities. It's still different from the other coast. I felt to some extent Seattle still feels a little bit behind the

times. I mean it's twofold. I mean I've had situations where I met people and all and it's like, hey you're a great guy, but I really don't have any more room in my life for friends... On the other hand of that, 'Oh hey you're great, but I don't date black guys.' You get both sides of that and they kinda do go hand in hand as well.

Black Bi-sexual Man, age 45, taking PrEP

Cross-racial interactions and sense of belonging. For Black men, interpersonal relationships with White peers were considered more distanced, “superficial,” or “ground level,” while prior sexual interactions were marked by either rejection or fetishism, in which men experienced themselves as hyper-sexualized. These particular lived experiences were compounded by multiple disadvantages as men recalled being racial and sexual minorities in broader society, and also minorities within their own Black communities. Dating apps were also mentioned for serving a unique function in providing yet another platform for racism and objectification of the Black male body from casual sexual partners.

My two best friends are both Black, mixed, and then my roommate is White. I have a lot of white friends. I have Latino friends and Asian friends. I mean my best friend is also Black. I guess I do share a lot more with him. We talk about our situations that happen because of our identity more so than anyone else just because we are similar you know and we have a lot of similar experiences here ... I guess that yeah that does matter or have an impact. I mean I guess things with my white friends are very a lot more just ground level.

Black Gay Man, age 24, taking PrEP

Not to mention Grindr... dating apps tend to be very picky... 'Oh I want a big Black cock,' or, 'oh, no Blacks.' It's been hard, for like even being black sheep within our own community... The last time I had active intercourse with another person [from] Grindr, I didn't really care about the fetish... and not to mention, they're on PrEP. It's also another prevalent fetish idea when you're on PrEP. It's okay to sometimes... excuse the word... nut up... or cum inside them and I didn't want but I had not done it ever again 'cause one... it freaked me out and two... it was not safe. One was... one of them was Hispanic... the other one... he's Asian... There's still a lot of stigma on black people in the LGBT.

Black Queer Man, age 20, not taking PrEP

Provider Discrimination and Medical Mistrust. Several anecdotes by Black Men documented the effects of pervasive structural stigma and discrimination even in organizations

that served the LGBTQ community. Some men felt they were excluded or compartmentalized by staff or by other men being served by LGBT organizations, due to their racial or foreign-born identity. Others identified racial disparities in PrEP access among their White, Brown, and Black friend groups citing racism and historical trauma for low uptake in Black men.

I met some people at [local CBO] [and] was really put off. I wouldn't mind to give it another try to see if they have anything else. I would want to go in, but they didn't seem to be interested in having anyone be trained and assist. They kind of judged me in a certain way [and] put me in a little compartment.

Black Bisexual Man, age 36, not taking PrEP

I noticed among all my friends that are White [that] are... getting the PrEP and getting into care. Then my brown and Black friends like I want to say half of them are in care and half of them are still hesitant of healthcare [because] of the racist past, just the historical trauma of thinking that we're going to get experimented on and just not trusting the medical system because you know it wasn't always there for us.

Black Gay Man, age 28, taking PrEP

Trust, rapport building, and acceptability of peer navigation. Before a peer-led model could be acceptable to Black men, participants noted that there would need to be concerted efforts around establishing a strong network of Black peers to build a sense of community before their introduction to said community, or else they might be more inclined to reject this type of support.

If I was at an event and someone came up to me and wanted to talk to me about PrEP or something in the space of being LGBT or Black and LGBT... it would be like "uh, yeah, NO," because I wouldn't trust it... The first thing that pops up into my mind is community. If there is a community of individuals that I trust and that I feel comfortable in then, YES I will receive it but if there is not a community of people that I trust... Ultimately I think this is a good idea but I would say that you would need to possibly make it more personalized for the individual that is participating in the service.

Black Gay Man, age 35, not taking PrEP

For participants already taking PrEP, peer navigators had the potential to provide additional

updates on PrEP research and breakthroughs, connect them to other community resources and PrEP support groups, and guide them in addressing barriers to PrEP adherence. As an additional privacy measure, some Black men preferred to communicate with peers online where they would be able to provide an alias, or even preferred a peer outside of their community.

I would have to say that [peer navigators] would have to keep private about... personal health information so I would have to trust in them that they would not divulge and share information. I guess it'd be helpful if the person didn't... know a lot of like people in my friend group... maybe like [live in] a different area of Washington.

Black Gay Man, age 24, taking PrEP

One participant reported that PrEP was not an option for him after consulting with his doctor and his partner of four years, and he went on to state that an assessment of current needs and resources could lead some men to decline peer navigation.

I would not use [a peer navigator] ... If I was on PrEP I wouldn't need anybody to tell me that I need to protect myself or that I need to take this pill every day or for someone to check in on me like once a month like, "hey how are you doing with taking this pill like this or the third," because that's something that you should be having a conversation with your doctor who prescribed the pill to you... I wouldn't use it because, I already work in the field and already kinda know everything but I think that yeah it's something that's most definitely beneficial for individuals that don't have access to the things that I have access to. You might not need PrEP depending on who you are. It's a personal choice.

Black Gay Man, age 35, not taking PrEP

Special Considerations for Younger Men

Lack of knowledge about PrEP. Younger men reported a limited understanding of PrEP and more recent engagement with regards to hearing about the drug, obtaining information, and personally considering it as a potential tool to protect themselves.

I heard about PrEP like last year... [It] was probably the first time I've heard about it and until this year I was informed about what it was... I think that might help a lot of people [that] don't actually know about it, like me, I just didn't know. Like I'm 23 years old and I just barely found out what it's really about and I didn't even know it existed before that.

Latinx Bi-sexual Man, age 23, not taking PrEP

Once you start PrEP, you have to continue with it, and once you discontinue for any type of reasons your body will make a... um... resistance towards the drugs and then you have to take another batch... and not to mention also the cost of actually buying them... those are my two worries about the PrEP part.

Black Queer Man, age 20, not taking PrEP

Limited social conversations about sexual health. Despite describing recent acts of condomless sex with multiple sex partners, younger men reported lower risk perception, which often went unchallenged by peers in their communities who were also not on PrEP. A common sentiment echoed by younger men was limited engagement in conversations relating to sexual health in their friend groups, in the areas of PrEP, STIs, and sex in general. These men expressed a desire to more deeply engage in conversations relating to their health.

I think I'm the only Latino in my little Muslim group. They don't take drugs unless it's necessary for your health. Like you actually need it in order to live or to maintain your state of life, so anything that's extra it's like, 'why put more into you,' especially when it comes to fasting and you have to take this drug every day. It plays an interesting role and I think it's definitely a generational thing with them. Like I said they are older; they're not as rambunctious as I used to be, I would say and my Latino friends that I have close to my age group are or were. It's like weird them thinking about me having multiple sex partners when they don't have that kind of point of view especially being a Muslim person.

Latinx Gay Man, age 21, not taking PrEP

I'm pretty open [with] my friends about a lot of things but there's some things I don't tell them about my sexual life, [about] partners that I have randomly. They don't know about everyone [laughs]. We all have some sort of privacy I guess but I think sometimes it'd be good to talk about more of what happens. I don't know; it's health.

Black Gay Man, age 24, taking PrEP

Concerns about insurance, costs, and side effects. Accessibility concerns were highlighted by men who were concerned about the high costs associated with PrEP, given that some younger men were students, and others were on their parents' insurance plans. Some felt unsure as to how to go about the process of obtaining PrEP, while others were discouraged by the economic burden and potential side effects. Younger men on PrEP worried about recent

conservative trends in politics and government, and the potential impact these could have on medical insurance and financial assistance programs for PrEP.

Me and my [people of color] members are a little bit more cautious about how we spend [our] money because it's not like everything is paid for automatically through our insurance and being a low income [person] of color myself, medical bills are definitely a concern, especially as a student... I'm not trying to rack up debt... I already have student loans that I need to pay and so this drug that I would have to take and keep filling up and, if I ever have questions or side effects about the drug... that means I have to go see a doctor and if I have to see a doctor that means it's gonna cost me a certain copay or percentage that then I have to pay out of my pocket and what if I need lab results done and then if I need tests done that means I repeatedly come back and it's like I don't want to spend my... time and money.

Latinx Gay Man, age 21, not taking PrEP

The Trump Administration. The fact that they're trying to repeal Obamacare and repeal Medicaid expansion, like I think about it like this, if something ever happened and I lost my job and lost my insurance, I would need to rely on public aid. If they rescinded the funding for Medicaid expansion for Washington, I would be fucked like how else would I get this PrEP? I'd have to apply for the Gilead assistance program, if they're still there.

Latinx Gay Man, age 23, taking PrEP

Preference for comprehensive peer support. Younger men wanted a peer to help them navigate the medical system and normalize discussions regarding different prevention options. These men wanted a peer who was racially concordant, close to them in age, and experienced with taking PrEP. Young Black men were more flexible about racial identity concordance with a peer, provided the peer was a person of color. Some men considered this potential peer as a confidant, and hoped such a relationship would be lasting.

I don't know if this is crossing the boundaries but maybe someone that I could connect with on a friend level. You can have a friend who started off as a peer educator to help open that conversation that like, it's okay to talk about these things with people. I wouldn't want just somebody who we connect and they [say], 'Congrats this is how you're supposed to live it, there you go, you're doing well.' Checking in on you, 'you're doing good, alright bye.' It almost feels like I opened up this huge vulnerability wall to this person and all of a sudden they're like alright deuces [bye] after like a few months.

Latinx Gay Man, age 21, not taking PrEP

Anyone that's like Latino, black, of a darker color and from the LGBT [community] would understand how like the whole system works because really I could get it from a white gay male. It's fine but more so they won't understand the way how everything goes on a different skin color.

Black Queer Man, age 20, not taking PrEP

4. DISCUSSION

In this study, I found a diverse array of views, assumptions, expectations, and feelings regarding PrEP among Latinx and Black men who have sex with men. Participants had various levels of knowledge about this prevention method. All men reported hearing of PrEP to some extent. The four key areas where I found identity to be important for men and where it impacted their interest in PrEP and potential interest in peer navigation to support PrEP uptake and retention were: disclosure concerns for bisexual/gay masculine identified men; specific challenges for Latinx MSM including migration status and need for advocacy; specific challenges for Black MSM, including discrimination and lack of trust; and special considerations for younger men, including limited knowledge and experience discussing sexual health and an interest in more comprehensive peer intervention content.

Disclosure Concerns for Bisexual and More Masculine Identified Men

Similar to previous research exploring PrEP associated stigmas for being gay and promiscuous among MSM of color in San Antonio Texas, two major concerns influenced bisexual men's interest in PrEP in my study: disclosure of same-sex relations and homophobia [22]. Sexual orientation non-disclosure, and non-acceptance by members of the medical community and broader public, have been identified as influential in facilitating HIV transmission among bisexual men by limiting access to and acceptance of HIV testing [47]. In a

study of same-sex attraction disclosure to health care providers among New York City MSM, Latinx and Black MSM were less likely than White MSM to have disclosed to their health care providers and female partners [47]. According to the same study, none of the 86 self-identifying bisexual MSM of color reported disclosing their attraction to or sexual engagement with other men to their providers [47]. The need for discretion among medical providers and peers have come up in other studies that suggest bisexual men's comfort with providers that accommodate their identity [48]. Sexual healthcare preferences among bisexual men in San Francisco, California highlighted a preference for models of care focused on the delivery of discrete services such as in STD clinics, rather than on the development of enduring care relationships, echoing the needs of men in my study [48].

Although research studies have examined the intersections of race/ethnicity, bisexuality, and “outness” and its impact on access to HIV prevention resources, limited research exists on how disclosure concerns might affect bisexual and gay masculine identified men's willingness to take PrEP, and their distinctive needs separate from gay non-masculine identifying men [49]. These studies have recognized the need for better understanding bisexual men's sexual relationships and non-sexual interactions with peers of more than one gender, in order to help reduce stigma and inform targeted health promotion interventions [49]. The problem lies with the MSM term that combines self-identified bisexual men and behaviorally bisexual men with self-identified gay men, according to researchers [49]. A study of sexual relationships, behaviors, and experiences among bisexual men in India found that men's experiences and expressions of bisexual identity created conditions where men felt isolated due to lack of a bisexual community and resources specifically tailored to bisexual men, impacted the sexual health discussions with healthcare providers, and created a need for silence around sexual orientation disclosure, except

for cases where their peers were also bi-sexual identified [49]. These barriers echo other research focused on the barriers to condom use among behaviorally bisexual men in Indiana that suggested tailored interventions to address the unique sexual health needs of bisexual men [50].

Specific Challenges for Latinx MSM

Immigration status and language emerged as salient themes. This supports other research focused on promoting PrEP to prevent HIV infections among Latinx men [39]. For Latinx immigrants, immigration status is another identity feature that men reported being discriminated for apart from their racial or sexual identities, as specified by researchers [39]. Recently arrived men and men who were undocumented, in addition to expressing concerns over obtaining insurance and affording PrEP related medical costs, also reported mental health concerns in my study. Similar concerns have been captured in studies of Latinx men from Mexico and other parts of Latin America who have reported trauma from their migration experiences, and to violence experienced back in their home countries due to their sexual identities [40]. This trauma impacted their mental health and wellbeing once in the United States, and persisted as a result of anti-immigration policies and anti-immigrant sentiments that have caused men to report fears relating to disclosure of immigrant status and discrimination [31]. Other studies have also offered insight as to the effects of sexual abuse and relationship violence on the heightened HIV vulnerability among survivors [51]. In my study, Latinx men expressed similar experiences in which infidelity, lack of trust in sexual partners, peer pressure to engage in condomless sex, and recent STIs were attributed to the intimate relationship context, which has been discussed in studies of Latinx couples in New York City [52].

The unique challenges of the migration experience, the societal stigmatization of immigration, and the influence of relationship dynamics on men's engagement in HIV

prevention resources, have also shown that language barriers (as another compounding disadvantage) make it difficult for Latinx men to access PrEP, particularly when their preferred language services are unavailable during screening or registration stages [39, 53]. Comparable to my study findings on Latinx men's preference for linguistic and racial concordant providers, research on the relationship between literacy, language proficiency, and patient-physician communication, has produced analogous results. However, study results indicated that even when providers are linguistically concordant, additional efforts are required when providers are not entirely fluent or familiar with the patient's culture and national origin [54]. Similarly, reviews of studies exploring Latinx preference in racial-concordant providers have also indicated that Latinx men receiving care from racial-concordant providers, still reported insufficient time spent with their providers [55]. Other men prioritized identity considerations such as physician's primary language, education concordance, communication style, and how well the physician knew them and their overall health status. These results support the diversity of needs in my study findings, and helps to explain why racial and language concordance was particularly more significant for Latinx immigrant men with limited English proficiency, and why men with higher educational levels and who were English proficient did not necessarily prioritize or express a need for a racial concordant provider [55].

Specific Challenges for Black MSM

Feelings of social isolation and a lack of a sense of community have been referenced in studies describing the experiences of Black men absent familial and community support [55]. For Black MSM in North Carolina, homophobia, and limited opportunities for socializing with other Black MSM impacted their sense of community, as men reported feeling ostracized from white MSM communities due to their race and from Black communities due to their sexual orientation

[55]. This sense of alienation was further heightened by the perception that other men only wanted to engage in sexual relationships, as was also expressed by men in my study who felt that due to their race, they were either rejected or fetishized. A qualitative exploration of the dating and sexual relationships of Black MSM particularly explores the myth of exceptional Black prowess in the gay community, and how the desire of sexual domination serves to reinforce unhealthy, racist, and reductionist views of Black men, which limits their overall partner pool available to them [56]. In my study, the use of online dating applications impacted Black men negatively, as it provided another platform for men to be stereotyped as expectations from interested sexual partners surrounding Black male gender roles produced a sense of disappointment in men who did not fit those expectations [57].

The theme of isolation was cross-cutting for Black men in my study, whose sense of belonging were also shaped by experiences in community based organizations (CBOs) serving LGBTQ persons, and when accessing medical care, which impacted their trust in their providers and overall sense of support. Churches were also institutional structures contributing to social and religious rejection, as mentioned by men who experienced homophobia from their churches in my study. These findings were echoed in a study investigating the promise of PrEP for Black MSM in New York City, which used an ecological approach to understand the attitudes, beliefs, and barriers experienced by Black men [58]. Mistrust of both the medical and pharmaceutical industry contributed to men's skepticism about PrEP's efficacy and apprehensions of taking the drug, and to their level of comfort engaging in sexual health conversations with their providers [58]. While CBOs and Black sexuality-affirming churches have been considered supportive structures for Black MSM in New York City, in my study, they were considered less representative of various identities, and were perceived as discriminatory [59]. This could be explained due to the location

and availability of larger peer networks and CBOs that cater to men of color in New York City as compared to Seattle [60-62].

Special Considerations for Younger Men

Lack of knowledge about PrEP has been identified as a major factor in the low uptake of PrEP in studies among young MSM of color, and was a major finding in my study. The acceptability of PrEP uptake among young Latinx and Black MSM in New York City revealed that only 50% of participants possessed comprehensive understanding of PrEP and were able to convey that PrEP was a form of HIV prevention, and not a complete HIV prevention tool that was 100% effective [36]. However, study participants expressed a desire to learn more about PrEP, which was a sentiment that was also expressed in my study, and suggests a valuable opportunity to reach out to young communities of color through additional messaging [36]. In this same study, socioeconomic status also influenced young men's attitudes toward the uptake of PrEP, as men indicated that compared to their white peers, they lacked the financial and care services resources to access PrEP. Insurance coverage for these men remained inconsistent or inadequate and copayments placed economic burdens on those who were financially vulnerable and lacked job stability [36].

Young men's concerns over copayments and financial assistance for clinical services have also been acknowledged as barriers influencing retention in PrEP among young MSM of color in Mississippi [63]. Similar concerns were highlighted by men in my study, who were full time students, still on their parents' insurance plans, and who had limited financial resources to afford the accumulating costs associated with PrEP after every medical visit. Other studies have captured men's discomfort in initiating conversations with peers about PrEP [64]. Studies on

young MSM have indicated that although direct conversations with peers can be influential in curbing risky sexual practices among younger men, a lack of research exists on how communication with peers may affect young men's willingness to adopt PrEP [65]. Yet, gossip and rumors have been attributed as barriers to sexual communication among young MSM, as fear of judgment from peers for their sexual practices can have negative health consequences on men's behaviors relating to HIV prevention [65]. These findings resonate with the limiting sexual health conversations younger men reported having with peers in my study, and how fear of judgment limited the types of social support men enjoyed from peers. This missed opportunity suggests a way forward in terms of peer support, and the potential benefits of leveraging peer networks to enhance positive sexual health conversations particularly around PrEP among young men.

Influential Factors Across the Socio-ecological Framework

Factors that influenced attitudes and perceptions of PrEP among Latinx and Black MSM PrEP emerged across all levels of the ecological framework. At the individual level, respondents were concerned about immediate and long-term side effects and efficacy. At the interpersonal level, men described limited conversations about PrEP and sexual health with peers and sexual partners. At the community level PrEP related stigma was reported by men who expressed awareness of how PrEP was perceived by others in their community. At the structural level, Latinx and Black men spoke about lack of culturally competent community based organizations and medical providers, which influenced their degrees of trust and affinity to these institutions, and which limited authentic conversations about PrEP and perceived barriers to PrEP.

Other socioecological approaches to understanding PrEP from the perspectives of HIV-negative Latinx and Black MSM have been utilized in order to understand barriers relating to knowledge, stigma, and access [63, 66]. Common among these studies was men's concerns of stigma across various levels. In line with the PrEP stigma paradox captured in recent studies, many men in my study echoed community stigma around promiscuity and expressed judgment relating to condomless sex [67]. As MSM of color confront multiple layers of stigmatization and discrimination based on their race and sexuality from a number of sources, these experiences may be compounded by the impact of PrEP-related stigma from other HIV-negative men gay men within their own communities [68, 69]. Recent research in Canada has highlighted how PrEP stigma can negatively impact many aspects of men's daily life, social and sexual relationships, emotional and physical health [67, 69]. HIV-related stigma and discrimination have been associated with increased risk-taking behaviors and decreased HIV testing and prevention behaviors in HIV-negative men; such stigma and discrimination are considered divisive influences between and among gay men of color at a community, and even on an individual level [70].

Strengths and Limitations

This research provides qualitative examples of Latinx and Black gay and bisexual men's thoughts and attitudes about PrEP, the structural barriers that MSM of color face, and ways forward to ameliorating these barriers with culturally-competent strategies such as peer navigation. This project adds to a growing body of literature on the topic of specific interventions to help men access HIV prevention resources and remain in care. The results shed light on individual barriers such as fear of disclosure for bisexual men, need for trust in intimate relationships for Latinx men, and social isolation for Black men. Community organization-based peer navigation has recently

been funded in Washington State to complement the Pre-Exposure Prophylaxis Drug Assistance Program (PrEP DAP), and program and clinical trial evaluations are pending as to its utility in promoting PrEP adherence and persistence [29]. This study illuminates racial and sexual identity considerations and offers logistical/operational insight for providers in Seattle and greater Washington considering developing peer intervention programs to engage MSM of color. This research can be used to inform future intervention programs for MSM of color in Washington and may also provide suggestions for how treatment providers can better collaborate with one another, and capitalize on community resources such as peers to engage men of color in care. It may also identify areas in which continued advocacy and consideration is needed for MSM of color such as mental health care, substance use, and care for comorbidities.

One limitation of my study is that this investigation was my individual take and interpretation of men's accounts for my thesis. In order to increase the rigor of the study, prior to submitting for publication, next steps will include adding more interviews with Black men, enlist a second coder for each transcript, and work with co-authors to refine and improve the final product. During the second stage, the second coder will code each transcript independently, and after completion of the second round of coding, meetings will be conducted with the first coder and PI, together to discuss codes until consensus is reached in order to reduce subjectivity and to increase the rigor of the codes. During these meetings, the principal investigator and co-investigators will reach consensus on emergent themes, and disagreements regarding the interpretation and classification of various passages in order to test for inter-coder agreement and reduce subjectivity.

This study is limited to the experiences of Latinx and Black gay, bisexual, and queer men of color in Western Washington, United States most of whom were already on PrEP. Participants

were considered key informants and therefore many men had substantial knowledge of HIV and prevention methods given their previous or current roles in care organizations, and educational backgrounds. I also recognize the unequal distribution of participants in both racial groups of men interviewed, which could have biased the results towards the experiences of Latinx individuals. However, the aim of my study was to capture the diversity of views among men in both groups, rather than compare and contrast the experiences of Latinx men versus Black men. Another limitation is that we did not include the voices of transgender men in our study, which would have added yet another layer to my study findings regarding the obstacles faced, their particular needs, and the desirable attributes in a peer navigator. Our third limitation was that qualitative interviews were conducted via phone rather than in-person, which could have affected the quality of data collected, given the absence of visual cues, and nonverbal data to aid in rapport building, probing, and in interpretation of responses. Lastly, a large portion of the men interviewed were already using PrEP. However, we asked men to think back to their PrEP journey and what might have helped them during their PrEP contemplation stages and what might help them now, which demonstrated that peer navigation was still a relevant tool for men on PrEP and something that they were also interested in.

5. CONCLUSION AND RECOMMENDATIONS

In examining the stories that Latinx and Black MSM of color tell about their lives and upbringing, when asked about their particular thoughts about PrEP and experiences with HIV prevention, men touched upon their racial and sexual minority identities, and the impacts of racism, homophobia, PrEP stigma, HIV stigma, and their struggle with feeling marginalized across various dimensions inhabited by peers, family, and health providers in a largely White region. In terms of

navigating and negotiating sexual experiences, men described their own evolving risk perceptions and concerns, which were heightened in the face of STI diagnoses that made the possibility of HIV infection uncomfortably real, or other HIV-related scares, such as witnessing the experiences of close friends who became HIV positive. From these men's perspectives, unsafe sexual practices generated real consequences, causing men to re-evaluate their behavior and adjust it accordingly, in order to gain control of their sexual health and well-being and to feel safe. In response to these experiences, men searched for ways to protect themselves, and considered peer navigation as a tool to access HIV prevention resources like PrEP. For many of these men, the racial and sexual identities of their peers, apart from others like age, were important and impacted their willingness to participate in a potential program. Peers were considered as a liaison between men and healthcare providers, supporting men who were considering PrEP, while helping those men on PrEP remain adherent and in care.

Understanding the significance of the role that identity and sense of belonging has on the HIV prevention on MSM of color, is therefore important information for researchers, medical administrators, and providers charged with implementing policy, interventions, and supports to ensure the well-being of Latinx and Black gay and bisexual men of color. Study findings suggest that identity considerations should be considered when designing and implementing PrEP programs that engage MSM of color. In my study, several potential approaches to improve peer navigation were identified, including developing culturally congruent programming to match peers with men based on various identity considerations and identified needs, employing social media such as chatrooms and informational phone lines as complementary combination strategies, and incorporating trauma-informed care into a peer navigation program for Black/Latinx MSM.

Current and future public health programs and interventions aimed at increasing PrEP uptake and adherence in Latinx and Black MSM in Washington should fully integrate identity considerations that encompass the wide-ranging needs of men, in order to more engage more men into care, and reduce HIV incidence for Latinx and Black MSM. Combination approaches dependent on men's identities and preferences for how they are to be contacted, engaged, and through what platforms, can help in creating carefully planned and tailored peer programs that comprise PrEP as one of several components of combination HIV prevention. Acceptance of these prevention packages will depend on its ability to address homophobia, service provider stigma, trauma, community engagement, connection to gay community, and address concerns with comfort with service providers, while providing access to other prevention methods.

A peer intervention that considers men's identities and offers tailored care depending on men's needs can be utilized innovatively. A holistic approach that is sensitive to men's experiences and identities can be distinctively applied which: address fear of disclosure for bisexual MSM, need for trust in intimate relationships for Latinx MSM, discrimination and medical mistrust for Black MSM, and lack of knowledge and need for social support in young MSM. Packaging intervention components for those men could prove useful and impact uptake and adherence. The need for education and training in dealing with violence, sexual assault and trauma must be an important component of a peer navigation program in order to help men cope and have access to resources connecting them to care beyond PrEP. Based on the identity considerations of the men in my study, it is recommended that peer programs aiming to engage diverse Latinx and Black MSM:

1. Address the multiplicity of disclosure concerns for bisexual and gay masculine identified men across various dimensions such in their interactions with peers, sexual

relationships, and varying engagement with medical providers, through peer programming that provides discreet services, and alternatives to in-person contacts.

2. Provide peer programming to Latinx MSM that is sensitive to their migration status and need for advocacy, delivers language appropriate resources and linkages to legal services if needed, and that is sensitive to the concerns of undocumented immigrants such as through registration forms.
3. Support Black MSM with peer navigators knowledgeable and compassionate to the experiences of varying forms of discrimination and racism and its effect on trust, relationships, and alienation, and complement peer programming with social networking features to help build a sense of community, and connect with religious leaders to encourage willingness for men to participate and accept the provision of social and informational support.
4. Engage younger men with limited knowledge and experience discussing sexual health with more comprehensive peer intervention programming that include educational resources, technological options such as chatrooms for connecting with peers and accessing trusted sexual health information, and develop plans around financial options to offset economic burden of copayments.
5. Incorporate trauma-based care in peer programming through trainings and professional development support that provide resources and tools to peer navigators to help effectively engage men with histories of trauma and men experiencing social isolation.

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