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Helene Marcy: Hello and Welcome to the UConn CSCH Podcast. My name is Helene Marcy, Program Manager for the UConn Collaboratory on School and Child Health, or CSCH. The CSCH mission is to facilitate innovative and impactful connections across research, policy, and practice arenas relevant to school and child health. CSCH serves as a central resource to university and external partners engaged in efforts that inform healthy, safe, supportive, and engaging environments for all children. I invite you to take a look at our website at csch.uconn.edu.

Recently, I spoke with Dr. Ryan Watson about two of his research projects. Ryan is an Assistant Professor in the UConn Department of Human Development and Family Sciences. Just this past year he’s received both the Junior Faculty Research Excellence Award, from the Institute for Collaboration on Health, Intervention, & Policy (or InCHIP) and the 2019 Distinguished Faculty Research Award from UConn’s Rainbow Center. He has collaborated on multiple surveys with the largest national LGBTQ civil rights organization, the Human Rights campaign. We’re also proud that he is a CSCH affiliate.

We’ve split our discussion with Dr. Watson into two podcast episodes. This episode will focus on a project that looks at disparities in access to HIV prevention tools among young men who have sex with men. Part 2 of our interview with Dr. Watson, which will be released in a later episode, will focus on a project looking at sexual and gender minority youth and their substance abuse. Ryan, welcome!

Ryan Watson: Hi—thanks for having me.

Helene: So Ryan, today we’re going to talk about your project that looks at disparities in access to HIV prevention tools among young men who have sex with men, in particular the access of African Americans and Hispanic/Latinx populations. What can you tell us about those disparities?

Ryan: So, many of us think of HIV as a virus or an illness that is something that is a time of the past or some kind of illness that has now been largely treated, which is true—we have a lot of drugs, a lot of resources. The government has given a lot of money to eradicate HIV, to control HIV—but we still see some large disparities, as you said, among some populations. And so, some some stats that really drive my research and the work that I'm doing now, one of which is that 60% of Black men who have sex with men are gonna have HIV by the time they're 40 years old, which is super alarming given we have a drug that can prevent HIV; given we have a lot of awareness around exactly how HIV is transmitted. Another stat is that 46% of those Black who men have sex with men who are currently living with HIV don't know that they're HIV positive. And so it's very hard to control the spread of HIV if people don't even know that they have it. So a lot of campaigns, a lot of money have been funneled into understanding how we get people to understand they have HIV and also treating those who we know are HIV positive. And the point of my research here is that there’s particular groups, one of which is Black and Latinx men who have sex with men, who are disproportionately much more likely to acquire this virus.

Helene: There's a particular type of HIV prevention that you look at called PrEP which stands for pre-exposure prophylaxis. Tell us about that kind of prevention and what can interfere with that type of prevention.

Ryan: So, when I tell people about my work, many folks are unaware that we have a pill today that if taken every day will prevent HIV 99.99% of the time and that's called PrEP. There's also a drug called PEP. It's post exposure and it works the same way—if you take it within a certain window after being exposed to the virus it will prevent you from sero-converting, living with HIV. And so we've had this drug for a few years now. There's been quite a bit of money given by the government and other organizations to understand the efficacy of this drug, to understand how to link it to folks who need it. But one of the alarming findings that a lot of my colleagues have found and people across the country, is that those who need this particular drug the most are not taking it or do not know about it. Ad so we know some reasons why this might be. This drug is produced by Gilead—it's a big pharmaceutical company, it's very expensive. So they charge $1,200, about, a month for this drug in the United States. It's very cheap in other countries, but there's some patent issues and there’s some things going on right now where the patent is expiring. But nonetheless it's very expensive. So we know that's a barrier for all people, maybe especially people of color. We know that there's stigma around this drug and we know that that could impact or interfere with people actually going the doctor and taking this. But what hasn't been explored is inter and intra personal experiences and so how you might feel yourself about being a person who's LGBT; whether or not you might be accepted for your identities from your families or your friends. So no one's really explored these issues that are kind of closer to home, that are kind of manageable, if you will, by the individual. Most people have really looked at economic barriers or structural barriers to taking this drug. And so some of my research is trying to understand—among this very vulnerable population which we just talked about—how do we connect those folks with this drug that we know can save their lives, we know can better their health and well-being.

Helene: I know the project just began, but do you have any preliminary findings that you can tell us about?

Ryan: So currently we're collecting data from 3,000 Black and Latinx men who have sex with men from all across the country. And, as you noted, my community partner, Human Rights Campaign—they are the ones that are helping me reach some of these hard-to-reach men. So while we're collecting data, I have access to some other data that's very similar with my colleague, Dr. Lisa Eaton. She collects data on things like this. And so the first studies we've done on the same topic finds that men—Black men. These are all Black men that I’ve been researching—those who identify as bisexual are least likely to be aware of this drug. So there's a statistically significant, rather large difference between bisexual men and other men—mostly gay or straight men. And so we know there's something about being bisexual; we have some theories. Perhaps it's b-phobia we talk about, and so these men who don't necessarily sometimes feel accepted by the gay community or by the straight community. And so something about that perhaps is thwarting their awareness of this drug. We found that men who are just out to some people—so they maybe told their friends but not their family that they're gay or bisexual—that those folks are least likely to also be aware of this drug. And so maybe, I mean you can think about maybe folks who are who are gay who are out, who are in gay communities have access to friends as experiences or to advertisements or they're at clubs where they have Gilead employees there trying to get people on PrEP. So we're starting to just identify the patterns in for whom is this disparity the worst? In what contexts can we intervene? And perhaps who do we need to target the most to get the information about PrEP out there, given it’s such an effective, useful medication? And in light of those stats I started with. I mean that the fact that more than half of Black men who have sex with men are gonna still be infected by a virus that is completely preventable. That's really the impetus of our work is to close that disparity.

Helene: So from what I understand your next step is to address that gap and you're going to use several qualitative and quantitative methods. Tell us what you plan to do.

Ryan: So the grant we obtained from the National Institutes of Health is a five-year grant. And so a lot of it is to do, as you just said, a phased kind of project. The first I just mentioned a minute ago is to just do a sample of 3,000 men across United States to see where are we? What are the patterns? What are the prevalences? What are the attitudes? In one snapshot in time about PrEP, about substance use, about some of the other things I mentioned like family acceptance, attitudes toward people's identities. And that will give us kind of a baseline to think about where do we go next. What's important to understand? When we, after we get that 3,000, my team and I are gonna follow 300 of them, 10% of those men, over two years. By following 10% of those men we're gonna be able to make some more robust, rigorous explanations of why people might be on PrEP, why some of these folks might not go on PrEP, and—as probably many listeners know—it's a stronger method to follow folks over time. And so you can start to talk about cause and effect. And we can't do that with the national survey. We can just kind of give some patterns, we can look at some associations. But later in the project we'll be able to maybe link some earlier attitudes or experiences to some outcomes, such as understanding why men won't go on this drug. And we have some assumptions. We have some ideas of what might cause this and we want to confirm these or discover new patterns and attitudes through our new survey. And the last thing we're going to do in the project—and this will be probably several years from now, three or four years from now—I'm gonna get really deep in with 30 of the participants and interview them and try to combine numbers and stories, which is a method that's important to me. To add to our patterns and our quantitative data with lived experiences so we can kind of understand some of the relationships that we’re observing in that in the numbers. And so we're gonna interview 30 folks and really try to understand: what are the nuances of experiences that might lead this vulnerable group away from this drug. Try to understand what would it take to get them on a drug that could prevent HIV. There's some new technologies coming out. By that time I do those interviews we expect there might be injectables; we expect there might be other ways to deliver this pre-exposure prophylaxis. And so maybe taking a pill every day is the barrier for some people. Maybe having that pill bottle that says clearly on it “PrEP” is too much for some men to imagine there saying that or their family. And so that may be all it takes and so we want to understand and talk to folks directly and understand that. So that would be the third part and we hope that that will elucidate some pathways or mechanisms by which we can intervene in this really epidemic I think.

Helene: Tell us how listeners can keep up to date on the progress of your project.

Ryan: in terms of the PrEP study we're just in the swing of collecting data so I would expect in the next six months or a year we'll start to put together reports. The Human Rights Campaign is also my partner in collecting that data on that project and so they undoubtedly will also put out some reports that that highlight the main level findings from that kind of work.

Helene: Thank you so much, Ryan, for joining us today and telling about your research. I look forward to hearing about the results. And a reminder to our listeners that you can find information about Ryan and all of our affiliates at the CSCH website, csch.uconn.edu. You can also follow us on social media @UConnCSCH. Thank you, Ryan.

Ryan: Thanks for having me.

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