BLACK MSM PERSPECTIVES ON PrEP, STDS, AND CONDOMS: FOCUS GROUP FINDINGS

National Coalition of STD Directors

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Executive Summary

Introduction

The National Coalition of STD Directors (NCSD) is concerned about the disproportionate impact of sexually transmitted diseases among men who have sex with men (MSM) and is actively working to address these disparities. As part of this work, we sought to better understand what black MSM enrolled in pre-exposure prophylaxis (PrEP) think about condom use and STDs, with the goal of helping to inform the national conversation about condom and STD prevention messages that work for this population. With support from the MAC AIDS Fund (MAF), we conducted three focus groups in 2017 with black MSM on PrEP—in Detroit, Michigan; Durham, North Carolina; and Washington, D.C.

Findings

Focus group participants clearly understand that PrEP is intended to prevent HIV and does not prevent other STDs. Nonetheless, some participants do not use condoms and are willing to accept the risk of STDs. Condom use is influenced by numerous factors unrelated to PrEP, such as relationship status, trust, drug or alcohol use, salience of STD risk, and feelings of sexual desire, pleasure, and intimacy.

PrEP contributes to STD-protective and STD-risk behaviors. For some participants, PrEP is associated with an increased number of sexual partners, more frequent sex, reduced condom use, and decreased stress about not using condoms. Some reported no change in their sex or condom-use behaviors. Some said that PrEP heightens their attention to risk reduction, including STD prevention. In addition, some participants reported that disclosing that they were on PrEP helped to facilitate conversations with their sex partners about risk and condoms.

Perceptions about the relative severity of STDs and HIV influence attitudes about condoms. Some participants, given their preference not to use condoms, feel that STDs are an acceptable risk because many are curable. Some also described how negative results on their routine HIV and STD tests contributed to a sense of invincibility that rationalizes their choice not to use condoms. Others, however, reported that they use condoms with PrEP because they are concerned about STDs—often in the larger context of a decision to start PrEP to enhance their overall sexual health.

Focus group participants offered ideas for persuasive messages about condoms, but discouraged proselytizing. Those who did not use condoms before starting PrEP may be less receptive to messages about using condoms while on PrEP. Participants favored messages that present the facts about PrEP and STDs with subtle encouragements about condoms—an approach that supports individual decision-making in the context of relationships, health, and pleasure.

Focus group participants disagreed about if and how STD and condom messages should be tailored for the black MSM community. Many emphasized the diversity of the community and offered conflicting opinions about the characteristics of the most effective spokespersons. Given concerns that community members sometimes confuse PrEP with HIV treatment, participants discouraged the use of spokespersons with known HIV-positive status, especially those who have previously appeared in HIV testing and treatment-related campaigns. Some rejected the premise of tailoring to the black MSM community, thinking that doing so promotes a narrow view of how gay men define themselves and might be seen as complicit in the history of pathologizing gay sex in the context of HIV.

Focus group participants also offered numerous suggestions about the communication channels through which messages should be disseminated, recommending both MSM-specific and more general social media platforms—such as dating sites and apps, Facebook and Instagram, and streaming services such as YouTube—as well as more traditional formats such as billboards and bus placards. Participants also pointed to the important role of television sitcoms in presenting an informed depiction of HIV and suggested incorporating messages about PrEP, STDs, and condoms as way to leverage the influence of mainstream popular culture.

Conclusion

Messages around condoms should be tailored to accommodate variation within the population of black MSM on PrEP with regard to attitudes and behaviors around condoms and STD risk. For example, black MSM who conceptualize PrEP as part of a broader approach to personal wellness may respond best to messages that frame the choice to use condoms as consistent with those personal wellness goals. Messaging can also promote the idea that disclosure around PrEP with sexual partners may help to initiate conversations about STD risk. In contrast, black MSM on PrEP who were disinclined to use condoms before starting PrEP may benefit more from messages designed to shift attitudes about condoms from pre-contemplation to contemplation of condom use. Messaging also should counter the possibility that repeated negative results on routine HIV and STD testing could cultivate a sense of invincibility that reduces the likelihood of condom use. Lastly, for all black MSM, messaging should present condoms as a choice; that is, part of a flexible menu of STD risk reduction options and not as a behavioral mandate.

Health departments, federal agencies, nonprofit organizations, advocates, and industry partners must develop and disseminate effective messages for black MSM about PrEP, STDs, and condom use—messages that are carefully crafted to avoid the pitfalls described in this report. The complexity of the issues and the diversity of attitudes and behaviors within the black MSM population, as evidenced in these focus groups, challenge programs seeking to develop messages that can be broadcast to large audiences. Social media platforms present a unique, but underused, opportunity to tailor messaging to inform users with different perspectives—in ways that will resonate with them—about the costs and benefits of different sexual health strategies (Gabarron & Wynn, 2016; Wohlfeiler, 2018).

Although effective messaging plays an essential role in STD prevention for black MSM on PrEP, messaging by itself will not reduce STD transmission. Beyond behavioral and biomedical interventions, public health must also address the social determinants of health that drive transmission, such as racism, homophobia, MSM stigma, poverty, and access to high quality sexual health care.

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Focus Group Findings

The National Coalition of STD Directors (NCSD) has undertaken a variety of projects to explore strategies that promote sexual health and wellness among communities that are disproportionately burdened by STDs. As part of our health equity work, we sought the opinions and experiences of black MSM enrolled on PrEP. Although PrEP is an important biomedical intervention to mitigate HIV risk, it also raises important questions about condom use and the risk of STDs other than HIV. We asked black MSM on PrEP what they thought about STD risk and condom use with the goal of helping to inform the national conversation about condom and STD prevention messages that work for this population. We are grateful to the MAC AIDS Fund for their generous support of this work.

Introduction and Overview

The incidence of many STDs—chlamydia, gonorrhea, and syphilis, among others—is higher among men who have sex with men (MSM) than in any other population. This disparity is most acute for racial and ethnic minority MSM—especially black MSM—who are young, unemployed, and/or of lower socio-economic status (CDC, 2017; Millet, Flores, & Peterson, 2007).

The advent of PrEP added another layer of complexity to already difficult questions about STD prevention and condom messages for MSM. For many, the threat of HIV infection was a powerful motivation to use condoms. Absent that threat, the disproportionate impact of STDs on black MSM adds a special urgency to the need for effective STD and condom messaging for black MSM on PrEP. This report describes a series of focus groups that created an opportunity for black MSM to advise NCSD on reaching their community with messages that work.

Methods

NCSD conducted three focus groups with black MSM from October to December 2017 in Detroit, Michigan; Durham, North Carolina; and Washington, D.C. Participants were at least 18 years old, identified as black men who have sex with men, and were currently enrolled on PrEP. A total of 19 men participated across the three groups, with six or seven participants in each group. (Attachment A includes additional participant demographic information.)

Focus groups were guided by a written protocol (Attachment B). Discussions were audio recorded and transcribed. MAXQDA 11, a qualitative analysis software program, was used to code the transcripts. Qualitative analysis used a hierarchical coding structure to facilitate initial identification of broad themes and to allow new codes to be added to subdivide themes for deeper understanding. Representative quotes were then selected to illustrate key themes. Although some quotes were lightly edited for brevity and clarity, we retained verbatim grammar and slang.

Results

Focus group findings are summarized within the following categories: PrEP knowledge, PrEP and condom use, perceived severity of HIV vs. other STDs, and STD and condom messaging.

PrEP Knowledge

Focus group participants understood that PrEP is intended to prevent HIV infection. When asked to describe PrEP's effectiveness in preventing HIV, participants stated percentages in the mid to upper 90s. Two described instances when PrEP was ineffective: one recounted that a PrEP-adherent friend had tested HIV positive, and another referenced a reported case in Canada in which someone on PrEP seroconverted. Participants also understood that PrEP does not prevent other STDs and reported that no one they knew personally thought that it did.

Despite knowing that PrEP does not prevent STDs, some use condoms inconsistently or not at all and are willing to accept STD risk. As one participant described it:

> *They don't think about [condoms], because it's like, they feel like, STDs, most of them, you know, I can get a pill or a shot, and I'm good. Whereas PrEP is keeping me from getting something that I have to live with for the rest of my life.*

PrEP and Condom Use

The frequency of condom use and the circumstances under which condoms are used varied greatly among focus group participants. Some reported that they rarely use condoms, and others said that they use them often. This variation in condom use is evident in the following quotes from three participants in one focus group.

> *I definitely heard, yes, use condoms with PrEP, but I'm like, I don't use condoms anyway. I don't care if I was on PrEP. I don't care if I was on Jesus. I'm not using condoms. I just don't do it, because I don't feel like it. That's just me.*

> *My three years of being on PrEP, I've definitely contracted some STIs, curable ones, because I'm like a 60/40 [percent] for condom use. Sixty is probably with; 40 is without.*

> *Let's say nine and half out of every 10 times I'm using a condom, because I don't want the inconvenience of having to be treated for something else.*

Among focus group participants, PrEP contributes to STD-protective and STD-risk behaviors. For some, PrEP is associated with increases in the number of sexual partners, more frequent sex, reduced condom use, and decreased stress about not using condoms. Some participants reported little change in sex or condom-use behaviors as a result of starting PrEP. Some said that PrEP heightens their attention to risk reduction, including STD prevention. This diversity of attitudes and experiences is evident in the following exchange among six focus group participants in response to a question about how PrEP influences their attitudes and behaviors around condoms and STDs.

> *Some of us are having sex more. I've been having sex a lot lately. I wasn't having sex like that [before PrEP]. I had my little whore days, you know, my little one-night stands, if I wasn't in a relationship. But when I got on PrEP it was just like, you know, what I'm gonna push this bitch to the max.*

> *For real. It's like going to the ghetto with a gun. You feel safer because you have a gun. That's what happens.*

> *It didn't make a difference to me. Had my boyfriends then. Got them now.*

> *Like he said, it's like I'm just safe. I can go have sex. To me now, it's like fuck a condom. I'm fittin' to have sex. Because I'm in that mode, and I just wanna have sex and don't want to think about a condom.*

> *For me, I'm the direct opposite. For me, being on PrEP make me more conscious of being safe.... It's kind of like, well, why would I be out here having all this sex, going with these hos, because if I come up with something it's like, well, why was I on PrEP in the first place?*

> *I have to say for myself, personally, the sexual activity stayed about the same. But in combination with my opinion and experience and with everyone else's answer, I find that people on PrEP, you know, sometimes increase or maybe even decrease their sexual activity....It's kind of like that when it comes to getting on PrEP, now you have this extra security belt for your own personal health or this extra oomph to get out there.*

Some focus group participants reported that disclosing that they are on PrEP helps to facilitate conversations with their sex partners about risk and condoms. Participants said that it is easier to ask questions about their partners'

risk behaviors and to broach the topic of condoms after telling their partners that they are on PrEP. Whether or not condoms are used, participants described PrEP as a beneficial discussion starter. The following exchange between two focus group participants describes how PrEP helps to facilitate conversations with sex partners.

> *I think what PrEP did was that it brought condoms more to the forefront as a conversation. I think that for my sexual partners, when I preface things with "I'm on PrEP what is your preference around condoms?" it's a more easygoing conversation than the times when I wasn't on PrEP and I was just like, you know, here's this condom. I do think that, for me, PrEP has allowed for conversations around condoms to be easier. Do people wear them? That's a different story. But the conversation is a little bit more easygoing. I think knowing that I'm on PrEP makes people feel more ready to say like, no, I don't like condoms, and, no, I don't use condoms. But then, for me, it's a very specific conversation about like, okay, so what are you doing outside of having sex with me while I'm on PrEP that's keeping your risk low? Because after we're done, what you going to do after this?*

> *What you said just, I completely agree. Like just through sheer proximity of telling someone that I'm on PrEP, it does start some conversations. One conversation that I started to have that I didn't realize I needed to have when I started PrEP was about intravenous drug use. That's not my lane, and I didn't realize how common it was.... And, so, I was glad that I opted to use a condom in addition to taking PrEP because it's like, oh, shit, like there was this whole other layer of shit that I didn't even think to consider.*

When focus group participants were asked if they would advise someone who uses condoms to start PrEP, they generally responded "yes" and justified this by noting that condoms are often used inconsistently or sometimes fail (e.g., break or slip off). However, when asked if someone on PrEP should also use condoms, responses were less uniform. Many participants said that they consider condoms to be an individual choice and do not want to declare what someone else should do. As the following quote explains, participants noted that some people may not have been using condoms before starting PrEP and that PrEP may have no bearing on their condom use.

> *We thinking that PrEP was introduced to the majority of people that were using condoms, and then when the PrEP came around, we stopped using condoms in lieu of PrEP. But, no, that's not the case. PrEP came along for people that were barely using condoms anyway, and then PrEP was just another way to protect.... Nine out of 10 of us that are on PrEP weren't just having safe sex until PrEP came along. PrEP didn't stop safe sex. PrEP just made us feel more comfortable doing what we were already doing.*

Among focus group participants, condom use was also influenced by numerous already well-documented factors unrelated to PrEP. Participants reported that they are more likely use condoms in the following circumstances:

- with sexual partners that they do not know well or at all,
- with partners who are known to engage in high-risk behaviors,
- when they do not inquire about their sex partners' STD status,
- when they do not trust their partners to be truthful, and
- when STD-risk is a salient concern.

Conversely, participants said that they are less likely to use condoms when they are under the influence of drugs or alcohol; strongly driven by feelings of sexual desire, pleasure, and intimacy; and engaged in sexual activities they consider to be lower risk.

Condom use did not always align perfectly with these considerations, however; for example, condoms are not always used with anonymous partners when under the influence of drugs or alcohol. The following two quotes illustrate some of the ways in which condom use depends on the context within which sex occurs.

> *If you are on PrEP, and you only have one or two partners, and you all know each other, and you're okay with divulging testing results, and you don't want to use a condom, don't use a condom. But if you're in a season in your life where you on PrEP, but you also out there having pin the tail on the donkey sex where, wherever you land it, you're going to sleep with somebody, then you may want to go ahead and invest in condoms as well to make sure that you are fully covered.*

> *You done had you a couple of gin and tonics, and you feel real good; I feel like in those times my first mind is like, use a condom, but on that drunk day it's like, well, I don't know. You popped your PrEP today, and so it goes, at least for me, from like a 100 percent you should [use a condom] to like 80 percent like, hmm, maybe.*

Perceived Severity of HIV vs. Other STDs

Focus group participants' attitudes about condoms are influenced by their perceptions about the relative severity of STDs and HIV. Some participants, given their preference not to use condoms, feel that STDs are an acceptable risk because many are curable. Others, however, reported that they use condoms with PrEP because they are concerned about STDs—often in the larger context of a decision to start PrEP to enhance their overall sexual health. Some participants suggested that their greatest STD concern was how visible signs of symptomatic STDs might affect their sexual attractiveness to others. These different views on STD risk and condoms are evident in the following exchange among four participants.

> *One of the things that I hear is we're talking about PrEP, PrEP, PrEP, but we're putting the condom in the fine print now. So, we take the pill, but we're not still advertising about don't forget to wear your condom. Because even though the pill may save you from AIDS, we still have syphilis, hepatitis C, gonorrhea, and still have other STDs and STIs that your body can incur.*

> *Not to interrupt or anything, but at the same time—I understand what he's saying—but those things we can get rid of or we can deal with. My main thing is not to get something that can kill me. So, I feel what he's saying, but at the same time, a lot of people just trying to reconcile with, well, I can't get HIV, and this [STDs] I can deal with.*

> *Yeah, I agree with that as well. Not saying that other STDs and STIs can't have these grave outcomes, but, I mean, especially when you think about being a black MSM, HIV is the primary thing that you want to prevent. Chlamydia, gonorrhea, syphilis, you're like I can take penicillin, whatever, but it's like HIV is the primary thing that you would like to prevent.*

> *As long as it's not noticeable [visible symptoms] people don't care.*

> *They don't. They really don't. And I had a reaction to what [he] was saying too. While HIV is the primary, [STDs] kind of take down your immune system every time that you get infected with them. So, if you keep coming to the clinic, just, for example, for syphilis, you keep getting infected with syphilis all the time, your immune system is crap now, and you're more prone to catch other things. Even though, aside from that, a cold could be your worst nightmare now. Because you just didn't care to use a condom and just stuck with PrEP, so there's those things to consider, too.*

Focus group participants reported that they receive routine HIV and other STD testing every two to three months, although some said they are tested more frequently as part of research studies or because they seek financial incentives from programs that promote testing. Some disclosed that they had previously tested positive for an STD while on PrEP. Because we did not explicitly ask about STDs during the focus groups, it is not possible to know how many participants had prior STDs. None of the participants described difficulties or inconvenience with routine testing. The following quote is representative of how participants generally described their testing experiences.

I go every three months, either on that three-month marker, or maybe a couple of days before, and that's just the cycle that my doctor has me in. And then every time that I go for a checkup, they literally check everything. So, they check my liver enzymes, kidneys, standard vitals, they do HIV, chlamydia, syphilis, literally everything.

Repeated negative STD and HIV tests may suppress condom use. Some focus group participants described how negative results on their routine tests contribute to a sense of invincibility that rationalizes their choice not to use condoms. The relationship between routine testing and condom use is illustrated in the following exchange between two focus group participants.

I think also, for some folks—and I've fallen victim to this myself—is like when you get that nonreactive result, there's that moment of like invincibility that you may feel. And like now that I've gotten vindication and validation of the fact that I didn't get anything, that's even more encouragement to go out and do things.

And to piggyback off of that, like the longer that you get those nonreactives, like I've been on PrEP three years, so every time that three-month window come around and it's nonreactive, you feel even more invincible. And, so, think about when we're going to have people on PrEP for five, 10, 15 years. They're going to always have that moment to say, I can do whatever I want.

STD and Condom Use Messaging

Focus group participants described different ways in which their PrEP providers addressed condoms during clinic visits. Some providers routinely ask about and encourage condom use, while others use a subtler approach, such as reminding clients that condoms are available at the clinic without overtly advocating their use. For some providers, condom messaging changes over time; for example, they proactively advocate condom use when PrEP is initially prescribed but not with more established clients. The following two quotes illustrate some of the ways in which providers approach condom messaging in the clinic setting.

They always ask "are you using condoms?" That's the number one question. "Are you still using condoms? Are you still practicing safe sex?" And of course, you say no. They give you the whole documentary of, well, this is only for such and such, you still need to use condoms to prevent other STDs/STIs, the whole nine yards.

He would always be like there's condoms in the room over there if you need them. So, I know where they are if I need them when I'm leaving. But he doesn't push it.... But in the beginning, when we first started our relationship as client/physician, absolutely, he pushed it a lot.

Focus group participants identified several issues relevant to effective condom messaging. They often described PrEP in the context of their overall goals for sexual wellness and expressed a sense of empowerment in mitigating their HIV risk. These views were evident when participants described why they started PrEP and in their suggestions for how condom messaging could be promoted in the community. For black MSM concerned about sexual health and attracted to the empowering elements of PrEP, messages about condoms and STDs may best be presented as an extension of those wellness goals and sense of self-determination. The following quotes from four different participants illustrate these themes.

When I had the opportunity to try PrEP, I kind of felt empowered. I felt responsible. I'm like, damn, bitch, you're finally doing the right thing. Because I knew how I was getting down.

Being on PrEP makes me feel like I'm in charge, like more in charge of my sexual health.

For me, it's about taking care of yourself. And even though you may be in a relationship, it's about controlling your own health. We don't know what our partners are doing when they out in the streets.

I guess a tagline would be holistic sexual wellness. Preventing HIV is safe, but is it wellness? And I don't think it is, because wellness is holistic. And HIV prevention is just one component of the greater picture of being sexually well.... You have to weigh the degree of harm that you're willing to inflict upon yourself. So, I mean if HIV is the end all, be all for you, then, sure, by all means, don't use condoms. But I mean, once again, going back to this idea of using condoms and being sexually well, I just personally don't think it makes sense to just use preventative measures to protect you against HIV if you're not also thinking about the other things that you can contract. And I think using condoms is part of that prevention.

Although focus group participants offered ideas for persuasive messages, they also discouraged proselytizing. Participants described their irritation with PrEP providers who insist they use condoms. In addition, they noted that those with unfavorable attitudes about condoms before starting PrEP will likely be less receptive to messages about using condoms while on PrEP. Participants favored messages that present the facts about PrEP and STDs with subtle encouragements about condoms—an approach that supports individual decision-making in the context of relationships, health, and pleasure. The following quotes from four different participants illustrate these themes.

What I believe in doing is telling people the facts. The fact is that PrEP prevents or helps to prevent the transmission of HIV. It does not prevent the transmission of STDs. You make an informed decision. You're an adult. Most of us are. So, like I'm not going to tell someone that you need to wear condoms, when I know that I don't wear condoms. But I will let them know what PrEP does and what it doesn't do, so that they know what they're getting themselves into.

I would say, you know PrEP only protects from HIV. So, you out here and you having sex and you don't know this man or these men or whoever you're having sex with, and you don't know them intimately. Then, baby, you need to be using condoms as well. Because PrEP is only keeping you safe from one thing.

It's the tagline—pills or rubbers, brothers. It's your choice. But it's not to distinguish that you use one or the other. Someone will already see that both are an option.... But, in this case, you're providing both options without forcing somebody to make a choice. You're letting them know subliminally you have a choice.... You make everybody feel empowered by putting it right in front of your face. But I'm not saying you can't take both. That's going to be the question.

I do think a strong issue with the black same gender loving community is that there's too many people fucking and not enjoying it. And, so, I wouldn't want to push PrEP and condoms if that's going to impede on people's pleasure. And, so, PrEP is the thing that allows you to access pleasure. And if you are able to deal with whatever comes up from not using condoms, then like I put that on you. You're an adult.

Focus group participants often used puns and analogies in discussing their personal views about PrEP and condoms and in their suggestions for effective condom messaging to others. Participants recommended that messages be highly engaging and incorporate catchy phrases and rich imagery. Two examples are presented in the quotes below.

I look at it just like locks, you know? I would never in my lifetime just lock my bottom lock in my house. I have to lock them both. So, it's one of those things that even though I'm on PrEP, I'm going to still use the condom, or even if I wasn't on PrEP, I was using a condom. It's double security. And that's just kind of natural like for me, in a sense. Like I just always want to make sure I got it all tightened up.

I'd do something kind of cliché, like just maybe in bold words, and say, don't pay for sex again. Naturally, you think of maybe prostitution and different things like that. But the point is that you don't have to pay for having sex where you are having sex unprotected and catching different STDs.

Focus group participants disagreed about if and how STD and condom messages should be tailored for the black MSM community. Many emphasized the diversity of the community and offered conflicting opinions on the characteristics of the most effective spokespersons. These discussions often turned into a kind of debate—with participants disagreeing with each other's suggestions for who should be depicted in messages. For example, while some participants preferred a hyper-masculine spokesperson, others wanted to see a more effeminate man. Given concerns that community members sometimes confuse PrEP with HIV treatment, participants discouraged the use of spokespersons with known HIV-positive status, especially those who have previously appeared in HIV testing and treatment-related campaigns. The following three quotes illustrate these points of view.

> *When we market it to the gay community, we use three types of people. We use a known advocate that's usually a star. Please don't use them. We use somebody that's overly effeminate. Please stop using them. Or we use a group of gay guys that don't fit any of our demographics.*

> *I feel like it needs to be like relatable people that you can relate with, because if I'm like that feminine guy looking at this commercial and I just see a bunch of like masculine guys on there talking about, yeah, duh duh, I'm like, well, this ain't for me. But if I'm feminine, and I see somebody else, you know, with a little sway in their hip and a bent wrist, you know what I'm saying, I might feel like that's more relatable to me, and like this might be something for me.*

> *I understand reaching everybody, but to do that, you've got to specialize in certain groups at the same time. I'm not trying to disagree or argue about anything. But at the same time, we do need specialized programs and specialized target groups to just focus on us.*

Responding to these disagreements, some participants recommended that messages have an array of spokespersons who reflect the diversity of black MSM so that everyone can see someone to whom they can relate. Others, however, rejected the premise of tailoring to the black MSM community, thinking that doing so promotes a narrow view of how gay men define themselves and might be seen as complicit in the history of pathologizing gay sex in the context of HIV. The following quote describes this concern:

> *Our sexuality is a part of our definition, but it does not define us. If you are making a campaign of anything and you only say we are making this campaign to target young people who are having sex, you will come in contact with young African American men who are having sex with men. That's part of the problem is when you're only looking for African American men who have sex with men, you have reduced us to what we do in the bedroom. Not you specifically, but a lot of times these promoters and these doctors and these people out there reduce us to what we do in the bedroom. And we are so much more than that.*

Focus group participants also offered numerous suggestions about the communication channels through which messages should be disseminated, recommending both MSM-specific and more general social media platforms—such as dating sites and apps, Facebook and Instagram, and streaming services such as YouTube—as well as more traditional formats such as billboards and bus placards. These suggestions are represented in the following exchange among four participants when discussing how messages about PrEP and condoms should be disseminated.

> *Facebook and Instagram, because the best commercials that I see, I haven't seen on TV. I see them because somebody shared them on Facebook or Instagram or something. And somebody's like, girl you see this commercial? Go look here.*

> *YouTube.*

> *Yeah, YouTube. You know, things go viral now. They don't really go viral on TV anymore.*

That depends on who you trying to reach. If you was trying to reach a gay person, a gay black male, Jack'd or whatever gay app, get on Grindr and advertise.

I like what [he] said. Put it on Facebook.

Even though you saying Jack'd and all that, you really got the ones that's on the DL that's on Facebook, that's friends with a gay person that's on Facebook. They ain't gonna go on Jack'd and be like, let me see what's on Jack'd, let me check. No, that person is going to be on Facebook with their gay friend.

Finally, participants pointed to the important role of television sitcoms in presenting an informed depiction of HIV and suggested incorporating messages about PrEP, STDs, and condoms as way to leverage the influence of mainstream popular culture. Overall, the range of participants' suggestions about messages and communication channels reflected their sense of the diversity of the black MSM community, indicating that a variety of messages disseminated through multiple channels is advisable.

Conclusion

Messages around condoms should be tailored to accommodate variation within the population of black MSM on PrEP with regard to attitudes and behaviors around condoms and STD risk. For example, black MSM who conceptualize PrEP as part of a broader approach to personal wellness may respond best to messages that frame the choice to use condoms as consistent with those personal wellness goals. Messaging can also promote the idea that disclosure around PrEP with sexual partners may help to initiate conversations about STD risk. In contrast, black MSM on PrEP who were disinclined to use condoms before starting PrEP may benefit more from messages designed to shift attitudes about condoms from pre-contemplation to contemplation of condom use. Messaging also should counter the possibility that repeated negative results on routine HIV and STD testing could cultivate a sense of invincibility that reduces the likelihood of condom use. Lastly, for all black MSM, messaging should present condoms as a choice; that is, part of a flexible menu of STD risk reduction options and not as a behavioral mandate.

Health departments, federal agencies, nonprofit organizations, advocates, and industry partners must develop and disseminate effective messages for black MSM about PrEP, STDs, and condom use—messages that are carefully crafted to avoid the pitfalls described in this report. The complexity of the issues and the diversity of attitudes and behaviors within the black MSM population, as evidenced in these focus groups, challenge programs seeking to develop messages that can be broadcast to large audiences. Social media platforms present a unique, but underused, opportunity to tailor messaging to inform users with different perspectives—in ways that will resonate with them—about the costs and benefits of different sexual health strategies (Gabarron & Wynn, 2016; Wohlfeiler, 2018).

Although effective messaging plays an essential role in STD prevention for black MSM on PrEP, messaging by itself will not reduce STD transmission. Beyond behavioral and biomedical interventions, public health must also address the social determinants of health that drive transmission, such as racism, homophobia, MSM stigma, poverty, and access to high quality sexual health care.

References

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Wohlfeiler, D. (2018). Expanding HIV Prevention Options: Implications for Messaging for Gay and Bisexual Men—A Report on the "And/Or Meeting." Retrieved from: https://www.bhocpartners.org/wp-content/uploads/2018/04/Expanding-HIV-Prevention-Options-Implications-for-Messaging-Meeting-Report-4-9-18-1.pdf.

Appendix A

FOCUS GROUP PARTICIPANT DEMOGRAPHICS

LOCATION	N*
DETROIT	6
DURHAM	6
WASHINGTON D.C.	5
AGE	
18-25	1
26-30	11
31-35	4
36-40	1
RACE/ETHNICITY **	
BLACK OR AFRICAN AMERICAN	17
AMERICAN INDIAN OR ALASKA NATIVE	1
HISPANIC	1
DURATION OF PREP USE	
< 1 YEAR	6
1-2 YEARS	4
> 2 YEARS	7

* There was a total of 19 focus group participants but one participant in Durham and one participant in Washington DC did not complete the exit survey

** Participants could indicate more than one race/ethnicity

Appendix B

Focus Group Protocol

Individuals eligible to participate in the focus groups will be black, MSM, and enrolled on PrEP. Due to the challenges of consenting minors, focus group participants must also be at least 18 years old. Focus group recruitment will also seek diversity within each group with regard to a range of ages over 18 years old and varied socioeconomic status (e.g., individuals that are and are not Medicaid eligible).

Agencies and organizations that serve black MSM at each of the three sites will be enlisted to help with participant recruitment and securing a location for convening the focus group. These contacts will be asked to share information about the focus group purpose, date, incentives, etc. with individuals that meet the eligibility criteria. Individuals interested in participating in a focus group will be provided with a phone number and asked to call to confirm their eligibility and to receive additional information about the focus group location. These screening calls have several advantages: manage the number and characteristics of participants recruited, establish initial rapport with a focus group facilitator, and identify a mechanism to provide reminder messages to participants prior to the focus group date. Recruitment will be capped at 10 participants per focus group.

Focus group participation will be voluntary. An incentive will be provided in the form of $50 cash. Consent procedures will include a written consent form to be reviewed and signed at the beginning of the focus group (see attached). Focus groups will be audio recorded and transcribed by a professional transcription service. No personal identifying information will be linked to the audio recording, and participants will be asked to use a fictional name during the focus group discussion. Participants will also be asked to complete a brief written survey at the end of the group to capture demographic information and any feedback they may want to provide about the focus group discussion (see attached). All audio recording, transcripts, surveys, and consent forms will be stored in secure offices on secure computers.

Transcripts will be analyzed to identify themes and to develop a report of focus group findings. Focus group transcripts will be released only to NCSD staff and the consultant directly involved in data analysis and report writing. Evaluation findings will be reported in aggregate with no attribution of specific feedback to individuals. Individual quotes may be used in evaluation reports to illustrate particular findings; however, no quotes will be used that contain identifying information.

Focus groups will be co-facilitated using the focus group guide included in this document. Focus group facilitators will be David Napp, external consultant to NCSD, and Stephen Hicks, manager, health equity, NCSD. Materials needed for each focus group include: food, incentives, recording devices, consent forms, tent cards and markers, surveys, and pens. Two hours is recommended for each group:

- 25 minutes for participants to arrive and have food before the session begins
- 15 minutes for the welcome, consent, ground rules, etc.
- 75 minutes for focus group discussion
- 5 minutes to wrap up and give out incentives

Procedures for conducting the focus groups are summarized below and described more thoroughly in the discussion guide.

- Provide food for participants as they arrive.
- Welcome participants.
- Conduct consent procedures.
- Turn on the recording devices.
- Lead the focus group using the discussion guide.
- End the discussion.
- Distribute a brief participant survey.
- Provide incentives.
- Back up the audio recording.
- Debrief the focus group.

Focus Group Discussion Guide

WELCOME

Welcome, and thank you for coming today. My name is [Facilitator 1], and I will be leading some of the discussion this evening. And I am [Facilitator 2], and I'll also be helping to lead some of the discussion.

We are working with the National Coalition of STD Directors, also known as NCSD. NCSD is based in Washington D.C. and works nationally to promote sexual health through the prevention of sexually transmitted diseases or STDs.

NCSD wants to better understand the opinions and experiences of black gay, bisexual, queer, and same gender loving men with regard to PrEP and condom use.

We have already convened discussion groups like this one in [name of sites where focus groups have been completed]. What we learn from these discussions will be used to help develop community programs and messages about condom use, STDs, and PrEP.

The information you share today is completely confidential. We will not use your name or any other identifying information in reports or other materials related to this discussion.

As a way to thank you for your participation, we will provide you with $50 cash at the end of the session. We ask that you stay for the whole discussion so that you may receive the incentive.

CONSENT

Before we begin, I would like to review a consent form. I will read the form aloud and answer any questions you may have. Then I'll ask you to sign one copy of the form.

The consent form will be our record that you agreed to participate in the discussion and to have the session audio recorded. You may keep the other unsigned consent form for future reference.

Read the consent form aloud. Answer questions. Collect the signed forms and place them in an envelope so signatures are not visible.

ROLES

Our role will be to pose some questions for discussion, facilitate the conversation, and ensure everyone has a chance to talk.

Occasionally, we may have to interrupt the discussion in order to bring us back to a particular topic to make sure that we cover all the questions we have before time runs out.

We plan to wrap up by 7:30.

Your role is to freely share your opinions and experiences.

We are interested in multiple points of view, so it is okay to disagree.

We ask that there be no judgment of anyone's answers.

Please feel free to speak up if someone puts forth an idea that you want to expand on or if you have a different point of view.

We ask that everything said here remains confidential. Please do not repeat to others what anyone says during this discussion.

Because I live here in Durham, there is the possibility that we may see each other around town sometime. To respect your confidentiality, I will act as if I have not met you. Please do not think me rude or be offended by this.

Finally, please do not hold side conversations. We want to be able to hear from everyone, and side conversations can be distracting. Because we are audio recording it would really help if you could speak up so that everyone can hear you.

Do you have any questions so far?

RECORDING

We are going to turn on the recorders now. We will also be taking some notes as backup. Please know that that everything you say will be kept confidential.

We invite you to use a made-up name during the recorded discussion.

Turn on the recorder.

INTRODUCTIONS

Let's have everyone do introductions. First, please take a moment to think of a made-up name and write it on the tent card. Now, let's go around the table and tell us your made-up name and just for fun please also tell us, if you could have a superpower, which would you choose and why.

OPENING QUESTIONS

I'd like to start off our conversation with just some general questions about PrEP.

1. What were your goals for getting on PrEP?
2. How long have you been on PrEP? [go around the table]
3. What have you heard about condoms and STDs for guys on PrEP?
   Probe: How effective do you think PrEP is for preventing HIV?
   For preventing STDs?
4. Would you tell someone who uses condoms to also go on PrEP? Why / Why not?
5. Do you think someone on PrEP should also use condoms? Why / Why not?

PARTICIPANT EXPERIENCES AND PERCEPTIONS

Now I'd like to focus our conversation more specifically on some of these topics.

6. What might make someone on PrEP more likely to use condoms?
   What might make someone on PrEP less likely to use condoms?
   Probe: Does the decision about using condoms depend on relationship status;
   for example, a long-term relationship with someone who is positive versus a new relationship with someone you don't know well?
7. Let's say you have a friend on PrEP who was diagnosed with chlamydia. What do you think would help this guy choose to use condoms to prevent chlamydia or other STDs in the future?

8. Do your PrEP providers talk with you about condom use?
   What do they tell you?

9. Did going on PrEP change the way you think about using condoms? How?

10. Are you concerned about STDs? Why / Why not?

11. How often do you get tested for STDs?
    How does that affect your decision about using condoms?

MESSAGES

I have a few questions about how to get the word out to your community.

12. Let's say you were helping to put together a campaign for your community to explain PrEP, condoms, and STDs. We'd like you to come up with a 30 second "elevator pitch" and then we'll go around the table and hear what everyone came up with. Feel free to be creative, and let's have some fun with this!
    [*Give everyone a minute to compose their thoughts and then go-= around table.*]

13. What did you like best about the messages you just heard?

14. What would you do to further tailor these messages specifically for your community?
    Probe: Content, tone, images.

15. Who are the trusted sources of information about sexual health in your community?

16. What is the best way to get the word out to your community about PrEP, condoms, and STDs?
    Probe: Role of apps, other communication channels.

CLOSING

17. What other advice do you have for us about how to best support your community in understanding the role of condom use with PrEP?

WRAP-UP

Wrap up the discussion and thank participants.

Distribute a brief participant survey (provide pens as needed).

Tell participants to leave their completed surveys face down in the center of the table.

Provide incentives.

Back up the audio recording.

Debrief the focus group and identify any adjustments needed for next time.

Focus Group Consent Form: NCSD Copy

Introduction
You have been invited to participate in a group discussion about PrEP and condom use. This discussion is being conducted by the National Coalition of STD Directors. Please read this form and ask any questions you have before agreeing to be a part of this discussion.

Voluntary Participation
Your decision whether or not to participate in this discussion will not affect your ability to receive services or to access any programs. If you decide to take part in the discussion, you are free to withdraw at any time. If you withdraw you will be asked if the information gathered to that point may be used.

Risks and Benefits
Since you may be talking about your opinions and experiences regarding PrEP and condom use there is a possibility that sensitive issues may arise. There is a risk that you may become upset or that the discussion may trigger unpleasant memories. A benefit from participating in this discussion is that you may help improve community programs and messages about condom use and PrEP.

Confidentiality
Every effort will be made to ensure that your identity remains confidential. You will be asked to use a made-up name for yourself during the discussion so that you will not be identifiable. The discussion will be audio recorded and transcribed. The recordings and transcripts will be used only by NCSD and its consultant to develop a report. Your name will not appear in the report. Individual quotes may be used in the report to illustrate particular issues; however, no quotes will be used that contain identifying information.

Agreement
You may indicate your agreement to participate in this discussion by signing this form. You may ask the persons facilitating this discussion any questions you have now or before the discussion begins. If you have any questions or concerns about your rights or your treatment as a participant, please contact:

Sara Stahlberg
Associate Director, Programs
National Coalition of STD Directors
sstahlberg@ncsddc.org
202.715.3863

Statement of Consent
I have read and understood the information above and voluntarily give my consent to participate in this discussion. My signature below means that I have freely agreed to participate.

I am at least 18 years old ☐ Yes ☐ No

Name (please print) _____

Signature_____Date_____

If you would like information about the findings of the focus groups then please contact Sara Stahlberg; see contact information above

Focus Group Consent Form: Participant Copy

Introduction
You have been invited to participate in a group discussion about PrEP and condom use. This discussion is being conducted by the National Coalition of STD Directors. Please read this form and ask any questions you have before agreeing to be a part of this discussion.

Voluntary Participation
Your decision whether or not to participate in this discussion will not affect your ability to receive services or to access any programs. If you decide to take part in the discussion, you are free to withdraw at any time. If you withdraw you will be asked if the information gathered to that point may be used.

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Sara Stahlberg
Associate Director, Programs
National Coalition of STD Directors
sstahlberg@ncsddc.org
202.715.3863

Statement of Consent
I have read and understood the information above and voluntarily give my consent to participate in this discussion. My signature below means that I have freely agreed to participate.

This copy of consent form is for the participant to keep and should not be signed

If you would like information about the findings of the focus groups then please contact Sara Stahlberg; see contact information above

Focus Group Participant Survey

What is your age? _____

With what race do you most identify? (*Check all that apply*)

- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Multiracial
- ☐ Other (please specify) _____

Do you consider yourself to be Hispanic?

- ☐ Yes
- ☐ No

How long have you been on PrEP?

- ☐ Less than 1 year
- ☐ 1 to 2 years
- ☐ More than 2 years

How could we have made the focus group discussion better?

What other feedback do you have about the focus group discussion?