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CREATING A COMMUNITY PREEXPOSURE PROPHYLAXIS(PREP)-RELATED STIGMA SCALE: A WORK IN PROGRESS

BACKGROUND: Florida currently has the second highest HIV incidence rate in the United States. Preexposure prophylaxis(PrEP) was approved by the FDA in 2012 as a biomedical prevention method for HIV, yet previous research suggest that stigma may be a barrier to PrEP uptake. To date, there are no scales developed to measure community PrEP-related stigma. Measuring potential barriers to PrEP uptake, especially among highly at-risk communities such as Latino men who have sex with men, becomes increasingly important. Our study describes results to date on the development of a community PrEP-related stigma instrument.

METHODS: Cross-sectional data were collected in April of 2018 among 200 participants during a large gay pride festival event in South Florida to test the initial iteration of the scale. To test our scale, we conducted a reliability analysis and an exploratory factor analysis with a varimax rotation. A second phase of instrument development included cognitive interviews (n=7) and an expert panel. To be eligible for the survey and cognitive interview, participants must have been of male gender, 18 years or older, and must have heard about PrEP prior to recruitment.

RESULTS: The 200 cross-sectional participants had a mean age of 30.1 ± 9.8 years, 54.4% White, 55.4% Hispanic, and 83.1% gay identifying. Based on the initial cross-sectional survey, the community PrEP-related stigma scale was found to have good internal reliability, $\alpha=0.88$. The scale consisted of 11 items with an item-total correlation range of 0.21-0.71. We identified 2 factors: Sex-related stigma (e.g. "People think that people on PrEP are less likely to use condoms") and Other common stigmatizing beliefs (e.g. "People think that people on PrEP are bad people"). Those who participated in cognitive interviews were majority multi-racial (57.1%), had a 4-year college degree or greater (71.4%), and were gay identifying (71.4%). During cognitive interviews we identified several issues that caused confusion for participants. After presenting both the qualitative and quantitative findings to the expert panel, questions were added and modified. Currently, a retest of the modified scale is being conducted to test for reliability and validity.

CONCLUSION: The initial findings for the newly developed community PrEP-related stigma scale are encouraging. If found reliable and valid, this will be the first developed PrEP-related stigma scale to measure community stigma.