

Increasing PrEP Access for Black Women: The Role of Beauty Professionals in HIV Prevention Education

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Background

- Among women in Texas, Black women account for 56% of new HIV infections in women (Texas Department of State Health Services Black Women's Initiative, 2022).
- Black individuals receive only 14% of prescriptions for pre-exposure prophylaxis (PrEP), a medication that is up to 99% effective at preventing HIV transmission (AidsVu, 2023).
- Studies show a variety of factors responsible for this issue, including lower perceptions of risk for HIV, lack of healthcare access, medical mistrust, and lack of provider education on PrEP (Chandler et al., 2022).
- To overcome this disparity, the Beauty Shop Study seeks to develop a culturally sensitive model by utilizing beauty salons for community health advocacy, specifically aimed at women of color in Tarrant and Dallas communities.
- The Beauty Shop Study engages beauty professionals as trusted community members, equipping them to provide sexual health education to their clients, then refer them to a TCU Mobile Health Unit.

The Current Study

• The current study is an analysis of Need Assessment Surveys (NAS) that were conducted with beauty professionals to capture the needs of the community and discern if the culture of beauty shops is appropriate for discussions of HIV/STI prevention.

Methods

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- Beauty professionals (n = 33) were recruited to complete the NAS. Beauty professionals were eligible to participate if they worked in Tarrant or Dallas counties, and worked in the beauty field (e.g., cosmetologists, estheticians, waxers, nail techs, etc.)
- The NAS was comprised of 4 sections: Shop Basics and Atmosphere, Health Conversations, Implementation, and Demographics.

Demographics

Figure 1

Mean age = 35.85Mean time in their field = 11.88 years Mean time at their shop = 3.21 years

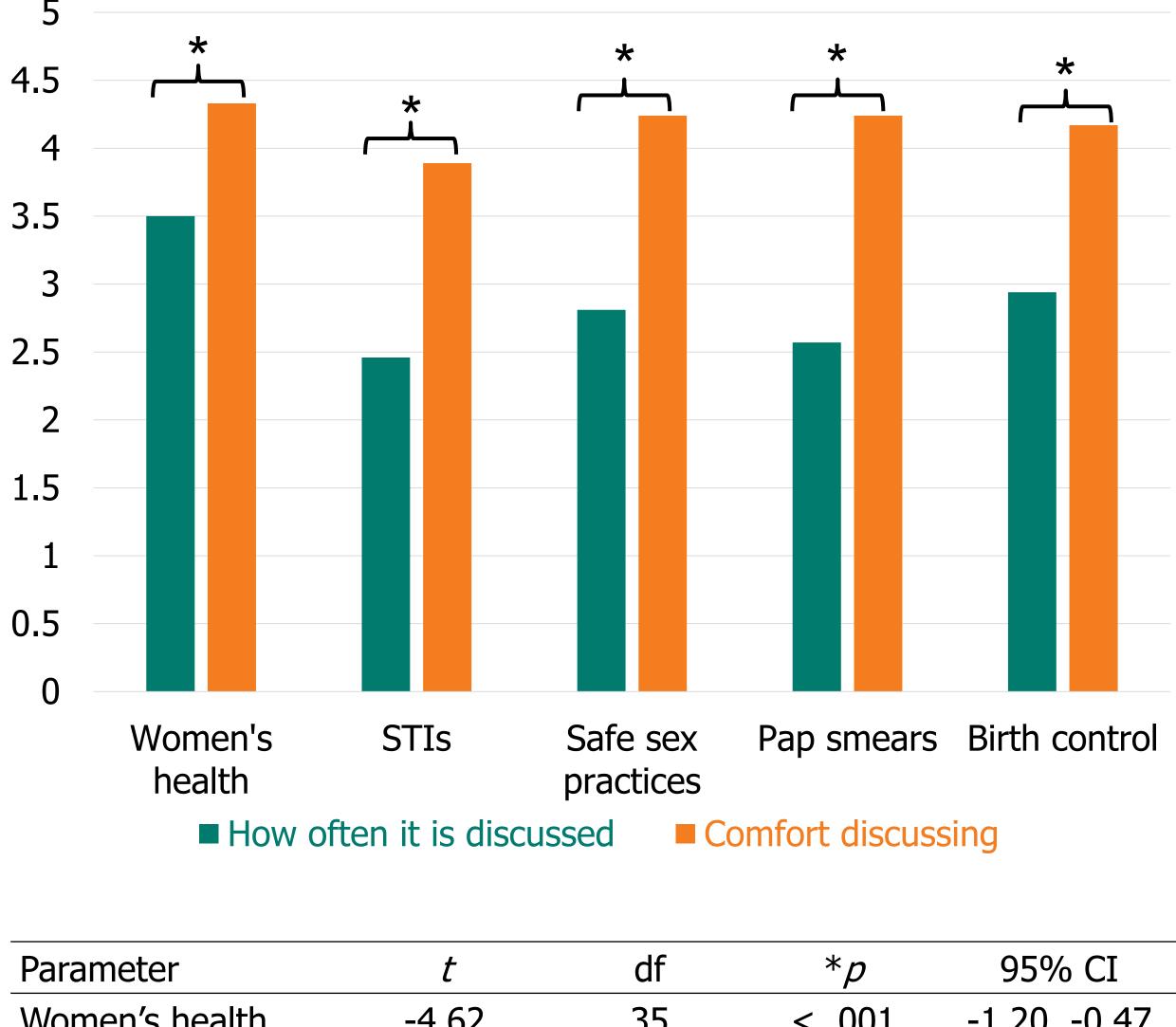
29 individuals (88%) are currently or have previously been certified or licensed in their field

	п	%
Gender		
Female	32	97
Male	1	3
Race		
Black/African American	30	91
White	2	6
Other	1	3
Ethnicity		
Not Hispanic	29	88
Hispanic	4	12

Differences Between Comfort Discussing and Actual Discussions

Figure 3

Paired samples *t*-tests were run to compare responses to the questions "How **comfortable** do you feel discussing these topics''' and "How **often** do you discuss these topics?"



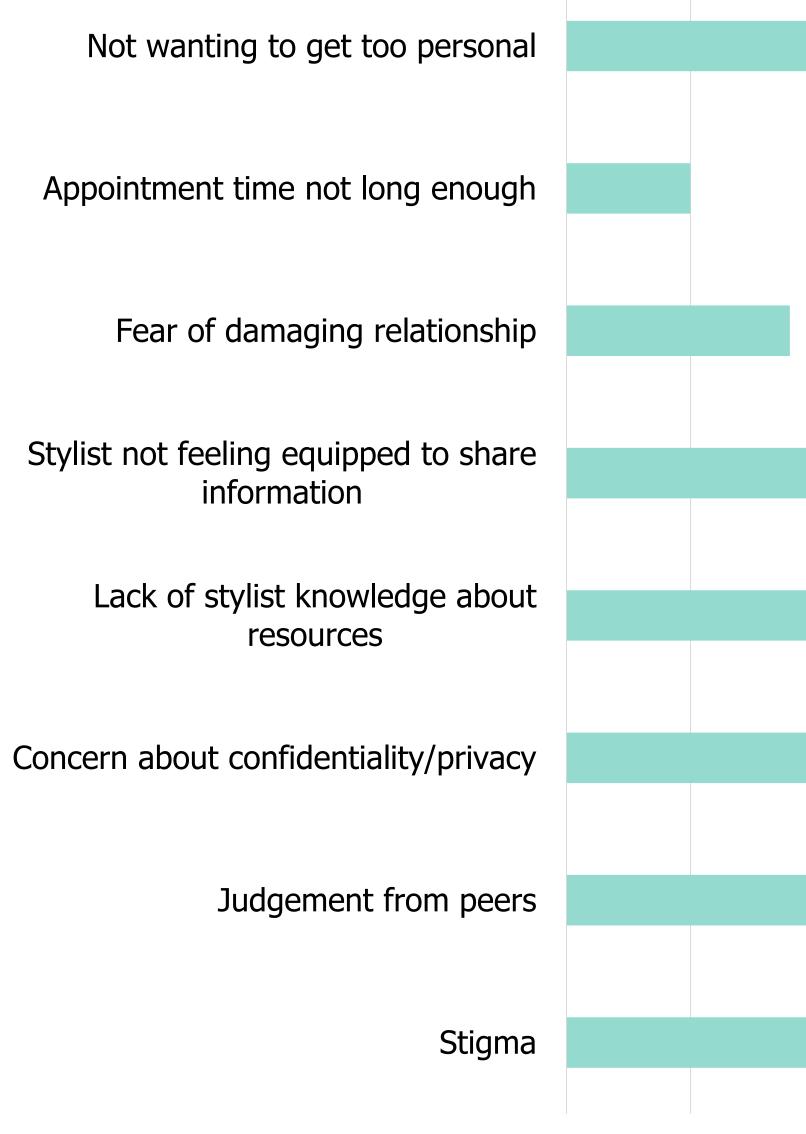
Parameter	t	df	* <i>p</i>	95% CI
Women's health	-4.62	35	< .001	-1.20, -0.47
STIs	-6.38	36	< .001	-1.89, -0.98
Safe sex practices	-8.36	36	< .001	-1.78, -1.09
Pap smears	-7.04	36	< .001	-1.88, -1.04
Birth control	-5.89	35	< .001	-1.64, -0.80

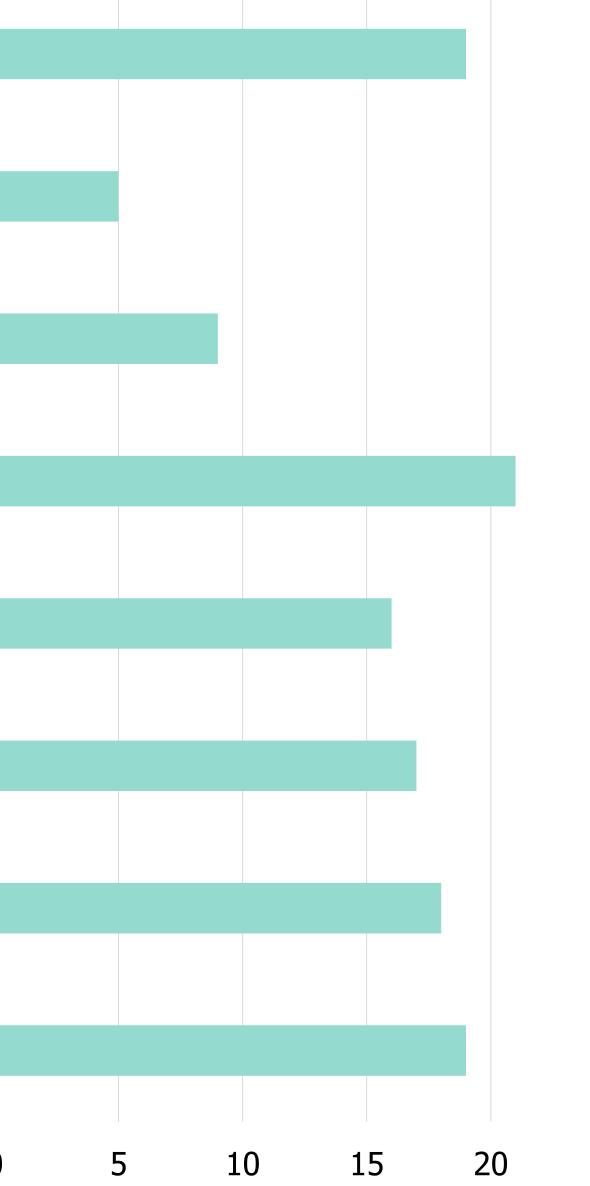
Correlations Figure 2 Pearson Correlation statistics are reported between questions identifying frequency and comfort discussing topics, importance of knowing clients can access services, and the impact of stigma.							
How often do you discuss safe sex practices with clients?		.52**	.36*	.26			
How comfortable do you feel discussing safe sex practices with clients?			.57**	.37*			
How important is knowing your clients have access to sexual health services?				.55*			
To what extent do you think stigma reduces your clients' willingness to discuss safe sex practices?		t the 0.01 level					

Perceived Barriers to Health Service Access

Figure 4

What do you perceive as barriers to increasing health access between you and your clients?





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Discussion

• NAS data gave insight into the current readiness of beauty professionals to facilitate the connection between their clients and sexual health resources.

• Figure 2: A significant positive correlation was seen between the **importance of knowing clients have** access to sexual health services and discussing safe sex practices, suggesting that increasing the buy-in of beauty professionals about the importance of sexual wellness and awareness of services can in turn increase sexual health-related conversations.

• Figures 3 & 4: Beauty professionals reported being significantly more **comfortable** discussing sexual health topics compared to their reported frequency of **discussing** these topics, and described a hesitancy to get "too personal" and feel unprepared for these conversations.

Implications

• Beauty professionals are trusted community members who are a part of the community they service, making them ideal community partners.

• Providing beauty professionals with focused training on current women's health data, catered sexual health information, and community healthcare resources are a few ways to reinforce their familiarity with these topics, potentially boosting their comfortability and frequency of discussing sexual health with clients.

• Health information coming from an existing member of the community with established client rapport could mitigate barriers like medical mistrust and lack of information to access healthcare resources.

• An increase in health conversations from trusted community members could bolster community sexual health knowledge and increase uptake for preventatives like PrEP.

Future Directions

• Future studies can examine existing professional curriculum regarding sexual wellness and infectious diseases or investigate other trusted community members that could serve as community health advocates. Further funding and continuation of the Beauty Shop Study can expand the engagement and support of these trusted community members in addressing healthcare disparities.

References

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