GM OC FELLOWSHIP | GAY MEN OF COLOR FELLOWSHIP
BIOMEDICAL HIV PREVENTION

Advancing PrEP Access and Uptake
AMONG GAY AND BISEXUAL MEN OF COLOR

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01 | INTRODUCTION

INTRODUCTION

The disproportionate impact of HIV on gay and bisexual men of color remains a pressing public health concern. Despite the proven effectiveness of pre-exposure prophylaxis (PrEP) in preventing HIV, utilization rates among sexual and gender minority people remain critically low. The Gay Men of Color (GMoC) Fellowship, a program organized by NMAC (formerly know as the National Minority AIDS Council), conducted a community-led study to uncover the factors influencing PrEP uptake. This brief synthesizes findings from focus groups and surveys, identifies actionable themes, and proposes a three-year advocacy agenda to address disparities and improve health outcomes.

It is important to note that correlations help explore associations between different factors but do not establish causation. Additionally, the focus groups and surveys were conducted on a non-representative sample, meaning that the findings may not necessarily apply to all gay and bisexual men of color. However, findings from focus groups and survey responses provide important insights for use when developing programs and for tailoring interventions. In addition, insights findings highlighted in this brief can inform advocacy strategies designed to expand, stigma-free access effective and help address disparities in PrEP uptake.

The disproportionate impact of HIV on gay and bisexual men of color remains a pressing public health concern. Despite the proven effectiveness of pre-exposure prophylaxis (PrEP) in preventing HIV, utilization rates among sexual and gender minority people remain critically low.

Gay, bisexual, and other men (including transmen) who have sex with men, are disproportionately impacted by HIV disease in the U.S. HIV incidence and prevalence are highest in this group. Black/African American, Latinx, Pacific Islander, and Native American same gender loving men and men with low incomes are especially affected. These groups are less likely to have unfettered access to care due in part to intersecting or overlapping forms of institutionalized racism, economic disenfranchisement, homophobia, and transphobia.

Social and structural influences converge to negatively influence interpersonal and individual factors to create significant barriers to sexual health. As a result, sexual and gender minority men are less likely to receive their diagnosis early after testing positive for HIV, less likely to be in care if they test positive for HIV, less likely to be retained in care, less likely to be on antiretroviral treatment, and less likely to be virally suppressed. Men who test negative are seldom referred to prevention programs, if at all. Moreover, utilization of pre-exposure prophylaxis or PrEP is unacceptably low. This is cause for concern, particularly given the evidence of antiretroviral medications' extraordinarily high effectiveness when taken as prescribed in preventing both HIV acquisition and HIV transmission.

Community-Led Research

Recognizing the importance of lived experiences, the GMoC Fellowship adopted a participatory action research approach, engaging fellows and community members at every stage. The study included:

- **Focus Groups:** Designed to explore nuanced beliefs, attitudes, and barriers to PrEP.
- **Survey Questionnaires:** Complementary quantitative data on motivations, barriers, and unmet information needs. This mixed-methods strategy ensured that findings were both evidence-informed and deeply rooted in community insights.

The Fellowship and a consultant also engaged the Centers for Disease Control and Prevention (CDC), which was conducting similar research at the national level, with a focus on men living in the Southern part of the U.S. Partners at the CDC reviewed a draft of the Fellowship's focus group protocol and short survey questionnaire and provided suggestions based on the lessons they gleaned from their own field work. The CDC's feedback was then integrated into the final protocol and questionnaire. For additional details about the methods used for data gathering, refer to the "Methodology" section.

KEY FINDINGS

Focus Group Themes

After reviewing all focus group summaries and notes taken by Fellows, 12 important themes identified. Those themes are described below.

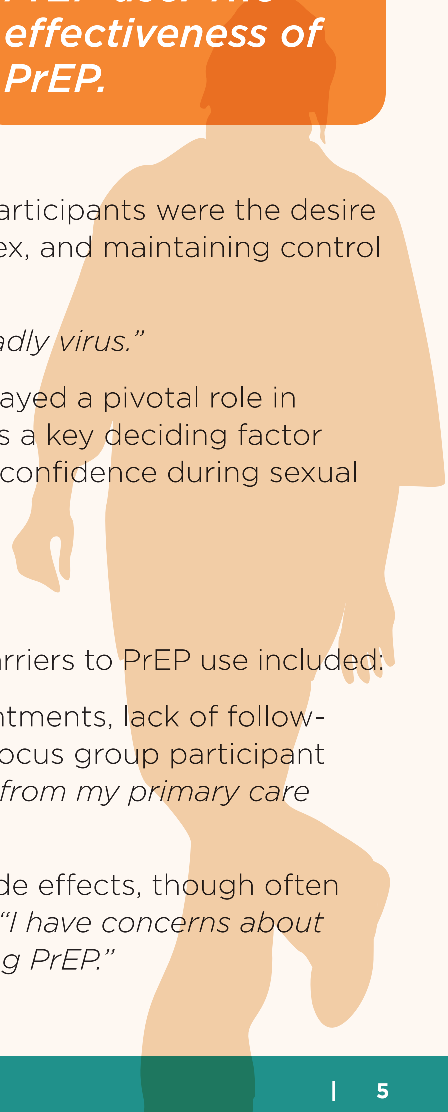
1 Awareness and Knowledge

Participants across the focus groups displayed varying levels of awareness about PrEP. Many were introduced to PrEP through partners, healthcare providers, or community organizations.

> *"I heard about PrEP first time when I tested for HIV in a community center."*

However, knowledge gaps persist, especially regarding newer forms like injectable PrEP. Common misconceptions and limited exposure to accurate information were barriers to understanding the full benefits of PrEP.

Personal relationships and the encouragement of partners often played a pivotal role in initiating PrEP use. The effectiveness of PrEP.



2 Motivation for Use

The primary motivators for using PrEP identified by focus group participants were the desire for additional protection against HIV, reducing anxiety related to sex, and maintaining control over one's health.

> *"I wanted to take control of my personal health from the deadly virus."*

Personal relationships and the encouragement of partners often played a pivotal role in initiating PrEP use. The effectiveness of PrEP in preventing HIV was a key deciding factor for many participants. One participant shared that PrEP gives him confidence during sexual encounters, reducing his fear of contracting HIV.

3 Barriers to Access and Use

Many of the same barriers were named across all 5 focus groups. Barriers to PrEP use included:

- **Healthcare System Challenges**: Difficulty scheduling appointments, lack of follow-up, and variability in provider knowledge about PrEP. One focus group participant mentioned *having "delays in getting appointments for PrEP from my primary care provider."*
- **Concerns About Side Effects**: Fatigue, nausea, and other side effects, though often temporary, deterred some participants. Another exclaimed, *"I have concerns about potential side effects and the need for discretion when taking PrEP."*

- **Stigma and Confidentiality**: Fear of judgment from healthcare providers, peers, or family discouraged open discussions and access. One participant stated, "I would use it if my doctor prescribed it. "But I don't because of I feel stigma and am afraid someone would disclose my sexuality."
- **Cost and Insurance Issues**: Lack of affordable options and limited insurance coverage presented significant obstacles. Some participants indicated that *"the fact that Medicare does not cover PrEP is a barrier."* Medicaid and Medicare usually cover PrEP for HIV at no cost; however, some programs may require prior authorization from a doctor confirming a negative HIV test.

4 Injectable PrEP Perceptions

Injectable PrEP knowledge was low, with some of the participants hearing about it for the first time at the focus group. For others, injectable PrEP was seen as a potentially game-changing alternative to daily pills, concerns about efficacy, side effects, and fear of needles were prevalent. For some, the convenience of less frequent dosing was appealing, particularly for those struggling with daily adherence. *"Its cost effective. Reduces doctor visits, flexible, less barriers,"* proclaimed one participant. This view was shared by many of the participants across focus groups. For others, the idea of getting an injection was less than appealing; *"I have a fear of needles. That's my reason for not trying injectable PrEP."*

5 Ideal Access and Use Scenarios

In a "perfect world," participants envisioned PrEP being:

- **Easily accessible** at pharmacies, clinics, and non-traditional locations like schools and community centers. "In a perfect world, PrEP would be available in local pharmacy, in counselor's office at schools."
- **Affordable or free of charge**, with automatic prescription refills.
- Administered in culturally competent and **stigma-free environments**. *"PrEP would be offered by a non-judgmental provider, someone who I can share openly with, someone who I can talk to about my risk factors and sexual practices openly, without fear of discrimination."*
- **Integrated into routine healthcare** visits without requiring patients to initiate conversations about sexual health. *"It would be nice if most doctor offices could have later office hours especially for people who work or go to school."*

6 Community-Led Strategies for Promoting PrEP

Participants emphasized the need for community-driven strategies to improve PrEP uptake among gay and bisexual men of color:

- **Education and Awareness**: Targeted campaigns using diverse media, including social media influencers and culturally relevant messaging. *"Reaching out to students in school and churches, collaboration with influencers, diversity in languages to promote PrEP."*
- **Reducing Stigma**: Normalizing PrEP discussions through community forums, public health campaigns, and education in schools and churches. *"Sessions like this focus group, increasing awareness, community outreach, and social media campaigns can all spread awareness."*
- **Representation and Inclusivity**: Ensuring that healthcare providers and outreach workers reflect the diverse backgrounds of the communities they serve.
- **Peer Engagement**: Leveraging community leaders and peers to disseminate information and encourage open conversations. *"I think we should have peers who can pass on messages. People from the tribe or ethnic community can communicate to others to make the communication more effective."*

7 Intersectionality and Diversity

Intersectionality was an important theme across focus groups. Many participants expressed that they experienced overlapping socio-economic disenfranchisement, racism, and homophobia related in their attempts to access PrEP and other resources. As one participant noted: *"One of the barriers has been discrimination on the basis of race and sexual orientation."* Focus group facilitators indicated that participants strongly emphasized the importance of having healthcare providers and outreach workers reflect their own racial or cultural backgrounds, gender identity, and sexual orientation.

Many participants expressed that they experienced overlapping socio-economic disenfranchisement, racism, and homophobia related in their attempts to access PrEP and other resources.

8 Mistrust in Healthcare

Participants frequently noted issues of mistrust and dissatisfaction with healthcare systems. Delayed appointments, lack of follow-up, and uninformed providers were recurring challenges. One participant explained that he stopped taking PrEP due to lack of follow-up from the nonprofit organization providing it. Other participants expressed their preference for community-based clinics over primary care physicians because they perceived they were being judged or because of the lack of knowledge from the latter.

9 Normalizing PrEP

Participants consistently emphasized the importance of normalizing PrEP discussions, likening it to conversations about other preventive measures like vaccines or chronic disease management. For example, one focus group participants wished there were *"more commercials regarding PrEP to normalize conversations like the ones we see for cancer or diabetes."* A cultural shift is needed to frame PrEP as a routine health option rather than something associated with stigma.

10 Stigma Beyond Sexual Orientation

Persistent stigma associated with PrEP was a cross-cutting theme in focus group discussions. At times, PrEP stigma was experiences as homophobia among some participants. For others, stigma surrounding PrEP use extended beyond homophobia to include negative perceptions of sexuality and drug use persistent within communities of color. Participants worried about being labeled promiscuous or judged for openly addressing sex, sexuality, or sexual health. One participant explained they *"would not ask for PrEP because of stigma and fear of disclosure."* Broad public health education campaigns could reduce these societal stigmas and improve acceptance.

11 Community as a Catalyst

Participants repeatedly stressed the importance of community-driven solutions. They viewed peers, social media influencers, and LGBTQ+ organizations as vital for spreading awareness and fostering trust. As one participant explained *"Having peers that pass on messages is important so that people from the tribe or ethnic group can more effectively communicate to others."* Trusted messengers from within the community were seen as a stronger driver of change than traditional top-down approaches by many focus group participants.

12 Long-Term Engagement and Support

Several participants noted the importance of not just starting PrEP but maintaining access and adherence over time. This sentiment underscores the importance of and need for ongoing support mechanisms. Strategies like automatic refills, SMS reminders, and routine check-ins could were named by participants as examples of strategies that could help gay and bisexual men of color sustain correct adherence to PrEP.

Survey Findings

We received 34 completed survey questionnaires from participants who attended focus groups. Most participants identified as cisgender male. Eighty-five percent indicated their age as being between 24 and 34 and identified as African American or Black. Respondents represented a diverse range of geographic regions. Respondent demographic characteristics (age, race, and geography region of residence) are shown in Figures 1-3.

Figure 1 – Survey Participant Distribution by Age Group (n=34)

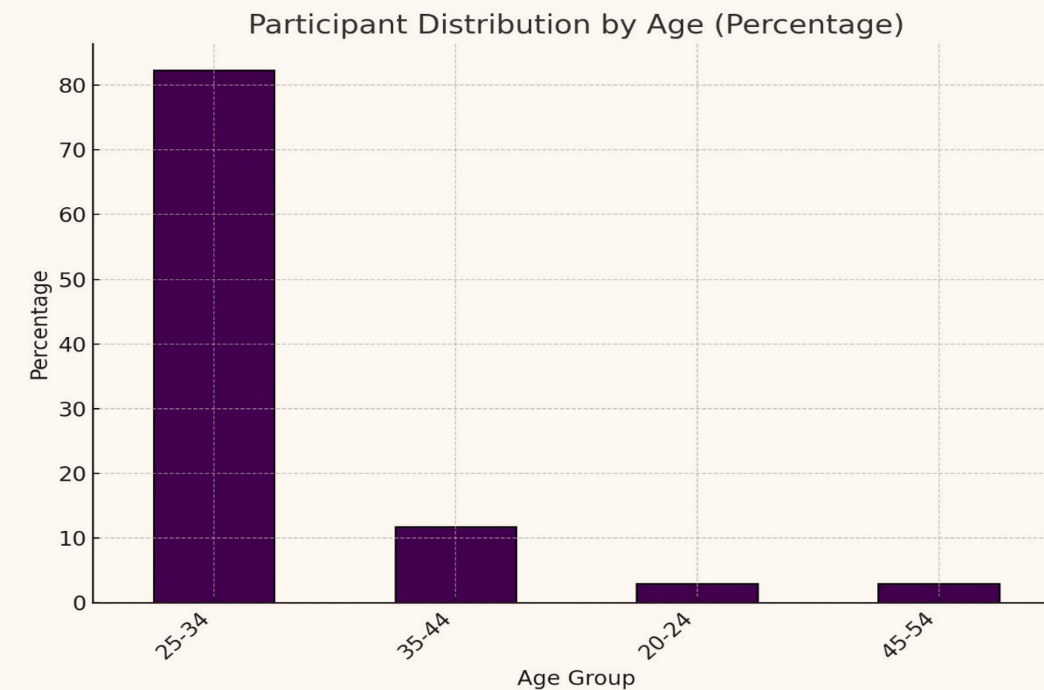


Figure 2 – Survey Participant Distribution by Race/Ethnicity (n=34)

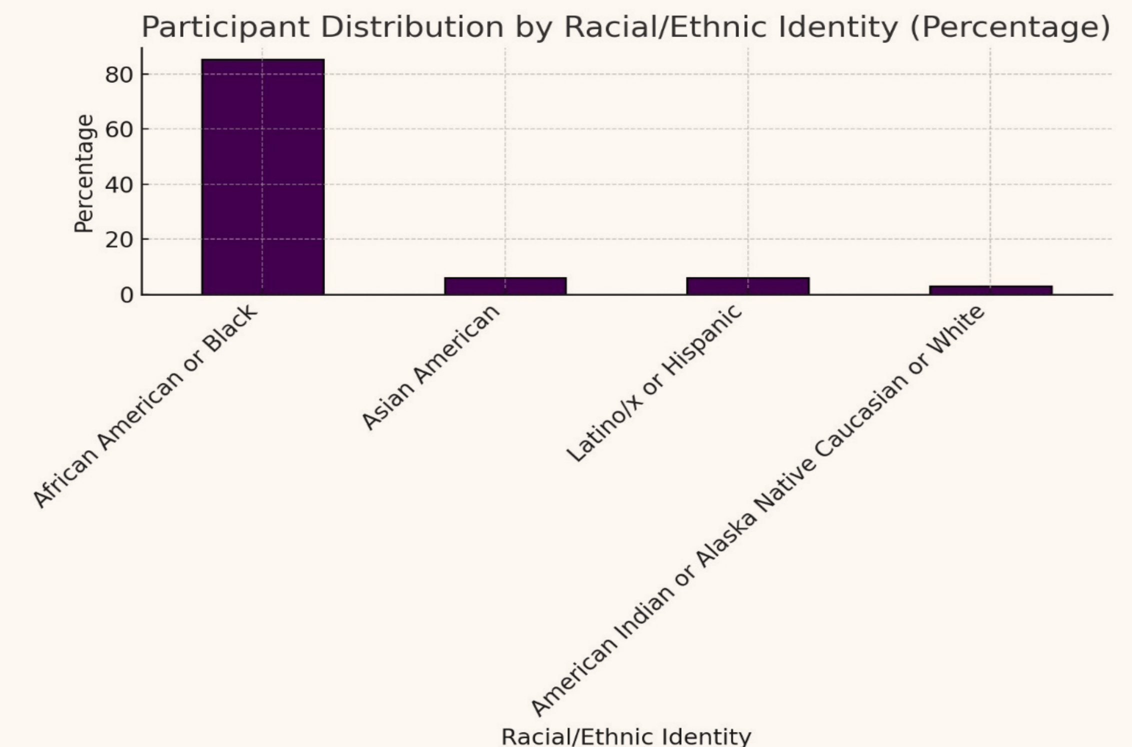
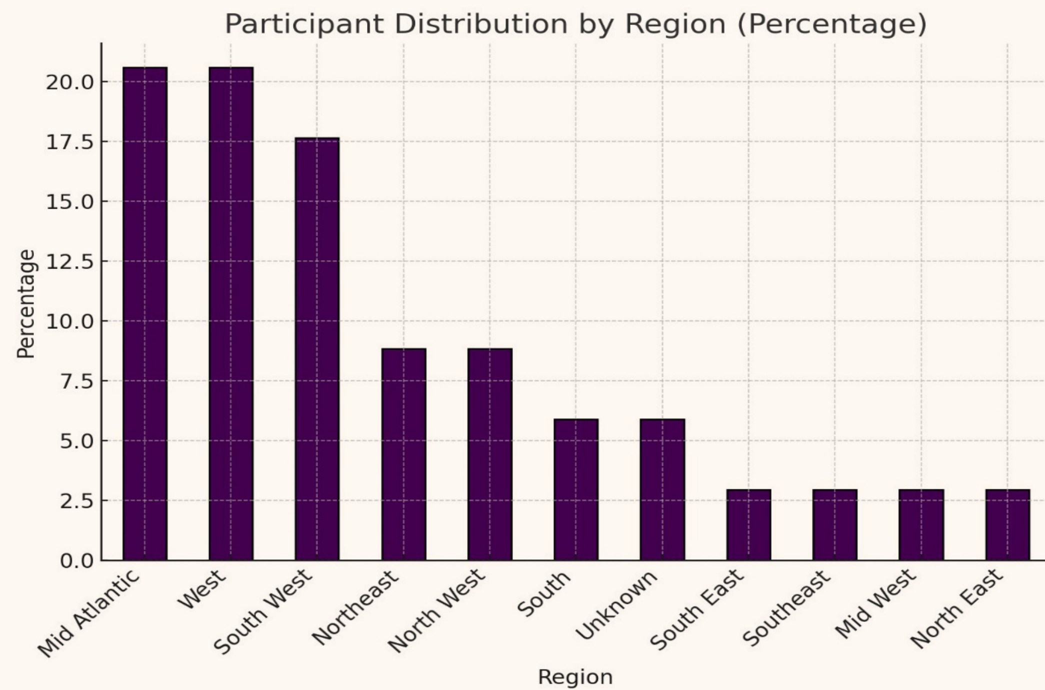


Figure 3 – Survey Participant Distribution by Region of Residence (n=34)



Wellness

To evaluate participants' overall well-being, we assessed their responses to ten wellness indicators. Each response was rated on a 5-point scale, with scores ranging from 0 (Never) to 4 (Always). Mean scores were calculated for each item, providing insight into the participants' overall wellness. Wellness scores are presented in Table 1 below.

Table 1 – Mean Scores for Items on the Wellness Scale

Wellness Scale Item	Mean Score
I have felt cheerful and in good spirits	2.85
I have felt calm and relaxed	3.00
I have felt active and vigorous	2.76
I woke up feeling fresh and rested	3.09
My daily life has been filled with things that interest me	2.97
I have felt connected with others	2.94
It has been easy for me to get mental health care when I needed it	2.62
I have been able to cope well with stress	2.74
My physical health has been good	2.85
It has been easy for me to get healthcare when I needed it	2.76

Our analysis revealed statistically significant differences in certain wellness scores between people living in different regions. Specifically, we found a statistically significant difference in the item: *My daily life has been filled with things that interest me* (F=3.34, p=0.007895). This indicates that individuals in different regions reported varying levels of interest or engagement in their daily lives, and the variation is unlikely to be due to random chance. We found no statically significant differences in Wellness by age grouping and race ethnicity.

There were several noteworthy associations between participants' demographic characteristics and top 3 motivations, barriers, and information needs revealed by the survey.

Factors Influencing PrEP Use

Our analysis of survey responses identified the top 3 motivations for taking and not taking PrEP, in addition to the top 3 information needs. They are listed in Table 2.

Table 2 – Motivations for Taking and Not Taking PrEP, and Information Needs Among Gay and Bisexual Men of Color

Top 3 Motivations for Taking PrEP	Top 3 Motivations for Not Taking PrEP	Top 3 Information Needs
"PrEP seems safe and effective."	"I am not having sex right now and don't need PrEP."	"Information on safety and benefits of PrEP."
"I want to protect my health."	"I am worried about side effects, safety, or effectiveness."	"Information on who should get PrEP."
"I want to have sex without always worrying about HIV."	"I don't have health insurance that could cover the cost of PrEP."	"Information about how to cover the costs."

There were several noteworthy associations between participants' demographic characteristics and top 3 motivations, barriers, and information needs revealed by the survey. These relationships, expressed as correlations in Table 3 below, reveal meaningful patterns that can inform further program, social marketing, and outreach efforts. These relationships are discussed in further detail in the following sections of this brief.

Table 3 – Correlations between participants' demographic characteristics, motivations, barriers, and information needs regarding PrEP use.

Demographic Characteristic	PrEP seems safe and effective._Yes	I want to protect my health._Yes	I want to have sex without always worrying about getting HIV._Yes	I am worried about side effects, safety, effectiveness._Yes	I am not having sex right now and don't need PrEP._Yes	I don't have health insurance that could cover the cost of PrEP._Yes	Information on safety and benefits of PrEP._Yes	Information on who should get PrEP._Yes	Information about how to cover the costs._Yes
Age									
25-34						-0.21			
35-44						0.3		-0.27	
45-54							-0.21	0.24	
Gender									
Trans male	0.22	0.21	0.21						
Two spirit	0.22	0.21	0.21						
Race/Ethnicity									
American Indian or Alaska Native	0.22		0.21				-0.21		
Asian American		0.3							
Latino/x or Hispanic		-0.21	-0.21	0.21	**0.7**				0.36
Region									
Mid West	0.22		0.21						
Northeast	0.22		0.21				-0.21	0.24	
Northwest						0.8			0.27
Northeast		-0.26							
South			-0.21				0.21		
Southeast							-0.21	0.24	
Southwest		0.24		-0.21			-0.24		
Southeast	0.22	0.21	0.21						
West	-0.4	-0.43	-0.28	0.53	0.34		0.43		

Notes:

Strong Positive Correlation (usually closer to +1): Indicates a strong alignment between a demographic variable and a specific response. For instance, if a particular age group shows a correlation of +0.7 with "PrEP seems safe and effective," it suggests that group is more likely to perceive PrEP as safe.

Strong Negative Correlation (usually closer to -1): Suggests an inverse relationship. For example, a correlation of -0.6 between a gender identity and "I feel supported by my family for choosing PrEP" may imply that individuals in that group are less likely to feel familial support.

Near Zero Correlation: Implies little to no relationship between the demographic characteristic and the response.

Thresholds for Significance: In smaller datasets, correlations closer to ±0.3 might be meaningful, whereas in larger datasets, higher thresholds (e.g., ±0.5) might be used.

Motivations for Taking PrEP

We found that individuals identifying as trans male or two spirit were more likely to view PrEP as safe and effective, to prioritize protecting their health, and to value the ability to have sex without worrying about HIV. This suggests that PrEP messaging emphasizing safety and empowerment may resonate strongly with these groups, highlighting the importance of culturally inclusive and affirming health communications.

Barriers to Taking PrEP

Participants aged 35-44 showed a strong correlation with concerns about lacking health insurance coverage for PrEP. In contrast, participants in the 25-34 age group were less likely to identify insurance as a barrier. This difference underscores how financial and structural barriers may disproportionately affect older participants, pointing to a need for targeted support programs.

Information Needs

Information needs differed by age, race/ethnicity, and geographic region of residence – see Figures 4, 5, and 6 below.

Figure 4 – Top Information Needs by Age Group (n=34)

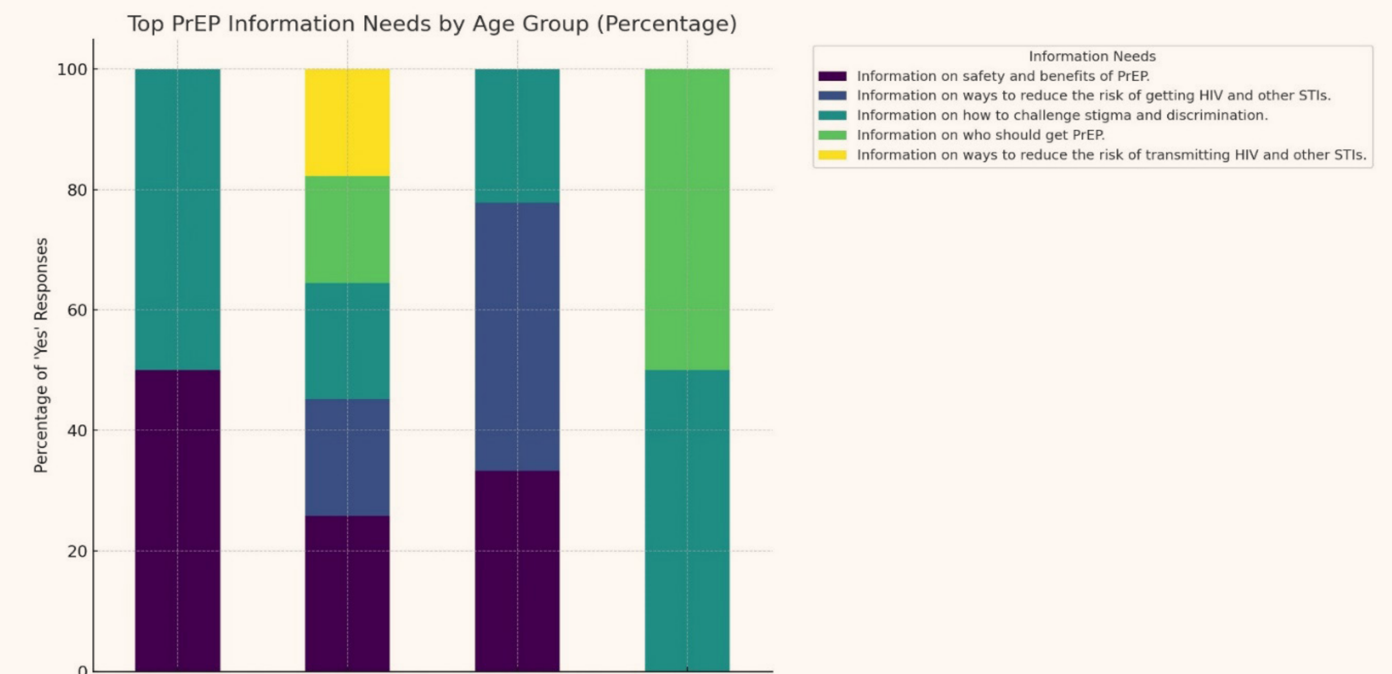


Figure 5 – Top Information Needs by Race/Ethnicity Group (n=34)

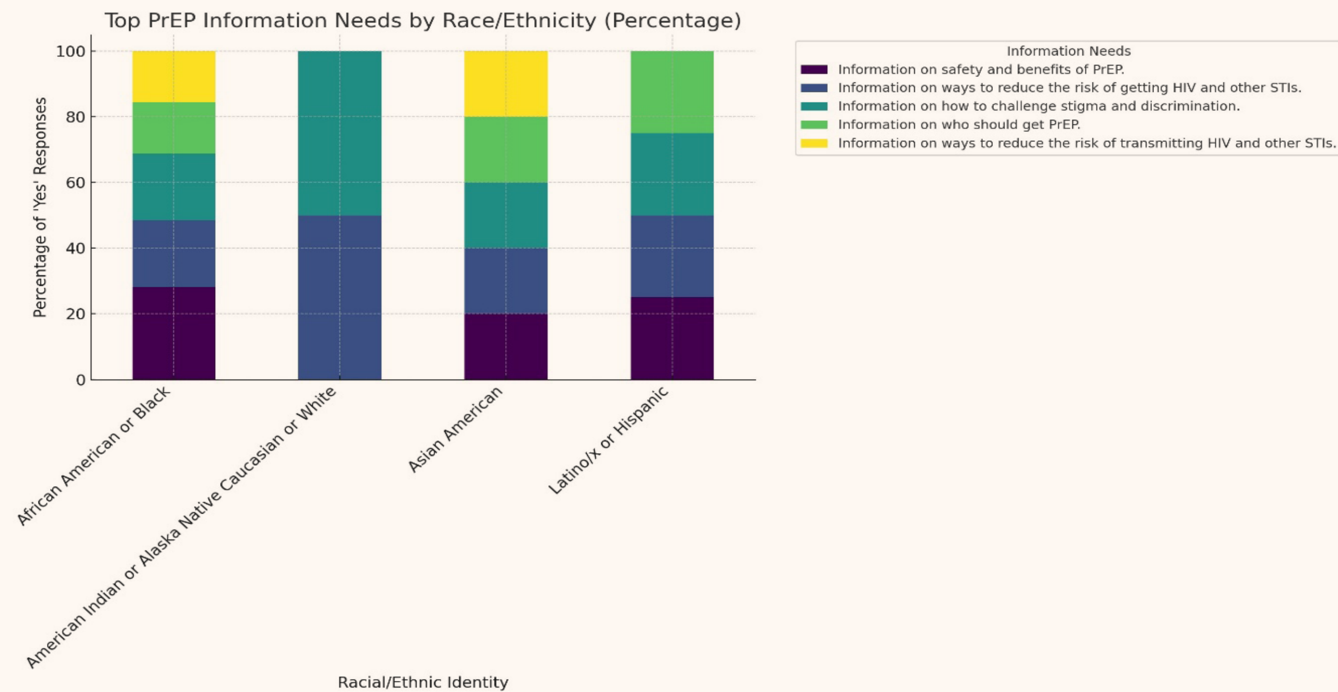
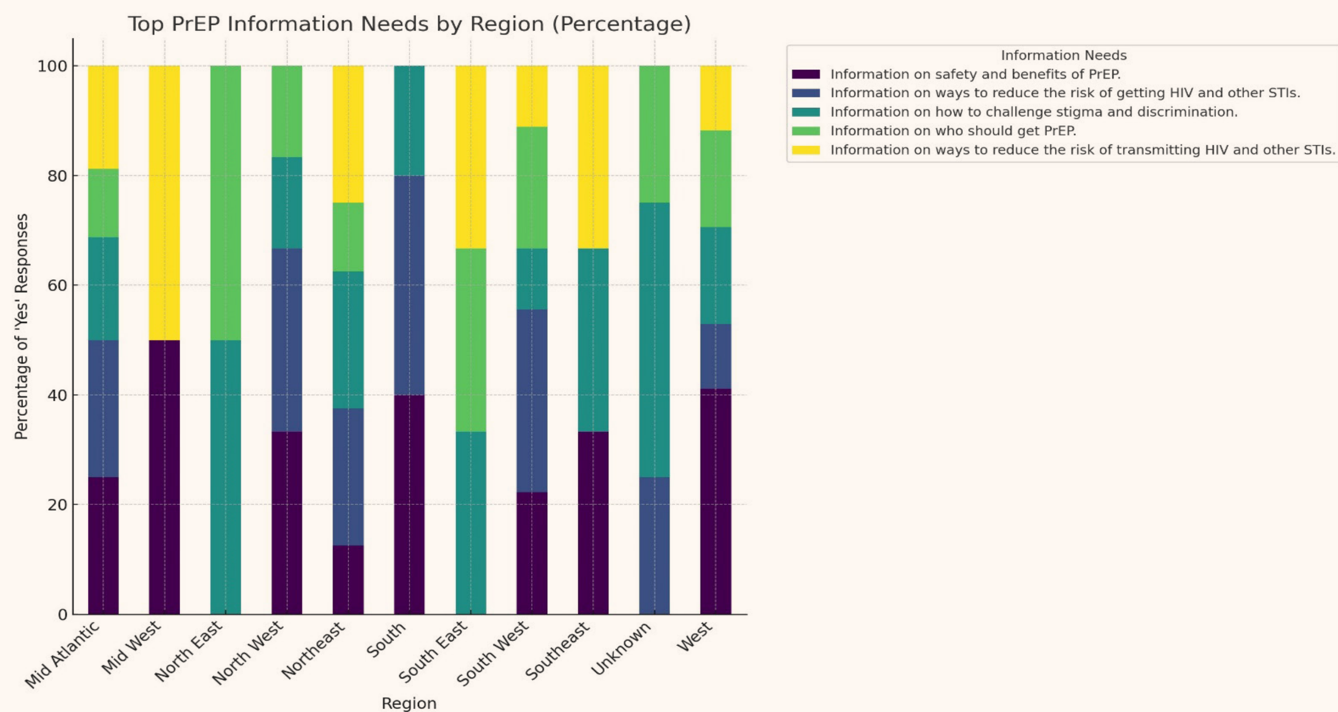


Figure 6 – Top Information Needs by Region Group (n=34)



The strongest correlations and demographic differences highlight how diverse subgroups of gay and bisexual men of color approach PrEP differently. For example, concerns about insurance among older participants or the emphasis on safety among trans male and two spirit individuals point to specific needs that health providers and policymakers should address.

Closing Summary: Key Insights and Pathways Forward

This advocacy brief highlights the critical challenges and opportunities in improving PrEP awareness, access, and uptake among gay and bisexual men of color. The findings, derived from community-led focus groups and surveys, underscore the intersecting systemic and social barriers that impede progress, alongside clear pathways for improvement.

Main Findings:

1. **Persistent Knowledge Gaps:** Many participants were unaware of the full benefits and options for PrEP, such as injectable alternatives, reflecting a need for targeted education campaigns and accurate information dissemination.
2. **Barriers to Access:**
    - **Healthcare System Challenges:** Limited provider knowledge, appointment delays, and lack of follow-up hindered access.
    - **Stigma and Confidentiality Concerns:** Fear of judgment or unintentional disclosure deterred many from seeking PrEP.
    - **Financial Constraints:** Gaps in insurance coverage and cost-related concerns were significant obstacles, especially for older participants.
3. **Motivations for Use:** Participants were highly motivated by the safety and efficacy of PrEP, its ability to reduce anxiety during sexual activity, and its role in empowering individuals to take control of their health.
4. **The Role of Community:** Participants emphasized the importance of culturally competent care, peer-led outreach, and community-driven advocacy to address mistrust in the healthcare system and promote PrEP as a routine health measure.

PATHWAYS FORWARD

The findings of this brief reveal significant barriers and motivators affecting PrEP utilization among gay and bisexual men of color. To address these findings, the advocacy brief proposes a community-led, evidence-informed strategy emphasizing:

- **Education and Awareness:** Normalizing PrEP discussions and reducing stigma through culturally relevant public health campaigns.
- **Systemic Change:** Expanding access through walk-in clinics, insurance advocacy, and streamlined healthcare services.
- **Community-Led Engagement:** Leveraging trusted voices within communities to foster trust, understanding, and sustained engagement with PrEP.

The findings of this brief reveal significant barriers and motivators affecting PrEP utilization among gay and bisexual men of color.

Advocacy Strategy: Advancing PrEP Access and Uptake Among Gay and Bisexual Men of Color

The following advocacy strategy outlines a three-year plan to address systemic challenges, foster community-led engagement, and drive sustainable change in PrEP awareness, access, and adherence.

1. Reducing Barriers to Access

Expand Affordable and Convenient PrEP Access

- Advocate for the establishment of walk-in PrEP clinics in community spaces such as schools, LGBTQ+ centers, and places of worship to reach underserved populations.
- Work with policymakers to simplify insurance processes, expand Medicaid/Medicare coverage, and eliminate out-of-pocket costs for PrEP.
- Promote innovative delivery models, such as mobile PrEP units and telehealth services, to address geographic and transportation barriers.

Ensure Consistency in Healthcare Systems

- Partner with healthcare providers to improve training on PrEP, focusing on cultural competence and inclusivity to enhance patient-provider trust.
- Develop standardized protocols for follow-up care, ensuring users are supported in • maintaining adherence.

Indicators of Success:

- **Increased Availability:** Number of new PrEP access points established (e.g., walk-in clinics, mobile units, telehealth services).
- **Improved Coverage:** Percentage of PrEP prescriptions covered by Medicaid/Medicare and other insurance plans.
- **Decreased Financial Barriers:** Reduction in out-of-pocket costs for PrEP users.

Evaluation Methods:

- Conduct annual surveys with healthcare providers to track new PrEP services.
- Analyze insurance claims data to measure trends in PrEP coverage.
- Use participant feedback surveys to assess satisfaction with affordability and access.

2. Increasing Awareness Through Education

Normalize PrEP Conversations

- Launch public health campaigns likening PrEP to other preventive measures, such as vaccines or regular screenings, to reduce stigma and normalize its use.
- Promote awareness through diverse media channels, including social media, community radio, and multilingual resources, tailored to the cultural needs of gay and bisexual men of color.

Empower Peer-Led Education

- Train community leaders and influencers, including social media personalities and trusted local figures, to serve as PrEP ambassadors.
- Develop peer mentorship programs where individuals with lived experiences of using PrEP guide and support new users.

Indicators of Success:

- **Wider Reach:** Number of individuals exposed to educational campaigns (measured through website traffic, social media metrics, and event attendance).
- **Improved Knowledge:** Increase in the percentage of target populations who understand PrEP's benefits and availability.
- **Community Engagement:** Number of trained peer educators and community leaders actively promoting PrEP.

Evaluation Methods:

- Conduct pre- and post-campaign surveys to measure changes in awareness and knowledge.

- Track social media engagement metrics (likes, shares, comments) and attendance at educational events.
- Maintain a registry of trained peer educators and record their outreach activities.

3. Tackling Stigma and Mistrust

Challenge Societal Stigma

- Implement grassroots campaigns to dismantle stigma associated with sexuality, drug use, and PrEP usage, especially in communities of color.
- Organize community forums and workshops to create safe spaces for discussions about sexual health and PrEP.

Build Trust in Healthcare Systems

- Advocate for the hiring and training of healthcare providers from diverse racial, ethnic, and gender backgrounds to reflect the communities they serve.
- Develop partnerships with trusted community organizations to co-host health events, bridging gaps between providers and gay and bisexual men of color.

Indicators of Success:

- **Reduced Stigma:** Percentage of participants reporting reduced stigma around PrEP in post-campaign surveys.
- **Increased Trust:** Higher patient satisfaction scores regarding healthcare provider interactions.
- **Community Representation:** Increased diversity among healthcare providers and outreach workers.

Evaluation Methods:

- Conduct focus groups to assess changes in perceptions of stigma and trust.
- Implement periodic patient satisfaction surveys among communities of gay and bisexual men of color.
- Review hiring and training records of healthcare institutions to track diversity improvements.

4. Promoting Long-Term Adherence

Facilitate Continuous Engagement

- Leverage technology to support adherence through SMS reminders, automatic prescription refills, and telehealth consultations.

- Advocate for programs that integrate PrEP into routine health checkups, ensuring regular access without requiring patients to initiate conversations.

Foster Community Ownership

- Create long-term community coalitions focused on sexual health advocacy, fostering accountability and sustained momentum for PrEP initiatives.

Indicators of Success:

- **Improved Retention:** Percentage of users adhering to PrEP for six months or more.
- **Enhanced Support Systems:** Number of users enrolled in reminder systems (e.g., SMS or automated refills).
- **Routine Integration:** Percentage of healthcare facilities integrating PrEP into routine checkups.

Evaluation Methods:

- Track adherence rates using prescription refill data from pharmacies.
- Survey users on their experience with adherence support tools like reminders or telehealth.
- Audit healthcare facilities to assess the inclusion of PrEP in routine services.

5. Policy Advocacy and Funding

Push for Policy Reforms

- Collaborate with policymakers to pass legislation mandating comprehensive sexual health education inclusive of PrEP.
- Advocate for funding to expand PrEP-related research, outreach programs, and healthcare infrastructure in underserved areas.

Engage Stakeholders

- Build coalitions with other advocacy groups, healthcare organizations, and academic institutions to amplify efforts and pool resources.
- Position the voices of gay and bisexual men of color at the forefront of policy discussions to ensure advocacy strategies are informed by lived experiences.

Indicators of Success:

- **Legislative Impact:** Number of policies or bills passed supporting PrEP education, funding, or coverage.
- **Increased Funding:** Amount of additional funding allocated for PrEP-related programs and research.

- **Broader Partnerships:** Number of stakeholder organizations actively supporting the advocacy agenda.

Evaluation Methods:

- Track policy changes and funding allocations using government records and budget reports.
- Maintain a record of coalition activities, member organizations, and advocacy milestones.
- Conduct stakeholder surveys to measure satisfaction and alignment with advocacy goals.

CALL TO ACTION

This strategy calls for a united effort among community members, policymakers, healthcare providers, and advocates to dismantle systemic barriers, promote awareness, and normalize PrEP use among gay and bisexual men of color nationally. By embracing community-led and -driven solutions and evidence-informed approaches, we can pave the way for an equitable and stigma-free future where every individual has access to lifesaving HIV prevention tools.

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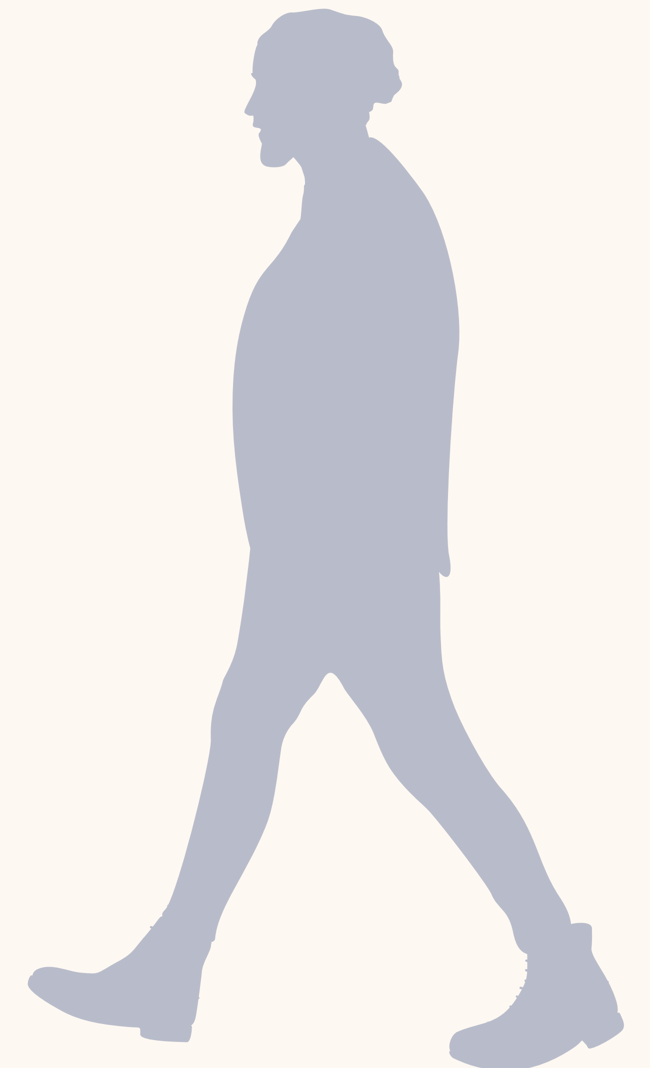

METHODOLOGY

Participant Recruitment

NMAC targeted gay and bisexual Black, Latinx, Asian, Pacific Islander, and Native American advocates through its newsletter. The brief promo invited advocates to participate in a focus group and brief survey designed to assess attitudes, beliefs, and perspectives related to PrEP held by gay and bisexual men of color. NMAC's newsletter has a national reach, with advocates from all parts of the United States and Puerto Rico. Invitations to join the focus groups were sent to all cisgender and transgender sexual minority men of color. NMAC then invited volunteers from the Fellowship to lead focus groups. Nine Fellows volunteered and 5 received training on community-based research and focus group facilitation. The training included the importance of informed consent and confidentiality.

The consultant then conducted the first focus group with trained Fellows using a "think-aloud" approach. A think-aloud protocol is a research method that involves asking participants to share their thoughts while completing a task. It is typically used to assess and resolve issues before further assessment. The technique is particularly well-suited for qualitative research because it provides rich, detailed information about how individuals experience and interpret a range of research conditions. In this case, the consultant used the think-aloud approach to identify potential issues in how the GMoC Fellows would navigate the protocol and interpret focus group questions. The consultant offered numerous opportunities for Fellows to ask questions and to discuss parts of the interview guide that were confusing or required revision. Think aloud protocols help to optimize the validity and reliability of research methods used.

PrEP Focus Group Protocol

NMAC assigned 8-12 volunteer participants to each focus group. NMAC staff attended each group, took notes, created focus group summaries, and collected completed survey questionnaires during both the training and all subsequent focus groups. The consultant incorporated all feedback into the final iteration of the protocol and survey questionnaire.

The focus group protocol offered detailed instructions to Fellows who led groups. It guided focus group leaders through parts of the focus group process with sample scripts of what to say, including how to ask questions. After welcoming participants, the protocol opens with a description of the focus group goals followed by an invitation for participants to introduce themselves. There were 5 focus group questions, each with a series of follow-up prompts designed to deepen the exploration of responses for each question. Focus group participants were asked:

1. *How many of you have heard the term or phrase 'pre-exposure prophylaxis or PrEP?*
2. *Have you heard about injectable PrEP?*
3. *What helped you decide to use PrEP?* [This question was directed to PrEP users in the group]

   What would help you to decide to use PrEP? [The question was directed to non-PrEP Users in the group]
4. *In perfect world, or under ideal circumstances what would accessing and using PrEP look like for you?*
5. *As a community, what could we do to get gay, bisexual men of color closer to that perfect world of easy PrEP access and use?*

Each focus group was about 90 minutes in length. Focus groups were held virtually and each participant were sent a Zoom using a link. NMAC and Fellows opted not to record focus groups. This decision was motivated by a desire to create an open and trusting focus group atmosphere in which participants could speak candidly about their experiences. Instead, Fellows were paired, with one who served in the role of facilitator and the other who took notes. A summary of responses for each question were prepared and sent to the consultant.

Survey Questionnaire

The final version of the survey consisted of 23 questions. It asked participants to provide demographic information, including home city or town, age, gender identity, sexual orientation, educational background, and relationship status. It then asked a series of multiple-choice questions that covered the following topic areas: mental health (e.g., *over the past 2 weeks, I felt calm and relaxed*); PrEP use (e.g., *have your ever taken PrEP to prevent getting HIV – yes/no*); motivation for wanting to use PrEP (e.g., *what are your top 3 reasons for wanting or using PrEP – 22 response options offered including the option to write-in a response*); reasons for not wanting to use PrEP (e.g., *What are your top 3 reasons for not wanting or using PrEP? – 23 response options offered including the option to write-in a response*); and community information needs (e.g., *In your opinion, what are your community's most important information needs related to PrEP? -12 response options offered including the option to write-in a response*).

To assess wellbeing, the consultant and Fellows adapted a questionnaire developed by the World Health Organization (WHO). Using a Likert scale that ranged from 0 to 4, where 0 equaled 'never, 1 'rarely', 2 equaled 'sometimes', 3 equaled 'often', and 4 equaled 'always'. The original questionnaire was a 5-item scale that was standardized internationally across different languages. Fellows added 5 additional questions to assess for ease of access to mental and physical health care, ability to cope with stress, and physical health. These latter questions used the same Likert scale described above. A copy of the survey questionnaire and focus group protocol is available upon request.

Analysis

Summaries of the focus group were analyzed by the consultant who identified themes across all focus groups. The consultant also noted similarities and difference between groups. NMAC created a database of responses to the survey questionnaire using Microsoft Excel. The consultant conducted the analysis of both the quantitative and qualitative data using the large language model artificial intelligence (AI) in Open AI's Data Analyst GPT. For the qualitative data, the consultant uploaded meeting de-identified summaries to Data Analyst and after providing it some context entered the following prompts: *Analyze the attached document. Identify cross-cutting themes.* Follow-up prompts helped hone responses. For the quantitative data, Data Analyst calculated descriptive statistics, and chi-square analysis and analysis of variation after an excel database of survey responses was cleaned and uploaded. The NMAC then triangulated study findings with data from a similar study conducted by the CDC. Institute Fellows who facilitated focus groups reviewed a near finished draft of the report as part of a community validation process.