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PERSPECTIVE ARTICLE

Leveraging Experiences at Select HBCUs as a Resource for Administrators and Health Staff to Support Student Health: Introducing an HIV PrEP Policy

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Abstract
Awareness of and access to pre-exposure prophylaxis (PrEP) to prevent human immunodeficiency virus (HIV) varies among college and university students. With rates of HIV acquisition disproportionately impacting Black young adults, assistance with PrEP facilitation on campuses of historically black colleges and universities (HBCUs) is particularly warranted. The PrEP policy presented here prioritizes HBCU administrators and health staff by addressing foundational knowledge about PrEP, misperceptions concerning PrEP use, routine monitoring associated with PrEP continuation, and challenges to attaining and sustaining PrEP access for students. This PrEP policy also calls for availing PrEP at no or minimal cost to students; reassuring language associated with PrEP counseling; exploring telePrEP possibilities; aligning PrEP programs with ongoing student health services; robust PrEP advertisement; and equipping students to decide on the best PrEP option for themselves based on product availability. This PrEP policy is designed to establish general standardization across college campuses as it pertains to PrEP familiarity and implementation. As a product of the Office of HIV/AIDS Network Coordination (HANC; AIDS: acquired immunodeficiency syndrome) and its collaborating affiliates, this PrEP policy aims to fortify the capacity of HBCU administrators and health staff to embrace PrEP as an essential health maintenance tool for their students. As the healthcare landscape evolves, this PrEP policy is expected to adapt to adjustments and advancements in HIV prevention.

Keywords Historically Black colleges and university (HBCU) · Human immunodeficiency virus (HIV) · Minority-serving institution (MSI) · Pre-exposure prophylaxis (PrEP) · Student health

Introduction

The Office of HIV/AIDS Network Coordination (HANC; AIDS: acquired immunodeficiency syndrome) works with the HIV/AIDS Clinical Trials Networks of the United States National Institutes of Health (NIH) to create a more integrated, collaborative, and flexible research structure. Part of this effort includes building trust and collaboration between HIV research institutions and communities most impacted by the US HIV epidemic. HANC's efforts in this area are led by the Legacy Project which works nationally to increase awareness of and build support for HIV clinical trials by addressing factors that influence the participation of historically underrepresented communities. Considering that the Centers for Disease Control and Prevention (CDC) reports that 19% of new HIV diagnoses in 2022 were among young people aged 13–24 [1], identifying ways to address the impact of the HIV epidemic among young people, especially young people of color, is critical.

As such, the Minority-Serving Institutions Working Group (MSIWG) was formed within the Legacy Project to explore the engagement of MSIs in efforts to end the HIV epidemic. Its aim is to increase MSI campus and student engagement in HIV workforce professions, health science literacy, research, and HIV prevention strategies in a culturally responsive manner. The MSIWG is composed of

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members who are HBCU alumni, researchers, and HANC and research network staff. The inception of the MSIWG is a result of HANC's collaboration with Evidence2Practice (E2P), a program that was established in 2021 to promote careers in HIV research among undergraduates and graduate students from historically black colleges and universities (HBCUs) [2]. Funded by the DC Center for AIDS Research Pathway Initiative, E2P encourages students to consider careers in HIV research by engaging with them on their campuses and enlisting their expertise on how to promote HIV prevention strategies within their campus community.

Direct engagement with students on the 20 campuses visited to date as part of E2P (Fig. 1) has revealed the need for PrEP resources and HIV education that extends beyond E2P's in-person campus sessions [2]. Since one of the MSIWG's objectives is to address barriers to HIV prevention strategies experienced by MSI students by creating guidelines for campus policy around HIV prevention, access, and support, responding to this need aligns directly with the group's work [3]. Therefore, we developed a PrEP Policy for HBCUs that will serve as a resource for administrators, health systems, and students to improve PrEP knowledge and access as part of an overall student health and wellbeing program.

Context

The development of this PrEP Policy was motivated by the recognition of the intersectional impact of HIV: HBCU students are disproportionately impacted due to the intersection of social drivers of health related to race, geographic location, and age. Data from the Centers for Disease Control and Prevention (CDC) demonstrate disproportionately high HIV rates among Black people, people living in the US South, and young people ages 13–24. In 2022 these populations accounted for 37%, 49%, and 20%, respectively, of HIV incidence in the United States [1]. Additionally, according to 2017 data presented by the Human Rights Campaign (HRC) Foundation's *A Pragmatic Guide to Confronting HIV and HBCUs*, of the 22 states with HBCUs, 17 also have high rates of HIV diagnoses [4]. And while PrEP is a very effective HIV prevention tool, coverage is low in populations that overlap with those who attend HBCUs. According to the CDC, in 2022 only 13% of Black people who could benefit from PrEP received prescriptions from providers compared to 94% of white people. For young people ages 16–24 in the same year, the figure was 24%, while coverage for older age groups ranged from 31 to 46% [5]. These intersectional data point to HBCU students as a priority population.

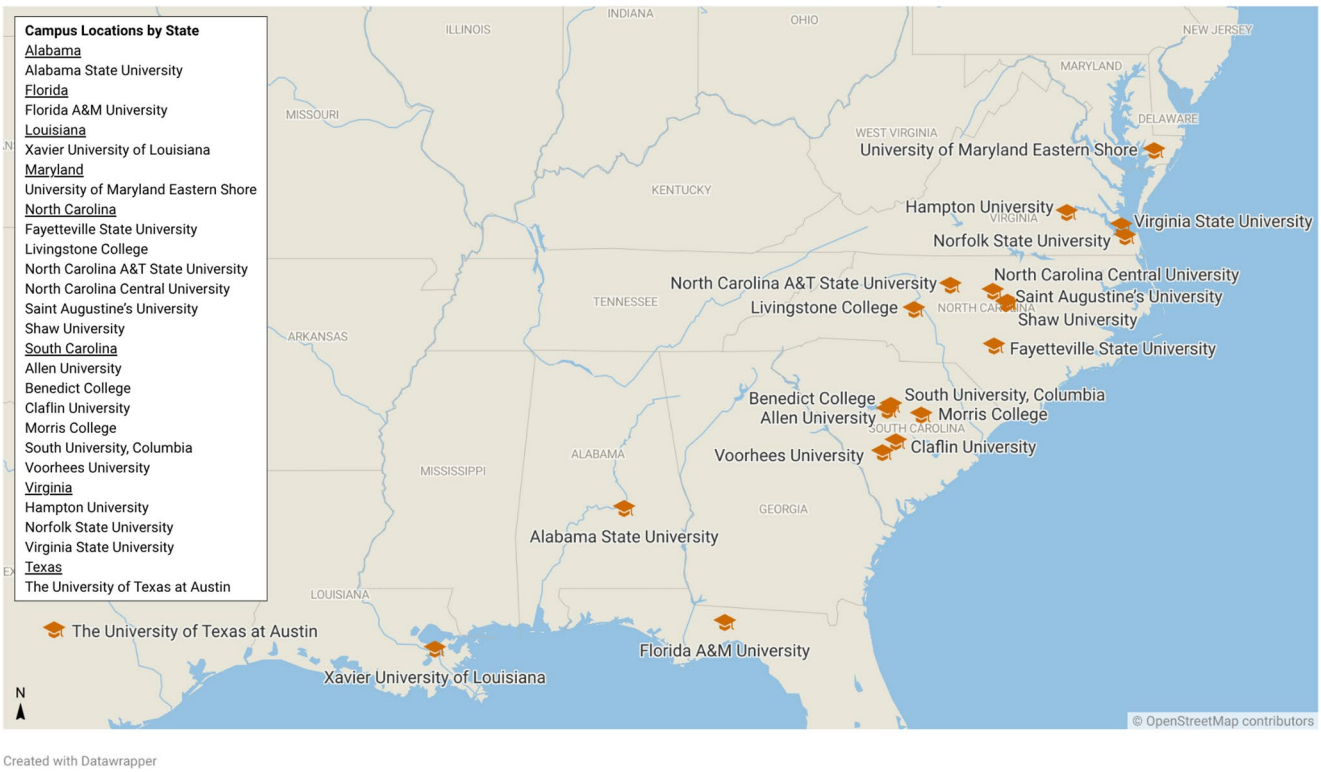


Fig. 1 Schools visited to date as part of the E2P program. A map of the HBCUs visited to date as part of the E2P program. The 20 schools are located in eight states in the southern United States, with the majority in North Carolina and South Carolina

At the same time that the populations that HBCU students represent are disproportionately impacted *by* HIV, HBCUs also have the potential to have a disproportionate impact *on ending* the HIV epidemic given their perception as trusted institutions in Black communities. HBCUs formed out of necessity to counter discrimination where Black students were denied and/or had limited access to academic opportunities which in turn established HBCUs as valued and trusted institutes of economic and social uplift in communities across the United States [6]. This trust extends to matters of public health as HBCUs have served as the primary source for training Black doctors, nurses, pharmacists, and public health professionals which are more likely to be trusted by Black communities [7].

HBCU administration and health systems have a direct opportunity to support their students' health and wellbeing by increasing PrEP access and education on their campuses. This in turn is an opportunity for HBCUs to promote civil rights, justice, and equity by countering the disproportionate burden of HIV among young Black people in the South. Supporting students and working to dismantle inequity is directly aligned with the activist traditions of HBCUs which have been powerful agents of change [8]. Furthermore, the 57 Ending the HIV Epidemic in the US (EHE) initiative jurisdictions [9] are home to 60 HBCUs, highlighting the potential for HBCUs to play an impactful role. The policy we present provides framing, guidance, and structure to support HBCU administrators to take part in this impact.

Previous work assessing PrEP access and barriers has called for PrEP to be available to all college students at student health centers [10–12]. A PrEP Policy for HBCUs is an important step to address the higher rates of HIV diagnoses among college-aged individuals that are accompanied by comparatively low rates of PrEP use within this same age group [5]. HBCU students' suboptimal PrEP uptake can be attributed to several factors that a PrEP Policy can explore from different vantage points. Prescriber bias has been shown to negatively impact Black, Indigenous, and people of color's (BIPOC's) access to PrEP [13]. Unfortunately, HBCU students are often not in a position to self-advocate for PrEP, often due to lack of awareness. For example, a 2024 study found that only 44% of HBCU students had heard of PrEP [14]. Although PrEP awareness data for non-HBCU college students is not available as a comparison, we assert that 44% awareness is insufficient to allow access for all HBCU students who could benefit from PrEP, regardless of other groups' awareness. Enhancing HBCU students' awareness of PrEP is essential and can benefit their surrounding networks as well by increasing knowledge of PrEP across campuses to the broader communities of which HBCU students are a part. This could include information received from peers, student health centers, community organizations or other sources [14, 15].

Even for those students who are aware of PrEP and its potential benefit, marketing depictions lack representation of all people who could benefit from it [16–18]. Women, and especially cisgender Black women, have been largely absent from much of PrEP research and marketing [19], leaving many unaware of the medication or assuming it is not for them [20, 21]. Although PrEP advertisements often aim to appeal to populations with the highest need for PrEP, when people do not see themselves reflected physically in these promotional campaigns, it can lead to conclusions that PrEP is not intended for them. One's own perceptions of their need for PrEP also impact one's likelihood to pursue a PrEP prescription [22, 23]. For example, there is a tendency to presume the absence of HIV and other sexually transmitted infections (STI) among one's partner(s), typically based on speculative information that has not been corroborated by recurring medical testing. Leveraging a PrEP Policy to reframe PrEP (alongside routine HIV and STI testing) as a resource that improves individual agency can help HBCU students shift from assumption to assurance of their HIV and STI status.

In instances where PrEP is available and students have concluded that PrEP could benefit them, students report varying comfort levels with accessing HIV/STI prevention modalities, including PrEP, from campus health clinics. Campus health clinic employees may not be viewed as good custodians of students' privacy [24, 25]. Moreover, stigma around being seen by others when entering health clinics sometimes deters students from seeking resources [22]. In situations where students are unable or unwilling to access PrEP from campus health clinics, they might not be aware of local community-based organizations that offer PrEP and are thus left with no options.

This sequence of potential barriers (lack of availability, awareness, desire, and comfort) creates an attrition cascade, four points at which students who could use PrEP instead drop off before even beginning to use it (Fig. 2). That is, only students to whom PrEP is available and accessible, who are aware of its availability, who have concluded it could benefit them and want to use it, and who are comfortable seeking it out will actually be able to initiate PrEP. With attrition occurring at each of these stages, the number of students who actually initiate PrEP is much lower than the number to whom it is technically available. A PrEP Policy for HBCU administrators can help contend with such structural and psychological barriers that oppose PrEP's reach by devising policy-level strategies to overcome them.

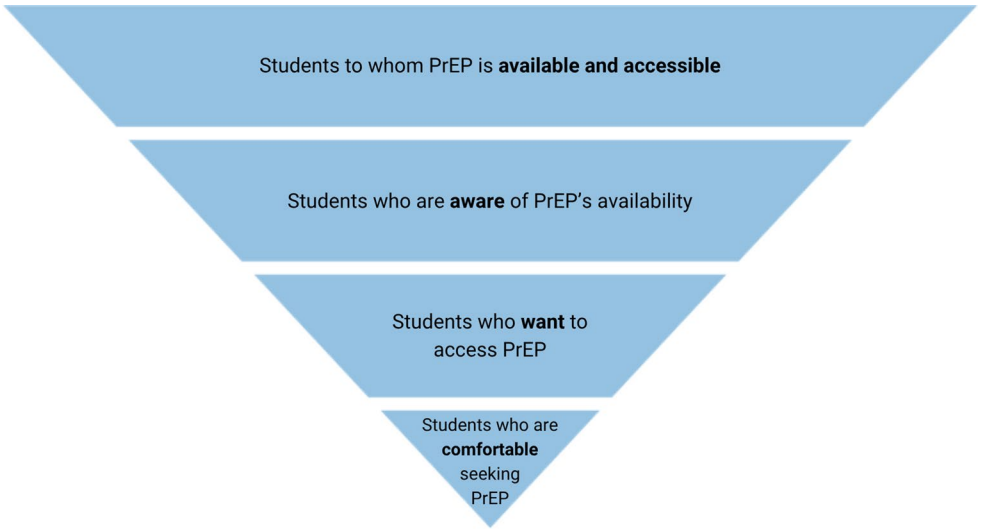


Fig. 2 PrEP attrition cascade framework. An inverted pyramid depicting the attrition cascade. There are four levels (availability/accessibility, awareness, motivation, and comfort) at which students may encounter barriers to seeking out PrEP, meaning the number of students who could actually initiate PrEP is much lower than the number to whom it is technically available

Literature Review

The potential impact of HBCUs on ending the HIV epidemic is far from being fully leveraged, as evidenced by the authors' review of the literature on HIV PrEP and prevention at HBCUs. The specific query used was as follows: "(historically black colleges and universities[Title/Abstract] OR hbcu[Title/Abstract] OR Black college students[Title/Abstract] OR Minority Serving Institutions[Title/Abstract] OR MSIs[Title/Abstract]) AND (hiv[Title/Abstract] OR Human Immunodeficiency Virus[Title/Abstract] OR Human Immunodeficiency Viruses[Title/Abstract] OR HIV risk behaviors[Title/Abstract]) AND (pre-exposure prophylaxis[Title/Abstract] OR prep[Title/Abstract] OR prevention[Title/Abstract] OR program[Title/Abstract])." A PubMed search of this query yielded 25 results since 2012 (the year PrEP first became available), and five of these were determined to be relevant based on a review of the titles and abstracts. The same search in the Web of Science yielded five relevant results out of nine in total, two of which did not overlap with the PubMed search results. Articles were determined to be relevant if the title and/or abstract indicated that they might meet the three criteria of (1) being about HIV prevention programs or strategies (2) that were implemented or assessed at HBCUs and (3) involved PrEP. Examples of articles that were determined to *not* be relevant were articles in which the title and/or abstract indicated topics such as HIV career pathways for HBCU students, HIV prevention media campaigns, or that were not focused on HBCUs.

The seven relevant and unique articles were then reviewed in full. Of these, one article focused on HIV testing, education, and condom distribution (specifically identifying barriers and facilitators to implementing this program) [26]. Another article described a time-bound HIV testing and outreach program on three campuses and their surrounding communities [27]. A third article analyzed awareness, knowledge, and willingness to take PrEP as well as structural characteristics that contribute to the success of PrEP implementation at four schools [14]. Another described a provider training to increase PrEP awareness and prescribing [24]. The other three discussed only adjacent issues like assessing HIV testing and risk behaviors rather than describing HIV prevention or PrEP programs [28–30]. That this review identified only seven articles that meet the criteria described above already indicates that implementation of PrEP programs is extremely limited at HBCUs. Furthermore, though, the initiatives described in these articles are quite limited in scope, despite being the most robust and relevant programs that we were able to identify. That is, the majority are focused on HIV testing and risk behaviors rather than providing HIV prevention options, and only two focus on PrEP specifically. This landscape suggests that additional efforts to support PrEP implementation at HBCUs are needed.

To our knowledge, very few HBCU-specific HIV prevention programs have been implemented other than those identified through this literature review. Those that we are aware of are the HRC's PrEP Ambassador program, Gilead's HBCU Roadshow, ViiV's homecoming partnership with Alabama State University (ASU), NMAC's PrEP for Me Campaign, and the Black AIDS Institute's Black HIV Epidemic (BHIVE) program, but these are limited in scope as well. Gilead and ViiV are pharmaceutical companies, each having manufactured one or more PrEP medications that are available on the market. As contributors to the HBCU Roadshow and homecoming partnership with ASU, respectively, these events are likely to predominantly feature the medication(s) produced by the sponsoring pharmaceutical company at the expense of showcasing other PrEP options. These awareness strategies could result in students at these different locales not being exposed to or having access to a PrEP formulation that best meets their needs.

Additionally, the PrEP Ambassador program, HBCU Roadshow, PrEP for Me Campaign, and BHIVE program appear to be facilitated on an episodic basis. This lack of an enduring presence on the partnering HBCU campuses would likely impair guidance to university administrators about practical PrEP navigational challenges and PrEP procurement possibilities that are in the best interests of their students. Moreover, The PrEP Ambassador program, HBCU Roadshow, PrEP for Me Campaign, and BHIVE reach HBCUs across the country, but in limited numbers (12, seven, six, and four, respectively), and ViiV's program was limited to one school. Furthermore, the aforementioned programs focus almost exclusively on educating students rather than supporting implementation.

The PrEP Policy we present fills several gaps identified here: it provides a resource that can be made available across all HBCUs in the country, it is inclusive of all PrEP products, it is enduring over time, and it is a tool that administrators and health systems can use to implement PrEP as opposed to another routine assessment of students' education and behaviors.

Key Policy Elements

Given the limited knowledge and availability of PrEP at HBCUs and the need for engaging HBCU administration and health systems as previously described, the MSIWG conceived of a PrEP Policy to address those needs. The policy is intended to be a resource of recommendations and action items to support HBCU administrators and health staff to increase PrEP awareness and availability on their campuses as part of an overall student health and wellbeing program. Administrators and staff may include but are not limited to individuals in leadership positions at the college, individuals responsible for campus policies, or staff at campus health centers. It is our intention that the use of this policy be context-specific i.e. that it is used by the relevant individuals as determined by each college based on their own need and setting.

Recognizing that the intended audience (HBCU administrators and health system staff) may have limited background knowledge of HIV disparities and PrEP that are relevant to HBCU students, the policy begins with a Background &

Table 1 PrEP Policy recommendations and supporting details[a]

Recommendation	Supporting Points
Make PrEP available to all students.	Ideally, provide PrEP directly on campus, as additional steps to access can be a barrier. In addition to providing PrEP on campus, partner with local health departments or community-based organizations to provide PrEP by referral to support access options.
Inform students about TelePrEP as an alternative to accessing PrEP in person.[b]	Virtual appointments connect students with a provider in a safe, private setting. Eliminates the need for travel to a medical office and/or pharmacy. At-home lab tests are available, and prescriptions are mailed discreetly and directly to students.
Incorporate PrEP into existing health services.	Offer PrEP services at locations and times that general health services are offered, as stand-alone PrEP times may create privacy concerns. Inform all students who access health services about PrEP, not just those who ask for it or who are deemed "at risk."
Provide affirming, non-stigmatizing, empowering PrEP counseling.[c]	Affirm students' identities, concerns, and desires for PrEP and their health. Frame conversations around holistic health rather than disease, risk, and stigmatizing judgements about individuals or groups. Empower students to find strategies that work for them to take care of their health.
Provide PrEP at no (or reduced) cost to students.	Most insurance plans cover students with free PrEP under the Affordable Care Act. Uninsured students can access low-cost or free PrEP through various programs.[d]
Promote PrEP widely in high-reach spaces and events.	Examples: orientation, residence halls, health fairs, student groups, and websites. Use a variety of materials, e.g., flyers, social media[e], websites, etc. Use inclusive language and images in materials for more diverse reach.
Support students to make an informed choice among the available PrEP options.[f]	Different options may have varying favorability and availability based on characteristics including cost/insurance, pill size, dosing method and frequency, FDA approval by population, and geographic location.
In conjunction with HIV PrEP, provide free access to HIV post-exposure prophylaxis (PEP), DoxyPEP, and sexual health resources.	Equip campus personnel to support students who could benefit from HIV PEP and DoxyPEP for the prevention of HIV and bacterial sexually transmitted infections, as well as birth control and other sexual health resources.[g]

[a]The order in which these recommendations appear is not meant to be a prescriptive sequence

[b]TelePrEP options include QCare Plus [31], MISTR [32], and SISTR [33]

[c]Example: PleasePrEPMe Manual [34], especially pages 27, 31, and 42–43

[d]Co-pay assistance programs at the time of this writing include Gilead Advancing Access [35], ViiV Connect [36], and state-specific PrEP assistance programs [37]

[e]Example of an inclusive PrEP social media toolkit: CDC Let's Stop HIV Together [38]

[f]CDC Clinical Guidance for PrEP [39] provides details for providers to assist clients with choosing appropriate (or switching between) PrEP options

[g]Clinical guidelines for DoxyPEP [40], HIV PEP [41], and birth control and other sexual health resources [42]

Rationale section with two purposes. First, it orients the user to the need and potential benefit of increased PrEP access on campus. To do so, it describes the intersecting factors that position HBCU students as a population that could benefit from PrEP. Second, it presents HBCUs as powerful agents of change that are positioned to support their students' and communities' health and wellbeing and to promote civil rights, justice, and equity. This framing aligns the PrEP messaging, which may or may not be a top priority, with the activist traditions that have been central to HBCU culture and therefore may be more compelling.

The Background & Rationale is followed by the main body of the policy, which is composed of concise recommendations for different aspects of promoting PrEP awareness and access on campuses. Each of the recommendations is accompanied by supporting points that provide further detail, explanation of the benefit of implementing the recommendation, alternatives if the primary recommendation is not possible, and resources to assist in implementation. The recommendations appear in Table 1.

The policy closes with a Resources section which gathers all resources referenced in the body of the policy, ensuring that all such resources are easily accessible. Additional resources that do not appear in the body of the policy are also included in this section to provide background information and implementation support.

Discussion

This PrEP Policy is subject to several limitations. First, the current version of the policy has not been externally reviewed yet. However, we intend to gather feedback from HBCU administrators and students on the content and usability of the policy as part of our future HBCU engagement efforts.

Also, although the PrEP Policy advocates for students to have access to HIV PrEP at no cost to them, the reality of the PrEP medication landscape complicates this vision. Presently, there are four FDA-approved PrEP medications: emtricitabine/tenofovir disoproxil fumarate (Truvada), emtricitabine/tenofovir alafenamide (Descovy), cabotegravir (Apretude), and lenacapavir (Yeztugo). However, only Truvada is available generically, which typically equates to lower costs than what is expected with the remaining three brand-name options. Therefore, universities that have student health centers may elect to only stock the generically available medication or house each option on a fluctuating basis based on product demand. Neither scenario precludes students' access from being subjected to institutional cost sharing models that leave students having to pay varying prices for PrEP. Aside from the costs of the medications, there are fees for laboratory tests that PrEP consumers regularly encounter that may further make PrEP and its associated monitoring stipulations financially out of reach for those who could benefit the most from it.

Additionally, any pricing arrangements for PrEP that institutions ultimately decide on may have to contend with parental or guardian insurance coverage of university students. Students may be uncomfortable with their guardians being aware of their decision to use PrEP, which would normally be disclosed to insurance policy owners. In situations where insurance carriers opt to not disclose the names of medications on their explanation of benefits, unexplained charges on guardians' summary statements may place students in difficult positions when asked to account for the charges. Unfortunately, due to the factors discussed above, students may not be in a position to purchase PrEP as an out-of-pocket expense to avoid insurance dilemmas. Furthermore, students listed as receiving insurance benefits through their guardians' plans are largely excluded from participating in manufacturer-sponsored patient assistance programs that help with paying for PrEP.

We also acknowledge that changing political priorities place HIV prevention efforts such as PrEP in a vulnerable position. Academic institutions often rely on different funding streams to support their campus health operations. Therefore, establishing and maintaining PrEP access for students may require governmental funding that is not guaranteed. Additionally, if determined to be incompatible with prevailing ideologies, language that guides the appropriate use of PrEP may be censored, which could impact the quality of PrEP information that this policy can provide on a consistent basis. Inaccurate or incomplete PrEP information could compromise students' abilities to make the most informed decisions about their sexual health. This policy does not offer advice on navigating uncertainties related to funding that may alter campus-based sexual health provisions. However, institutions should work collaboratively within their local contexts to identify safeguards and solutions for ensuring active and uninterrupted access to PrEP and related sexual health resources among their student bodies.

If external factors like governmental spending are favorable towards PrEP, internal dynamics that include how faith-based institutions may view sex as impermissible among their students could challenge this policy's intent. Religion and sexual health strategies such as PrEP may struggle to coexist on campuses where "abstinence-only" is the central message. Despite the rates of STIs among college students contradicting abstinence-only mindsets, institutional perspectives that cling to this conviction may not be likely to endorse PrEP. In these circumstances, a policy that promotes awareness of and

access to HIV prevention strategies for university students is still relevant, recognizing, for example, the high prevalence of sexual assault on college campuses [43]. This policy can serve as a tool that fosters conversations with reluctant university administrators that frame faith and facts as allies and not adversaries.

We recognize this policy as one aspect of an MSI-based approach to reducing the impact of HIV. Lessons learned from implementation of the policy will inform next steps, and possible future directions include the following. First, developing an implementation training to accompany the policy in order to provide additional support to policy users. Second, developing a resource for campus-based medical providers in order to fill a potential need for clinical guidance which is outside the scope of this policy. Third, as this policy is specific to HBCUs, adapting the policy for other MSIs, specifically Tribal Colleges and Hispanic Serving Institutions.

The pursuit of health equity requires prioritizing populations according to their needs to counter the disproportionate impact of health conditions, including HIV. Ending the HIV epidemic hinges, in part, on effective PrEP implementation, which itself requires consistent access amongst priority populations. Due to many intersecting factors, students at HBCUs could benefit greatly from PrEP. At the same time, HBCUs are well-positioned to improve PrEP awareness and access for their students. Despite this potential for impact, very few PrEP programs exist at HBCUs and, to our knowledge, there are none that support administrators and health systems to provide PrEP to their students. This PrEP Policy fills this gap, giving HBCUs a tool to improve PrEP awareness and access to help counter the disproportionate burden of HIV among young Black people in the South.

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Declarations

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