A total of 70 published articles were identified from PubMed that included key words, such as PrEP, provider, youth, United States, barrier, and/or access. A total of 25 articles met inclusion criteria. Studies were included if they reported provider-level barriers on PrEP care implementation in the United States, specifically pertaining to youth (aged 13-24).

Themes and data regarding healthcare barriers were recorded.

Findings

Healthcare Access for Youth
- Finding a PrEP-informed healthcare provider is a rate-limiting step.
- Gender, race, and age also impact sexual health service access.
  - More likely to impact female (vs. male), transgender (vs. cisgender), black (vs. white), and those aged <30 years.
- Other barriers include lack of comprehensive care, unfamiliarity with HIV services, clinic distance, and geographic location.

Stigma for Youth
- Adolescents prefer that their provider to initiate PrEP discussions.
  - Stronger perceptions of PrEP-user stereotypes are associated with less comfort discussing PrEP with a provider.
- PCPs are comfortable prescribing birth control, but view PrEP differently and worry PrEP use may cause increased stigma.
- Black YMSM significantly experience the most stigma against use.

Patient-Provider Interactions
- Although many appropriate candidates know about PrEP, few have actually discussed PrEP with their provider.
- YMSM talking to a provider is significantly correlated with getting tested for HIV and knowing how to access PrEP.
  - Culturally sensitive training for providers impact PrEP access and uptake, specifically among Black YMSM.

Providers’ Willingness to Prescribe
- Although all providers agree that PrEP prevents HIV, clinicians are more likely to prescribe PrEP to an adult rather than adolescent MSM or transgender woman, simply due to age.
- Pediatricians are most likely to recommend PrEP to an adolescent compared to other specialties, likely due to differences in training.

Provider Concerns about Consent and Privacy
- Concerns include patient confidentiality, lack of legal clarity about prescribing PrEP without parental consent, and how prescribing PrEP could negatively impact therapeutic relationships.

Provider Concerns about Adherence
- Willingness to prescribe PrEP is significantly associated with provider trusting adolescents would adhere to a daily regimen.

Methods
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Results

Pre-exposure prophylaxis (PrEP) is essential for HIV prevention.
- Youth are have disproportionately limited PrEP access.
- Barriers are exacerbated depending on intersectional identities.
- Providers in any setting should be able identify at-risk youth, address barriers for PrEP access, and prescribe accordingly.
  - Improving providers’ cultural competence of intersectional identities could help improve patient-provider communication.
  - Improving medical education of PrEP could improve providers’ awareness, knowledge and willingness to prescribe.

Discussion

Community Education
- Created two separate resources, for both patients and providers, to improve education, access, and uptake of PrEP in Colorado.
- Patients and providers are different stakeholders, and both resources were uniquely designed for each group’s needs.
- Work featured on OneColorado’s website and their annual health insurance buyer guide for LGBTQ+ individuals living in Colorado.

Limited number of studies that address intersectional identities.

Work
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Resources & References

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Limitations
- Rapidly growing field and more robust data is needed.
- Outdated provider perspectives given recency of FDA approval.
- Limited number of studies that address intersectional identities.

- Healthcare Barriers Impacting HIV Pre-Exposure Prophylaxis (PrEP) Uptake for Youth in the United States
- Trey Rhodes
- University of Colorado School of Medicine

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