

Background

- In the United States, youth (aged 13-24 years) account for 20% of new HIV infections.
- Youth who have sex with men (YMSM) and other minority populations have disproportionately high burden of disease, yet experience limited access to care.
 - YMSM account for 82% of new HIV infections.
 - Of new HIV infections in 2020 among youth, 54% occurred in Black individuals, 26% Latinx, and 15% white.
- Oral pre-exposure prophylaxis (PrEP) is the daily or intermittent use of antiretroviral medication to prevent acquisition of HIV.
 - When taken as prescribed, PrEP with tenofovir/emtricitabine (TDF/FTC) reduces the risk of HIV infection via sexual transmission by up to 99%.
 - In May 2018, FDA approved the use of TDF/FTC for HIV prophylaxis in adolescents younger than 18 years.
- Despite the effectiveness of PrEP in preventing HIV transmission, the utilization of PrEP in the United States remains low.
 - Black and Latinx individuals have particularly low utilization, but account for highest rates of new HIV infections.
- Adolescents face unique barriers in accessing PrEP.
 - Sociodemographic variables, such as race/ethnicity and geographic location, significantly impact adolescents' access.
- Many barriers that limit PrEP prescription in adolescents stem from provider-level barriers, such as awareness, knowledge and willingness to prescribe.

Target Outcomes

- Address impact of provider-level barriers.
 - Furthermore, how barriers disproportionately affect patients with diverse backgrounds and identities.
- Strategize changes to healthcare systems that can decrease HIV infection rates for youth in the United States.
- Support interventions to increase PrEP uptake among youth.

Methods

- 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.

Results

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.

Providers' Awareness, Knowledge, and Experience

- Willingness to prescribe PrEP is significantly associated with provider knowledge.

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 Unintended Consequences

- Although proven safe, PCPs are concerned about side effects related to PrEP and potential impact on growth/development.
- PCPs are also concerned that prescribing PrEP to adolescents could lead to users participating in riskier sexual behavior.

Provider Concerns about Adherence

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

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.

Discussion

- 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.

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.



Resources & References

