Although PrEP was approved for HIV prevention for high-risk persons in 2012, uptake was initially slow. PrEP health disparities have been significant, with lesser uptake among those from communities most heavily impacted by the HIV epidemic. The objective of this analysis was to evaluate whether PrEP health disparities have been changing over time in a U.S. primary care center that has specialized in PrEP delivery.

Methods

- Study design, setting, and population
  - Cross-sectional study at Fenway Health, a community health center specializing in care for gender and sexual minorities
  - For each year during 2012-2016, data were analyzed from PrEP candidates, defined as HIV-uninfected patients screened for rectal sexually transmitted infections (STI)
  - Primary outcome: PrEP prescription during the year of rectal STI screening

- Statistical analysis
  - Chi-square tests were used to compare sociodemographic characteristics between patients who were and were not prescribed PrEP each year
  - Chi-square tests for trend were used to assess trends over time

Results

- Of 681 patients screened for rectal STI in 2012, 16 (2.3%) were prescribed PrEP
- Of 3,333 patients screened for rectal STI in 2016, 49% (n=1639) were prescribed PrEP.

- In 2012, 2.3% of 681 screened for rectal STI were prescribed PrEP (n=16)
- In 2016, 49% of 3,333 screened for rectal STI were prescribed PrEP (n=1639)

- White and Hispanic rectal STI patients were more likely to be prescribed PrEP than Black or API patients in 2014
- In 2016, 55% of patients screened for rectal STI with private insurance were prescribed PrEP, compared to 40% of those with Medicaid or other public health insurance (P<0.001)

Conclusions

- Significant disparities in PrEP prescription were noted over time in patients screened for a rectal STI in a Boston community health center.
- Despite a significant increase in PrEP prescitions for rectal STI patients between 2012 and 2016, almost half did not access PrEP in 2016, suggesting the need to address residual barriers.

Background

- Although PrEP was approved for HIV prevention for high-risk persons in 2012, uptake was initially slow. PrEP health disparities have been significant, with lesser uptake among those from communities most heavily impacted by the HIV epidemic.

Methods

- Study design, setting, and population
  - Cross-sectional study at Fenway Health, a community health center specializing in care for gender and sexual minorities
  - For each year during 2012-2016, data were analyzed from PrEP candidates, defined as HIV-uninfected patients screened for rectal sexually transmitted infections (STI)

- Primary outcome: PrEP prescription during the year of rectal STI screening

- Statistical analysis
  - Chi-square tests were used to compare sociodemographic characteristics between patients who were and were not prescribed PrEP each year
  - Chi-square tests for trend were used to assess trends over time

Results

- Of 681 patients screened for rectal STI in 2012, 16 (2.3%) were prescribed PrEP
- Of 3,333 patients screened for rectal STI in 2016, 49% (n=1639) were prescribed PrEP.

- In 2012, 2.3% of 681 screened for rectal STI were prescribed PrEP (n=16)
- In 2016, 49% of 3,333 screened for rectal STI were prescribed PrEP (n=1639)

- White and Hispanic rectal STI patients were more likely to be prescribed PrEP than Black or API patients in 2014
- In 2016, 55% of patients screened for rectal STI with private insurance were prescribed PrEP, compared to 40% of those with Medicaid or other public health insurance (P<0.001)

Conclusions

- Significant disparities in PrEP prescription were noted over time in patients screened for a rectal STI in a Boston community health center.
- Despite a significant increase in PrEP prescriptions for rectal STI patients between 2012 and 2016, almost half did not access PrEP in 2016, suggesting the need to address residual barriers.