

# INCREASING PREP UPTAKE, PERSISTENT DISPARITIES, IN AT-RISK PATIENTS IN A BOSTON COMMUNITY HEALTH CENTER

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## 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
- ❖ 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

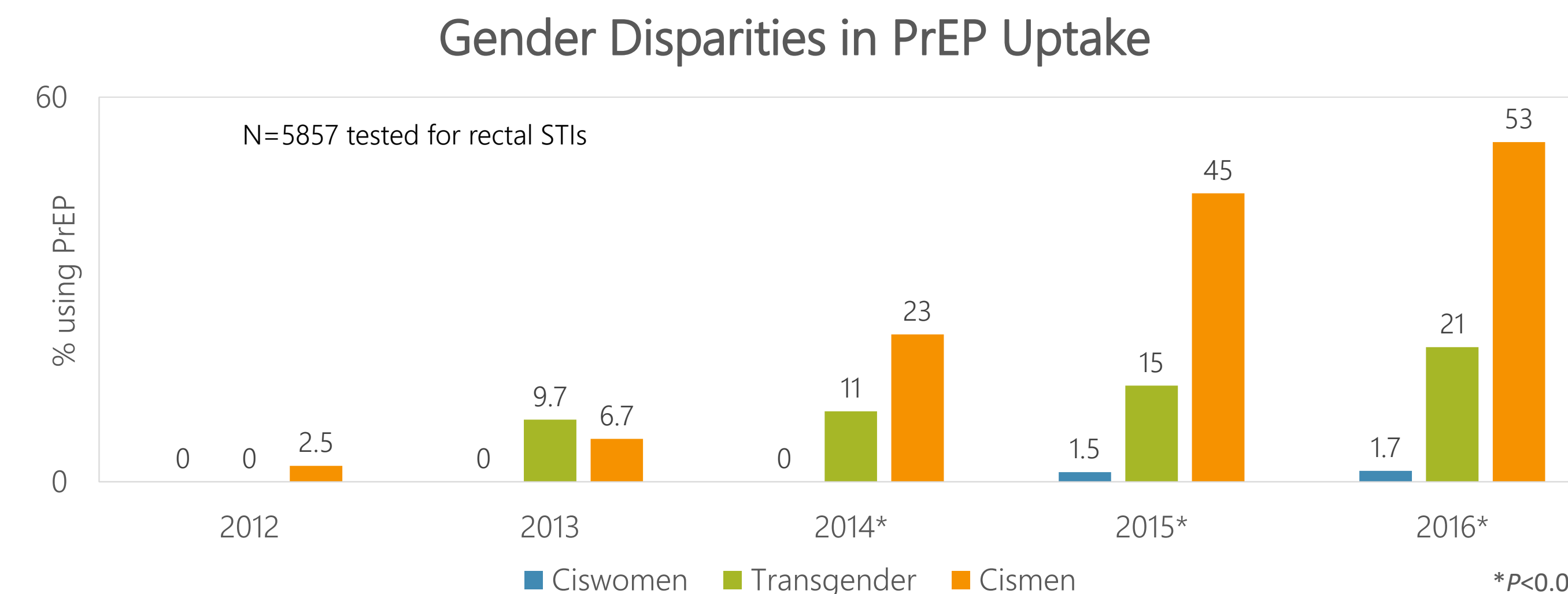
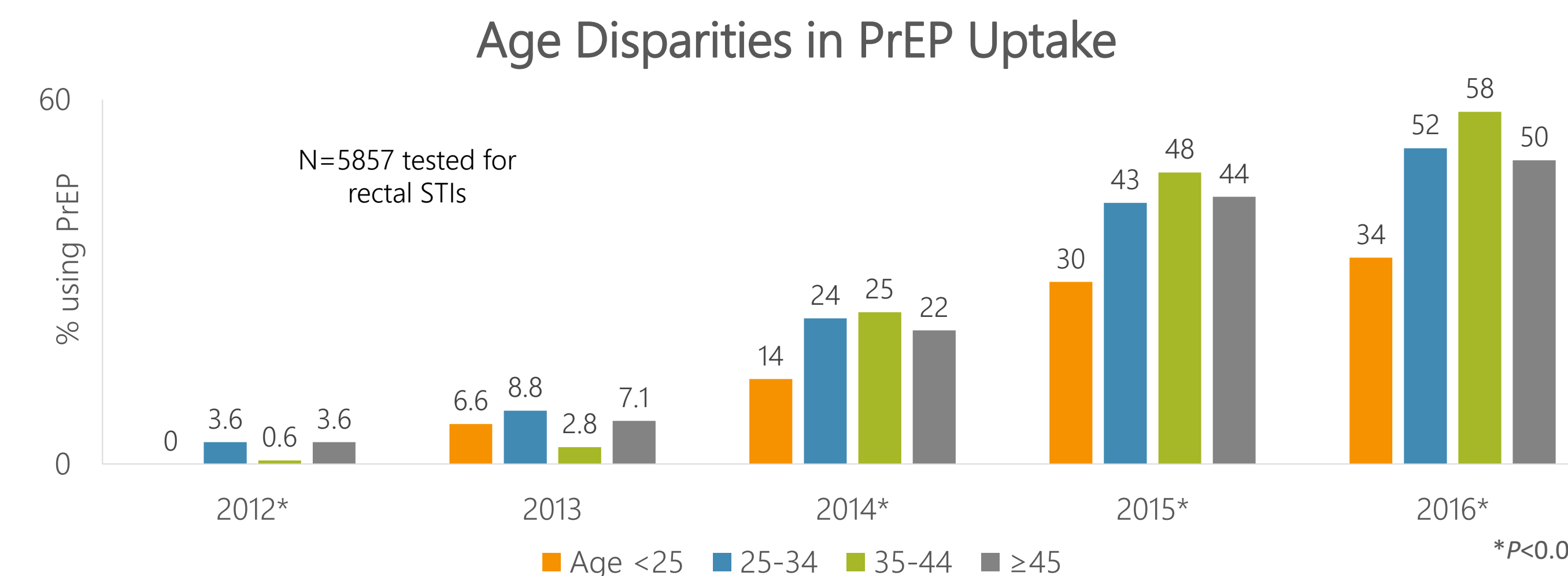
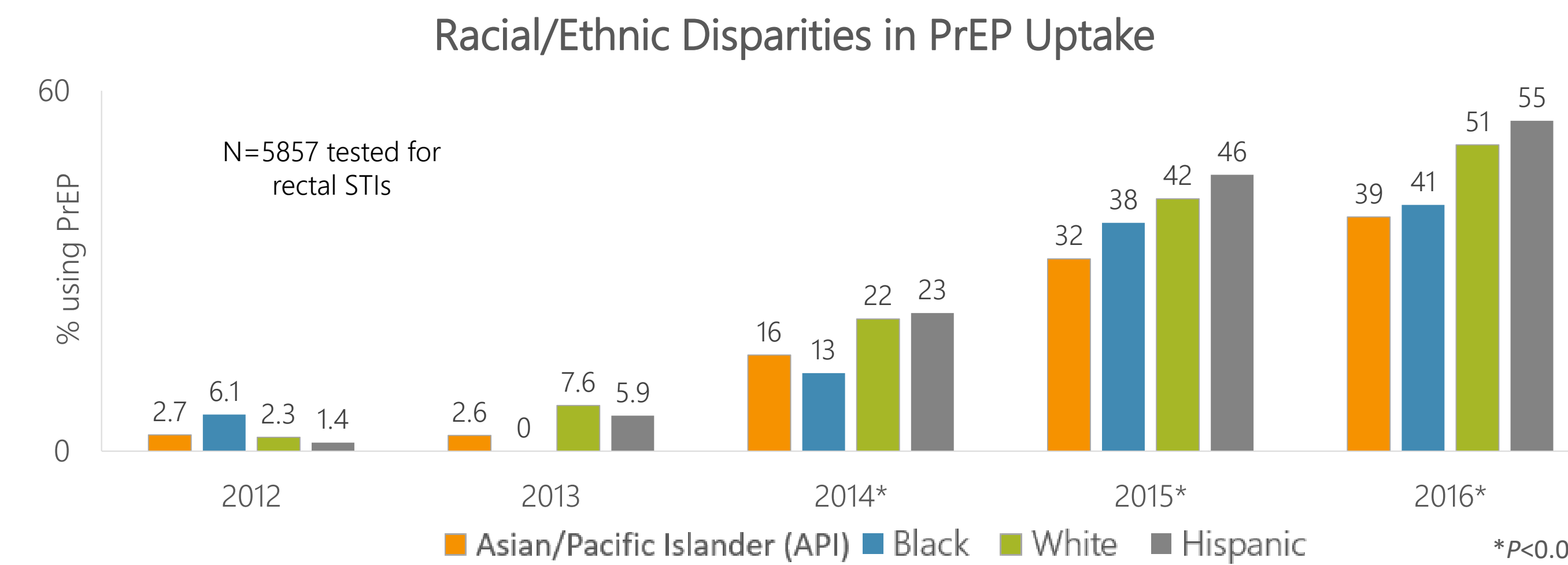
### ❖ Statistical analysis

- Chi-square 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, 1639 (49.2%) were prescribed PrEP
- ❖ In 2016, among patients screened for rectal STI:
  - 67% were White, 6% Black, 13% Latino, 8% API
  - 90% were cisgender males, 3% cisgender females, and 7% transgender women
  - 19% were <24, 45% 25-34, 18% 35-44, and 18% >45 years old
  - 79% had private insurance, 11% Medicare, 9% Medicaid/other public, 1% uninsured

## Sociodemographics of patients prescribed PrEP among those screened for rectal STI



## Results

- ❖ Between 2012 and 2016, PrEP use increased over time for all age, gender, racial/ethnic, and insurance groups (data not shown) except for cisgender women ( $P=0.32$ )
- ❖ Between 2014 and 2016, PrEP uptake was consistently lower among younger patients screened for rectal STI
- ❖ PrEP users were mostly White between 2012 and 2016, but in 2014-2016, PrEP uptake was highest in Hispanic patients, and uptake was higher for White and Hispanic patients than for Black and API patients ( $P=0.048$  in 2014,  $P=0.038$  in 2015,  $P<0.001$  in 2016)
- 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 ( $P<0.001$ )

## Summary and Discussion

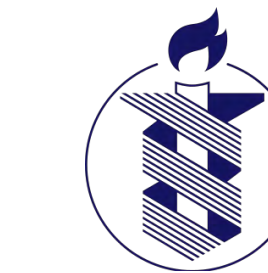
### ❖ Rectal STI screening and PrEP use each increased between 2012 and 2016

- 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 2014-2016
- Younger patients were less likely to be prescribed PrEP than older patients in 2014-2016
- Cisgender women were least likely to be prescribed PrEP among patients screened for rectal STIs
- Privately insured patients were more likely to be prescribed PrEP than publicly insured

### ❖ These findings suggest that further research is needed to understand the underlying reasons for persisting PrEP prescription disparities; to determine whether patient, provider, and/or structural barriers are most relevant; and to develop strategies to address them.

## 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.



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