

PrEP Deserts

When commutes impacts PrEP use in suburban and rural communities in the United States



PrEP is essential for reducing HIV infection rates in more rural areas of the U.S.¹

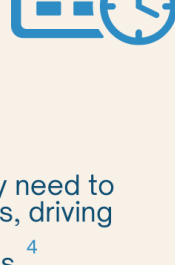
However, simply connecting with providers who can/will prescribe PrEP can be a challenge for people living in nonurban regions.

86% of states have less than 1 clinic providing PrEP per 100,000 people²

1 in 9 rural counties have organizations that provide PrEP³



"PrEP desert" refers to a community with low availability and access to the services needed to start and stay on PrEP.



Folks living in PrEP deserts generally need to travel longer distances for PrEP visits, driving **30** minutes up to **2.5** hours.⁴



Rural and suburban communities represent the majority of people living in PrEP deserts.

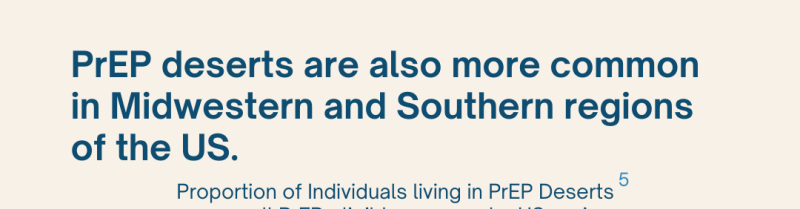
Communities with populations of less than 250,000 represent:

11% of people eligible for PrEP

55% of people with 30 min drives for PrEP-related visits

84% of people with 60 min drives for PrEP-related visits

This highlights how a disproportionate number of people face limited geographic access to PrEP & other HIV prevention services.⁵

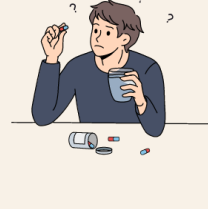


PrEP deserts are also more common in Midwestern and Southern regions of the US.

Proportion of Individuals living in PrEP Deserts⁵ among all PrEP-eligible persons by US region



Living in a PrEP desert has a measurable impact on PrEP use.

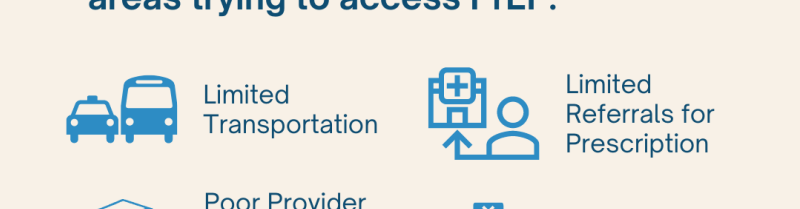


In a study examining the impact of location among PrEP-eligible men, participants living in PrEP desert were:

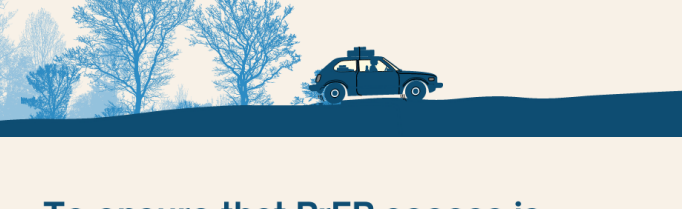
38% less likely to have used PrEP in the past 12 months

25% less likely compared to their peers in other nonurban areas

65% less likely compared to their peers in other suburban areas⁴

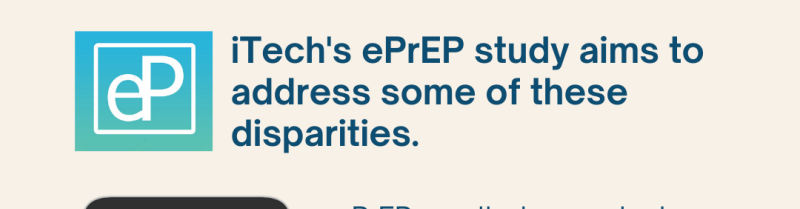


The disproportionate distribution of PrEP deserts highlights several barriers for people living in nonurban areas trying to access PrEP.



To ensure that PrEP access is equitable to anyone who wants to start PrEP, decision-makers can address geographic barriers by:

- reexamining location of PrEP providers to better serve populations in nonurban areas
- decentralizing PrEP delivery from clinics to other types of providers, like pharmacists and nurses
- increasing use of tech-based and home-based PrEP delivery, which can be more convenient and confidential and less stigmatizing^{4,6}



iTech's ePrEP study aims to address some of these disparities.

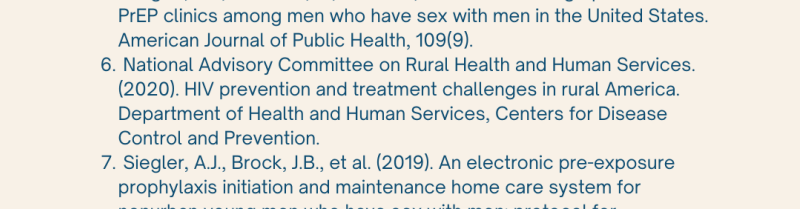


ePrEP enrolled men who have sex with men ages 18 to 29 in:

- Georgia
- Mississippi
- North Carolina
- & Alabama

Participants used an app with video telemedicine visits, messaging for clinicians and participants, and at-home test kits.⁷

Findings coming soon!



Works Cited

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3. Ahrens, K., Burgess, A., et al. (2021). Rural HIV prevalence and service availability in the United States: a chartbook. University of Southern Maine, Main Rural Health Research Center.
4. Sharpe, J.D., Sanchez, T.H., et al. (2022). Association between the geographic accessibility of PrEP and PrEP use among MSM in nonurban areas. *Journal of Rural Health*, 10.1111/jrh.12645.
5. Siegler, A.J., Bratcher, A., & Weiss, K.M. (2019). Geographic access to PrEP clinics among men who have sex with men in the United States. *American Journal of Public Health*, 109(9).
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