

BARRIERS AND FACILITATORS TO HIV PRE-EXPOSURE PROPHYLAXIS IN HEALTH CENTERS

RESULTS OF FOCUS GROUPS
WITH TEN HEALTH CENTERS



NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

BACKGROUND

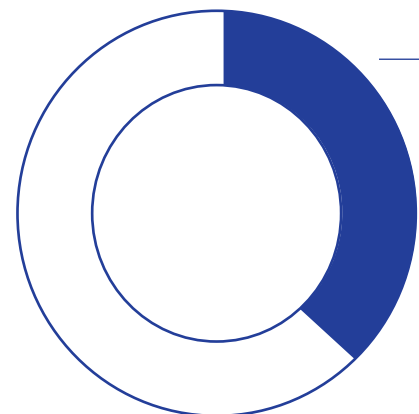
HIV incidence remains high in the United States, with approximately 31,800 infections in 2022, despite widespread availability of HIV treatment and pre-exposure prophylaxis (PrEP)¹. Although the first medication for PrEP was approved by the Food and Drug Administration more than 10 years ago, only 36% of people eligible for PrEP were prescribed it in 2023². To better understand barriers to and facilitators of PrEP at federally-qualified health centers, The Fenway Institute, in collaboration with the Bureau of Primary Health Care in the Health Resources and Services Administration, undertook three focus groups with health centers in 2024.

APPROACH

Ten health centers facing challenges in PrEP prescribing were recruited to participate in focus groups. Participants included PrEP prescribers, administrators, and patient navigators. The health centers were located in the West and South census regions, as well as Puerto Rico. Organizers developed a semi-structured focus group guide centered on provider knowledge and comfort with PrEP, patient perceptions of PrEP, structural and financial obstacles to PrEP, and facilitators of PrEP. Focus groups were led by Dr. Christopher Roby, Chief Operating Officer of the Community Health Center Association of Mississippi, and Dr. Whitney Irie, Assistant Professor in the Boston College School of Social Work. The focus groups were recorded and transcribed, then coded and analyzed to identify recurring themes.

31,800
HIV INFECTIONS IN 2022

TOTAL PEOPLE ELIGIBLE
FOR PREP IN 2023



36%
RECEIVED
PRESCRIPTION

WEST

SOUTH

PUERTO RICO

LESSONS LEARNED

The key findings from the focus groups centered on four themes:

1 PROVIDER KNOWLEDGE AND COMFORT

A lack of familiarity with PrEP and discomfort around discussions of sexual health were cited by several participants as important barriers to PrEP. However, participants identified tailored PrEP training programs and resources as a strategy to mitigate this barrier. In addition, integrating sexual health discussions into routine care, such as through the use of visit templates, was felt to facilitate PrEP prescribing.

Example of barrier: “I feel like providers are often too hesitant to discuss sexual health, and while the few who do seem highly motivated, they are simply too busy.”

Example of facilitator: “We created a packet for all of our providers interested in PrEP. It shows them on a practical level where to find things in the Electronic Health Record, what the front office staff is supposed to be doing, and what your medical assistant does.”

2 PATIENT PERCEPTION AND STIGMA

Participants identified patient perceptions and stigma as barriers to wider PrEP uptake. Stigma arose from the association of PrEP with HIV and men who have sex with men (MSM). Ways to overcome these barriers included public health campaigns focused on broader groups of people and community-based education to normalize PrEP use.

Example of barrier: “Some patients feel that by taking PrEP, it’s like admitting they are at risk, and they fear what others will think.”

Example of facilitator: “We are trying to make our PrEP program known to the community... There are not many PrEP prevention services in our area...So, we’re trying to expand the PrEP services and introduce it to our communities.”

3 STRUCTURAL AND FINANCIAL OBSTACLES

Limitations in money, staffing, and other resources hampered PrEP prescribing, but participants were also able to leverage grant funding and telemedicine to overcome some of these barriers.

Example of barrier: “As far as staffing, I think for us the biggest issue is staffing. We are very limited in our ability to follow up with patients who start PrEP because we just don’t have enough people on the ground.”

Example of facilitator: We provide access to telehealth appointments, so the patients are able to conduct their appointments through telehealth and get PrEP prescribed that way. We partner up with pharmacies who do home delivery. So therefore, they can deliver that medication to their home. So even if a patient has transportation issues, we work around that.”

4 COMMUNITY-SPECIFIC OBSTACLES

Participants identified medical mistrust and low health literacy as additional obstacles to PrEP that hindered its use in their communities. However, they noted that outreach and education through trusted community leaders could help overcome these obstacles.

Example of barrier: “There’s a lot of miseducation...we encounter a lack of knowledge...[and a] lack of understanding the community.”

Example of facilitator: “So, what we did was reach out to the pharmacy and they sent over materials that we give out to our patients – simple to read, easy to understand, and available in multiple languages to ensure everyone knows how to access and use PrEP.”

SUMMARY

While PrEP is highly effective at preventing HIV infection and has been available for more than 10 years, many people who might benefit from taking it have not received a prescription. Through focus groups with health centers across the United States, The Fenway Institute and the Bureau of Primary Health Care identified barriers and facilitators to PrEP use. A lack of provider knowledge about PrEP, discomfort discussing sexual behavior, patients' negative perceptions of PrEP, financial and staffing limitations, medical mistrust, and low health literacy all impeded PrEP access. However, focus group participants also identified multiple strategies to ease PrEP use, including provider training and resources, visit templates that include sexual history questions, patient outreach and education through trusted community members, and use of telemedicine.

REFERENCES

- 1 Estimated HIV incidence and prevalence. Centers for Disease Control and Prevention. 2025. Accessed April 4 2025. Available at: <https://www.cdc.gov/hiv-data/nhss/estimated-hiv-incidence-and-prevalence.html>.
- 2 Expanding PrEP coverage in the United States to achieve EHE goals. Centers for Disease Control and Prevention. 2023. Accessed April 4 2025. Available at: <https://www.cdc.gov/nchhstp/director-letters/expanding-prep-coverage.html>.