

Comparing PrEP Accessibility and Users in Mid- and Large-Sized Urban Centres

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Introduction

- The COVID-19 pandemic has significantly impaired healthcare access both globally and in Canada¹
- PrEP is a safe and effective means of preventing HIV seroconversion; however, barriers to PrEP access already prevent PrEP initiation and lead to increasing attrition of users over time²
- Such barriers are especially impactful to marginalized populations even outside of the COVID-19 pandemic³
- Our study thus sought to investigate how the COVID-19 pandemic affected access to PrEP through an intersectional lens, especially among marginalized populations

Bibliography

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Methods

- Our data was collected via the SexNow Survey conducted by the Community-Based Research Centre
- The survey was distributed from August to September 2020, and focused on the time periods during which COVID restrictions were most stringent
- Participants not taking PrEP were excluded from the data pool to focus on changes to PrEP access rather than prior barriers
- Variables regarding PrEP use and access to care were conducted using Likert scale responses, with specific questions probing PrEP affordability, prescription access, ease of discussing PrEP, and access to bloodwork
- Responses were stratified by variables including province, ethnicity, and age, with data reviewed by authors to assess for trends and Chi-squared testing performed for significance
- Analysis was dually completed in SAS 9.4 and R 4.0.5

Results – Demographics and Bloodwork Access

Age	Mean 42, Median 40	Frequency	Percent
Ethnicity	White	346	72.84
	Racialized	95	20
Province	Alberta	60	12.55
	British Columbia	166	34.73
	Manitoba	7	1.46
	New Brunswick	1	0.21
	Newfoundland	4	0.84
	Nova Scotia	11	2.30
	Ontario	154	32.22
	Quebec	66	13.81
	Saskatchewan	9	1.88

Table 1: Survey demographics of those on PrEP

Province	Bloodwork Access			χ ²
	Same	Easier	Harder	
Alberta	23	0	37	0.40
British Columbia	80	2	82	
Manitoba	3	0	4	
New Brunswick	1	0	0	
Newfoundland	1	0	3	
Nova Scotia	3	0	8	
Ontario	65	0	86	
Quebec	31	1	32	
Saskatchewan	4	0	5	

Table 2: Province and access to bloodwork

N.B. while trends were not significant between provinces, all had greatly increased difficulty accessing bloodwork

Results – Province and Racialization Impacts on PrEP Access

	Ethnicity	Easier	Harder	About the same	χ^2
Affordability	White	1	49	290	0.0279*
	Racialized	0	23	70	
Accessing a prescription	White	28	113	200	0.4205
	Racialized	9	37	48	
Taking PrEP	White	12	29	298	0.0679
	Racialized	1	15	78	
Getting bloodwork	White	1	186	154	0.7049
	Racialized	2	53	39	
Contacting a healthcare professional	White	16	105	221	0.191
	Racialized	2	37	55	

Table 3: Ethnicity and access to PrEP

Province	Affordability			Same	Prescription Access			χ^2
	Same	Easier	Harder		Same	Easier	Harder	
Alberta	54	0	6	0.011*	32	2	26	0.017*
British Columbia	152	1	9		82	15	67	
Manitoba	3	0	4		6	0	1	
New Brunswick	1	0	0		1	0	0	
Newfoundland	3	0	1		1	1	2	
Nova Scotia	8	0	3		3	1	7	
Ontario	109	0	42		95	15	41	
Quebec	48	0	16		43	4	17	
Saskatchewan	9	0	0		8	0	1	

Table 4: Province and access to PrEP

Discussion and Conclusions

- The majority of respondents experienced additional challenges taking PrEP or discontinued it altogether
- Bloodwork access posed the greatest additional challenge, followed by accessing prescriptions and contacting healthcare professionals; this is likely a result of the closures of physical clinics and in-person restrictions, and would benefit from novel healthcare delivery initiatives
- Individuals in British Columbia noted the least difficulty affording PrEP, logically given province-wide coverage and illustrating effective public-health strategies
- Interestingly, individuals in Alberta and BC had greater difficulties obtaining PrEP prescriptions than those in Ontario and Quebec
- Younger individuals had greater difficulty accessing PrEP, especially in the context of affordability and prescription access
- Racialized individuals had significantly greater difficulty affording PrEP, but no significantly greater difficulty contacting healthcare professionals despite known barriers in this regard, illustrating potential benefits of virtual healthcare delivery