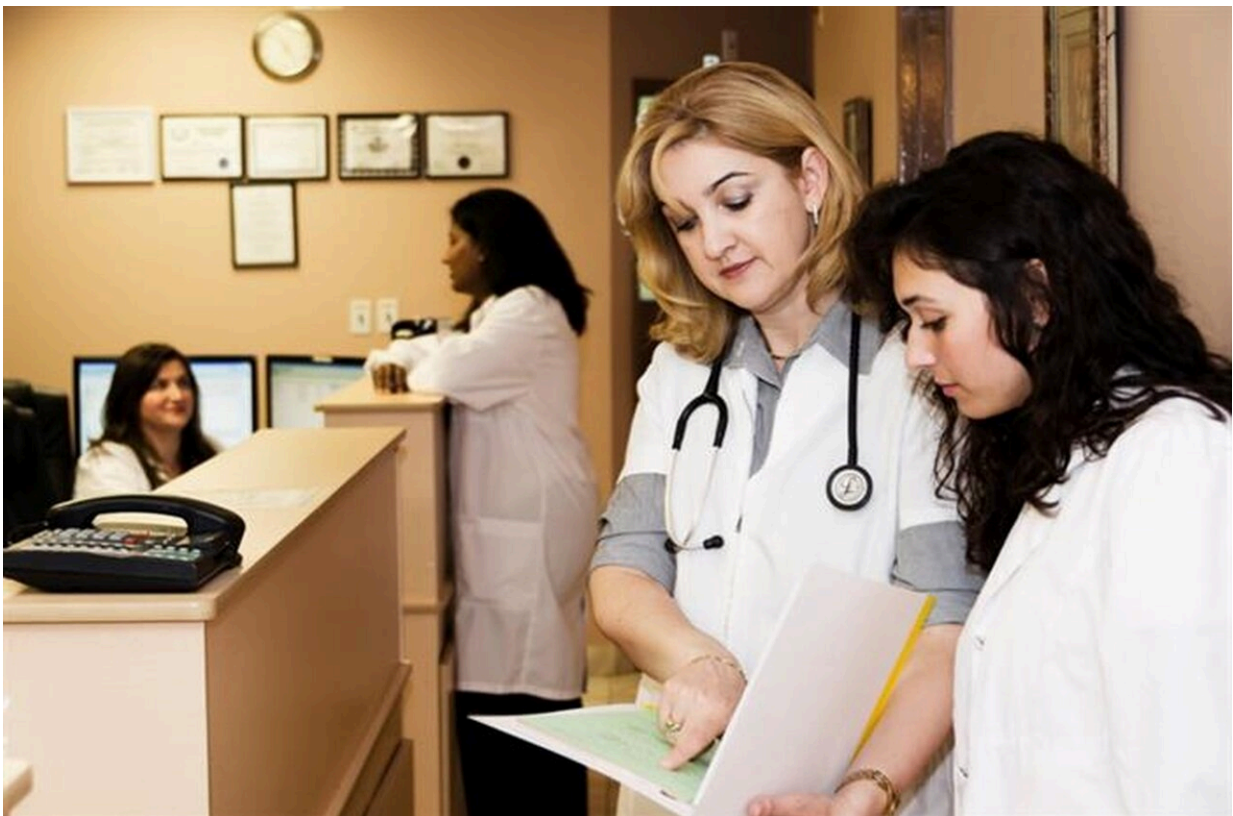


An ounce of prevention: Differences in HIV prevention activities among rural and urban physicians

December 12 2022, by Rae Lynn Mitchell



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HIV remains a major public health concern in the United States, with adolescents and young adults (15-24 years old) making up around 20

percent of new infections in the nation each year. Prevention is key to stopping HIV, and the U.S. Food and Drug Administration's approval of [HIV pre-exposure prophylaxis \(PrEP\)](#) in recent years gave high-risk people a new and effective tool to protect their health.

PrEP is an HIV prevention medicine that must be prescribed by a provider but use among adolescents remains low. Most research into PrEP prescribing practices has focused on urban health care providers and their comfort in prescribing PrEP to [adult patients](#). HIV infections are more prevalent in cities, but infection rates have been increasing in [rural areas](#). At the same time, urban and rural youth engage in higher risk behaviors in roughly equal proportions. Despite this, there has been little focus on rural physician practices and attitudes toward PrEP, which could help improve HIV prevention efforts for rural youth.

In a new study, Christopher Owens, Ph.D., assistant professor at the Texas A&M University School of Public Health, analyzes factors related to PrEP prescribing comfort among rural and urban physicians in the United States. The study, published in *The Journal of Rural Health*, used data from a survey of 256 physicians to determine how aware physicians are of PrEP, their PrEP prescribing practices, and their comfort level in implementing PrEP clinical activities for adolescents.

Although both rural and urban physicians reported similar proportions of implementing PrEP clinical activities—such as sexual history taking, HIV testing and STI testing—rural physicians reported being less comfortable providing sexual risk reduction counseling to adolescents than urban providers

This study shows an increase in PrEP awareness from previous work and points to differences in comfort with PrEP-related activities between urban and rural providers that warrants further exploration. Future studies should look into how clinical resources, patient and provider

demographics and other factors affect these outcomes.

This study and further research could help develop trainings and improvements to clinical resources, especially for physicians in [rural communities](#) where HIV infection rates are rising. HIV remains a significant health issue in both rural and urban communities, but it is important to increase rural physician's [comfort](#) level in implementing PrEP-related clinical activities.

More information: Christopher Owens, HIV pre-exposure prophylaxis awareness, practices, and comfort among urban and rural family medicine physicians, *The Journal of Rural Health* (2022). [DOI: 10.1111/jrh.12723](#)

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