Policy Awareness, Perceived Need and Structural Barriers to State-Level Pharmacy-Based HIV Prevention Services in the Southern United States: Understanding Perspectives of Pharmacy Staff

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Background

- In the Southern United States (US), approximately **14% of HIV cases remain undiagnosed** and **pre-exposure prophylaxis (PrEP) uptake is disproportionately low**.
- **HIV testing** is often infrequent or delayed due to **poor health care access, socioeconomic disparities and stigmatizing attitudes**.
- **Community pharmacies** situated in neighborhoods with high HIV prevalence offer a promising and accessible setting to address this unmet need as they are generally viewed as **neutral spaces that provide trusted health information**. It is also well known that **90% of people in the US live within 5 miles of a pharmacy**.
- The purpose of this study was **to examine pharmacists' perspectives on multi-dimensional barriers shaping the sustainable adoption of HIV prevention services.**

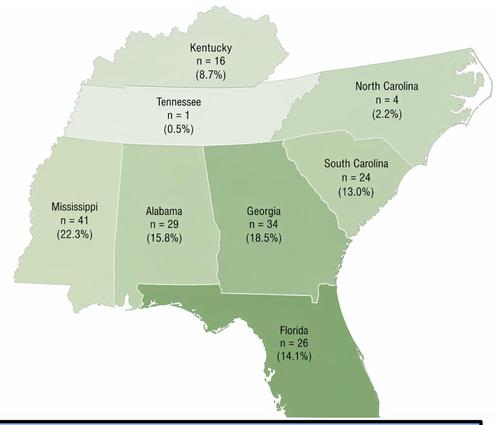
Methods

- An online cross-sectional survey grounded in implementation science frameworks was administered between **January 2024 and November 2025**, leading to the **largest multi-state sample of pharmacy staff in the Southern US**.
- Preliminary descriptive exploratory statistics, including counts and percentages, were calculated to summarize responses to questions about the **landscape of readiness for pharmacies to integrate HIV prevention services**.
- Bivariable analyses and adjusted models with covariate selection informed by theoretical relevance were run.
- Poisson regression with cluster robust standard errors by state evaluated **correlates of pharmacy staff awareness of policies that increase access to HIV prevention services.**

Results

Figure 1. Distribution of Pharmacy Staff Respondents in the Southern US, 2024-2025 (N = 182)

- Our sample was relatively balanced by gender (n = 90 women and n = 84 men).
- 117 participants identified their race as White, 22 as Black and 31 as Asian.
- Most pharmacies were independent (n = 161) versus chain (n = 19).
- Only a few (n = 48) had collaborative practice agreements (CPAs) or HIV training (n = 19).



Key Findings

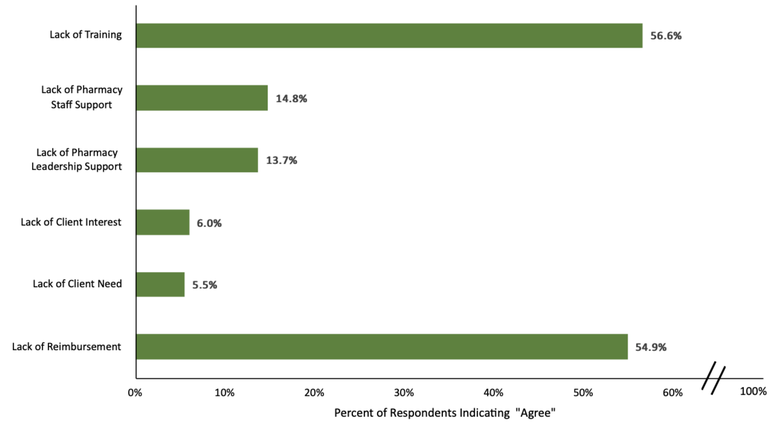
- **Majority of pharmacy staff were unaware of state policies that increase (65.9%) or limit (70.3%) HIV prevention services in pharmacies, respectively.**
- **Relatedly, most (58.8%) stated that additional state policies are needed to increase HIV prevention services in pharmacies.**

Table 1. Relationship Between Policy Awareness and Select Correlates

Correlate	Crude Prevalence Ratio and 95% CI	Adjusted Prevalence Ratio and 95% CI
Race (Reference — White)		
Asian	0.39 (0.09, 1.66)	
Black	2.13 (0.99, 4.57)	
Other	1.16 (0.47, 2.83)	
Prior HIV Training (Reference — No)	**3.74 (2.16, 6.47)**	**3.21 (1.69, 6.12)**
1+ CPA (Reference — None)	**2.62 (1.42, 4.86)**	1.91 (0.99, 3.66)
Years of Experience (Continuous)	0.97 (0.95, 1.00)	
Evidence Supports Pharmacy-Based HIV Testing (Reference — No)	**2.50 (1.15; 5.47)**	1.84 (0.76, 4.49)

Bold values indicate statistical significance at $\alpha = 0.05$ and CI is an abbreviation for confidence interval.

Figure 2. Barriers to Pharmacy-Based HIV Prevention Services



- Although nearly all pharmacy staff believed that client need and interest in HIV services was present, they commonly reported a desire for **training** and the importance of **establishing payment mechanisms for reimbursement**.

Conclusions and Future Directions

- This work highlights a **critical implementation gap** between pharmacy staff willingness, perceived feasibility, policy environments and organizational capacity to integrate HIV prevention services.
- **Further education** may support broader expansion of the HIV prevention continuum into pharmacies, especially as states like **Louisiana (Act 711)** and **Georgia (SB 195)** pass legislation allowing pharmacists to independently prescribe PrEP.

Please email sasenn@emory.edu for further details. Our work was supported by the National Institute of Mental Health (NIMH) R01MH130102. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.