

(D) Public Health

Leveraging Community Organizing and Dermatologic Insights to Strengthen HIV Prevention for Cisgender Women in the U.S. South

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ABSTRACT

Background: Cisgender women in the U.S. South experience a disproportionately high burden of new HIV diagnoses, yet PrEP remains underutilized in this population. Addressing this gap requires community-driven, patient-centered approaches to PrEP awareness and uptake. Dermatologic conditions are often early clinical indicators of HIV infection, and dermatologists play a critical role in HIV prevention through early recognition, patient education, and linkage to care. However, stigma surrounding HIV—including its dermatologic manifestations—may contribute to delayed diagnosis, deter care-seeking, and hinder prevention efforts. This study examines how a community organizing approach (COA) can enhance PrEP engagement among cisgender women in Atlanta through a community-clinic-academic partnership, with implications for dermatology's role in addressing stigma and improving prevention strategies.

Methods: Seventy community members from four HIV prevention priority counties in Georgia were recruited via community-based organizations (CBOs) and flyers. Consenting participants completed 30- to 45-minute qualitative interviews exploring their attitudes, influences, and communication patterns regarding sexual health, HIV prevention, and PrEP. Interview transcripts were analyzed using thematic coding, combining deductive and inductive approaches to identify key barriers and facilitators. Findings informed the revision of a sexual health curriculum, which trained community members to lead discussions at local events. The final phase will evaluate COA's impact on PrEP awareness, interest, stigma, and access. All procedures were approved by the Emory University Institutional Review Board (IRB).

Results: Among participants who disclosed their gender identity, 91% identified as female. Of those reporting race/ethnicity (n=46, 66%), 76% identified as Black, 15% as White, and 9% as multiracial; 9% identified as Hispanic/Latino. Although participants expressed comfort discussing sexual health, stigma limited community-level conversations on the topic. Many reported that media and community narratives suggested HIV prevention was unnecessary for cisgender women. CBOs and trusted community figures emerged as preferred sources of sexual health information. Clinicians, particularly those specializing in sexual health prevention, were theoretically trusted but faced barriers of medical mistrust, lack of cultural concordance, and stigma. Dermatologists, given their role in recognizing early HIV-related skin conditions, are an underutilized yet critical resource for HIV prevention and PrEP education. Participants suggested that increasing PrEP awareness would require community-driven education, training of trusted leaders, and demographically targeted messaging. These insights inform ongoing efforts to engage CBOs in community education and expand tailored PrEP outreach strategies.

Conclusions: Through a community-clinic-academic collaboration, this study leverages a structured community organizing approach to strengthen HIV prevention efforts for cisgender women in the U.S. South. Findings underscore the importance of sustainable, community-led interventions that address stigma, medical mistrust, and misinformation. Given the role of dermatologists in diagnosing and managing HIV-related skin conditions, integrating dermatology into HIV prevention efforts—including patient education on PrEP—may enhance early diagnosis and linkage to care. By training trusted community members and integrating targeted messaging, this model offers a scalable approach to improving PrEP uptake in high-burden regions and highlights dermatology’s potential role in HIV prevention.