In 2021, the US Centers for Disease Control and Prevention (CDC) updated the preexposure prophylaxis (PrEP) counseling and prescribing guidelines for HIV prevention. One important change is the emphasis on discussing PrEP with all sexually active adults. Previously, efforts often overlooked groups other than men who have sex with men, leaving Black cisgender women, affected by racial and gender disparities, underinformed and underprotected. The new guidelines reflect a shift toward inclusivity in HIV prevention. Yet there remains a pressing need to hone our focus on particular communities. Black women in the US, due to myriad socioeconomic and systemic factors, are disproportionately impacted by HIV, yet cisgender women are underprescribed PrEP and thus represent a group that urgently requires attention.

Planting the Seeds: The Power of Discussing PrEP

A pervasive barrier to PrEP initiation for Black women has been the inconsistent implementation of the updated CDC guidelines, which recommend health care clinicians speak with all sexually active adults about PrEP. This was a needed update from the narrower 2017 criteria, which often missed cisgender women who could benefit from PrEP. Excluding Black women from these conversations about PrEP perpetuates HIV-related inequities. PrEP discussions can lead to broader health conversations, reduce stigma, and become as routine as other preventive measures. Specifically, Black women respond well to PrEP conversations when they are initiated by knowledgeable, nonjudgmental clinicians, leading to higher PrEP engagement.

PrEP’s integration into health care has evolved beyond the purview paradox of who should deliver care, as it is now recognized that robust PrEP information must be disseminated across a variety of clinical settings. Diverse health care professionals, including pharmacists and nurses, play a crucial role in expanding access to PrEP. With this approach, we move toward a more inclusive and status-neutral model of care, ensuring that individuals have access to PrEP knowledge and services regardless of their entry point into the health care system. Emphasizing interprofessional education and collaborative practice, the field is embracing a more holistic approach to PrEP care, reflecting the broader health landscape’s shift toward comprehensive and accessible HIV prevention for all who might benefit.

Central to implementing the practice of discussing PrEP with Black women is recognizing that their sexual partnerships, decisions, environments, and behaviors are dynamic and change over time, as encapsulated by the concept of seasons of risk or episodic risk. Even if a woman decides that PrEP is not suitable for her at the current moment, having the knowledge about PrEP empowers her to make informed decisions about her sexual health in the future as these seasons in her life change. A conversation today might mean the prevention of an HIV infection tomorrow.

Preparing the Right Soil for PrEP Discussions

This imperative is an invitation to health care clinicians to be gardeners who sow seeds on good soil by initiating conversations about PrEP with Black women during the clinical encounter (the seeds) and contributing to an environment that collaboratively supports Black women in their PrEP decision-making (the soil). The biblical Parable of the Sower offers a narrative on the varying fates of...
seeds based on where they land. Applying this allegory to the topic of PrEP presents a poignant reflection on the challenges and opportunities in effectively disseminating PrEP information among Black women. Just like the different seeds, PrEP discussions can have vastly different outcomes when presented in different contexts. Thus, it is crucial not only to focus on the message but to pay equal, if not more, attention to the context.

Seeds may never get the chance to sprout if they land on a path instead of rich, nutritious soil and are quickly devoured by birds. Similarly, information may never reach Black women due to systemic barriers, clinician bias, and stigma, which precludes conversations about PrEP. Just as birds snatch these seeds, societal barriers and stigmas prevent relevant information about PrEP from reaching many Black women. Similarly, as the seeds require protection from birds, we need strategies to overcome these barriers to disseminating information about PrEP.

Like seedlings that cannot withstand the sun due to shallow roots in the rocky ground, some PrEP interventions may appear effective in the short term but lack the depth for a sustained impact. For example, one-off workshops or campaigns that do not link to comprehensive clinical or community-based PrEP support systems may have minimal impact. To improve impact, PrEP interventions for Black women could be sustained by integrating the initiatives into broader women's health services.

As thorns can choke the growth of seeds, broader socioeconomic issues can often overshadow PrEP's potential importance and relevance for Black women. As Black women often face multifaceted challenges, PrEP's potential may be stifled by competing concerns, economic challenges, and health care policy (eg, some states' lack of Medicaid expansion and PrEP assistance programs). Among women who are prescribed PrEP, discontinuation is most common among women who are underinsured and whose income falls below the federal poverty level. Economic and policy-level interventions are needed to improve access to PrEP as part of women's comprehensive health care.

Seeds that thrive in nurturing soil symbolize an environment that supports and empowers Black women in their sexual health decision-making. Beyond health care settings, community support is critical to good soil. Community-led research has demonstrated that hair salons and faith-based organizations have an interest in building capacity for integrating HIV messaging and programming to reduce stigma and increase knowledge about PrEP. Optimal PrEP provision occurs in a context that facilitates cultural understanding, acceptance, access, and action.

Cultivating a Thriving Garden of Appropriate PrEP Use

To ensure that the seeds of PrEP knowledge not only take root but also thrive among Black women, a multipronged approach is vital. On a clinical level, health care professionals need regular training on PrEP guidelines. In communities, PrEP interventions and programs, including public education campaigns, must prioritize Black women's perspectives; this has been successful for initiatives in breast cancer screening, where community-based programs that used storytelling increased screenings and mammography practices among Black women. In addition, collaboration with community leaders can bolster PrEP visibility and reduce stigma within Black communities. This strategy was effective for programs to improve COVID-19 vaccine uptake in Black communities; Black clinicians and physicians partnered with community leaders, such as pastors, to develop and promote trusted messaging. For Black women, collaboration with community influencers, akin to the use of beauty salons, can bolster PrEP knowledge and awareness. Each initiative is a testament to how community-centric strategies that respect and incorporate the lived experiences of Black women can enhance engagement and health outcomes.

Health care professionals, akin to gardeners, play a pivotal role in addressing HIV. Many Black women in the US are uninformed about PrEP's benefits. Properly informed, they can experience empowerment and improved health equity. Clinicians should proactively discuss PrEP following CDC guidelines, especially with Black cisgender women. Beyond sharing information, it is critical to
cultivate an enabling environment through education, social support, and accessible health care systems. This holistic approach is essential for the seeds of PrEP knowledge not just to be sown but to prosper, ensuring informed sexual health choices for all.