



**INTEGRATED
HIV/AIDS
PLANNING**
TA CENTER

OCTOBER 23, 2023

HEAR FROM YOUR PEERS:
STATUS NEUTRAL APPROACHES
IN ACTION

VIRTUAL EVENT COMPANION GUIDE

INTRODUCTION

This event companion guide offers attendees a resource to supplement the information covered during the session and extend the content and application beyond the allotted presentation time. It contains:

- Presentation slides
- Questions for consideration
- Status neutral resources

Status neutral approaches use a “whole person” approach to care that meets the needs of the person or population, regardless of HIV status by integrating HIV care and prevention into routine care. While CDC and HRSA encourage status neutral approaches for HIV prevention and care programs across the country, there are many barriers that jurisdictions face with its implementation.

During this session, panelists from the Oregon Health Authority and the City of San Antonio, Metropolitan Health District share what they are doing in their jurisdictions to implement status neutral approaches, including braiding funding, overcoming challenges, and lessons learned.

After this session, participants will be able to:

- Describe at least one benefit of implementing a status neutral approach
- Identify at least one approach to status neutral service delivery
- Describe at least one challenge to implementation and a potential solution



Hear from Your Peers: Status Neutral Approaches in Action

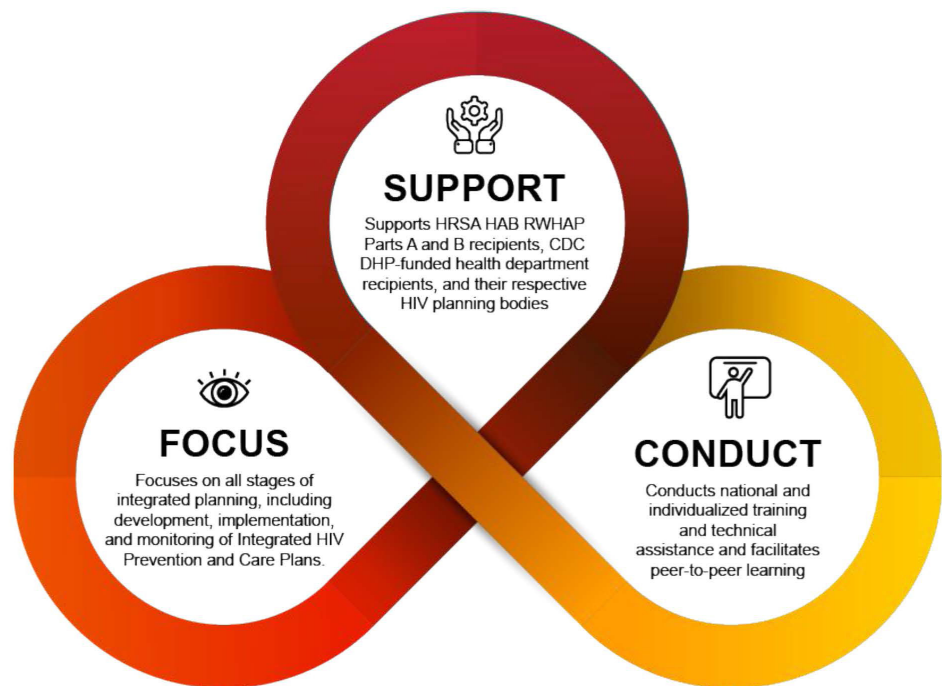
October 23, 2023
2:00– 3:00 pm ET



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About the Integrated HIV/AIDS Planning Technical Assistance Center - IHAP TAC



Session Objectives

After this session, participants will be able to:

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- Identify at least one approach to status neutral service delivery
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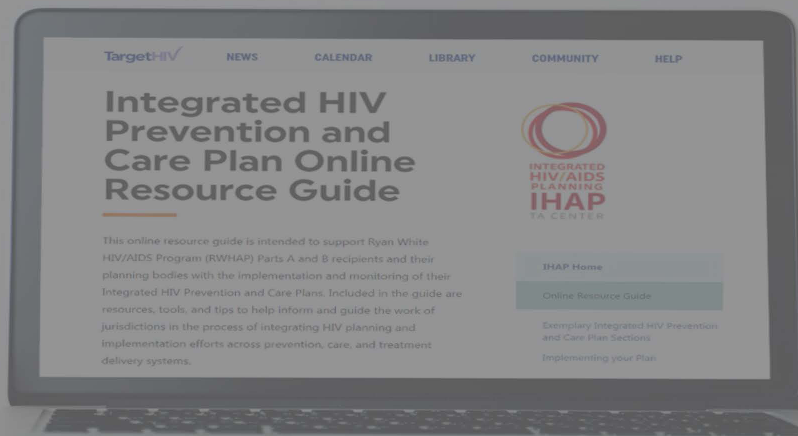
Agenda

- Overview of status neutral approaches as well as its benefits and challenges to implementation
- Brief presentations by panel on status neutral approaches in their jurisdictions
- Facilitated discussion with panel
- Facilitated Q/A
- Closing and Evaluation

How to Ask a Question

Two ways to ask a question:

- Add your question to the chat box.
- Click the “Raise your hand button in the participants tab.
- You may also email **questions** to ihaptac@jsi.com after the event.



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Status Neutral Approach

- Offers a “whole person” approach to prevention and care, regardless of HIV status
- Promotes a “one-door” approach: people can access prevention, treatment, and other critical services in the same place
- Advances health equity by integrating HIV prevention and care into routine care
- An HIV test often serves as the entry point to services
 - Individuals may also enter the prevention or care pathway through other services

Benefits of a Status Neutral Approach

- Minimizes missed opportunities to engage people in HIV testing, prevention, and treatment when they seek sexual health or other services
- Incorporates critical support services (e.g., housing, food, health coverage, and transportation assistance) that may benefit all clients regardless of HIV status
- Reduces stigma that may otherwise stop people from visiting health care providers labeled as “HIV” or “STD” clinics
- Addresses providers’ implicit biases that affect their perceptions of others, which can affect the care they provide

Status Neutral HIV Service Delivery

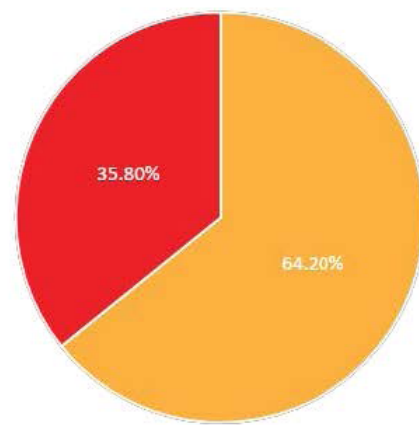
- Healthcare that encompasses HIV testing, prevention, treatment, and support services
- HIV prevention and treatment that is part of broader healthcare services (e.g., sexual health, transgender health, care for people who use drugs)
- Service delivery that recognizes and includes holistic social services that support the path to optimal HIV and other health outcomes
- Culturally affirming, stigma-free HIV prevention and treatment

Challenges

- Restrictions in RWHAP legislation and funding limitations
 - HRSA HAB grant administrative cap
 - Funding for people with a diagnosis of HIV
- Limited providers and resources for support services
- Billing, reporting, contractual challenges
- Status neutral innovations are not always reflected in the data reported to funders

Integrated Plan Review - Status Neutral Approaches

- IHAP TAC reviewed all submitted 2022-2026 Integrated HIV Prevention and Care Plans
- Plan incorporates status neutral language (e.g., “no wrong door,” linkage between prevention and care services at all service entry points)



■ Yes (n=43) ■ No (n=24)

Meet our peer panel!



Linda Drach
(she/her)

Senior Operations
& Policy Analyst

Oregon Health
Authority



Barbara Jardine
(she/her)

Policy and
Partnership Analyst

City of San Antonio,
Metropolitan Health
District



Christina Winbigler
(she/her)

EHE Disease
Intervention Specialist

City of San Antonio,
Metropolitan Health
District

Hear from your Peers!



Why Status-Neutral?

- Can decrease new HIV infections – higher engagement, better access, quicker linker to care, more culturally-responsive
- Supports optimal health through whole person, holistic care
- Reduces stigma & promotes equity
 - It's harder for some people to access services when they are based on status
 - Status neutral helps us reach priority populations.
- Recognizes that many services needed by PLWH and people vulnerable to HIV are the same (e.g., social determinants of health)

Examples of Status Neutral Approaches

- Integrated Planning Groups (like End HIV/STI Oregon Statewide Planning Group)
- Co-located prevention & care services
- Rebranding services as “sexual health” vs. HIV or STI
- Broadening eligibility (e.g., opening a program or service to all people in a population, regardless of HIV status)
- Focus on priority populations disproportionately impacted by HIV
- Communication & messaging –
 - talk about sexual health vs. disease
 - avoid old messages that divide people (e.g., serosorting)
 - no “wrong” outcome of an HIV test

Oregon Status Neutral Program: EISO

HIV Early Intervention Services & Outreach:

- Outreach to priority populations, HIV/STI education and testing
- Rapid linkage to HIV care for those who test positive
- Referrals to PrEP, harm reduction, SSP, and other needed services for those who test negative
- Funded through Ryan White HIV/AIDS Program
- Located at partner agencies who receive both prevention (CDC) and treatment (HRSA) funding
 - Ideally, clients don't see any of these services as fragmented or separate.
 - However, agencies do have additional administrative burden – need to report data, need to ensure that different funding streams are used for eligible activities

Rationale for Status Neutral Approach

- Need for creating a one-stop shop
- Tailors to the needs of the client (social determinants of health)
- Keeping in mind ethical considerations

San Antonio's Approach

- PrEP in our Rapid Start Protocol
 - Reactive result = linkage to care within 72 hours of receiving results
 - Non-reactive result = linkage to PrEP within 7 days of receiving results if client expresses interest
- Ending the HIV Epidemic Program Coordinator housed within Policy and Civic Engagement team
- Emphasis on harm reduction by partnering with untraditional testing partners

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Discussion



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Questions?

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Help Us Help You

Please complete the evaluation!



IHAP TAC Peer Panel Assessment

Thank you for your participation in our peer panel! Your feedback is important, and will help us improve the quality of future peer panels.

Responses are anonymous.

To proceed with this survey in Spanish, please click on the language drop-down in the top right corner of this screen and select Spanish.

Para continuar con esta encuesta en español, haga clic en el menú desplegable de idioma en la esquina superior derecha de esta pantalla y seleccione 'Spanish'.

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IHAP TAC can help!

- **New to Integrated Planning or Need a Refresher?**
 - Online Course: An Introduction to HIV Prevention and Care Planning
 - Access at www.targethiv.org/ihap
- **Access our resources at our website at www.targethiv.org/ihap**
- **Contact us at ihaptac@jsi.com**
 - Ask questions
 - We can help you find resources or connect with peers
 - Request tailored technical assistance
- **Join our mailing list: <https://targethiv.org/ihap/subscribe>**

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Thank you!

QUESTIONS FOR CONSIDERATION

As you reflect on the presentation and conversation, consider these prompts for discussion with your colleagues and integrated planning partners:

- Which elements of a status neutral approach are already taking place in your organization or jurisdiction?
- Where do opportunities exist to develop and/or implement additional processes or activities to support a status neutral approach?
 - What does your organization or jurisdiction need to be able to do this?
- How might a status neutral approach change the experience of people seeking HIV prevention and/or treatment services in your organization or jurisdiction?

STATUS NEUTRAL RESOURCES

[Issue Brief: Status Neutral HIV Care and Service Delivery \(Centers for Disease Control and Prevention\)](#)

This document describes a status neutral approach in detail, exploring the approach's intention and providing jurisdictional examples of implementation.

[A Status Neutral Approach: Achieving Together to End the HIV Epidemic \(Texas Department of State Health Services HIV/STD Program\)](#)

This comprehensive guide explores the foundational qualities of a status neutral approach and includes the key elements of a status neutral system. Among other areas, content also covers how this approach looks at individual and community levels and emphasizes the importance of community collaboration in successful implementation.

[The New York City HIV Status Neutral Prevention and Treatment Cycle \(New York City Health Department\)](#)

This brief video and overview illustrate New York City's approach to HIV prevention and care, emphasizing the need to ensure support and effective service delivery to all people, regardless of HIV status, to keep them and their communities healthy.

[National HIV/AIDS Strategy \(White House Office of National AIDS Policy\)](#)

As a new aspect of the National HIV/AIDS Strategy, strategy 1.2.3 encourages incorporation of "a status-neutral approach to HIV testing, offering linkage to prevention services for people who test negative and immediate linkage to HIV care and treatment for those who test positive." The details of this are further outlined in pages 33-34.

IHAP TAC is here to help!

[Visit our website](#) to access more resources and learn about upcoming events.

Need support with your integrated planning activities? You can email us with questions (ihaptac@jsi.com) or [sign up for our listserv](#) to receive up-to-date information about new resources and upcoming learning opportunities.

Thank you for your participation!



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About the IHAP TAC: The HRSA-funded [Integrated HIV/AIDS Planning Technical Assistance Center](#) (IHAP TAC) supports Ryan White HIV/AIDS Program Parts A and B recipients, CDC DHP-funded recipients, and their respective HIV planning bodies with integrating planning, including the development, implementation, and monitoring of their Integrated HIV Prevention and Care Plans. We provide national and individualized training and technical assistance and facilitate peer-to-peer learning.