



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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## HIV PREVENTION PLANNING WORKGROUP Virtual Meeting

Agenda and meeting packet will be available prior to the meeting at  
<http://hiv.lacounty.gov/Planning-Priorities-and-Allocations-Committee>

**Wednesday, March 22, 2023**  
**4:00PM-5:30PM (PST)**

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LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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**PREVENTION PLANNING WORKGROUP**  
**Virtual Meeting Agenda**  
**Wednesday, March 22, 2023 @ 4:00 – 5:30pm**

To Join by Computer:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m3ae3b7435756db7eed2a5fe05a208d52>

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**AGENDA**

- 1. Welcome and Introductions (4:00-4:10pm)**
- 2. Co-Chairs' Report (4:10-4:25pm)**
  - a. PPW, PP&A and COH Co-chairs meeting
  - b. Planning, Priorities and Allocations Committee March 21 Meeting
- 3. 2023 Revised Work Plan Review (4:25-4:35pm)**
- 4. Start a discussion on Status Neutral (4:35 – 5:00pm)**
- 5. Identifying speakers/presenters and format for Commissioner Training Identified from Knowledge, Abilities and Behaviors Survey Results (5:00-5:15pm)**
- 6. Next Steps and Agenda Development for Next Meeting (5:15-5:20pm)**
- 7. Public Comment + Announcements (5:20-5:30pm)**
- 8. Adjournment (5:30pm)**



**VIRTUAL MEETING—PREVENTION PLANNING WORKGROUP (PPW)**  
**Wednesday, January 25, 2023 | 4:00-5:30PM**  
**MEETING SUMMARY**

**Attendees:**

<b>Greg Wilson (Co-Chair)</b>	Kevin Donnelly
<b>Miguel Martinez (Co-Chair)</b>	Amanda Wihnich
Harold	Vicki
Commission on HIV (COH) Staff: Cheryl Barrit, Catherine Lapointe, Jose Rangel-Garibay, Lizette Martinez	
Division of HIV and STD Programs (DHSP) Staff: Pamela Ogata, Paulina Zamudio, Richard Salazar	

**1. Welcome and Introductions**

Greg Wilson, Co-Chair, welcomed attendees and led introductions.

**2. Co-Chairs' Report**

**a. Planning, Priorities and Allocations (PP&A) Committee Jan. 17 Meeting Highlights**

- K. Donnelly, PP&A Co-Chair provided a brief overview of the PP&A meeting. He noted the Committee is adjusting work to fit within the new HRSA Ryan White Part A program 3-year funding cycle and allow for more time to focus on key issues affecting people living with HIV rather than processes. He suggested weaving in prevention in the priority setting and resource allocation process and the overall work of the PP&A Committee.
- K. Donnelly noted there was a program letter released on Jan. 17 from the Health Resources and Services Administration (HRSA) promoting the status-neutral approach to HIV interventions. He noted this will allow prevention efforts to be in line with HIV care strategies.
- He reported that he will request that the Executive Committee revisit and update the Commission's mission statement to add prevention.
- K. Donnelly also announced the Ending the HIV Epidemic Townhall meeting that was held in the morning that provided updates on HIV prevention and care strategies from the Division of HIV and STD Programs (DHSP). Paulina Zamudio noted a recording will be available for those who were not able to participate.
- The next meeting will be Feb. 21, 2023. February's meeting will include a discussion on the STI crisis and exploring ways to bring the work of PPW into the PP&A process.

**b. Co-Chair Nominations**

- Cheryl Barrit opened the floor to any additional nominations. There were no additional nominations. Greg Wilson, Dr. William King, and Miguel Martinez were elected as co-chairs for 2023. M. Martinez noted he will step down as co-chair in June.

**c. Meeting Format for 2023**

- M. Martinez opened with a discussion on PPW meeting frequency and format (virtual vs in-person). He noted a call to decrease meeting frequency throughout the Commission due to meeting fatigue. P. Zamudio recommended moving to bimonthly or quarterly meetings and G. Wilson recommended continuing with the virtual format. P. Zamudio added a recommendation to meet in-person at least once in 2023. C. Barrit recommended planning the in-person meeting well in advance to allow Commission staff enough time to arrange a meeting space.

**d. February Workgroup Meeting**

- The workgroup voted to move to a bimonthly schedule. The next meeting will be March 22, 2023.

**e. Discuss prevention integration with PP&A**

- C. Barrit provided background on the Prevention Planning Workgroup, noting it was established as a subset of the PP&A Committee to bring prevention efforts into planning strategies. She noted the workgroup is not intended to be permanent.
- There was a discussion on how to operationalize prevention planning into PP&A. K. Donnelly noted PP&A co-chairs were meeting to discuss the PP&A workplan and invited PPW co-chairs to attend the meeting to help discuss efforts to operationalize prevention into PP&A.
- M. Martinez noted adding an activity to the 2023 workplan that focuses on integration with PP&A.

**3. 2023 Workplan Review**

- M. Martinez provided a brief review of the items listed on the draft 2023 workplan. He noted there were too many activities, and some items should be removed as the group plans to better integrate into PP&A as well as moving to a bimonthly schedule. See meeting packet for the draft workplan.
- P. Zamudio noted some activities need to be revised to be clearer on their intent/focus. She also recommended adding an activity on integration into PP&A.
- K. Donnelly pushed for continuing with training activities identified in the Knowledge, Attitudes and Beliefs Survey to build the capacity of the Commission.

M. Martinez agreed and recommended focusing on the top 3-4 priority items that were identified at the end of 2022.

- P. Zamudio announced DHSP will be hosting a workforce development conference in March 16 and 17 targeting HIV care and prevention providers and staff. More information will be shared as the conference date approaches. Registration will be open in February.
- PPW co-chairs and Commission staff will work together to revise the 2023 workplan before the next PPW meeting.

#### **4. Training Opportunities Identified from Prevention Knowledge, Abilities and Behaviors (KAB) Survey Results**

- Lizette Martinez provided an analysis of training needs identified in the KAB survey. Needs were identified via explicit requests and/or knowledge gaps identified in the survey responses. See meeting packet for details.
- M. Martinez recommended health district, prevention data and health literacy training needs be suggested to the full body Commission. C. Barrit noted any health district or data trainings would be for the full body and health literacy is being proposed to the Operations Committee as a consumer-focused additional lunch and learn training.

#### **5. Next Steps and Agenda Development for Next Meeting**

- Co-chairs to attend meeting with PP&A Committee co-chairs to discuss opportunities for integration
- Co-chairs and Commission staff to revise the 2023 workplan
- Begin discussing prevention trainings
- Discuss potential date for in-person meeting
- The next PPW meeting will be March 22, 2023.

#### **6. Public Comment + Announcements – There were no public comments**

#### **7. Adjournment – The meeting was adjourned by M. Martinez.**

## Priority Setting and Resource Allocation



- The most important decision-making responsibility for Commissioners
- Decisions are based on data and made only by Commissioners



- Priority setting and resource allocation must be based on data and *not* anecdotal information or impassioned pleas.

1

## Priority Setting

- Prioritization: rank service categories based on consumer need (ONLY!)
- Must address needs of *all* PLWH regardless of:
  - Who they are
  - Where they live in the County
  - Stage of disease
  - Whether they currently receive services
- Priorities should be set without regard to the availability of funds (RWHAP Part A or other funds)

2

## Resource Allocation

- Process of determining how much RWHAP Part A program funding will be allocated to each service category
- Commission instructs DHSP on how to distribute the funds in contracting for service categories
- Some lower-ranked service categories may receive larger allocations than higher-ranked service categories due to cost per client and services available through other funding streams

3

## Directives



GUIDANCE TO THE  
RECIPIENT (DHSP) ON  
HOW TO MEET  
PRIORITIES




INVOLVE  
INSTRUCTIONS FOR  
THE RECIPIENT TO  
FOLLOW IN  
DEVELOPING  
REQUIREMENTS FOR  
PROVIDERS FOR USE IN  
PROCUREMENT AND  
CONTRACTING



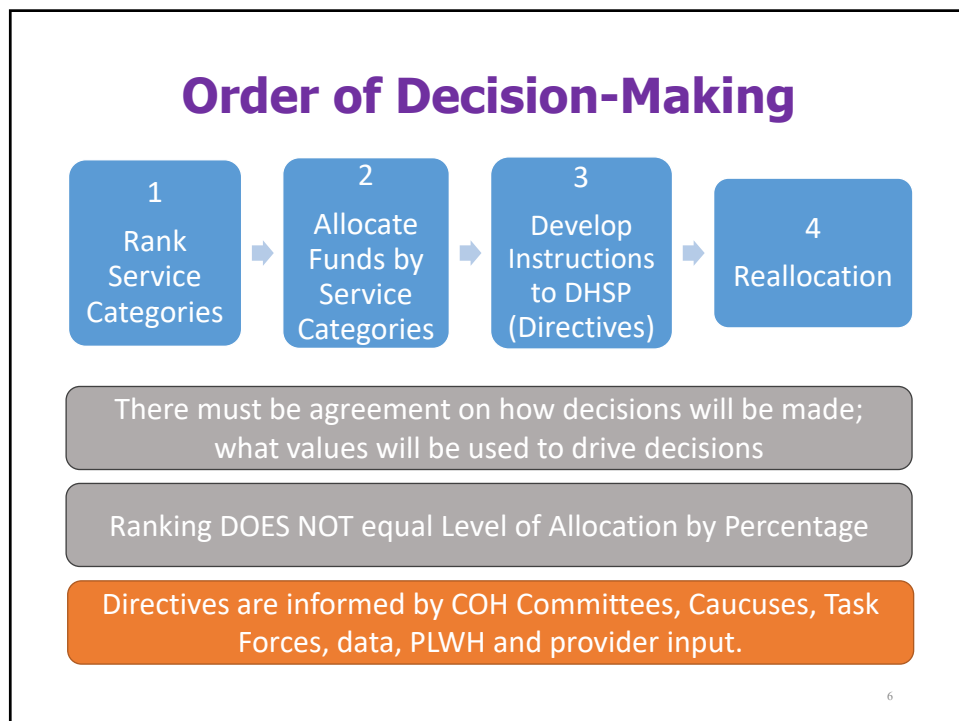
USUALLY ADDRESS  
POPULATIONS TO BE  
SERVED, GEOGRAPHIC  
AREAS TO BE  
PRIORITIZED, AND/OR  
SERVICE MODELS OR  
STRATEGIES TO BE  
USED

4



- Process of moving program funds across service categories after the initial allocations are made. This may occur:
  - right after grant award (partial and final award), since the award is usually higher or lower than the amount requested in the application
  - during the program year, when funds are underspent in one category and demand is greater in another

5



6



## PRIORITY POPULATIONS

- Latinx men who have sex with men (MSM)
- Black/African American MSM
- Transgender persons



- Cisgender women of color
- People who inject drugs (PWID)
- People under the age of 30
- People living with HIV who are 50 years of age or older



## LOS ANGELES COUNTY COMMISSION ON HIV 2023 PREVENTION PLANNING WORKGROUP WORK PLAN **DRAFT**/FOR REVIEW (2.28.23)

<b>Prioritization Considerations:</b> Select activities that are feasible and within the influence/capacity of the Prevention Planning Workgroup (PPW). PPW was established to infuse and strengthen prevention efforts in the Commission on HIV's planning and priority setting processes and discussions.			
<b>Approval Date:</b>		<b>Revision Dates:</b>	
#	TASK/ACTIVITY	TARGET COMPLETION DATE	COMMENTS/SUGGESTIONS
1	Develop a strategy and timeline for integration to the Priority, Planning and Allocation Committee with the intent to focus on both HIV care and prevention using a status neutral approach.	Dec 2023	Attendance at PP&A meetings. Integrate by end of 2023. Develop understanding of status neutral approach to align prevention and care efforts.
2	Create a training schedule of knowledge gaps identified by the analysis of the knowledge, attitudes, and beliefs (KAB) survey to build Commissioner capacity. Key topics include: <ul style="list-style-type: none"><li>• Status Neutral</li><li>• STIs</li><li>• PrEP</li></ul> Health district data and use for planning efforts	In progress	<ul style="list-style-type: none"><li>• Format (virtual or in-person)</li><li>• Schedule</li></ul> Identify presenters how to use for planning
3	Review and develop an understanding of the status neutral approach to HIV care and prevention.	In progress	How does this translate to prevention planning?
4	Review Prevention Standards and work with the Standards and Best Practices Committee to revise standards using a status neutral framework.	May/July/Aug	
5	Provide prevention recommendations to PP&A to inform integration efforts as related to: <ul style="list-style-type: none"><li>• In-person and self-testing for HIV, STIs, and HCV</li><li>• PrEP utilization</li><li>• Access to syringe exchange and other harm reduction programs and services</li></ul>	Dec 2023	



January 17, 2023

Dear Grantee:

The Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) encourage public health partners to implement status neutral approaches to HIV care and prevention. Status neutral service provision is an example of a syndemic approach to public health, weaving together resources from across infectious disease areas and incorporating social determinants of health to deliver whole-person care, regardless of a person's HIV status. Thanks to a robust toolbox that includes antiretrovirals for prevention such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) as well as for treatment [Treatment as Prevention (TasP) or Undetectable= Untransmittable (U=U)], and syringe service programs (SSPs), there are more tools than ever to prevent HIV. However, to realize the full potential of these tools, we need to ensure they can be accessed by every person who could benefit from them by removing barriers to services. Employing a status neutral approach and providing comprehensive care for all people, regardless of HIV status, can help reduce HIV stigma, prioritize health equity, and turn the tide on HIV-related disparities.

Historically, HIV care has often focused on specific service categories based on a person's HIV status rather than providing comprehensive services that everyone needs to get and stay healthy. A status neutral approach:

- Creates “one door” for both HIV prevention and treatment services.
- Addresses institutionalized HIV stigma by integrating prevention and care rather than supporting separate systems, which can deepen the divide between people with HIV and people who can benefit from HIV prevention services.
- Enables people to know their status by making HIV testing and subsequent actions more accessible and routine.

Furthermore, a status neutral framework encourages a comprehensive, whole-person assessment of a person's unique situation, allowing for more tailored—and therefore likely more successful—interventions.

To meet national HIV prevention goals and advance health equity, CDC and HRSA HAB recognize the importance of adopting new and innovative ways of delivering HIV prevention and care services to all who could benefit from them. This involves reframing how we think about and complement traditional HIV service models to better reach people where they are with services they need, regardless of HIV status with the goal of optimizing their health and quality of life. Implementing a status neutral framework does not require an overhaul of existing care systems. For example, incorporating status neutral approaches could include:

- Implementing HIV prevention and treatment activities in places where people seek other health services, such as sexual health services, mental health and recovery services, and transgender care.
- Making it easy for people to access care in alternative, convenient health care settings that do not require an appointment, like pharmacies and mobile health units.

For more details on how jurisdictions across the country are integrating a status neutral approach into their HIV care services, we encourage you to review [CDC's issue brief on status neutral HIV care](#).

CDC and HRSA HAB support the use of braided funding to reduce barriers to implementation and to help extend the reach of status neutral services. Beyond CDC and HRSA, it is important to look across public and private funding streams to identify ways to also braid other funds into service delivery to achieve a more robust status neutral suite of services where feasible and appropriate. This funding approach can also increase programmatic efficiency. CDC encourages grantees to request technical assistance, if needed, on how best to braid funding from different sources.

To request technical assistance from CDC on the implementation of status neutral services:

- CDC's directly funded health department and CBO partners may request technical assistance support by submitting a request in the [CBA Tracking System](#).
- Organizations not directly funded by CDC may [contact](#) their local health department for assistance in submitting a training request.
- For additional questions or assistance, partners may contact [HIVCBA@cdc.gov](mailto:HIVCBA@cdc.gov).

Since HRSA's Ryan White HIV/AIDS Program (RWHAP) legislation provides grant funds to be used for the care and treatment of *people diagnosed with HIV*, thus prohibiting the use of RWHAP funds for medical services for HIV-negative clients who are at substantial risk for HIV, HRSA HAB encourages recipients to leverage the existing RWHAP infrastructure, such as risk reduction counseling and targeted HIV testing and referral, to support a status neutral approach within the parameters of the RWHAP legislation.

Similarly, HRSA's Bureau of Primary Health Care (BPHC) supports health centers to deliver comprehensive, culturally competent, high-quality primary health care services to systemically marginalized communities, including more than 200,000 people with HIV each year. HRSA BPHC encourages health centers to utilize Health Center Program funding to expand access to medication to prevent HIV (including PrEP and related services), connect people to care, and ensure services are well coordinated. Grant recipients can leverage BPHC resources and the health center network to promote, adopt, and optimize status neutral approaches while expanding access to high-quality, primary care for the communities they serve.

HRSA BPHC supported health centers seeking additional information on HIV care and treatment best practices – including how to implement a status neutral approach– can leverage the following training and technical assistance (T/TA) resources:

- HRSA's [National Training and Technical Assistance Partners \(NTTAPs\)](#) provide free national-level T/TA to support existing and potential health centers to improve operations and deliver comprehensive primary care services for special and vulnerable populations.
- The [Health Center Resource Clearinghouse](#) provides an up-to-date selection of high-quality TA resources relevant to health centers.
- HRSA's State/Regional Primary Care Associations (PCAs) provide T/TA based on statewide and regional needs to help health centers improve programmatic, clinical, and financial performance and operations.

HRSA and CDC are committed to developing and sharing status neutral [training opportunities](#), [resources](#), and tools for partners and grantees, and we look forward to continued collaboration on this effort.

Sincerely,

/Demetre Daskalakis/  
Demetre Daskalakis, MD  
Director, Division of HIV Prevention  
National Center for HIV,  
Viral Hepatitis, STD, and TB Prevention  
Centers for Disease Control and Prevention

/Laura W. Cheever/  
Laura W. Cheever, MD, ScM  
Associate Administrator, HIV/AIDS Bureau  
Health Resources and Services Administration

/James Macrae/  
James Macrae, MA, MPP  
Associate Administrator, Bureau of Primary Health Care  
Health Resources and Services Administration

## ISSUE BRIEF

# Status Neutral HIV Care and Service Delivery Eliminating Stigma and Reducing Health Disparities

**Today, powerful HIV prevention and treatment tools can keep people healthy and help end the HIV epidemic.** Combining these tools in a status neutral approach can help people maintain their best health possible, while also improving outcomes in HIV prevention, diagnosis, care, and treatment. A status neutral approach to HIV-related service delivery aims to deliver high-quality, culturally affirming health care and services at every engagement, supporting optimal health for people with and without HIV. This approach is especially important now to reduce the unacceptably high number of annual HIV infections and help close the persistent gaps along the HIV prevention and care continuum, which indicate that not enough people are being engaged or retained in HIV prevention and treatment.

### Many Barriers May Keep People from Being Engaged in HIV Care.

- **HIV testing, treatment, and prevention services are often offered separately**, can be challenging to navigate, and further emphasizes a division between people with HIV and people who could benefit from prevention.
- **Separating HIV services from other routine healthcare** misses opportunities to engage people in HIV testing, prevention, and treatment when they seek sexual health or other non-HIV-focused services.
- Providing critical support services—like housing, food, and transportation assistance—is essential to keeping someone in ongoing care, but these **services are not necessarily offered** alongside what are considered “traditional” HIV care and prevention services.
- **Stigma** embedded in the experience of many people seeking HIV treatment and prevention services can stop people from visiting health care providers labeled as “HIV” or “STD” clinics.
- Everyone has **implicit biases** that affect their perceptions of others. The HIV care or prevention services someone receives may be affected by healthcare and other service providers’ implicit biases on race/ethnicity, sexual orientation, gender identity, age, and other factors. These biases, in some cases, may be why a person does not return for care and services.

Many HIV prevention experts believe a status neutral approach can help improve care and service provision and eliminate structural stigma by meeting people where they are, offering a “whole person” approach to care, and putting the needs of the person ahead of their HIV status. The status neutral approach aims to advance health equity and drive down disparities by embedding HIV prevention and care into routine care. Integrating HIV prevention and care with strategies that address social determinants of health can help reduce barriers to accessing and remaining engaged in care.

The status neutral approach also aims to increase efficiency, since the clinical and social services that prevent or treat HIV are nearly identical and can be unified in a single service plan rather than different plans based on an individual’s HIV status. Adopting a status neutral approach is one way to help deliver better prevention and care and ultimately decrease new HIV infections and support the health and quality of life of people living with HIV in the United States.



**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention



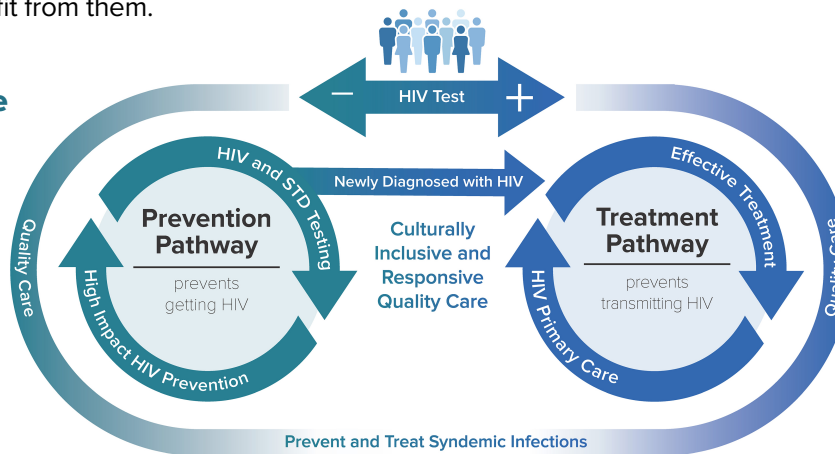
## Understanding Status Neutral HIV Care

The status neutral framework provides care for the whole person by offering a “one-door” approach: people with HIV and people seeking HIV prevention services can access treatment, prevention, and other critical services in the same place. Normalizing HIV treatment and prevention helps to destigmatize both. In a status neutral approach to care, a provider continually assesses and reassesses a person’s clinical and social needs. The goal is to optimize a person’s health through continuous engagement in treatment and prevention services without creating or deepening the divide between people with HIV and people who could benefit from prevention.

A status neutral approach is unique because both of the harmonized pathways promote continual assessment of each person’s needs and ongoing engagement in HIV prevention and care, including access to support services, for anyone who could benefit from them.

### Status Neutral HIV Prevention and Care

People whose HIV tests are **negative** are offered powerful prevention tools like PrEP, condoms, harm reduction (e.g. SSPs), and supportive services to stay HIV negative.



People whose HIV tests are **positive** enter primary care and are offered effective treatment and supportive services to achieve and maintain viral suppression.

Follow CDC guidelines to test people for HIV. Regardless of HIV status, quality care is the foundation of HIV prevention and effective treatment. Both pathways provide people with the tools they need to stay healthy and stop HIV.

#### Status neutral HIV service delivery is:

- **Healthcare** that encompasses HIV testing, treatment, and prevention services.
- **HIV treatment and prevention** that is offered alongside other local medical healthcare services frequently used by the community—for example, sexual health, transgender and other LGBTQ-focused care, healthcare for people who use drugs, and general primary care.
- **Service delivery** that recognizes and includes broader social services that support the path to optimal HIV and other health outcomes—like housing, food, transportation, employment assistance, harm reduction services, and mental health and substance use disorder services—regardless of the HIV status of the people seeking care.
- **Culturally affirming, stigma-free HIV treatment and prevention**, delivered by supportive and accepting providers who have been trained to recognize and address implicit racial/ethnic, sexual orientation, and other biases (thoughts and feelings that providers are not consciously aware of), and provided in settings that consider and prioritize a positive experience for the person seeking services.

#### Status neutral service begins with an HIV test—the pathway to prevention and treatment.

In a status neutral approach, an HIV test spurs action regardless of the result by recognizing the opportunity created by a negative or positive result for an individual to achieve better health:

- **If a person receives a negative HIV test result**, the provider engages the person in HIV prevention and offers powerful tools that prevent HIV, such as pre-exposure prophylaxis (PrEP). The prevention pathway emphasizes a consistent re-evaluation of the engaged person to match prevention and social support strategies to the individual’s needs. Being engaged in such preventive services also means expedited connection to HIV care in the event of a new positive HIV test result. Condoms and harm reduction services are also an important part of this prevention pathway, especially for people who are not ready or eligible for PrEP.
- **If a person receives a positive HIV test result**, the provider offers a prescription for effective treatment to help them become virally suppressed and maintain an undetectable viral load as well as other clinical and support services to help support general health and achieve a high quality of life. Studies have shown that people with an undetectable viral load do not transmit HIV to their sexual partners, this is often referred to as “U=U.”

## Why a Status Neutral Approach Is Needed

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**HIV treatment and prevention services have not been fully used by all who need them:** Only 66 percent of people with diagnosed HIV in the United States are virally suppressed. PrEP remains greatly underused—just 23 percent of the estimated one million Americans who could benefit are using the intervention. Stigma and structural barriers are major obstacles that deter people from seeking HIV prevention and care. People with HIV and people who could benefit from HIV prevention are not two distinct populations, but rather one group with similar medical and social service needs. Adopting a status neutral and “whole person” approach to **people in need of prevention and care services can address these similar needs, along with HIV-related stigma.**

**Health departments implementing models of status neutral HIV care have reported benefits such as:**

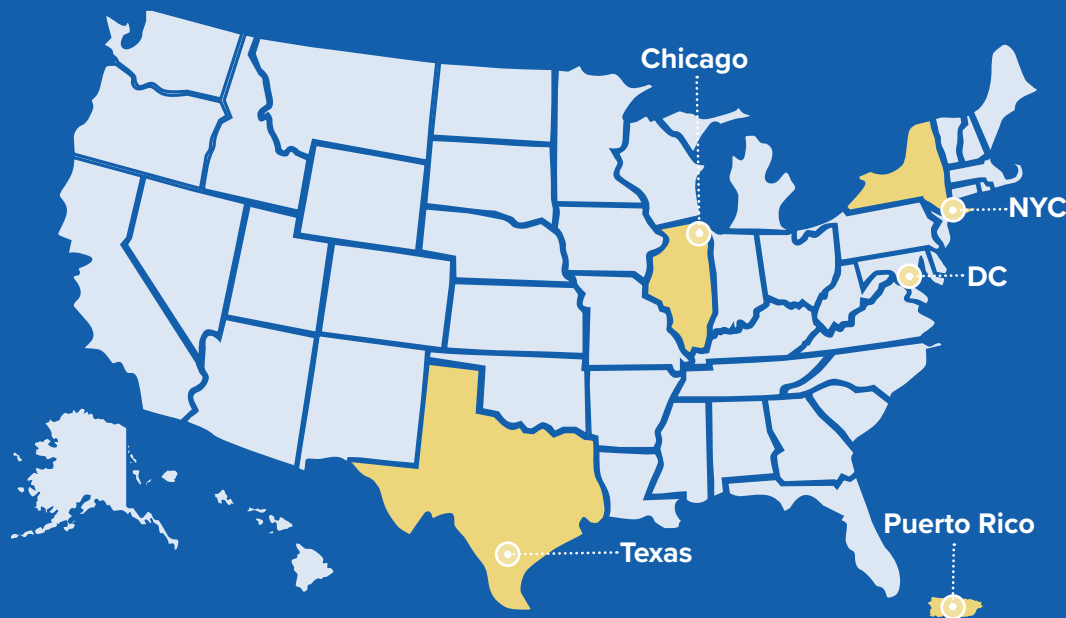
- **Decreasing new HIV infections.** A status neutral approach to care and service delivery means that regardless of HIV status, people have access and support to stay on highly effective public and personal health interventions like PrEP and HIV treatment. When people are supported to fully use these interventions, the outcome is the same—HIV infections and other infections are identified, prevented, and treated. For example, New York City’s status neutral approach to HIV prevention and care, first introduced in 2016, contributed to annual declines in new HIV diagnoses thereafter. New York City saw a 22% decrease in new HIV diagnoses from 2016 to 2019.
- **Supporting and enabling optimal health through continual engagement in comprehensive, “whole person” care.** By offering HIV services alongside other local health care and social support services used by the community, HIV prevention and treatment can become part of the fabric of holistic care designed to meet the needs of each person. As their needs evolve, a person can be seamlessly connected to new services. Potential outcomes include improved HIV care, as well as better overall health and social stability for every individual. For example, Chicago has created comprehensive status neutral health homes that offer the same services to people with HIV and people who could benefit from prevention services. Services include primary care, medications, care coordination, and behavioral health.
- **Opportunities for more efficient service delivery.** Parallel services and structures historically created for people with HIV or people who could benefit from prevention services can impede the most efficient use of resources. This can also inadvertently hinder connection to care by maintaining stigmatizing structures in health care. Identifying opportunities to resolve these divisions allows for more streamlined and integrated care. Washington, D.C. has seen increased capacity and improved outcomes and engagement at organizations using a status neutral approach. Using this approach has increased viral suppression rates 3% across all funded jurisdictions and increased linkage to preventive services like PrEP and harm reduction for people who tested negative for HIV.
- **Improving health equity.** The status neutral framework integrates HIV and prevention services to better address social determinants of health regardless of HIV status. The framework also encourages the delivery of culturally affirming care by ensuring providers recognize and address their implicit biases on issues like race, ethnicity, sexual orientation, or gender identity. These biases sometimes prevent people from returning for care and other services. Likewise, countering stigma is essential to ensure that people with HIV are not defined by their status, and that people seeking HIV prevention and care services are empowered to access these tools without facing judgment or being reduced to the result of a lab test. Addressing racial bias and stigma results in better care experiences for patients and increases the likelihood that they remain in care and stay healthy.



## SPOTLIGHT: Status Neutral HIV Care in Action



Here's how some jurisdictions across the country are integrating a status neutral approach into their HIV care services:



- **Chicago: Integrating all HIV and sexually transmitted infection (STI) services.** The Chicago Department of Public Health recently restructured its entire HIV services portfolio to adopt a status neutral approach. Based on feedback from its community members over a two-year community engagement process, the portfolio now integrates HIV and STI funding to deliver comprehensive care that links people to healthcare services like STI screening, substance use disorder treatment, mental health, housing, financial assistance, and psychosocial support in addition to HIV treatment and prevention. Anyone can access these services regardless of HIV status.
- **New York City: Expanding sexual health and rebranding to reduce stigma.** Stigma associated with HIV and STIs can prevent people from seeking care in STI clinics. To address this, the New York City Department of Health and Mental Hygiene rebranded its STI clinics as sexual health clinics and transformed services so that they fully meet clients' sexual health needs. These changes have resulted in more diverse populations visiting the clinic for care.
- **Puerto Rico: Delivering affirming, trauma-informed care for transgender people.** Centro Ararat in Ponce, Puerto Rico delivers integrated, tailored sexual health and primary care to the transgender community. The center's innovative clinic provides comprehensive, trauma-informed health services for transgender people alongside HIV and STI care. These services include hormone therapy and level testing, mental health services, support with name changes, and assistance finding trans-sensitive housing.
- **Texas: Improving access to social services for all people.** *Achieving Together* is the community plan to end the HIV epidemic in Texas. It lays out a vision for status neutral HIV care that supports all people in accessing services that meet their priority needs. This approach addresses social determinants of health, including housing, transportation, and food assistance, helps with insurance navigation, and increases access to mental health and substance use disorder treatment.
- **Washington, D.C.: Eliminating HIV prevention and treatment barriers early.** DC Health developed a status neutral approach through its regional early intervention services initiative, which supports engaging people early in HIV care and prevention services throughout the DC metropolitan area. The initiative has made strides in integrating prevention and treatment services, which previously operated independently, and consists of five pillars to promote equity and whole person health spanning HIV outreach, education, testing, and linkage to and retention in care.

## What CDC Is Doing to Advance Status Neutral HIV Care



CDC is providing funding, conducting implementation science to improve programs, and partnering with organizations across the U.S. to support integrated, status neutral approaches to HIV care:

- **Encouraging grantees to deliver integrated services.** Several of CDC's major funding programs provide flexible resources for health department and community-based organization (CBO) partners to deliver integrated HIV prevention services. Additionally, CDC encourages health departments that receive funding through CDC's flagship prevention and surveillance program to use these resources to support programs that adopt status neutral approaches to HIV prevention and treatment.
  - **Ending the HIV Epidemic initiative implementation:** In July 2021, CDC awarded the second major round of EHE funding — approximately \$117 million — to health departments representing 57 prioritized jurisdictions to scale up focused, local efforts designed to address the unique barriers to HIV prevention in each community. CDC encourages grantees to coordinate with STD and viral hepatitis programs, LGBTQ health centers, criminal justice and correctional facilities, and other providers to deliver HIV services. In addition, the new program provides funding to a subset of jurisdictions to strengthen HIV testing, prevention, and treatment services at dedicated STD clinics.
  - **High-impact HIV prevention through CBOs and health departments:** CDC funded more than 90 CBOs to develop high-impact HIV prevention programs and partnerships, beginning in 2021. These CBOs are required to create HIV programs with the greatest potential to address social and structural determinants of health. CBOs can use CDC funding to help clients navigate essential support services. The program will also support integrated screening for STIs, viral hepatitis, and TB, and referrals for subsequent treatment.
- **Conducting implementation science.** CDC is conducting a pilot program to evaluate a project designed to deliver status neutral HIV services to transgender people. The pilot will support transgender healthcare providers and CBOs in integrating HIV, STI, viral hepatitis, and harm reduction services alongside transgender-specific healthcare. The pilot aims to establish best practices for creating a “one-door” approach for testing and other interventions that can improve the health of transgender people.
- **Building partnerships.** CDC is working with other federal agencies and organizations focused on issues that intersect with HIV and affect health outcomes, like sexual health, mental health, housing, incarceration, employment, and substance use disorder to advance status neutral approaches to HIV prevention and care. For example, the HIV National Strategic Plan incorporates the status neutral framework, creating opportunities to improve systems so they support the provision of status neutral services in the national HIV response. These partnerships will enable the sharing of knowledge and best practices that translates to better implementation science, programs, and services. These partnerships can also support better integration of programmatic efforts in communities.

## The Way Forward

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**It will take time for a status neutral approach to be adopted across the country.** Federal agencies, state and local health departments, healthcare providers, and CBOs can take steps now to begin promoting and integrating this approach into their programs and service delivery models if appropriate for their organization or jurisdiction and supported by their community:

- Federal health agencies can provide training, support, and technical assistance to state and local health departments, healthcare providers, and CBOs looking to implement status neutral HIV care. They should prioritize strategies that support front-line providers in more easily creating and implementing status neutral programs. They should also promote cross-agency collaboration to integrate HIV treatment and prevention services over time with other primary care, behavioral health, and social services.
- State and local health departments can review their current funding and care delivery models to further integrate HIV into STI and primary care settings, especially community health centers, sexual health clinics, and health access points for people who use drugs. They should also identify ways to braid funding from multiple sources, and work with CBOs and other providers to gather and share best practices and lessons learned in implementing status neutral HIV care.
- Healthcare providers and CBOs can offer dynamic, supportive care that integrates culturally affirming messages and prioritizes each patients' individual needs. They can consider providing non-HIV services that can improve patients' overall health, such as STI and viral hepatitis screening, mental health care, and substance use counselling, as well as linkage to social services. They can also participate in regular trainings on recognizing and addressing implicit racial/ethnic and other biases.

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3 Eaton LA, Driffin DD, Kegler C, et al. The role of stigma and medical mistrust in the routine health care engagement of black men who have sex with men. *Am J Public Health*. 2015;105(2):e75-e82.

## **Commission Training Opportunities Identified via KAB Survey Results**

- PreP Overview
  - Effectiveness
  - Administration (pill and injection)
  - Access including where to locate and cost
- STIs – General overview
  - Potential for population specific sub-training(s) in collaboration with Caucuses
  - Testing/treatment resources
- HIV status neutral training – models for prevention to complement care services
- Overview of health districts and how to use them for planning efforts
- Prevention data for planning purposes

\* Health literacy – not identified in KAB survey. Priority area identified in the Comprehensive HIV Plan.