

A STATUS NEUTRAL APPROACH:



Achieving Together to End the HIV Epidemic

TERMINOLOGY & ABBREVIATIONS

General

ART: Standard antiretroviral therapy (ART) consists of the combination of antiretroviral (ARV) drugs to maximally suppress the HIV virus and stop the progression of HIV disease. ART also prevents onward transmission of HIV. ART regimens are different for HIV prevention (PrEP) compared to ART regimens used to treat PLWH.

Best Practices: Best practices in reference to model examples means that these funding or service categories aren't *required* to implement the model described, but are recommended to ensure that client and community needs are being met.

HSDA—HIV Service Delivery Area (based on HIV Care & Treatment funding)

PrEP—Pre-Exposure Prophylaxis—HIV Prevention Medication

nPEP—non-occupational Post-Exposure Prophylaxis

Population and Community

PLWH—People Living With HIV

Priority Populations—Populations who are disparately and disproportionately impacted by HIV. When used in this document, Priority Populations refers to the five state level priority populations: Latinx GBMSM, White GBMSM, Black GBMSM, Black Women, and Transgender Women.

Locally Relevant Populations: Locally relevant populations are specific to each HSDA, and reflect the HIV epidemic in that area. Within HSDAs, locally relevant populations may be different for HIV prevention and testing strategies vs HIV care system modifications. Also referred to as 'people with increased vulnerabilities to HIV'. See Appendix B for locally relevant populations.

People with increased vulnerabilities to HIV: See Locally Relevant Populations.

Latinx—a gender neutral term used in place of Latino or Latina

Latinx GBMSM—Latinx gay, bisexual and other cisgender Men who have Sex with Men

White GBMSM—White gay, bisexual and other cisgender Men who have Sex with Men

Black GBMSM—Black gay, bisexual and other cisgender Men who have Sex with Men

Black Women—Black cisgender Women who have sex with men

Transgender Women—Transgender Women who have sex with men. While all transgender people who have sex with men have increased vulnerabilities, the significant majority of transgender PLWH are transgender women.

Latinx Women—Latinx cisgender Women who have sex with men

Latinx Men—Latinx cisgender Men who have sex with women

Black Men—Black cisgender Men who have sex with women

A STATUS NEUTRAL APPROACH:



Achieving Together to End the HIV Epidemic

The **status neutral approach** is a framework which functions to provide comprehensive support and care to address the social determinants of health that create disparities, especially as they relate to HIV. A status neutral approach seizes the opportunity to address the needs of everyone in a community, particularly groups who have been marginalized, disenfranchised and disproportionately impacted by HIV. As detailed in ***Achieving Together: A Community Plan to End the HIV Epidemic in Texas*** and ***The Texas HIV Plan 2017-2021***, we have identified five (5) Priority Populations who experience the greatest health disparities in regard to HIV. The experiences and needs of these populations should drive the development and adaptation of local status neutral systems, pathways and services. These populations are:



Latinx Gay, Bisexual and other Men who have Sex with Men



Black Gay, Bisexual and other Men who have Sex with Men



White Gay, Bisexual and other Men who have Sex with Men



Black Women



Transgender Women (particularly Black and Latinx transgender women)

Purposeful collaboration and coordination between community providers and community groups who reflect and share the lived experiences of these priority populations is crucial, including both groups and providers that are HIV focused and those that are not HIV-specific.

A successful status neutral community can only be accomplished by reaching beyond established HIV prevention & care systems and creating novel pathways to vital services that meet the holistic needs of Texas' priority populations

Dr. Demetre Daskalakis, of the New York City Department of Health who introduced the status neutral approach, says about it:

“If you do it right, the HIV status of someone is less important. What’s more important is: How do you provide the service to the person to optimize their health”.*

*Dubin, Sam. “‘If We Do This Right’ Maybe HIV Will Be Forgotten.” The New York Times. 12 June 2019: <https://www.nytimes.com/2019/06/12/health/demetre-daskalakis-hiv-aids.html>. Retrieved 6/21/2019.

KEY ELEMENTS OF A STATUS NEUTRAL SYSTEM



Person-first, not disease-first. Status neutral systems address the holistic needs of the person; it is not centered around solely meeting disease specific needs.



Status neutral systems ensure that agencies are available to provide access to services regardless of the HIV status of the person attempting to access them. Staff in Status Neutral systems are funded in a way that allows them to provide care and support to individuals regardless of disease status.



HIV testing is not the only entry point into a status neutral system. People with increased vulnerabilities to HIV should be able to access those necessary and priority services without having to access HIV testing first. HIV testing is only one of the services offered in a status neutral system. While the outcomes of tests are important for knowing which medical referrals will be needed, it should not be a barrier to other relevant services.



Status neutral systems offer a variety of services that meet the needs and priorities of the populations accessing them. People with increased vulnerabilities to HIV should be able to easily access services that address the social determinants of health that cause increased vulnerabilities without having to access HIV testing first (i.e. housing assistance, mental health and substance use assistance, primary care). Status neutral systems are responsive to ever changing individual and community needs, and are centered around directly providing those services, or providing easy navigation to those services.

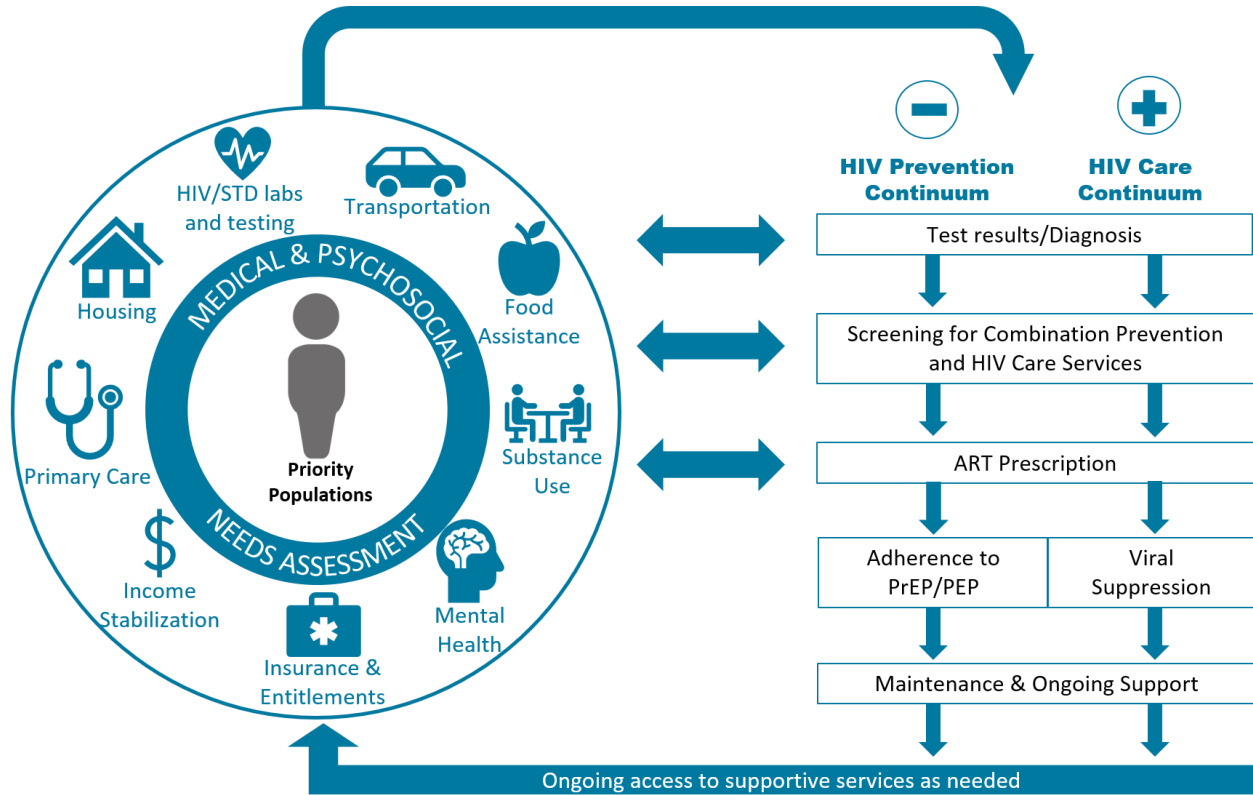


Status neutral systems require diverse funding streams. Within agencies, multiple funding streams (including non-HIV specific funding streams) must be used to ensure multiple points of access to services that don't have disease specific eligibility requirements.



Status neutral systems require diverse partners. Purposeful collaboration and coordination with community partners outside of HIV systems who also serve and reflect these priority populations is crucial to ensuring an array of services are available to meet the holistic needs of each of these populations.

STATUS NEUTRAL AT THE INDIVIDUAL LEVEL



For an individual, *Status Neutral* means they have been able to access and maintain services focused on decreasing vulnerabilities related to HIV acquisition and transmission. **A STATUS NEUTRAL APPROACH DOES NOT REQUIRE A PERSON TO ACCESS HIV SPECIFIC SERVICES IN ORDER TO ACCESS OTHER SERVICES THAT ADDRESS AN INDIVIDUAL’S PRIORITY NEEDS AND OTHER SOCIAL DETERMINANTS OF HEALTH.** This means that even if an individual isn’t actively engaged in the HIV prevention or care continuums, there should still be opportunities for them to access crucial services, like housing, that directly impact those social determinants of health that increase vulnerabilities to HIV, and could impact individual’s ability to engage in HIV treatment.

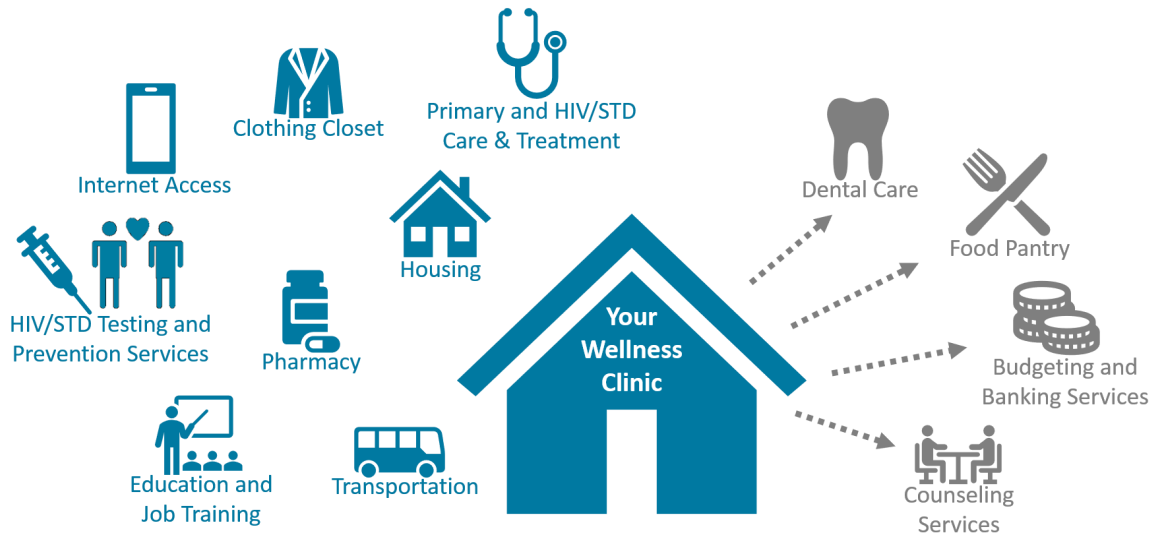
For a person who does not have HIV

For a person who is highly vulnerable to acquiring HIV, housing alone (for example) is HIV prevention—having access to safe and stable housing helps reduce those vulnerabilities that can increase chances for HIV acquisition. A status neutral approach also means being able to access and maintain primary prevention like PrEP and other combination prevention services easily and without barriers when a person is ready to engage in those services.

For a person living with HIV

For a PLWH, this means being able to have immediate access to those priority services that will improve their quality of life and their ability to engage in managing their health. A status neutral approach also means being able to access and maintain HIV treatment to achieve and maintain viral suppression in order to improve quality of life and to prevent onward HIV transmission.

STATUS NEUTRAL AT THE COMMUNITY LEVEL



IN HOUSE SERVICES

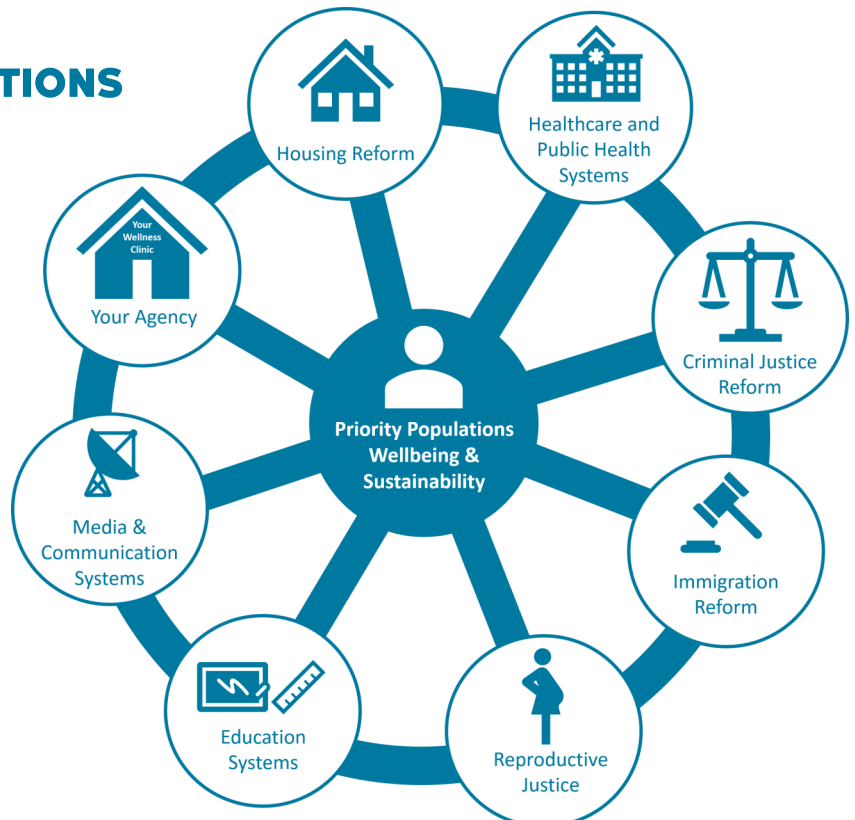
EXTERNAL SERVICES THRU COOPERATIVE AGREEMENTS

Example of a community level status neutral approach from an agency perspective, leveraging internal services and external partnerships with agencies providing community prioritized services.

For communities, a status neutral approach is centered around addressing those issues that create vulnerabilities, especially among Texas’ priority populations, including direct access regardless of HIV status, to housing, transportation, food assistance, mental health and substance use treatment, stable income, insurance and entitlements, primary care and combination prevention.

COMMUNITY COLLABORATIONS

Additionally, communities must address other systems that impact Texas’ priority populations including criminal justice systems, healthcare and other public health systems, immigration systems, reproductive justice systems, education systems, and media & communication systems.



A STATUS NEUTRAL APPROACH AND ACHIEVING TOGETHER

We have a clear vision—Texas will become a state where HIV is rare, and every person will have access to high-quality prevention, care, and treatment regardless of age, race, ethnicity, sexual orientation, gender identity, and socio-economic status.

Achieving Together: A Community Plan to End the HIV Epidemic in Texas has six focus areas that will make this vision a reality. A status neutral approach addresses all six focus areas:

Key Elements of a Status Neutral Approach	Achieving Together Focus Areas					
	Stigma-free climate	Address mental health, substance use, housing and criminal justice	Collaborate, cooperate & coordinate across systems	Connect clients, providers & communities across Texas	Provide culturally appropriate HIV prevention, care and treatment	Promote the continuum of HIV prevention, care and treatment
Person-first, not disease first	X				X	X
Status neutral systems ensure that agencies are available to provide access to services regardless of the HIV status of the person attempting to access them	X	X	X		X	X
HIV testing is not the only entry point			X	X		X
Status neutral systems offer a variety of services that meet the needs and priorities of the populations accessing them	X	X	X	X	X	X
Status neutral systems require diverse funding streams		X			X	X
Status neutral systems require diverse partners	X					

Locally relevant focus populations for HIV prevention:










To determine the populations who are most appropriate at the local level to focus on for HIV awareness, testing and prevention efforts, DSHS used a formula to create a population score for each HSDA, based on the number of new HIV diagnoses from 2012-2016 and people living with HIV in the HSDA in 2016. We did not have enough data to create a population score for transgender people. However, transgender people, especially transgender women, are significantly impacted by HIV disproportionately, and are a locally relevant population for every HSDA.

Locally relevant focus population for HIV care services:

To determine the populations who should receive initial priority when examining care systems and adapting them to better serve communities, communities should look at which populations had the fewest opportunities to achieve health outcomes (retention and in-care viral suppression), the proportion of that community within the overall PLWH in the HSDA, and the proportion of that community within the overall new HIV diagnoses in the HSDA.

Those populations who had the fewest opportunities to achieve health outcomes (retention and in-care viral suppression) and were a sizeable enough population in overall PLWH and/or new HIV diagnoses should be considered ‘first priorities’ - they should be the focus on initial community assessments, and their experiences should be used when determining strategies and adaptations for care systems.

Current HSDA level data can be found at [Achieving Together](#).

Population Color Code	Population	Description
	Latinx GBMSM	Latinx gay, bisexual and other men who have sex with men
	Black GBMSM	Black gay, bisexual and other men who have sex with men
	White GBMSM	White gay, bisexual and other men who have sex with men
	Black Women	Black women who have sex with men
	Transgender Women	Transgender women who have sex with men
	PWID	People who acquired HIV through injection drug use
	Latinx Women	Latinx women who have sex with men
	Latinx Men	Latinx men who have sex with women
	Black Men	Black men who have sex with women

Appendix A: Locally Relevant priority populations for HIV prevention, care and treatment

*New HIV diagnoses are too small for locally relevant populations for prevention. Use state level priority populations

HSDA	Locally relevant population for focused HIV prevention	Locally relevant population for focused HIV care
Abilene*		TBD
Amarillo		TBD
Austin		TBD
Beaumont		TBD
Brownsville		TBD
Bryan-College Station		TBD
Concho Plateau*		TBD
Corpus Christi		TBD
Dallas		TBD
El Paso		TBD
Ft. Worth		TBD
Galveston		TBD
Houston		TBD
Laredo		TBD
Lubbock		TBD
Lufkin		TBD
Permian Basin*		TBD
San Antonio		TBD
Sherman-Dennison*		TBD
Temple-Killeen		TBD
Texarkana		TBD
Tyler		TBD
Uvalde*		TBD
Victoria*		TBD
Waco		TBD
Wichita Falls*		TBD

STATUS NEUTRAL IN ACTION:

How to use DSHS funding to move towards a status neutral system

Example 1: Status Neutral Care Coordination

Adapted from NYC DHMH Responds to the New York State Plan to End the Epidemic

Funding Required:

Prevention

- **Core HIV Prevention**
- **PrEP and nPEP Program**
- ***Best Practices also include:***
 - *Client Level Interventions*
 - *Structural Interventions*

See [Achieving Together data packets](#) for more information about locally available funding and interventions for each HSDA.

Ryan White Services

- **Medical Case Management**
- **Non-Medical Case Management**
- **Referral for Healthcare and Other Services**
- ***Best Practices also include:***
 - *Early Intervention Services*
 - *Outreach Services*
 - *direct access to OAHS, Oral Health, mental health & substance use treatment, LPAP, Housing or HOPWA, Linguistic Services)*

see [DSHS HIV Core and Support Service categories](#) for more information.

Description:

Expand current programs to include both PLWH and HIV negative individuals with increased vulnerabilities to acquiring HIV (*see Appendix A for locally relevant populations*). As with Care Coordination for PLWH, Care Coordination for those with increased vulnerabilities will require a strong emphasis on support and navigation through the service system to realize the personal and public health benefits of available biomedical tools. Integrating the Prevention and Care Continuum and providing services through a Status Neutral lens is one of the goals of **Achieving Together: A Community Plan to End the HIV Epidemic in Texas** and the **Texas HIV Plan 2017-2021**.

Overall the goal is to optimize the utilization of effective HIV prevention interventions and other social services. This will be achieved by improving awareness of and access and adherence to all currently available biomedical tools and other HIV prevention interventions by helping all clients, regardless of HIV status, to meet their physical and psychosocial needs.

Status Neutral Care Coordination, cont.

Activities:



Core Prevention	PrEP/nPEP	Ryan White Outreach
Engagement of groups and communities to be served	Promotion of PrEP/nPEP through community education and awareness activities	Promotion of Ryan White services for engaged groups and communities, including diagnosing providers
	Promotion of adoption of PrEP/nPEP by local clinical providers	



FOCUSED PREVENTION & FULL DIAGNOSIS



Core Prevention	PrEP/nPEP	Ryan White Early Intervention Services*	Ryan White Outreach*
Condom Distribution	Delivery of PrEP/nPEP clinical and support services for HIV-negative individuals with increased vulnerabilities to acquiring HIV	Focused Testing, plus health education and combination prevention information	Focused Testing
Focused HIV and Syphilis testing plus health education and access to other STI and Hep C testing			Referral to PrEP/nPEP for HIV-negative individuals with increased vulnerabilities to acquiring HIV
Referral to PrEP/nPEP for HIV-negative individuals with increased vulnerabilities to acquiring HIV			

* can't be used to replace existing prevention/testing funds, only to supplement when necessary or unavailable



SUCCESSFUL LINKAGE

Core Prevention	PrEP/nPEP	Ryan White MCM or N-MCM	Ryan White Early Intervention Services	Ryan White Referral to Healthcare and Other Services	Ryan White Outreach
Referral to needed health and social services as appropriate for HIV-negative individuals with increased vulnerabilities to acquiring HIV	Linkage to PrEP/nPEP clinical and support services for HIV-negative individuals with increased vulnerabilities to acquiring HIV	Linkage/enrollment in medical care for PLWH	Linkage/enrollment in medical care for PLWH	Linkage/enrollment in medical care for PLWH	Linkage/enrollment in medical care for PLWH
Linkage/enrollment in medical care for PLWH	Enrollment in PAP as appropriate	Enrollment in ADAP as appropriate for PLWH		Enrollment in ADAP as appropriate for PLWH	
		Enrollment in PAP as appropriate for PLWH		Enrollment in PAP as appropriate for PLWH	



FULL PARTICIPATION IN CARE & VIRAL SUPPRESSION



PrEP/nPEP	Ryan White MCM or N-MCM	Ryan White Referral to Healthcare and Other Services	Ryan White Outreach
Referrals & access to needed health & social services that will increase the likelihood that HIV-negative individuals with increased vulnerabilities to acquiring HIV will use PrEP and/or nPEP effectively and safely	Navigation & coordination of medical care and treatment	Navigation & coordination of medical care and treatment	Linkage/enrollment in medical care for PLWH
Navigation & coordination of PrEP/nPEP clinical services for HIV-negative individuals with increased vulnerabilities to acquiring HIV	Access to OAHS, Oral Health, MH, SUD, LPAP, Housing or HOPWA, Linguistic Services and other core/support services as needed	Access to OAHS, Oral Health, MH, SUD, LPAP, Housing or HOPWA, Linguistic Services and other core/support services as needed	Re-engage PLWH who know their status but are out of care