Status Neutral and Reproductive Justice:

Making the connection to End the HIV Epidemic

Ann Dills, MSW
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Provide, Inc.
ad@providecare.org

provide
Celebrating 30 Years of transforming healthcare.

Who are we?

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Who is Provide?

Provide is a nonprofit that works in partnership with health and social service providers to reduce barriers to care at the intersection of abortion and other stigmatized healthcare by providing training and support, centering marginalized communities where there is demand and decreased access.

We envision an equitable sexual and reproductive health system that cares for the whole person with dignity and respect.

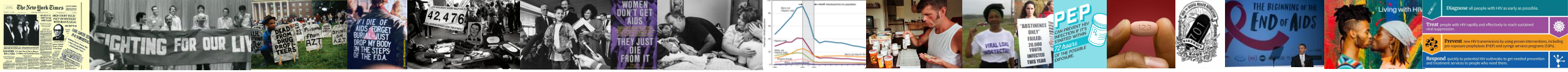
Our Values

Together,
building a stronger system of care.

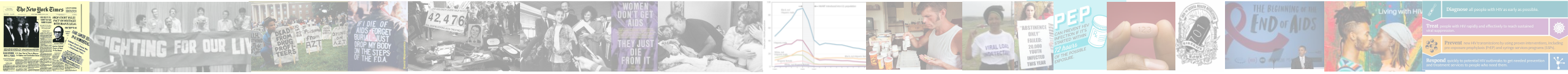
provide

Objectives

- Describe the connection between the HIV movement & status neutral and the reproductive justice movement and explain how they could become a joined framework to end the HIV epidemic.
- Explain the similarities in the impact of stigma on abortion access and PrEP/PEP access (including similarities in criminalization, access to needed services and internalized shame) and identify approaches to address HIV and abortion stigma in their work.
- Identify the core elements of a comprehensive sexual health education and prevention intervention for Black and Latine women, transgender men and other people who can get pregnant who are highly impacted by HIV that is rooted in the dual values of status neutral and reproductive justice.



40+ years of HIV ⏱



1981

"All the News That's Fit to Print"

The New York Times

LATE CITY EDITION

Weather: Chance of showers today and tonight; partly cloudy tomorrow. Temperature range: today 65-80; yesterday 70-84. Details on page D6.

VOL. CXXX . . . No. 44,998 NEW YORK, FRIDAY, JULY 3, 1981 25 CENTS

TRYING TO FORM NEW GOVERNMENT: Prime Minister Menachem Begin with Shlomo Lorincz, left, Menachem Porush, center, and Avraham Shapiro, members of Agudath Israel, yesterday in Jerusalem. Mr. Begin will need the support of religious parties to form a coalition government. News analysis, page A2.

FARE RISES TO 75¢; TRANSIT TAX PLAN DRAWN IN ALBANY

Rail Tickets Go Up by 25% — Package of Levies Intended to Bar Second Increase

By RICHARD J. MEISLIN

ALBANY, July 2 — Hours after the Metropolitan Transportation Authority increased fares on bus, subway and commuter lines, the legislative leaders tentatively agreed tonight on a program of taxes designed to finance the authority's remaining operating deficits and prevent additional fare increases for the next two years.

The action by the M.T.A. will increase subway and bus fares in New York City to 75 cents from 60 cents, effective at 12:01 A.M. tomorrow, and fares on Conrail and the Long Island Rail Road an average of 25 percent over the next few weeks. [Page B3.]

Tonight's agreement here, if enacted by the full Legislature as expected, would avert a $1 subway fare and an additional 25 percent increase in commuter fares in two weeks, which the M.T.A. had threatened if there was no additional aid from Albany. Aides to the legislative leaders said they expected the bills to be drafted during the weekend and ready for action by the middle of next week.

Aides to Governor Carey, who monitored the negotiations but did not take an active part in them, said he would accept the plan, which revised and embellished proposals he made last week.

New and Increased Taxes

"It's a package that hits individuals, businesses, people doing business — statewide, regional, M.T.A.," Assembly Speaker Stanley Fink said. "It's a recognition that all segments of our society have to support mass transit. It's a key and vital element to our future state's economy."

The program, agreed to after a day of frantic negotiations among the leaders and their rank-and-file members, included these elements:

¶A tax of three-quarters of 1 percent on the gross receipts of oil companies, which would be passed on to consumers. Fifty-five percent of this would be distributed to the M.T.A. region and 45 percent upstate to help transportation au-

HIGH COURT RULES PACT ON HOSTAGES WITH IRAN IS LEGAL

The New York Times
Justice William H. Rehnquist

FUND TRANSFER DUE

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RARE CANCER SEEN IN 41 HOMOSEXUALS

Outbreak Occurs Among Men in New York and California —8 Died Inside 2 Years

By LAWRENCE K. ALTMAN

Doctors in New York and California have diagnosed among homosexual men 41 cases of a rare and often rapidly fatal form of cancer. Eight of the victims died less than 24 months after the diagnosis was made.

The cause of the outbreak is unknown, and there is as yet no evidence of contagion. But the doctors who have made the

mon
resolution
pute between
and where, as here,
that Congress acquiesced
dent's action, we are not prepared
that the President lacks the power
settle such claims."

Lawyers representing some of the companies with court claims against the

Justices Uphold Power of State To Tax Resour

By WARREN WEAVE

WASHINGTON, July
preme Court ruled toda
of Montana's 30 percer
duction of coal, most o
to energy-poor states
tutionally interfere
merce.

The decision appea
the power of states to
amounts of revenue from their
resources of oil, gas and minerals
well as coal and to leave consumers of these products elsewhere with no legal alternative to paying higher prices.

The Court also ruled that localities may prohibit billboards that carry commercial advertising, although the Justices left unclear the extent to which local governments can regulate billboards with other sorts of messages. [Page B12.]

Critics of the coal-tax ruling in Con-

REAGAN REVERSING MANY U.S. POLICIES

He Quietly Reshapes Approach to Business and Individual

By HOWELL RAINES

WASHINGTON, July 2 — At a time when public attention has been riveted on President Reagan's tax and budget plans, his Administration has quietly set about accomplishing a sweeping reversal of policy and practice in the way the Government deals with business and individual citizens.

This reversal consists mainly of lift-

U.S. Sees Test of Ties to Moscow In Afghan and Cambodian Issues

By BERNARD GWERTZMAN

WASHINGTON, July 2 — The Reagan Administration has decided to tell the Soviet Union that Moscow's response to international proposals on Afghanistan and Cambodia will be used as a test of future East-West relations, Administration officials said today.

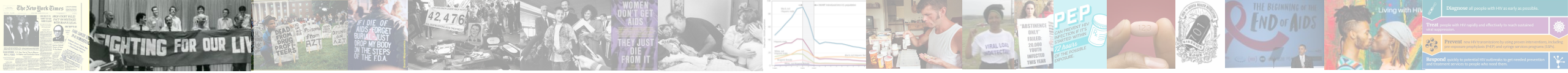
Secretary of State Alexander M. Haig Jr. met late today with the Soviet Ambassador, Anatoly F. Dobrynin. Dean Fischer, the State Department spokes-

The Czechoslovak Communist Party reportedly cited a "counter-revolutionary" threat to Poland and advised the Polish Central Committee

ghan and Cambodian problems will be major items on their agenda, along with the previously disclosed intention of beginning talks on the reduction of medium-range missiles in Europe.

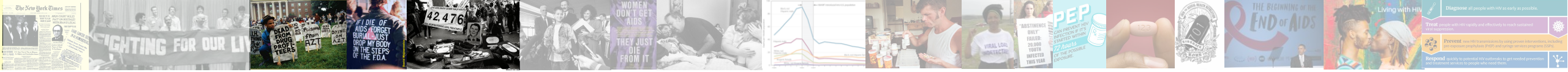
Willy Brandt, the former West German Chancellor, told a news conference in Moscow today at the end of a visit there that the Kremlin was interested in a political settlement that would lead to a withdrawal of Soviet troops from Afghanistan. [Page A4.]

United States officials said the stress on the Afghan and Cambodian problems stemmed from the Administration's


The New York Times
FIGHTING FOR OUR LIV
DEAD FROM DRUG PROFITEERS
I DIE OF AIDS FORGET BURIAL JUST DROP MY BODY IN THE STEPS OF THE F.D.A.
42,476
WOMEN DON'T GET AIDS
THEY JUST DIE FROM IT
VIRAL LOAD UNDETECTABLE
"ABSTINENCE ONLY" FAILED: 20,000 YOUTH INFECTED THIS YEAR
PEP
72 HOURS
THE BEGINNING OF THE END OF AIDS
Living with HIV
Diagnose all people with HIV as early as possible.
Treat people with HIV rapidly and effectively to reach sustained viral suppression.
Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).
Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

1981 1983


FIGHTING FOR OUR LIVES



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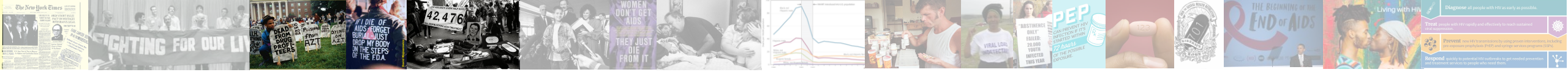

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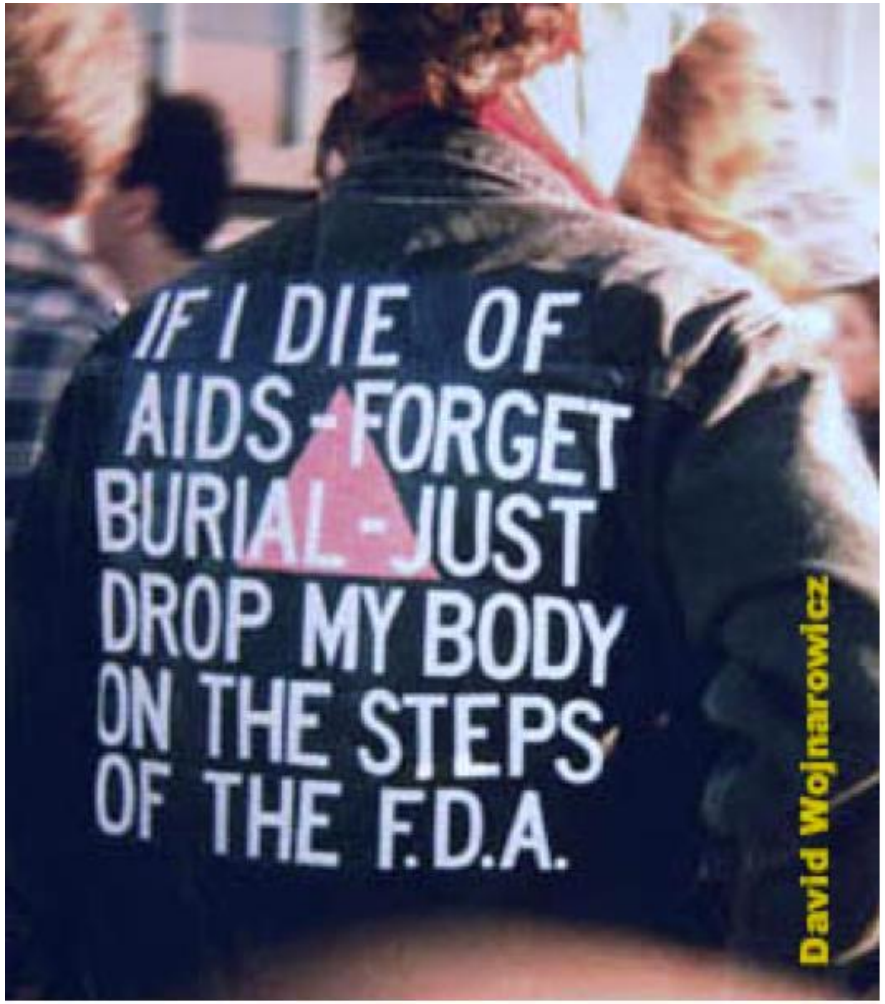

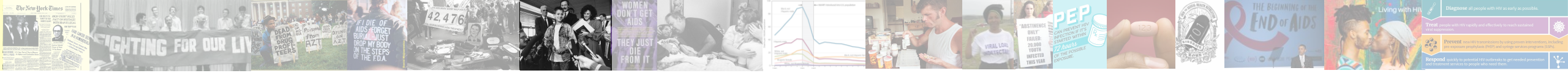

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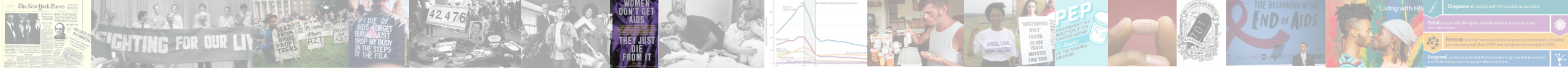

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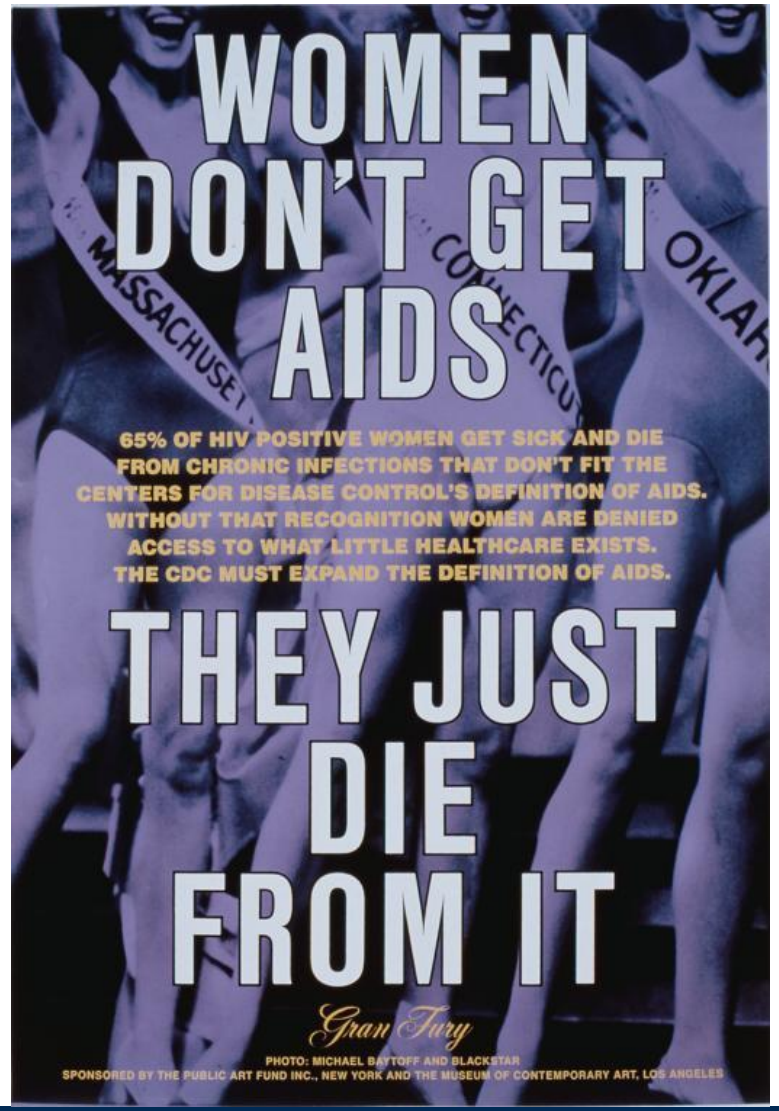

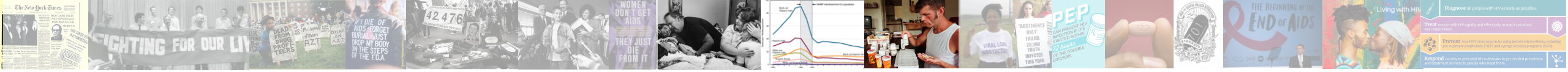

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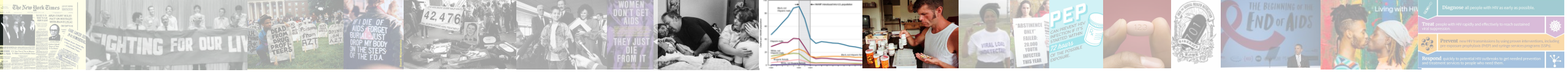

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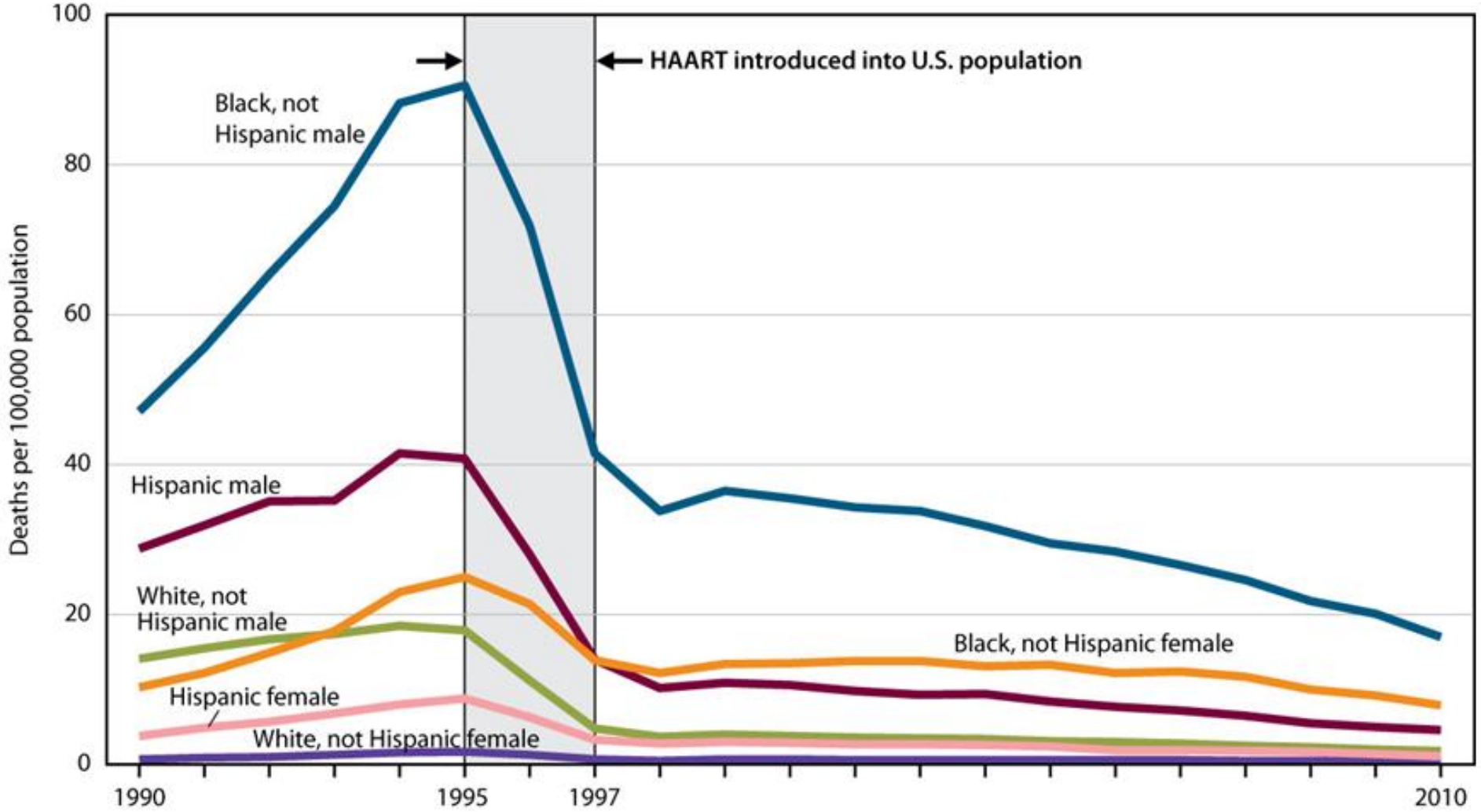
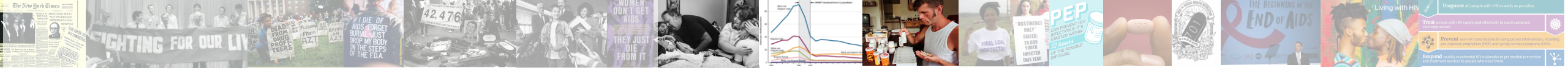
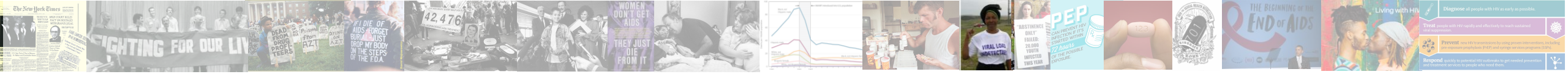




1981 **1983** **1987** **1990** **1993** **1995**



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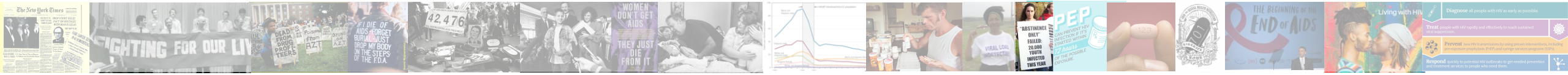

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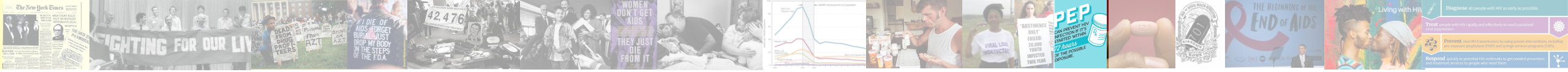

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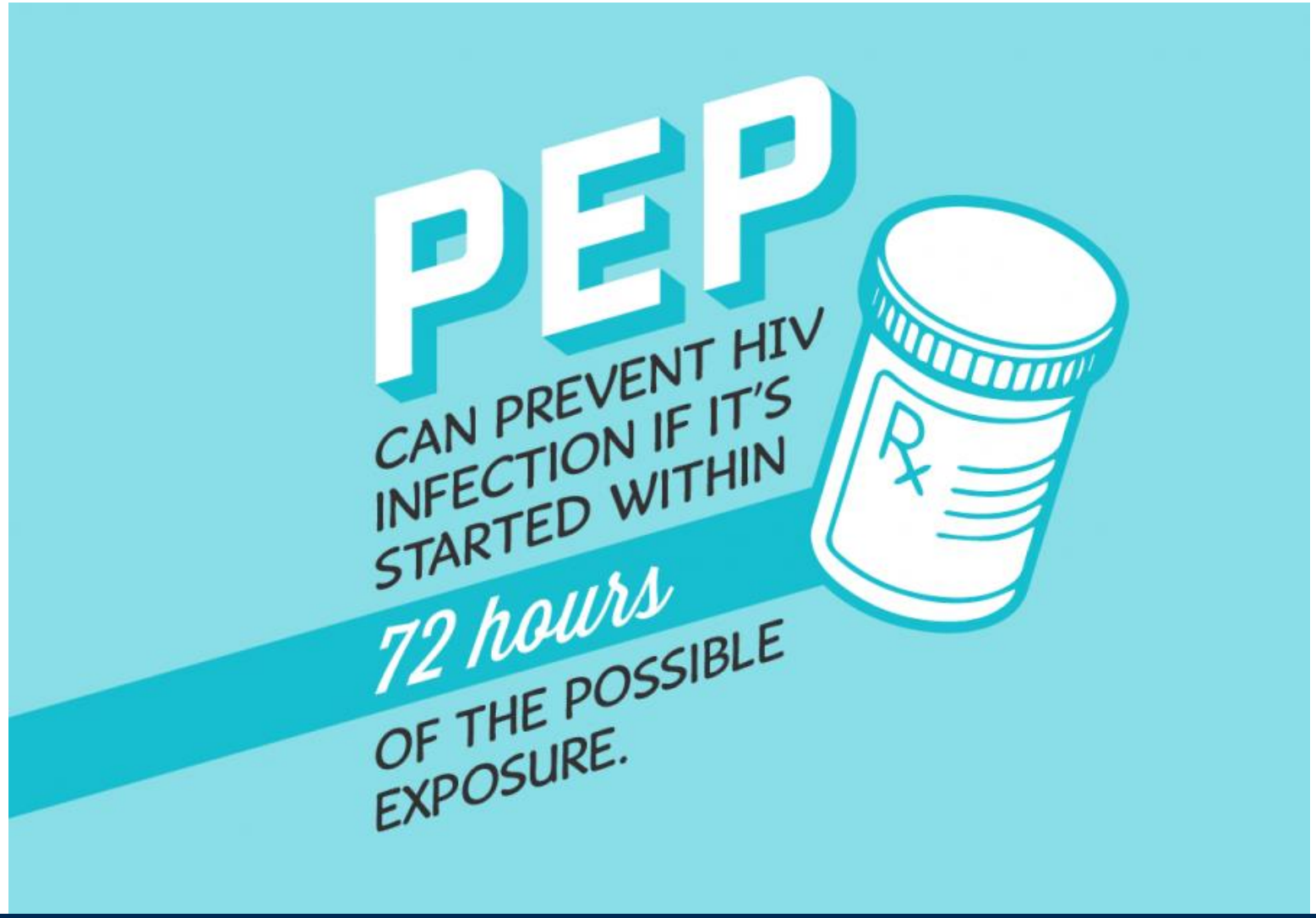

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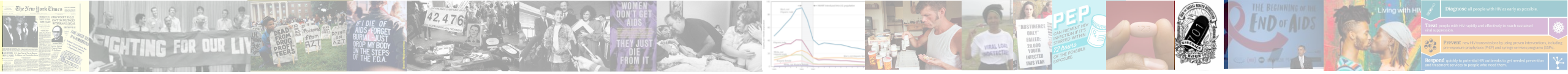

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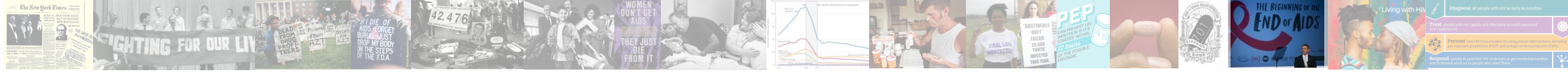
PrEP Awareness Campaign created by Marcus Cruz Sanchez



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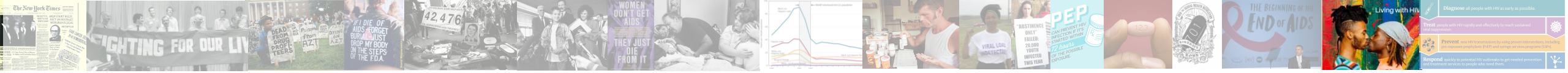

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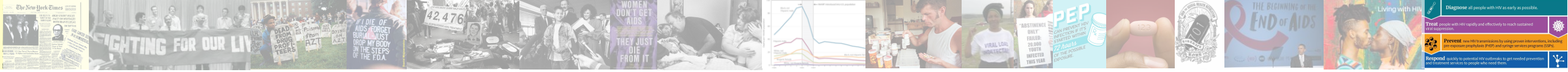


1981 1983 1987 1990 1993 1995 1996 2000 2005 2006 2010 2017 2019

Ending the HIV Epidemic: A Plan For America

Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.

Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

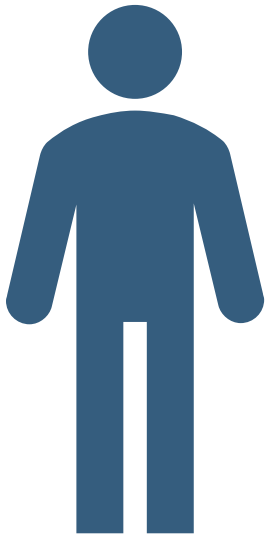
75%

reduction in new HIV infections by 2025 and at least

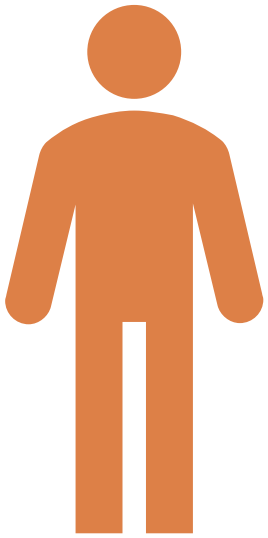
90%

reduction by 2030.

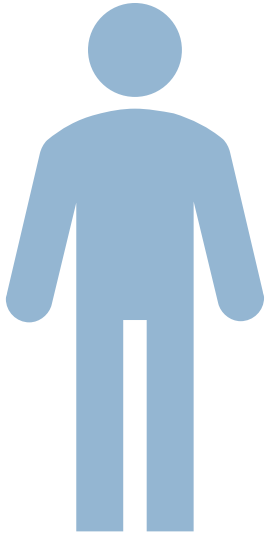
HIV Priority Populations



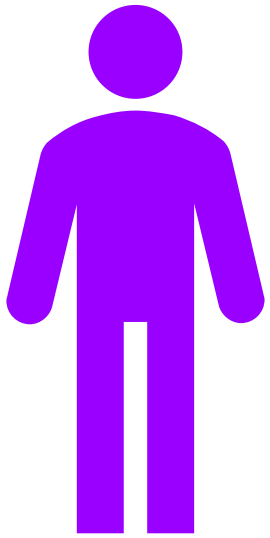
Latine Gay, Bisexual and other Men who have Sex with Men (Latine MSM)



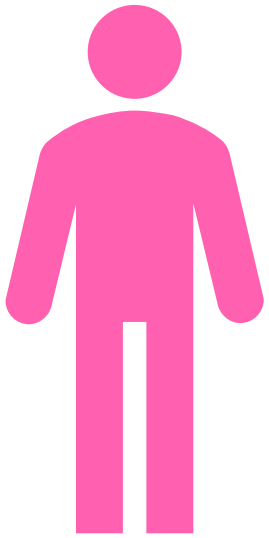
Black Gay, Bisexual and other Men who have Sex with Men (Black MSM)



White Gay, Bisexual and other Men who have Sex with Men (White MSM)

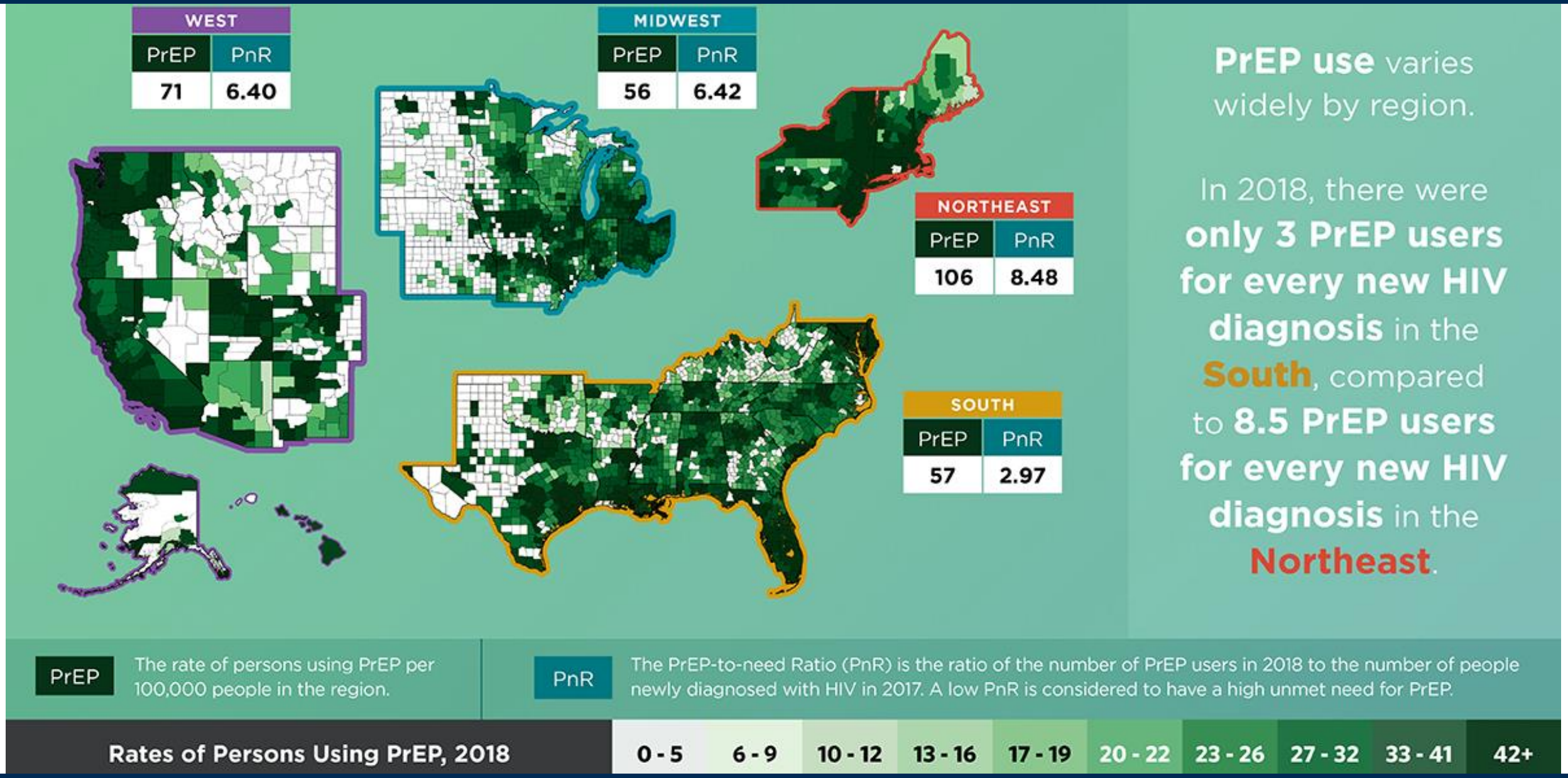


Black Women who have Sex with Men (Black Women)



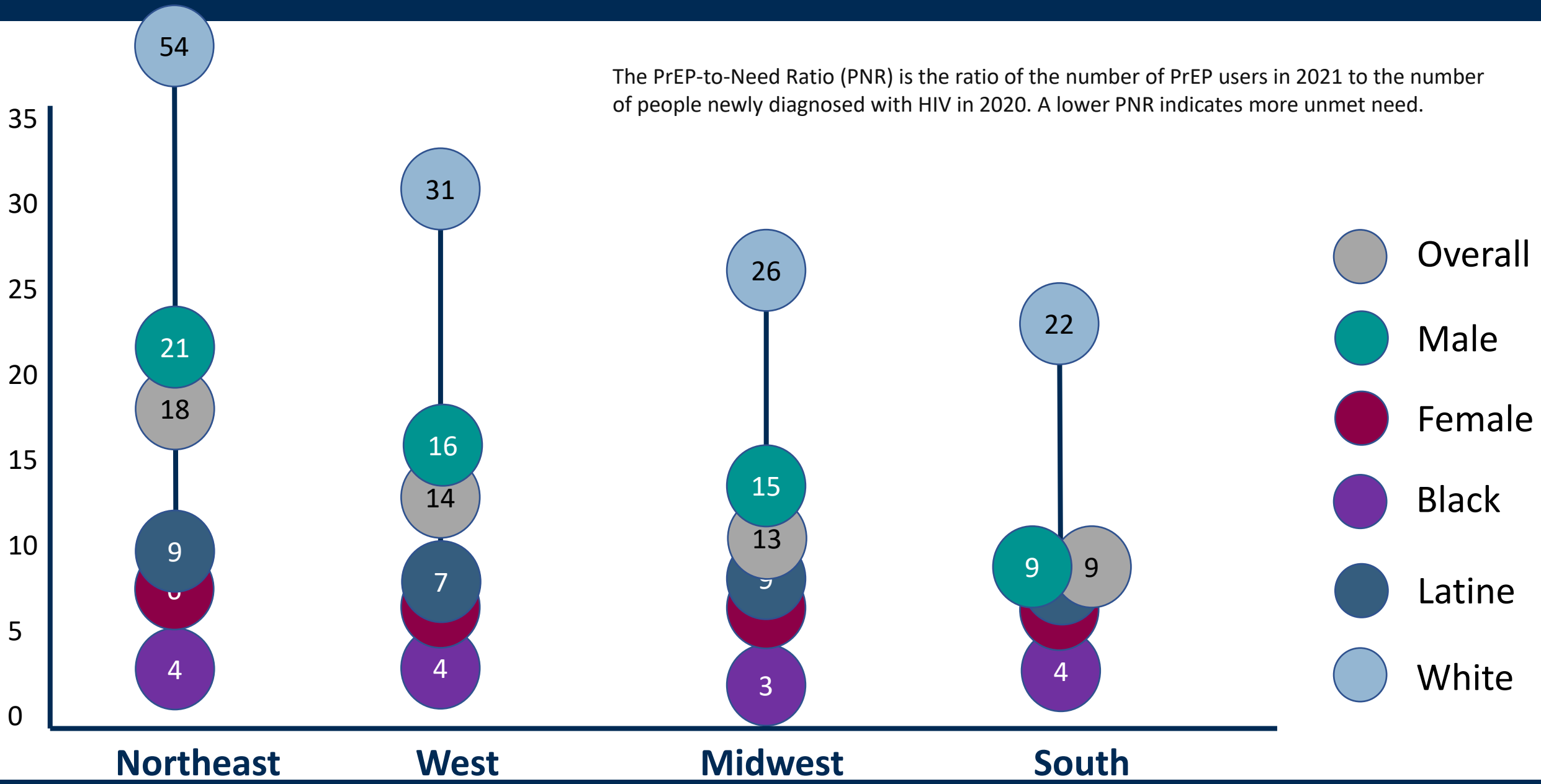
Transgender Women who have Sex with Men (Transgender Women)

PrEP

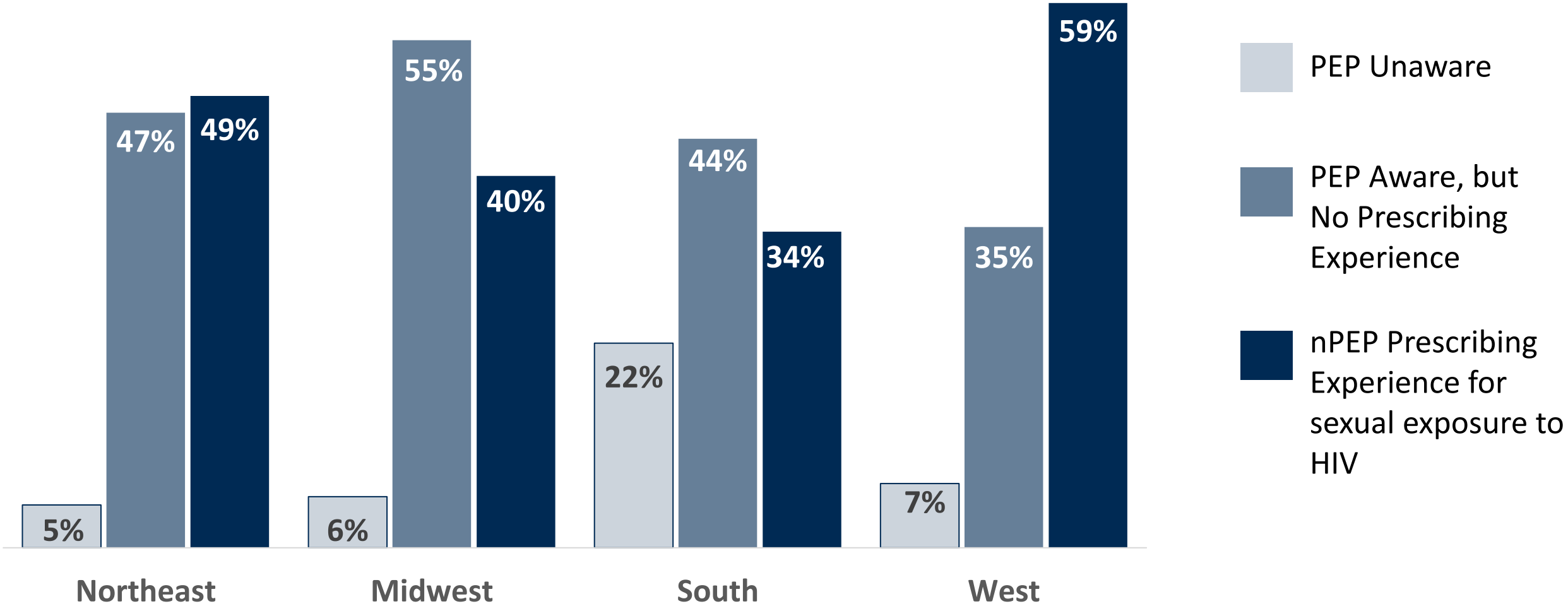

WEST
PrEP 71
PnR 6.40
MIDWEST
PrEP 56
PnR 6.42
NORTHEAST
PrEP 106
PnR 8.48
SOUTH
PrEP 57
PnR 2.97
PrEP use varies widely by region.
In 2018, there were only 3 PrEP users for every new HIV diagnosis in the South, compared to 8.5 PrEP users for every new HIV diagnosis in the Northeast.
PrEP The rate of persons using PrEP per 100,000 people in the region.
PnR The PrEP-to-need Ratio (PnR) is the ratio of the number of PrEP users in 2018 to the number of people newly diagnosed with HIV in 2017. A low PnR is considered to have a high unmet need for PrEP.
Rates of Persons Using PrEP, 2018
0 - 5
6 - 9
10 - 12
13 - 16
17 - 19
20 - 22
23 - 26
27 - 32
33 - 41
42+

PrEP

The PrEP-to-Need Ratio (PNR) is the ratio of the number of PrEP users in 2021 to the number of people newly diagnosed with HIV in 2020. A lower PNR indicates more unmet need.



nPEP

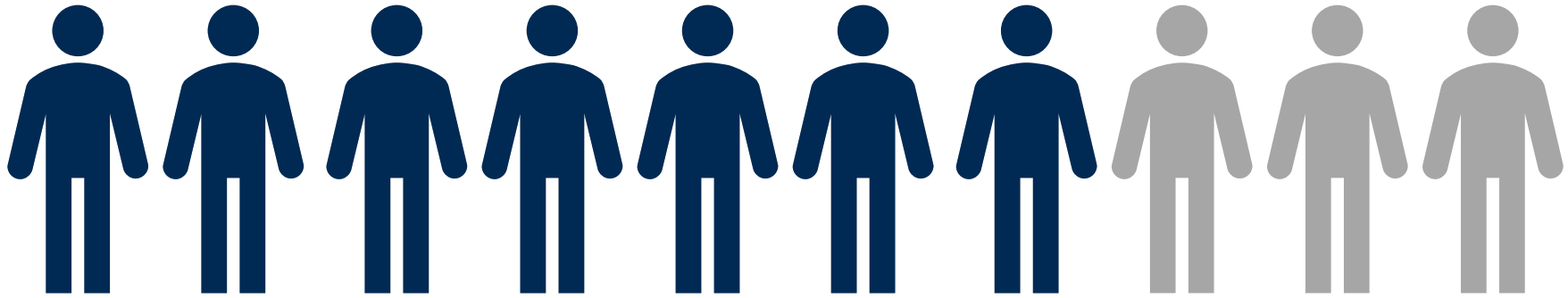


John SA, Quinn KG, Pleuhs B, Walsh JL, Petroll AE. HIV Post-Exposure Prophylaxis (PEP) Awareness and Non-Occupational PEP (nPEP) Prescribing History Among U.S. Healthcare Providers. AIDS Behav. 2020 Nov;24(11):3124-3131. doi: 10.1007/s10461-020-02866-6. PMID: 32300991; PMCID: PMC7508835.

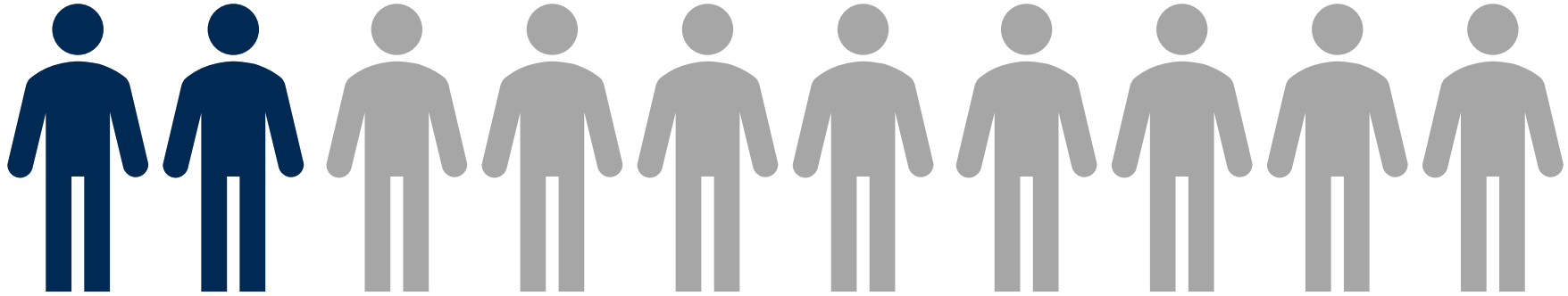
nPEP

nPEP prescription for sexual exposure to HIV

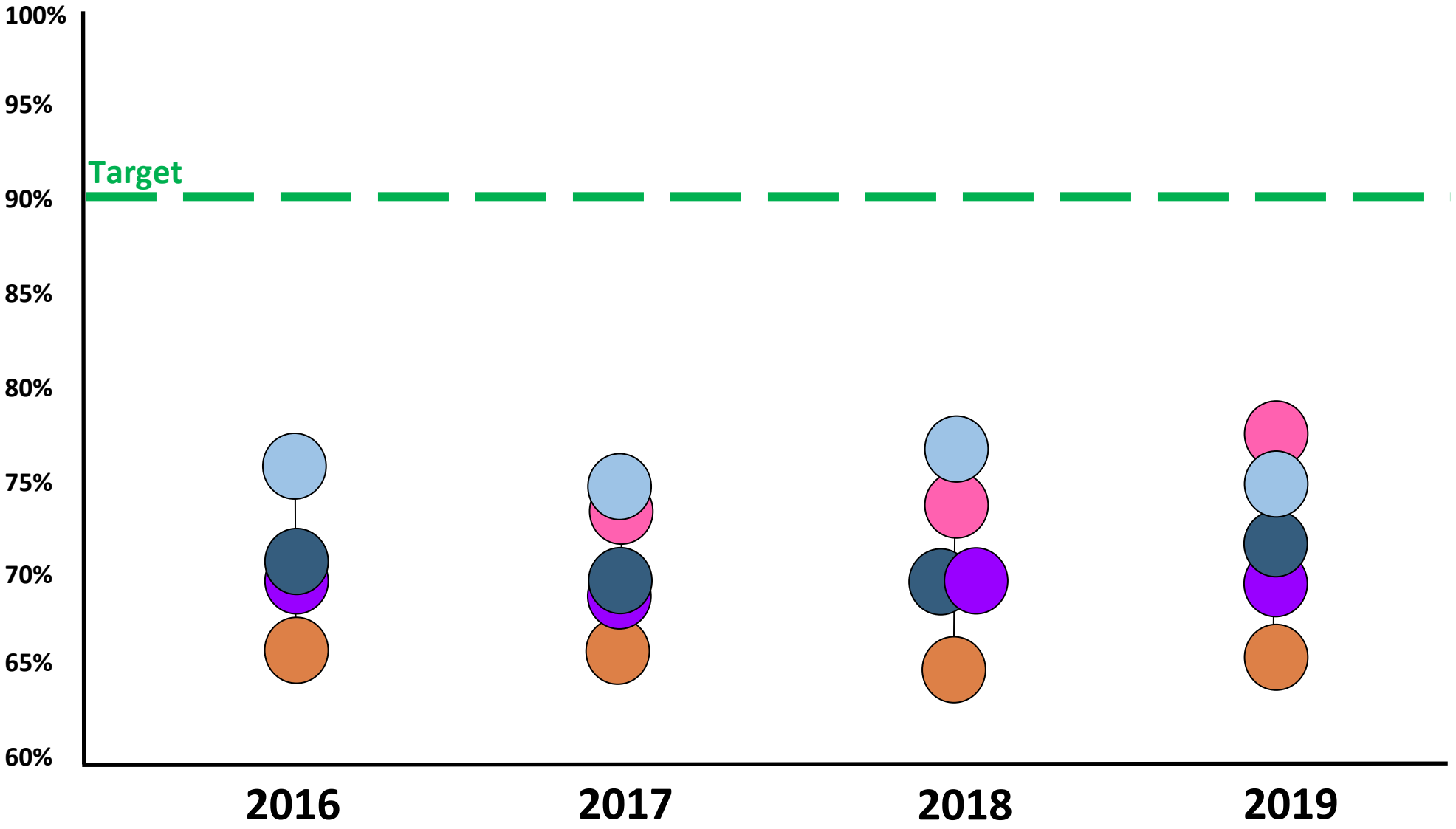
HIV providers



Non-HIV primary care providers

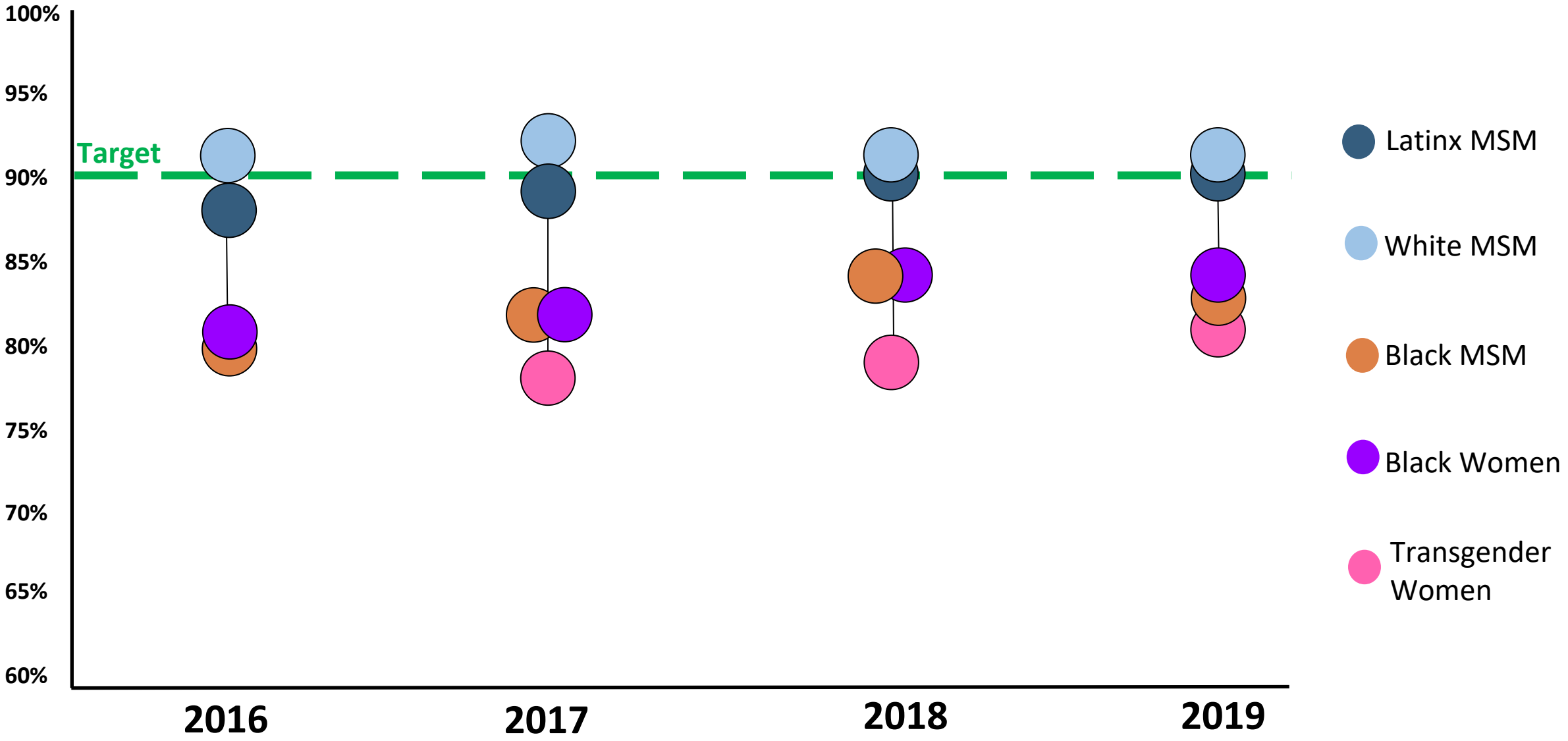


Retention in Care, Texas



**Data sets representing PLWH who are in-care are most often used to confirm gender identity for transgender PLWH. Because of this, the % of transgender PLWH who have achieved retention in care may be over-represented.*

In-Care Viral Suppression, Texas



Sexual and Reproductive Health Needs of PWLE

Microgrant Project

understand the needs of key stakeholders related to sexual and reproductive health and to identify opportunities to integrate and tailor health education related to pregnancy options based on system needs.

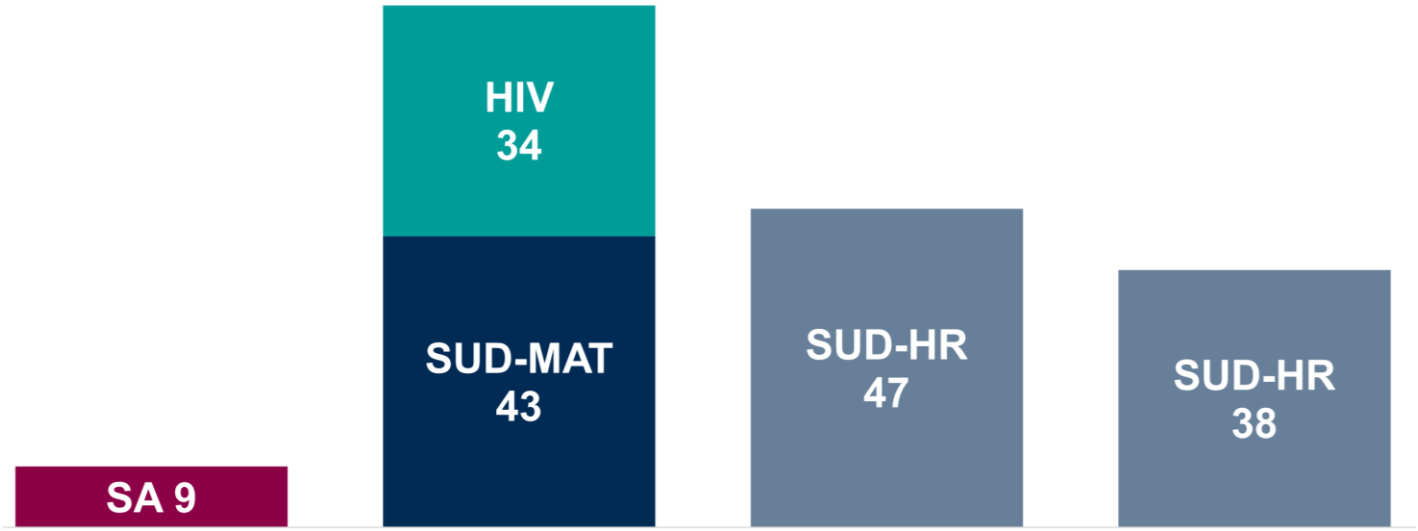
171 responses

SUD-MAT

SUD-HR

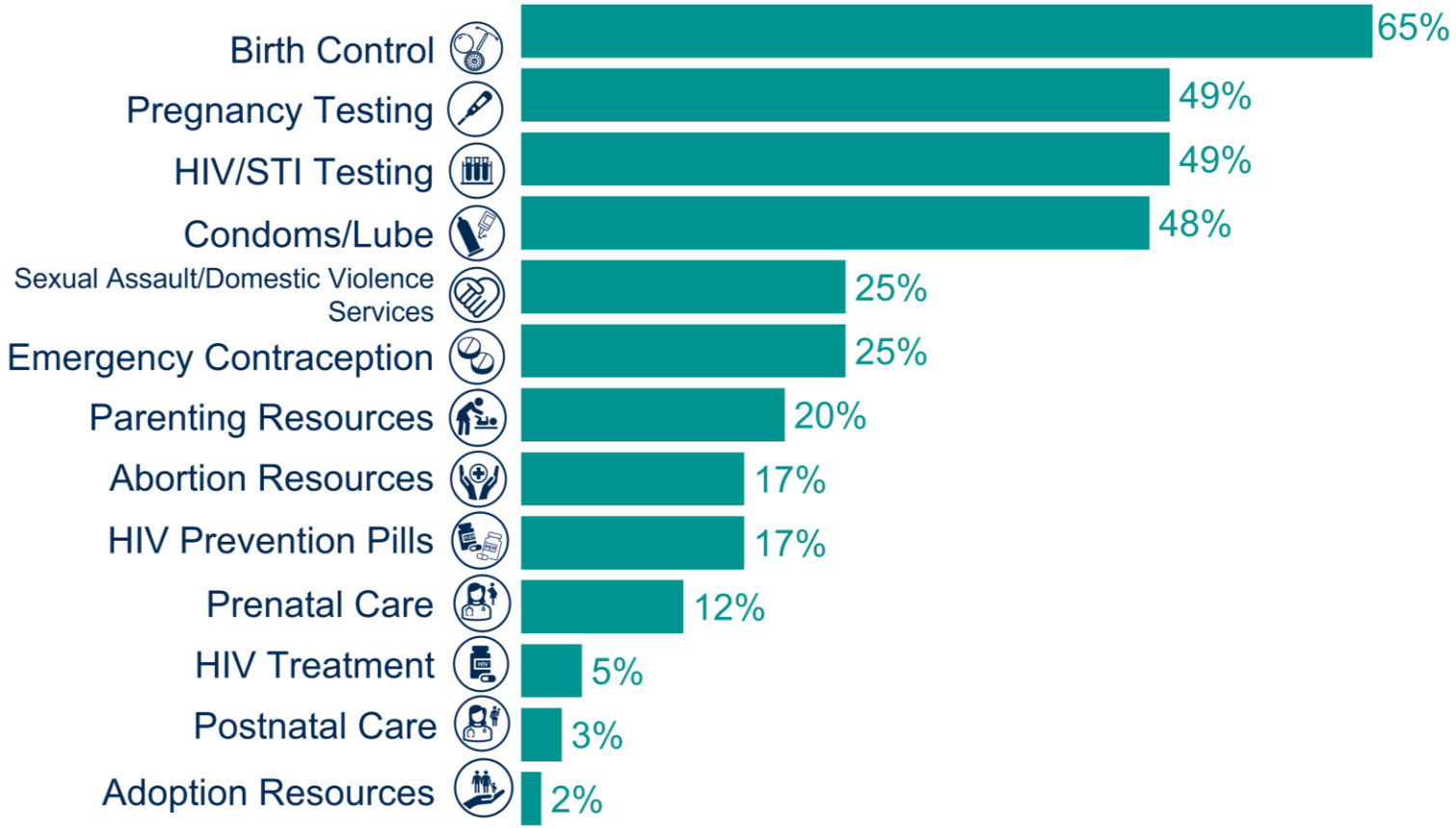
SA

HIV



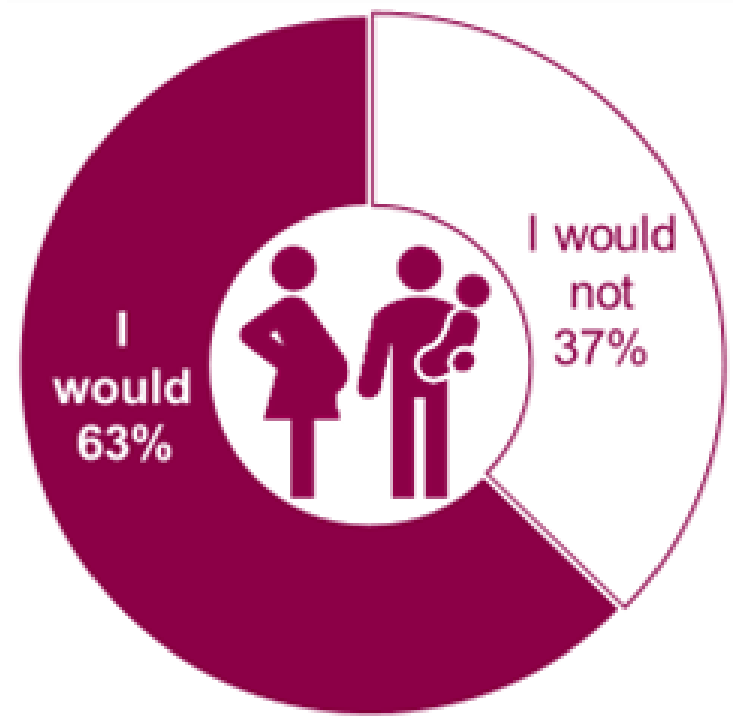
Sexual and Reproductive Health Needs of PWLE

What SRH services did you need in the past two years?

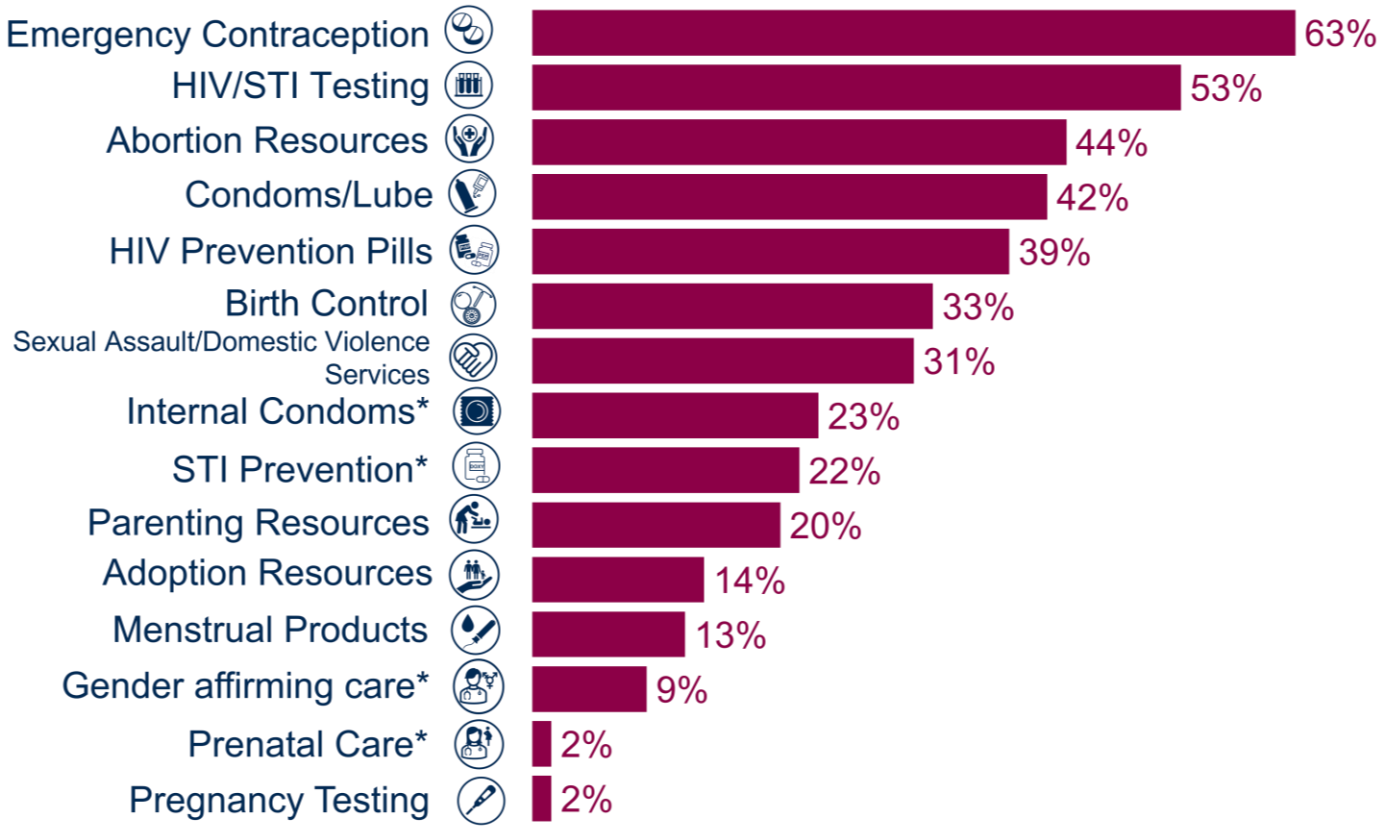


Sexual and Reproductive Health Needs of PWLE

What SRH services would you want to hear about during a visit with your [system specific] provider?

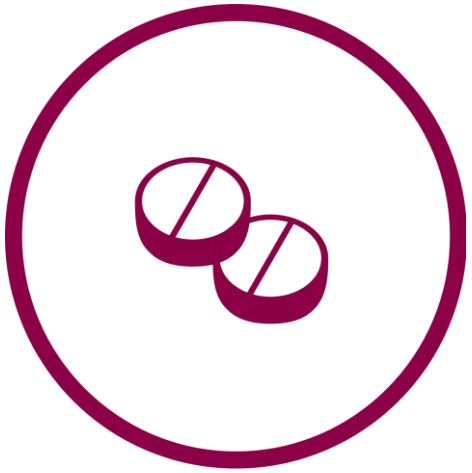


be interested in hearing about SRH services from this provider



Sexual and Reproductive Health Needs of PWLE

Birth Control



Emergency Contraception

Abortion Resources

People who can get pregnant

Sexual and Reproductive Health Needs of PWLE

45%

of all pregnancies in the US are **unintended**

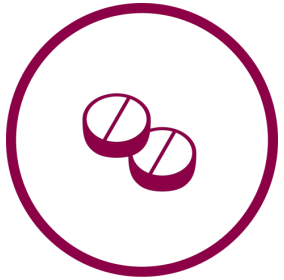
- **Young (18-24)**
- **Black or Latine**
- **Low-income**
- **Co-habitating**

People who can get pregnant

Finer LB, Zolna MR. Declines in Unintended Pregnancy in the United States, 2008-2011. N Engl J Med. 2016 Mar 3;374(9):843-52. doi: 10.1056/NEJMsa1506575. PMID: 26962904; PMCID: PMC4861155.

Sexual and Reproductive Health Needs of PWLE

Birth Control



Emergency Contraception

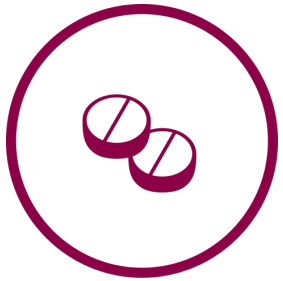
Compared to white women, Black women may face a **"contraception desert,"** where they are less likely to live near a pharmacy where it's easy to buy or learn about birth control

People who can get pregnant

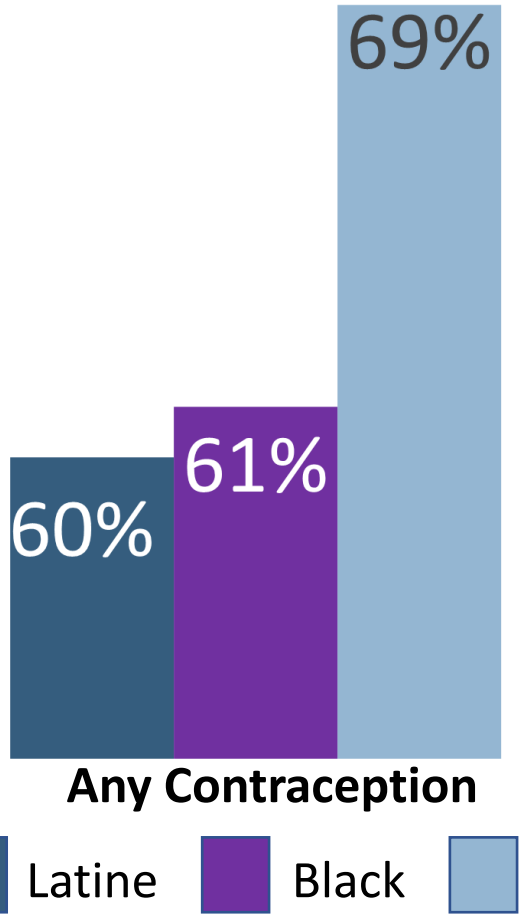
Barber JS, Ela E, Gatny H, Kusunoki Y, Fakih S, Batra P, Farris K. Contraceptive Desert? Black-White Differences in Characteristics of Nearby Pharmacies. J Racial Ethn Health Disparities. 2019 Aug;6(4):719-732. doi: 10.1007/s40615-019-00570-3. Epub 2019 Feb 20. PMID: 30788813; PMCID: PMC6660992.

Sexual and Reproductive Health Needs of PWLE

Birth Control



Emergency Contraception

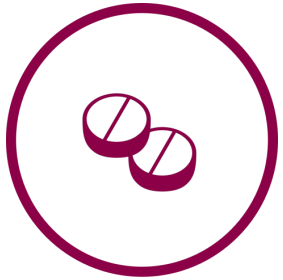


People who can get pregnant

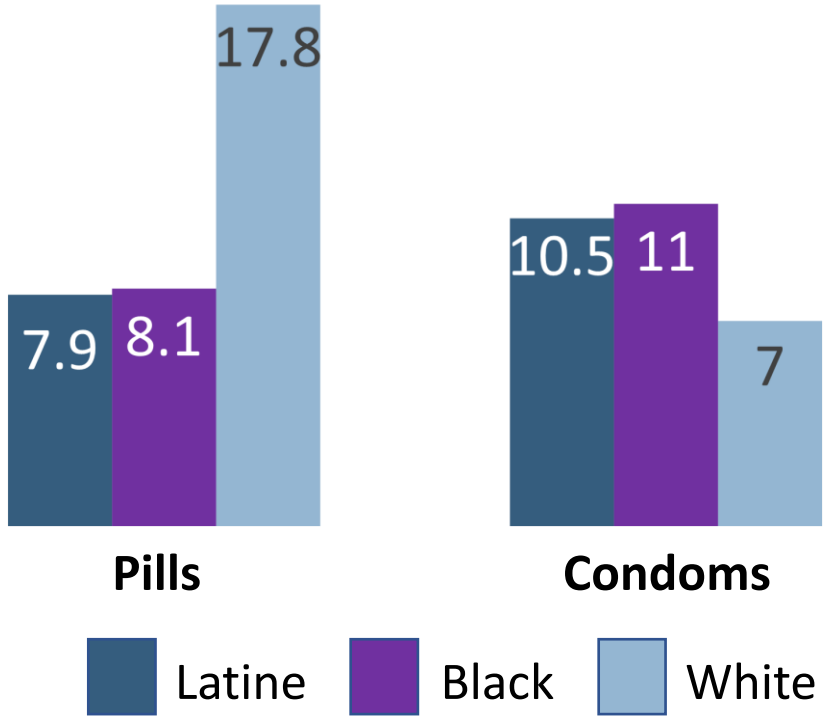
Daniels K, Abma JC. Current contraceptive status among women aged 15–49: United States, 2017–2019. NCHS Data Brief, no 388. Hyattsville, MD: National Center for Health Statistics. 2020.

Sexual and Reproductive Health Needs of PWLE

Birth Control



Emergency Contraception

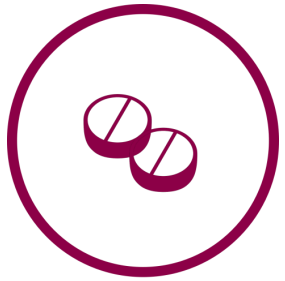


People who can get pregnant

Daniels K, Abma JC. Current contraceptive status among women aged 15–49: United States, 2017–2019. NCHS Data Brief, no 388. Hyattsville, MD: National Center for Health Statistics. 2020.

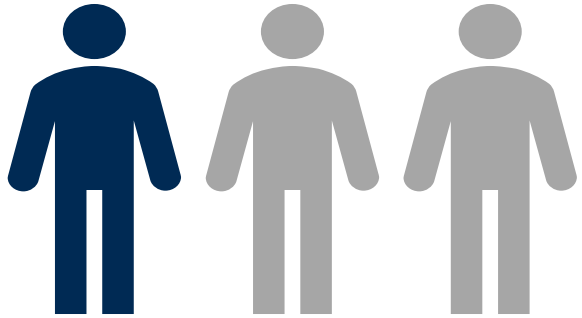
Sexual and Reproductive Health Needs of PWLE

Microgrant Project

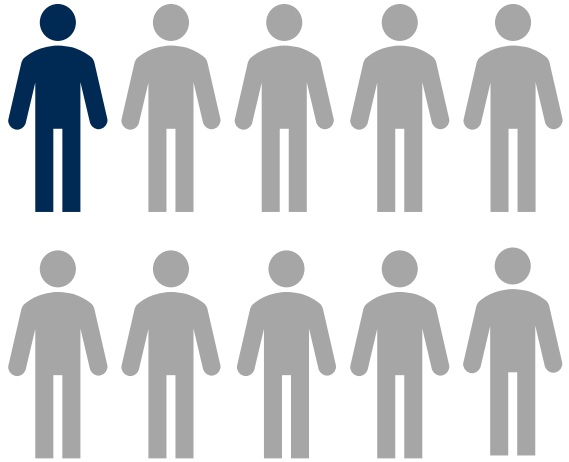


Emergency Contraception

Abortion Resources



1 in 3 knew the correct timing for emergency contraception was within 72 hours of sexual contact



1 in 10 knew that the gestational limit for medication abortion was 12 weeks

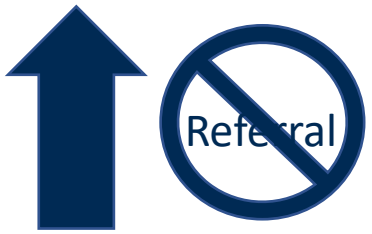
People who can get pregnant

Sexual and Reproductive Health Needs of PWLE

Pregnancy Options Counseling

Compared to non-Black patients, Black patients:

were less likely to have a provider discuss abortion, adoption, or all three pregnancy options

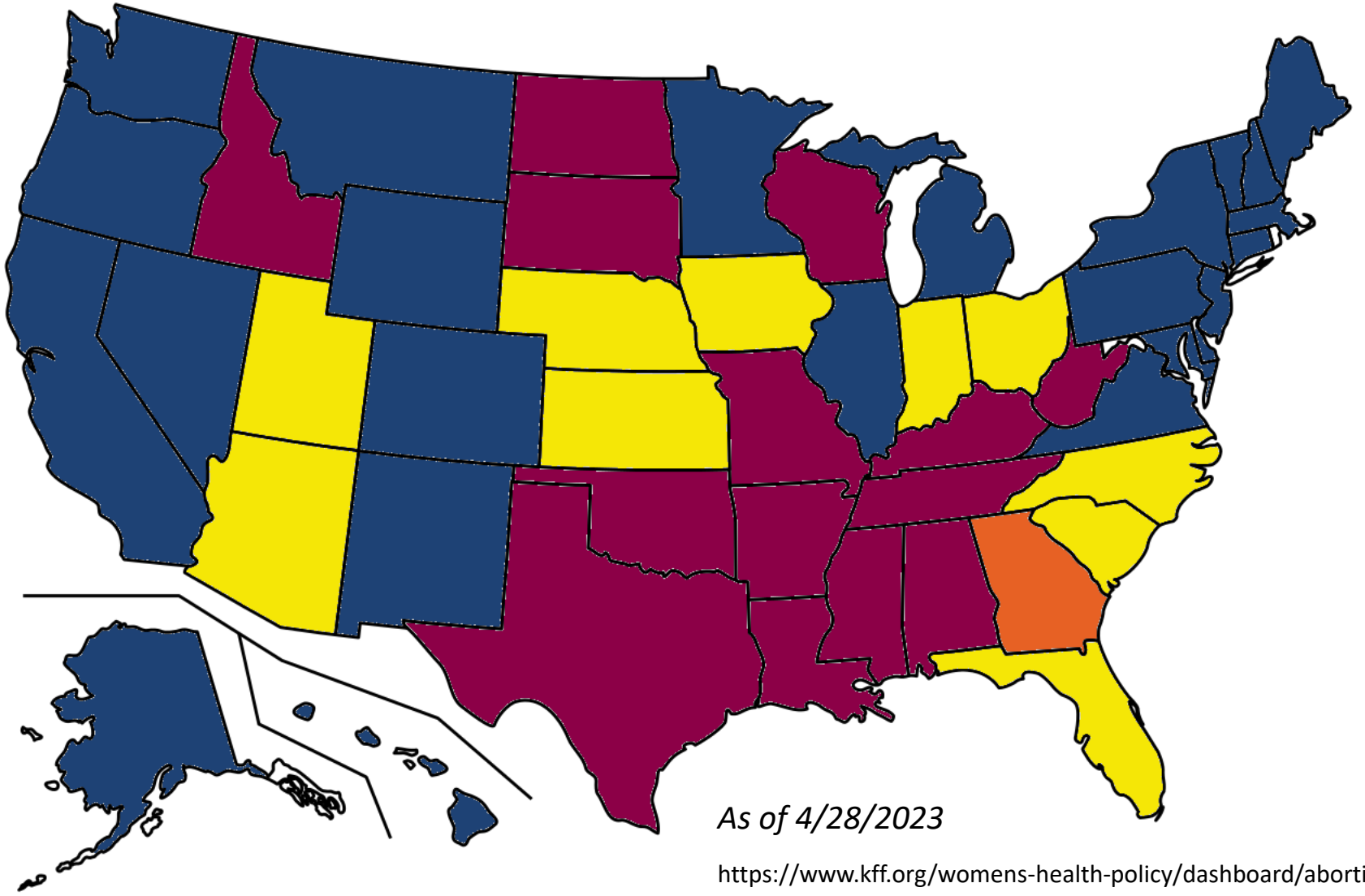


had a higher likelihood of leaving the pregnancy confirmation visit without receiving a desired abortion referral

People who can get pregnant

Abortion Resources

Barriers to Care: Criminalization

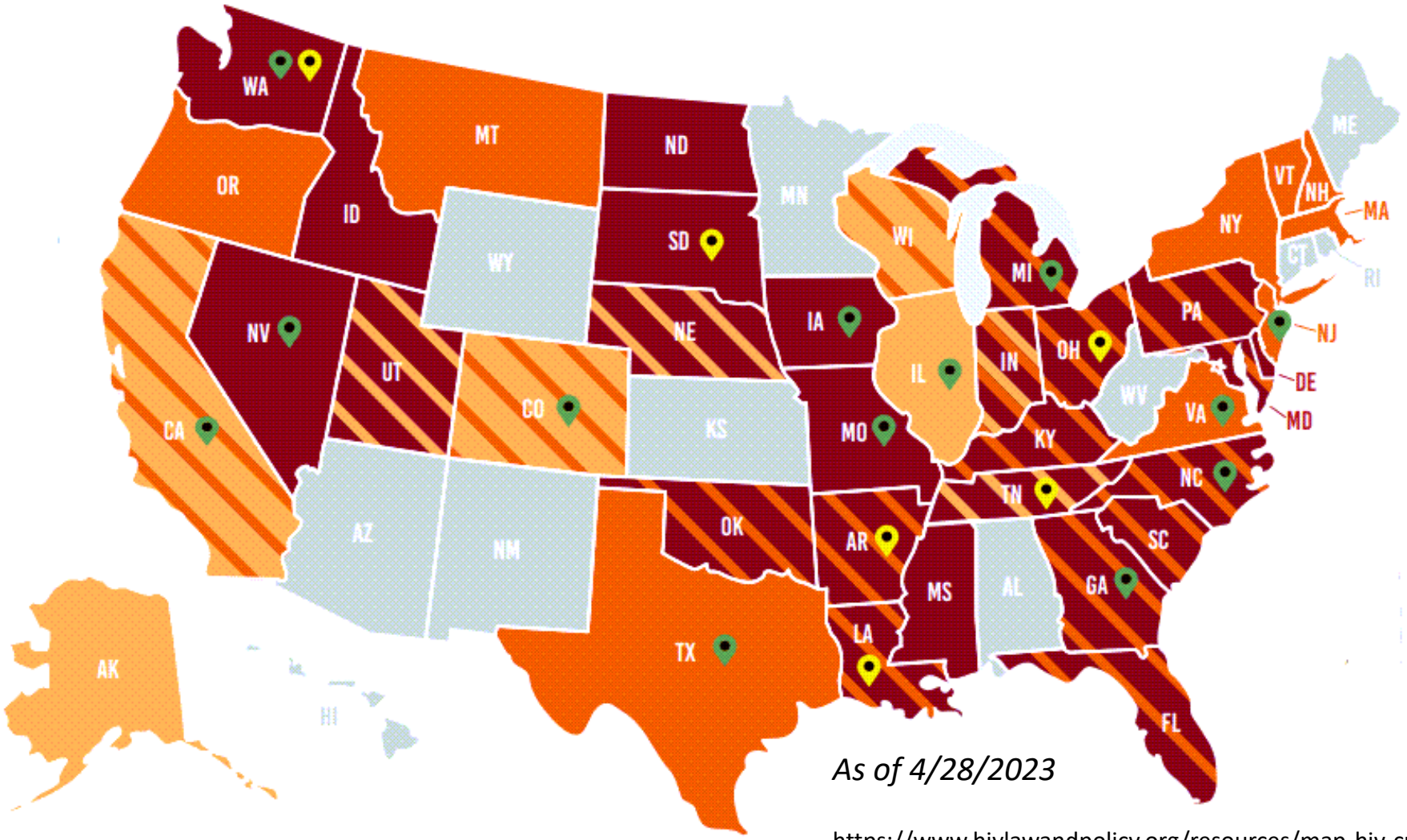


- Abortion banned
- 6 week gestational limit
- 15-22 week gestational limit
- Available 22 weeks +

As of 4/28/2023

https://www.kff.org/womens-health-policy/dashboard/abortion-in-the-u-s-dashboard/

Barriers to Care: Criminalization



HIV-specific criminal laws

States that have prosecuted PLWH under non-HIV specific general criminal laws

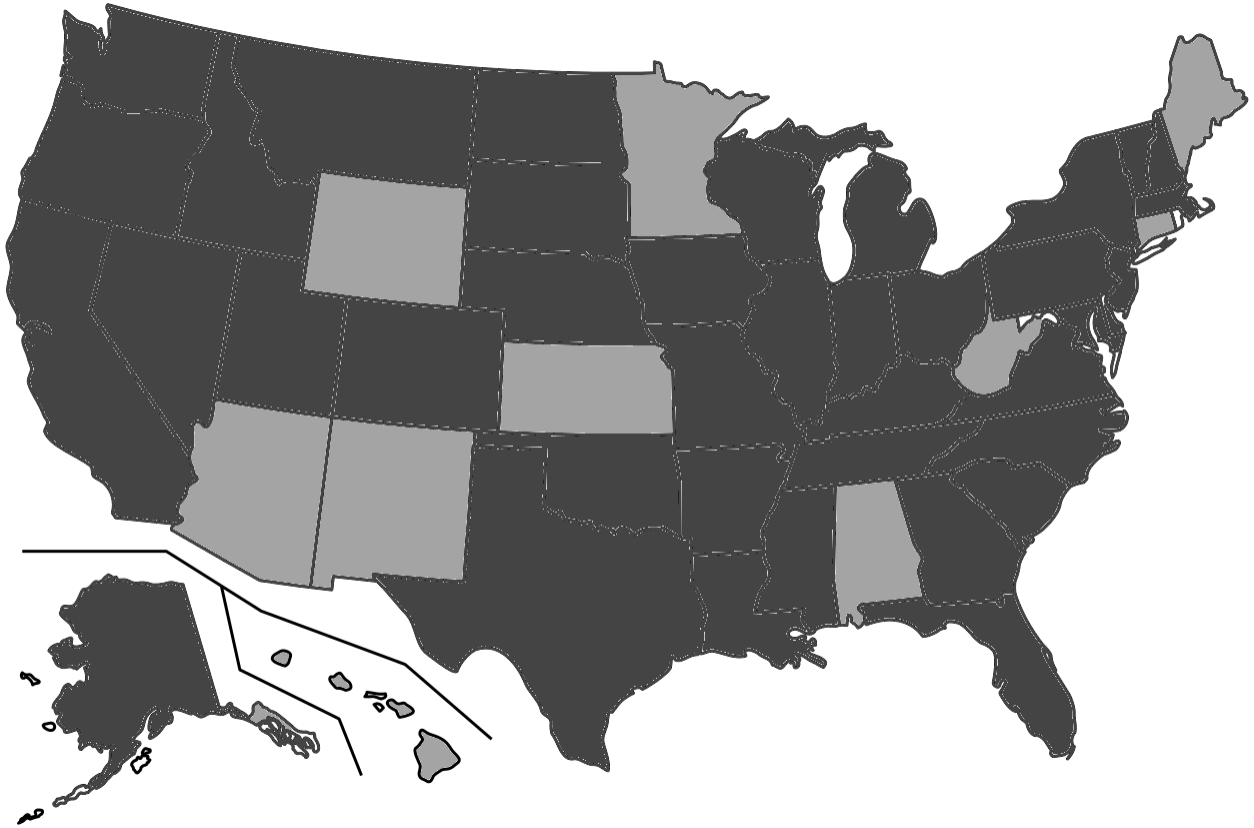
States with sentencing enhancements

As of 4/28/2023

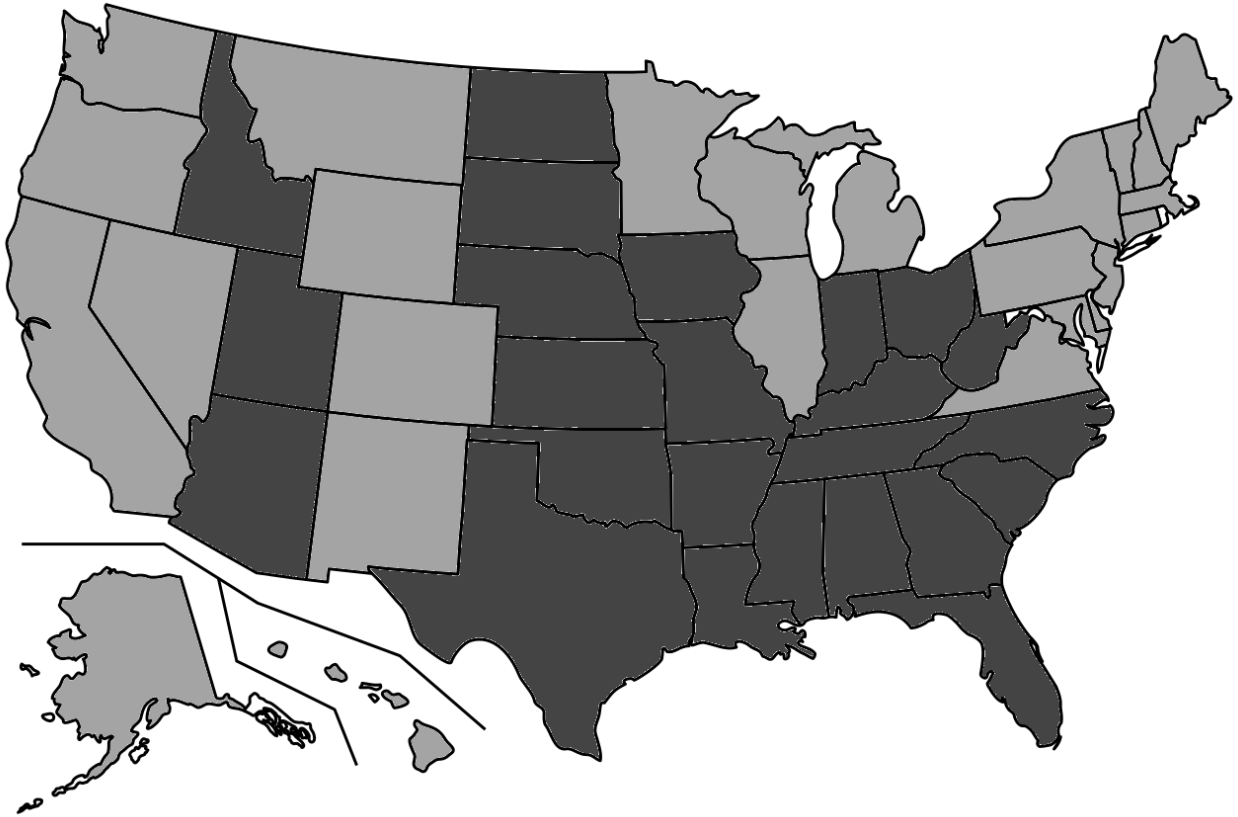
https://www.hivlawandpolicy.org/resources/map-hiv-criminalization-united-states-chlp-updated-2022

Barriers to Care: Criminalization

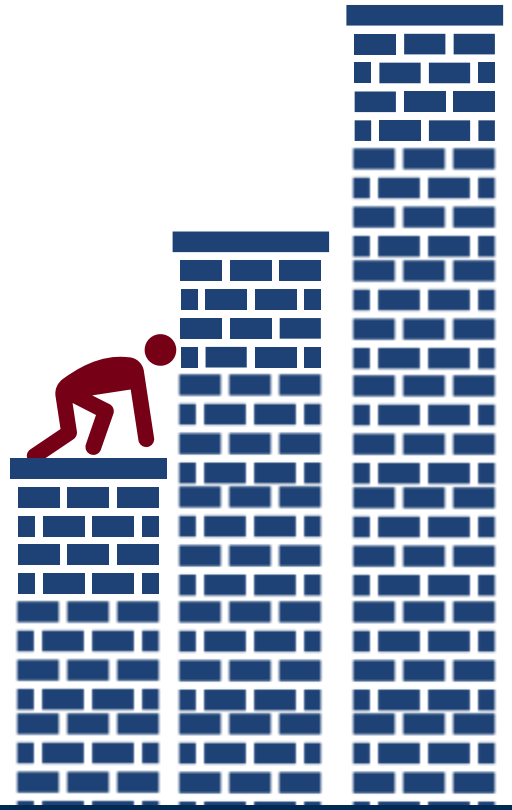
States with some level of HIV criminalization

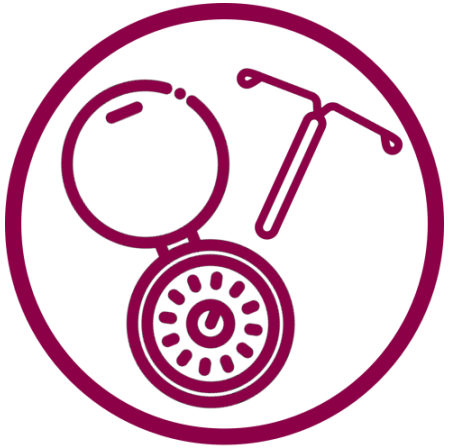


States banning or restricting abortion

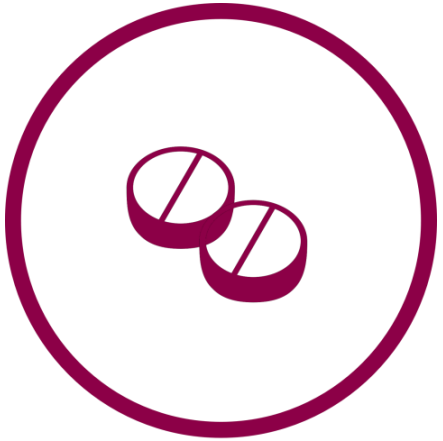


Barriers to Care





Birth Control



Emergency Contraception

Abortion Resources

HIV Prevention Pills

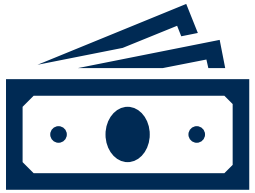
Barriers to Care

Knowledge/Awareness

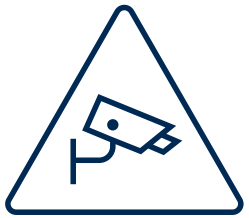
Discomfort with Provider

Legal Obstacles

Scorn, Intimidation



Finances



Lack of Privacy

Transportation

Health Issues

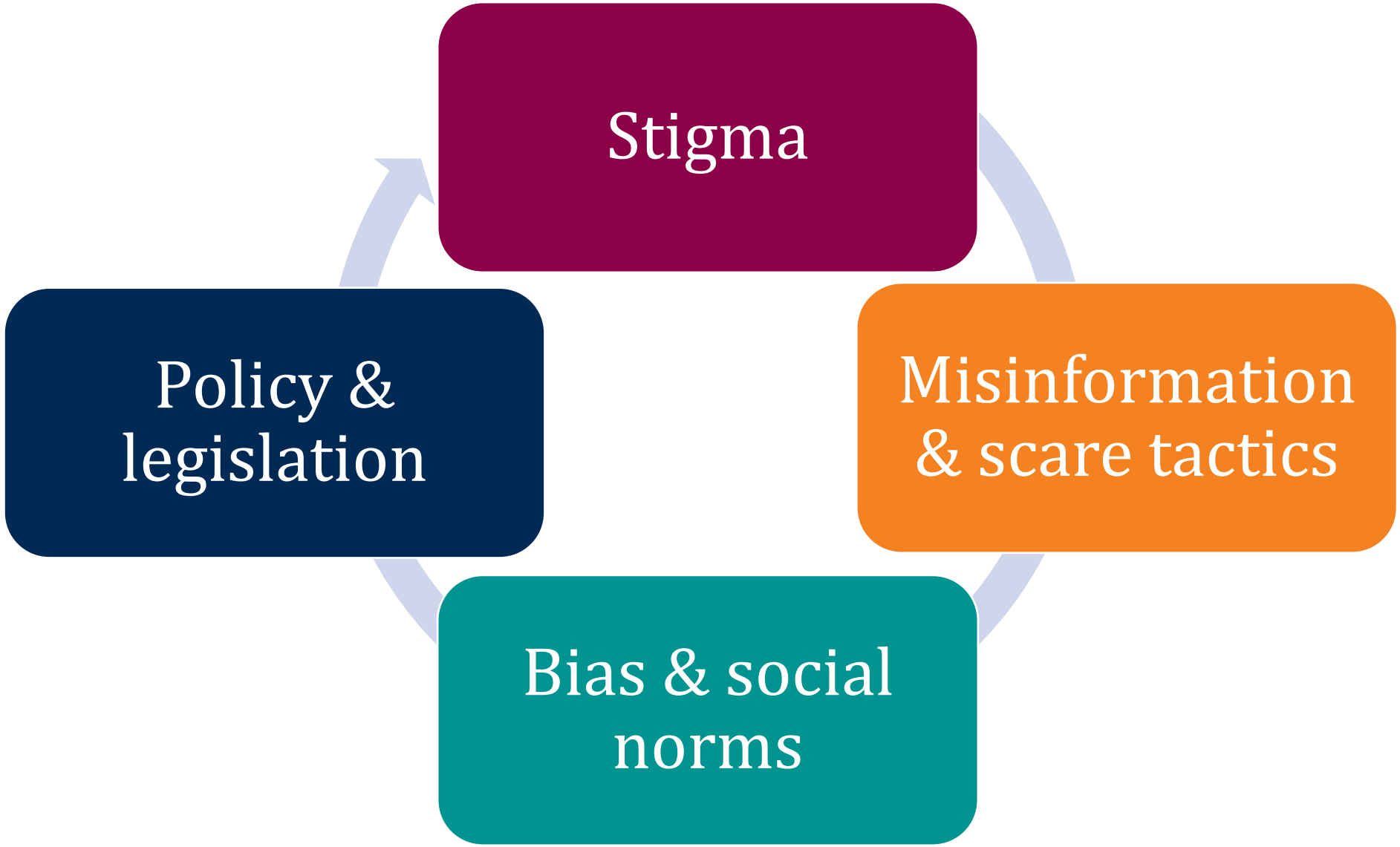
Immigration Status

Language

Age related

Systemic Oppression

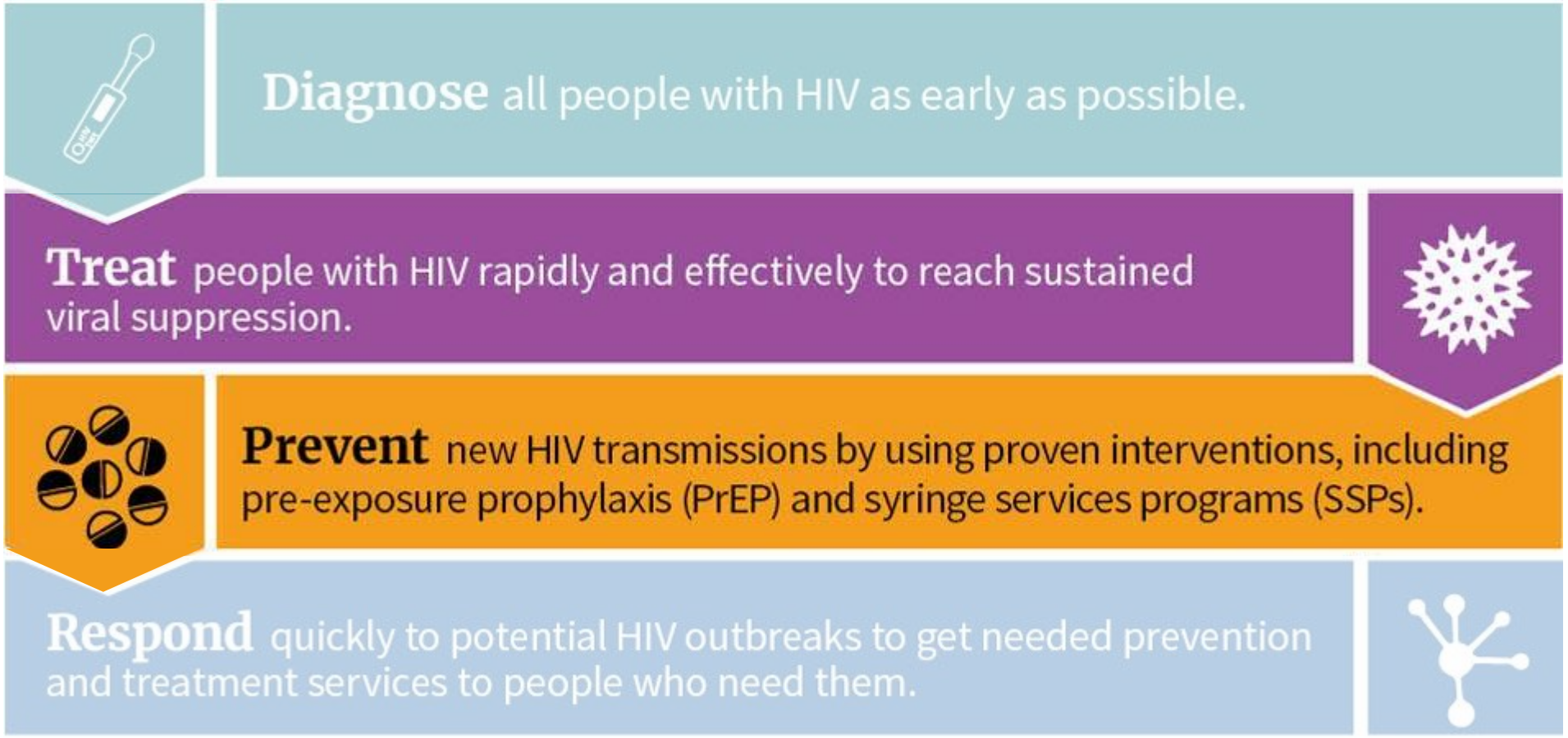
The Stigma Cycle



The Stigma Cycle

The Stigma Cycle

Status Neutral + Reproductive Justice (SN+RJ)



Status Neutral + Reproductive Justice (SN+RJ)

Status Neutral + Reproductive Justice (SN+RJ)

The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.

Reproductive Health
The direct servicing of an individual's reproductive needs and access to such services.

Reproductive Rights
The individual legal rights to reproductive healthcare services with a focus on keeping abortion legal, standardizing sex education, and increasing access to family planning services.

Social Justice
A communal effort dedicated to creating and sustaining a fair and equitable society in which systemic and interpersonal violence, racism, transphobia, ableism, homophobia, anti-fat stigma, and all other systems that devalue the dignity and humanity of any person are dismantled.

Status Neutral + Reproductive Justice (SN+RJ)

"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"

*Dr. Demetre Daskalakis, CDC Director, Division of HIV Prevention

The status neutral framework provides care for the whole person by offering a "one-door" approach
People with HIV and people highly vulnerable to acquiring HIV can access treatment, prevention, and ***other critical services*** *in the same place.*

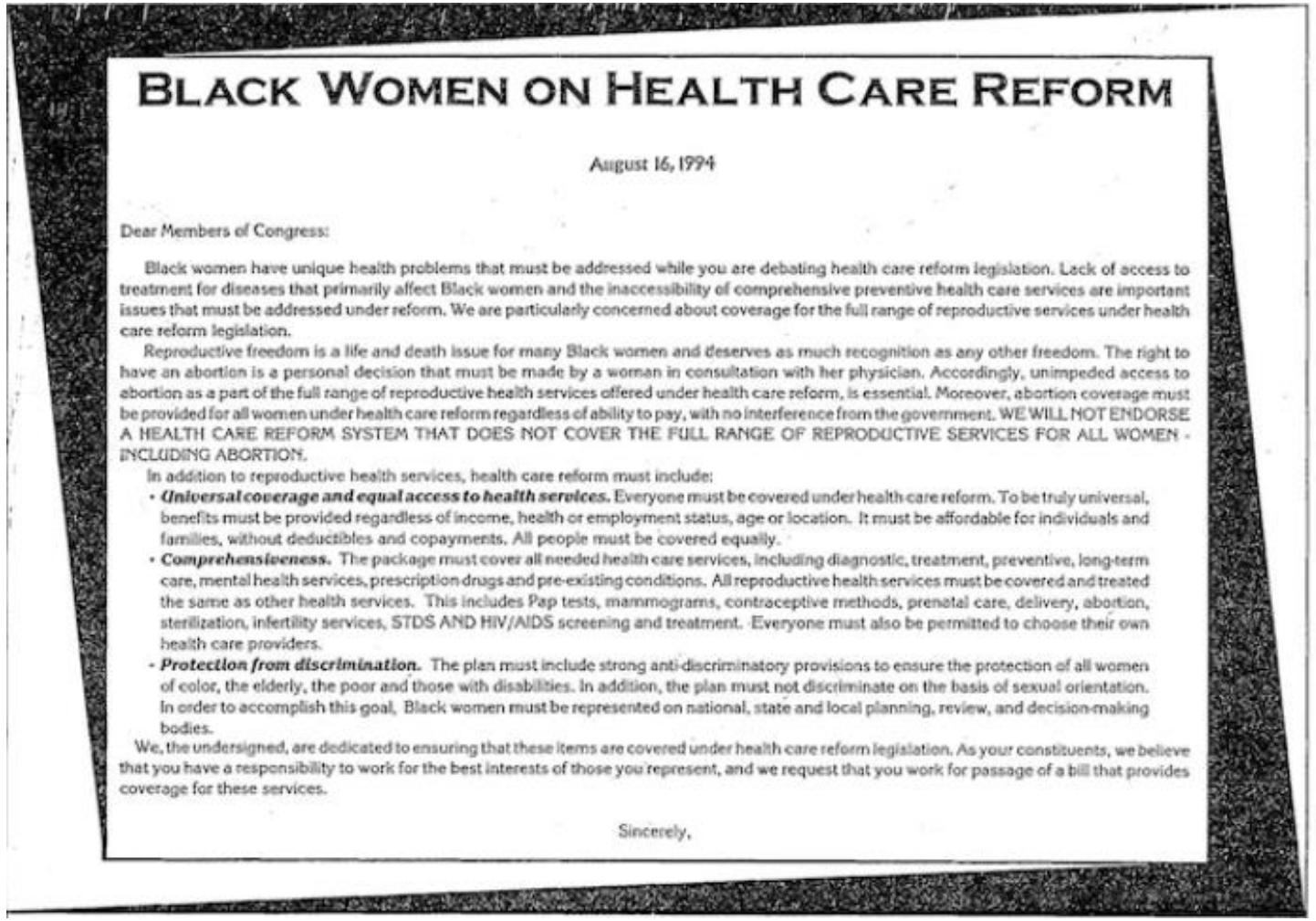
Status neutral systems are centered around purposeful collaboration and coordination between community providers and community groups who reflect and share the lived experiences of priority populations, including both groups and providers that are HIV focused and those that are not HIV-specific.

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 those populations most impacted by HIV in that community.

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

Status Neutral + Reproductive Justice (SN+RJ)

REPRODUCTIVE JUSTICE



BLACK WOMEN ON HEALTH CARE REFORM

August 16, 1994

Dear Members of Congress:

Black women have unique health problems that must be addressed while you are debating health care reform legislation. Lack of access to treatment for diseases that primarily affect Black women and the inaccessibility of comprehensive preventive health care services are important issues that must be addressed under reform. We are particularly concerned about coverage for the full range of reproductive services under health care reform legislation.

Reproductive freedom is a life and death issue for many Black women and deserves as much recognition as any other freedom. The right to have an abortion is a personal decision that must be made by a woman in consultation with her physician. Accordingly, unimpeded access to abortion as a part of the full range of reproductive health services offered under health care reform, is essential. Moreover, abortion coverage must be provided for all women under health care reform regardless of ability to pay, with no interference from the government. WE WILL NOT ENDORSE A HEALTH CARE REFORM SYSTEM THAT DOES NOT COVER THE FULL RANGE OF REPRODUCTIVE SERVICES FOR ALL WOMEN - INCLUDING ABORTION.

In addition to reproductive health services, health care reform must include:

- ***Universal coverage and equal access to health services.*** Everyone must be covered under health care reform. To be truly universal, benefits must be provided regardless of income, health or employment status, age or location. It must be affordable for individuals and families, without deductibles and copayments. All people must be covered equally.
- ***Comprehensiveness.*** The package must cover all needed health care services, including diagnostic, treatment, preventive, long-term care, mental health services, prescription drugs and pre-existing conditions. All reproductive health services must be covered and treated the same as other health services. This includes Pap tests, mammograms, contraceptive methods, prenatal care, delivery, abortion, sterilization, infertility services, STDS AND HIV/AIDS screening and treatment. Everyone must also be permitted to choose their own health care providers.
- ***Protection from discrimination.*** The plan must include strong anti-discriminatory provisions to ensure the protection of all women of color, the elderly, the poor and those with disabilities. In addition, the plan must not discriminate on the basis of sexual orientation. In order to accomplish this goal, Black women must be represented on national, state and local planning, review, and decision-making bodies.

We, the undersigned, are dedicated to ensuring that these items are covered under health care reform legislation. As your constituents, we believe that you have a responsibility to work for the best interests of those you represent, and we request that you work for passage of a bill that provides coverage for these services.

Sincerely,

Status Neutral + Reproductive Justice (SN+RJ)

We will not endorse a health care reform system that does not cover the full range of reproductive services for all women including abortion

Health care reform must also include:

- Universal coverage and equal access to health services
- Comprehensive coverage that includes parity for reproductive and sexual health services
- Everyone must be permitted to choose their own health care providers
- Protection from discrimination, including protection of all women of color, the elderly, the poor, those with disabilities and must not discriminate on the basis of sexual orientation

Status Neutral + Reproductive Justice (SN+RJ)

The Document:

THE DENVER PRINCIPLES
(Statement from the advisory committee of the People with AIDS)
We condemn attempts to label us as "victims," a term which implies defeat, and we are only occasionally "patients," a term which implies passivity, helplessness, and dependence upon the care of others. We are "People With AIDS."

RECOMMENDATIONS FOR ALL PEOPLE
1. Support us in our struggle against those who would fire us from our jobs, evict us from our homes, refuse to touch us or separate us from our loved ones, our community or our peers, since available evidence does not support the view that AIDS can be spread by casual, social contact.
2. Not scapegoat people with AIDS, blame us for the epidemic or generalize about our lifestyles.

RECOMMENDATIONS FOR PEOPLE WITH AIDS
1. Form caucuses to choose their own representatives, to deal with the media, to choose their own agenda and to plan their own strategies.
2. Be involved at every level of decision-making and specifically serve on the boards of directors of provider organizations.
3. Be included in all AIDS forums with equal credibility as other participants, to share their own experiences and knowledge.
4. Substitute low-risk sexual behaviors for those which could endanger themselves or their partners; we feel people with AIDS have an ethical responsibility to inform their potential sexual partners of their health status.

RIGHTS OF PEOPLE WITH AIDS
1. To as full and satisfying sexual and emotional lives as anyone else.
2. To quality medical treatment and quality social service provision without discrimination of any form including sexual orientation, gender, diagnosis, economic status or race.
3. To full explanations of all medical procedures and risks, to choose or refuse their treatment modalities, to refuse to participate in research without jeopardizing their treatment and to make informed decisions about their lives.
4. To privacy, to confidentiality of medical records, to human respect and to choose who their significant others are.
5. To die–and to LIVE–in dignity.

Status Neutral + Reproductive Justice (SN+RJ)

Rights of People With AIDS

- To as full and satisfying sexual and emotional lives as anyone else.
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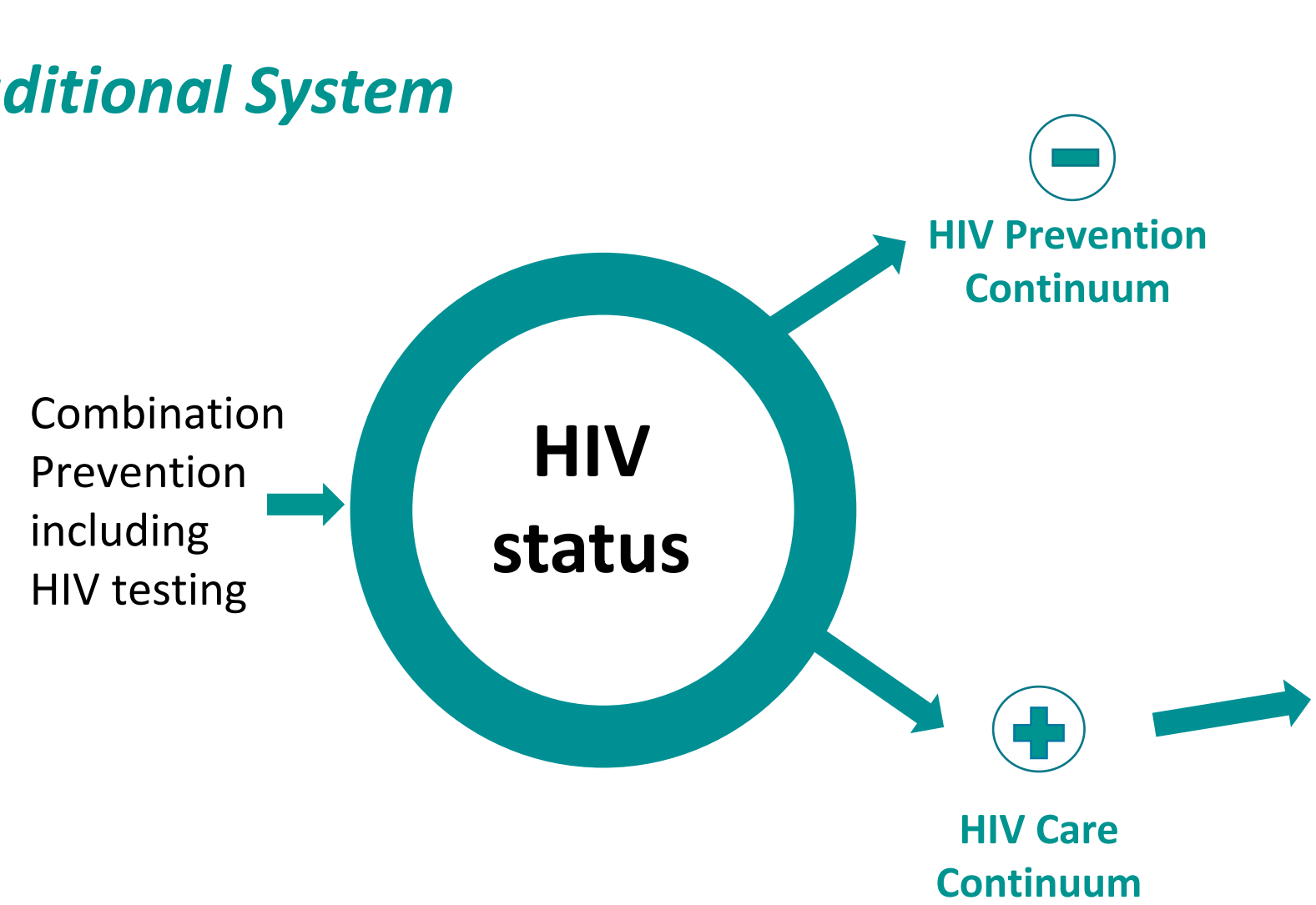
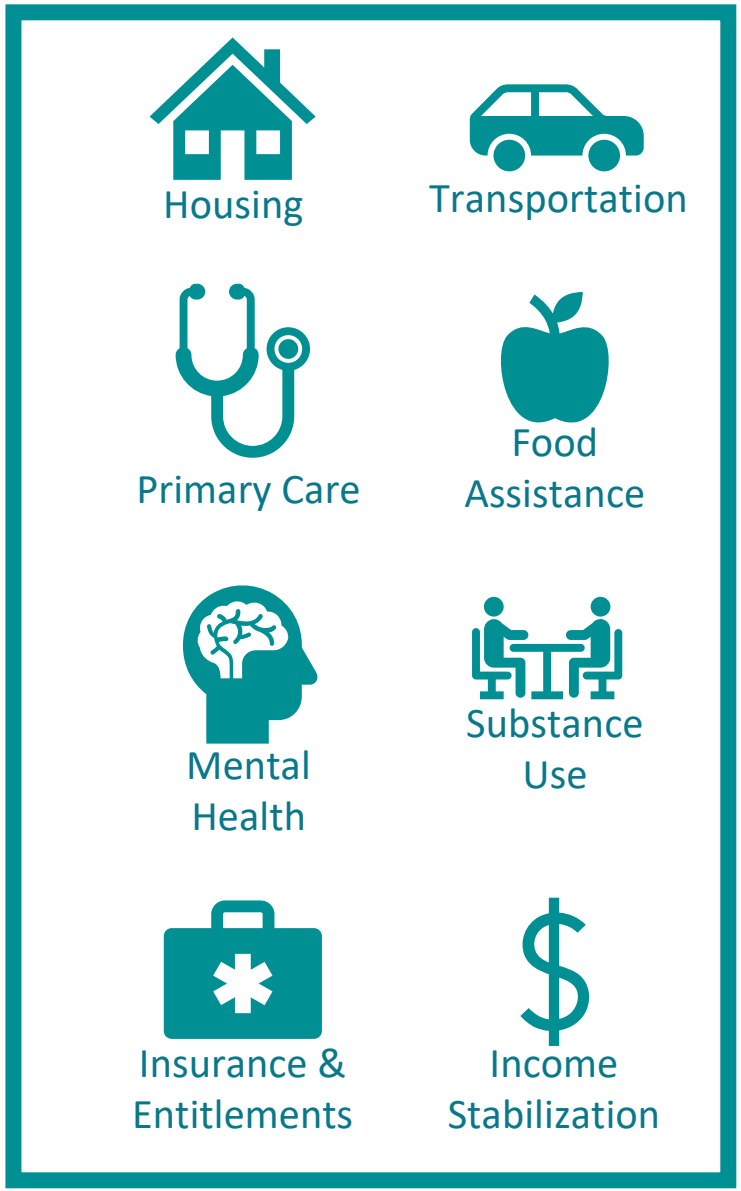
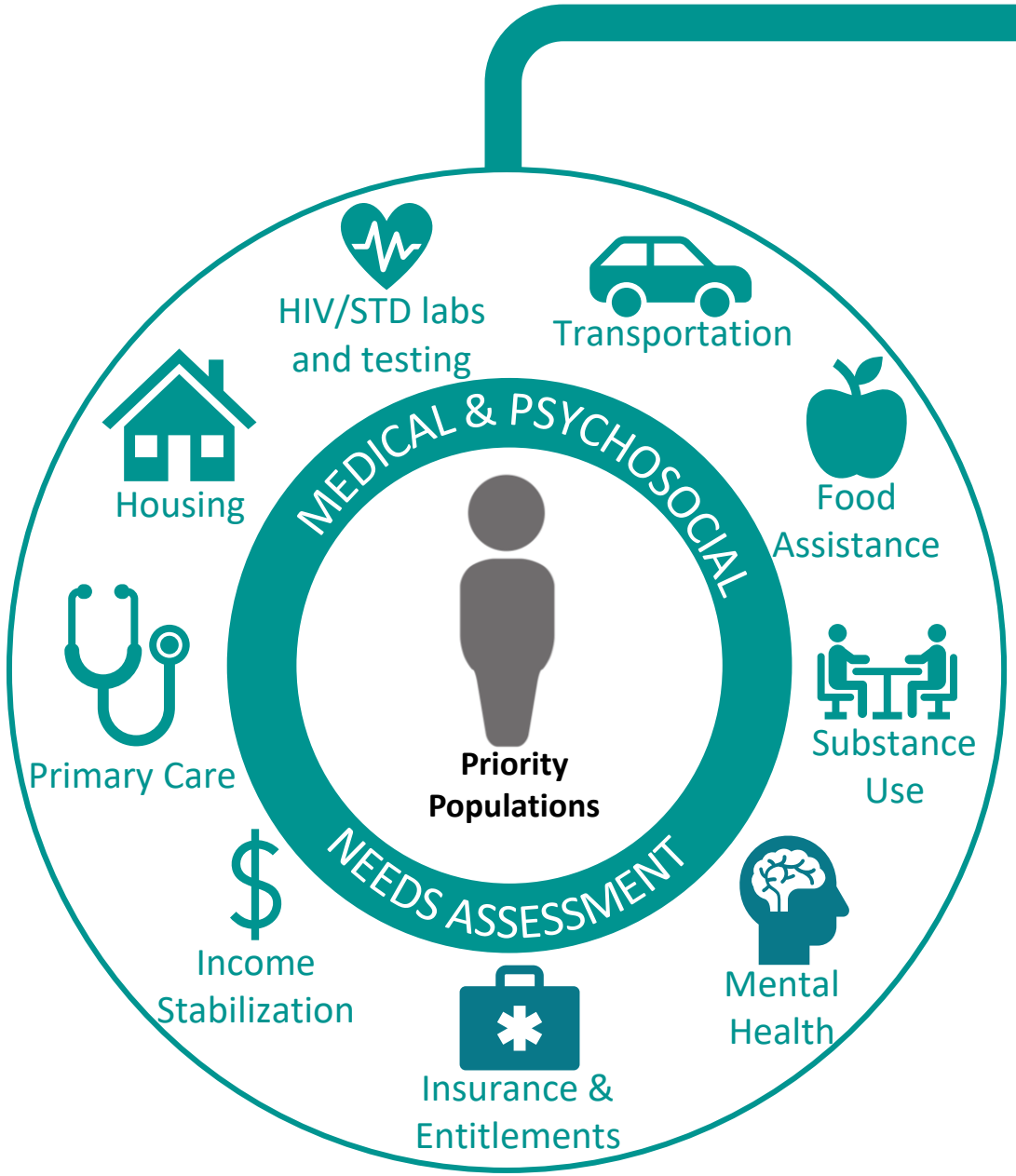
Status Neutral + Reproductive Justice (SN+RJ)

Traditional System





STATUS NEUTRAL



HIV Prevention Continuum	HIV Care Continuum
Test results/Diagnosis	
Screening for Combination Prevention and HIV Care Services	
ART Prescription	
Adherence to PrEP/PEP	Viral Suppression
Maintenance & Ongoing Support	

Ongoing access to supportive services as needed

Status Neutral + Reproductive Justice (SN+RJ)

STATUS NEUTRAL

Key Elements

Person-first, not disease-first

HIV testing is not the only entry point into a status neutral system.

Status neutral systems offer a variety of services that meet the needs and priorities of the populations accessing them.

Status neutral systems require diverse funding streams

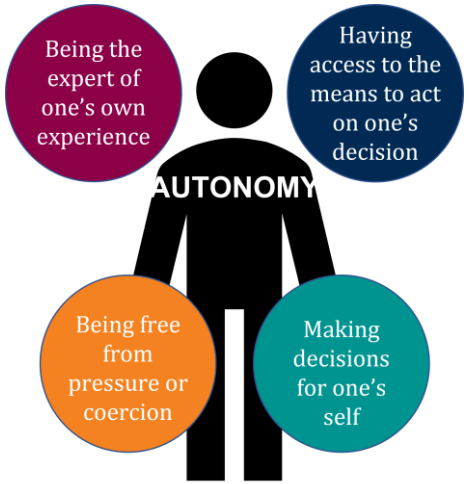
Status neutral systems require diverse partners

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.

Status Neutral + Reproductive Justice (SN+RJ)

STATUS NEUTRAL

REPRODUCTIVE JUSTICE



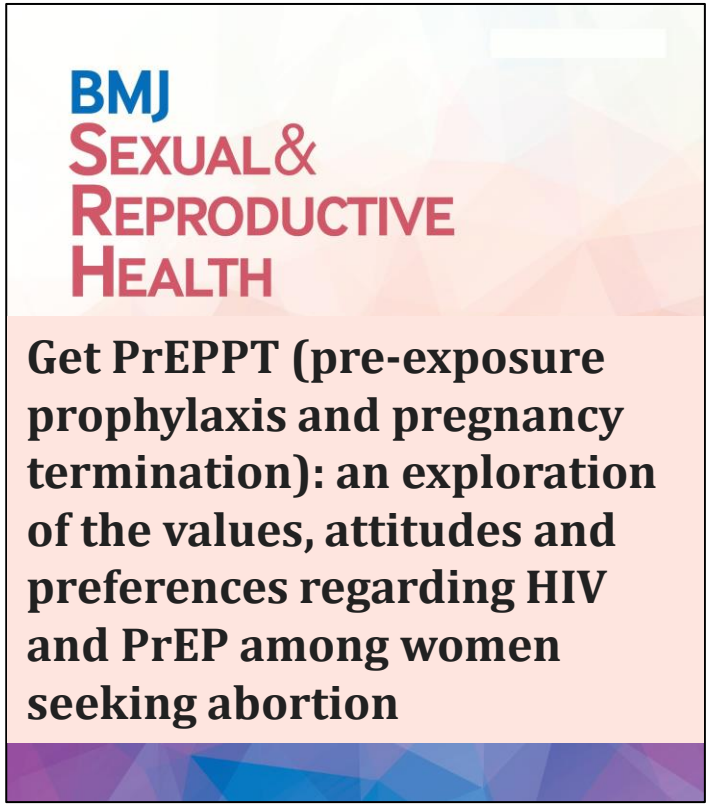
Status Neutral + Reproductive Justice (SN+RJ)

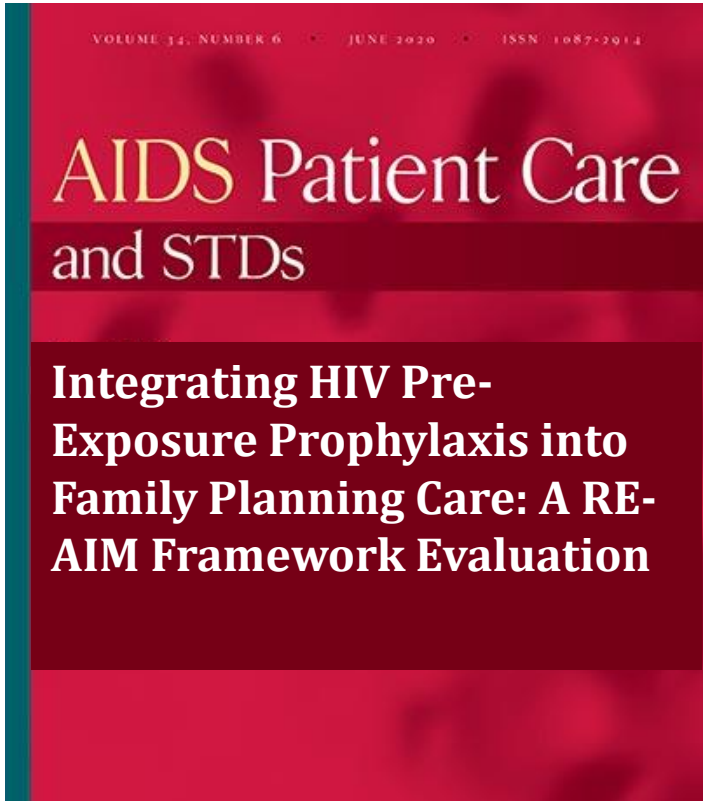
SN±RJ

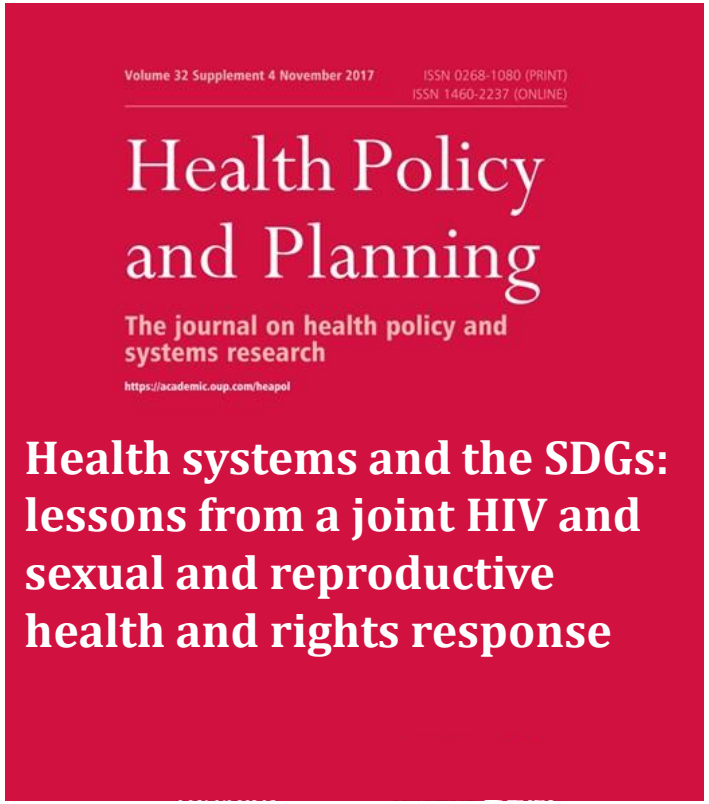
Status Neutral + Reproductive Justice (SN+RJ)

SN±RJ

SN+RJ: Support







SN+RJ: Support

Integrating Family Planning into HIV Programs: Evidence-Based Practices

A favorable policy environment for family planning and HIV integration has emerged, the evidence base for the effective integration of services is growing, and a broad array of guidance documents and tools are available to support integrated programming.

What is family planning and HIV integration?

The integration of family planning (FP) and HIV services improves sexual and reproductive health outcomes by providing both services under one programmatic umbrella. This type of integration refers to the delivery of health services, and it is a subset of closely related but broader linkages between family planning and HIV policies, funding, programs, and advocacy.[1]

Background

Historically, family planning services and HIV programs have had separate funding streams and independent operational structures. Over the last decade, however, the global health community has endorsed stronger linkages between family planning and HIV policies, programs, and services. These linkages are essential to meet the needs of women and their families and to achieve international development goals, such as an AIDS-free generation and greater access to reproductive health services.

The unmet need for family planning and the HIV epidemic are driven by similar root causes, including poverty, poor access to healthcare, gender inequality, and social marginalization of vulnerable populations (IAWG 2010). Clients seeking HIV services and those seeking reproductive health and family planning services also share many common needs and concerns. Indeed, countries with the greatest burden of HIV also have high levels of unmet need for family planning, and many women are simultaneously at risk for both unintended pregnancy and HIV acquisition. Nevertheless, the "widespread integration [of family planning and HIV] remains an unrealized goal" (Ringheim 2009).

Integrating family planning services into HIV programs can increase access to contraception among clients of HIV services who wish to delay, space, or limit their pregnancies. Integration can also help to ensure a safe and healthy pregnancy and delivery for those who wish to have a child. For women living with HIV who do not wish to become pregnant, family planning is an evidence-based, cost-effective strategy for preventing unintended pregnancies and for reducing new pediatric HIV infections (Reynolds 2008).

Family planning services can be integrated at several HIV service delivery points: HIV counseling and testing, prevention of mother-to-child transmission (PMTCT), and care

1. Adapted from definitions for "integration" and "linkages" in the *Strategic Considerations for Strengthening the Linkages between Family Planning and HIV/AIDS Policies, Programs, and Services* (WHO, USAID, FHI 2009).

- Responds to the expressed preferences of clients who see integrated services as a convenient way to meet several important health needs at once.
- Gives the client more control over their reproductive health and fertility.
- Reduces stigma and promotes a culture of rights-based health care.
- Improves access to comprehensive sexual and reproductive health services to priority populations that have been historically disenfranchised from both.
- Allows for ongoing contraceptive management when clients come in for regular HIV prevention and treatment services and vice versa
- Reduces unintended pregnancies, particularly among women at risk of and living with HIV.
- Minimizes additional health risks that unintended pregnancies pose to women with HIV.
- Enhances program effectiveness and quality of care. For example, providers can tailor contraceptive counseling to address questions and concerns that clients may have about the safety and effectiveness of different contraceptive methods for women living with HIV.
- Increases the promotion of dual-method use and dual protection.

https://www.fhi360.org/sites/default/files/media/documents/fp-hiv-evidence%20based%20practices%202013.pdf

SN+RJ: Support

A Black Strategy to End HIV

1. **Dismantle anti-Black practices, systems and institutions that endanger the health and wellbeing of Black people and undermine an effective, equitable response to HIV in Black America.**

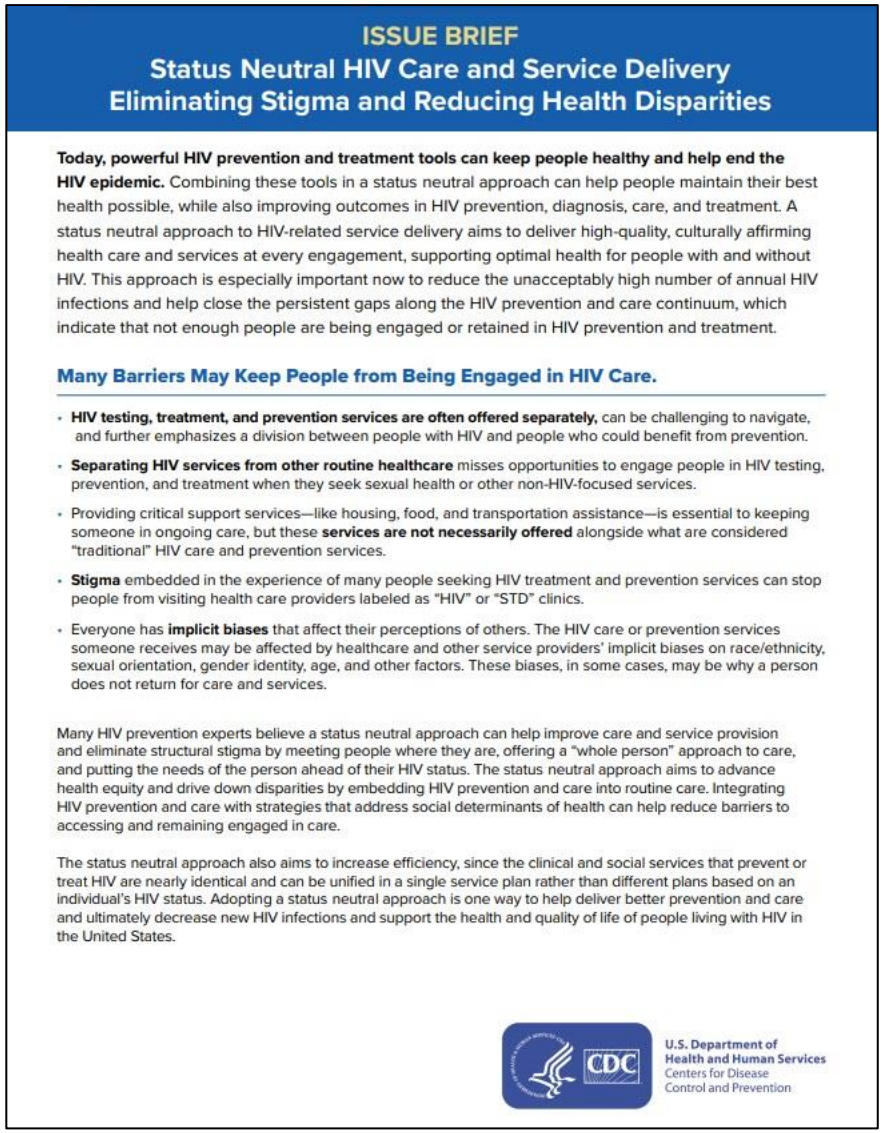
2. **Provide resources and services that address the fullness, richness, potential and expertise of Black people and mitigate social and structural factors that worsen health outcomes in Black communities.**

3. **Ensure universal access to and robust utilization of high-quality, comprehensive, affordable and culturally- and gender-affirming healthcare to enable Black people to live healthy lives in our full dignity.**

4. **Build the capacity and motivation of Black communities to be the change agents for ending HIV.**

https://blackaids.org/wp-content/uploads/2021/02/Black-AIDS-Institute-We-The-People-Report-2020-Version-1.1.pdf

SN+RJ: Support



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.

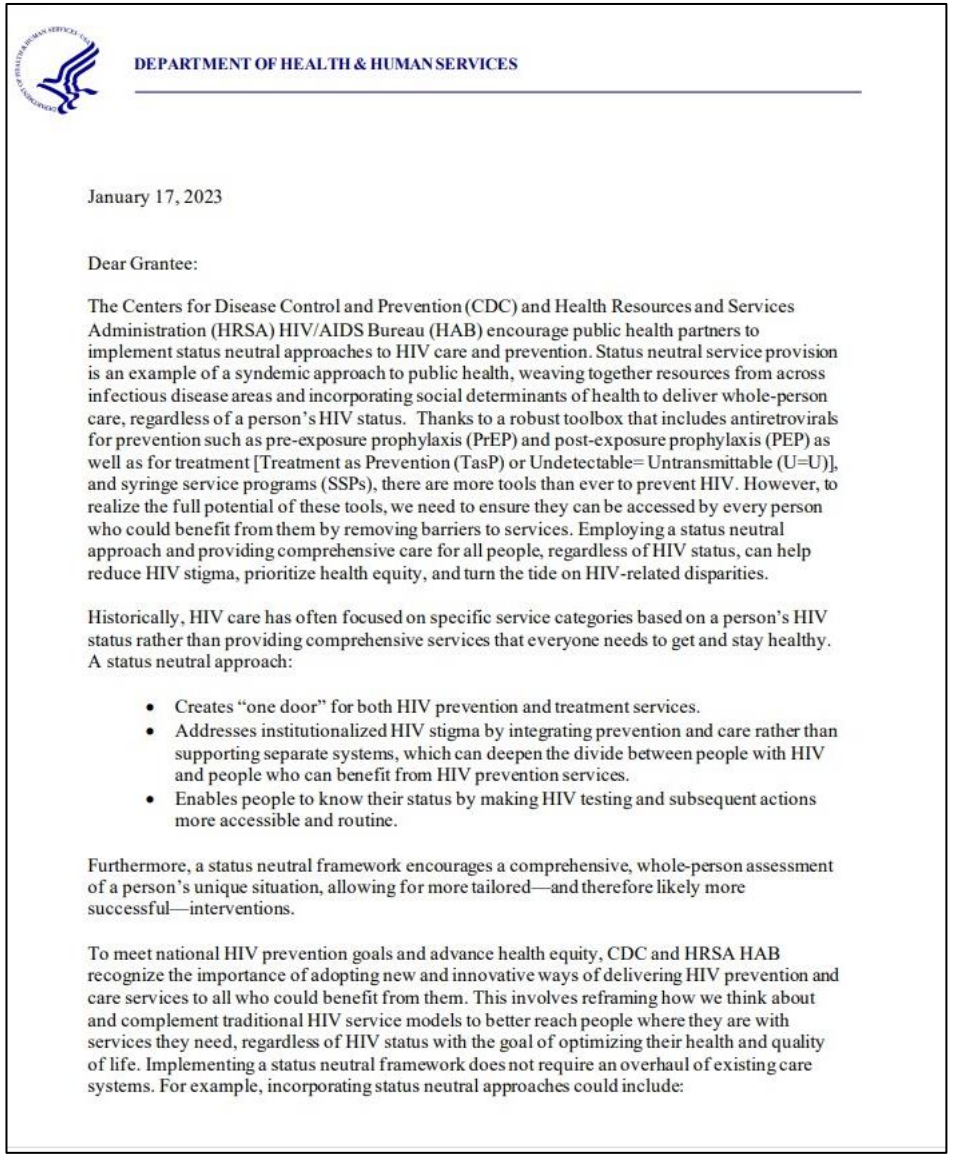
The status neutral approach also aims to increase efficiency, since the clinical and social services that prevent or treat HIV are nearly identical and can be unified in a single service plan rather than different plans based on an individual's HIV status. Adopting a status neutral approach is one way 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.

CDC

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

SN+RJ: Support



DEPARTMENT OF HEALTH & HUMAN SERVICES

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

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…*[including]*ways to also braid other funds into service delivery to achieve a more robust status neutral suite of services where feasible and appropriate.

SN+RJ: Support

B.8. Medical Case Management, Including Treatment Adherence Services

B.8.i. Performance Measure/Method

d) Documentation in client records of services provided, such as:

- Client-centered services that link clients with healthcare, psychosocial, and other services and assist them in accessing other public and private programs for which they may be eligible.
- Coordination and follow up of medical treatments.
- Ongoing assessment of the client's and other key family members' needs and personal support systems.
- Treatment adherence counseling.
- Client-specific advocacy.

C.8. Non-Medical Case Management Services

C.8.i. Performance Measure/Method

a) Documentation that:

- The scope of activity includes guidance and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services.
- Where benefits/entitlement counseling and referral services are provided, they assist clients in obtaining access to both public and private programs, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers' Patient Assistance Programs, and other state or local healthcare and supportive services.
- Services cover all types of encounters and communications (e.g., face-to-face, telephone contact, etc.).

C.4. Health Education/Risk Reduction

C.4.i. Performance Measure/Method

a) Documentation that clients served under this category receive:

- Information about available medical and psychosocial support services.
- Education on methods of HIV transmission and how to reduce the risk of transmission.
- Counseling on how to improve their health status and reduce the risk of transmission to others.

C.10. Outreach Services

C.10.i. Performance Measure/Method

b) Documentation that outreach services:

- Are planned and delivered in coordination with local HIV prevention outreach programs and avoid duplication of effort.
- Take place at times when there is a high probability that people with HIV and/or exhibiting high-risk behavior will be reached.
- Target populations known to be at disproportionate risk for HIV infection and/or exhibiting high-risk behavior.
- Target communities whose residents have disproportionate risk or establishments frequented by individuals exhibiting high-risk behaviors.
- Are designed so that activities and results can be quantified for program reporting and evaluation of effectiveness.

C.12. Referral for Healthcare and Support Services

C.12.i. Performance Measure/Method

a) Documentation that funds are used only:

- To direct clients to a service in person or through other types of communication.
- To provide benefits/entitlements counseling and referral consistent with HRSA requirements.
- For services that are not provided as a part of Outpatient/Ambulatory Health Services, Medical Case Management, or Non-Medical Case Management Services.

SN+RJ: Models

THE AFIYA CENTER

https://www.theafiyacenter.org/

SisterLove

https://www.sisterlove.org/

WOMEN WITH A VISION

https://wwav-no.org/

Provides direct service and advocacy around:

- Reproductive Justice
- Health Education
- HIV Programming
- Abortion Access

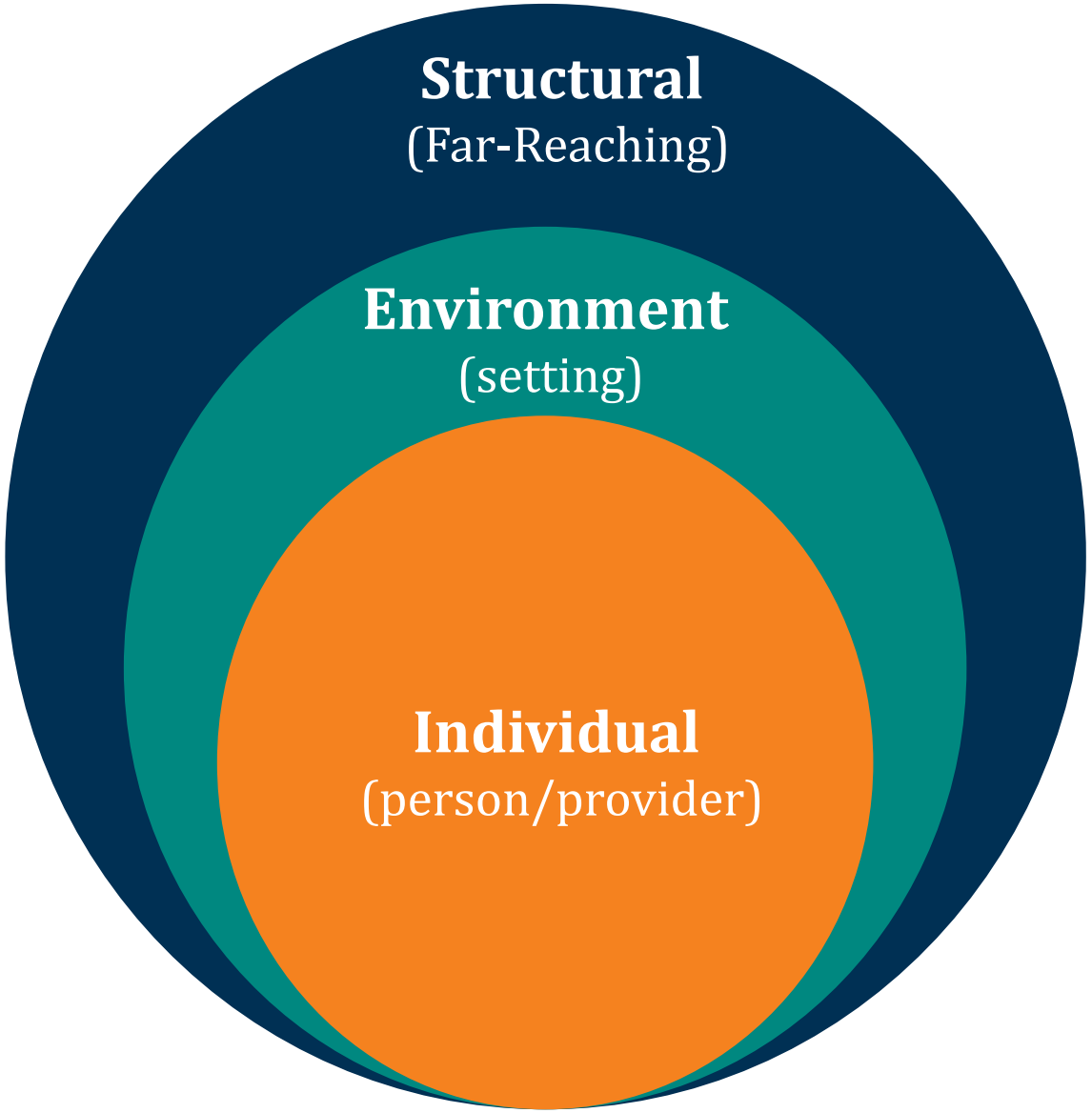
SN+RJ: Support

YOU! ~~SOMEBODY~~

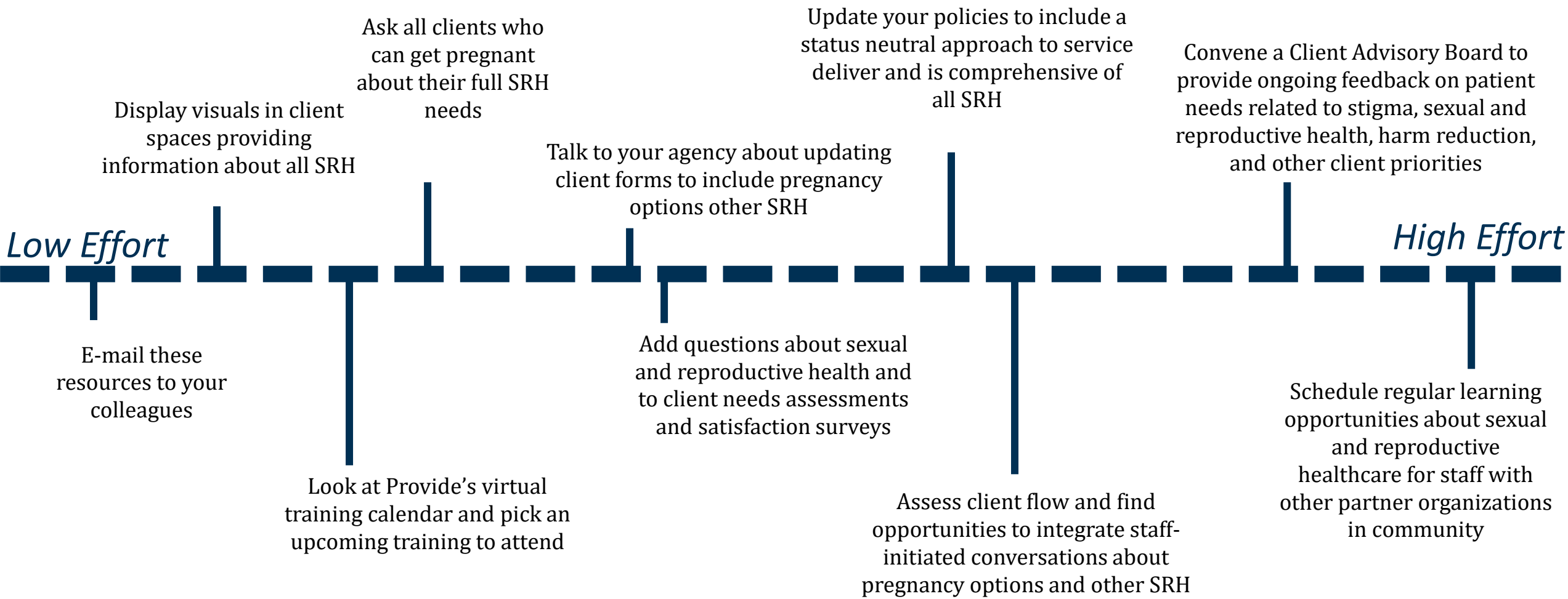
SHOULD DO SOMETHING

ABOUT THIS

SN+RJ: Addressing Stigma



SN+RJ: Addressing Stigma



SN+RJ: Resources

Abortion Finder

https://www.abortionfinder.org/

i need an a

https://www.ineedana.com/

SN+RJ: Resources

Virtual Training Calendar

https://providecare.org/calendar/

06 JUN — **Supporting LGBTQ+ Clients Seeking Pregnancy Referrals**
06/06/2023 @ 10:00 AM (EDT) - 12:00 PM (EDT)
Online Event

13 JUN — **Connecting Abortion Referrals and Harm Reduction**
06/13/2023 @ 10:00 AM (EDT) - 02:00 PM (EDT)
Online Event

22 JUN — **Supporting Trans & Non-binary Clients Seeking Pregnancy Referrals**
06/22/2023 @ 02:00 PM (EDT) - 04:00 PM (EDT)
Online Event

28 JUN — **Connecting Abortion Referrals and Harm Reduction**
06/28/2023 @ 10:00 AM (EDT) - 02:00 PM (EDT)
Online Event

20 JUL — **Connecting Abortion Referrals and Harm Reduction**
07/20/2023 @ 10:00 AM (EDT) - 02:00 PM (EDT)
Online Event

11 AUG — **Connecting Abortion Referrals and Harm Reduction**
08/11/2023 @ 10:00 AM (EDT) - 02:00 PM (EDT)
Online Event

16 AUG — **Fat-Positive Pregnancy Referrals**
08/16/2023 @ 02:00 PM (EDT) - 04:00 PM (EDT)
Online Event

23 AUG — **Referrals for Unintended Pregnancy**
08/23/2023 @ 01:00 PM (EDT) - 04:00 PM (EDT)
Online Event

- Site-tailored learning opportunities
- Work flow analysis related to SRH
- Engaging people with lived experience
- Needs assessments of staff and clients
- Tools and job aids
- Community collaboration and networking
- Staff engagement and support

SN+RJ: Resources

https://providecare.org/status-neutral-reproductive-justice-resources/

- **Presentation**
- **Supporting documents**
- **Other resources**

SN+RJ: Resources

Microgrant Project

understand the needs of key stakeholders related to sexual and reproductive health and to identify opportunities to integrate and tailor health education related to pregnancy options based on system needs.

For more information about participating, contact:

Ann Dills – ad@providecare.org

Closing

One thing you heard that you're going to share with a colleague

One thing you're going to do different when you go back to work

SN+RJ: Resources

Thank You!

Presentation and resource link