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Joseph Kerwin, Director
New York State Department of Health
AIDS Institute
Empire State Plaza, Corning Tower
Albany, NY 12237

Dear Joseph Kerwin,

The New York State (NYS) HIV Advisory Body (HAB) respectfully submits recommendations in support of promoting a status neutral approach across New York State.

The Status Neutral Approach is a holistic, patient-first model that addresses the overall medical and psychosocial needs of the patient independent of their HIV status. The model is an interdisciplinary system to provide or refer individuals to the services they need. Depending on the patient's HIV status at the time of intake, the Status Neutral model will focus on breaking down barriers (e.g., disparities in housing, food, mental health care, etc.) for treatment or providing comprehensive prevention and treatment services.

The HAB commends the AIDS Institute (AI) on its longstanding commitment to providing HIV prevention services and the development of programs and initiatives that support the healthcare and social service needs of all patients so that they can achieve and maintain optimal health and well-being. We are pleased to learn the following:

- Funded programs have been conducting assessments using a client-centered approach to assess identified needs and provide services or referrals for services.
- AI Divisions have committed to addressing Social Determinants of Health (SDOH) and highlight the importance of social/supportive services.
- Acknowledges that over the years funded agencies/providers have in some capacity implemented the status neutral model by offering service including safe, stable housing, food security, legal support, and harm reduction (HR) services.

I. Status Neutral Reduces Stigma, as a Person-Centered Approach

The HAB recognizes that the Status Neutral model addresses stigma, but it can be strengthened by adding more points of entry other than the HIV test. The HAB recommends that the definition be expanded to implement the approach as a part of primary care services, STI testing, and even in social service settings. Status Neutral aligns with a person-centered approach, in looking at our populations as whole persons.

It is also important to utilize and incorporate existing strategies such as promotion of the sexual health model and approach, including sexual history taking in the primary care setting. We recommend that AI maintain sex positivity, as part of the Status Neutral model.

As we experience the benefits of the advances in HIV prevention and treatment, including in the cascade, we see that populations that were not the focus of previous approaches can benefit greatly from de-stigmatizing HIV, including older adults, heterosexual men and women, LGBTQIA+, and youth. Each of these populations have key issues unique to them, but these populations would benefit greatly from the reduction of stigma in HIV.

II. Addressing Social Determinants and Partnerships

The HAB acknowledges social determinants of health impact risk of acquiring HIV. The status neutral approach aims to provide “comprehensive support and care to address the SDOH that create disparities, especially as they relate to HIV.” The model connects clients to service providers in their area to meet their sexual health needs. This information for community members offers additional services on issues impacting SDOH.

The status neutral approach also expands availability of and access to interventions and services that address the needs of all community members. Such offerings might include safe, stable housing, mental health services, food security, legal support, and syringe exchange programs (SEPs).

The HAB encourages the AI to promote and support partnerships in the community which will be critical to making the status-neutral approach work. AI can encourage organizations to collaborate, to share information and to be aware of the collective resources of the region so that when people are engaged in clinics or health centers, the right referrals and connections can be made.

III. Statewide Assessment and Needs

The Status Neutral approach has many different moving parts. Therefore, it is important that whether it is implemented in a community-based organization (CBO) or medical facilities, that staff are trained on what the Status Neutral approach is and how to use it.

To support implementation of the Status Neutral model statewide, the HAB supports expanding the approach to include STI testing sites and assess the role of sexual health clinics in Rest of State (ROS) and engage local health departments (LHDs) to educate and support implementation.

Some challenges that were identified through our discussion include lack of education or understating of the definition of the model among staff and agencies, limited staff within agencies, the need for resources due to limitations or lack of funding to HIV providers to provide services for people not living with HIV. Like HIV prevention and engagement, if there are any barriers that prevent the client from achieving the quality of care they should, these barriers are to be addressed by in-house resources and referrals to external services. HIV prevention programs need to incorporate the HIV negative consumers in a more intentional way and can be improved with messaging.

The HAB also recommends that AI support an assessment of regional, agency and staff capacity to implement the Status Neutral model. This should include engaging both providers and community/consumers to provide feedback on messaging and training needs, keeping in mind the diversity within NYS regions while allowing flexibility for implementation and other items that may be needed to support implementation of the model.

IV. Development of a Tool-Kit

The HAB recommends that the AI develop an easy-to-follow toolkit to support ease of implementation of Status Neutral for organizations. The toolkit should include a stigma assessment survey to assess readiness of providers to implement the model, community feedback and involvement.

The toolkit should also issue a Call-to-Action letter introducing the model, highlighting the benefits and opportunities for partnerships and collaborations to address SDOH. A resource website with Status Neutral content/toolkit should be created with status neutral infographics, inclusive of all demographics, populations and ages, testimonials and evaluation from both patients and providers, information about prevention and HIV care, list of services offered at the site and links to materials (Pamphlet, Question & Fact sheet, Buttons, etc.). Graphics and testimonial videos should be developed to be used on social media platforms (i.e., Facebook/Twitter/Instagram) and email signature/Zoom backgrounds to promote the model. The toolkit should be made available in multiple languages (English and Spanish versions – more if possible).

We also recommend that AI create a campaign for its dissemination to the rest of state similar to U=U, and that it includes graphics/videos for social media platforms (i.e., Facebook/Twitter/Instagram) in multiple languages, as well as visual illustrations that resonate and represent the communities it is trying to reach.

In addition, information and training on the Status Neutral model should be easily accessible via web-based training on www.hivtrainingny.org. Training should also be provided for AI staff to increase knowledge of the model.

V. Utilize Existing Strategies

To successfully implement the Status Neutral Model, it is imperative that AI supports the development of educational materials and promote intentional partnerships/coordination. Over the last year, HAB members have collaborated and partnered with NYC HPG Status Neutral Committee to learn more about the model and how it has been implemented in NYC. This has been very beneficial to HAB members, and we will continue to partner with the HPG on the development of a social media campaign to promote the model.

Another existing strategy is to share information on the Status Neutral model with the Ending the Epidemic (ETE) Regional Steering Committees, as a learning opportunity and to foster partnerships and collaborations with organizations in rest of state.

The AI has focused on promotion of the sexual health model and framework, and it would be important to incorporate the Status Neutral Model to support implementation of the model and framework. Both models allow for information and sharing of resources on the importance of sexual health for all priority populations, inclusive of all demographics/populations/ages.

Thank you for your attention and support as we learn more about the Status Neutral model to support dissemination and education statewide. The HAB supports the AI in the implementation of new approaches to address ETE goals and decreasing stigma in communities.

Sincerely,

Melanie Dulfo, Community Co-Chair
NYS HIV Advisory Body

Yosman Rucker, Community Co-Chair
NYS HIV Advisory Body