

Optimizing Status-Neutral Group Care Models for Equitable HIV Prevention and Care Research

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Key Words

Cultural Safety	Group Care	Status-neutral	Screening	Sex work
Approach that addresses power imbalances; individually determined safety, sense of respect, inclusion, & freedom from discrimination	Care model where participants receive individual clinical services, education, & peer support together in facilitated sessions	An inclusive HIV care model that ensures equitable access & support regardless of HIV status, affirming both prevention & treatment needs	The study process used to assess eligibility & readiness for participation, including behaviors & informed consent	Exchanged oral, anal, vaginal sex for something of value in the last 6 mos



Background

Exclusion criteria in HIV prevention efforts reinforces exclusive care.

Getting to zero requires status-neutral care frameworks.

- Those at the intersection of living with HIV & engaging in sex work face compounding challenges
 - historically excluded from HIV prevention efforts & progressive research
- Culturally safe HIV
 prevention efforts, by
 nature, ensure that
 programs are statusinclusive



Methods

Inclusion Recruitment Screening **Participation** Criteria • > age 18 · HIV Non-Reactive Community-based outreach · Risk assessment to evaluate · Met inclusion criteria · Engaged in sex work without Referrals PrEP readiness consistent condom use · Enrolled in group PrEP care · Social media forums for those Informed consent process Willingness to initiate or engaged in sex worker currently taking PrEP



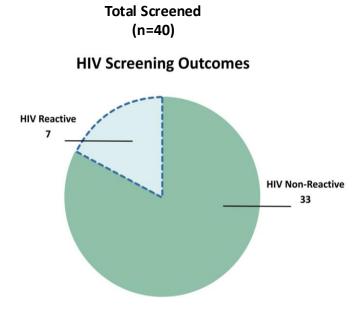
Reasons Excluding

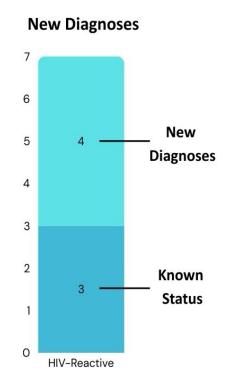
Results

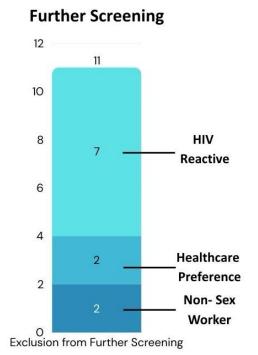
During Screening:

7 prospective participants were HIV-reactive

- 18% of all screened individuals
- 64% of all those excluded from further screening









Impact vs. Intent



Unexpected Stress

- Newly HIV-reactive



Barriers to Community Building

- Through study activities



Reinforced Existing Barriers

 Exclusion from study's group care & possible benefits



Perpetuated Economic Instability

 Exclusion from compensation for study participation



Perpetuated Lack of Inclusion

 Exclusion from option of study's group care as alternative care model



Reinforced Care Binary

 Status- dependent care reinforced through exclusion



Conclusion

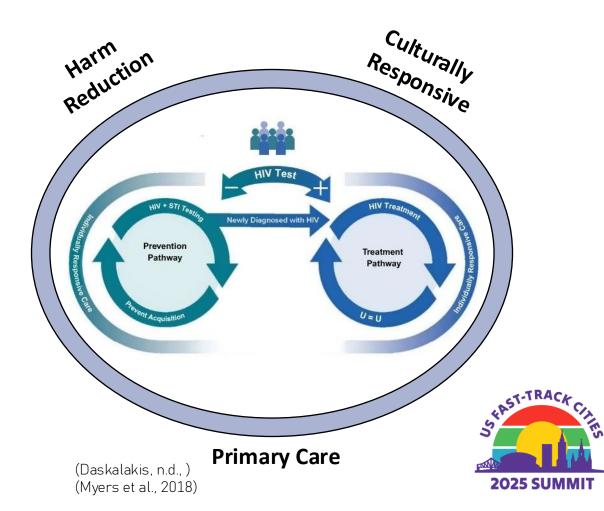
Integration of Status-Neutral Care

 Requires status-neutral research frameworks to actively work against exclusion & stigmatizion of those living with HIV

Such Frameworks Support:

- Deeper bonds within communities
- De-stigmatization of HIV status
- Inclusion of historically excluded marginalized populations

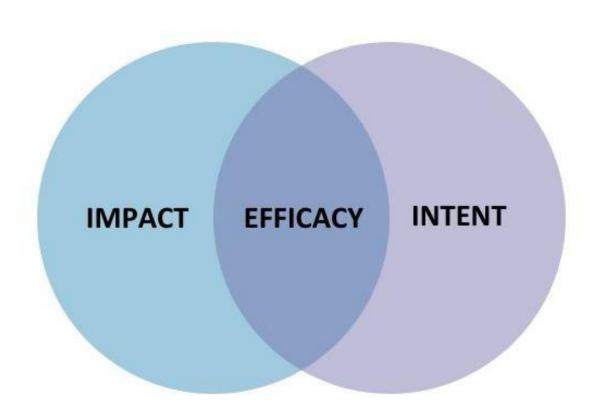
Culturally Safe & Status Neutral Care



Take-home

 Programs are most effective when shaped by the people they serve

 Turn a moment of interest into a moment of opportunity





Thank you!

Myers, J. E., Braunstein, S. L., Xia, Q., Scanlin, K., Edelstein, Z., Harriman, G., Tsoi, B., Andaluz, A., Yu, E., & Daskalakis, D. (2018). *Redefining Prevention and Care: A Status-Neutral Approach to HIV*. Open Forum Infectious Diseases, 5(6). https://doi.org/10.1093/ofid/ofy097

Daskalakis, D. C. (n.d.). The status neutral approach: A whole-person approach to ending the HIV epidemic in the US [PowerPoint slides]. NACCHO. Retrieved September 7, 2025, from https://www.naccho.org/uploads/body-images/NACCHO-Status-Neutral-Approach-Daskalakis.pdf

