

**Ending the Epidemic Task Force
Committee Recommendation
CR44**

Recommendation Title: Expedited Access to Essential Benefits and Social Services, Including Safe, Appropriate and Affordable Housing, Food and Transportation Support, for All Low-Income Persons with HIV in New York State

1. For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? *1 and 2*

2. Proposed Recommendation:

- 1) Expand and update the existing HIV enhanced rental assistance program by changing medical eligibility for the program to include all low-income persons with HIV (PWH); updating the amount of rental assistance available to be consistent with fair market rental rates; and increasing access to the program by income-eligible PWH in local social service districts (LSSD) throughout New York State (NYS).
- 2) Make all government-funded HIV-specific housing supports and programs available to PWH regardless of HIV disease stage.
- 3) Support expansion of supportive housing opportunities for PWH who require housing-related supportive services to establish and maintain housing stability and connection to care.
- 4) Protect rent-burdened PWH and their families by expanding the existing 30% rent cap affordable housing protection to make it available more broadly to severely rent burdened PWH in NYS with income from disability benefits or employment. This will require:
 - Expanding the 30% rent cap program to make it available to eligible PWH in the balance of New York State (NYS) outside New York City (NYC); and
 - Adjusting the formula used to determine eligibility and the amount of HIV enhanced rental assistance for applicants with income (in addition to cash assistance) to calculate the amount of available rental assistance (the standard of need) as a function of Local Social Services District (LSSD) approved rent (per the HIV enhanced rental assistance program) less 30% of household income.
- 5) Provide transportation stipends/reimbursements to enable PWH to travel to necessary medical and supportive care services, especially for PWH living in rural and suburban communities.
- 6) Ensure coordinated access to these and other benefits for PWH through a single point of entry (SPE) in LSSD throughout the state.

The greatest unmet needs of PWH in NYS are housing, food and transportation. Research findings demonstrate that a lack of stable housing is a formidable barrier to consistent



engagement in HIV care and treatment effectiveness at each point in the HIV care continuum. Compared to PWH in stable housing, PWH who are homeless or unstably housed are: more likely to delay HIV testing and entry into care; more likely to experience discontinuous care; less likely to be on antiretroviral therapy (ART); less likely to be virally suppressed; and more likely to engage in behaviors that can transmit HIV. Housing status has an independent effect on HIV health outcomes after controlling for a broad range of other factors that impact HIV treatment effectiveness including mental health, substance use and receipt of other services. Studies also show that housing assistance is an evidence-based HIV health intervention that is among the strongest predictors of entry and retention in care, improved health, viral suppression and reduced HIV risk behaviors.

Food security and good nutrition are also crucial for the management of HIV infection. PWH have a higher demand for dietary quality in terms of energy, protein and individual nutrients; proper nutrition is needed to increase absorption of medications, reduce side effects, and maintain healthy body weight. Research findings show that food insecurity is also a barrier to engagement in effective ART: PWH who are food insecure report more missed appointments for HIV primary care and more emergency room visits compared to those who do not report difficulties obtaining enough and appropriate food; the food insecure are less likely to be receiving ART and are less likely to have an undetectable viral load (VL) or good physical health functioning, controlling for a range of demographic and economic variables including receipt of medical care and use of ART. Already high rates of food insecurity among PWH in NYS (for example, over 42% of Community Health Advisory and Information Network (CHAIN) study participants report current food insecurity) will be further exacerbated by recent Federal cuts to Supplemental Nutrition Assistance Program (SNAP) benefits.

Lack of transportation is also a well-documented barrier to effective HIV care, especially in rural communities. For PWH, lack of transportation support often means spending an entire day traveling to and from a doctor's appointment, or an inability to engage in primary medical care, which results in poor HIV health outcomes and increased use of emergency room and inpatient care. With a shortage of HIV-specialists and a lack of designated AIDS centers in Upstate New York, PWH must travel long distances to major cities to meet their healthcare needs. In NYC and other urban centers, PWH who rely on public transportation face increasing costs and often limited access.

Establishing a clear point of access to public benefits for PWH in LSSDs across NYS will address the social drivers of the epidemic in the state (and related health disparities) by ensuring that each eligible PWH is linked to critical enablers of effective HIV treatment, including a safe, stable and appropriate place to live, adequate nutrition and the ability to travel to health care and supportive services.

It should be noted that this recommendation is intended to work in conjunction with the nutrition assistance outlined in CR15 and transportation support outlined in CR16.



List of key individuals, stakeholders, or populations who would benefit from this recommendation

- An estimated 10,000 to 15,000 PWH in NYC who are currently ineligible for HIV/AIDS Services Administration (HASA) administered housing services, including the HIV enhanced rental assistance program
- An estimated 2,000 to 6,000 PWH in the balance of the state outside NYC who have an unmet housing need
- PWH who experience HIV health disparities including disconnection from care, lack of viral suppression and avoidable HIV-related mortality
- Health and social services providers charged with improving HIV health outcomes
- Low-income PWH in NYC who are rent burdened, but currently ineligible for the affordable housing protection due to the current standard of need calculation
- Disabled PWH in the balance of the state outside NYC who rely on fixed benefits that make it difficult or impossible to secure and maintain safe, appropriate housing
- PWH who wish to return to work but would lose essential rental assistance as a result

List of measures that would assist in monitoring impact

Number and percentage of:

- NYS LSSD's with a single point of access to benefits for PWH
- PWH in each NYS LSSD receiving coordinated public benefits through a State Plan Amendment (SPA)
- PWH in NYS with stable housing
- PWH in NYS with an unmet housing need
- PWH who report food insecurity
- PWH in each NYS LSSD who benefit from the affordable housing protection
- PWH in each NYS LSSD receiving the HIV enhanced rental assistance
- PWH in each NYS LSSD receiving supportive housing services
- PWH attending regularly scheduled medical and supportive service appointments

Footnotes or References

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Wang, E., McGinnis, K., Fiellin, D., Goulet, J., Bryant, K., Gibert, C., Leaf, D., Mattocks, K., Sullivan, L., Vogenthaler, N., Justice, A. (2011). Food insecurity is associated with poor virologic response among HIV-infected patients receiving antiretroviral medications. *J Gen Intern Med*, 26(9): 1012-8.

Weiser, S., Hatcher, A., Frongillo, E., Guzman, D., Riley, E., Bangsberg, D., Kushel, M. (2012). Food insecurity is associated with greater acute care utilization among HIV-infected homeless and marginally housed individuals in San Francisco. *J Gen Intern Medicine*, 28(1): 91-8.

3. **Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** Permitted under current law.
4. **Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?** Within the next year.
5. **Please list the TF numbers of the original recommendations that contributed to this current version:** TF46, TF58, TF59, TF60, TF133, TF134, TF135, TF136, TF143, TF144, TF145, TF169, TF170, TF171, TF291, TF293, TF249, TF273, TF274, TF291, TF263, TF293, TF294.

