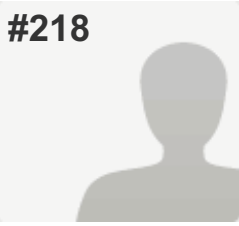


Ending the Epidemic Task Force Recommendation Form

#218



COMPLETE

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Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)

First Name	Michael
Last Name	Jones
Affiliation	Iris House
Email Address	mjones@irishouse.org

Q2: Title of your recommendation Hot Meals and Nutrition Education as a Gateway for Treatment and Prevention

Q3: Please provide a description of your proposed recommendation

It has been demonstrated that food-insecure individuals are at higher risk for contracting HIV than those who are not hungry.

It is our experience at Iris House that we have better health outcomes from HIV+ individuals who are actively participating in our food and nutrition services than those who are not.

We recommend that the Task Force put in place proposals to ensure funding for both meal programs and ongoing nutrition education, as those programs serve multiple functions to improve the overall health of people living with HIV and as a key piece of a comprehensive prevention program.

Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)

Identifying persons with HIV who remain undiagnosed and linking them to health care

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Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

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Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

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Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)

Prevention Committee: Develop recommendations for ensuring the effective implementation of biomedical advances in the prevention of HIV, (such as the use of Truvada as pre-exposure prophylaxis (PrEP)); for ensuring access for those most in need to keep them negative; and for expansion of syringe exchange, expanded partner services, and streamlined HIV testing by further implementing the universal offer of HIV testing in primary care, among others. The Committee will focus on continuing innovative and comprehensive prevention and harm reduction services targeted at key high risk populations, as well as grant-funded services that engage in both secondary and primary prevention.

Care Committee: Develop recommendations to support access to care and treatment in order to maximize the rate of HIV viral suppression. The Committee will promote linkages and retention in care to achieve viral suppression and promote the highest quality of life while significantly decreasing the risks of HIV transmission. Recommendations will also ensure a person centered approach is taken and that access to culturally and linguistically appropriate prevention and health care services is available.

Housing and Supportive Services Committee: Develop recommendations that strengthen proven interventions enabling optimal engagement and linkage and retention in care for those most in need. This Committee will recommend interventions that effectively address complex and intersecting health and social conditions and reduce health disparities, particularly among New York's low-income and most vulnerable and marginalized residents. These interventions will diminish barriers to care and enhance access to care and treatment leaving no subpopulation behind.

Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?

Unknown

Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?

Unknown

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Q8: 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

Q9: What are the perceived benefits of implementing this recommendation?

For HIV+ Individuals, access to hot meals and healthy ingredient pantry bags provides several benefits: 1) A balanced meal is often required for individuals on certain HIV medications, and many of our clients do not have the resources to ensure their ongoing dietary needs are met on their own, 2) Overall health outcomes can be improved when PLWHA have a better understanding of their relationship with food, particularly in regard to diabetes, hypertension and other conditions that are manageable with proper education, 3) Clients coming in for meals and pantry programs have better access to case managers, behavioral health specialists and emotional wellness groups, and conversely, 4) Staff have better access to hard-to-reach clients when the clients are coming to the building regularly for food programs.

For HIV Negative individuals, there are several direct benefits as well: 1) Food security reduces the likelihood that people will participate in risky behavior to have a meal, 2) Individuals coming into our organizations' dining rooms or program spaces provides opportunities for us to present HIV Prevention messaging and access to free, confidential rapid testing, 3) Nutrition education programs deliver information to improve overall health outcomes, get people to monitor their health, see their doctor regularly and keep a focus on living a healthier lifestyle.

Q10: Are there any concerns with implementing this recommendation that should be considered?

Direct food is the incentive that gets people into the building, and as such is as important as nutrition education; We recommend that a comprehensive program be put forth that does not favor one over the other but allows and funds organizations to build the best programs for their own communities, neighborhoods and clients.

Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?

Unknown

Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?

Unknown

Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

HIV+ Individuals who are food insecure

HIV+ Individuals battling (or at risk of) diabetes, hypertension or other ailments that can be managed with healthier lifestyles

At-risk food insecure populations, for whom the need to eat is greater than the need to practice HIV prevention behaviors

Food insecure individuals who do not know their HIV status.

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Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?

The impact can be monitored for HIV+ individuals by bi-annual review of labwork to ascertain how access to both prepared meals and healthy ingredients for home-cooked meals are improving their overall health incomes.

Rates along the treatment cascade should improved as more individuals are brought into these programs.

Q15: This recommendation was submitted by one of the following Advocate