

# The Role of Housing in the Plan to End AIDS

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# Getting to Zero (GTZ1)

## GTZ1: Single point of entry within all Local Social Services Districts (LSSDs) to essential benefits and services for low-income persons with HIV/AIDS

Ensure expedited access for all low-income persons with HIV in New York State to essential benefits and social services, including safe, appropriate and affordable housing, food and transportation assistance. The greatest unmet needs of people living with HIV in New York State are housing, food and transportation. Research findings demonstrate that lack of stable housing is a formidable barrier to HIV care and treatment effectiveness at each point in the HIV care continuum and that housing assistance is an evidence-based health care intervention for homeless and unstably housed people with HIV that is linked to improved HIV health outcomes, including viral suppression. Adequate nutrition is also crucial for the management of HIV, and lack of transportation can prevent people with HIV from attending health care and social service appointments, especially in rural communities. Expanding access to essential housing, food and transportation assistance for all HIV-positive New Yorkers and establishing a clear point of entry to these public benefits for people with HIV in each local social services district in the state will address the social drivers of the epidemic (and related health disparities) by ensuring that each income-eligible person with HIV is linked to critical enablers of effective HIV treatment. **[CR16, CR44].**



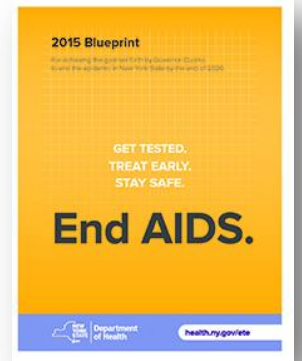
# Blueprint Recommendation (BP16)

## BP16: Ensure access to stable housing

The greatest unmet need of people at risk or living with HIV in New York State is housing. Research findings show that a lack of stable housing is a formidable barrier to HIV care and treatment effectiveness at each point in the HIV care continuum – People with HIV (PWH) who lack stable housing are more likely to delay HIV testing and entry into care; are more likely to experience discontinuous care; are less likely to be on ART; and are less likely achieve sustained viral suppression. Studies show that housing assistance is an evidence-based HIV health intervention that is among the stronger predictors of improved HIV health and viral suppression. Expanded eligibility and new resources are necessary for the expansion of supportive housing opportunities for PWH. Statewide protections such as limiting the percentage of income that can be required for rent in publicly funded housing programs should be instituted. **[CR34]**.



# Blueprint Recommendation (BP17)



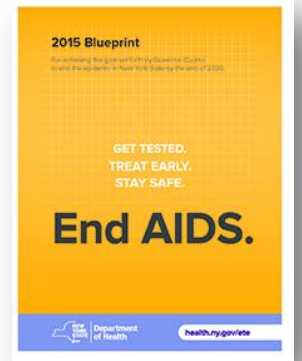
## BP17: Reducing new HIV incidence among homeless youth through stable housing and supportive services

Given the significant rise of HIV rates among young adults, especially among MSM of color and transgender populations, it is imperative that NYS address the structural drivers of HIV incidence including, but not limited to poverty, homelessness and housing instability, stigma, health disparities and lack of access to biomedical HIV prevention that put certain youth at extremely high risk for HIV infection and numerous other negative medical and behavioral health outcomes. Without comprehensive programs that address these and other factors, homeless and unstably housed youth and youth aging out of foster care are at high risk. Since the needs of these populations cut across many state and local government entities, it is recommended that a formalized interagency approach be adopted. More flexibility in the range of ages served by housing programs is called for to ensure those young persons at either end of the range are not arbitrarily shut out of programs that could keep them uninfected. A statewide needs assessment may be an important first step so actions taken are informed by a systematic examination of current circumstances. **[CR30, CR32].**

# Blueprint Recommendation (BP18)

## BP18: Health, housing, and human rights for LGBT communities

Promoting the health, safety and dignity of LGBT communities is a vital part of ending the HIV epidemic in New York State. Culturally competent service models that address individual, group and community-level barriers to LGBT identified individuals engaging and linking to care must be addressed. Utilization of peer led programming may better engage people in activities that support employment, life skills training, and mentorship. Considering the major impact HIV has had on populations such as gay men and transgender persons, special attention needs to be given to developing infrastructure to allow these communities to play a direct role in identifying and addressing their own needs. **[CR30, CR33]**.



# 30% Rent Cap Implementation

- New York State Office of Temporary and Disability Assistance (OTDA)
- New York State Department of Health (NYSDOH)
- New York City Human Resources Administration (HRA)

**MORE THAN A HOME**  
How Affordable Housing for New Yorkers Living  
With HIV/AIDS Will Prevent Homelessness,  
Improve Health and Reduce Costs

