

There is something very personal about World AIDS Day in New York City, now being commemorated for its 29th year. Many of us remember the stigma and devastation that accompanied the AIDS pandemic in the 1980s. Many of us had friends, neighbors, and family we watched struggle, fight, and ultimately succumb to this unforgiving illness. But beyond remembrance, we vow to keep moving forward until we reach zero in diagnoses and deaths.

The encouraging news is that new HIV diagnoses are overall declining. According to the [Center for Disease Control and Prevention \(CDC\)](#), between 2008-2014 there was a 18% drop in annual infections across the country. And yet, there continues to be 50,000 new HIV infections each year in the US. New infections disproportionately affect minorities, young men of color and, [especially in the South, women](#). Dishearteningly, only four in 10 people living with HIV (PWH) in the US have received HIV medical care and [only three in 10 PWH have achieved viral suppression](#), meaning they are compliant with antiretroviral drugs to reduce the virus in their bodies – helping them be healthier and reducing the chances of passing on the virus.

Here in New York City, with the help of millions of additional dollars in funding to increase HIV prevention, health care and other support services, the number of new HIV diagnoses has hit a historic low. In 2015, [fewer than 2,500 NYC residents were newly diagnosed, which is less than half the number of new diagnoses in 2001](#). The lesson we have learned is that great progress can be made with leadership, commitment and funding to achieve our goals.

An equally, if not more important lesson we have learned is that social determinants of health largely drive the epidemic. Things like food insecurity, lack of stable housing and unemployment may put people at risk for becoming infected in the first place and then work against individuals engaging and remaining in care once infected.

Access to nutrition, in particular, can turn the situation around for PWH. [Research in NYC](#) that we conducted with the Mailman School of Public Health at Columbia University demonstrates that when PWH are properly nourished, their health outcomes improve, their well-being improves and their reliance on emergency rooms and hospitals goes down. In a [study published in AIDS Care](#), the provision of nutritious meals was shown to be important in helping people living with HIV (PWH) adhere to their treatment while also improving health outcomes. And a [recent pilot done in San Francisco](#) showed an increased adherence to antiretroviral therapy (from 47-70% adherence), a reduction in hospital stays (63%), and a reduction in ER visits (36%) for those who received medically tailored nutrition. These are the results that we see every day for PWH on our program of medically tailored meals at God's Love We Deliver.

Unfortunately, even with research demonstrating the effectiveness of food and nutrition services, too many PWH remain food insecure. Medicaid in most states and private insurance available through exchanges do not provide the wrap-around social supports that help deliver lower healthcare costs and positive health outcomes for PWH. Medicaid does not cover immigrants (except in certain states). Furthermore, only a little more than half the states in the nation have opted to expand Medicaid, and much has been written on what that failure will mean for the health of PWH in those states. The only dedicated source of federal funding for medically tailored nutrition for PWH, the Ryan White Care Act, does not cover all those who come to food and nutrition services agencies in need. Many agencies have instituted waiting lists.

World AIDS Day will always be a day that we commemorate those we have lost, it must also be one where we band together in support of progress. We need funding to provide services to all PWH who need support, while we reduce stigma and pilot research that demonstrates the impact that social determinants of health have in achieving viral suppression because when PWH are virally suppressed, they do not pass the HIV virus to others. Essential to our “getting to zero” – with no new transmissions of HIV – is our focus on social determinants of health. In particular, for those PWH who are too sick to shop or cook for themselves, we must ensure access to nutritious meals. Our goal is zero and we won't stop until we get there.