

Ryan White Part A Services Food and Nutrition Services in New York City Request for Proposals

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Food Insecurity and HIV Health Outcomes

Food insecurity is defined as the limited or uncertain availability of nutritionally adequate, safe foods or the inability to acquire personally acceptable foods in a socially acceptable manner.¹ Among persons living with HIV (PLWH), food insecurity is associated with poor engagement with HIV care, more emergency room visits and inpatient stays, and poorer health outcomes including unsuppressed viral load and increased morbidity and mortality.² In a longitudinal study of PLWH receiving medical and social services in NY, those whose food security was resolved via services were less likely to have missed appointments, have a detectable viral load, or use acute care, compared to those who remained food insecure.³ In addition, studies have linked food insecurity with depression in PLWH. Approximately one-third of PLWH receiving care and treatment services in the U.S. have symptoms of major depression, which has been linked to increased rates of HIV disease progression, treatment nonadherence, and higher acute health care utilization.⁴

A considerable amount of research not only demonstrates that food insecurity disproportionately impacts PLWH but documents that insufficient food can also undermine social relationships due to feelings of anxiety, alienation and low self-efficacy. PLWH who are food insecure predominantly live in neighborhoods with limited access to resources that promote health and wellness. According to Palar (2015), the uncertainty about food supply, coping with food deprivation or poor diet quality, and the need to obtain food in ways that may not be socially acceptable may provoke emotional distress that can impair immune functioning and thus worsen health outcomes. Therefore, linking PLWH to support services like food and nutrition programs can help facilitate linkage to and engagement in care, and improve physical and mental health conditions associated with being formerly food insecure.

¹ A. Anema, S.D. Weiser, K.A. Fernandes, E. Ding, E.K. Brandson, A. Palmer, J.S.G. Montaner & R.S. Hogg (2011) High prevalence of food insecurity among HIV-infected individuals receiving HAART in a resource-rich setting, *AIDS Care*, 23:2, 221-230, DOI: [10.1080/09540121.2010.498908](https://doi.org/10.1080/09540121.2010.498908).

² Aidala A, A Yomogida M, and the HIV Food & Nutrition Study Team (2011). Fact Sheet #1: HIV/AIDS, Food & Nutrition Service Needs and Health Outcomes. Community Health Advisory Brief Report. Available at: New York Health & Human Services Planning Council. http://www.nyhiv.com/pdfs/chain/Food%20Need%20Medical%20Care_factsheet%20v8.pdf

³ Aidala A, A Yomogida M, Miller R, and the HIV Food & Nutrition Study Team (2013). Fact Sheet #2: Who Needs Food & Nutrition Services and Where Do They Go for Help? Community Health Advisory Brief Report. Available at: New York Health & Human Services Planning Council. http://www.nyhiv.com/pdfs/chain/Food%20Need%20Medical%20Care_factsheet%20v8.pdf

⁴ Palar, K., Kushel, M., Frongillo, E. A., Riley, E. D., Grede, N., Bangsberg, D., & Weiser, S. D. (2015). Food Insecurity is Longitudinally Associated with Depressive Symptoms Among Homeless and Marginally-Housed Individuals Living with HIV. *AIDS and behavior*, 19(8), 1527-34.

The New York Eligible Metropolitan Area (NY EMA), which includes the five boroughs of New York City and the adjacent Tri-County region of Westchester, Rockland and Putnam counties, sought proposals from qualified agencies to provide Food and Nutrition Services (FNS) to address the nutritional needs and food insecurity among PLWH living in New York City.

Goals and Objectives

Accordingly, the specific goals of this RFP are to:

- Reduce the proportion of people with HIV who are food insecure by providing nutritious food.
- To provide Medical Nutrition Therapy (MNT) to those who are in need.
- Promote access to and maintenance in HIV-specific medical care.
- Increase the proportion of clients with an undetectable viral load and to improve overall immunological health.
- Increase the proportion of diagnosed individuals who are engaged (i.e., via referrals and/or linkages) in primary care and have an optimal level of ART adherence.
- Reduce preventable morbidity and mortality.
- Reduce (and then maintain below significance) socio-demographic differences in: linkage to and retention in primary medical care, viral suppression, and HIV-related morbidity and mortality.

Competition A: Nutrition and Food and Meal Services for PLWH

This competition is to provide congregate meals, pantry bags, and/or vouchers to purchase food.

Congregate Meals

Congregate meal settings can create an opportunity for program staff to provide information to clients on a variety of topics relevant to their needs and has been proven to be a meaningful way to engage clients in medical care and social support services. Congregate meals provide a social setting where clients can interact with one another and eat a meal that meets at least $\frac{1}{3}$ of the daily nutritional guidelines as outlined by the FIMCSM nutritional standards.

Pantry Bags

Pantry bags are a source of supplemental food for clients with food insecurity. All pantry bags should include ingredients that assist clients in the preparation of a number of nutritionally balanced, whole meals, per FIMCSM nutritional standards. Fresh/frozen produce and whole grain foods, as well as ingredients for full meals, should be used when available and appropriate. Pantry bag contents should be tailored to client's ability to prepare meals, as well as their means of food preparation/storage (i.e.; microwave, refrigerator and freezer access, hotplate, stove, etc.). Agencies should be prepared to provide an emergency pantry bag for clients who may not, at the time of intake, have the necessary documentation to complete the intake assessment or for clients who are enrolled in the program but may experience emergent food insecurity

Client-choice: When possible, FNS programs should provide clients the opportunity to choose the items in their pantry bag. Under the guidance of an RD or equivalent, FNS clients should fill their pantry bag with ingredients that support the preparation of nutritionally balanced, whole meals, per FIMCSM nutritional standards.

Vouchers

Vouchers can be seen as an alternate way for delivering food services that can impact health outcomes, improve engagement and retention in care, and provide the beneficiary a sense of dignity and choice⁵. Vouchers are gift cards that FNS clients can use to purchase food. The monetary value of voucher should adequately cover the cost of ingredients that can be used to assist in the preparation of at least 7 complete, well-balanced meals per FIMCSM nutritional standards. These may also be used for personal hygiene items, cooking, and cleaning supplies, as allowable by HRSA.

Contract Awards

<p>AIDS Center of Queens County, Inc. Argus Community, Inc. Bronx Parent Housing Network, Inc. CAMBA, Inc. Harlem United: Community AIDS Center, Inc. La Casa De Salud, Inc. La Nueva Esperanza, Inc. Project Hospitality, Inc. St. Luke's-Roosevelt Hospital Center</p>

Competition B: Nutrition and Home-Delivered Meals Services for PLWH

This competition is to provide home-delivered meals, with the option to also provide vouchers to purchase food.

Home-Delivered Meals

Home delivered meals are provided to PLWH who are unable to shop and prepare meals for themselves. Studies assessing the effectiveness of home-delivered meals for PLWH who are home-bound and similar studies among the elderly have reported that daily meals significantly increased participants' weight and improved nutritional intake.⁶ The delivery of prepared meals can reduce or eliminate food insecurity and ensure that the client has the food necessary to improve health outcomes.

Contract Awards

<p>After Hours Project, Inc. God's Love We Deliver, Inc.</p>
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⁵ Aberman, N. L., Rawat, R., Drimie, S., Claros, J. M., & Kadiyala, S. (2014). Food security and nutrition interventions in response to the AIDS epidemic: assessing global action and evidence. *AIDS and Behavior*, 18(5), 554-565.

⁶ Frongillo, E. A., Isaacman, T. D., Horan, C. M., Wethington, E., & Pillemer, K. (2010). Adequacy of and satisfaction with delivery and use of home-delivered meals. *Journal of nutrition for the elderly*, 29(2), 211-26.