

IMPROVING QUALITY OF LIFE MUST GUIDE THE IMPLEMENTATION OF THE NATIONAL HIV/AIDS STRATEGY

THE HIV EPIDEMIC IN THE UNITED STATES REMAINS A SERIOUS HEALTH CRISIS. In December 2021, President Biden released the latest National HIV/AIDS Strategy for the United States for 2022-2025, which more than ever before focuses on improving quality of life. Sustaining this focus must be the guiding light for our collective efforts to achieve the Strategy's vision.

A MORE HOLISTIC HIV RESPONSE IS NEEDED TO IMPROVE QUALITY OF LIFE

Urgent action is needed to:

- **Update Social Security Programs and address employment needs to increase financial security**
- **Elevate interventions to address stigma and social isolation in the Ryan White HIV/AIDS Program**
- **Develop new clinical guidelines on whole person health for people living with HIV**
- **Develop a policy and research agenda that more intently focuses on understanding, measuring, and improving quality of life**

LIMITED INCOMES, HIGH HOUSING COSTS TRAP PEOPLE WITH HIV IN POVERTY

The federal government operates two main income support programs for people under age 65 who have disabilities: Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). In 2021, the average monthly SSDI payment for a non-blind

person with a disability under age 65 was \$1,294 per month or 120% of the federal poverty level. SSI provides a monthly payment that is 74% of the federal poverty level. Income support from these programs is not sufficient to cover basic living expenses.

	Monthly SSI Benefit in 2021	% of Median Income	% of SSI for 1-Bedroom Apt	% of SSI for Efficiency Apt
New York City	\$881	13.3%	204%	200%
Jackson, MS	\$794	20.9%	100%	94%
San Francisco, CA	\$955	9.4%	306%	246%

SOURCES: Technical Assistance Collaborative, <https://www.tacinc.org/resources/priced-out/>.

UNADDRESSED TRAUMA LEADS TO PREVENTABLE ILLNESS AND DEATH

Unaddressed trauma plays a key role in driving morbidity and mortality among people living with HIV. On average, people with HIV live approximately nine years fewer than people who do not have HIV. Furthermore, compared to people who do not have HIV, people living with HIV experience 16.3 fewer years free of major chronic comorbidities.

People living with HIV experience far higher rates of trauma and trauma-associated health conditions

Trauma and post-traumatic stress disorder (PTSD) disproportionately impact people living with HIV. For example, a meta-analysis of studies of U.S. women living with HIV demonstrated an estimated prevalence of current PTSD of 30%, five times the rate of the general population of women. Research also has linked similar poor health consequences to unaddressed trauma stemming from experiences of racism, poverty, state violence, and policing. HIV exists in a syndemic with other infectious diseases, poverty, unemployment, and other factors where trauma and these health threats interact to magnify negative health outcomes. Therefore, broader solutions are needed including:

- Adopting trauma-informed primary care as a standard practice;
- Requiring and providing resources to clinics and health systems to track and report on the prevalence and outcomes of trauma-related preventable illnesses known to disproportionately affect people living with HIV;
- Investing more in disease prevention and health promotion, such as expanding access to smoking cessation services, improving access to healthy foods, and expanding opportunities for recreation;
- Committing to representation so that people providing health and social services come from and are responsive to the communities they serve; and
- Addressing housing and economic insecurity, along with stigma and discrimination as part of health promotion.