New York City has the highest HIV/AIDS population of any US city. There are approximately 100,000 – 120,000 people living with HIV/AIDS (PLWHA) in NYC, 76% of whom are Hispanic and African-American, a large component of which are immigrants. Each year we have 4,000 – 6,000 new HIV/AIDS diagnosis with the bulk of those coming from those that have recently immigrated.

Challenges to treatment for immigrants include language barriers, lack of health insurance, food insecurity and lack of access to safe food. All of these topics are of interest to Registered Dietitian Nutritionists (RDNs). Language barriers can lower PLWHA’s understanding of diagnosis and treatment plans, and lower patient satisfaction. Lack of insurance can prevent PLWHA from accessing health care services and cause them to start care at a later stage of the disease, this is of particular concern since health outcomes are improved the earlier treatment is started. A key outcome element is nutritional status; it is important in delaying progression of the disease and directly affected by food insecurity and access to safe food. Studies suggest that consulting with an RDN is also associated with better nutritional condition and dietary intake.

Addressing the language barrier is challenging. Many health care centers offer on demand translation services. But in order to more effectively manage this issue, cultural diversity and competency is being cultivated in future and current RDNs. In regards to health insurance there are some programs in place to help surmount this barrier. Recently, NYC implemented, Direct Access, a health care program provides uninsured immigrants and others with access to coordinated primary and preventive health care services with emphasis on culturally and linguistically competent providers, including increasing access to high-quality medical interpretation services. The AIDS Drug Assistance Program (ADAP) is also available to uninsured PLWHA regardless of their immigration status. ADAP provides medications and ADAP Plus provides primary care as also.
Although immigrants tend to enter treatment at a more advanced stage of the disease, once in treatment they tend to have health outcomes as well as other groups. With the steady influx of immigrants that are PLWHA we need to create a comprehensive plan, that addresses these obstacles and continues to improve their health outcomes.

