



GETTING TO ZERO ILLINOIS

2019 –2023 PLAN



GETTING TO ZERO ILLINOIS 2019–2013 PLAN

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DEDICATION

The Getting to Zero Illinois project is dedicated to all Illinoisans living with HIV and AIDS. The project is also dedicated to the memory of the more than 16,000 Illinois residents and 500,000 U.S. residents who have lived with and died from HIV- and AIDS-related complications, and the countless more whose HIV-related deaths were undocumented.¹

¹ Centers for Disease Control and Prevention. CDC Wonder. <http://wonder.cdc.gov/>. November 2018.



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Affinity Community Services	Midwest AIDS Training and Education Center
AIDS Foundation of Chicago	Open Door Health Center of Illinois
Bethanys Place	Pediatric AIDS Chicago Prevention Initiative
CALOR	Phoenix Center
Champaign-Urbana Public Health District	Ruth M. Rothstein CORE Center
Chicago Black Gay Men's Caucus	Sangamon County Department of Public Health
Chicago Department of Public Health	SIHF Healthcare
Community Action Place	Southern Illinois University School of Medicine
Cook County Health	St. Clair County Health Department
HIV Care Connect	The Project of the Quad Cities
Illinois Department of Public Health	Winnebago County Health Department
Illinois Public Health Association	
Jackson County Health Department	
Lake County Health Department	
Madison County Health Department	

Getting to Zero Illinois Partner Organizations as of April 8, 2019

Would you like to become a partner? Email us at info@gtzillinois.hiv

ACCESS Community Health Network	Evaluation Center
AIDS Foundation of Chicago	Friends of Central Illinois
Alexian Brothers Housing and Health Alliance	Greater Community AIDS Project of East Central Illinois
Broadway Youth Center	Haymarket Center
Brothers Health Collective	Heartland Alliance Health
CALOR	Hektoen Institute of Medicine
Center on Halsted	Howard Brown Health
Champaign-Urbana Public Health District	Illinois Department of Public Health
Chicago Black Gay Men's Caucus	Illinois HIV Care Connect
Chicago Center for HIV Elimination (University of Chicago)	Illinois Public Health Association
Chicago Department of Public Health	Lake County Health Department and Community Health Center
Chicago House & Social Service Agency	Legal Assistance Foundation (LAF)
Chicago Women's Project	Legal Council for Health Justice
Christian Community Health Center	McLean County Health Department
Coalition for Justice & Respect	
Cook County Department of Public Health	
Cook County Health	
Equality Illinois	
Erie Family Health Centers	



INTRODUCTION



INTRODUCTION

Hope is on the horizon for Illinoisans living with and vulnerable to HIV and AIDS. Communities are uniting to achieve a day when there are zero new HIV transmissions in our state and everyone living with HIV should have the opportunity to become virally suppressed.

The HIV epidemic has taken from us thousands of friends and family members since the first reported cases in the 1980s. The work that pioneering activists and doctors achieved during the darkest moments of the epidemic has enabled our work today to end the transmission of HIV across Illinois.

“We are in a key moment in the four-decade-long history of the HIV epidemic.”



We are in a key moment in the four-decade-long history of the HIV epidemic. Thanks to the Affordable Care Act, nearly everyone in Illinois living with or vulnerable to HIV has access to comprehensive, more-affordable health insurance that can meet their health care needs. Medical breakthroughs allow people living with HIV to lead long, healthy lives. People vulnerable to HIV are able to protect themselves from contracting the virus sexually by taking as little as one pill per day. These innovations have contributed to a 25% drop in new HIV cases over the decade from 2008 to 2017². However, despite these advancements, our state's public health system continues to see increasing HIV rates among populations who endure the burdens of sexism, racism and heterosexism, among other socio-political forces. Today, we have the opportunity to end these disparities.

Getting to Zero Illinois (GTZ-IL) is an ambitious plan to end the HIV epidemic in Illinois by 2030. The GTZ-IL plan calls on partners to focus on two primary goals, known as our 20+20 Target:

² Illinois Department of Public Health, HIV/AIDS Surveillance Unit. December 2018



- + Increase by 20 percentage points the number of people living with HIV who are virally suppressed.³⁴ HIV treatment helps people living with HIV stay healthy and prevents people whose viral load is undetectable because of successful antiretroviral (ARV) treatment from transmitting the virus sexually (U=U).
- + Increase by 20 percentage points the number of people vulnerable to HIV who use pre-exposure prophylaxis (PrEP)⁵⁶. When used consistently and correctly, PrEP is nearly 100% effective at preventing an HIV-negative person from contracting HIV sexually.

“Ultimately, GTZ-IL paves the path toward a day in which zero people will contract HIV in Illinois and every person living with HIV will get the care they need to thrive.”



The 20+20 Target is our plan’s expected overall impact on HIV transmission and prevention rates in Illinois. However, the dynamics and root causes of the HIV epidemic vary significantly across diverse populations. In addition, the HIV treatment and prevention supportive resources required for each individual can vary based upon structural violence that many community members living with HIV and vulnerable to HIV experience. Therefore, we will continue modeling the impact of GTZ-IL with a priority of establishing baseline data and projections for each of this plan’s priority populations: young Black gay, bisexual and other men who have sex with men (MSM); Latino/Latinx gay, bisexual and other MSM; cisgender Black heterosexual women; transgender women of color; and people living with HIV and AIDS over the age of 50.

For certain populations, our plan may call for an increase of more than 20 percentage points to achieve the goals of GTZ-IL.

While we aim to achieve the 20+20 Target within the next decade, this plan focuses on the five-year period from 2019 to 2023. To develop the current plan, the GTZ-IL team held community town halls and focus groups to gather and incorporate ideas

3 Khanna AS, Schneider JA, Collier N, Ozik J et al. for the Research Evaluation and Data Illinois Getting to Zero Committee. “A modeling framework to inform PrEP initiation and retention scale-up in the context of Getting to Zero Initiatives”. AIDS 2019

4 BARS modeling team Khanna AS, Schneider JA et al. University of Chicago 2017

5 Khanna AS, Schneider JA, Collier N, Ozik J et al. for the Research Evaluation and Data Illinois Getting to Zero Committee. “A modeling framework to inform PrEP initiation and retention scale-up in the context of Getting to Zero Initiatives”. AIDS 2019

6 BARS modeling team Khanna AS, Schneider JA et al. University of Chicago 2017



from the HIV community that will have the greatest impact on ending new HIV transmissions. The plan focuses statewide attention on improving six key areas of the HIV care system; it is rooted in guiding principles that will ensure that our work addresses disparities and stigma and gets to the root of health inequities.

The time to end the HIV epidemic in our state has arrived. Uniting forces across government, nonprofit, corporate and community sectors will help us achieve an HIV-free generation. Let's get to work!

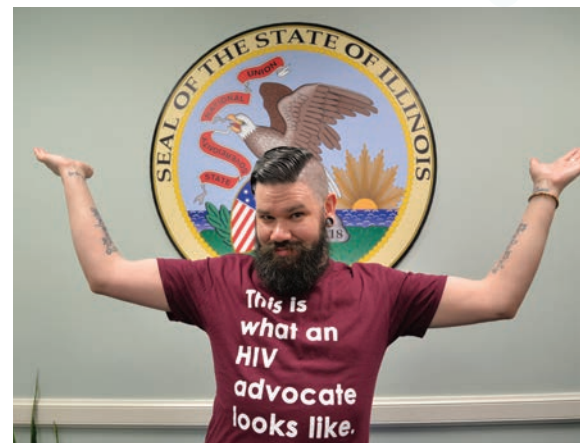




What Do We Mean By "Zero"?

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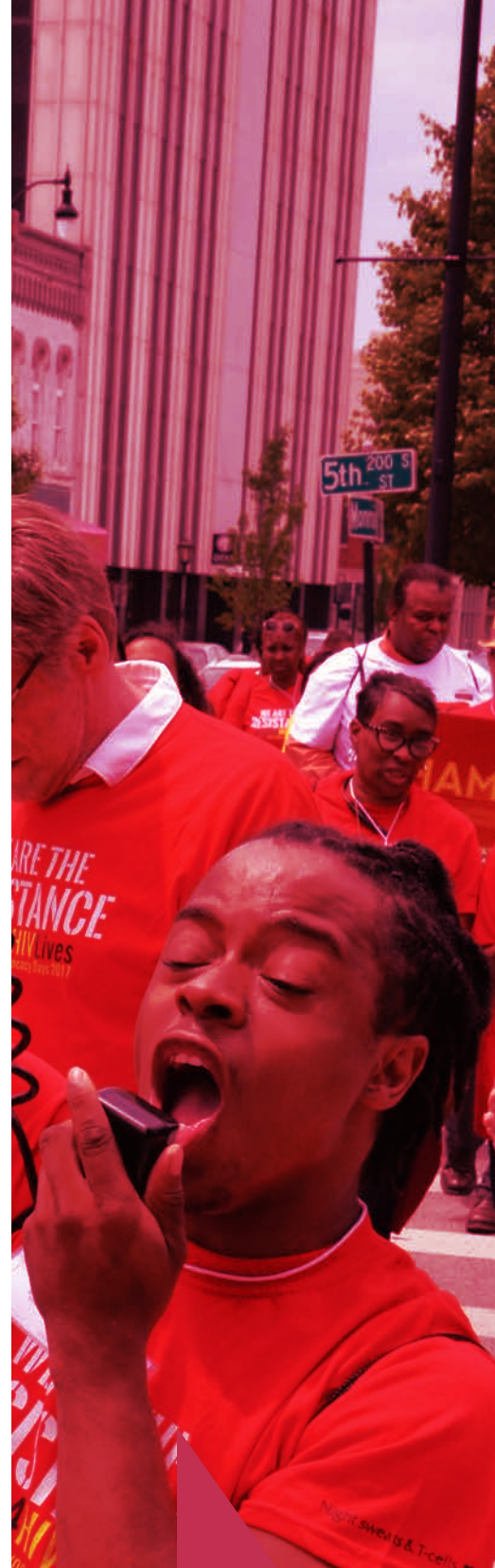
GTZ-IL aims to achieve “functional zero” new cases of HIV by the year 2030. Functional zero is the point in Illinois’ HIV epidemic where the number of new diagnoses would be extremely low and systems are in place to fully support people who are newly diagnosed. As the number of new diagnoses declines dramatically, so too does the risk for future new transmissions. According to our analysis, that point would be 100 or fewer new cases of HIV in any given year.

The GTZ-IL team established the “functional zero” milestone in consultation with partners from the University of Chicago⁷⁸. Their modeling demonstrates that increasing PrEP use and viral suppression rates by 20 percentage points each can lead to functional zero. We will continue to work with modeling experts at the University of Chicago and Northwestern University to guide our work.

Throughout the GTZ-IL plan, we will refer to “functional zero” as “zero.”

7 BARS modeling team Khanna AS, Schneider JA et al. University of Chicago 2017

8 Khanna AS, Schneider JA, Collier N, Ozik J et al. for the Research Evaluation and Data Illinois Getting to Zero Committee. “A modeling framework to inform PrEP initiation and retention scale-up in the context of Getting to Zero Initiatives”. AIDS 2019



Background



Background

In July 2016, a small group of HIV stakeholders met to explore what it would take to radically change the course of the epidemic in Illinois. They were inspired by similar plans in New York, Washington State and other jurisdictions that aimed to end the HIV epidemic. Furthermore, the National HIV/AIDS Strategy (NHAS), first released by the Obama administration in 2010 and updated in 2015, served as a roadmap for improving HIV outcomes nationally and in Illinois. In the summer of 2017, we released the GTZ-IL Framework to the public. The Framework provides the foundation for our state's GTZ-IL Plan.

In December 2017 and January 2018, the GTZ-IL team embarked on a statewide listening tour. These efforts included nine town hall meetings and an online and paper survey that garnered more than 400 responses. The GTZ-IL team also conducted eight focus groups for specific communities that are disproportionately impacted by HIV:

- + Supportive housing clients
- + Black gay, bisexual and other MSM
- + Transgender women of color
- + People re-entering the community after incarceration
- + Long-term survivors living with HIV and AIDS
- + Spanish-speaking clients
- + Latino/Latinx men, including gay, bisexual and other MSM
- + Women, including mothers, who are living with HIV

On June 20, 2018, more than 100 participants came together to officially begin the draft plan development process. At this meeting, the following five committees were formed and began meeting at least monthly through October 2018 to create recommendations: Health Care Access; Housing; Social Determinants of Health; Communications; and Research, Evaluation and Data (RED).

Draft recommendations were presented in October 2018 at a large community meeting in Springfield to gather additional feedback, with a focus on individuals who live outside the Chicagoland area.

On Dec. 3, 2018, the GTZ-IL team released a 28-page draft plan for review and community feedback at a World AIDS Day event at Chicago's DuSable Museum of African American History. The GTZ-IL project received more than 300 unique ideas, comments and suggestions for the draft plan from people from across Illinois between Dec. 3, 2018, and Jan. 25, 2019. That feedback was carefully considered and incorporated into this final version of the plan, which was officially released on May 14, 2019.



In February 2019, the federal government announced a plan to launch a national strategy to end the HIV epidemic by 2030. The Trump administration earmarked \$291 million toward this effort in its proposed FY 2020 budget. Cook County in Illinois is one of the 48 counties identified as having the among highest number of HIV cases and is slated to receive additional federal funding. However, Congress must allocate funding through the federal budget process, which will not be complete until at least September 2019. The Chicago and Illinois Departments of Public Health, likely recipients of any new federal funding, will work to ensure funds are fully aligned with GTZ-IL.





Guiding Principles of the Getting To Zero Illinois Plan





Guiding Principles of the Getting To Zero Illinois Plan

Efforts to eliminate HIV must be led by a deep commitment to undeniable truths. The following guiding principles are core ideas that are nonnegotiable and inform all work toward our efforts to end the epidemic. The GTZ-IL's guiding principles are reminders that we cannot be successful without:

Eliminating stigma:

Stigma, in all forms, stands in the way of achieving health equity and the outcomes necessary to end the HIV epidemic. We will fight against suggestions and beliefs that individual choices — like the choice to have sex or use drugs or the choice to take medication to prevent HIV transmission — somehow create disgrace or shame because of others' viewpoints. We will unapologetically embrace philosophies, practices and policies that help us eliminate stigma, like U=U. We will advocate for Illinois to reform or repeal existing laws that criminalize HIV exposure. We will fight stigma associated with HIV, homophobia, transphobia and other forms of oppression.

Dismantling racism:

Through our work to end the epidemic, we will actively change and dismantle systems that perpetuate white privilege and racist ideologies. We will seek to eliminate structural and institutional policies and practices that compromise the well-being of communities of color, including both individuals who receive services and our HIV workforce. We must end the HIV epidemic for every population in Illinois, and especially those most impacted by HIV: young, Black and Latino/Latinx gay, bisexual, and other men who have sex with men (MSM); cisgender Black heterosexual women; and transgender women of color. We will implement strategies that share leadership and decision-making with communities most impacted by the epidemic and promote diversity in leadership.

Prioritizing trauma prevention and trauma-informed care:

GTZ-IL will ground its work in principles that honor the importance of safety and empowerment. Research demonstrates that people living with or vulnerable to HIV experience multiple, cascading traumatic events in their lives that prevent them from being as healthy as possible and achieving their full human potential. Examples of trauma include childhood sexual abuse, rape, intimate partner violence, gun violence and witnessing or being a victim of a crime.



Practicing cultural humility:

Cultural humility centers on being open to differences between Self and Others and prioritizes space for celebrating that which is most important to the other person. It takes the idea of cultural competence a few steps further: cultural humility prioritizes making space for a person to continually self-evaluate, to work toward correcting power imbalances that relate to other identities, and to serve as an ally with groups and people working toward eliminating disparities, like those that have led to some communities being impacted by HIV and AIDS more than others.

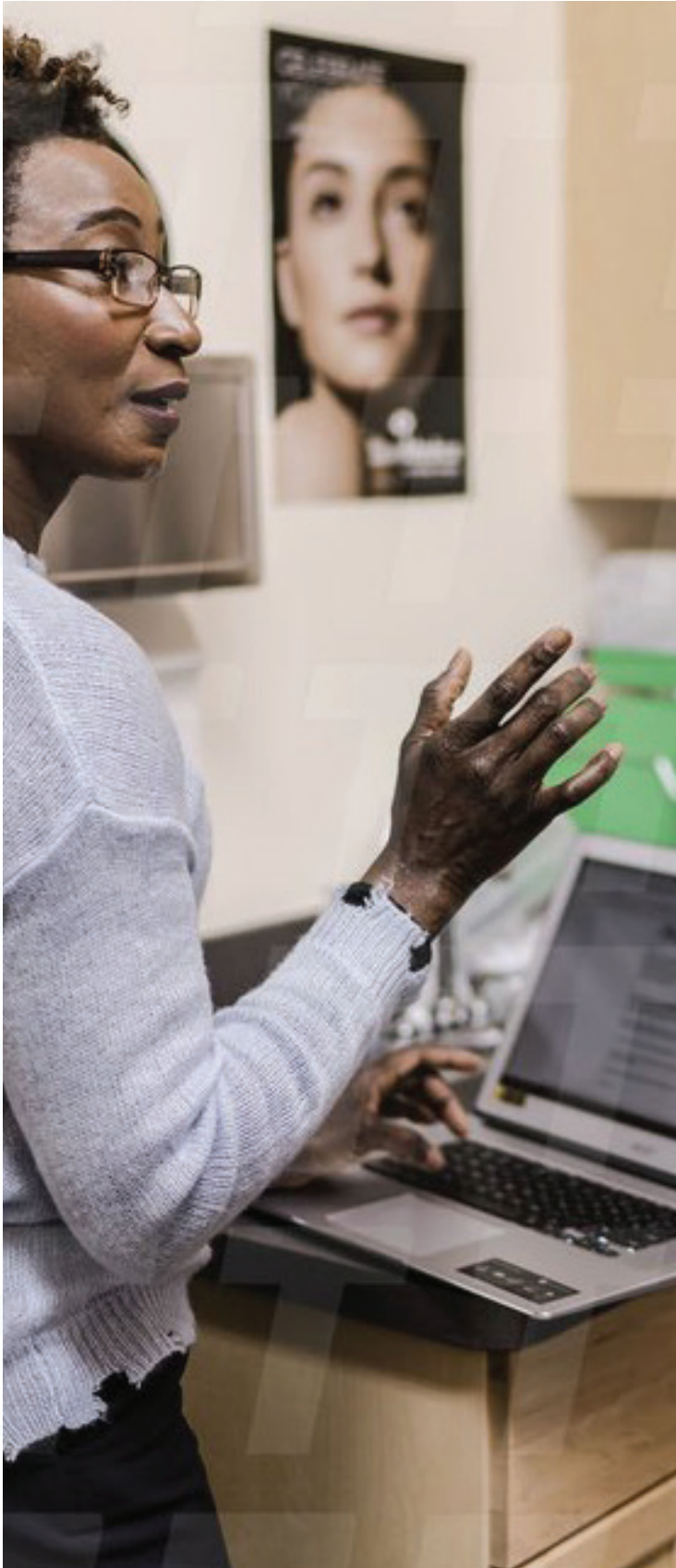
Focusing on data to achieve outcomes:

To attain GTZ-IL's 20+20 Target, we will have to increase viral suppression and PrEP use by 20 percentage points by 2030. These outcomes will be the standard by which we measure our progress and success.





Current State of the HIV Epidemic in Chicago and Illinois



Current State of the epidemic in Chicago and Illinois¹

While there has been great progress in preventing new cases and sustaining care for those living with HIV in Illinois, there remain significant challenges and inequities. Communities of color are disproportionately affected by HIV incidence, as are gay and transgender populations.

People living with HIV and AIDS:

In 2017, an estimated 39,842 people were living with HIV in Illinois, 23,835 of whom lived in the city of Chicago. Only two-thirds of Illinoisans living with HIV were engaged in care in 2017 (IL: 66%; Chicago: 63%), and approximately half were virally suppressed (IL: 50%; Chicago: 48%). Among Illinoisans living with HIV in 2017, the majority identified as men (IL: 80%; Chicago: 80%), a plurality identified as Black (IL: 46%; Chicago: 50%) and approximately two-thirds were at least 40 years old (IL: 67%; Chicago: 69%).

¹ Information in this section based on surveillance data provided by Chicago and Illinois Departments of Public Health. Illinois Department of Public Health, HIV/AIDS Surveillance Unit. December 2018. Chicago Department of Public Health, HIV/STI Surveillance Report. December 2018



New HIV diagnoses:

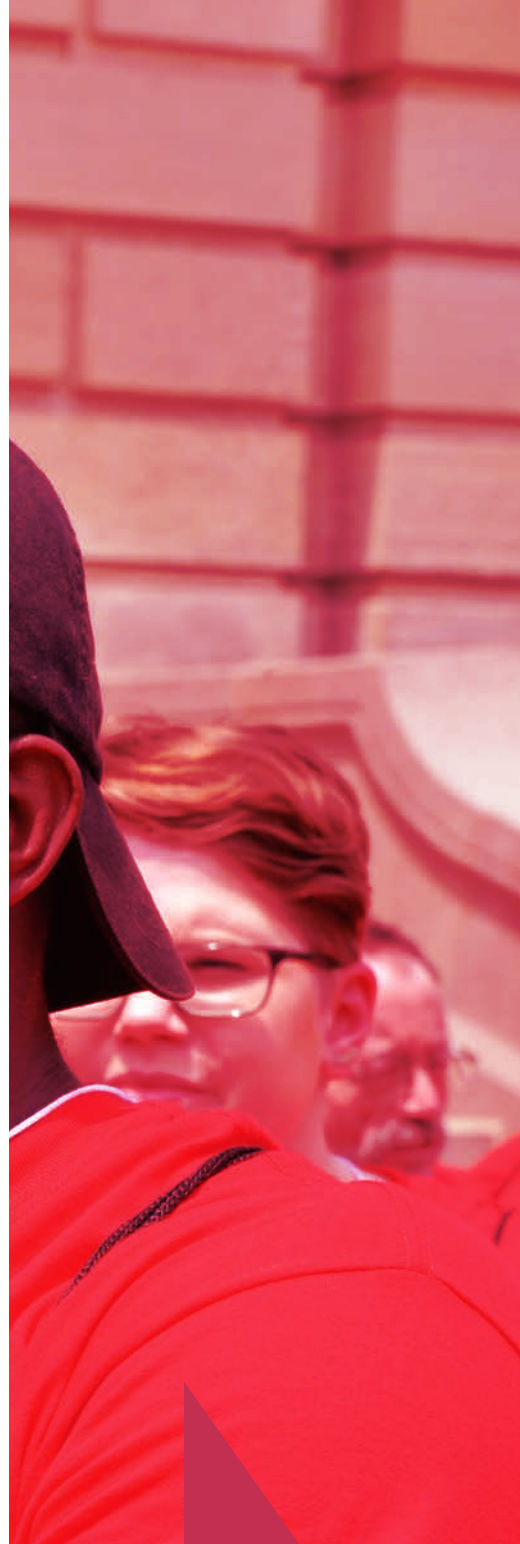
In 2017, 1,375 people were diagnosed with HIV in Illinois, 752 of whom lived in the city of Chicago. More than 80% of these newly diagnosed people were linked to HIV-related medical care within 30 days of diagnosis (IL: 80%; Chicago: 82%). Among newly diagnosed Illinoisans, the majority were men (IL: 84%; Chicago: 82%), Black (IL: 51%; Chicago: 55%), and between the ages of 20 and 39 (IL: 64%; Chicago: 65%). While the rate of new HIV diagnoses has declined by 25% over the past decade, GTZ-IL aims to accelerate that decline over the next 10 years.

Disparities:

Despite significant progress in reducing new HIV cases, dramatic health disparities remain. Gay, bisexual and other MSM comprised a majority of people living with HIV (IL: 54%; Chicago: 68%) and newly diagnosed people (IL: 60%; Chicago: 77%) in 2017. Black men make up the majority of new diagnoses among MSM (IL: 51%; Chicago: 46%). Among gay, bisexual and other MSM, new HIV diagnoses continue to increase. Additionally, this population experiences disproportionate rates of coinfections with other sexually transmitted infections such as syphilis. Among heterosexual cisgender women, Black women account for more than 73% of HIV cases and new infections. According to current estimates, around a quarter (22-28%) of transgender women are living with HIV, and more than half (an estimated 56%) of Black transgender women are living with HIV².



2 HIV Among Transgender People. (2019, April 03). Retrieved from <https://www.cdc.gov/hiv/group/gender/transgender/index.html>



Call To Action



Call To Action

At the heart of GTZ-IL is intersectionality — the complex way race, gender, sexuality, HIV status, class and many other factors are interwoven to create systems of oppression. GTZ-IL's work to end new HIV transmissions will be inextricably linked with advocates and partners who are building equity across other sectors and for intersecting communities. To end the HIV epidemic in Illinois, we must build opportunities for exchange, collaboration and unity across the following movements:

+ Police and criminalization:

We will join advocates who fight for the implementation of non-violent policing practices, reduce criminalization of behavioral health conditions and implement policies that better incorporate individuals back into society after time served.

+ Education reform:

We will join advocacy for public education reform so all schools provide quality education and support services that promote student success.

+ Reproductive health care:

We stand with organizations that advocate for continued access to comprehensive reproductive health care, including Title X funding for youth and adults.

+ Immigration reform:

We join the call for human-centered national immigration reform to reduce stigma and barriers associated with immigrant, refugee, asylum-seeker and migrant status.

+ Poverty elimination:

We recognize the pervasive impact poverty has on human health and wellbeing. We stand with organizations, advocates and lawmakers who work to dismantle systems that keep communities in poverty by creating equitable financial opportunities for all Illinoisans.

+ Hepatitis C (HCV) elimination:

While curing HCV among people living with HIV is a focus of the GTZ-IL plan, HCV is a serious infectious disease that must be cured among all populations in Illinois. We join hepatitis C advocates to call for expanded access to testing and treatment.



+ Address the sexually transmitted infection (STI) epidemic:

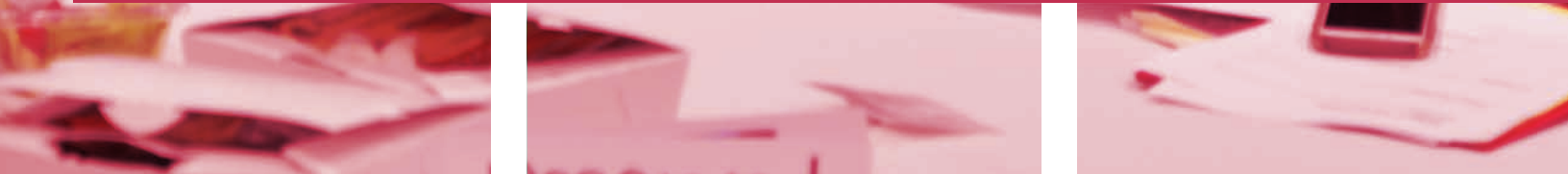
Reducing STIs among people living with HIV is a focus of the GTZ-IL plan, but the number of diagnosed STIs reaches new heights annually in Illinois, with serious health consequences for cisgender and transgender people. We will stand with public health officials, health care providers, schools and systems that reach younger people at greatest risk of STIs to increase testing and treatment for STIs.

Strengthening equity in these areas moves Illinois closer to zero and helps all Illinoisans thrive.





Implementation





Implementation

While the release of the GTZ-IL plan is something to celebrate, the next phase of the journey may be the most important. Continued collaboration, imagination and hard work will bring the plan to life. Execution of the plan's ideas and strategies will begin with the creation of an Implementation Council and various workgroups, all of which will ensure GTZ-IL is successful in its goals.

In an effort to help organize and ensure all GTZ-IL partners have a space to effectively communicate and share ideas, a statewide implementation council will be established. This council will focus on assessment and completion of action steps and be responsible for:

- ✦ Identifying the GTZ-IL strategies to be pursued in the year ahead, utilizing population-specific and statewide modeling.
- ✦ Making recommendations for and approving changes to the plan to maximize new opportunities or to highlight areas that need additional focus to be successful.
- ✦ Informing allocation of new resources from foundations or corporations to maximize the impact of funding.
- ✦ Ensuring the statewide community is informed of GTZ-IL implementation successes and challenges on a regular basis, including by sharing the GTZ-IL dashboard.
- ✦ Overseeing engagement of elected officials, policymakers and other key leaders in GTZ-IL implementation.
- ✦ Ensuring that HIV surveillance reports released by IDPH and CDPH are maximized and referenced in developing action steps and evaluating progress toward meeting critical GTZ-IL goals.

The council will include people from across Illinois and consist of key leaders from HIV housing, health care, social service and prevention; behavioral health and health care providers at all practice levels; people living with and vulnerable to HIV from populations that are most affected; federal, state, county and city government officials, including from local health departments; Medicaid-managed care plans and other payers; and others. The council will also include representatives from Chicago Area HIV Integrated Services Council (CAHISC) and Illinois HIV Integrated Planning Council (IHIPC), which serve as CDPH and IDPH's respective integrated HIV prevention and care planning bodies; CAHISC and IHIPC representatives will ensure that the health departments' priority populations and program recommendations align with GTZ-BIL.



This participation will also present opportunities for seamless resource allocation to support key public health goals and action steps, as appropriate. Similarly, the council will include members from other statewide planning, advocacy, private, clinical, research and community bodies to ensure GTZ-IL is responsive to all HIV stakeholders.

Leadership of the Implementation Council, which will be determined within six months of GTZ-IL plan release, will consist of two or more individuals who will serve as co-chairs.

Dashboard:

The Implementation Council will develop a dashboard or system that tracks the plan's progress and can be easily understood by GTZ-IL's many stakeholder groups. Efforts to build a system will begin after the plan is published and resources are identified.

Implementation Workgroups:

Workgroups will be established as needed to oversee specific areas of the plan, such as research and evaluation. These groups will also be involved with developing standards-of-equity models that guide social-service and organizational practices towards GTZ-IL goals. The workgroups will focus on bringing to life the plan's strategies. Workgroups will meet at least every other month. These workgroups will be essential to maintaining momentum, focus and accountability.

Community Engagement:

GTZ -IL will be successful only if it continues to be led by community voices. People from our priority populations living with HIV and those disproportionately vulnerable to the virus will be convened to ensure proposed strategies and actions are appropriate, timely and effective in achieving GTZ-IL's goals. Community engagement will be peer led when possible, and it will continue to inform GTZ-IL in the shaping, monitoring and evaluation of action steps. GTZ-IL will elicit ongoing community input through community workgroups that will convene as needed to advise progress and ensure all action steps remain consistent with the needs and priorities of all communities and priority populations served by GTZ-IL.



Upon release, the plan will be carefully reviewed by leaders of four newly-funded projects receiving resources from CDPH. These projects focus specifically on the plan's priority populations: Black and Latinx gay, bisexual and other men who have sex with men; Black cisgender women; and transgender women of color. GTZ-IL will work with the organizations funded to ensure their efforts are aligned with the GTZ-IL plan and that their insights and perspectives influence implementation of plan strategies.

Many of these community group members will serve as ambassadors for GTZ-IL and review GTZ-IL reported activities and progress, as well as advise GTZ-IL regarding necessary adjustments and future efforts. Community members serving as project ambassadors will ensure their respective communities and peers are not only aware of the plan, but that they know how to get involved in ending the HIV epidemic in Illinois.

When these areas are addressed, we will move closer to zero. We ask to be invited to other tables, and in turn, will invite others to join ours to solve these complex and interconnected issues.



THE PLAN STRUCTURE



THE PLAN STRUCTURE

This plan covers the five-year period from 2019 through 2023. In 2023, we will evaluate the success of our efforts and make strategic decisions about additional strategies needed to achieve our goals by 2030. Our efforts are focused on six domains that will make the greatest impact on improving the HIV epidemic:



For each domain, we have developed goals and strategies that have target completion dates of 2023, unless otherwise noted. Together, these create a plan that will help us achieve our 20+20 Target outcomes and accelerate progress toward ending the epidemic. Note that these domains are not listed in order of importance.



I. Build the Future Workforce

The HIV health care and public health workforce is the backbone of our HIV service delivery system, providing needed services to individuals living with or vulnerable to HIV. As scientific and practical knowledge changes, our workforce must learn new approaches and adapt to the evolving needs of people living with or vulnerable to HIV.

Goal 1 - Improve educational institutions:

Academic institutions that train health care professionals will provide appropriate education and training on HIV, STIs and viral hepatitis.

+ Strategy 1

Create opportunities for mentorship and hands-on rotations through STI and HIV clinics, and ensure professional training programs incorporate and/or expand training on HIV/STIs (including post-exposure prophylaxis (PEP) and PrEP) by linking HIV, STI and viral hepatitis providers, including health department programs, with academic institutions, students, and residents in allied health professions (at all practice levels, including nurses and physician assistants).

+ Strategy 2

Partner with state professional societies to establish continuing education requirements for lesbian, gay, bisexual, transgender and queer (LGBTQ) cultural awareness and affirmation; LGBTQ-affirming health care; anti-HIV stigma and anti-racism practices; and HIV, STI and viral hepatitis standards of care and best practices.

Goal 2 - Increase training opportunities:

Increase opportunities for ongoing, practical training that builds knowledge about HIV, STI and viral hepatitis care, including science-based education such as PrEP and U=U, for all members of the HIV workforce.

+ Strategy 3

Increase opportunities for Ryan White, STI, PrEP and viral hepatitis clinical providers to partner with the Midwest HIV/AIDS Education and Training Center (MATEC) to offer preceptorship experiences to novice providers.

**+ Strategy 4**

Decrease interruptions in high-quality services that are due to implicit bias and other oppressive dynamics by developing a training curriculum for and delivering it to members of the HIV workforce who are not health care providers. The curriculum should emphasize the latest HIV science and include elements such as the life experiences of people living with or vulnerable to HIV, payment options for medications, a philosophy of good customer service, trauma-informed and strength-based care.

+ Strategy 5

Increase the understanding and capacity of all types of HIV service providers to effectively support the unique and diverse behavioral health care needs of people living with or vulnerable to HIV.

Goal 3 – Strengthen representation:

Increase opportunities for people living with or vulnerable to HIV to receive services from providers who are of the same race, ethnicity, gender, sexual orientation, gender identity and/or lived experience.

+ Strategy 6

Address institutional barriers that prohibit hiring and advancement of peers and increase the number of peers who work for a living wage at all levels of organizations in the health care, public health and community-based HIV sectors. Efforts must focus on elevating Black and Latino/Latinx gay, bisexual, and other MSM; cisgender Black heterosexual women; people of transgender experience; and older adults to leadership positions.

+ Strategy 7

Create sustainable employment for people living with or vulnerable to HIV.



II. Increase access to health care

People must know that HIV services are available to them and can bring value to their lives. Regardless of HIV status or where a person receives services, people screened for HIV must be linked to high-quality health care services that support use of ARV medications for HIV treatment or PrEP, as well as other services necessary to achieve health and wellness. After connecting to health care, people must receive needed support to stay connected and to use ARV medications consistently and correctly.



Goal 4 - Expand outreach, education and marketing efforts:

Increase the number of people living with or vulnerable to HIV who know about and are motivated to use help that is free, available and can bring value to their lives.

+ Strategy 8

Increase knowledge and raise awareness of HIV and STI services by investing in at least two coordinated, statewide and community-informed marketing and media campaigns annually, beginning in 2020. Campaign focus areas include HIV/STI screening, PrEP, non-occupational PEP, HIV care and treatment, and other services that support successful health outcomes.

+ Strategy 9

Provide tailored support for at least 5,000 people seeking HIV services annually via a widely publicized statewide resource hub that provides real-time information, referrals and linkage to care.



Goal 5 – Expand HIV screening:

Increase the number of people living with HIV who know their HIV status from 86% to 93% by 2023¹.

+ Strategy 10

Expand health care-based, routine HIV screening tests by 25%.

+ Strategy 11

Expand highly targeted, community-based HIV screening tests by 25%.

Goal 6 – Increase linkage to care:

By 2023, increase the number of people who are linked² to appropriate services based on their HIV status, with an emphasis on HIV care and treatment and PrEP for prevention.

+ Strategy 12

Increase the percentage of people newly diagnosed with HIV who are linked to HIV medical care within 30 days of diagnosis from 82% to 90%³.

+ Strategy 13 – Increase the percentage of people vulnerable to HIV who are linked to a PrEP prescriber from approximately 21% (~6,500 people) to 50% (~15,000 people)⁴.

1 Information in this section based on surveillance data provided by IDPH Illinois Department of Public Health, HIV/AIDS Surveillance Unit. December 2018

2 Linkage is defined as ensuring persons living with or vulnerable to HIV have completed their first medical appointment for HIV care/treatment or HIV PrEP. Linkage is a necessary step toward successful ARV use for HIV treatment and PrEP.

3 1,375 persons were newly diagnosed with HIV in 2017. Illinois Department of Public Health, HIV/AIDS Surveillance Unit. December 2018. Projection numbers adapted from Centers for Disease Control. (2019, March 13). National HIV/AIDS Strategy U.S. Statistics. Retrieved from <https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics>

4 Illinois Department of Public Health, HIV/AIDS Surveillance Unit. December 2018. Projection numbers adapted from Rates of Persons Using PrEP, AIDSvu. (2017). Retrieved from <https://map.aidsvu.org/map>



Goal 7 – Increase engagement in care:

By 2023, increase the number of people who are engaged⁵ in health care based on their HIV status, with an emphasis on HIV care and treatment and PrEP.

+ Strategy 14

Increase the percentage of people living with HIV who are engaged HIV-related medical care from 63% to 80% (~32,000 people).⁶

+ Strategy 15

Increase the percentage of people vulnerable to HIV who access PrEP-related medical care from 21% (~6,500 people) to 50% (~15,000 people).⁷

Goal 8 – Increase HIV medication use:

By 2023, increase the number of people living with or vulnerable to HIV who use ARV medications for HIV treatment and PrEP.

+ Strategy 16

Ensure that 80% (~26,000) of people living with HIV who are accessing HIV-related medical care are prescribed ARV medications.⁸

+ Strategy 17

Ensure that 80% (~12,000) of people vulnerable to HIV who are accessing PrEP-related medical care are prescribed PrEP.⁹

5 Engaged is defined as ensuring people living with or vulnerable to HIV have had at least one HIV-related medical appointment in a 12-month period.

6 39,842 people were living with HIV in Illinois in 2017. Illinois Department of Public Health, HIV/AIDS Surveillance Unit. December 2018. Projection numbers adapted from Centers for Disease Control. (2019, March 13). National HIV AIDS Strategy U.S. Statistics. Retrieved from <https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics>

7 Chicago Department of Public Health, HIV/STI Surveillance Report. December 2018. Projection numbers adapted from Rates of Persons Using PrEP, AIDSvu. (2017). Retrieved from <https://map.aidsvu.org/map>

8 Illinois Department of Public Health, HIV/AIDS Surveillance Unit. December 2018. Projection numbers adapted from Centers for Disease Control. (2019, March 13). National HIV AIDS Strategy U.S. Statistics. Retrieved from <https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics>

9 Illinois Department of Public Health, HIV/AIDS Surveillance Unit. December 2018. Projection numbers adapted from Rates of Persons Using PrEP, AIDSvu. (2017). Retrieved from <https://map.aidsvu.org/map>



Goal 9 – Increase access to housing and supportive services:

Increase housing and supportive services opportunities for people living with or vulnerable to HIV who are experiencing homelessness or housing instability to remove barriers to ARV use for HIV treatment and PrEP.

+ Strategy 18

Increase by 50% the number of dedicated HIV-housing units for homeless populations who are living with or vulnerable to HIV.

+ Strategy 19

Increase by 50% the quantity of housing support services, such as case management and tenancy support, for homeless populations who are living with or vulnerable to HIV.

+ Strategy 20

Match HIV surveillance data to Department of Housing and Urban Development Housing Management Information Systems (HMIS) data for at least eight HMIS jurisdictions in Illinois to determine the number of homeless individuals living with HIV.

Goal 10 – Reduce structural and institutional barriers to health care:

Dismantle or eliminate structural and institutional barriers that negatively impact ARV use for HIV treatment and PrEP among persons living with or vulnerable to HIV.

+ Strategy 21

Improve equitable transportation options and the ability to access services for people living with or vulnerable to HIV.

+ Strategy 22

Improve equitable food and nutrition options and accessibility for people living with or vulnerable to HIV.

+ Strategy 23

Improve equitable dental care options and accessibility for people living with or vulnerable to HIV.

**+ Strategy 24**

Improve equitable legal options and accessibility for people living with or vulnerable to HIV.

+ Strategy 25

Improve equitable emergency funding options and accessibility for people living with or vulnerable to HIV.

III. Improve Health Equity

The data are clear: grave disparities exist in the HIV epidemic. These disparities map to race, ethnicity, sexual orientation, gender identity, age and a person's other lived experiences. We must use data to define which communities face the greatest disparities and in what context. With this information, we can set tangible and aggressive targets. The first set of goals and strategies in this section define the population-based metrics that will guide investments in our effort to build health equity. Baselines for statewide new HIV diagnoses, viral suppression, sustained viral suppression and PrEP prescriptions, as well as projected targets for 2023, will be established by GTZ-IL's RED Committee by the end of 2019 to consistently measure progress over time and report back actual advancement toward goals. All goals and strategies have a target completion date of 2023, unless otherwise noted.

Goal 11 - Reduce new HIV diagnoses:

Reduce disparities among communities with disproportionately high burden of HIV incidence.

+ Strategy 26

Reduce the rate of new HIV diagnoses among Black gay, bisexual and other MSM.

+ Strategy 27

Reduce the rate of new HIV diagnoses among Latino/x gay, bisexual and other MSM.

+ Strategy 28

Reduce the rate of new HIV diagnoses among cisgender Black heterosexual women.

+ Strategy 29

Reduce the rate of new HIV diagnoses among transgender women of color.

+ Strategy 30

Reduce the rate of newly diagnosed people who are concurrently diagnosed with HIV and AIDS.



Goal 12 – Increase viral suppression :

Increase the percentage of HIV-diagnosed people who are virally suppressed among communities experiencing disparities.

Viral Suppression

Indicated by the most recent viral load test in which results equal fewer than 200 copies of HIV RNA/mL



- + Strategy 31**
Increase viral suppression among Black gay, bisexual and other MSM.
- + Strategy 32**
Increase viral suppression among Latino/x gay, bisexual and other MSM.
- + Strategy 33**
Increase viral suppression among cisgender Black heterosexual women.
- + Strategy 34**
Increase viral suppression among transgender women of color.
- + Strategy 35**
Increase viral suppression among people living with HIV and AIDS over the age of 50.



Goal 13 – Sustain viral suppression :

Increase the percentage of HIV-diagnosed people who have sustained viral suppression among communities experiencing disparities.

Sustained Viral Suppression

Indicated by two or more viral load tests where all results equal fewer than 200 copies of HIV RNA/mL in a 12-month period



- + Strategy 36**
Increase sustained viral suppression among Black gay, bisexual and other MSM.
- + Strategy 37**
Increase sustained viral suppression among Latino/x gay, bisexual and other MSM.
- + Strategy 38**
Increase sustained viral suppression among cisgender Black heterosexual women.
- + Strategy 39**
Increase sustained viral suppression among transgender women of color.
- + Strategy 40**
Increase sustained viral suppression among people living with HIV and AIDS over the age of 50.



Goal 14 – Increase PrEP usage:

Increase PrEP prescriptions among PrEP-eligible people in communities experiencing disparities.

+ Strategy 41

Increase PrEP prescriptions among Black gay, bisexual and other MSM.

+ Strategy 42

Increase PrEP prescriptions among Latino/x gay, bisexual and other MSM.

+ Strategy 43

Increase PrEP prescriptions among cisgender Black heterosexual women.

+ Strategy 44

Increase PrEP prescriptions among transgender women of color.

Goal 15 – Eliminate barriers to care:

Remove structural and institutional barriers that adversely affect communities experiencing disparities to ensure all people are provided high-quality, equitable care.

+ Strategy 45

Ensure priority communities have access to culturally, linguistically and medically appropriate care and supportive services by creating and integrating standards of equity into existing organizational policies and practices.

+ Strategy 46

Provide capacity-building services and establish funder expectations to ensure that HIV service organizations reflect the communities they serve and work diligently to dismantle or transform institutional policies and practices that compromise the wellbeing of their own workforce. Revised policies may include:

- Encouraging employment of people with criminal records,
- Not requiring professional degrees unless absolutely necessary,
- Providing time off and flexible scheduling,
- Providing opportunities for upward mobility, and
- Providing a living wage.

+ Strategy 47

Ensure that the development and implementation of behavioral and clinical interventions for communities experiencing disparities are aligned with root cause analysis findings and are evidence-based.

**+ Strategy 48**

Ensure priority populations have access to trauma-informed services that work to mitigate the violence being experienced by communities at the individual, community and institutional level, including intimate-partner violence within different-gender and same-gender relationships.

+ Strategy 49

Improve public and private health insurance coverage for all individuals experiencing disparities.

Goal 16 – Support people with lived experiences:

Reduce or eliminate challenges associated with the unique lived experiences of individuals and communities experiencing health disparities.

+ Strategy 50

Promote sexual/reproductive justice and bodily autonomy for transgender and cisgender women.

+ Strategy 51

Ensure all babies in Illinois are born HIV-negative by enhancing HIV testing for women whose status is unknown in the first and third trimesters of pregnancy, and supporting intensive case management programs for pregnant women living with HIV.

+ Strategy 52

Ensure statewide availability of health promotion and harm reduction programs, including HIV/HCV/STI screening and treatment, syringe exchange, overdose prevention and medication-assisted treatment (MAT) for people who use drugs.

+ Strategy 53

Maintain and expand resources for programs that provide HIV/HCV screening and linkage, medical care, behavioral health care, and supportive services for people who are justice involved, including those living in jails and prisons and those recently released from these facilities.

+ Strategy 54

Ensure all public schools across Illinois provide comprehensive, evidence-based sexual health education and services, including appropriate discussion of all sexual and gender identities and behaviors.

+ Strategy 55

Ensure that health care providers know that Illinois law allows minors 12 years of age or older to access sexual health services, including PrEP, without a parent's consent.



- + Strategy 56**
Decriminalize sex work in Illinois and ensure that sex workers receive adequate systemic support.
- + Strategy 57**
Reduce HIV-related stigma and the negative impact of HIV criminalization by examining state legislation that currently criminalizes HIV exposure and transmission.
- + Strategy 58**
Normalize HIV services within places where older adults receive services, including the provision of cultural humility training to employees and residents.
- + Strategy 59**
Decrease loneliness and isolation among priority communities, especially among people living with HIV who are aging and long-term survivors.
- + Strategy 60**
Normalize HIV services for populations experiencing disparities by training the HIV workforce on the unique health care and supportive services needs of these communities.

IV. Increase Efficiency Through Governmental Coordination

State and local public health departments play a key role in organizing, funding, monitoring and improving quality programs and services for individuals living with or vulnerable to HIV. When these institutions intentionally and effectively coordinate with each other, the overall HIV service system is more efficient, expansive and effective.

Goal 17 - Coordinate across public health entities:

IDPH closely coordinates HIV services planning and funding activities with CDPH and other local health departments across Illinois.

- + Strategy 61**
Increase alignment of CDPH and IDPH HIV, STI and viral hepatitis programs by 2020, and include other local health departments as appropriate.



+ **Strategy 62**

Ensure service planning, delivery and evaluation across city, county and jurisdictional boundaries is rooted in data by increasing the public health sector's capacity to collect, analyze and integrate HIV, STI and viral hepatitis surveillance data.

Goal 18 – Invest in services for people living with HIV:

State agencies collaborate and coordinate efforts to increase long-term investments in services that are aligned with GTZ-IL.

+ **Strategy 63**

Integrate GTZ-IL goals, strategies and action steps into the priorities of state programs outside IDPH (such as Illinois Medicaid) that specifically support people living with or vulnerable to HIV as well as state programs that are not HIV-specific (such as Department of Aging).

V. Care for Linked Co-occurring Conditions

People living with or vulnerable to HIV often need services beyond those that address HIV alone. Many need comprehensive behavioral health care (including mental health and substance use treatment), screening and treatment for sexually transmitted infections (STIs), and vaccination against sexually transmittable or communicable diseases such as viral hepatitis and meningitis. Appropriate, timely and seamless care for these and other conditions helps individuals maximize HIV services and achieve positive health outcomes.

Goal 19 – Expand behavioral health care:

Behavioral health care is readily available to people living with or vulnerable to HIV, decreasing stigma and removing barriers associated with mental health and substance use disorders.

+ **Strategy 64**

Ensure behavioral health screenings are performed at all initial and routine medical visits for clients served through the Ryan White HIV/AIDS Program system of care. Promote a similar standard of HIV and PrEP care for non-Ryan-White-funded federally qualified health centers (FQHCs).

+ **Strategy 65**

Expand the availability of culturally-relevant and linguistically-appropriate



behavioral health services by increasing by 20 percentage points the number of behavioral health providers at Ryan White sites and community health centers who are certified to bill Medicaid and private health insurance plans.

Goal 20 - Reduce STIs and viral hepatitis¹⁰:

Reduce the burden of sexually transmitted infections (STIs) and viral hepatitis among people living with or vulnerable to HIV.

+ Strategy 66

Cure 50% of hepatitis C cases among people living with HIV.

+ Strategy 67

Ensure people vulnerable to HIV, with an emphasis on gay, bisexual and other MSM and transgender women of color, are screened for HIV, syphilis, chlamydia* and gonorrhea**.

+ Strategy 68

Ensure all people living with HIV are screened for syphilis, chlamydia* and gonorrhea**.

+ Strategy 69

Ensure all people living with or vulnerable to HIV who are diagnosed with STIs are treated according to the CDC STD Treatment Guidelines and are provided Expedited Partner Therapy when appropriate

+ Strategy 70

Ensure all people vulnerable to HIV who are diagnosed with syphilis and/or rectal gonorrhea are linked to PrEP services and counseled about the availability of PEP.

+ Strategy 71

Ensure all persons living with and vulnerable to HIV are provided recommended vaccinations, including human papillomavirus (HPV), hepatitis A, hepatitis B and viral meningitis.

+ Strategy 72

Ensure access to condoms, including internal condoms, to those living with and vulnerable to HIV.

¹⁰ *Screening for chlamydia should take place at genital and rectal sites, if exposed.

**Screening for gonorrhea should take place at genital, rectal and oropharyngeal sites, if exposed.



VI. Measuring Our Progress Through Surveillance and Other Data

Our success relies on our ability to define, measure and evaluate key goals and strategies. Where available, outcomes data will be essential to measuring progress. When competing data systems exist, they should communicate and offer seamless integration to avoid duplication of efforts. Collecting meaningful and timely data at state, city and community levels will be essential to tracking GTZ-IL's progress and ensuring the 20+20 Target is achieved.

Goal 21 – Improve data systems:

Improve and expand data systems to enhance services and care.

+ Strategy 73

Ensure GTZ-IL strategies are fully integrated into all state and local health department HIV community planning processes, resulting in aligned and complimentary strategies.

+ Strategy 74

Improve data systems and Electronic Case Reporting to advance health-care sector data reporting on HIV, STI and viral hepatitis.

+ Strategy 75

Allow providers to more easily determine if individuals are in care or out of care by expanding timely access to surveillance data maintained by CDPH and IDPH.

Goal 22 – Track and share GTZ-IL progress:

Monitor and share publicly GTZ-IL plan implementation progress.

+ Strategy 76

Assess progress of GTZ-IL's goals by developing a system to allow for monitoring and dissemination of indicators.

+ Strategy 77

Develop models that project annual HIV incidence in Illinois through 2030 to inform investments of resources in ARV and PrEP scale-up strategies and structural interventions.

+ Strategy 78

Ensure that the HIV sector is using consistent language when collecting and reporting data, when possible, to allow for future data integration.



CONCLUSION



CONCLUSION

Illinois' plan to end the HIV epidemic will not be easy, but it is attainable. Not only do we have effective interventions needed to ward off new HIV transmissions, we have life-saving, effective and easy-to-take medications for those living with HIV and AIDS. We also have made far-reaching investments in services that provide seamless, comprehensive and quality points of entry within a continuum of care. We can achieve our 20+20 Target if we make significant advances across our six sectors, fulfill the goals we have set out to achieve and engage Illinoisans across the state in this effort.

We all know how dramatically and painfully HIV disproportionately impacts vulnerable communities, especially the Black and Latino/Latinx communities. GTZ-IL clearly lays out our approach to eliminating HIV in Illinois, but perhaps more importantly, it illustrates a strategy to combat some of the most oppressive intersectional challenges facing people living with HIV, including the following: social and racial injustice, inequity in health care access, the gap in mental health services, homelessness, poverty, the opioid epidemic and the vulnerability to substance use disorders that has long fueled the epidemic.

At the heart of GTZ-IL, and the ultimate success of ending new HIV transmissions in Illinois, lies our most powerful weapon: people across Illinois who are invested in this movement. Illinoisans have contributed to this plan in countless, meaningful ways. Feedback during community town halls, focus groups and surveys shaped the plan and gave us a path forward; the empathy, dedication and resilience shone toward those impacted by HIV and AIDS, as well as the memory of those we have lost along the way, give us purpose. We will continue to seek feedback and guidance from those most impacted by the HIV epidemic. Together, we will get to zero!



APPENDIX

Appendix A- Glossary

ACA (Affordable Care Act)

The comprehensive health care reform law enacted in March 2010, sometimes known as PPACA (Patient Protection and Affordable Care Act), or “Obamacare.”

ADAP (AIDS Drug Assistance Program)

A state-federal partnership program that provides HIV medications that are approved by the Food and Drug Administration to low-income people living with HIV who have limited or no health coverage from private insurance, Medicaid, Medicare or other sources.

AFC (AIDS Foundation of Chicago)

A nonprofit organization based in Chicago that mobilizes communities to create equity and justice for people living with and vulnerable to HIV and related chronic diseases.

AIDS (Acquired Immunodeficiency Syndrome)

According to CDC, when a person with HIV gets certain infections or cancers, they are diagnosed with AIDS, the most serious stage of HIV infection. AIDS is also diagnosed when a person’s CD4 cells (white blood cells that play an important role in the immune system) fall below a certain level. It’s also known as late-stage HIV.

ARV (antiretroviral medication)

A drug used to prevent a retrovirus, such as HIV, from replicating. It’s a shorthand term used to describe HIV medications.

CAHISC (Chicago Area HIV Integrated Services Council)

A federally-mandated integrated planning group coordinated by the Chicago Department of Public Health that provides guidance on how HIV prevention, care and housing services are delivered to the Chicago Eligible Metropolitan Area.

CDC (Centers for Disease Control and Prevention)

The health protection agency of the U.S. Its main goal is to protect public health and safety through the control and prevention of disease, injury and disability.

CDPH (Chicago Department of Public Health)

A government department of the City of Chicago. Its mission is to make Chicago a safer and healthier place by working with community partners to promote health, prevent disease, reduce environmental hazards and ensure access to health care for all Chicagoans.

Cisgender

Term used to describe a person whose gender identity and/or gender expression is the same as what is typically associated with the sex they were assigned at birth.

Condom

A barrier device used during sexual intercourse to reduce the probability of pregnancy or transmission of a sexually transmitted infection. Internal condoms used to be referred to as “female condoms.”

**ECR (Electronic Case Reporting)**

The automated identification and transmission of reportable health events from the electronic health record to state and local public health departments.

EPT (Expedited Partner Therapy)

The clinical practice of treating the sex partners of patients diagnosed with sexually transmitted infections, chlamydia or gonorrhea, by providing prescriptions or medications to the patient to take to their partner without the health care provider first examining the partner.

FQHC**(Federally Qualified Health Center)**

A federally-designated community-based organization that provides comprehensive primary care and preventive care, including health, oral and mental health/substance abuse services to persons of all ages, regardless of their ability to pay or health insurance status.

GTZ-IL (Getting to Zero Illinois)

A statewide initiative to end the HIV epidemic in Illinois by 2030.

Harm Reduction

A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

HCV (Hepatitis C)

A form of viral hepatitis transmitted in infected blood, causing chronic liver disease. Approximately 25% of people living with HIV in the U . S. also have HCV.

HIV (Human Immunodeficiency Virus)

A virus that attacks the body's immune system. It can lead to acquired immunodeficiency syndrome, or AIDS, if not treated. No effective cure for HIV currently exists, but with proper medical care, people can live healthy lives.

HMIS (Homeless Management Information System)

A local information technology system used to collect client information and data on housing and services to people and families experiencing or at risk of homelessness.

IDPH**(Illinois Department of Public Health)**

The department of Illinois state government that prevents and controls disease and injury, regulates medical practitioners and promotes sanitation.

IHIPC (Illinois HIV Integrated Planning Council)

Illinois' federally-mandated integrated statewide HIV care and prevention planning body convened by the Illinois Department of Public Health.

Immigrant

A person who makes a conscious decision to leave their home and move to a foreign country with the intention of settling there. Someone who is an immigrant is not the same as a migrant.

Justice-Involved Community

Term to describe people who are or have been in jail or prison

**Latino/Latina, Latinx**

Terms used to refer to people with cultural ties to Latin America. Latino/Latina used when referring to a mixed-gender group, or the emerging, fully inclusive “Latinx,” which encompasses all genders.

LGBTQ

Lesbian, gay, bisexual, transgender and queer

MAT (medication-assisted treatment)

The use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose.

MATEC (Midwest AIDS Training + Education Center)

A federally-funded training center providing AIDS and HIV clinical training and support to health care professionals.

MCO (Managed Care Organization)

A health organization that contracts with insurers or self-insured employers and finances and delivers health care using a specific provider network and specific services and products.

Migrant

A migrant moves from place to place (whether that is within their home country or not), usually for economic reasons. Like immigrants, migrants are not forced to leave their homes due to persecution or violence, but rather to seek better opportunities.

MSM (men who have sex with men)

Men, including those who do not identify as gay or bisexual, who engage in sexual activity with other men (used in public health contexts to avoid excluding men who identify as straight).

NHAS (National HIV/AIDS Strategy)

A five-year plan that details principles, priorities and actions to guide our collective national response to the HIV epidemic.

PEP (post-exposure prophylaxis)

Short-term treatment started as soon as possible within 72 hours after possible exposure to HIV. PEP significantly reduces the risk of infection.

PrEP (pre-exposure prophylaxis)

A daily pill and program for those who are HIV negative that is up to 99% effective at preventing the transmission of HIV sexually when taken consistently and correctly.

Racism

Racism involves one group having the power to carry out systematic discrimination through the institutional policies and practices of the society, and by shaping the cultural beliefs and values that support those racist policies and practices. Racism is different from racial prejudice, hatred or discrimination.

RED

Research, Evaluation, Data.

Sex Work

The exchange of sexual services or performances for material compensation, including money, housing or food. Sex work is distinct from human trafficking.

STI (sexually transmitted infection)

An infectious disease that can move from person to person during sexual contact. Bacteria, parasites and viruses cause sexually transmitted diseases, such as syphilis, chlamydia, and HIV infection.

**Sustained Viral Suppression**

Continued reduction of a person's HIV load to an undetectable level through the consistent use of ARVs. A person has sustained viral suppression when they have two or more viral load tests where all results equal fewer than 200 copies of HIV RNA/mL in a 12-month period.

Transgender

People of transgender experience have a gender identity or gender expression that differs from their assigned sex at birth.

Trauma-Informed Care

A treatment style that supports a whole person, taking into account past trauma and the resulting coping mechanisms that arise when attempting to understand behaviors and engage in care.

U=U (Undetectable equals Untransmittable)

U=U means that people living with HIV on successful antiretroviral treatment — meaning their viral load is undetectable for at least six months — cannot transmit HIV sexually to their HIV-negative partners. U=U is a public health campaign spearheaded by the Prevention Access Campaign.

Viral Suppression

When antiretroviral therapy (ART) reduces a person's viral load (HIV RNA) to an undetectable level in the blood. Viral suppression does not mean a person is cured; HIV remains in the body. If ART is discontinued, the person's viral load will likely return to a detectable level.

White Privilege

An inherent preference for whiteness that saturates society. White privilege provides white people with benefits that are unearned — and that are not granted to people of color. All people are impacted by white privilege.

Women

Whenever GTZ-IL mentions “women,” it is inclusive of both transgender and cisgender women unless otherwise noted.



Appendix B- Letters of Support



Dear Partners,

The release of this plan is a testament of how far we have come in our fight against HIV. The Chicago Department of Public Health (CDPH) will continue to participate in and support the Getting to Zero Illinois (GTZ-IL) initiative until we bring the HIV epidemic to an end.

In 2017, Chicago achieved historic progress in reducing the number of new HIV diagnoses to 752, the fewest since 1988. This success is a result of ongoing, stable funding for treatment and prevention, strong partnerships and a holistic approach that aims at addressing the root causes of HIV. Together, we have expanded HIV testing, linked more people to health care faster than ever before, helped them remain in care and provided life-saving supportive services like housing. Due to the hard work of our partners, people across Illinois are now living healthier and longer lives with HIV.

The advent of PrEP, the daily medication that is over 99% effective at preventing HIV, has transformed the landscape of HIV prevention services. But not everyone benefits equally. The Black and Latino/x gay and bisexual men, transgender women of color and Black cisgender women remain disproportionately affected by HIV. The latest research shows us that HIV-related health disparities and HIV transmission can be eliminated by improving access to HIV medications and medical care. People on treatment medication who maintain undetectable viral loads cannot transmit HIV sexually to others. This concept, known as undetectable = untransmittable, or U=U, is a guiding philosophy for our investments. While we are proud of what we have achieved, we also acknowledge that our work is not done yet and that we must address social determinants of health in order to connect people to health care and other vital supportive services critical to preventing new HIV diagnoses.

We have been privileged to have the opportunity to collaborate since 2016 with the Illinois Department of Public Health, providers, advocates and other stakeholders to develop the GTZ-IL plan. We remain committed to working alongside the most impacted communities and ensuring we achieve GTZ-IL goals in the coming years.

Julie Morita, M.D.
Commissioner, Chicago Department of Public Health



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May 9, 2019

John Peller
President and CEO
AIDS Foundation of Chicago
200 W. Jackson Blvd., Ste 2100
Chicago, IL 60606

Dear Mr. Peller,

HIV remains a significant public health issue in Illinois and now, we have a plan to end the epidemic by 2030 with Getting to Zero Illinois (GTZ-IL). The Illinois Department of Public Health (IDPH) is proud to have partnered with community members, people living with and vulnerable to HIV, providers, funders, and other stakeholders to help develop the GTZ framework and is honored to support the plan.

Beginning July 2016, a small group of advocates, service providers, people living with HIV, and government officials—including Eduardo Alvarado, IDPH HIV Section Chief, met to explore the possibility of creating a plan that would dramatically address the HIV epidemic in Illinois. Thanks to the voices and input of hundreds of people across the state over the past two years, we now have one of the nation's strongest plans to end the HIV epidemic.

The plan has two critical goals: improving the lives and health of people living with HIV, and preventing new HIV transmissions. While we are seeing great successes in reducing new HIV cases statewide, not all groups are benefitting equally. That's why this plan focuses attention on groups that continue to be disproportionately impacted by HIV – Black and Latinx gay and bisexual men, transgender women of color, and Black cisgender heterosexual women.

Thank you to everyone who worked so hard to develop this plan. All of us at the Illinois Department of Public Health look forward to collaborating to make it a reality.

Sincerely,

Ngozi O. Ezike, MD
Director, Illinois Department of Public Health

