

GETTING TO ZERO ILLINOIS

Draft Plan Launch

In honor of World AIDS Day 2018

December 3, 2018



Welcome to everyone viewing today's event from across Illinois! Download slides & handouts at www.gtzIllinois.org/draft

Today's agenda:

- review the latest epi data from IDPH & CDPH**
- Get an overview of how we've developed the plan and key elements**
- Q & A and audience comments**

REMEMBER: This is just a draft, and we are inviting your comments!



THANK YOU, STEERING COMMITTEE & STAFF!

- **Communications**

- Brian Solem, DeVante' Harris

- **Health Care Access**

- Toyin Adeyemi, Candi Crause, Erik Glenn

- **Housing**

- Noel Green, Scott Ammarell

- **Research, Data and Evaluation**

- Diana Lemos, Nanette Benbow, John Schneider, Gregory Phillips

- **Social Determinants of Health**

- Jolie Holliman, Latonya Maley, Chris Wade

- **At-Large members**

- Eduardo Alvarado, Illinois Department of Public Health representative
- David Kern, Chicago Department of Public Health representative
- John Peller, AIDS Foundation of Chicago representative
- Valerie Johansen, at-large member
- Nicole Seguin, Chicago Area HIV Integrated Services Council representative

- **AFC Staff**

- Simone Koehlinger
- Meg McElroy
- Sara Semelka

CURRENT STATE OF THE EPIDEMIC

Eduardo Alvarado, MPH, MPAP, Chief, HIV/AIDS Section,
Illinois Department of Public Health

Dave Kern, Deputy Commissioner, HIV/STI Bureau, Chicago
Department of Public Health



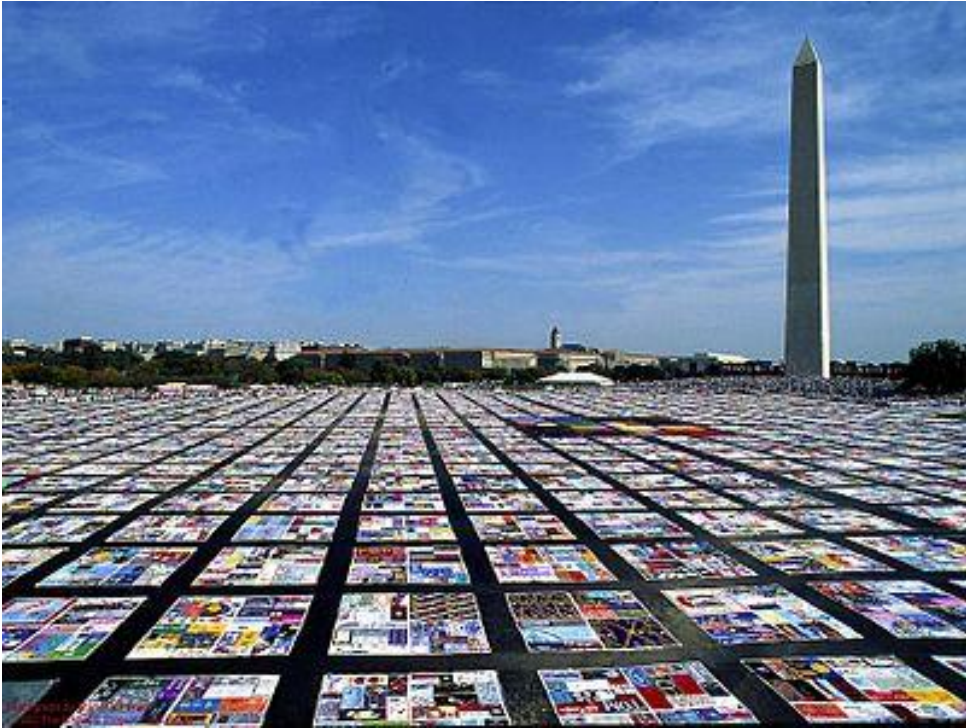


ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
PROTECTING HEALTH, IMPROVING LIVES

Getting to Zero: IL's Ending the HIV Epidemic Strategy

Eduardo Alvarado, MPH, MPAP
Chief, HIV/AIDS Section
Illinois Department of Public Health

WORLD AIDS DAY 2018



...In Memoriam

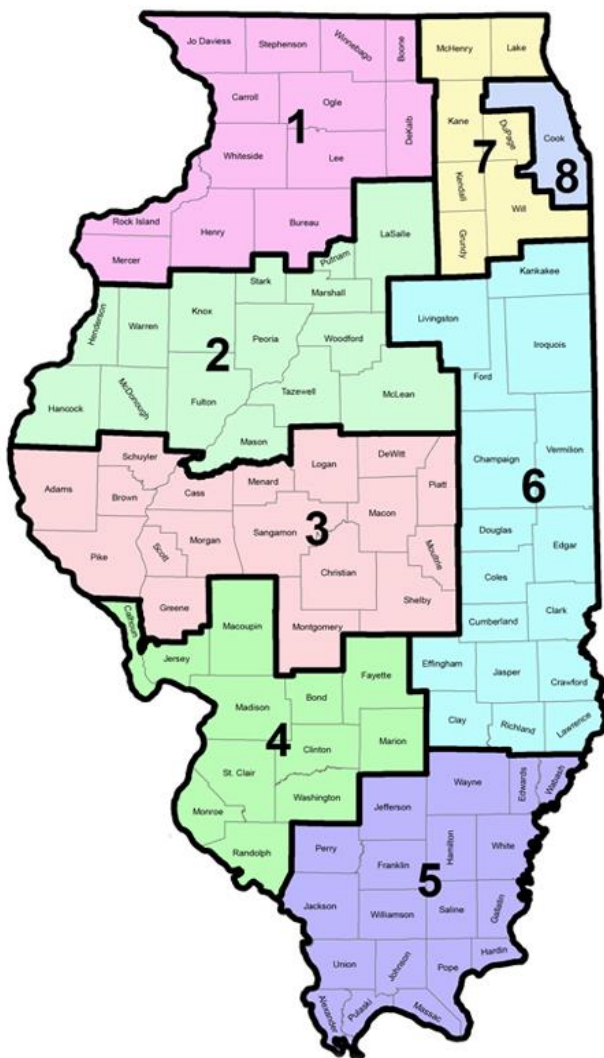
35,000,000 lives worldwide

16,752 lives, Illinois (1987-2016)

HOW WILL IDPH GET TO ZERO?

- Embed throughout Illinois' response to the Epidemic (1987)
 - Prevention, Care, ADAP, Surveillance, Evaluation, E&T, IHIPC
 - Funding from IL State General Revenue, HRSA/Ryan White, and CDC
- Client Services (annual estimates, 2017):
 - 200,000 clients received HIV Prevention services
 - 8,500 PLWHA received RW, ADAP or CHIC Services
- Align GTZ resources
 - HIV Care Continuum
 - RFA Process
 - GTZ Outcomes as Program Evaluation

Illinois HIV Disease Prevalence, 2016



**38,022
PLWHD**

**2017:
39,842**

80% Male

47% Black
28% White
18% Hispanic

16% 25-34 y/o
19% 35-44 y/o
61% 45+

Males

68% MSM
14% IDU/MSM+IDU
6% HET

Females

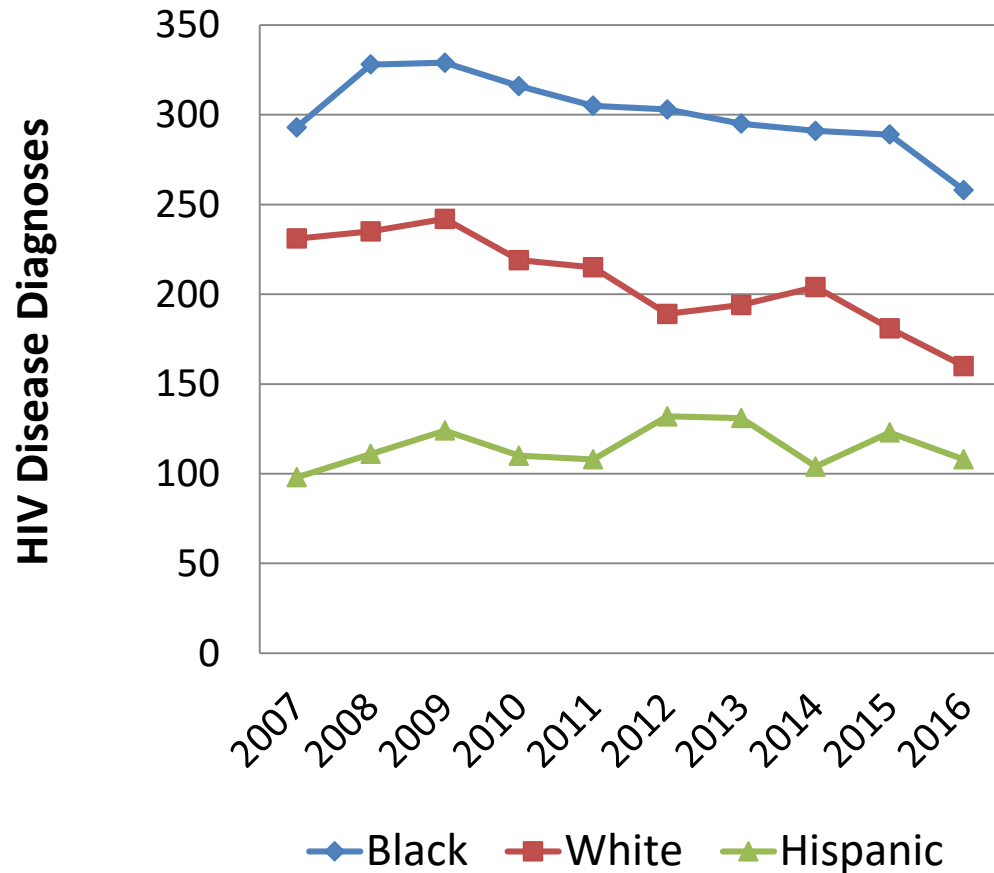
52% HET
18% IDU

Prevalence based on address at diagnosis; Transmission category included non-reportable and non-identifiable risk groups.

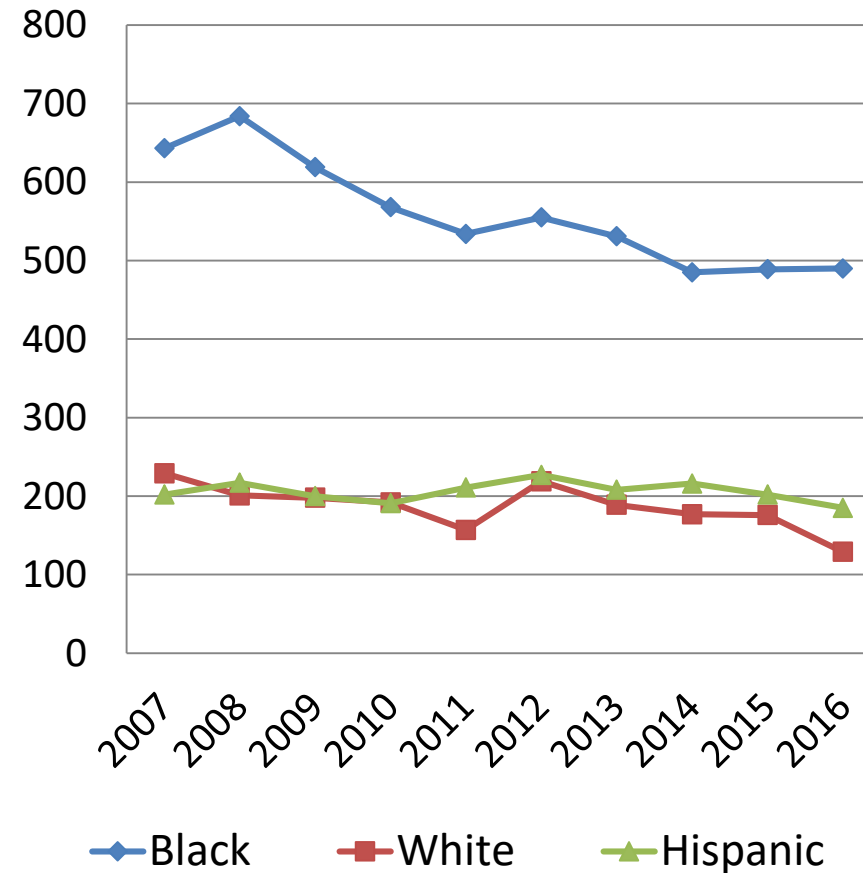
Source: Illinois Department of Public Health, HIV/AIDS Surveillance Unit. Data as of May 2018.

HIV Diagnoses by Race/Ethnicity

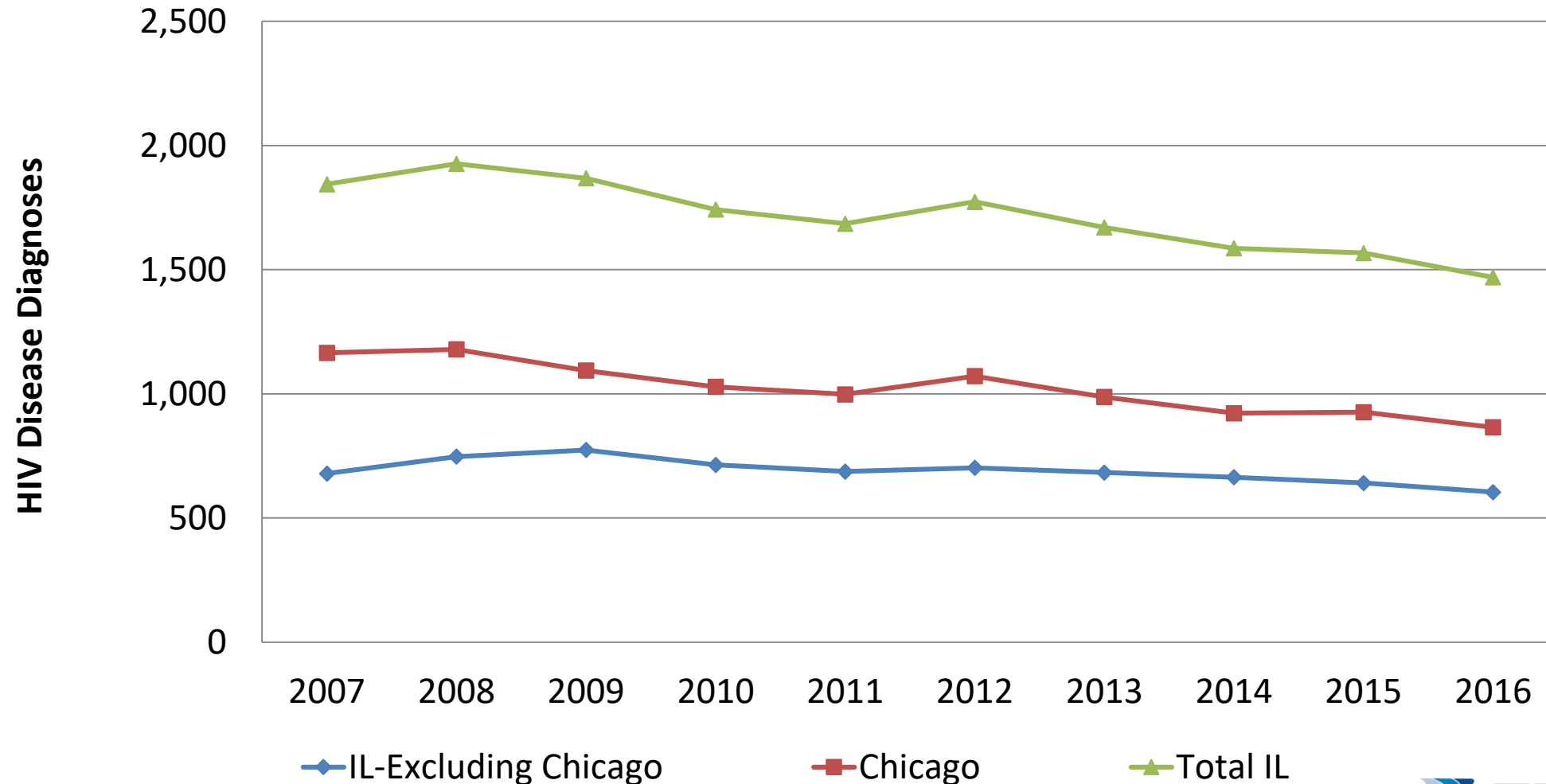
IL-Excluding Chicago



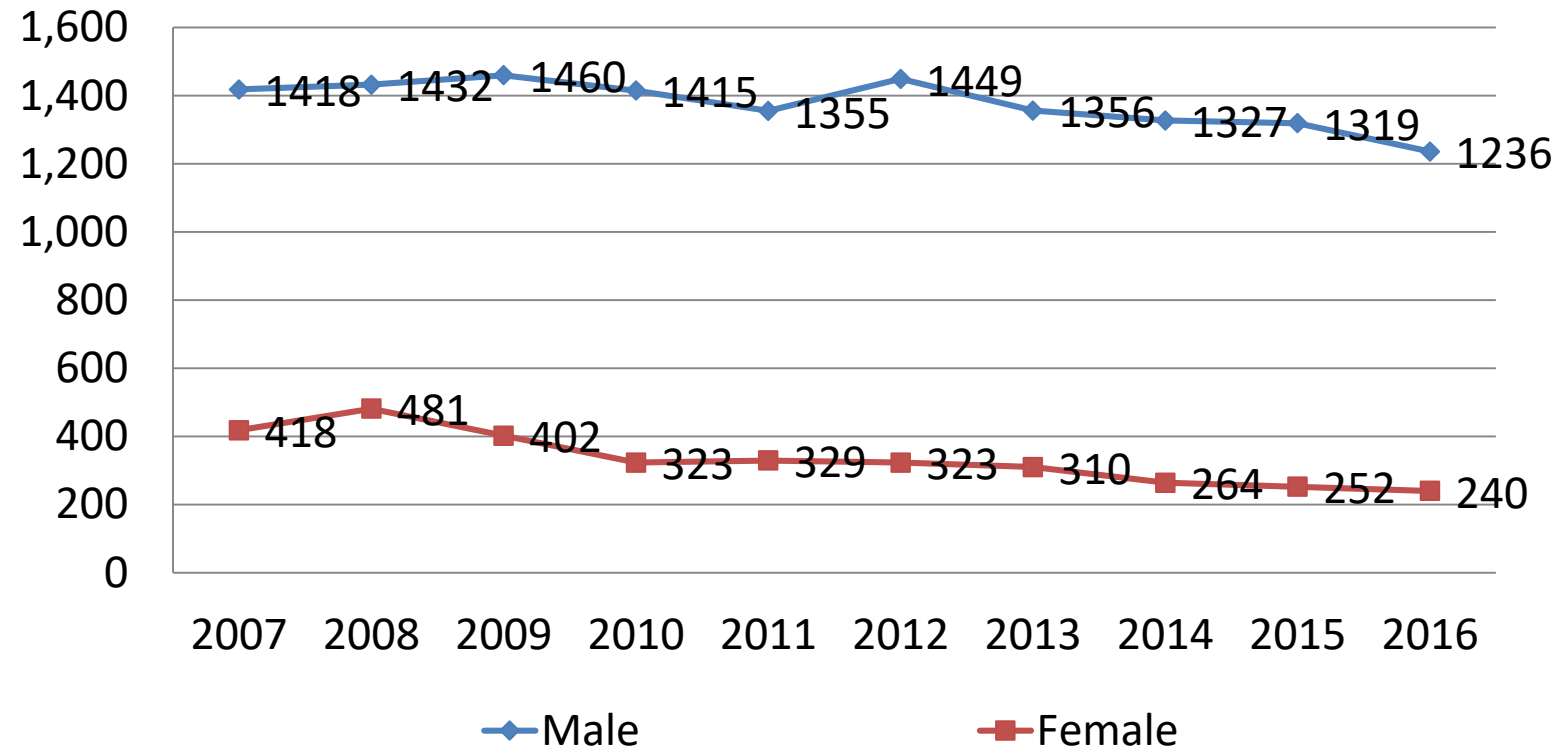
Chicago



HIV Diagnoses: Chicago vs. Illinois

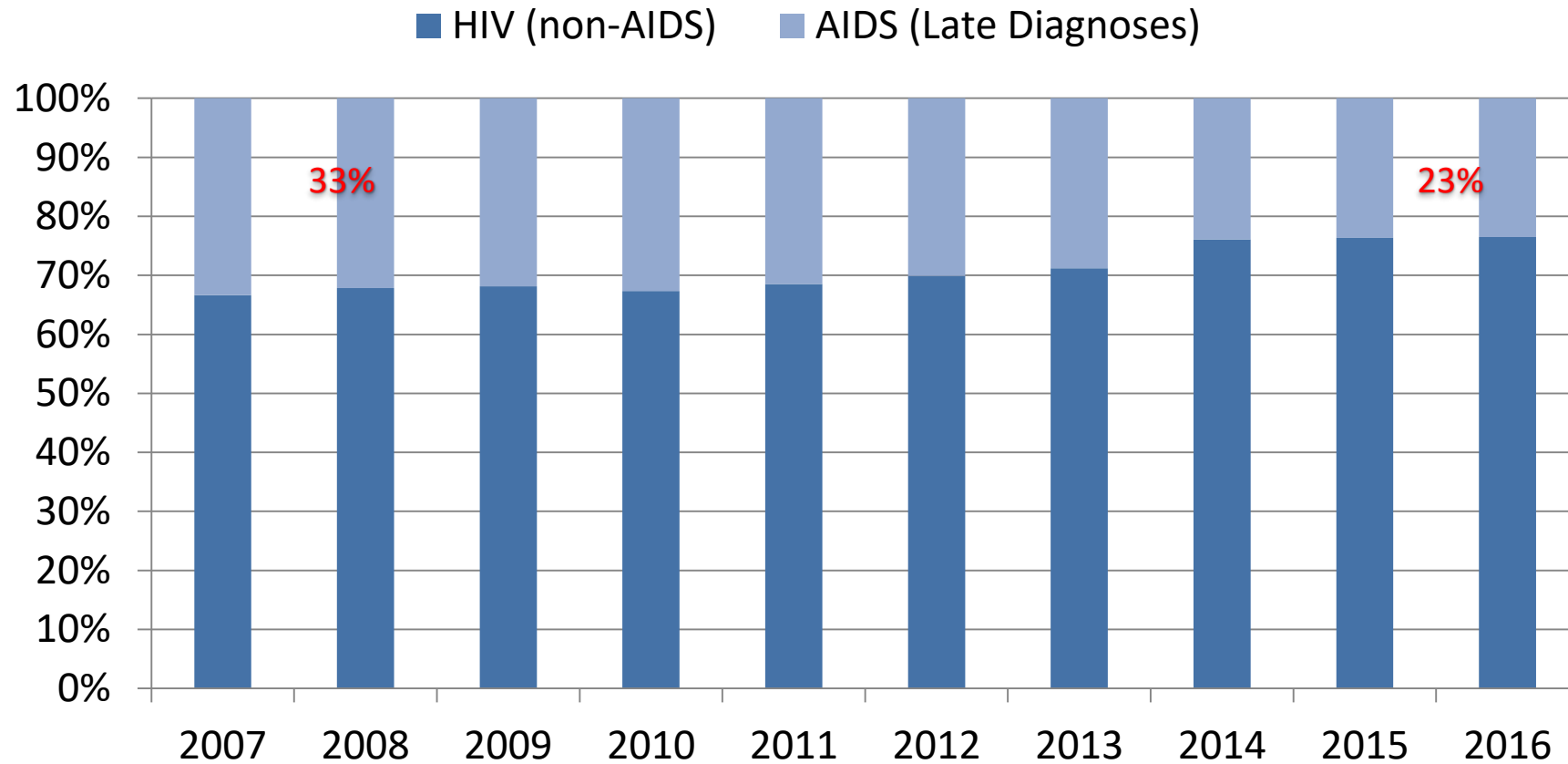


HIV Diagnoses in Illinois by Sex



Source: Illinois Department of Public Health, HIV/AIDS Surveillance Unit. Data as of December 2017.

Diagnostic Status of New HIV Diagnoses in Illinois by Year of Diagnosis



2007-2012 APC = -3.61* / 2012-2016 APC = -10.87*

* The Annual Percent Change (APC) is significantly different from zero at $\alpha=0.05$.

Source: Illinois Department of Public Health, HIV/AIDS Surveillance Unit. Data as of June 2017.

HIV Late Diagnoses, Illinois, 2007-2016

**Among clients diagnosed with HIV in 2016,
23% tested late with advanced HIV/AIDS:**

30% of all males... *who tested HIV positive*

28% of all females...

35% of all Hispanics (29% of all whites; 28% of all blacks)

43% of all persons over the age of 50...

15% of all 13-19 year-olds...

Males: 47% of heterosexuals; 44% of IDU; 27% of MSM...

Females: 31% of heterosexuals; 30% of IDU...



HIV Continuum of Care

Biomedical Interventions:

- PrEP, nPEP, PEP
- ARVs
- HCV Treatment



Behavioral Interventions:

- Client-centered
- PrEP, Condoms, Harm Reduction
- STI screen/treat, as needed
- Health Care Access point
 - Mental Health
 - Substance Abuse

Structural Interventions:

- PrEP Enrollment
- HIV Testing: (-) (+) Pathways
- ECM: Navigation, Retention, Housing

Ending HIV in IL: Getting to **ZERO**

By 2030, Illinois proposes:

***Zero** new HIV infections, and*

***Zero** people living with HIV/AIDS who are not receiving treatment—*

by increasing PrEP uptake for HIV negative persons, and increasing care & Virologic suppression for those living with HIV.

IDPH Has the Tools to 'Get To Zero'

Robust HIV Data, RW, Perinatal & ADAP Systems

Extensive ECM, Housing and Harm Reduction infrastructures

City and State Engagement, e.g. IL PrEP Working Group, IHIPC, CAHISC, FIMR

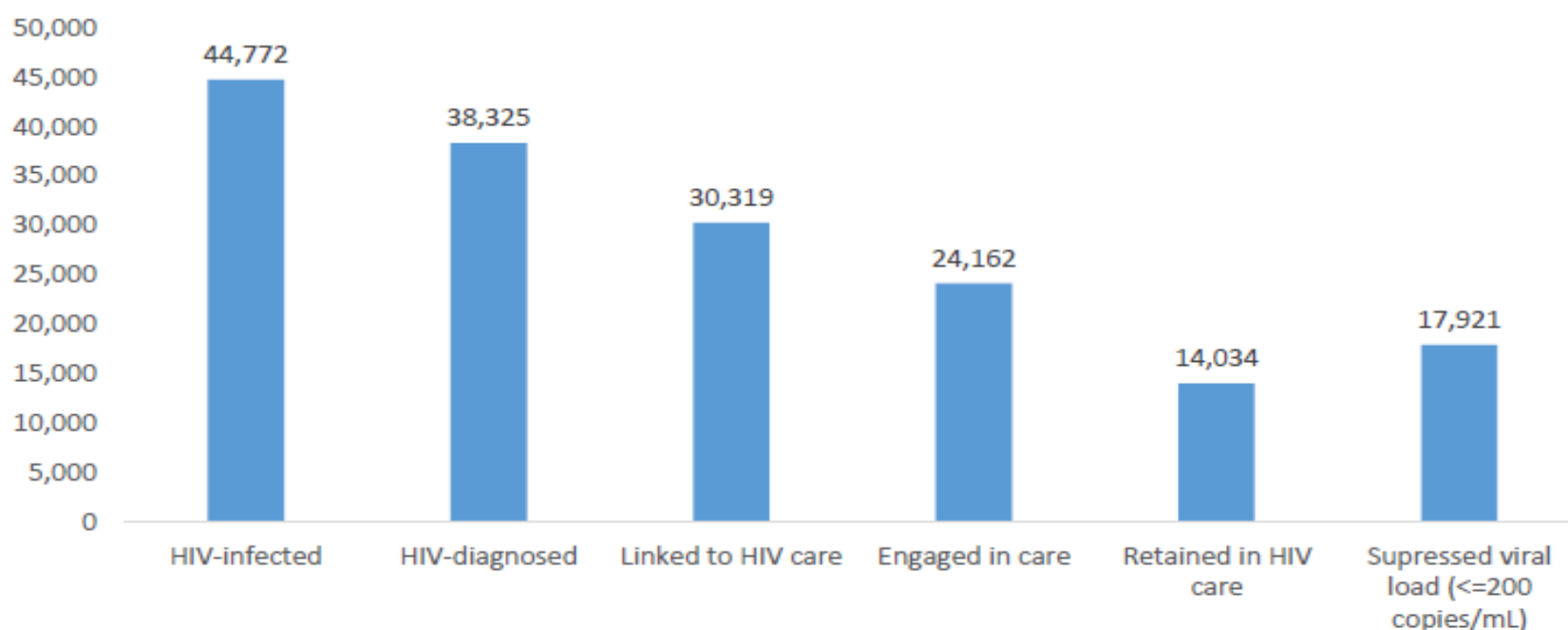
IL Follows a *Call to Action* by our Federal (funding) partners

Prioritized PrEP investments-current and future

HB2800 and Repeat Third Trimester HIV Testing

GETTING TO ZERO IN ILLINOIS:
WE ARE CLOSER THAN YOU THINK

Engagement in HIV Care in Illinois for Persons Diagnosed HIV Infection through 12/31/2016 and Living with HIV on 12/31/2017



- The CDC-supplied NHAS Indicator SAS Program was used to generate this data.
- Persons less than 13 years of age were excluded from the data sample.
- Diagnosed: based on CDC CD4-based prevalence estimates that 14.4% of HIV infected individuals were unaware of their serostatus in Illinois.
- Linked to care: based on HIV positives diagnosed through 2017 that were linked to care (i.e. attended a medical visit) within 1 months of their diagnosis
- Retained in care: percent of persons who have ≥ 2 care visits between 01/01/2017 through 12/31/2017, at least 3 months apart
- Virally suppressed: percent of persons who have most recent viral load test result ≤ 200 copies/ml in 2017.
- Based on HIV surveillance data reported through 09/27/2018



PrEP: Much more than a Pill

- The first point of entry into a health care setting
- For PLWHA, ARVs are essential to maintaining viral suppression (U=U) and improved Quality of Life
- Sustainability: PrEP 'Clinics' > PrEP 'Clinicians'
- Traditional vs alternative service models
- Integrate into routine health care settings

IDPH GTZ Investment Strategies

Resource allocation, program development and partnerships that support:

- Viral Suppression
- Molecular HIV Surveillance
- Alignment of HIV, STI and Viral Hepatitis
- Increasing the Value and Engagement of all communities
- Expanding PrEP Access
- Focus on improving healthcare access to prevention and HIV Care
- All IDPH HIV activities must address, prioritize and respond to:
SDOH, Health Equity, Health Literacy, and Reducing Stigma

IDPH HIV Investment Strategies

Viral Suppression goals may differ by population

Data: MHS, STI

Expanded *and* targeted PrEP and PEP

Integrate HIV/STI: Sexual Health ↔ Life Course

HIV Infrastructure

- Sustain PrEP and VS efforts with diverse funds
- GTZ evolution, modeling, changing Need, consumer feedback: ask the experts!
- Workforce development: in partnerships and staffing
- Youth and young MSM of color need better than traditional prevention programs



Accessing PrEP in Illinois

- WWW.PrEP4Illinois.com 800-825-3518
- PrEP is covered by most health insurance incl. Medicaid
- Gilead Sciences or other pharmaceutical companies cover pay for PrEP
- WWW.PrEP4Illinois.com
 - Payer of Last Resort (medication, copays, and soon-labs/office visits) for uninsured & underinsured clients



www.PrEP4Illinois.com

- IDPH PrEP Website
 - Education about PrEP
 - Education and training for Clinicians
 - Risk Reduction education for high risk clients
 - Directory of PrEP prescribers in Illinois
- Access to PrEP Services
 - Financial screening
 - Direct billing to Private Insurance or Medicaid
 - Enrolment into patient assistance co-pay program

PrEP Demonstration Projects

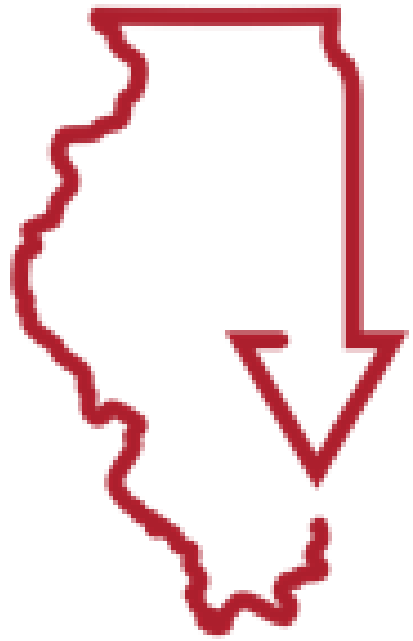
Funded 18 STD Local Health Department Sites

Granted \$20,000 for Capacity Building through Local Health Protection Grants

Goal: Increase PrEP Enrollment, Awareness, Accessibility and Sustainability.

In addition to PrEP education at every HIV screening visit:

- Referrals **or** on-site STI screening, case management and PrEP and PEP delivery
- Capacity building for sites to expand access and include PrEP and PEP
- Partner with local colleges and university health systems to educate and build capacity for PrEP through their health facilities (STI and Family Planning Clinics)
- Educate and collaborate with teaching hospitals, urgent care facilities, Perinatal Regional Networks, and other medical institutions on PrEP and PEP



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ILLINOIS**



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PublicHealth.com

GTZ IL has
enthusiastic
support from
Mayor Emanuel,
Governor Rauner,
HIV partners,
many PLWHA, and
Illinois and
Chicago
Departments of
Public Health



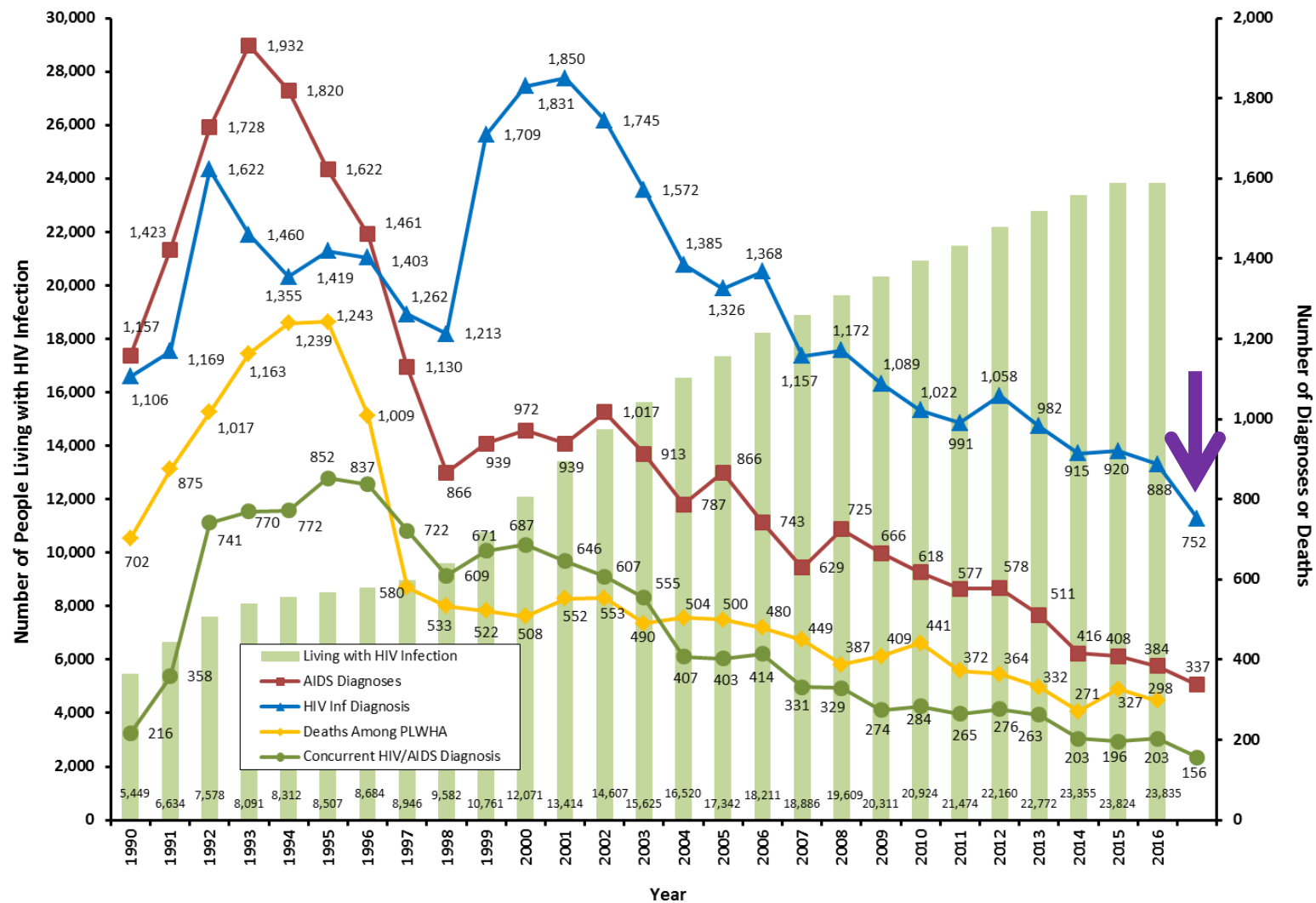


2018 HIV/STI Surveillance Report Release

Dave Kern
Deputy Commissioner
Chicago Department of Public Health
HIV/STI Bureau
December 2018

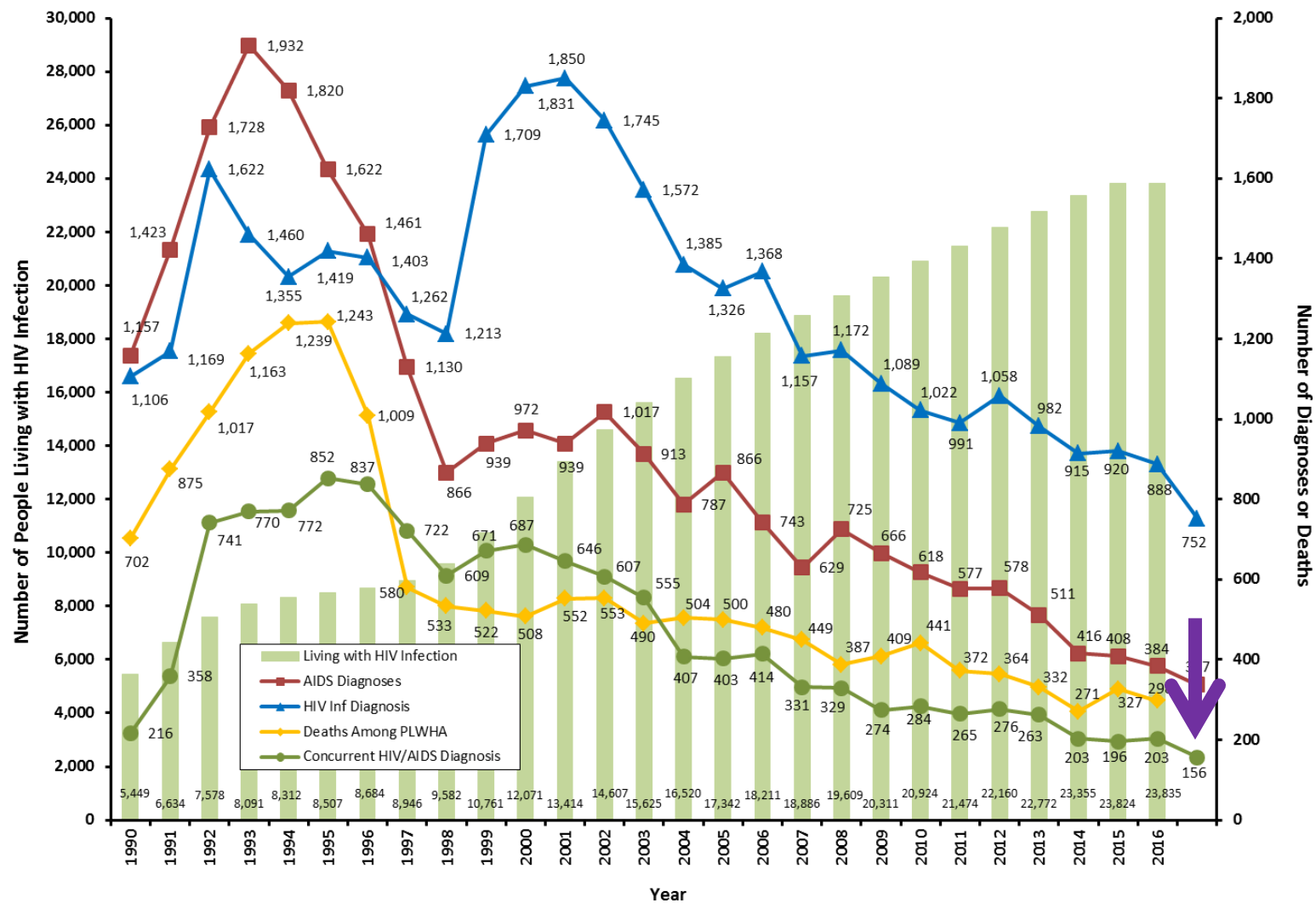
HIV Trends

Figure 2.1 People Living with HIV Infection (PLWH), People Diagnosed with HIV Infection, People Diagnosed with AIDS, Concurrent HIV/AIDS Diagnoses, and Deaths Among PLWH, Chicago, 1990-2017 (as of 10/26/2018)



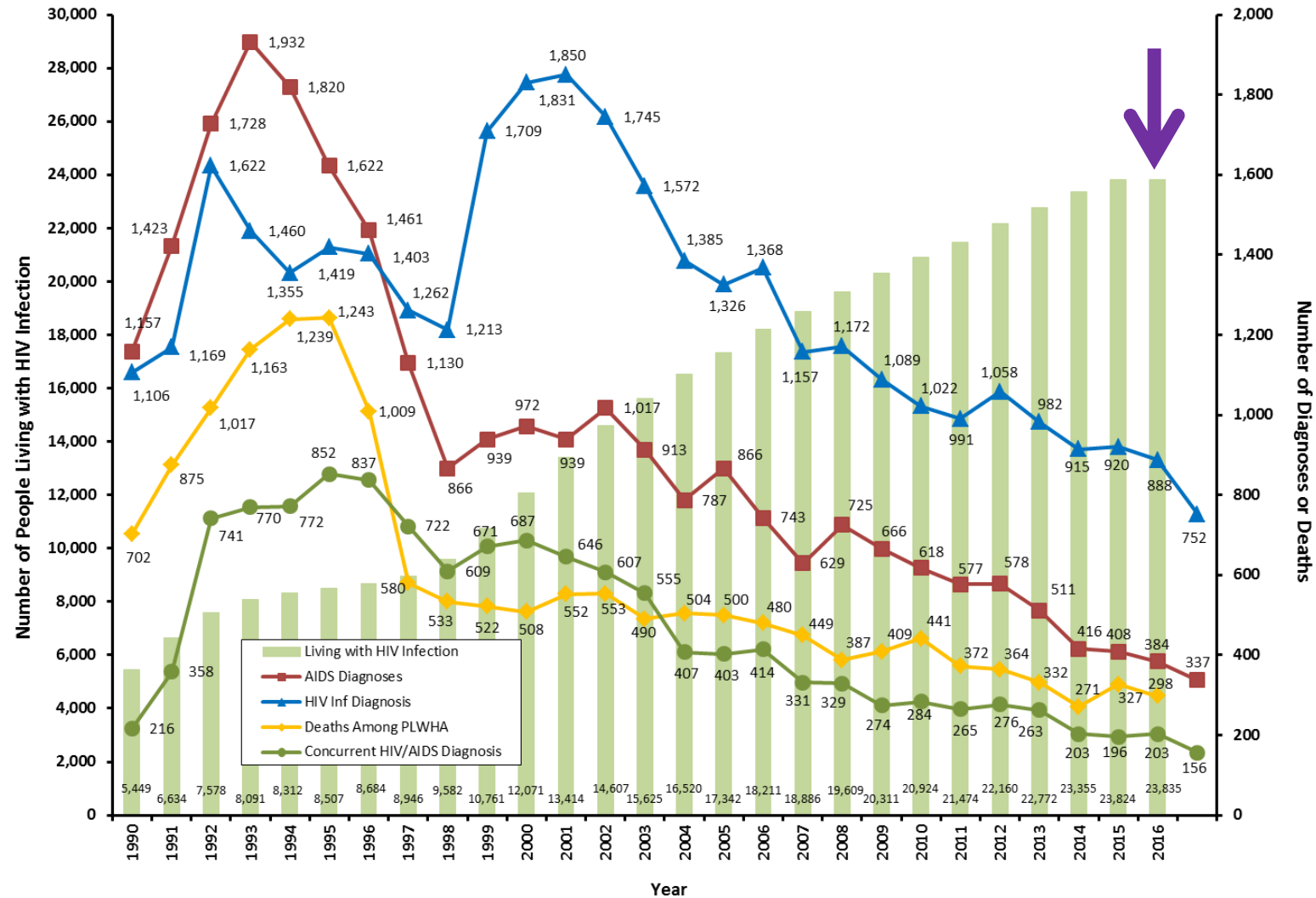
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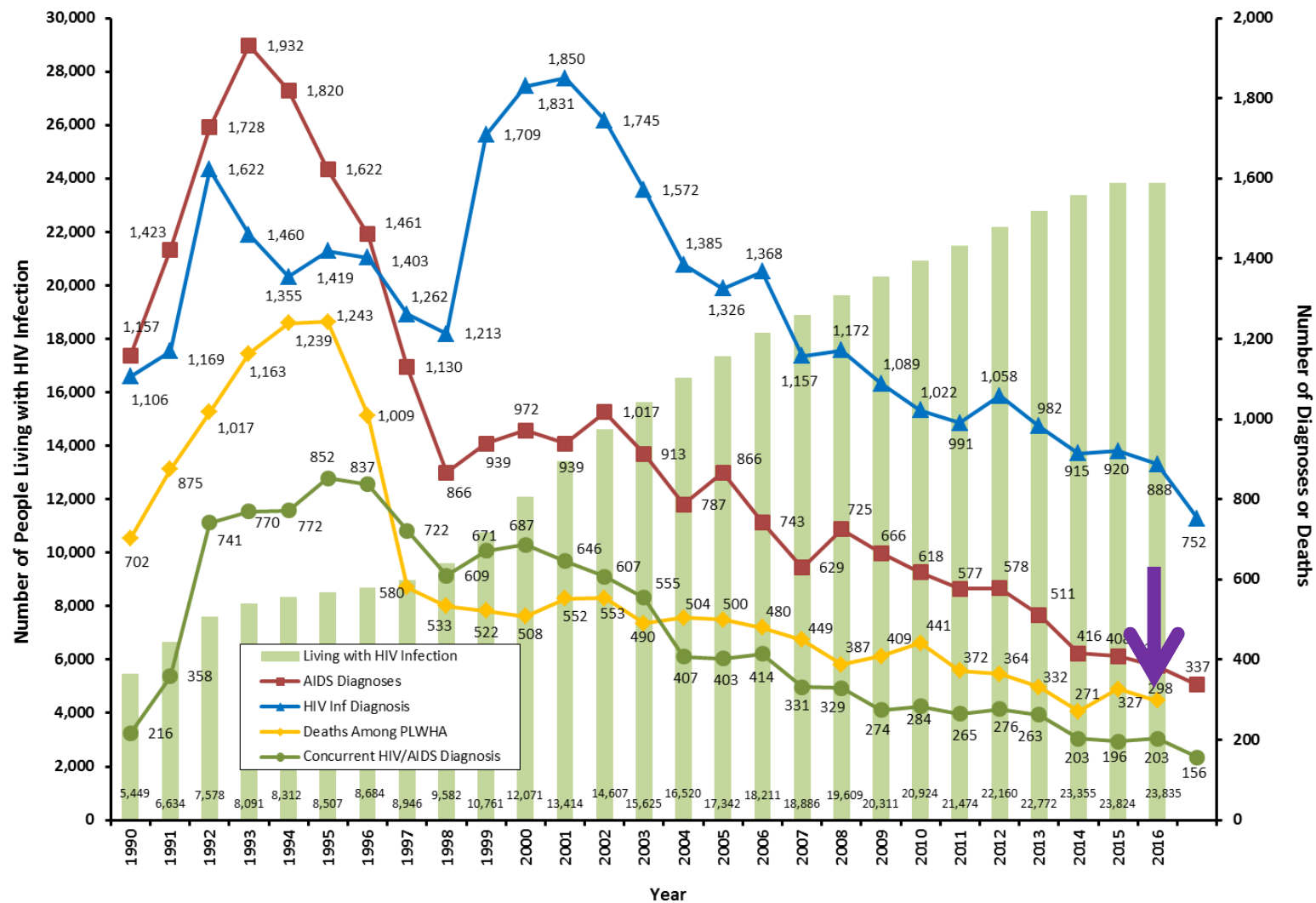
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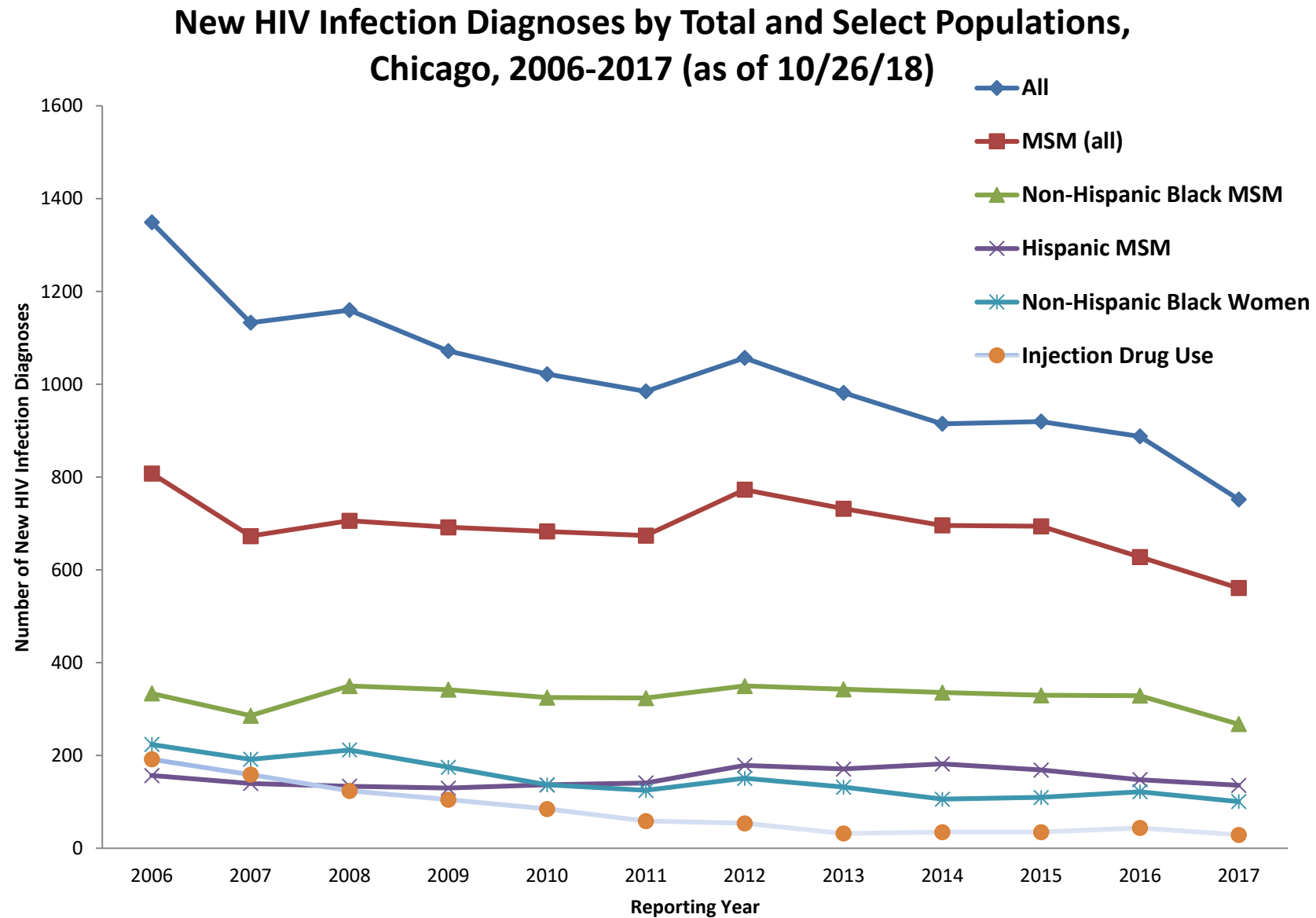
HIV Trends

- Certain population groups are more impacted by HIV than others in 2017.
 - Males
 - 82% of new HIV diagnoses (5.1 X more than females)
 - 78% of late HIV diagnoses
 - 80% of people living with HIV
 - Gay, bisexual and other men who have sex with men (MSM)
 - 77% of new HIV diagnoses
 - 65% of late HIV diagnoses
 - 68% of people living with HIV

HIV Trends

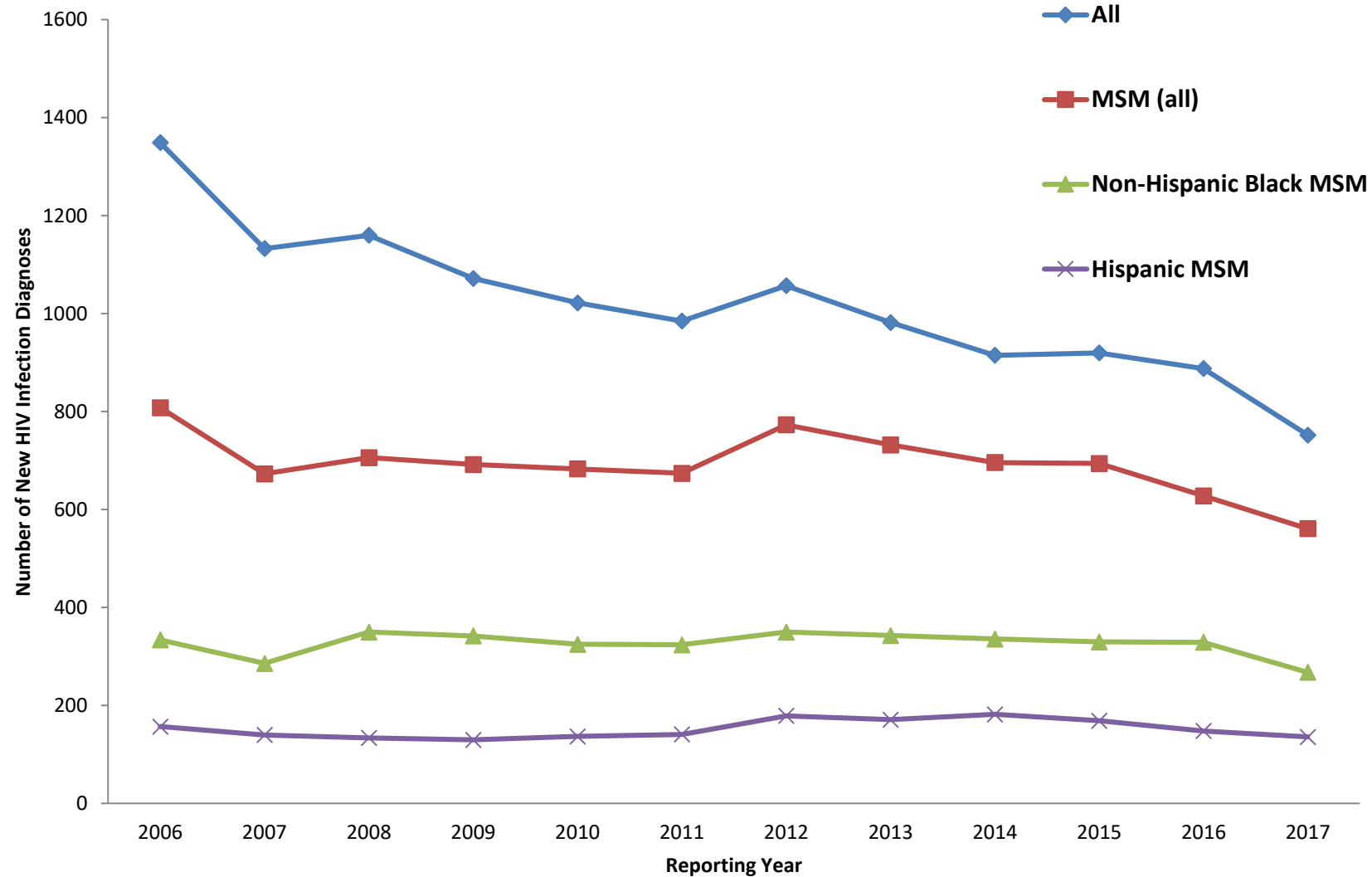
- Certain population groups were more impacted by HIV than others in 2017.
 - Non-Hispanic Blacks
 - 55% of new HIV diagnoses
 - 55% of late HIV diagnoses
 - 80% of people living with HIV
 - Individuals ages 20-39
 - 65% of new HIV diagnoses
 - 51% of late HIV diagnoses
 - Individuals ages 40+
 - 69% of people living with HIV

HIV Trends



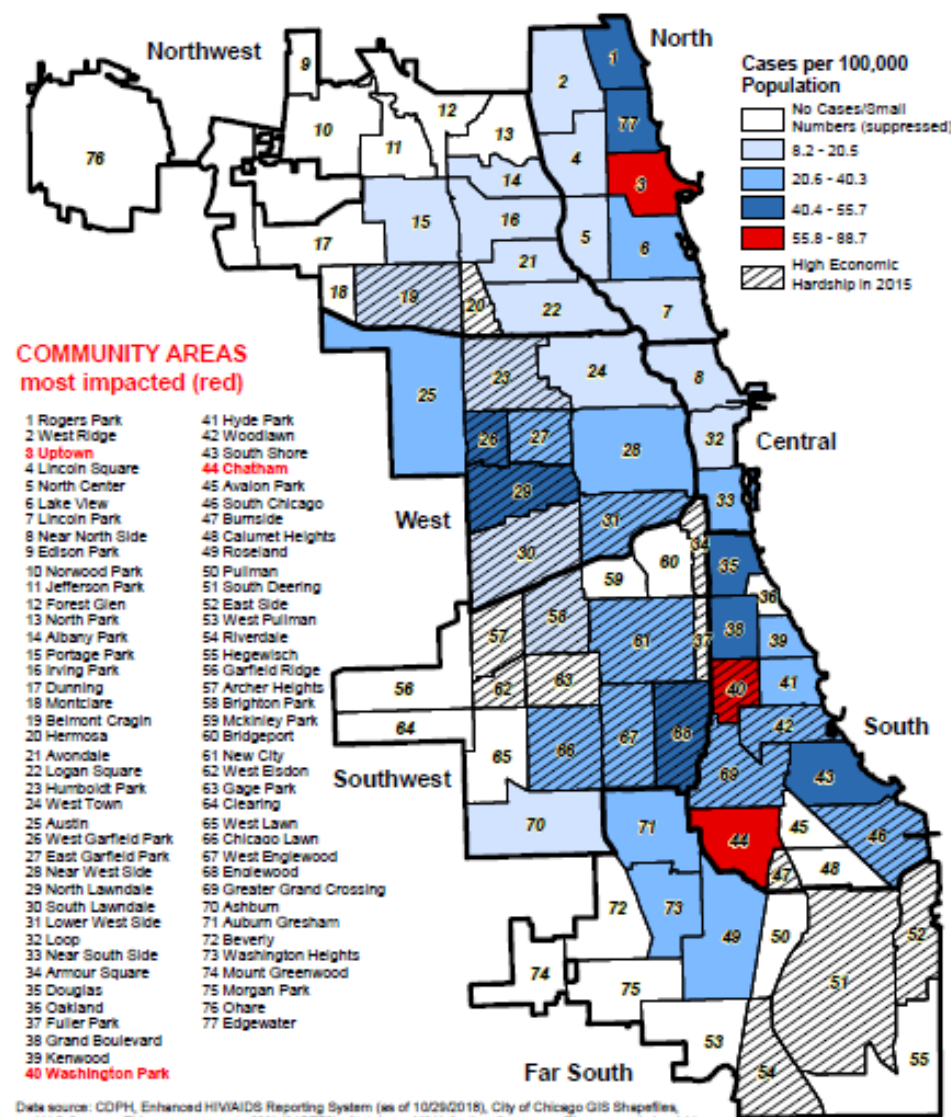
HIV Trends

**New HIV Infection Diagnoses by Total and Select Populations,
Chicago, 2006-2017 (as of 10/26/18)**



HIV Trends

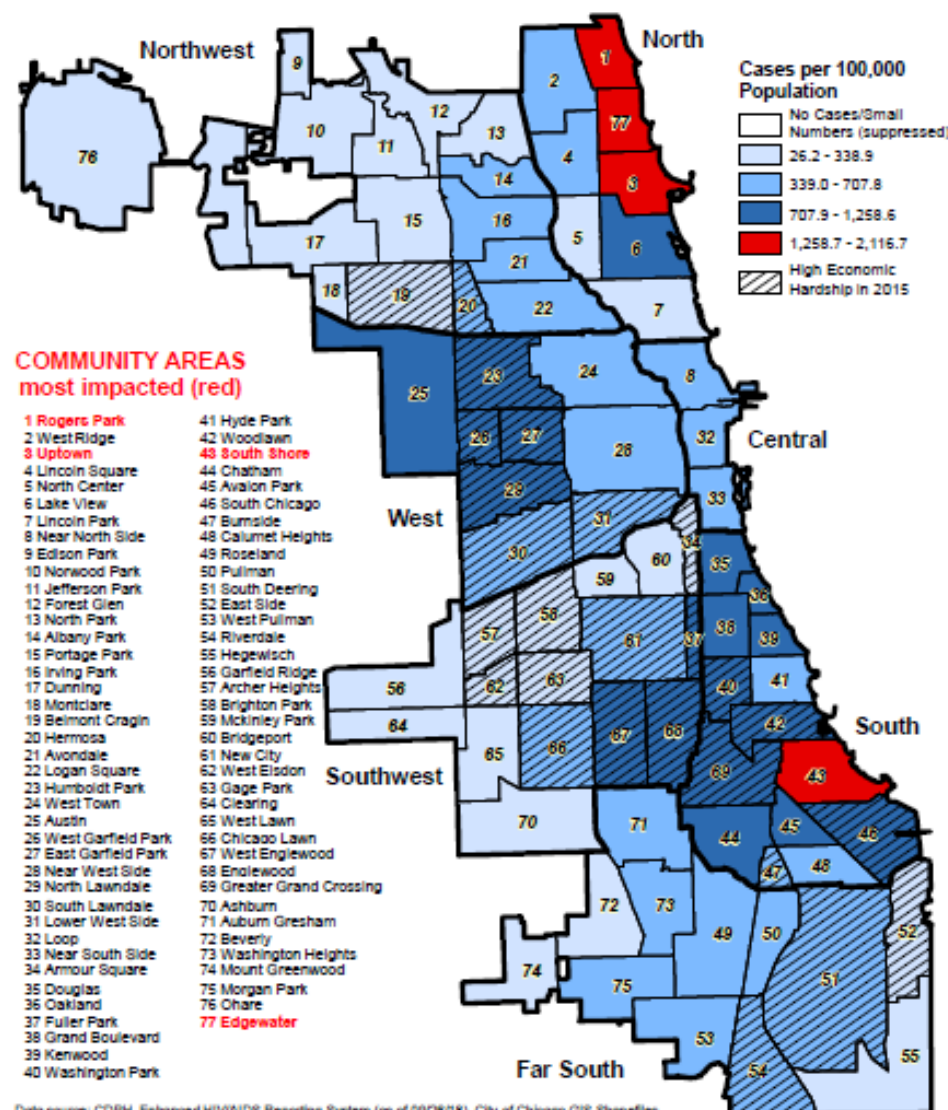
Figure 1.2 - 2017 Rate of HIV Infection Diagnoses in Chicago by Community Area



Data source: CDPH, Enhanced HIV/AIDS Reporting System (as of 10/25/2018), City of Chicago GIS Shapefiles, and U.S. Census. This map represents 86% (845/752) of total new HIV infection diagnoses. The economic hardship index utilizes multiple indicators to measure economic conditions of Chicago Community Areas. High hardship index scores indicate worse economic conditions.

HIV Trends

Figure 1.3 - 2016 Rate of People Living with HIV/AIDS in Chicago by Community Area



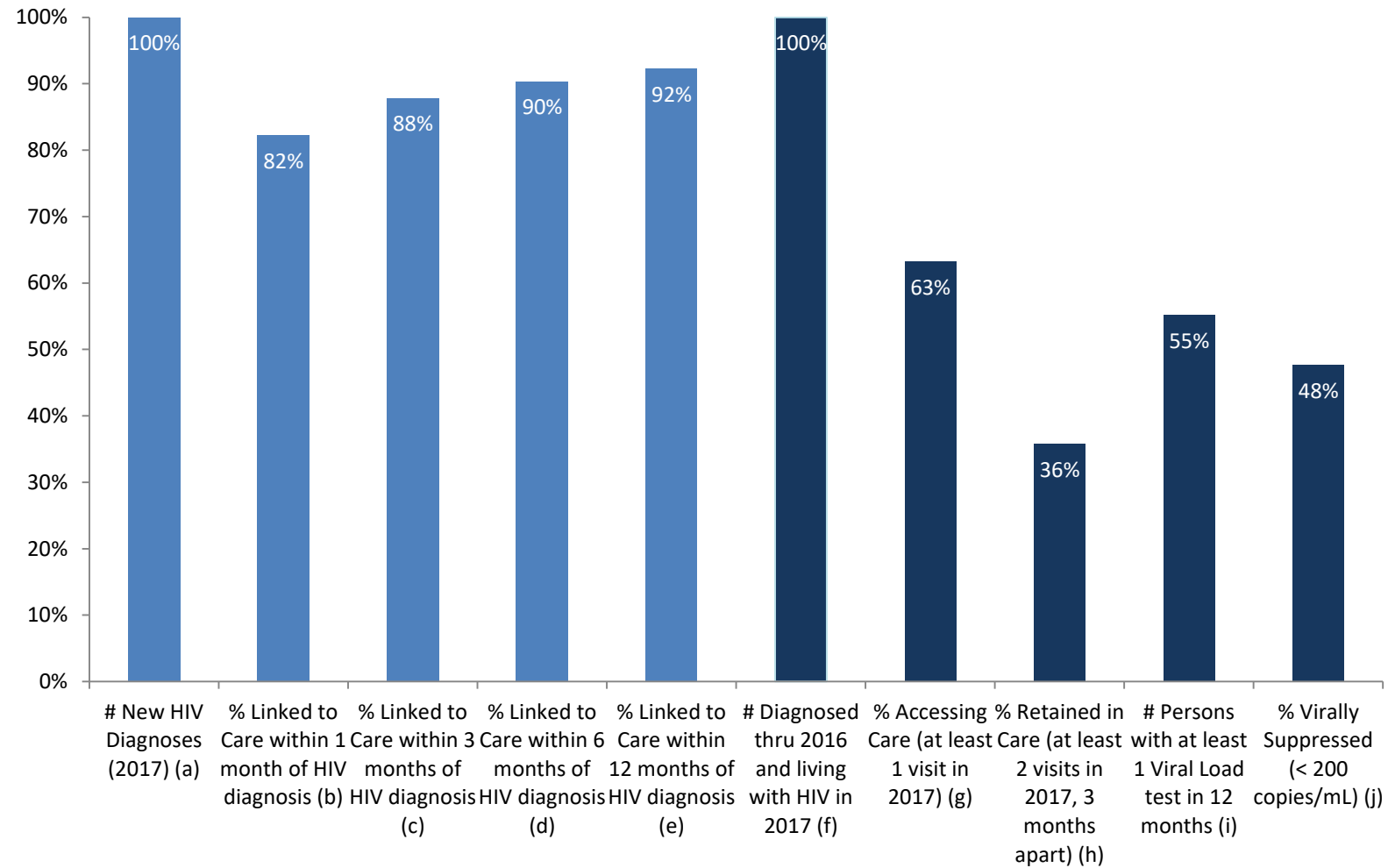
Data source: CDPH, Enhanced HIV/AIDS Reporting System (as of 09/26/16), City of Chicago GIS Shapefiles, and U.S. Census. This map represents 88% (16,270/23,880) of people living with HIV/AIDS. The economic hardship index utilizes multiple indicators to measure economic conditions of Chicago Community Areas. High hardship index scores indicate worse economic conditions.

HIV/STI Co-Infection – 2017

STI	# Co-Infected with HIV	% Co-Infected with HIV
Chlamydia	1,099	4%
Gonorrhea	1,202	10%
P&S Syphilis	342	43%

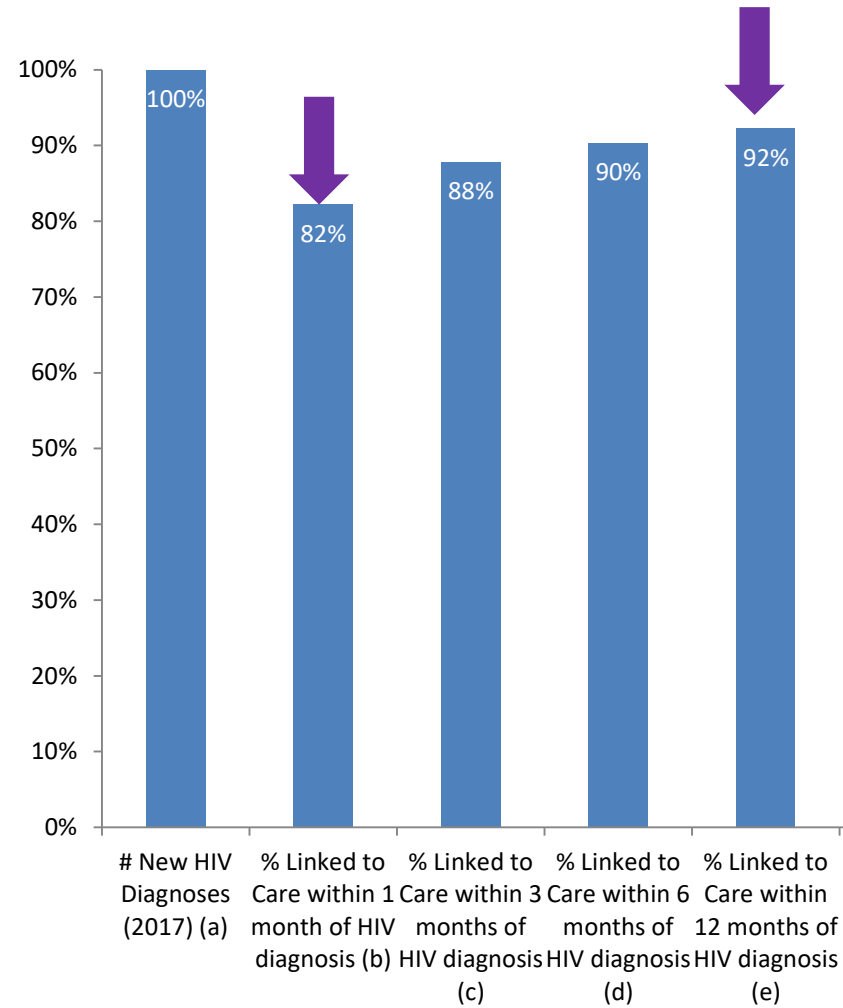
HIV Continuum

Figure 1.1 HIV Continuum of Care Among Cases 13 Years and Older, Chicago, 2017 (as of 10/26/2018)



HIV Continuum

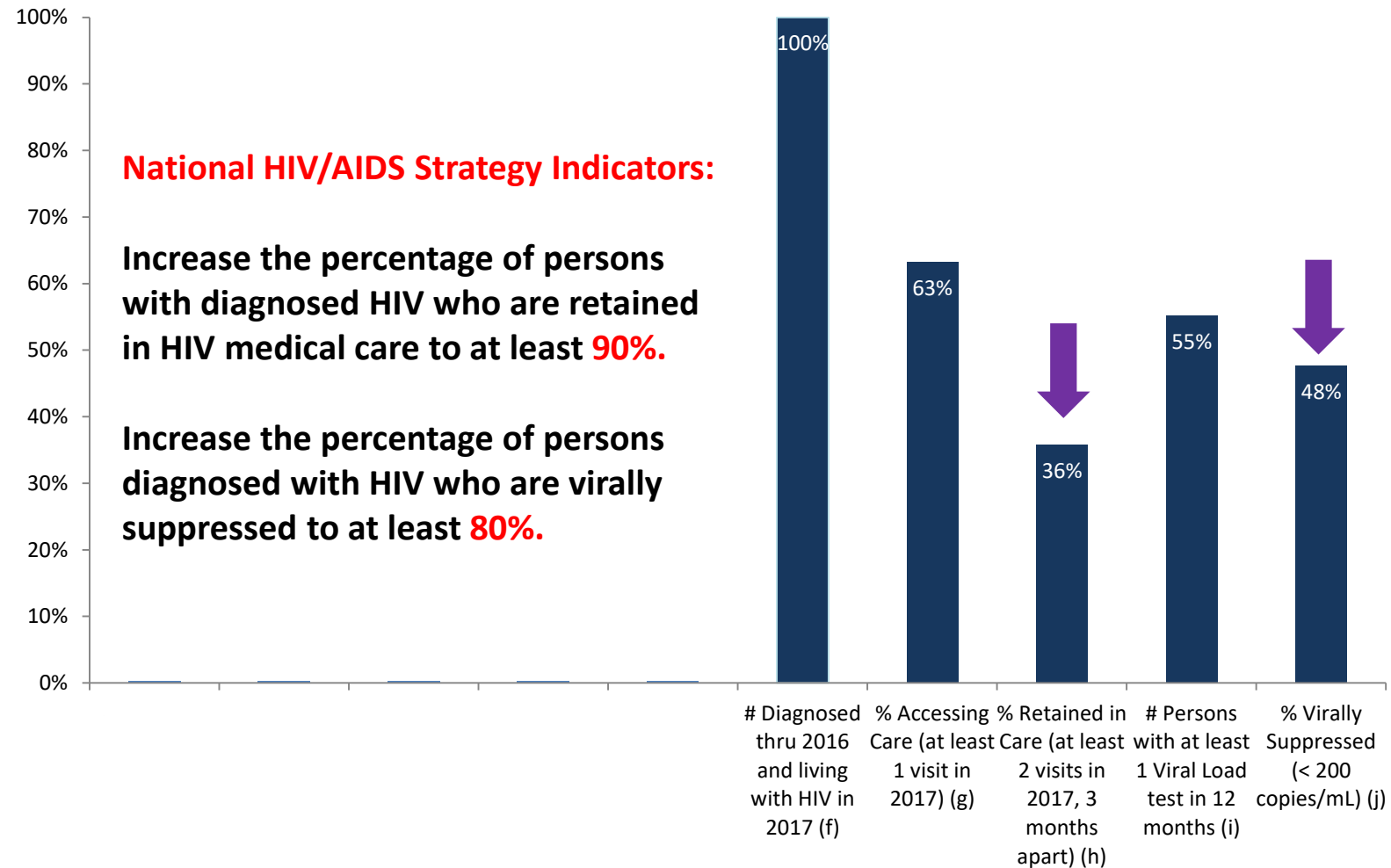
Figure 1.1 HIV Continuum of Care Among Cases 13 Years and Older, Chicago, 2017 (as of 10/26/2018)



National HIV/AIDS Strategy Indicator:
Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of diagnosis to at least **85%**.

HIV Continuum

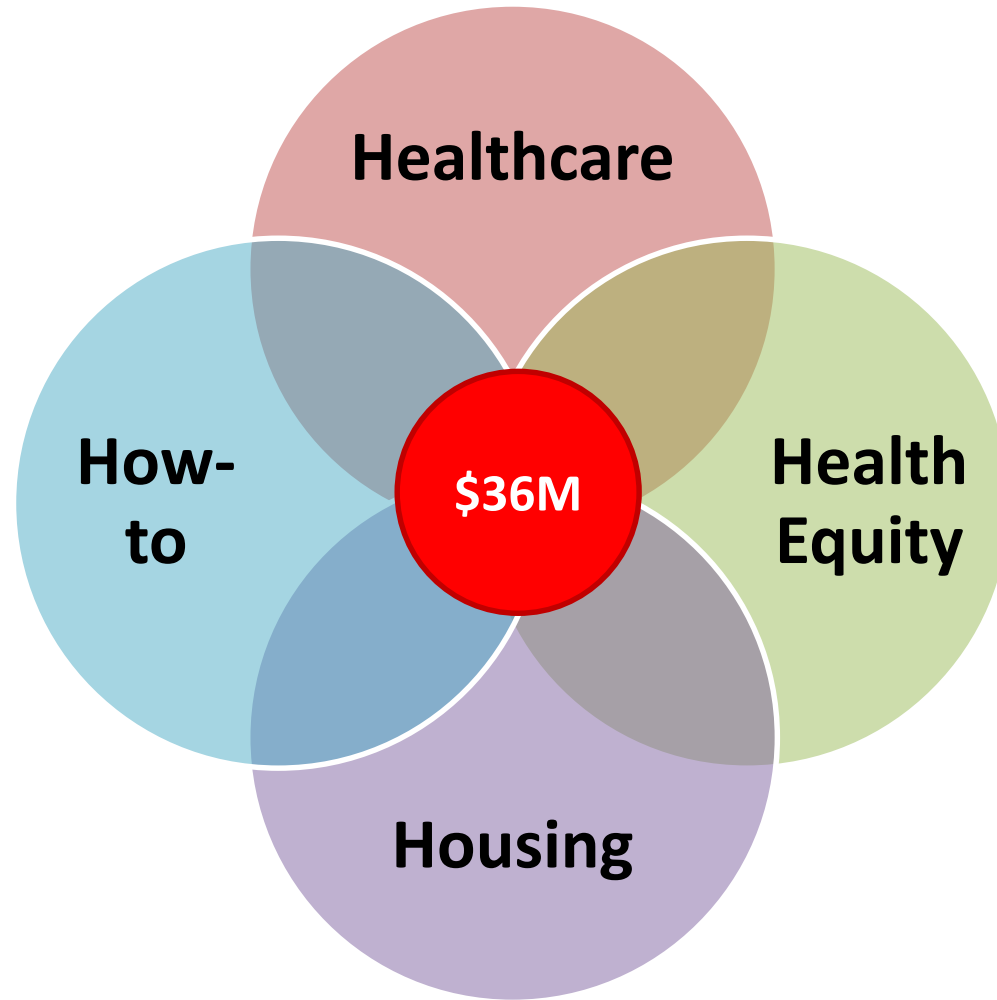
Figure 1.1 HIV Continuum of Care Among Cases 13 Years and Older, Chicago, 2017 (as of 10/26/2018)



Key Take-aways

- In 2017, Chicago saw the fewest new HIV diagnoses since 1988, representing a 15% decrease from 2016 and a 60% decrease from 2001, the height of new diagnoses (1,850).
- HIV continues to disproportionately impact certain populations: men; gay, bisexual, and other MSM; non-Hispanic Blacks; younger individuals (new diagnoses); and older individuals (HIV prevalence).
- While we're seeing overall declines, new HIV diagnoses among non-Hispanic Black and Hispanic gay, bisexual, and other MSM remain stable.
- We've almost achieved the NHAS indicator for linkage to care, but there's much room to improve on retention in care and viral suppression.
- GTZ is critical to our efforts to make necessary improvements.

Getting to Zero Chicago – Future



“We have the opportunity of being the generation that was there when the disease was first recognized, and we could be there when it is over. That has never been done before with a disease of this magnitude. I believe history will judge us harshly if we do not take advantage of that opportunity.”

– Dr. Anthony Fauci



@ChiPublicHealth



/ChicagoPublicHealth



HealthyChicago@CityofChicago.org



www.CityofChicago.org/Health

THE DRAFT GTZ PLAN

HOW DID WE GET HERE AND WHAT'S IN THE PLAN?

- Erik Glenn, MSW, Executive Director, Chicago Black Gay Men's Caucus
- Toyin Adeyemi, MD, MPH, Senior Director of HIV Services for the Cook County Health and Hospitals System
- Candi Crause, MPH, CADC Director, Adult Services, Champaign-Urbana Public Health District

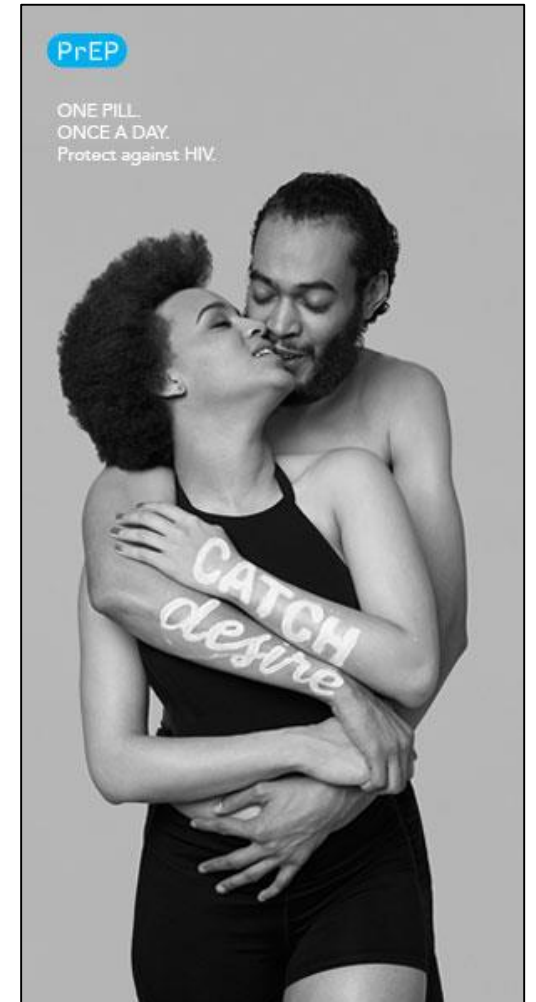


WHY CREATE A PLAN NOW?

- New research
- New technologies
- New health care access



Surprise!	84% of people got help paying for their health plan.
	See if you qualify: healthcare.gov/apply-and-enroll Open Enrollment is Nov. 1 - Dec. 15. #GetCovered



KNOWING ALL THIS ... COULD WE ELIMINATE THE EPIDEMIC IN OUR STATE ALTOGETHER?

- In **July of 2016**, a small group of people met to explore how to change the course of HIV in Illinois
- The group developed a framework to show getting to zero was possible in Illinois and released that to the public in **September of 2017**



Can we end
HIV in
Illinois?

Is now the
time?

YES!

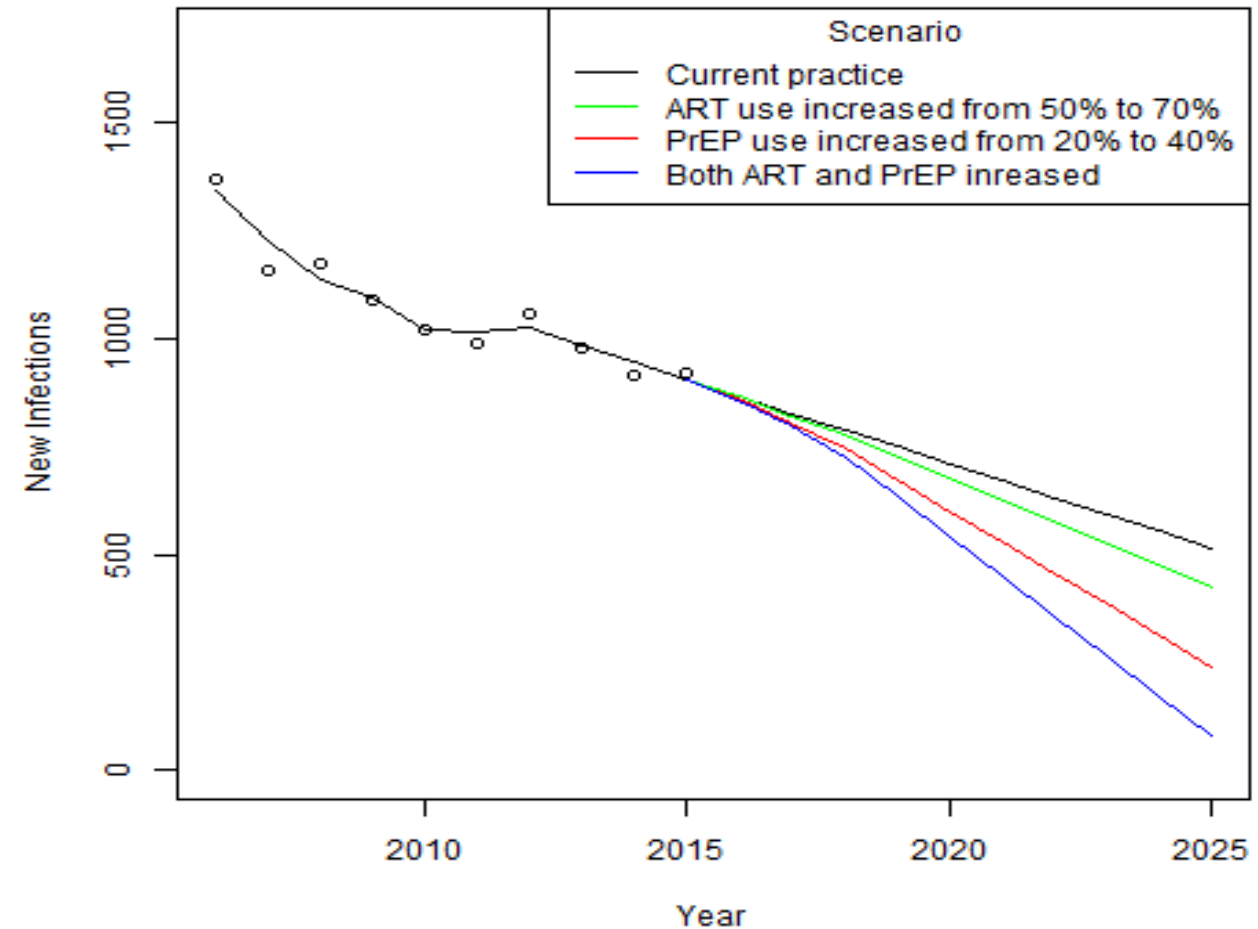
WE CAN CHANGE THE COURSE OF THE HIV EPIDEMIC IN ILLINOIS

We have made great strides but there is still lots to do.

If we ...

- Increase PrEP uptake by 20 percentage points
- Increase viral suppression by 20 percentage points

... we could see fewer than 100 new cases by 2030



GOAL 1: INCREASE USE OF PREP TO REACH ZERO NEW HIV INFECTIONS

- **What it is:** PrEP is a pill and a program that is up to 99% effective at preventing HIV when taken consistently and correctly.
- **The challenge:** Just 10-20% of people who need PrEP are taking it, and populations most vulnerable to HIV (Black gay men, trans women of color, Black women) are not aware or are not taking PrEP.



GOAL 2: INCREASE THE NUMBER OF PEOPLE LIVING WITH HIV WHOSE VIRAL LOAD IS UNDETECTABLE



- **The challenge:** About 50% of people with HIV in IL are NOT virally suppressed.
- **Why it matters:** People who are virally suppressed live longer, healthier lives, and cannot transmit HIV sexually if they have been undetectable for at least six months.

BUT WHAT DO WE MEAN WHEN WE SAY “GETTING TO ZERO”?

Ultimately, we want to see ...

- *Zero new HIV transmissions*
- *Zero people living with HIV who are not on treatment*

By 2030, we want to reach “functional zero”

What’s that? When there are fewer than 100 new transmissions per year and the epidemic can no longer sustain itself



2018: BUILDING THE DRAFT PLAN

- **January – March:** Community engagement activities: 9 town hall meetings across Illinois, 8 focus groups, nearly 400 survey respondents = over 830 people
- **March – April:** Data analysis and committee recruitment
- **June:** Committee kickoff with 100 participants
- **June – October:** Monthly meetings of working committees
- **November:** synthesis and editing of draft



- **Today, in honor of World AIDS Day:** Sharing the draft plan with you and communities across the state

COMMUNITY ENGAGEMENT



TOWN HALLS:

- At least one in each of the state's 8 HIV regions with 320 participants.

FOCUS GROUPS

- 7 with key populations such as black and Latinx gay men, women living with HIV, and aging people with HIV

SURVEY

- 408 responses to a paper and online survey in English and Spanish

KICKOFF JUNE 20



DRAFT PLAN OVERVIEW

Five principles overlay the plan. We cannot end the epidemic unless we make progress for all populations impacted and tackle injustices:

- Eliminating Stigma
- Undoing Racist Systems
- Providing Trauma-Informed Care
- Cultural Humility
- Outcomes-Driven



WORKFORCE

EQUITY

**LINKED
CONDITIONS**

W

E

L

H

E

S

HEALTH CARE

EFFICIENCY

SURVEILLANCE

PLAN PRINCIPLES



DRAFT PLAN

- Each domain has several goals, strategies and action steps. We are presenting only **EXAMPLE** action steps.

- **Improve Health Equity**

- **Goal 1-** Gay, bisexual, same-gender-loving, and other cisgender men who have sex with men receive equitable care, with a focus on Black and Latinx men.
 - **Strategy 2-** Disseminate data and research detailing a broad understanding of same gender loving Black men's health
 - **Example Action Step-** Host an online data repository detailing a broad understanding of same-gender-loving Black men's health



1. BUILD THE FUTURE **WORKFORCE**

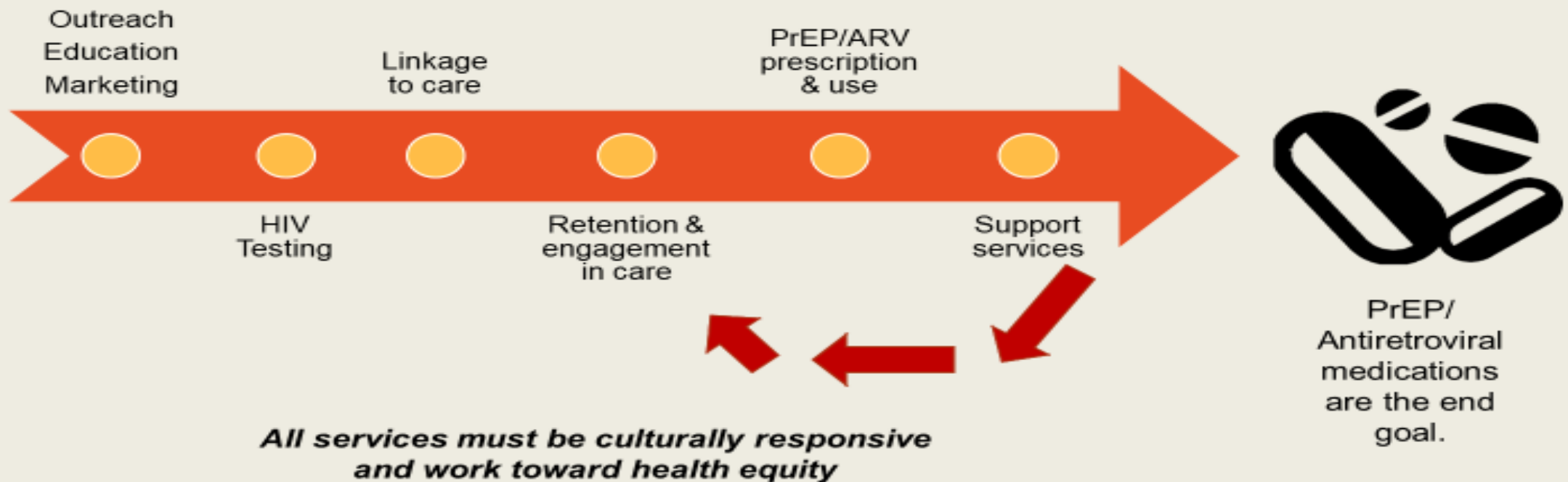
Example strategies include:

- **Increasing partnerships between health professional schools to increase training opportunities that will educate providers at all levels on HIV, STIs and viral hepatitis treatment.**
- **Increase science-based education that includes PrEP, U=U for the HIV workforce.**
- **Increase the number of people representing priority populations working in HIV services at all levels of the organization.**
- **Provide living wage employment with benefits to people living with and vulnerable to HIV through peer-based programs, as certified community health workers and in other settings.**



2. INCREASE ACCESS TO HEALTH CARE

IL GTZ COMMON PATH TO ARVS



2. INCREASE ACCESS TO HEALTH CARE

- **Expand routine screening in health care settings that don't depend on grant funding by developing screening protocols, modifying EMRs, and creating linkage to care strategies**
- **Increase the number of providers that offer same-day medication start (“rapid start”) programs**
- **Implement programs to improve health and insurance literacy of the HVI workforce and clients, and make materials available in English and Spanish**



- **Leverage Medicaid data to increase viral suppression rates; Medicaid covers 6 in 10 people with HIV in Illinois but half may not be taking HIV medications.**

3. IMPROVE HEALTH EQUITY

- **Black and Latinx gay men:** develop and disseminate a compendium of best practices for improving care for the population.
- **Black cis women:** Expand access to sexual and reproductive health care within the Ryan White program.
- **Trans people:** Advocate for IL Medicaid to cover gender-affirming services.
- **Justice-involved:** hire a full-time discharge planner at Cook County Jail.
 - **Immigrants and migrants:** Explore providing state-funded Medicaid benefits for DACA recipients and for two-years post-partum for women who have children
 - **Expand housing availability, food and nutrition services and transportation for people living with and vulnerable to HIV**



4. INCREASE **EFFICIENCY** THROUGH GOVERNMENTAL COORDINATION

- Increase collaboration between CDPH and IDPH HIV, STI and viral hepatitis programs (e.g., identify reports with the same data submitted in different formats)
- Integrate GTZ-IL goals into the CDPH and IDPH community planning process
- Align with GTZ-IL goals state government programs such as domestic violence, behavioral health, aging, and Medicaid



5. CARE FOR **LINKED**, CO-OCCURRING CONDITIONS

- **Increase access to behavioral health care by**
 - increasing behavioral health screenings in health care settings
 - creating a robust referral network of culturally-competent providers and
 - exploring tele-behavioral health
- **Educate health care providers about the need to conduct extragenital screening for STIs, particularly among gay men and MSM**



- **Eliminate viral hepatitis among people living with HIV receiving Ryan White services**

6. MEASURING OUR PROGRESS THROUGH SURVEILLANCE AND OTHER DATA

- **Improve surveillance data systems to remove people who have moved out of the jurisdiction from reporting; this will improve engagement in care and viral suppression rates**
- **Expand access to timely CDPH and IDPH surveillance data so providers can determine if patients are in or out of care**
- **Build a dashboard to publicly monitor and report on GTZ-IL progress**



DRAFT PLAN

Find the full version of the draft plan at

www.gtzillinois.hiv/draft



PLEASE COMMENT!

We'd love for you to read the plan, share it, and tell us what you think!

Public comment begins TODAY and lasts until January 18

Go to www.gtzillinois.hiv/draft to find:

- The plan
- A link to our feedback survey



You can also email us comments directly at info@gtzillinois.hiv

QUESTIONS?

What questions or comments do you have for our panel today?



THANK YOU AND PLEASE COMMENT!

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