Illinois Integrated HIV Prevention and Care Plan 2017–2021: A Roadmap for Collective Action in Illinois

Illinois Department of Public Health
Office of Health Protection, HIV/AIDS Section

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Foreword

Bringing about an integrated response to HIV in Illinois has long been a goal of the Illinois Department of Public Health (IDPH) Office of Health Protection, HIV/AIDS Section. Developing and implementing an integrated HIV prevention and care plan for Illinois creates an opportunity to re-examine the way our state strategizes about HIV, prevents new HIV infections, and supports people living with HIV/AIDS and the communities most affected.

The new, integrated plan we and our public and private stakeholder partners present in this document has been developed in response to guidance from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). It builds on lessons learned over decades of responding to HIV in Illinois and charts a roadmap for the future. Illinois shares the vision offered in the National HIV/AIDS Strategy. We are working for a future in which new infections will be rare or non-existent in Illinois. When they do occur, high quality, life-extending care—free from stigma and discrimination—will be readily available for every person living with HIV/AIDS, regardless of race/ethnicity, socioeconomic circumstance, gender, sexual orientation, gender identity, or age.

Acknowledgements

The Illinois Integrated HIV Prevention and Care Plan (the Integrated Plan) is the joint product of the IDPH and our stakeholder partners who participated in a variety of significant ways in planning, developing, evaluating, and revising the Integrated Plan. The planning process and this document were made possible by an HIV prevention grant from the CDC and a Ryan White Part B care and treatment grant from HRSA.

Key to the planning process has been the Integrated Planning Steering Committee (the Steering Committee), a joint committee of IDPH, the Illinois HIV Planning Group (ILHPG), the Ryan White Part B Advisory Group, and community stakeholders. Committee members provided insight, guidance, and practical support at every step along the way. We are deeply grateful to them as a group and to the individuals who contributed their expertise. Members of the Steering Committee are the following:

Janet Nuss, Illinois Department of Public Health; Co-chair, ILHPG
Jeffrey Maras, Illinois Department of Public Health; Co-chair, Ryan White Part B Advisory Group
Marcy Ashby, Southern Illinois University School of Medicine
Valerie Johansen, Lake County Health Department

Tobi-Velicia Johnson, Cook County Department of Public Health
Susan Rehrig, St. Clair County Health Department
Joan Stevens-Thome, Sangamon County Department of Public Health
Steven St. Julian, Jackson County Health Department
Chris Wade, Central Illinois Friends of People with AIDS
Saúl Zepeda, Public Health Institute of Metropolitan Chicago

IDPH and the Steering Committee thank the many agencies, organizations, and individuals that participated in the multi-year process that produced the first integrated plan for Illinois. In particular, we are deeply grateful for the hard work and dedication to the process extended by the Illinois HIV Planning Group, Ryan White Part B Advisory Group, Illinois Public Health Association, regional lead agencies, Chicago Department of Public Health as the Part A administrator for the Chicago Eligible Metropolitan Area (EMA), City of St. Louis Department of Health as the Part A administrator for the St. Louis Transitional Grant Area (TGA), Ryan White HIV/AIDS Program grantees from all Parts, CDC directly funded grantees, community-based organization partners throughout Illinois, public and private clinical and social service providers, people living with HIV/AIDS across the jurisdictions, and representatives of communities most affected.

Introduction and Overview

The Illinois Integrated HIV Prevention and Care Plan is a blueprint for reducing risk and new HIV infections in Illinois, finding people who are already infected but don't know it, and ensuring that everyone living with HIV/AIDS enters and stays in high quality care to improve their quality of life and reduce further HIV transmission. Integrated HIV prevention and care planning enables the state to develop and implement a collaborative, efficient, and effective response to HIV/AIDS in Illinois and to create opportunities for innovation in HIV prevention and care programming.

The Integrated Plan is built on a solid foundation of collaboration with stakeholders across the jurisdiction—a foundation constructed through several years of sustained engagement working toward high-quality, coordinated prevention and care and treatment for people living with HIV/AIDS (PLWHA) across the HIV Care Continuum. It is a joint effort of IDPH, HIV prevention and care planning entities, public and private agencies responding to HIV in Illinois including community-based organizations (CBOs) and service providers, PLWHA, and representatives of the communities most affected.

As the state's blueprint for HIV prevention and care, this document is intended to be a guide to Illinois HIV policies, actions, and strategies for state agencies, local units of government, CBOs, and advocates for Illinoisans living with and at high risk for HIV. It is to be shared with stakeholders and made available online for the public in order to create opportunities and innovative programs to reduce new HIV infections and improve health outcomes for PLWHA. The Integrated Plan will be monitored, evaluated, and refined as it is implemented over the course of the next five years. Therefore, it is organized and written in such a way that it can be used as a reference point by those who may be unfamiliar with HIV prevention and care planning in Illinois. A list of acronyms used in this Integrated Plan is provided for the reader as Appendix A.

The first Illinois Integrated HIV Prevention and Care Plan has been developed at a critical time in the epidemic and in the midst of a state budget impasse. In a time of severe economic trials in Illinois and nationally—including flat or reduced funding for HIV surveillance, prevention, care, and support—the Integrated Plan creates a challenging opportunity for professional, political, and community leaders to come together to dramatically reduce the burden of HIV in Illinois. It is based in sound science and mirrors the assumptions underlying the National HIV/AIDS Strategy (NHAS):

- There is still an HIV epidemic, and it remains a major health issue for the State of Illinois.
- Most people can live long, healthy lives with HIV if they are diagnosed and get treatment.

- Certain populations bear a disproportionate burden of HIV.
- Illinoisans deserve access to tools and education to prevent HIV transmission.
- Every person diagnosed with HIV deserves immediate access to high quality treatment and care that is non-stigmatizing and culturally competent.

A Snapshot of HIV in Illinois

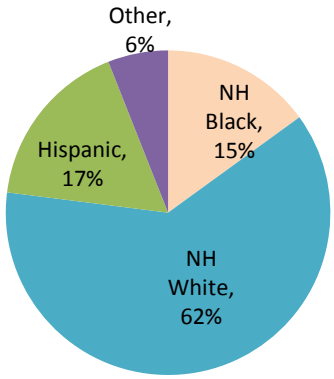
AIDS was first reported in Illinois in 1980. Since that time through the end of 2014, over 61,000 people in the state have been diagnosed with HIV disease (HIV and/or AIDS); almost 37,000 people were living with HIV/AIDS (PLWHA). Illinois accounts for slightly over 4 percent of the U.S. population and, in 2014, accounted for an estimated 3.9 percent of the total cases of HIV disease diagnosed in the United States (CDC, 2015a). In 2014, Illinois ranked as the state with the fifth largest population and ranked sixth among all states in the number of new HIV/AIDS diagnoses (CDC, 2014a); 1,670 people were newly diagnosed with HIV/AIDS in the state that year. The highest rate of new diagnoses in Illinois occurred in 1991—24.6 people out of every100,000 in the population.

HIV in Illinois disproportionately affects African Americans and men who have sex with men (MSM). Although blacks made up just 14.7 percent of the state's population in 2014, they accounted for half of all new HIV/AIDS diagnoses from 2010 to 2014 (CDC, 2014a; U.S. Census Bureau, 2015). Almost 47 percent of Illinoisans living with HIV/AIDS at the end of 2014 were non-Hispanic (NH) black, while Hispanics, who are 16.7 percent of the population, accounted for 17.2 percent, and NH whites, who are 62.3 percent of the population, accounted for 29.0 percent. (See Figures 1-2.)

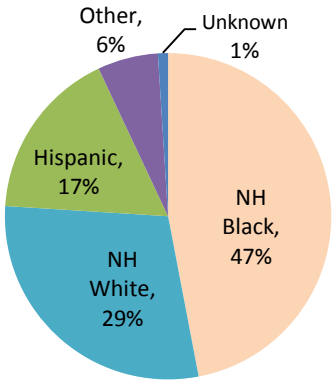
Figures 1-2

Disproportionate Impact of HIV

Percentage of NH Black, Hispanic, and NH White Illinois Residents, 2014



Percentage of Illinois PLWHA Who Are NH Black, Hispanic, and NH White, 2014



Source: Illinois Department of Public Health, HIV Surveillance Unit. Data through December 31, 2014

Since the beginning of the epidemic, HIV infection rates in Illinois have been much higher among males than females. The rate of HIV/AIDS diagnoses among males peaked in 1991, while the rate for females reached its highest point in 2000. From 2010-2014, males accounted for 82 percent of new diagnoses in the state, and, in 2014, the rate of new diagnoses was over 5.5 times higher among males than females, driven by HIV among MSM. Among Illinois women, heterosexual contact is the main transmission mode, with injection drug use (IDU) a distant second. From 2010-2014, heterosexual contact accounted for 85 percent of newly diagnosed cases among women for whom a risk category was reported, while IDU accounted for 12 percent.

Although the majority of HIV/AIDS diagnoses in Illinois have been among MSM since the beginning of the epidemic, the proportion of diagnoses attributed to heterosexual contact increased in the early 90s and remained relatively steady until 2012 when diagnoses among MSM began to account for a larger proportion of new diagnoses. The proportion of diagnoses attributed to injection drug use was highest in the mid-90s but has been declining since 2002.

HIV is increasingly affecting young people in Illinois. Until a decade ago, the rate of new diagnoses in the state was highest among adults in their 30s. Since 2006, however, adults in their 20s have had the highest rate of new diagnoses, and rates are going up among teens and young adults at the same time that they are declining among other age groups.

The profile of the epidemic in Illinois, as in many other states, depends heavily on geography. As it has from the beginning, the City of Chicago has the highest rate of new HIV/AIDS diagnoses (Figure 7). In contrast, the IDPH HIV planning region with the lowest rate of new diagnoses is Region 2, the lead agent for which is Positive Health Solutions (formerly the Heart of Illinois HIV/AIDS Center). Figure 3 on the following page illustrates the geography of the epidemic in Illinois by county, specifically the number of people living with an HIV/AIDS diagnosis through December 31, 2014.

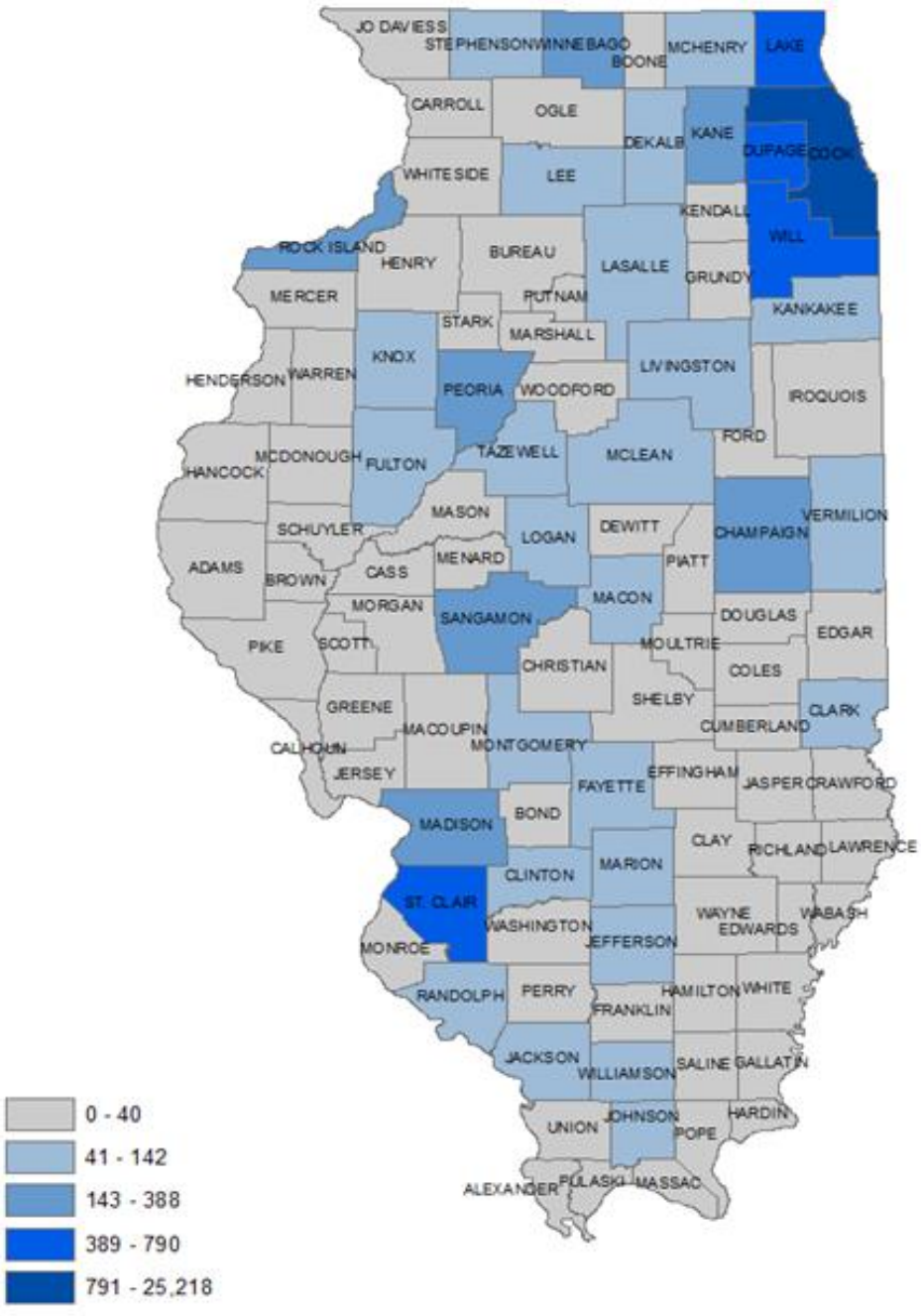
Laying the Groundwork for Integration

Since 1987, the IDPH HIV/AIDS Section has been coordinating the state's response to the epidemic. Although this is Illinois' first integrated prevention and care plan, the Section has been building a solid foundation for integration for many years. There is co-representation by HIV care and prevention program staff on the Illinois HIV Planning Group and the Ryan White Part B Advisory Group. In addition, both bodies have actively collaborated on HIV prevention and care planning activities including all previous Statewide Coordinated Statements of Need, needs assessments, jurisdictional

HIV prevention plans, the Illinois HIV/AIDS Strategy, and the guidance protocols that shape programmatic decision making and govern service delivery.

Figure 3

People Living With HIV Disease in Illinois by County 2014



Source: IDPH, HIV Surveillance Unit. Data through December 31, 2014.

Collaboration, Partnerships, and Stakeholder Engagement

Collaboration, partnerships, and stakeholder engagement are a core requirement of the integrated plan guidance provided by CDC and HRSA and have been a key element of each of the joint efforts listed above. Building on the collaboration between the ILHPG and the Ryan White Part B Advisory Group has allowed IDPH to achieve a very high level of participation by partners and stakeholders in the 2017-2021 Illinois Integrated HIV Prevention and Care Plan.

IDPH has extensively engaged public and private stakeholders across the state in developing the Integrated Plan including state and local officials, medical and health care providers, social services providers, consumers living with HIV/AIDS and peer navigators, and representatives of the communities most affected by the epidemic. These same stakeholder groups will be partners in implementing the Integrated Plan.

A series of successful HIV Strategy Stakeholder Engagement Meetings, held in each of Illinois' eight public health regions from 2012-2014 and a series of insightful focus groups held during those same years with representatives of hardest hit and high risk populations engaged new and existing stakeholders in the development of this integrated HIV prevention and care plan. Integration of care and prevention in Illinois also has been considerably advanced through the IDPH's Care and Prevention in the United States (CAPUS) demonstration grant, which facilitated collaboration and data sharing among surveillance, prevention, and care and tracked collaborative outcomes through updates to the Illinois HIV Continuum of Care.

Pre-planning and assessment for an integrated planning process began in 2013 and continued throughout 2014. By the end of 2014, leadership of the Illinois HIV Planning Group and the Ryan White Part B Advisory Group had agreed to pilot a hybrid planning process for care and prevention. That included scheduling the quarterly meetings of both groups at the same time and location, with part of each meeting agenda set aside for ILHPG prevention business, part for Ryan White Part B Advisory Group care business, and part for coming together as an integrated group to learn, discuss, provide input, problem solve, and help the state plan for achieving the goals of the national and Illinois HIV strategies and raising the bars for the state and regional HIV Care Continuum.

After the initial pre-planning, a diverse Integrated Planning Steering Committee composed of representatives from IDPH HIV prevention and care programs, the ILHPG, and the Ryan White Part B Advisory Group, was created to help guide the efforts of the Joint ILHPG/Ryan White Part B Advisory Group and evaluate the outcomes and

effectiveness of the integrated planning process. The Joint ILHPG/Ryan White Advisory Group (Integrated Planning Group) held five face-to-face meetings in 2015 and two webinars in 2016 to date to provide guidance and feedback on the planning process and, ultimately, on the Integrated Plan itself. Each meeting featured presentations on the state and regional HIV epidemic, prevention and care service delivery, and needs assessment activities. Small group discussion sessions followed the presentations so that participants could share successes and challenges within their regions and provide input on gaps, barriers, and inequities in care and prevention services along with recommended strategies to address them. As a result of the integrated planning meetings—in regions where prevention and care were not already working well together—channels of communication have opened and expanded, and programs have been working collectively to address issues in their regions and at the state level. Participant input from those interactive, thought-provoking presentations and discussions significantly contributed to the development of this first Illinois Integrated HIV Prevention and Care Plan. Similarly diverse input from future meetings also will play a large part in monitoring and evaluating the implementation and success of the Integrated Plan.

Appendix B is a letter of concurrence for the Integrated Plan from the Co-Chairs of the Integrated Planning Group and the Community Co-chair of the ILHPG.

Section One: Statewide Coordinated Statement of Need/Needs Assessment

The Statewide Coordinated Statement of Need/Needs Assessment (SCSN) for the 2017-2021 Illinois Integrated HIV Prevention and Care Plan includes information from IDPH's most recent statewide HIV prevention and care plans and from needs assessment activities that IDPH, the ILHPG, and the Ryan White Part B Advisory Group have conducted from 2012 to the present. Also included is a summary of findings from the Chicago EMA and the Illinois portion of the St. Louis TGA.

Partners and Participants

This Statewide Coordinated Statement of Need/Needs Assessment process is a partnership activity of IDPH, the Ryan White Part B Advisory Group, and the ILHPG working together to develop a comprehensive system of care and prevention that responds to the needs of people living with HIV/AIDS in Illinois. PLWHA and representatives of communities at higher risk have been key participants in the process from the beginning. Participating at various levels have been Ryan White HIV/AIDS

Program grantees from across the spectrum—including the Chicago Department of Public Health (CDPH) as the Part A grantee, the Midwest AIDS Training + Education Center (MATEC), the Illinois part of the St. Louis TGA, directly funded CDC grantees, and representatives from prevention, surveillance, substance abuse, mental health, Medicaid, Medicare, corrections, community health centers (CHCs), the Veterans Health Administration, Housing and Urban Development (HUD), and other entities (see Appendix C). This diversity of participation resulted in a stronger SCSN and further developed partnerships that will be essential to implementing the Integrated Plan.

Epidemiologic Overview

The Epidemiologic Overview underpins the Illinois Integrated HIV Prevention and Care Plan. It helps inform priorities, interventions and services, resource allocation, program planning, and the evaluation of policies and programs. With the exception of Ryan White HIV Program data and other exceptions as noted, the data used to develop the epidemiologic overview are from the Illinois eHARS (Enhanced HIV/AIDS Reporting System) database, with cases diagnosed through December 31, 2014 and reported through June 30, 2015. Five-year data is from 2010–2014, except where otherwise noted. Epidemiological data from 2015 are still being reported and therefore are considered provisional in this report.

Geographical Region

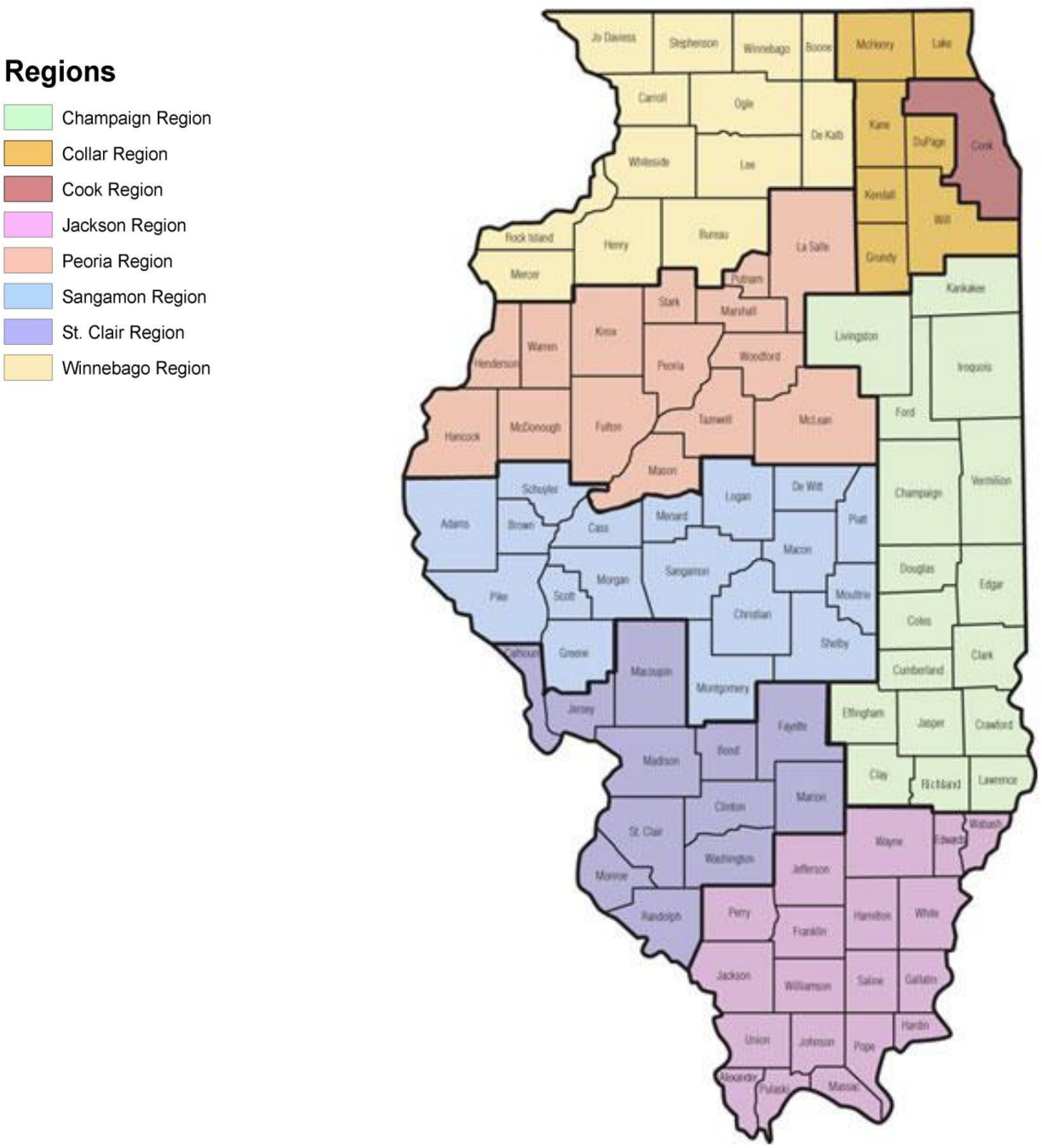
The 102 counties in Illinois are served by eight regional public health administrative agencies, with a lead agency and regional project director for HIV care and prevention activities in each region (see Figure 4 on the following page).

The regional project directors coordinate services, manage local programs, and convene local advisory boards to assist with assessing service needs and identifying gaps in services. As the City of Chicago receives its own direct funding from CDC for prevention, the Region 8 prevention area includes only Cook County outside the City of Chicago.

Illinois includes the entire Chicago Ryan White Part A EMA and a portion of the St. Louis, Missouri TGA. Included in the Chicago EMA are Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, McHenry, and Will County (see Figure 5 on page 17). The St. Louis TGA includes five Illinois counties—Clinton, Jersey, Madison, Monroe, and St. Clair. The Chicago Department of Public Health and the St. Clair County Health

Figure 4

Illinois Public Health Regions

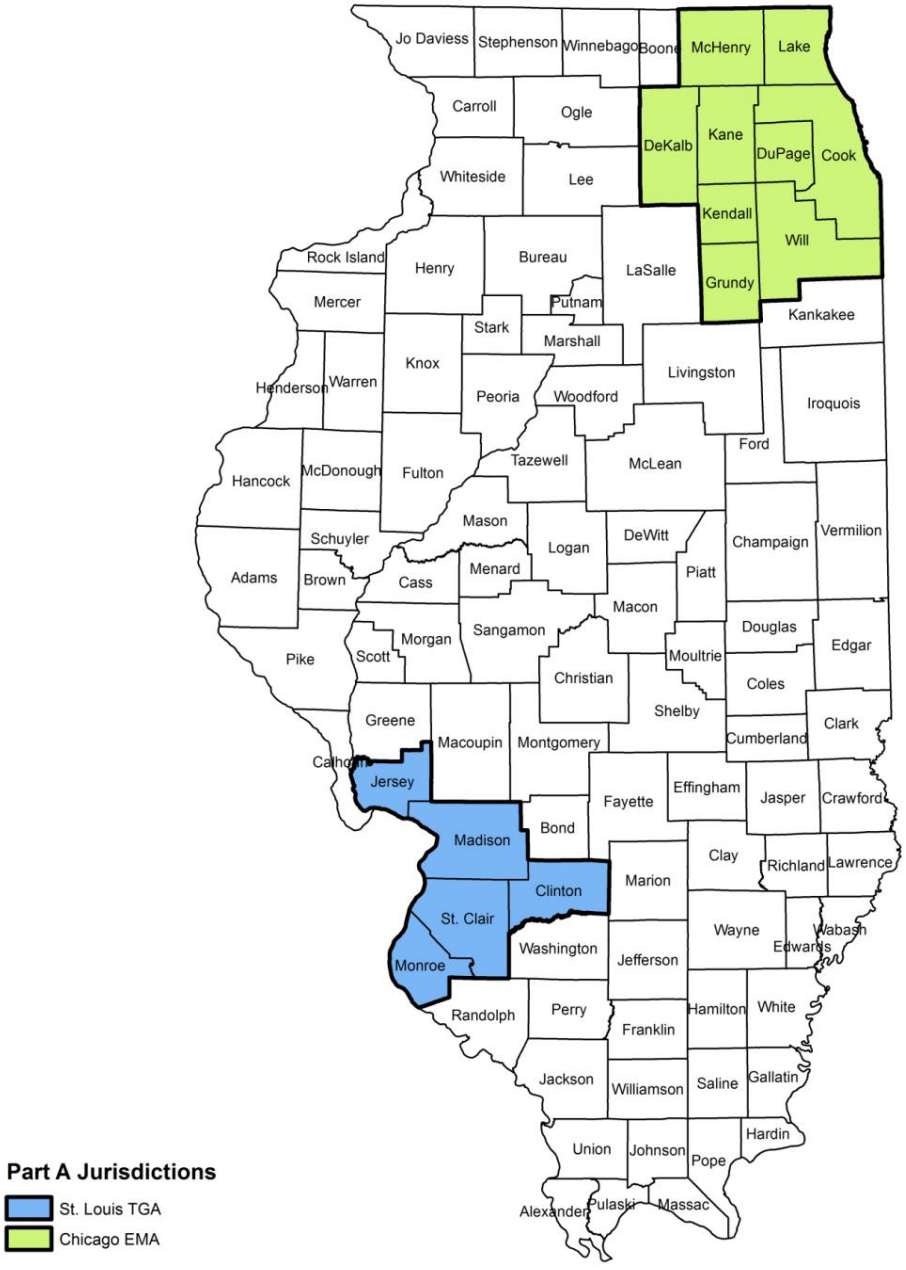


Source: Illinois Department of Public Health, 2008.

Department administer and coordinate Part A services in the EMA and Illinois side of the TGA respectively, while the Part B lead agencies coordinate Part B-funded services in the counties within the EMA and TGA.

Figure 5

Chicago EMA and St. Louis TGA



Source: Illinois Department of Public Health, 2009.

The U. S. Census Bureau estimated Illinois' 2014 population to be 12,880,580, an increase of 0.4 percent from 2010. Chicago is by far the largest city in the state. With over 2.7 million residents, it is home to 21 percent of the population. Chicago is located in Cook County, which has a population of 2.5 million excluding Chicago. Cook County and the five Collar Counties bordering it—DuPage, Kane, Lake, McHenry, and Will—are six of the seven most populated counties in Illinois.

According to the U.S. Census Bureau (2015), the estimated racial and ethnic composition of Illinois residents in 2014 was: 62.3 percent white, 14.7 percent black, 16.7 percent Hispanic or Latino, 5.3 percent Asian, 0.6 percent American Indian and Alaskan Native, 0.1 percent Native Hawaiian and other Pacific Islander, and 1.8 percent identified as two or more races. In 2014, 23.2 percent of Illinois residents were younger than 18 years, 13.9 percent were 65 years of age or older, and almost 51 percent were female.

Socio-Demographics

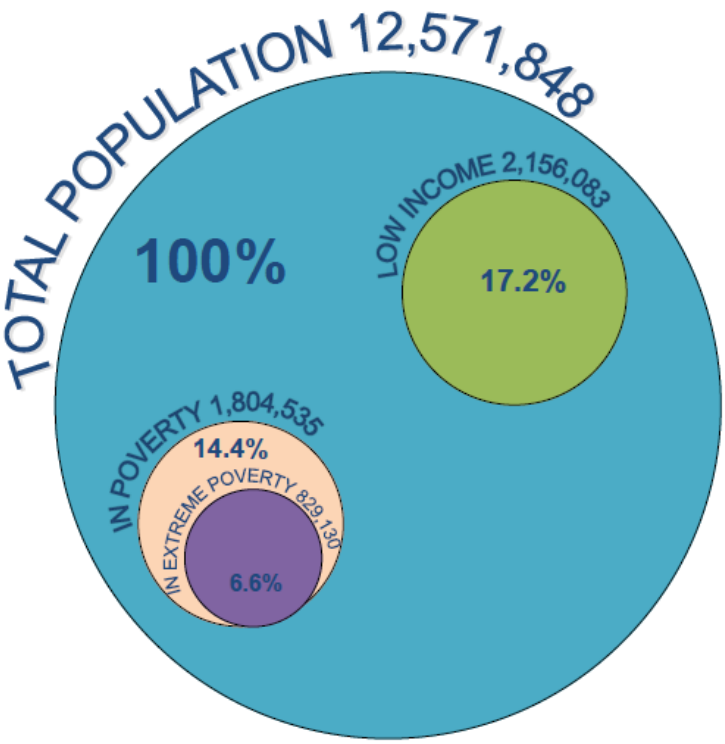
Although the epidemic has affected people across the socio-demographic spectrum in Illinois, the effect has not been the same for all groups. The same social determinants of health and structural factors linked to other health disparities are evident in the socio-demographics of HIV in the state.

The U.S. Census Bureau calculates **poverty** rates according to household income by family size and family age composition. From 2010–2014, 14.4 percent of Illinois residents were living below the federal poverty level (U.S. Census Bureau, 2015a). Poverty rates in Illinois have stayed at or above 10 percent since 1980 and have generally followed national poverty trends.

The complex social, behavioral, environmental, educational, and economic dimensions of poverty are drivers of HIV in the hardest-hit communities in the state. Poverty creates serious obstacles to HIV prevention and a lack of opportunities that can mitigate risk-taking behaviors. On the following page, Figure 6 from the Social Impact Research Center's 2016 *Report on Illinois Poverty* depicts the percentage of Illinoisans who were low-income, living in poverty, and living in extreme poverty in 2014 (Terpesta & Ryall, 2016). The 12 Illinois counties that were home to 77 percent of Illinoisans living in poverty in 2011 also accounted for 91 percent of all PLWHA in the state that year. Those same 12 counties also reported high degrees of **unaffordable housing**, contributing to the housing instability that can interfere with treatment adherence.

Figure 6

Scale of Illinois Poverty, 2014



Source: Social Impact Research Center, 2016.

According to the U.S. Census Bureau data on health insurance coverage collected through multiple surveys, including the Current Population Survey's (CPS) Annual Social and Economic Supplement, the percent of the Illinois population without **health insurance** in 2014 was 11.1 percent. The uninsured rate in the state varied from 11.9 percent to 14.8 percent between 2000 and 2012 (U.S. Census Bureau, 2015b). The uninsured rate in Illinois was consistently lower than the national rate over this time period. Full implementation of the 2010 Affordable Care Act (ACA) is expected to result in fewer uninsured residents over time (Congressional Budget Office, 2014).

Under the ACA Medicaid expansion in Illinois, 6,389 Ryan White clients statewide were eligible for the **Medicaid** program in 2015. Of that number, 4,461 (69.7 percent) were migrated to Medicaid, and 1,928 were monitored but not migrated.

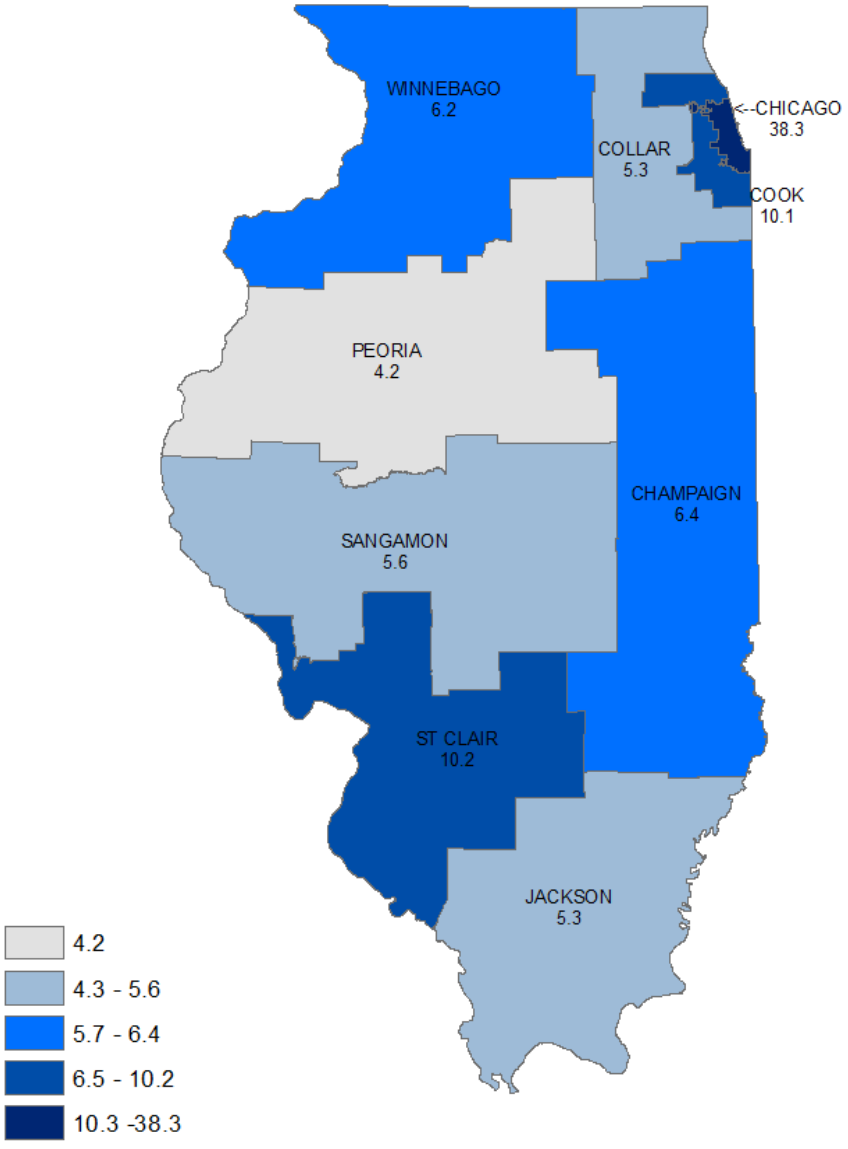
The following sections describe the socio-demographic characteristics of Illinoisans newly diagnosed with HIV/AIDS, PLWHA, PLWHA with unmet need, and populations at higher risk for HIV infection.

Socio-Demographics: New Diagnoses

In 2014, 1,670 people—or 13 per 100,000 population—were newly diagnosed with HIV/AIDS in Illinois. At 38.3 persons per 100,000 population, the City of Chicago had the highest rate of new diagnoses from 2010–2014, followed by the St. Clair Region (Region 4)—which includes the city of East St. Louis—at 10.2, and Cook County (Region 8) at 10.1. Figure 7 depicts HIV/AIDS diagnoses by region from 2010-2014.

Figure 7

HIV Disease Diagnoses by Region, Illinois 2010–2014
(Rate per 100,000)



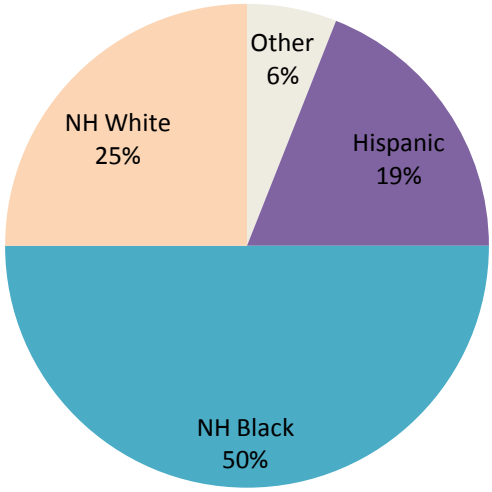
Source: IDPH, HIV Surveillance Unit. Data through December 31, 2014.

Race/Ethnicity

The rate of new HIV/AIDS diagnoses decreased across all racial/ethnic groups in Illinois from 2000-2014, but racial and ethnic disparities persist (see Figure 8). Non-Hispanic blacks (blacks) are especially disproportionately affected. Non-Hispanic whites (whites) had the lowest incidence from 2010–2014, with 5.2 new diagnoses per 100,000 population. Although less than 15 percent of the Illinois population, blacks accounted for half of all new HIV disease diagnoses from 2010–2014—46.9 new diagnoses per 100,000 population. The rate of new diagnoses during that period among Hispanics was 15.8 per 100,000 population, more than 3 times higher than that of Non-Hispanic whites.

Figure 8

HIV Disease Diagnoses by Race/Ethnicity, Illinois 2010-2014

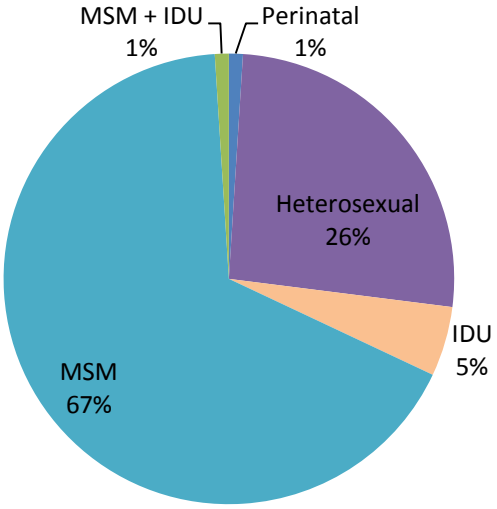


Source: IDPH, HIV Surveillance Unit. Data through December 31, 2014.

Blacks. Males accounted for 75 percent of new HIV/AIDS diagnoses among blacks from 2010–2014, and two-thirds of blacks diagnosed with HIV disease during that period were MSM (see Figure 9 on the following page). Although women accounted for only 25 percent of new diagnoses among blacks from 2010–2014, black women had the highest rate of new infections among women in Illinois. Two-thirds (66 percent) of perinatal cases reported from 2010–2014 were among black children, reflecting the higher HIV prevalence among black women in Illinois and immigration from high HIV prevalence regions in Africa (see Figure 10 on the following page).

Figure 9

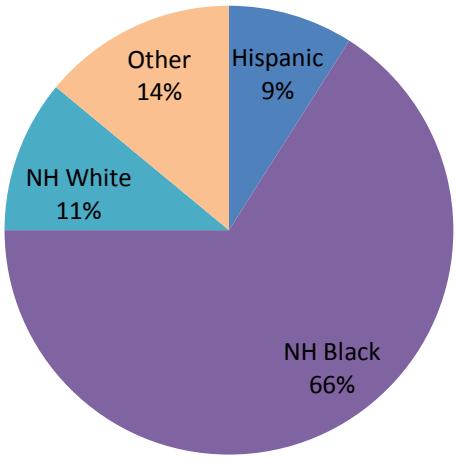
HIV Disease Diagnoses among NH Blacks by Transmission Risk Category, Illinois 2010-2014



Source: IDPH, HIV Surveillance Unit. Data through December 31, 2014.

Figure 10

HIV Disease Diagnoses Due to Perinatal Transmission by Race/Ethnicity, Illinois 2010-2014



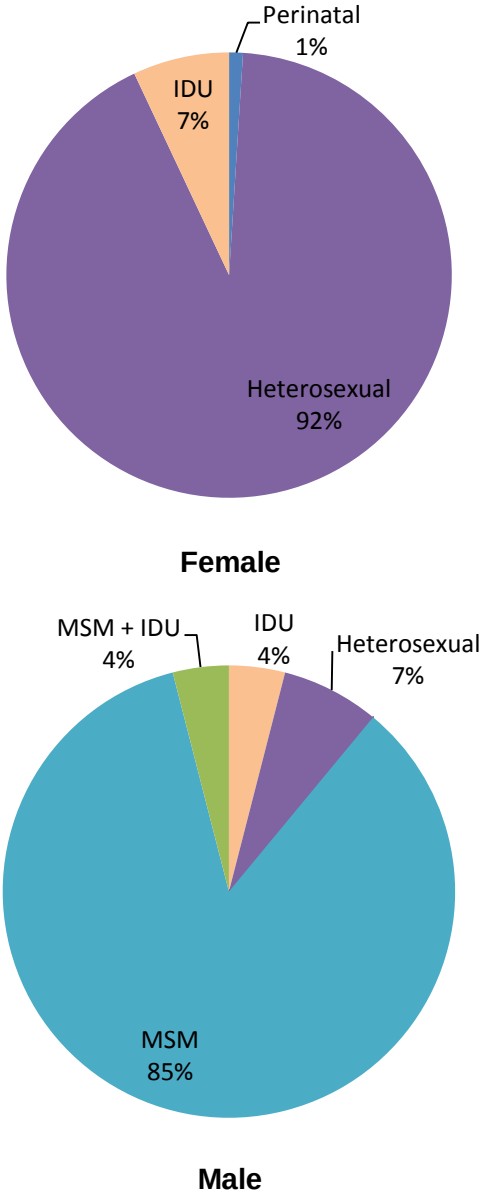
Source: IDPH, HIV Surveillance Unit. Data through December 31, 2014.

Hispanics/Latinos. In 2010–2014, Hispanics accounted for 19 percent of new HIV/AIDS diagnoses in Illinois. As was true for all racial/ethnic populations in Illinois, the

rate of new diagnoses among Hispanics declined from 2000–2014 (25.4 to 14.7 cases per 100,000 population). Among Hispanic women, the decline was 77 percent compared to 29 percent among Hispanic men. In 2014, the rate of new diagnoses was nine times higher among Hispanic men than among Hispanic women. MSM was the most common risk factor for Hispanic men, while heterosexual contact was the most common mode of transmission for Hispanic women, followed by injection drug use (see Figure 11).

Figure 11

HIV Disease Diagnoses among Hispanics by Transmission Risk Category and Sex, Illinois 2010-2014



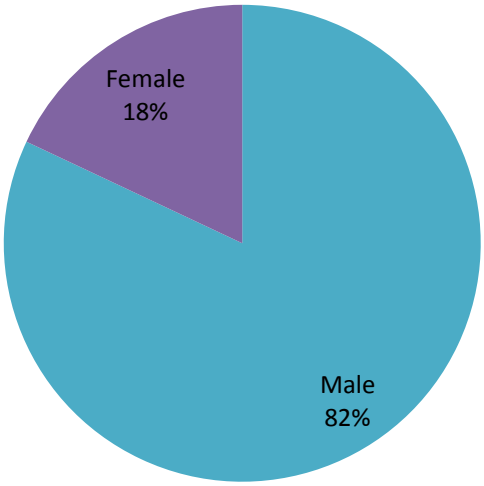
Source: IDPH, HIV Surveillance Unit. Data through December 31, 2014.

Sex

The rate of HIV infection in Illinois has been higher among males than females since the beginning of the epidemic. From 2010–2014, males accounted for 82 percent of new HIV/AIDS diagnoses (see Figure 12), and in 2014, the rate of new diagnoses among males was over five times higher than among females (22.2 vs. 4.0 cases per 100,000 population).

Figure 12

HIV Disease Diagnoses by Sex, Illinois 2010-2014



Source: IDPH, HIV Surveillance Unit. Data through December 31, 2014.

The highest rate of new diagnoses among males occurred in 1991 when there were 2,403 or 42.9 new cases per 100,000 population, while the rate for females peaked in 2000 with 656 diagnoses or 10.3 per 100,000 population. From 2000–2014, the rate of new HIV/AIDS diagnoses for both males and females declined. Among females, the incidence rate in 2014 was less than half the rate in 2000. Among males during the same period the decline in the rate of new diagnoses was just 31 percent—and, in 2012–2013, diagnosis rates among males increased, driven by the increase in new diagnoses among MSM youth.

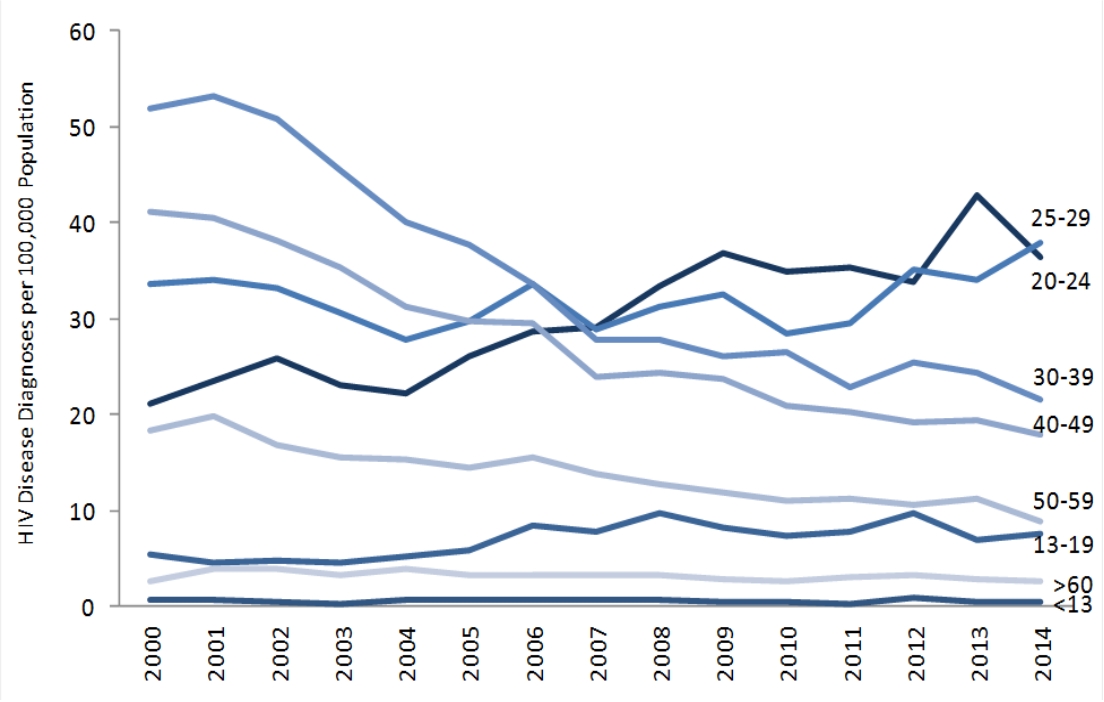
Age

From the beginning of the epidemic until 2005, the rate of new HIV/AIDS diagnoses was highest among adults aged 30–39 years. Starting in 2006, young adults aged 20–29 years became the age group with the highest rate of new diagnoses; in most years

since then, 20–24 year olds have had the highest rate of new infections. Although new diagnosis rates have declined in most age groups since 2000, rates increased among those 13–29 years (see Figure 13). Children younger than 13 years and adults 60 years and over have consistently had the lowest rates of new HIV diagnoses.

Figure 13

Rate of HIV Disease Diagnoses by Age at Diagnosis and Year of Diagnosis, Illinois 2000–2014

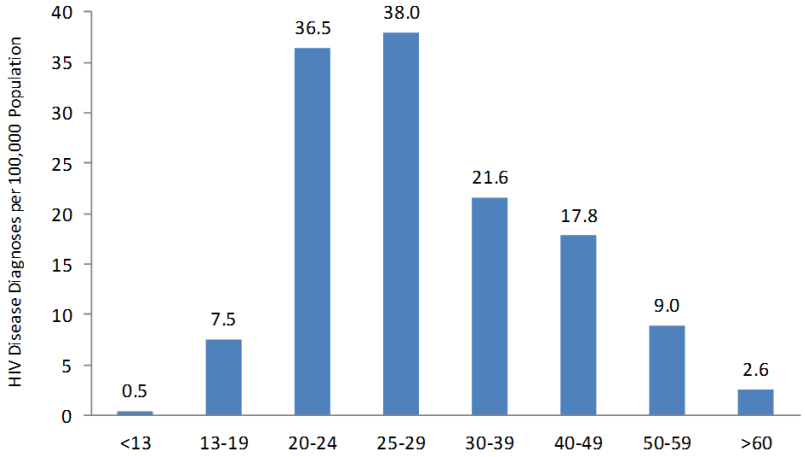


Source: IDPH, HIV Surveillance Unit. Date through December 31, 2014.

In 2014, the highest rate of new HIV/AIDS diagnoses occurred among young adults 25–29 years of age —38 per 100,000 population—and after age 29 years, incidence rates decreased with increasing age (see Figure 14 on the following page).

Figure 14

Rate of HIV Disease Diagnoses by Age at Diagnosis, Illinois, 2014

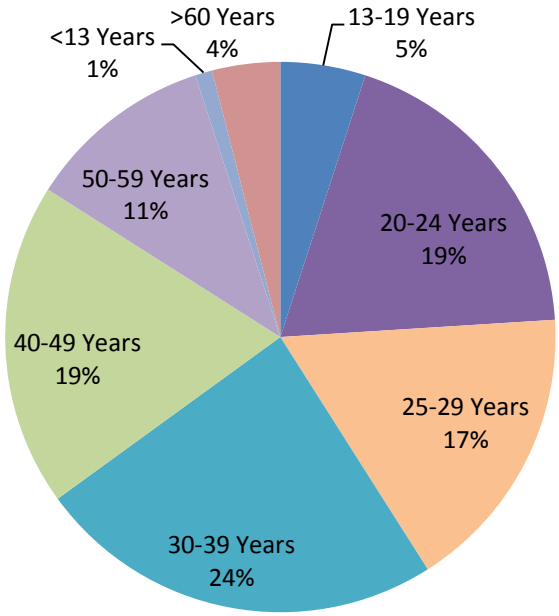


Source: IDPH, HIV Surveillance Unit. Data through December 31, 2014.

From 2010–2014, 42 percent of new HIV/AIDS diagnoses in Illinois were among individuals under 30 years of age (see Figure 15).

Figure 15

HIV Disease Diagnoses by Age at Diagnosis, Illinois 2010-2014



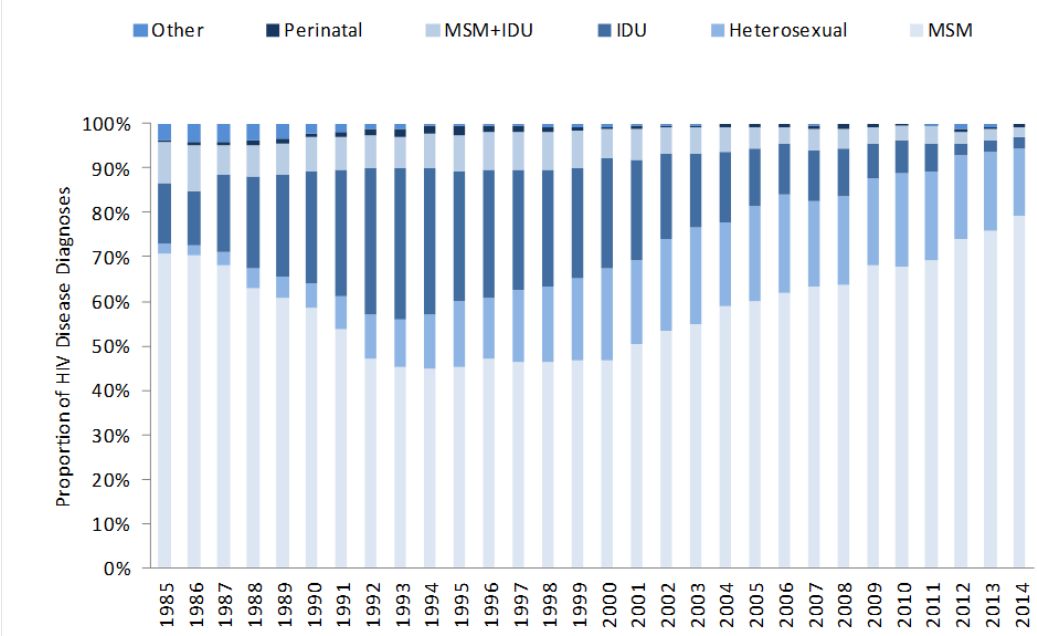
Source: IDPH, HIV Surveillance Unit. Data through December 31, 2014.

Transmission Risk

Since the beginning of the epidemic, the majority of HIV/AIDS cases in Illinois have been among MSM (see Figure 16). In the early 90s, the proportion of cases attributed to heterosexual contact increased and remained relatively steady until 2012 when the proportion of cases diagnosed among heterosexuals began to account for a slightly smaller proportion of new HIV disease diagnoses. The proportion of cases attributed to IDU was highest in the mid-90s, but that proportion has declined since 2002.

Figure 16

Proportion of HIV Disease Diagnoses by Transmission Risk Category and Year of Diagnosis, Illinois 1985–2014



Source: IDPH, HIV Surveillance Unit. Data through December 31, 2014.

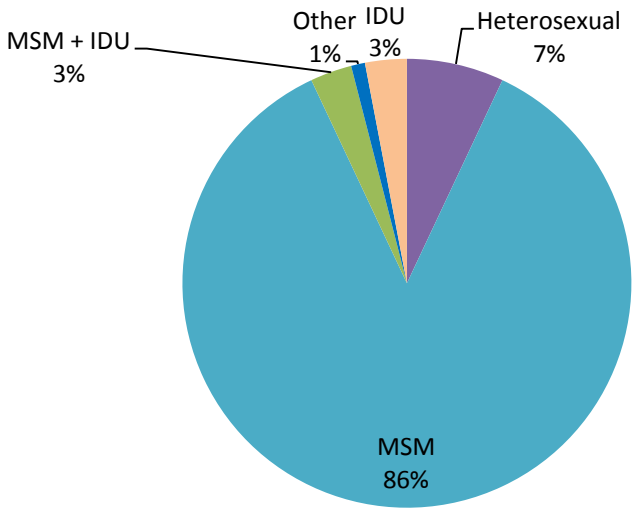
From 2010–2014, 7,179 males were diagnosed with HIV disease in Illinois (see Figure 17 on the following page). A transmission risk category was identified for 85% of new cases. Of those cases, MSM accounted for 86 percent of these new diagnoses. Males who reported injection drug use alone accounted for 3 percent of new diagnoses, and MSM who reported having used injection drugs accounted for an additional 3 percent of new diagnoses. Seven percent of males reported heterosexual contact as their HIV transmission risk factor.

Among the 1,567 females in Illinois who were newly diagnosed in the five-year period from 2010–2014, a risk category was identified for 66 percent of cases; 85 percent of

those cases were from heterosexual contact (see Figure 18). The next most commonly reported risk category was injection drug use at 12 percent.

Figure 17

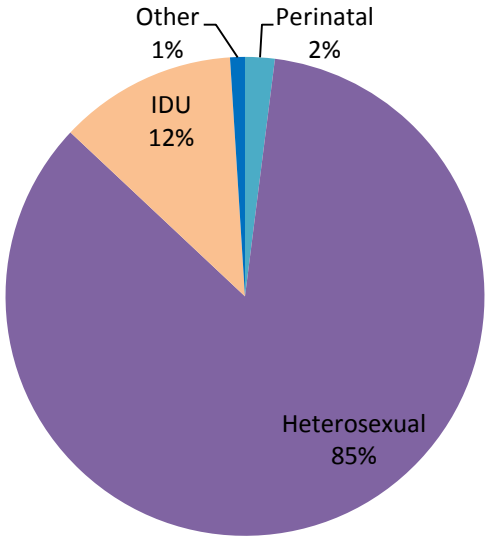
HIV Disease Diagnoses among Males by Transmission Risk Category, Illinois 2010–2014



Source: IDPH, HIV Surveillance Unit. Data through December 31, 2014.

Figure 18

HIV Disease Diagnoses among Females by Transmission Risk Category, Illinois 2010–2014

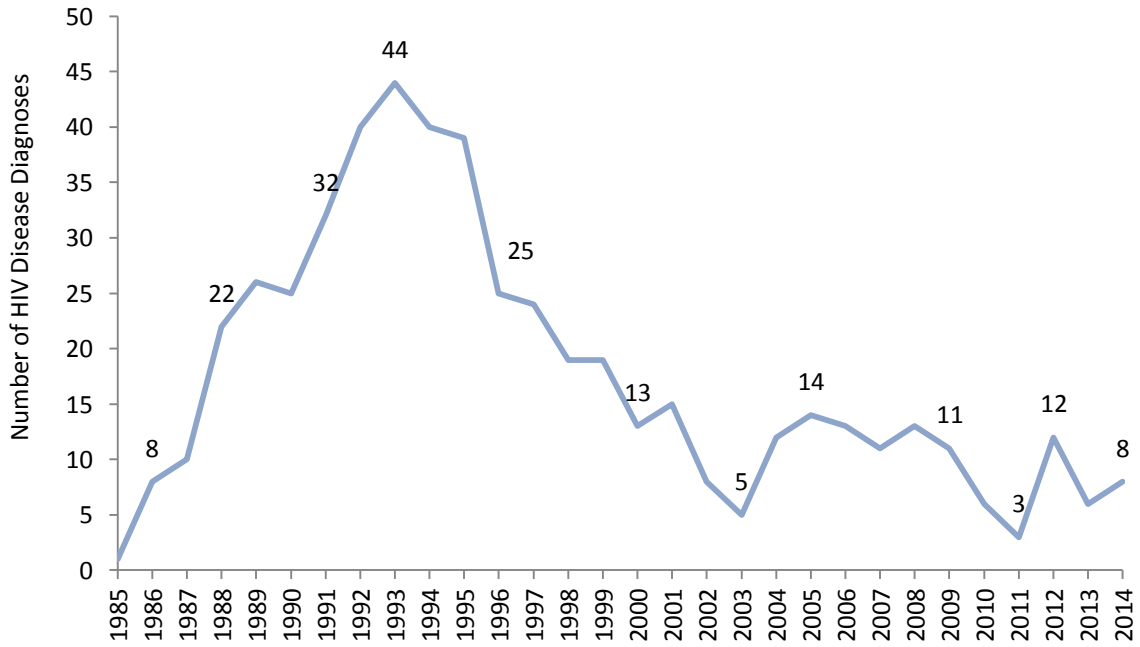


Source: IDPH, HIV Surveillance Unit. Date through December 31, 2014.

Since the first perinatal HIV/AIDS diagnosis was reported to IDPH in 1985 through the end of 2014, 524 perinatally transmitted HIV/AIDS cases have been reported in Illinois (see Figure 19). The number of perinatal diagnoses peaked at 44 in 1993 and began to decline by 1996 with the use of antiretroviral therapy (ART) for HIV-positive pregnant mothers and their newborns. From 2010–2014, 35 cases were identified due to perinatal exposure, and 15 of those cases were among foreign-born children. In addition to the perinatal transmission cases, 23 cases among children younger than 13 with no identified transmission risk category were identified.

Figure 19

HIV Disease Diagnoses Due to Perinatal Transmission by Year of Diagnosis, Illinois 1985–2014



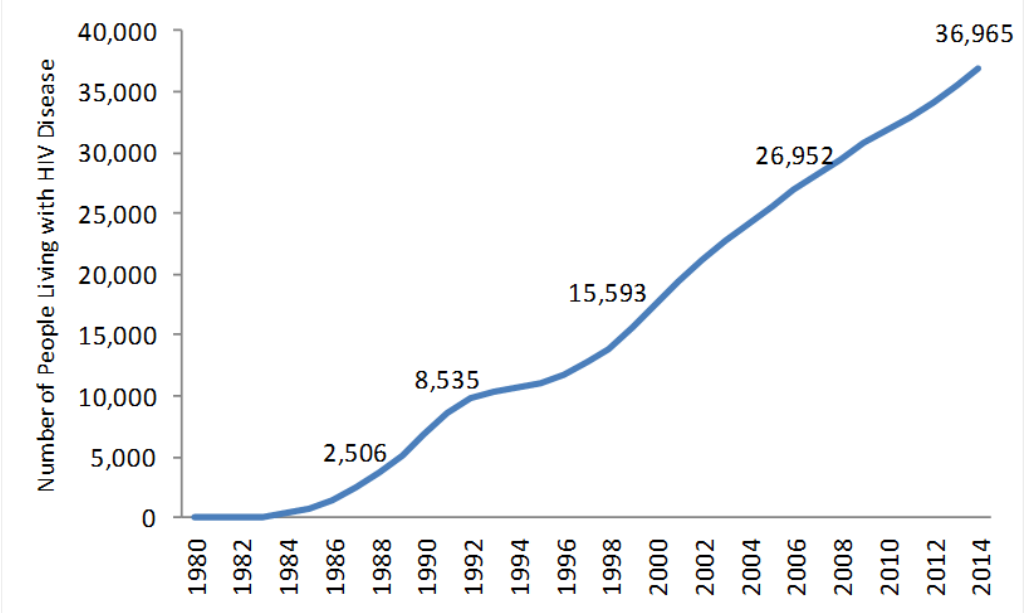
Source: IDPH, HIV Surveillance Unit. Data through December 31, 2014.

Socio-Demographics: People Living With HIV/AIDS

In 2014, a total of 36,965 people were living with an HIV/AIDS diagnosis in Illinois, more than double the number who were living with HIV/AIDS in 2000 (see Figure 20 on the following page). This increase—from 141 to 287 per 100,000 population (see Figure 21 on the following page)—occurred despite the decrease in the number of people newly diagnosed, a reflection of increased survival as a result of improved treatment regimens (Harrison, Song, & Zhang, 2010). Through the end of 2014, a total of 61,882 people had ever been diagnosed with HIV disease in Illinois.

Figure 20

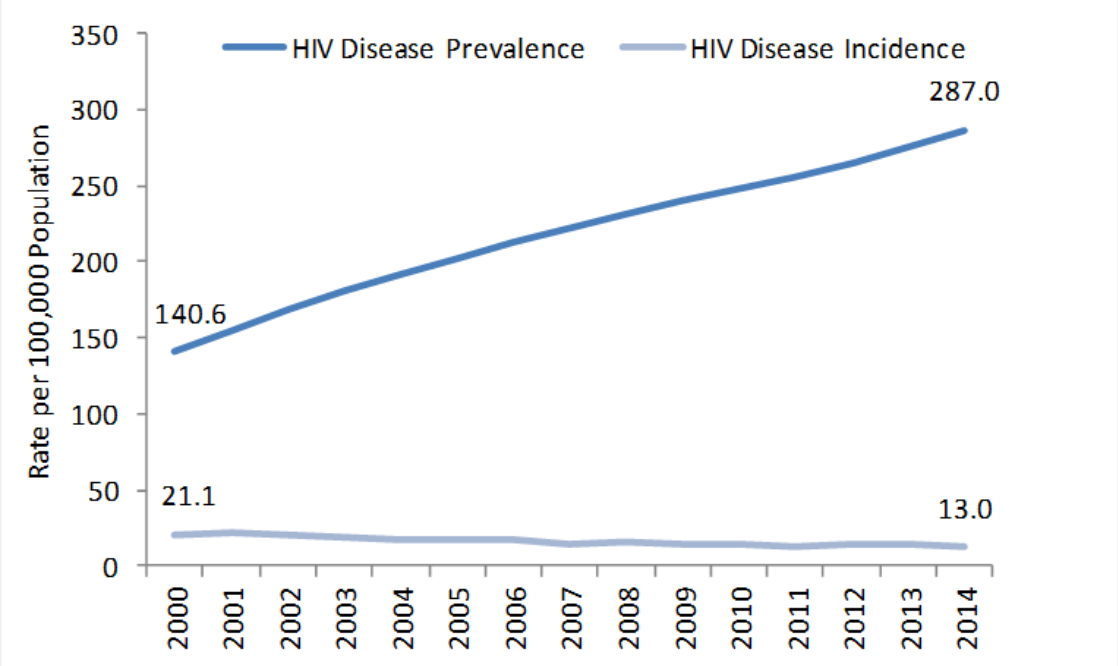
Persons Living with Diagnosed HIV Disease, Illinois 1980–2014



Source: IDPH, HIV Surveillance Unit. Data through December 31, 2014.

Figure 21

HIV Disease Incidence and Prevalence, Illinois 2000–2014

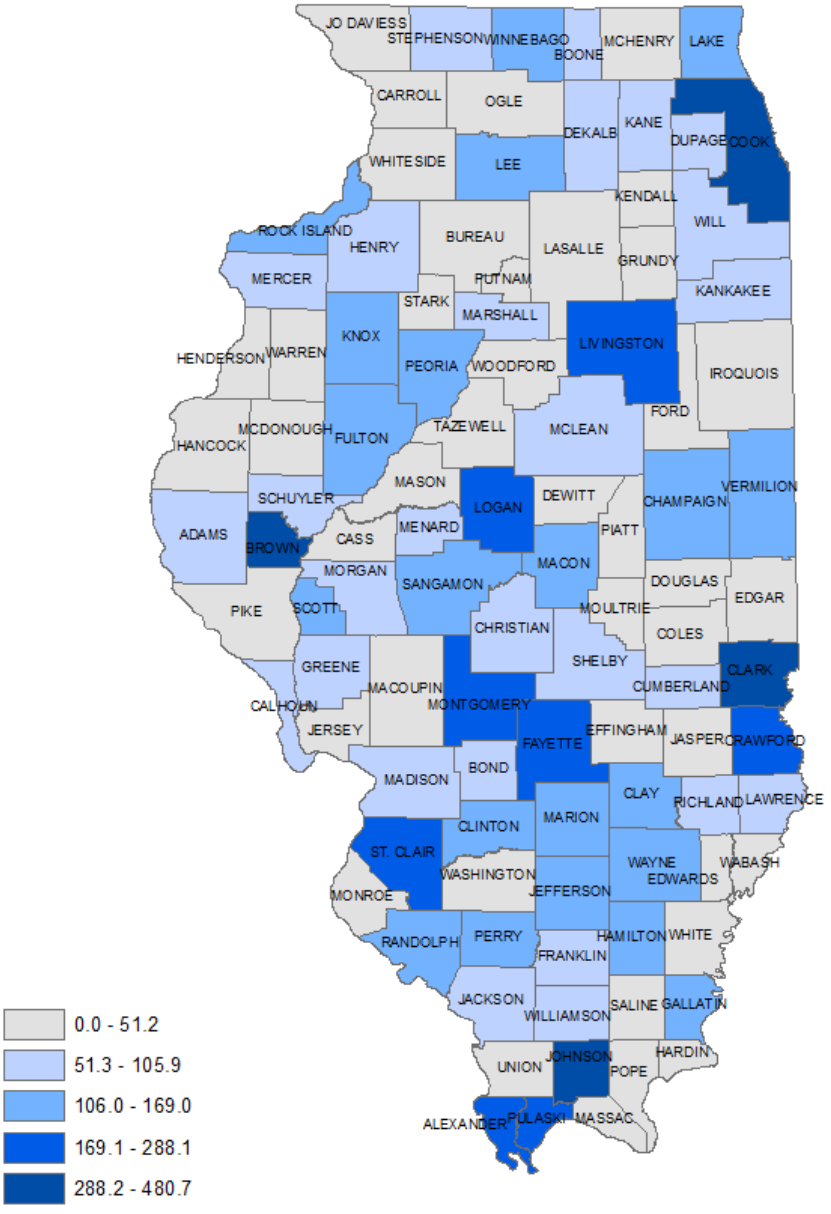


Source: IDPH, HIV Surveillance Unit. Data through December 31, 2014.

Figure 22 show the rate of Illinoisans living with HIV/AIDS by county. Cook County, including the City of Chicago, had the highest rate of PLWHA in Illinois in 2014 (480.7 persons per 100,000 population).Other counties with high rates of PLWHA were Johnson (468.2 per 100,000 population), Brown (453.7 per 100,000 population), and Clark (414.1 per 100,000 population).

Figure 22

Rate of Persons Living with HIV Disease by County, Illinois 2014 (Rate per 100,000)



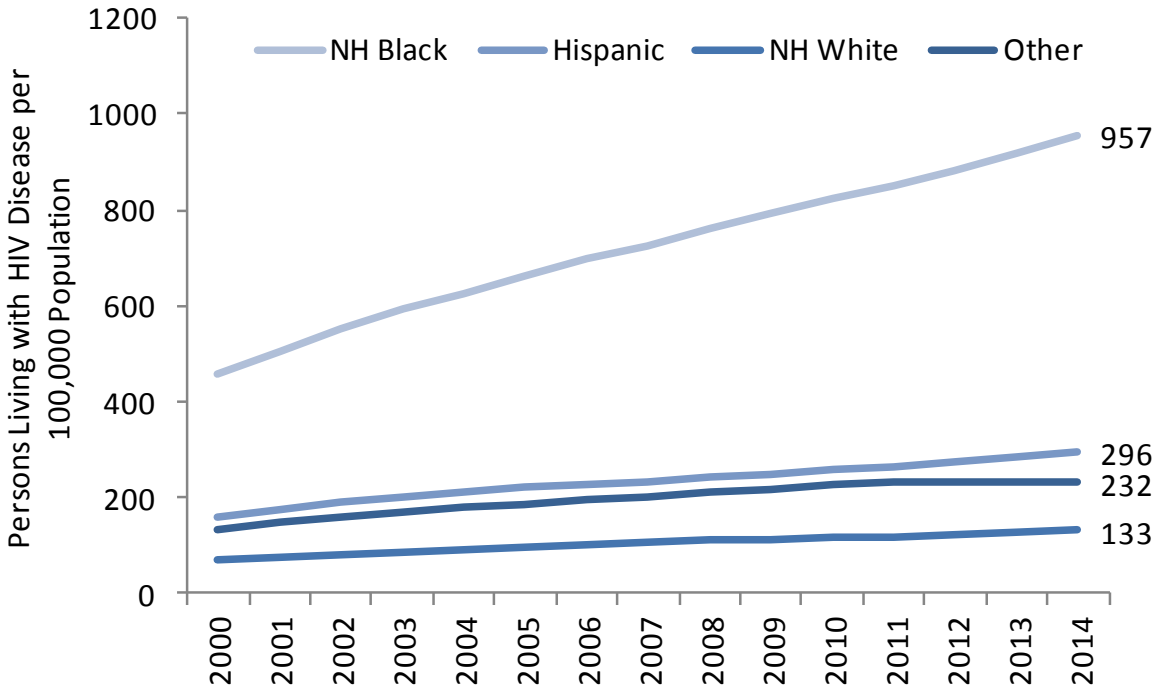
Source: IDPH, HIV Surveillance Unit. Data through December 31, 2014.

Race/Ethnicity

Whites had the lowest prevalence rate in 2014—133 per 100,000 population. Blacks, however, had the highest HIV prevalence rate in Illinois in 2014—957 per 100,000 population—a rate more than seven times higher than among Whites, and more than three times higher than among Hispanics, whose prevalence rate was 296 per 100,000 (see Figure 23).

Figure 23

Rate of Persons Living with HIV Disease by Race/Ethnicity, Illinois 2000–2014



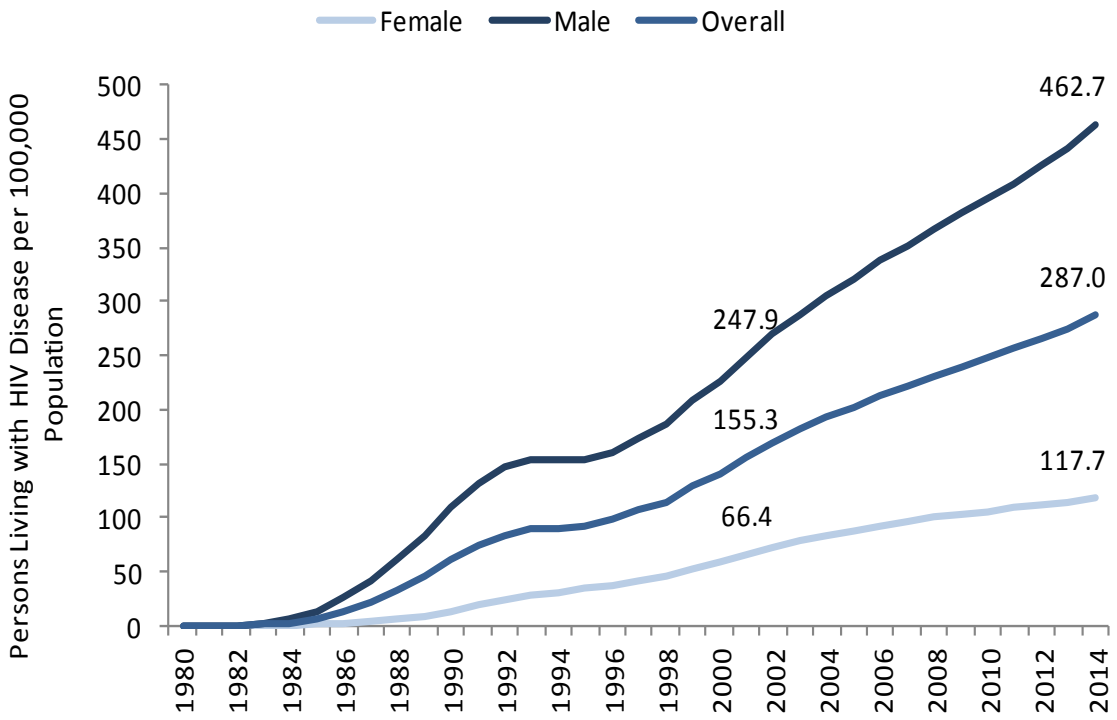
Source: IDPH, HIV Surveillance Unit. Data through December 31, 2014.

Sex

In 2014, the rate of males living with HIV/AIDS in Illinois was almost four times higher than the rate among females—463 vs. 118 per 100,000 population. At the end of 2014, 7,721 females in the state were living with diagnosed HIV, compared to 29,244 males. MSM—including MSM who inject drugs—accounted for the largest proportion of males living with HIV/AIDS (n=21,067). Figure 24 on the following page provides the rate of individuals living with HIV/AIDS by sex from 1980–2014.

Figure 24

Rate of Persons Living with HIV Disease by Sex, Illinois 1980–2014



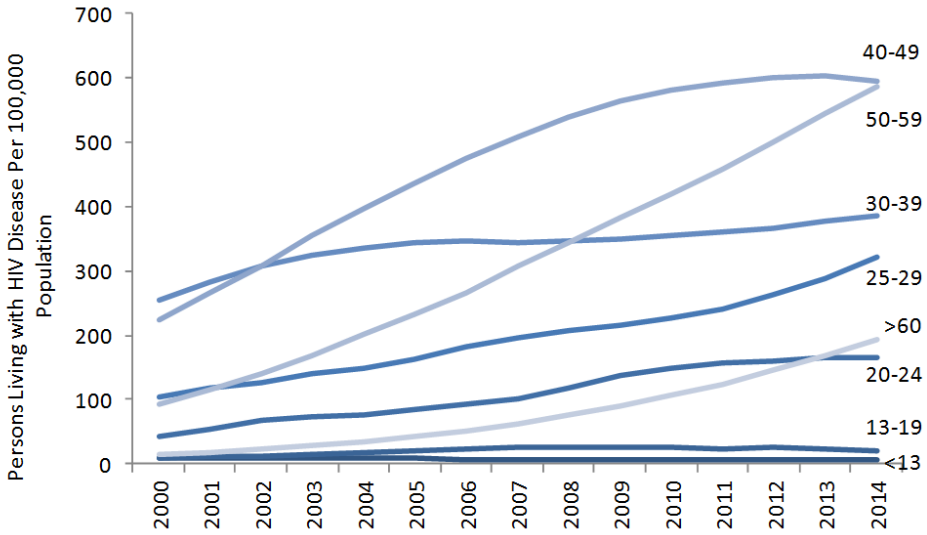
Source: IDPH, HIV Surveillance Unit. Data through December 31, 2014.

Age

The advent of successful drug regimens and the success of initiatives to reduce perinatal transmission are reflected in the age distribution of PLWHA in Illinois. Although HIV prevalence has increased among adults in every age category, the greatest increases have occurred among those ≥60 years (see Figure 25 on the following page). From 2000–2014, the number of PLWHA in this age group increased more than 14 fold, from 14.0 to 194 per 100,000 population. In 2014, there were 4,909 PLWHA ≥60 years in Illinois. That same year, the highest prevalence rate was among those aged 40–49, at 759 per 100,000 population or 10,125 PLWHA. The next highest prevalence rate in 2014 was among adults aged 50–59, with 587 PLWHA per 100,000 population. The increasing number of older adults living with HIV/AIDS has many implications for the health and social service systems. The only age group with a decline in the prevalence rate from 2000–2014 was children under 13 years of age, for whom the rate declined from 9.8 to 5.9 per 100,000 children.

Figure 25

Rate of Persons Living with HIV Disease by Age, Illinois, 2000–2014

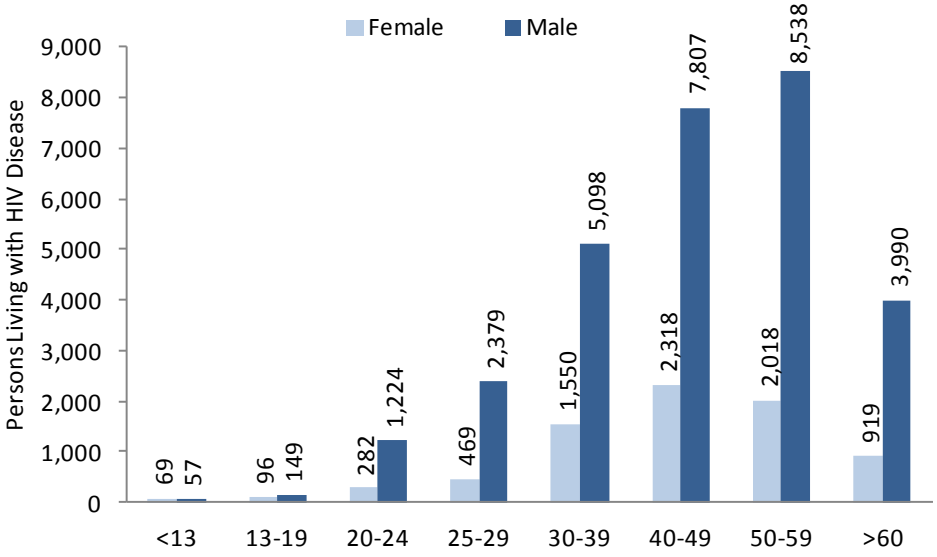


Source: IDPH, HIV Surveillance Unit. Data through December 31, 2014.

Age and Sex. In 2014, the highest number of men and women living with HIV disease were 40–59 years (see Figure 26). On average, four-fold more men were living with HIV disease than women. Among PLWHA 25–29 years this difference was the highest were 5.1-fold more men than women living with HIV disease.

Figure 26

Persons Living with HIV Disease by Current Age and Sex, Illinois 2014



Source: IDPH, HIV Surveillance Unit. Data through December 31, 2014.

Unmet Need

Unmet need is a concern with both newly diagnosed populations and those already living with HIV/AIDS. Unmet need is defined as people living with HIV/AIDS who are not in HIV care. IDPH considers individuals to have an unmet need for HIV-related care in the absence of data indicating that they are receiving regular HIV primary health care. This includes any of the following three components of HIV primary care during a defined 12-month period: viral load testing, a CD4 cell count, or an ART prescription.

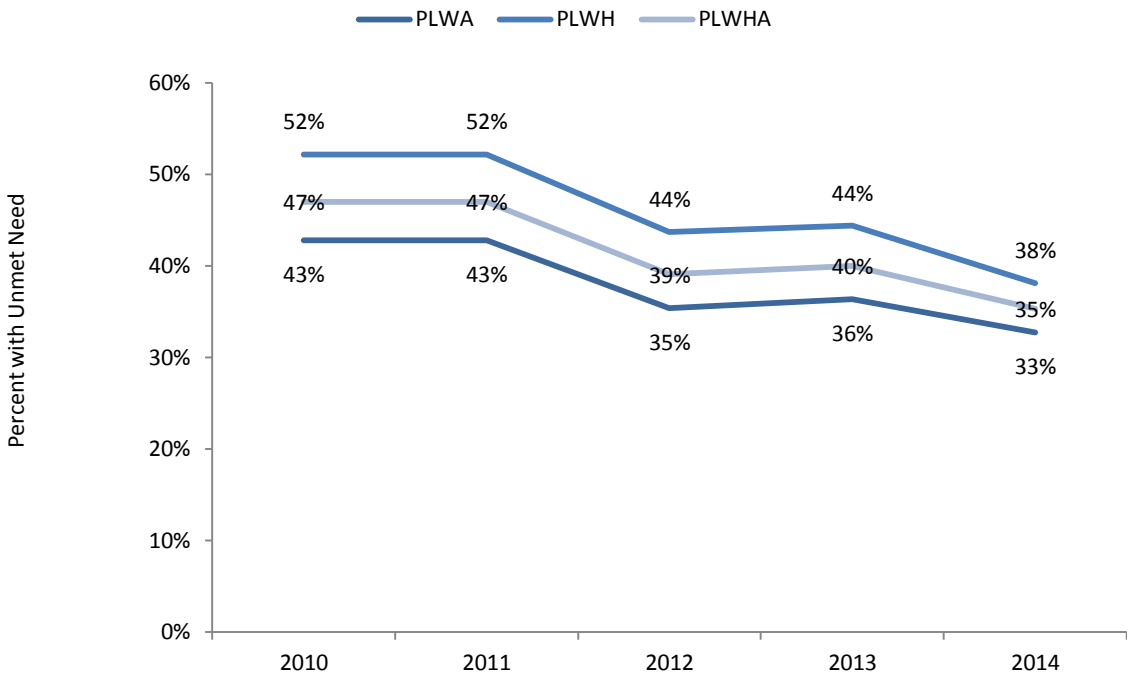
To estimate unmet need in Illinois, IDPH uses eHARS data. Illinois requires reporting of all viral load (VL) test results—detectable and undetectable—all CD4 test results, and all subtype and sequence data from antiviral drug resistance testing. These data are reported to IDPH and maintained in eHARS. The state's AIDS Drug Assistance Program (ADAP) database is used to provide data on individuals receiving ART, as well as information on their VLs and CD4 counts. The Illinois Medicaid program is an additional source of data to estimate the number of people in care.

To estimate 2014 unmet need in Illinois, IDPH used eHARS data for individuals who were diagnosed with HIV disease through December 31, 2013 and alive as of December 31, 2014. Individuals diagnosed in 2014 were excluded from this analysis because the 12-month period to obtain HIV primary care had not elapsed. As of December 31, 2014, there were 36,731 people diagnosed with HIV in Illinois through December 31, 2013 and living as of December 31, 2014; 19,331 were living with AIDS and 17,400 were living with HIV.

In 2014, an estimated 12,963 PLWHA in Illinois—about 35 percent of the state's population of PLWHA—had unmet need for care and treatment. Appendix D is a table showing how this unmet need was calculated. Unmet need differs by disease status because care patterns vary based on illness severity (Kahn, Janney, & Franks, 2003). Among people living with HIV who had not progressed to AIDS, this percentage was 38.1 percent; among people who had progressed to AIDS, it was 32.8 percent. Figure 27 on the following page is an estimate of unmet need among PLWHA in Illinois by disease progression and year.

Figure 27

Estimated Unmet Need among Persons Living with HIV Disease by Disease Progression and Year, Illinois, 2010–2014*



*Reporting sources varied over time, which may affect comparability of estimates across years.
Source: Illinois Department of Public Health, 2015.

Race/Ethnicity

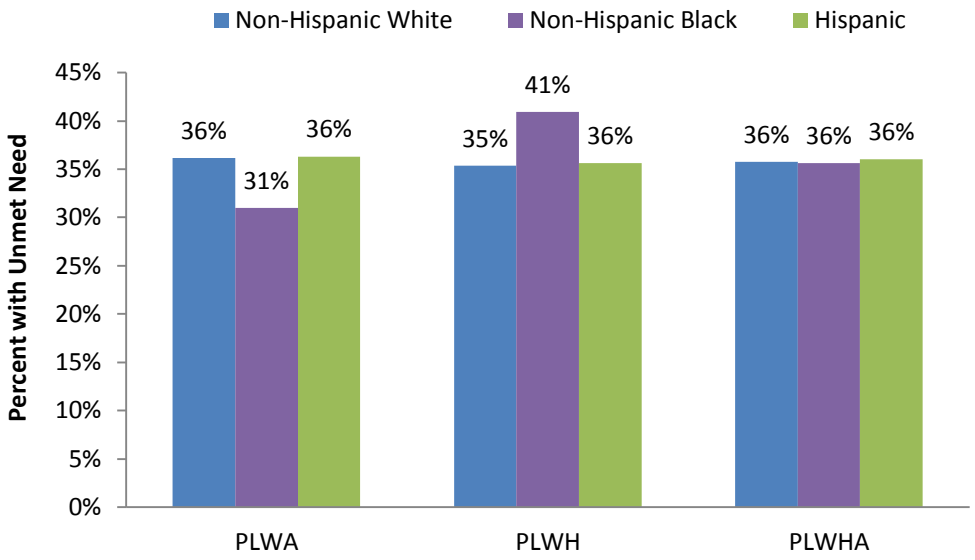
Overall rates of unmet need for PLWHA were similar for whites, blacks, and Hispanics/Latinos (see Figure 28 on the following page). Among people living with HIV, blacks had higher estimated unmet need than whites and Hispanic/Latinos. Among people living with AIDS, however, blacks had lower rates of estimated unmet need compared to whites and Hispanics/Latinos.

Sex

Among PLWHA, unmet need was similar for men and women. Among PLWH, males had lower estimated unmet need than females (37 percent vs. 42 percent) in 2014 (see Figure 29 on the following page). However, among PLWA, men were more likely than women to have unmet need (34 percent vs. 28 percent).

Figure 28

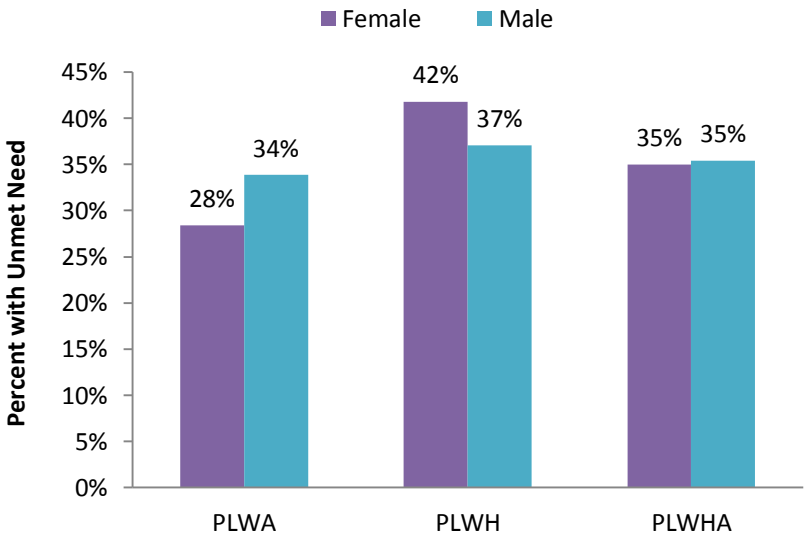
Estimated Unmet Need among Persons Living with HIV Disease by Disease Progression and Race/Ethnicity, Illinois 2014



Source: Illinois Department of Public Health, 2015.

Figure 29

Estimated Unmet Need among Persons Living with HIV Disease by Disease Progression and Sex, Illinois 2014



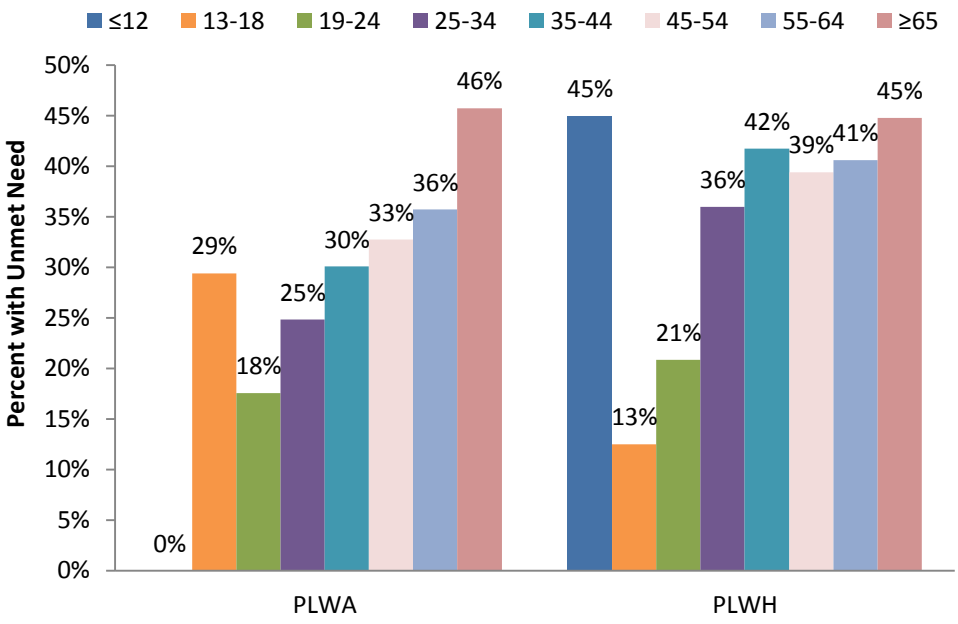
Source: Illinois Department of Public Health, 2015.

Age

Unmet need generally increased with increasing age in 2014 among people living with AIDS (see Figure 30). Adults ≥65 years had the highest rate of unmet need (46 percent), but youth 13 to 18 years of age, had a higher rate of unmet need compared to young adults. Among people living with HIV, however, children ≤12 years and adults ≥65 years had the highest rates of unmet need at about 45 percent.

Figure 30

Estimated Unmet Need among Persons Living with HIV Disease by Disease Progression and Age, Illinois 2014



Source: Illinois Department of Public Health, 2015.

Transmission Risk Category

The largest number of persons living with HIV disease in Illinois are MSM and this risk group accounts for the largest number of PLWHA with unmet need (n=6,112). (see Table 1 on the following page). The risk group with the highest proportion of unmet need in 2014 was individuals whose HIV transmission risk factor was unknown or not reported. Among people living with HIV/AIDS in this risk category, almost 70 percent had unmet need. The reasons for this higher level of unmet need are not clearly understood. People living with HIV/AIDS who used injection drugs had the second highest rate of unmet need at 44.1 percent.

Table 1

Estimated Unmet Need among Persons Living with HIV Disease by Disease Progression and Transmission Risk Category, Illinois 2014

Risk		Unmet Need	Met Need	Total	Percent Unmet Need
PLWA	MSM	3,146	6,544	9,690	32.5%
	Injection Drug Use (IDU)	1,042	1,571	2,613	39.9%
	MSM+IDU	376	827	1,203	31.3%
	Heterosexual	903	2,243	3,146	28.7%
	Transfusion/Hemophilia	25	67	92	27.2%
	Mother with, or at risk for HIV infection	49	105	154	31.8%
	Other	504	1,483	1,987	25.4%
	Risk not reported/Unknown	286	160	446	64.1%
	Total	**6,331**	**13,000**	**19,331**	32.8%
PLWH	MSM	2,966	6,553	9,519	31.2%
	Injection Drug Use	688	623	1,311	52.5%
	MSM+IDU	184	349	533	34.5%
	Heterosexual	908	1,521	2,429	37.4%
	Transfusion/Hemophilia	10	15	25	40.0%
	Mother with, or at risk for HIV infection	77	146	223	34.5%
	Other	1,112	1,281	2,393	46.5%
	Risk not reported/Unknown	687	280	967	71.04%
	Total	**6,632**	**10,768**	**17,400**	38.1%
PLWHA	MSM	6,112	13,097	19,209	31.8%
	Injection Drug Use	1,730	2,194	3,924	44.1%
	MSM+IDU	560	1,176	1,736	32.3%
	Heterosexual	1,811	3,764	5,575	32.5%
	Transfusion/Hemophilia	35	82	117	29.9%
	Mother with, or at risk for HIV infection	126	251	377	33.4%
	Other	1,616	2,764	4,380	36.9%
	Risk not reported/Unknown	973	440	1,413	68.9%
	Total	**12,963**	**23,768**	**36,731**	35.3%

Source: Illinois Department of Public Health, 2015.

Geography

Although the City of Chicago had the highest number of people living with HIV/AIDS in 2014 (see Table 2), the proportion with unmet need was almost the same as the overall state average (35.4 percent vs. 35.3 percent). Jackson (Region 5) had the highest proportion—40.9 percent—of people living with HIV/AIDS who had unmet need.

Table 2

Estimated Unmet Need among Persons Living with HIV Disease by Disease Progression and Region, Illinois 2014

Region		Unmet Need	Met Need	Total	Percent Unmet Need
PLWA	Region 1: Winnebago Region	179	327	506	35.4%
	Region 2: Peoria Region	150	293	443	33.9%
	Region 3: Sangamon Region	141	295	436	32.3%
	Region 4: St. Clair Region	208	443	651	32.0%
	Region 5: Jackson Region	69	122	191	36.1%
	Region 6: Champaign Region	182	340	522	34.9%
	Region 7: Collar Counties Region	543	1,134	1,677	32.4%
	Region 8: Suburban Cook County Region	810	1,903	2,713	29.9%
	City of Chicago	4,049	8,143	12,192	33.2%
	Total	**6,331**	**13,000**	**19,331**	**32.8%**
PLWH	Region 1: Winnebago Region	152	294	446	34.1%
	Region 2: Peoria Region	163	225	388	42.0%
	Region 3: Sangamon Region	168	251	419	40.1%
	Region 4: St. Clair Region	282	422	704	40.1%
	Region 5: Jackson Region	108	134	242	44.6%
	Region 6: Champaign Region	198	253	451	43.9%
	Region 7: Collar Counties Region	535	938	1,473	36.3%

Region		Unmet Need	Met Need	Total	Percent Unmet Need
PLWH	Region 8: Suburban Cook County Region	760	1,238	1,998	38.0%
	City of Chicago	4,266	7,013	11,279	37.8%
	Total	**6,632**	**10,768**	**17,400**	**38.1%**
PLWHA	Region 1: Winnebago Region	331	621	952	34.8%
	Region 2: Peoria Region	313	518	831	37.7%
	Region 3: Sangamon Region	309	546	855	36.1%
	Region 4: St. Clair Region	490	865	1,355	36.2%
	Region 5: Jackson Region	177	256	433	40.9%
	Region 6: Champaign Region	380	593	973	39.1%
	Region 7: Collar Counties Region	1,078	2072	3,150	34.2%
	Region 8: Suburban Cook County Region	1,570	3141	4,711	33.3%
	City of Chicago	8,315	15,156	23,471	35.4%
	Total	**12,963**	**23,768**	**36,731**	**35.3%**

Source: Illinois Department of Public Health, 2015.

Individuals at High Risk

Because the City of Chicago is directly funded by CDC to provide HIV prevention services within its own jurisdiction, IDPH determines individuals at highest risk using statewide surveillance data (excluding the City of Chicago), HIV disease incidence and late diagnosis cases, and HIV disease prevalence—considering only cases with known exposure categories to maximize proportional accuracy.

Individuals most at risk for HIV in the jurisdiction include the following populations:

- MSM of all races/ethnicities
- High risk heterosexuals (HRH) of all races/ethnicities
- Injection drug users of all races/ethnicities
- MSM/IDU of all races/ethnicities

Population Size by Risk and Race/Ethnicity

Using the CDC national risk prevalence estimate, IDPH estimates that four percent of Illinois males—201,148 individuals—are MSM. This figure includes: 132,126 white MSM, 30,706 Hispanic/Latino MSM, 26,341 black MSM, and 11,955 MSM in the other racial/ethnic categories combined.

HIV-negative high risk heterosexual females in Illinois include those who have an HIV-positive male partner, a confirmed sexually transmitted infection (STI), or an anal sex risk. Lacking a research estimate, IDPH estimates there may be more than roughly 1,566 heterosexual females who are at high risk due to having an HIV-positive male partner, based on the assumption of one female partner for each HIV-positive heterosexual male. This figure includes 962 black females, 260 Hispanic/Latina females, 252 white females, and 90 females in the other racial/ethnic categories combined. An estimated 217,975 Illinois females have a confirmed STI, based on the 2012 National Health Statistics Report (NHSR) estimated risk prevalence of 4.1 percent. This figure includes an estimated 143,412 white females, 31,984 black females, 29,196 Hispanic/Latina females, and 13,383 females in the other categories combined. Using the 2011 NHSR estimated risk prevalence of 36 percent, IDPH estimates that 1,913,925 females in Illinois have an anal sex risk. This figure includes 1,259,229 whites, 280,832 blacks, 256,358 Hispanics/Latinas, and 117,506 females in the other racial/ethnic categories.

Among heterosexual males, lacking a research estimate, IDPH estimates there may be more than roughly 3,919 HIV-negative heterosexual males in Illinois who are at high risk due to having an HIV-positive female partner, based on the assumption of one male partner for each HIV-positive heterosexual female. This figure includes 2,515 black males, 631 Hispanic/Latino males, 598 white males, and 175 males in the other racial/ethnic groups combined.

Using an estimated risk prevalence of 2 percent of males and 1 percent of females (Annals of General Medicine, 2007), IDPH estimates that there are 153,738 injection drug users in Illinois including 101,252 whites, 22,474 Hispanics/Latinos, 20,971 blacks, and 9,241 in the other racial/ethnic categories combined.

The estimated risk prevalence of MSM/IDU is estimated to be 0.35 percent of the population—36,207 individuals—based on the 2013 CDC meta-analysis of National Health and Nutrition Examination Survey (NHANES), Medical Monitoring Project (MMP), National HIV Behavioral Surveillance (NHBS), and National Health Security

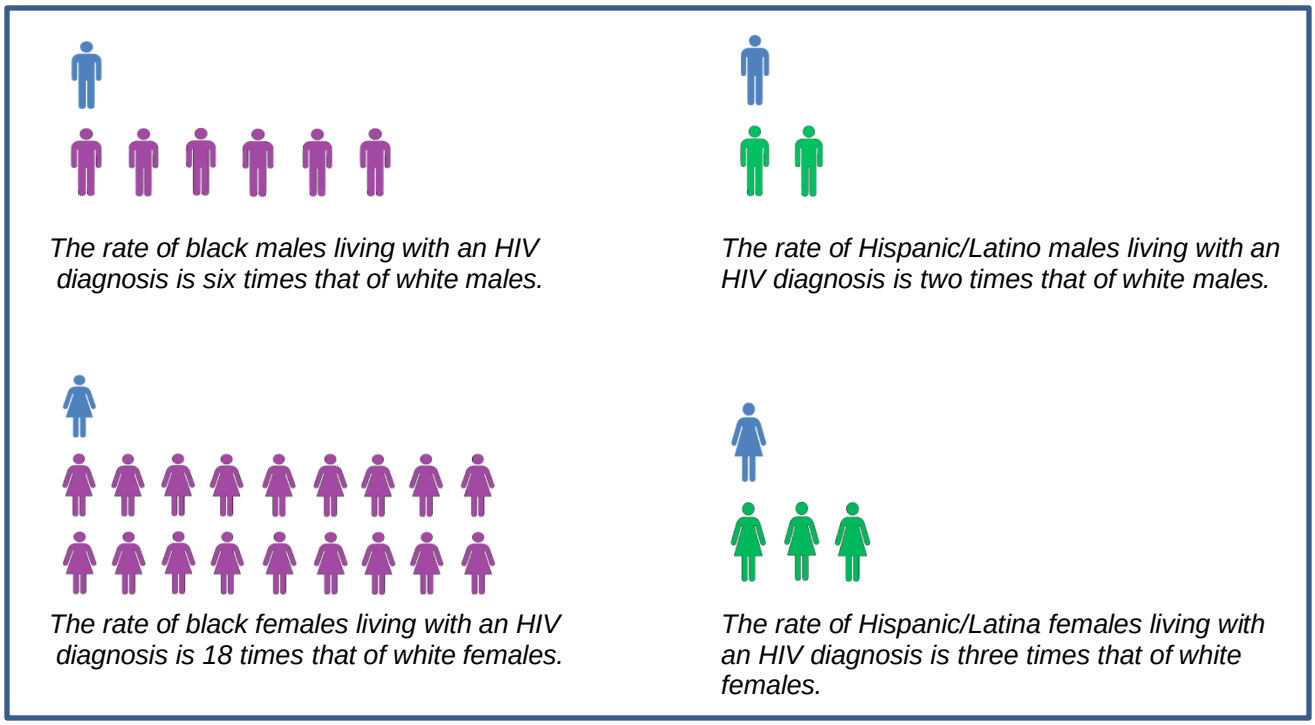
Strategy (NHSS) data. This figure includes: 23,805 white MSM, 5,179 Hispanic/Latino MSM, 5,035 black MSM, and 2,188 MSM in the other racial/ethnic categories combined.

Burden of HIV

The burden of HIV falls much more heavily on some populations and regions in Illinois. Blacks, who make up less than 15 percent of the population, accounted for half of all new HIV/AIDS diagnoses from 2010 to 2014. In 2014, the rate of black males living with an HIV disease diagnosis was six times that of white males, and the rate of black females living with an HIV disease diagnosis was 18 times that of white females. Two-thirds of perinatal cases reported from 2010–2014 were among black children. MSM of all races and ethnicities bear a disproportionate share of the burden of HIV/AIDS in Illinois, but black MSM are most affected. Figure 31 depicts the burden of HIV among black, Hispanic/Latino, and white Illinois residents.

Figure 31

Racial/Ethnic Disparities in the Burden of HIV Disease in Illinois



Source: Illinois Department of Public Health. Data through December 31, 2014.

Socioeconomic marginalization, low educational attainment, lack of health care access, and lack of cultural competence in health care settings contribute to the increased burden of HIV infection among black Illinoisans. Black MSM are additionally affected by rejection within their communities, a lack of social support services, and stigma and

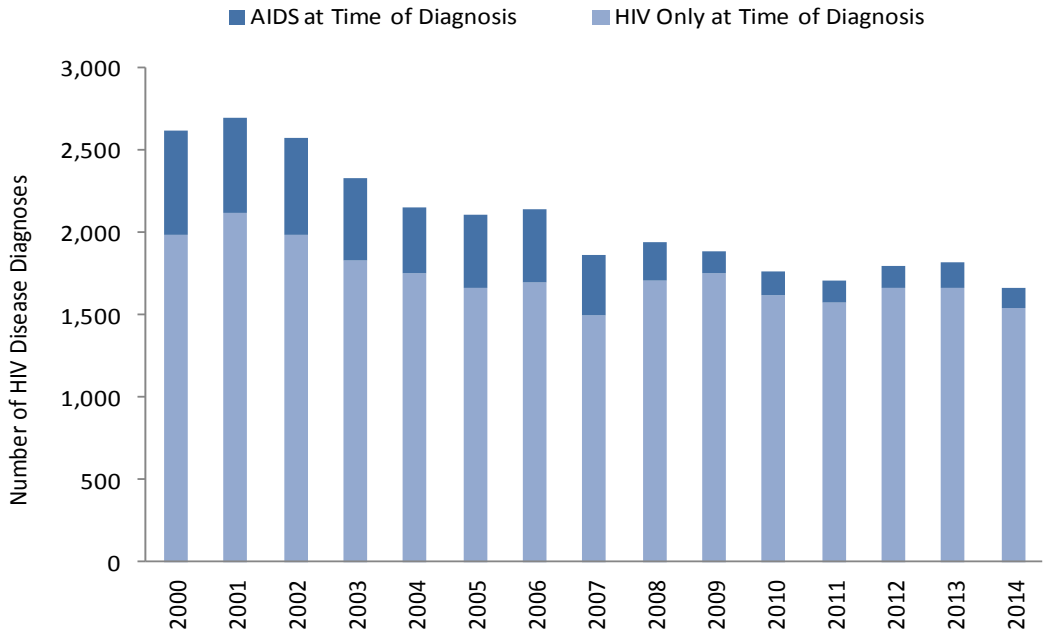
discrimination within health care settings. These factors prevent many blacks from being diagnosed with HIV early in the course of infection, linking to HIV care services, engaging in ongoing HIV care, taking anti-retroviral therapy, and being virally suppressed.

AIDS Diagnoses

The highest incidence rate of AIDS diagnoses in Illinois was reported in 1993, with 24.2 diagnoses per 100,000 population or 2,832 diagnoses. In 2014, 709 AIDS diagnoses were reported, or 5.5 per 100,000. Approximately 52 percent of people diagnosed with HIV in Illinois had ever progressed to AIDS by the end of 2014. From 2010–2014 (see Figure 32), the average annual number of AIDS diagnoses reported in the state was 1,138.The proportion of new HIV disease diagnoses with AIDS diagnosed at the time of initial diagnosis declined from 24 percent in 2000 to eight percent in 2014, which reflects the success of HIV testing efforts. Hispanics/Latinos had the highest proportion of late HIV diagnoses in Illinois from 2010–2014, while blacks had the lowest proportion, which may be a result of targeted testing in black communities.

Figure 32

HIV Disease Diagnoses by Year of Diagnosis and AIDS at Diagnosis, Illinois, 2000–2014



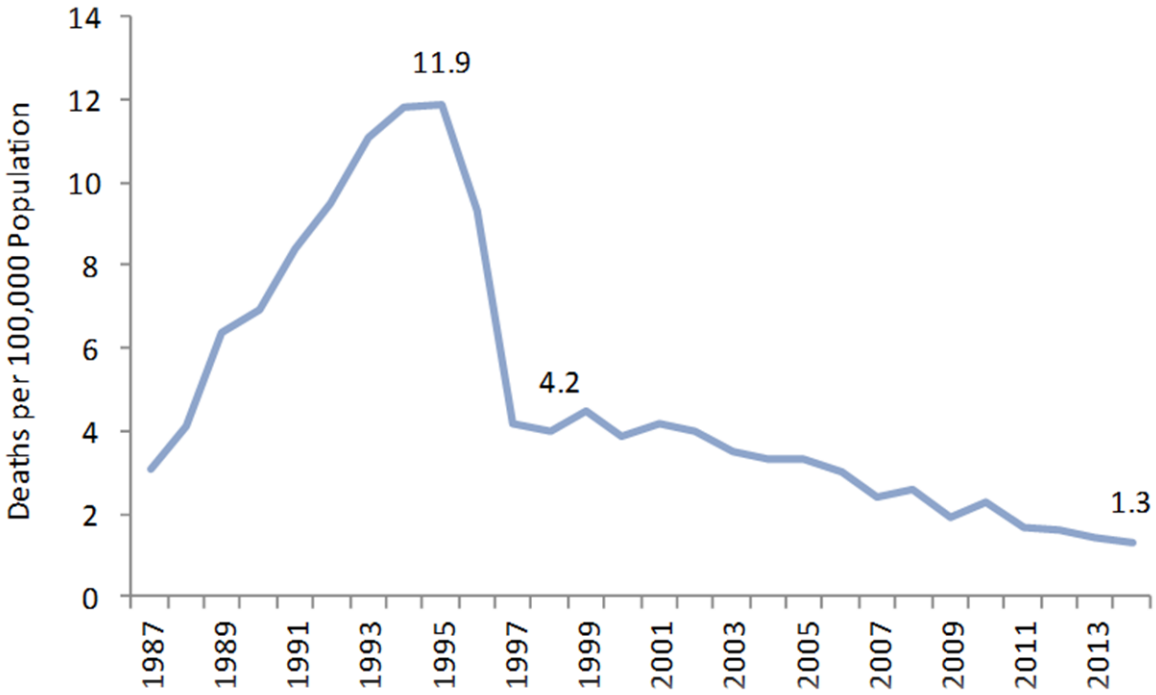
Source: IDPH, HIV Surveillance Unit. Data through December 31, 2015.

Mortality

Although HIV mortality rates have been declining nationally and in Illinois since peaking in the mid-90s, people continue to die from HIV infection. The rate of deaths coded with HIV infection as the cause peaked in 1995 at over 1,400 people or 11.9 deaths per 100,000 population and has declined significantly since then (see Figure 33).

Figure 33

Age-Adjusted* Mortality Rate with HIV as the Underlying Cause of Death by Year of Death, Illinois, 1987–2014



Source: IDPH, HIV Surveillance Unit. Data through December 31, 2014.

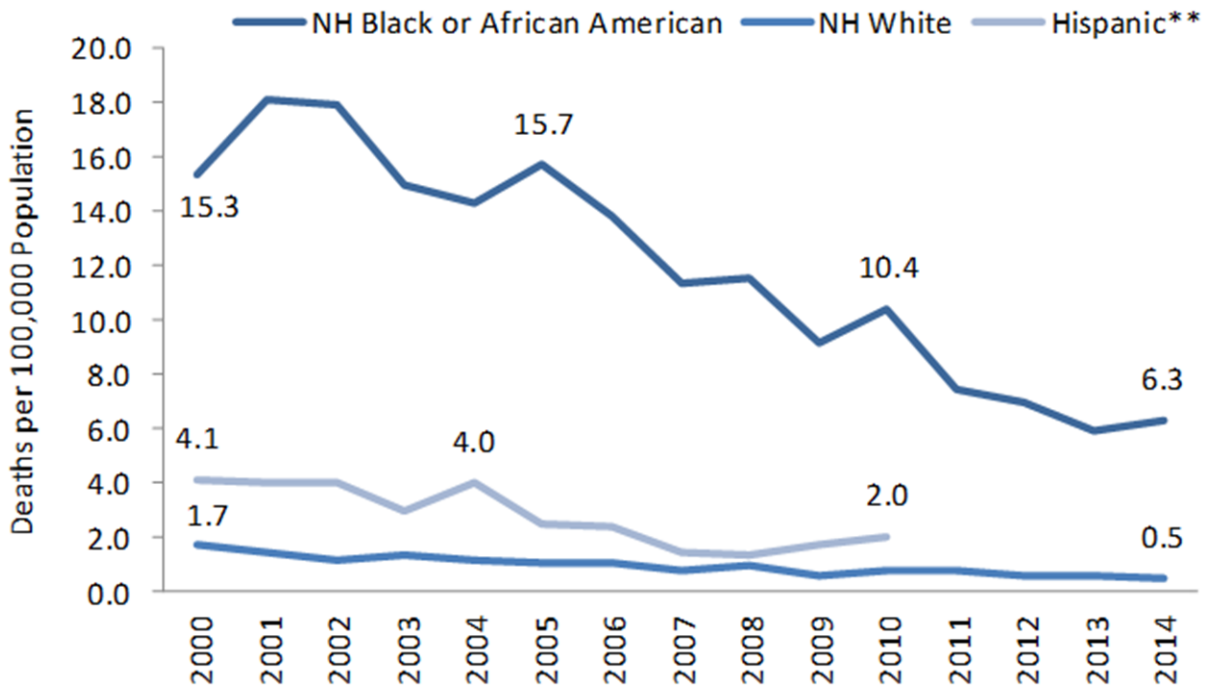
HIV mortality rates in Illinois decreased across all racial and ethnic groups from 2000–2014 (see Figure 34 on the following page). Among black, white, and Hispanic/Latino populations, mortality rates decreased by approximately 60 percent, but disparities persist. The HIV mortality rate among blacks was 12.5 times higher than among whites in 2014.

In 2014, women in Illinois were slightly more likely than men to die from HIV, although almost three times as many men (140) as women (38) died from HIV, because the prevalence rate of diagnosed HIV disease was four times higher among men than

women (463 vs. 118 per 100,000). Mortality rates among both men and women declined from 2000–2014 (see Figure 35 on the following page), but the percent change was slightly higher among women (67 percent) than men (65 percent).

Figure 34

Age-Adjusted* Mortality Rate with HIV as the Underlying Cause of Death by Race/Ethnicity and Year of Death, Illinois, 2000–2014



*Age-adjusted using 2000 U.S. Census Population

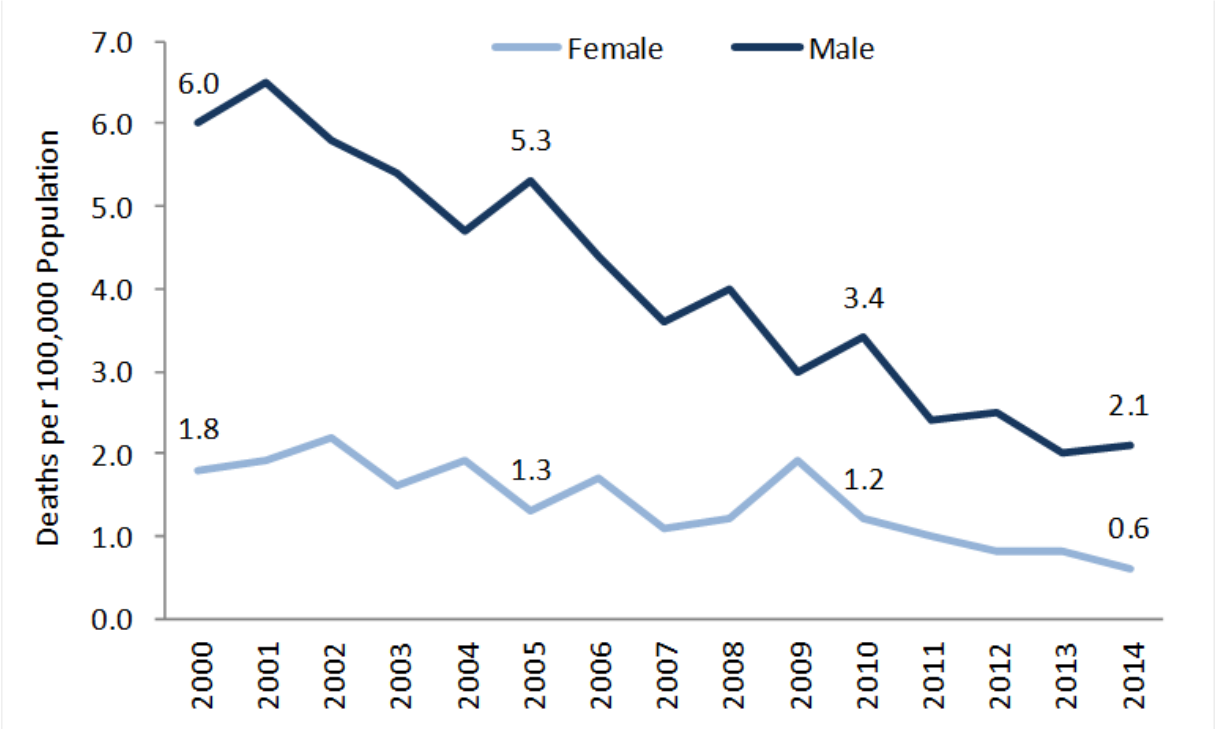
**Estimates were unreliable for 2011, 2013, and 2014

Note: Deaths with HIV as the underlying cause of death maybe underreported from the Illinois Department of Public Health to the National Center for Health Statistics. Rates should be interpreted with caution.

Sources: CDC, National Center for Health Statistics, 2000 and 2003, 2015

Figure 35

Age-Adjusted* Mortality Rate with HIV as the Underlying Cause of Death by Sex, Illinois, 2000–2014



*Age-adjusted using the 2000 U.S. Census Population

Note: Deaths with HIV as the underlying cause of death maybe underreported from IDPH to the National Center for Health Statistics. Rates should be interpreted with caution.

Sources: Centers for Disease Control and Prevention, National Center for Health Statistics, 2000 and 2003, 2015

Indicators of Risk

Behavioral indicators of risk include but are not limited to patterns of HIV testing, substance use and needle sharing, sexual behavior, sexual orientation and gender identity, health care-seeking behavior, trauma or intimate partner violence, and adherence to prescribed antiretroviral therapies. Behavioral surveys were reviewed as part of the SCSN including date from the Illinois Behavioral Risk Factor Surveillance System (BRFSS) survey. BRFSS gathers information on risk factors among Illinois adults, aged 18 and over, via telephone.

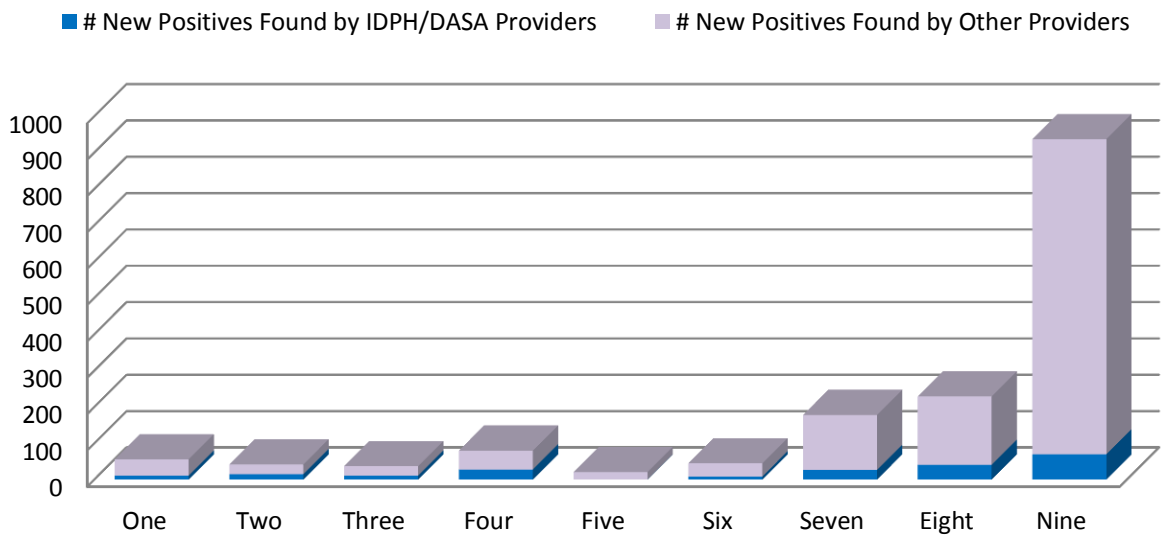
Patterns of HIV Testing and HIV Testing Results

Over a fourth (28.9 percent) of the 2014 BRFSS respondents had ever had an HIV test; 51.9 percent were tested by a public provider, and 48.1 percent by a private provider. In 2014, IDPH monitored and supported 207,889 HIV tests, testing 1.7 percent of the Illinois population that year. Routine testing programs conducted 85 percent of those tests.

The overall new seropositivity rate for the 2014 IDPH-supported tests was 0.1 percent, or one newly diagnosed HIV+ person per 1,000 people tested. Eight percent of all people tested had documented prioritized risk; 92 percent had "average" risk. Of the 408 positive test results, 215 were new diagnoses. The remainder had already had a positive diagnosis reported to surveillance. Figure 36 shows positive test results by region.

Figure 36

Identified Positive Cases by Region, 2014



Source: Illinois Department of Public Health, 2014

Substance Use

According to the 2013–2014 National Survey on Drug Use and Health (SAMHSA, 2015), among Illinois youth aged 12-17 years, 8.5 percent reported past month drug use compared to the national average of 9.1 percent for that age group. For Illinois adults ≥18 years, the figures were 9.6 percent compared with 9.8 percent nationally. Among adults ≥18 years, 3.0 percent reported using an illicit drug other than marijuana in the

past month, compared to 3.3 percent nationally. Illinois was slightly under the national average for adults ≥18 years who reported non-medical use of pain relievers—3.5 percent compared to 4.0 percent nationally. Heroin was the most commonly cited drug among primary drug treatment admissions in the state between 2001 and 2011 (SAMHSA, 2013).

Sex Work

The Medical Monitoring Project (MMP) is a CDC-funded supplemental surveillance activity to learn more about the experiences and needs of people living with HIV/AIDS. An estimated five percent of Illinois respondents to 2012 MMP reported exchanging sex for money, drugs, food, shelter, or other items in the past 12 months. Because respondents included only people receiving HIV care, this is likely an underestimate of the occurrence of transactional sex among all PLWHA in the state.

Gender Identity

Information on current gender identity was added to the Illinois HIV/AIDS registry data in 2009. Since that time through the end of 2013, 114 individuals who identify as transgender were diagnosed with HIV disease, 98 percent of whom were male to female transgender. The primary transmission risk factor for HIV infection identified among people who identified as transgender was sexual contact with men. Among male to female transgender individuals tested by IDPH and the Illinois Department of Health Services, Division of Alcoholism and Substance Abuse (DASA) between 2008 and 2013, 1.9 percent were HIV positive.

Although identifying as transgender does not by itself increase HIV risk, transgender individuals are often marginalized, and sex work is common among the transgender population. Research suggests that many transgender individuals enter into sex work because of structural-level factors such as social stigma and employment discrimination (Reisner et al., 2009). High levels of substance abuse and psychological distress among transgender women also may contribute to HIV risk.

Health Care Seeking Behavior and Utilization

According to the 2014 Illinois BRFSS, 13.6 percent of Illinois adults did not see a doctor in the past 12 months. Almost six out of 10 adults (58.9 percent) had between one and four doctor visits, and 27.5 percent had five or more visits. Time since last routine checkup for 30.8 percent was more than a year ago. Only 12.4 percent said that they

could not see a doctor because of cost, indicating that routine checkups may not be a priority.

Intimate Partner Violence

Questions about intimate partner violence (IPV) have been integrated into HIV prevention and care services in Illinois for the following reasons: 1). to help ascertain any direct correlation between intimate partner violence and risk for HIV transmission, 2). to facilitate the referral of clients to appropriate supportive services, as needed and as requested, and 3). to improve health outcomes of PLWHA experiencing intimate partner violence, which has been linked to decreased retention in medical care and reduced viral load suppression. Late in 2014, staff from the ILHPG and the IDPH's HIV Prevention and Training Programs met with the director of the Illinois Coalition Against Domestic Violence to frame possible questions and to discuss training. With the assistance of a steering committee that included service providers from across the state, IDPH developed a statewide training on IPV. The training included an IPV screening instrument—developed by the committee for use by RWPB medical case managers—that was integrated into a single page brochure for each geographic region and featured local IPV resources. IDPH-funded prevention providers were invited to attend the IPV training, and medical case managers were required to attend and participate in evaluations of specific scenarios.

Two questions assessing intimate partner and family domestic violence were added in 2015 to the electronic risk assessment form and corresponding field forms used with clients participating in any individual or group level prevention intervention including testing for HIV/STIs and viral hepatitis, risk reduction interventions, and surveillance-based service interventions. That same year, IPV questions were added to the Ryan White Part B individual client service assessment and goal instrument called the "care plan." Questions integrated into the care plan process, which is conducted every six months, determine if IPV is a factor in a client's life, if it is a barrier to HIV care and adherence, and how the care plan can address it.

Analysis of the client data will occur during the 2016 Illinois HIV Planning Group Epi/Needs Committee's annual review of factors predictively associated with newly diagnosed HIV infections in Illinois. This analysis will help guide changes and recommendations for inclusion in the current definitions of groups at highest risk for HIV. Also in 2016, the IDPH's HIV Training Coordinator plans to complete a 20-hour home study course on IPV recommended by the coalition's director, so that she can become more knowledgeable about the subject and incorporate that knowledge into the HIV prevention fundamentals and skills-building courses she teaches for funded

providers. Some IPV information on how to make appropriate client referrals for services has already been incorporated into the fundamentals and risk reduction trainings, and the Training Unit will offer annual training for intimate partner and family violence.

Because Illinois did not track intimate partner violence until 2014, little data have been available for the planning process. When more data becomes available, they will be a resource for future refinements of the Integrated Plan. To date, out of almost 20,000 care plans developed with Ryan White Program Part B clients since the IPV criteria were introduced in late 2014, 207 identified intimate partner violence as present (78 clients declined to answer). Among the clients for whom IPV was an issue, 67 identified it as a barrier to their HIV care; 41 care plans were developed to address intimate partner violence.

Non-Adherence to Antiretroviral Therapy

Non-adherence to antiretroviral therapy is associated with increases in viral load, development of drug resistance, and increased morbidity and mortality. Strategies and interventions to enhance medication adherence are crucial to the effectiveness of treatment and to viral load suppression, which are needed to prevent the transmission of HIV.

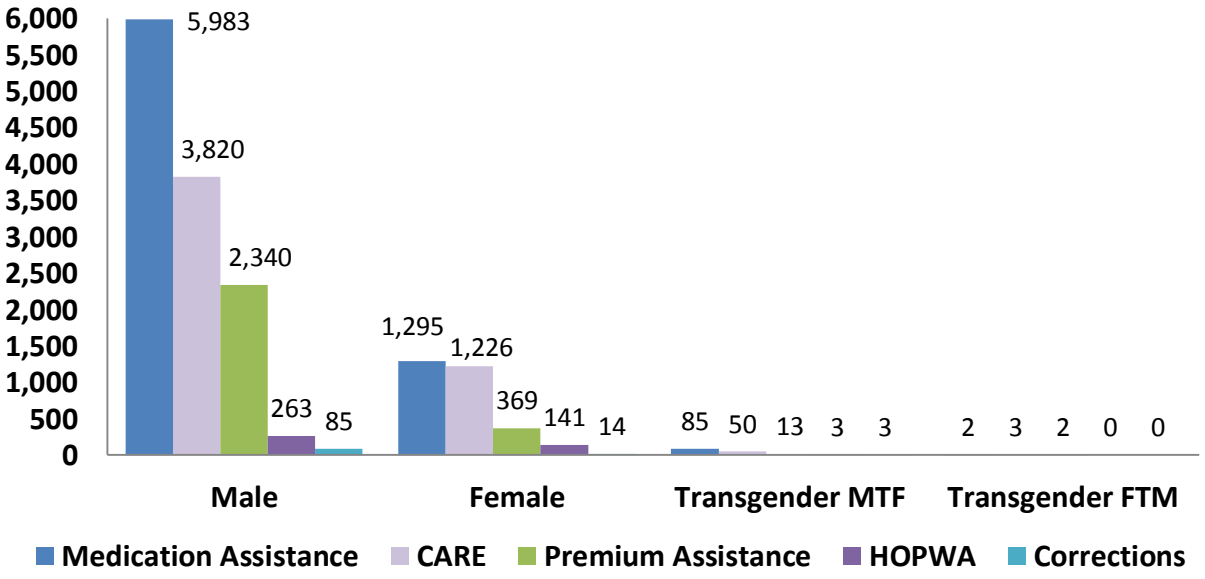
Ryan White HIV/AIDS Program Data

From April 1, 2015 to March 31, 2016, the Ryan White Part B Program enrolled 11,919 total unduplicated clients; 5,241 were enrolled in HIV care through the regional HIV Care consortia, 7,365 in the medication assistance program, and 2,724 in the medical insurance premium assistance program. The most used core service was medical case management, which was provided to 4,269 clients (81.5 percent of clients enrolled in care); 1,024 clients (19.5 percent) used outpatient/ ambulatory medical care. Oral health care was used by 165 clients, mental health services by 151 clients, and outpatient substance abuse services by 11clients.

On the following pages, Figure 37 is breakdown of clients served by gender and service type, Figure 38 by race/ethnicity, and Figure 39 by risk factor. Please note that clients can receive services from more than one funding source. Therefore, the same client can be included in more than one group. Additionally, the HOPWA category does not include housing facilities. The most highly utilized supportive services were food bank and home-delivered meals (1,919 clients), medical transportation (787 clients), treatment adherence (403 clients), and legal assistance services (118 clients).

Figure 37

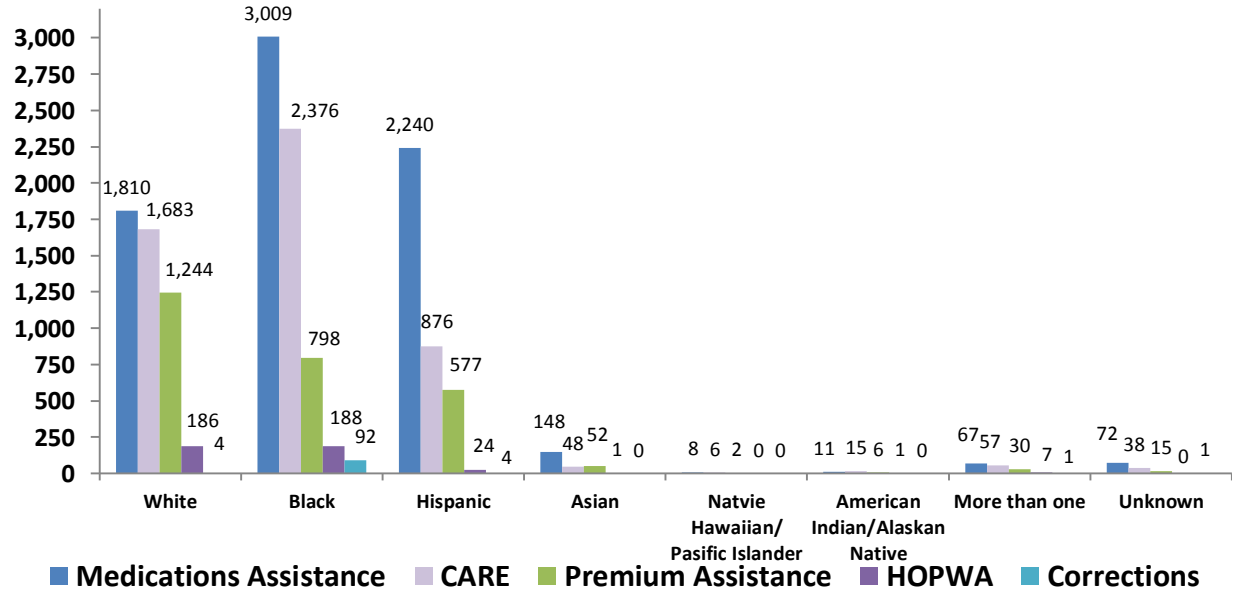
Ryan White Part B Clients Served by Service Type and Gender 4/1/15–3/31/16



Source: Illinois Department of Public Health, Ryan White Part B Program. Data through March 31, 2016.

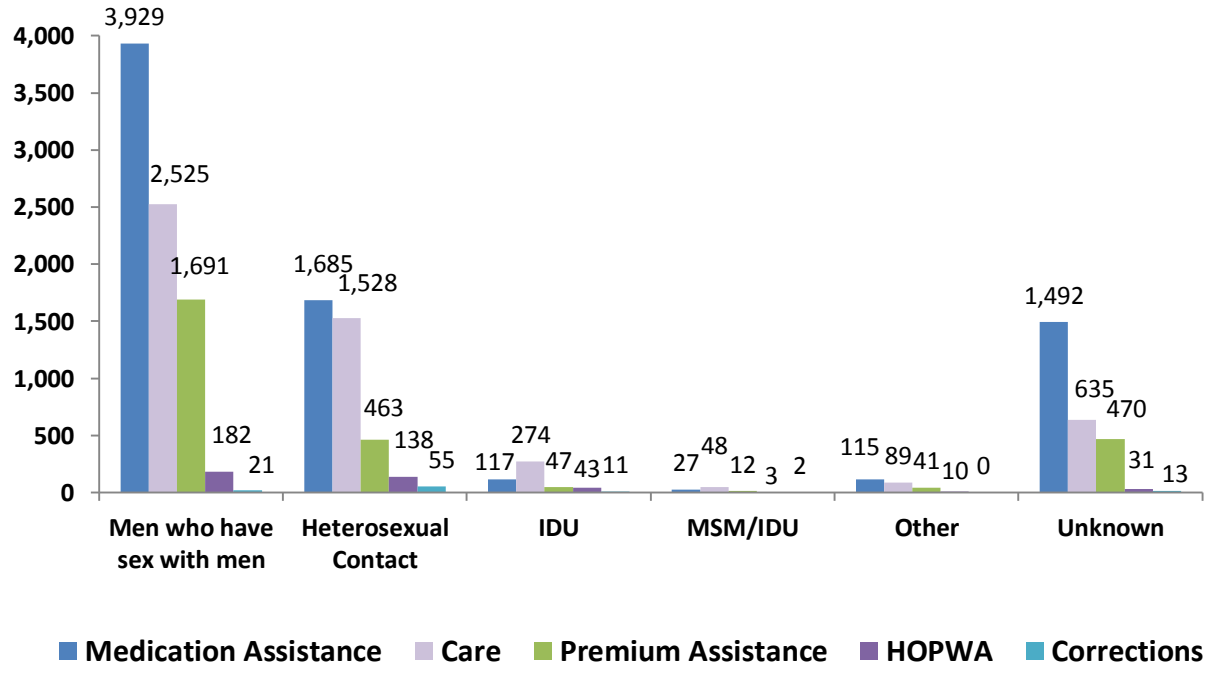
Figure 38

Ryan White Part B Clients Served by Race/Ethnicity 4/1/15–3/31/16



Source: Illinois Department of Public Health, Ryan White Part B Program. Data through March 31, 2016.

Figure 39
Ryan White Part B Clients Served by Risk Factor
4/1/15–3/31/16

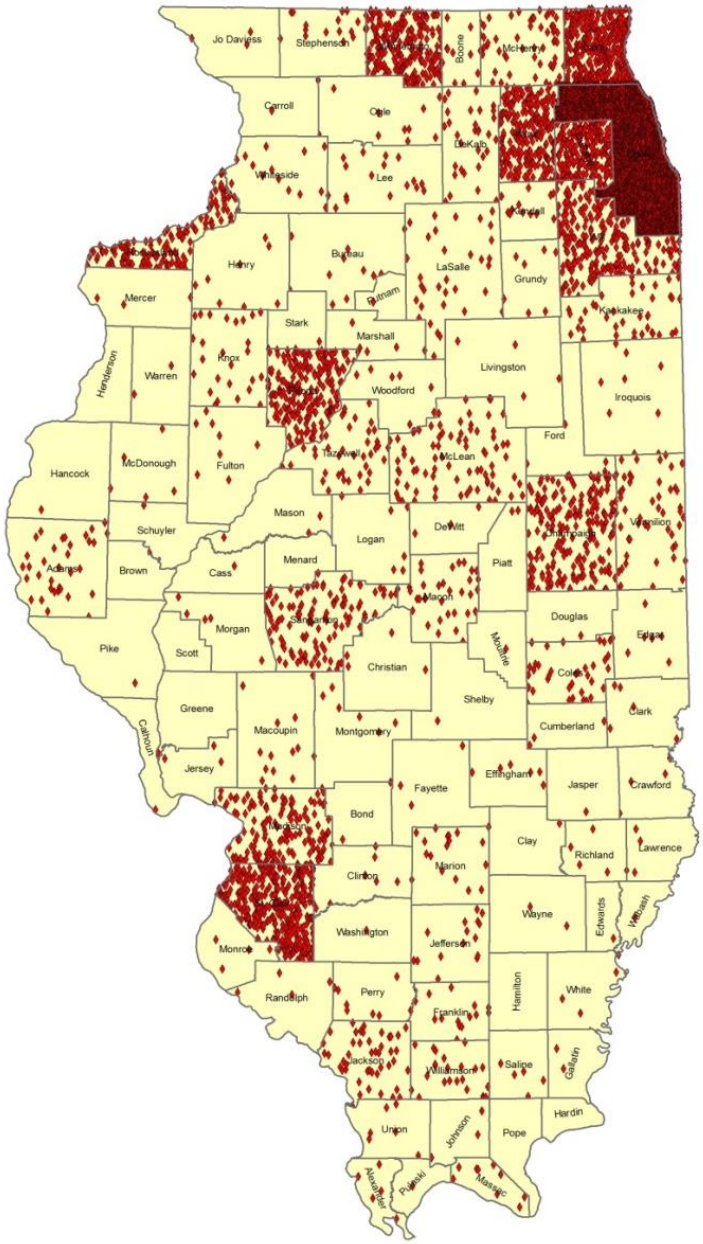


Source: Illinois Department of Public Health, Ryan White Part B Program. Data through March 31, 2016.

During that same period, 7,365 clients received medication assistance through the Part B program. Figure 40 on the following page is a visual depiction of the areas in Illinois with the highest medication assistance utilization.

Figure 40

Clients Served by Ryan White Part B Medication Assistance April 1, 2015–March 31, 2016



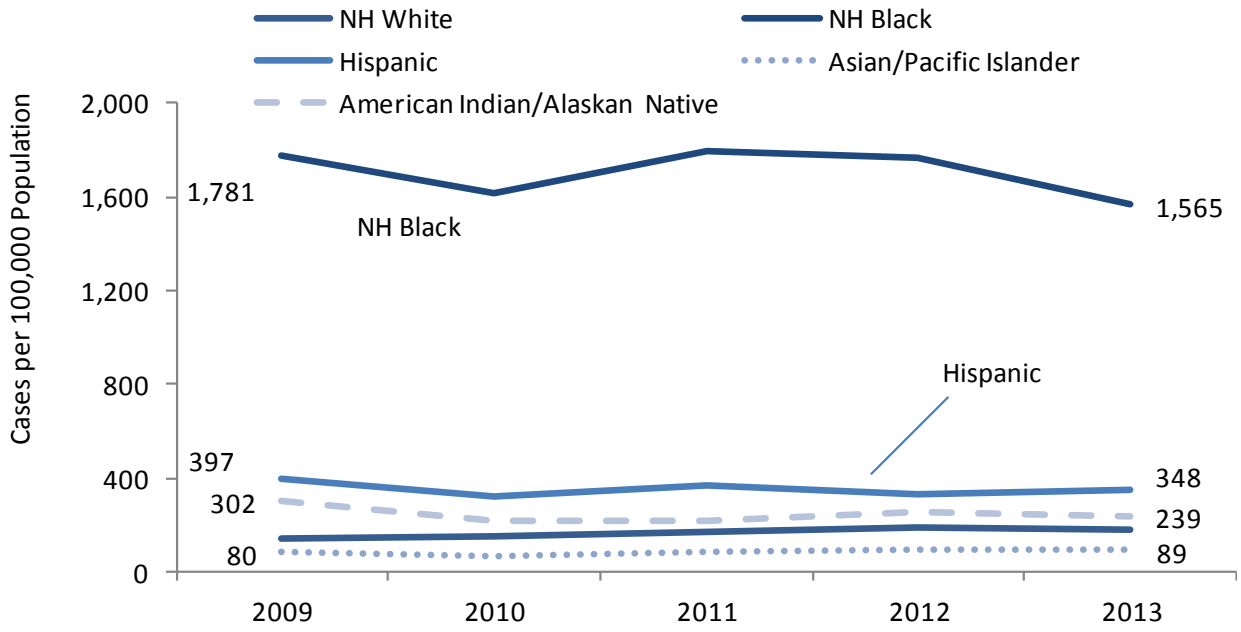
Source: Illinois Department of Public Health, Ryan White Part B Program. Data through March 31, 2016.

Sexually Transmitted Infections

Chlamydia, gonorrhea, and syphilis are reportable conditions in Illinois. Because individuals diagnosed with sexually transmitted infections may practice high-risk behaviors, IDPH conducts targeted interventions such as HIV testing, risk reduction counseling, and expedited partner therapy to reach these high-risk individuals. Ulcerative STIs—syphilis, chancroid, and herpes simplex virus 2—cause genital and rectal ulcers that dramatically increase the risk of HIV transmission. Non-ulcerative STIs—gonorrhea, chlamydia, and trichomoniasis—have been shown to increase the risk of HIV transmission two-to-five fold. Figure 41 and Figures 42-43 on the following page provide summary information on chlamydia, gonorrhea, and syphilis rates in Illinois from 2009–2013 by race/ethnicity.

Figure 41

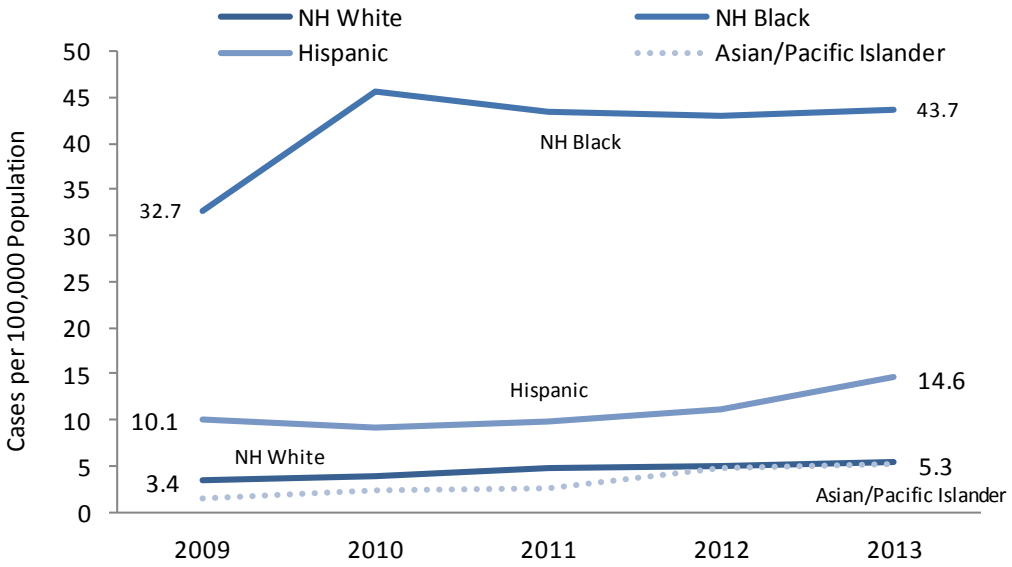
Rate of Reported Chlamydia Cases by Race/Ethnicity, Illinois 2009-2013



Source: IDPH, STD Surveillance Section, Data through December 31, 2013.

Figure 42

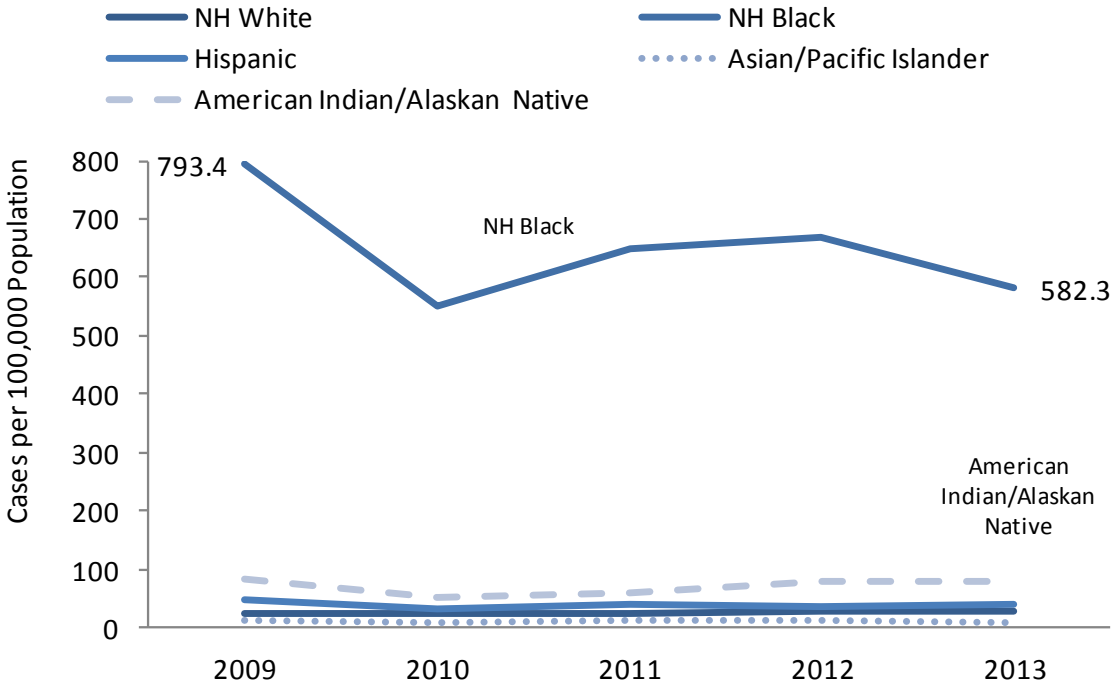
Rate of Reported Early Syphilis Cases by Race/Ethnicity, Illinois 2009-2013



Source: IDPH, STD Surveillance Section, Data through December 31, 2013.

Figure 43

Rate of Reported Gonorrhea Cases by Race/Ethnicity, Illinois 2009-2013



Source: IDPH, STD Surveillance Section, Data through December 31, 2013.

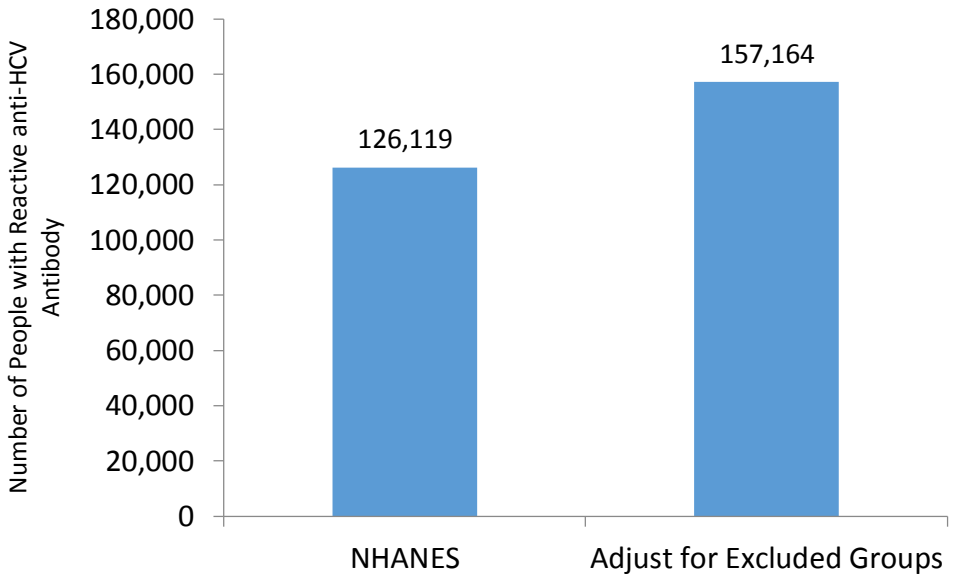
Hepatitis C and HIV Co-Infection

The majority of people infected with the Hepatitis C virus (HCV) are asymptomatic and unaware of their status. HCV prevalence in Illinois is estimated using 2010 NHANES survey data—which found an anti-HCV antibody prevalence of 1.3 percent in the U.S. adult population—adjusted for high risk groups that are excluded from NHANES such as people who are homeless, incarcerated, or in nursing homes. An estimated 157,164 people are living with chronic HCV in Illinois (see Figure 44).

Chronic Hepatitis C is primarily a disease of baby boomers—those born between 1945−1965—who are estimated to account for 75 percent of all Americans living with HCV. The estimated HCV prevalence for baby boomers nationally is 3.0 percent, a rate six times higher than for other adults (CDC, 2014). In Illinois, 62 percent of the 8,696 reported cases of HCV in 2015 were in the baby boomer generation. Twenty-seven cases of acute Hepatitis C were reported in Illinois in 2014, which made Illinois one of the nine reporting states that met the Healthy People 2020 HCV goal of ≤ 0.25 cases per 100,000 population.

Figure 44

Estimated Number of People Living with Hepatitis C in Illinois (Aged ≥ 18 Years)



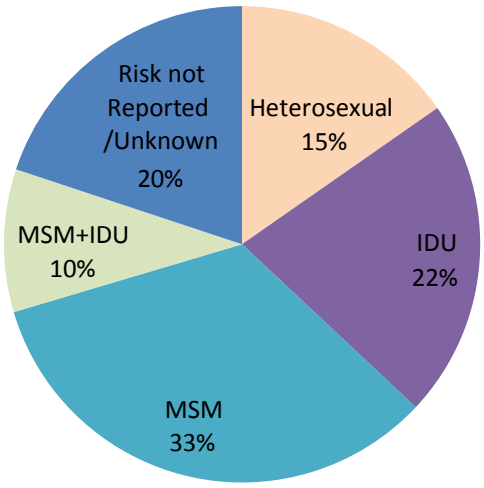
Source: Illinois Department of Public Health, Viral Hepatitis Coordinator. Data from 2010 NHANES survey estimate.

Among the 9,680 people diagnosed with HIV from 2009−2014 who are alive and living in Illinois, 392—about four percent—are known to be co-infected with HCV. Because the HCV database is likely incomplete, a higher proportion of people living with HIV/AIDS are likely co-infected with HCV. Of co-infected cases, 75 percent were male. Blacks accounted for 45 percent of co-infected cases from 2009–2014, followed by whites at 27.2 percent, and Hispanics at 19 percent. The most frequently reported risk factor was MSM at 33 percent (see Figure 45) with a higher proportion of injection drug users among co-infected cases than among the overall population of PLWHA (22% compared to 4%).

Appendix E provides a summary of an HIV-HCV match conducted by the Illinois Department of Public Health in July 2016

Figure 45

HIV/HCV Co-Infections by Risk Category, Illinois 2010–2014



Source: IDPH, HIV Surveillance Section, Data through December 31, 2014.

Tuberculosis

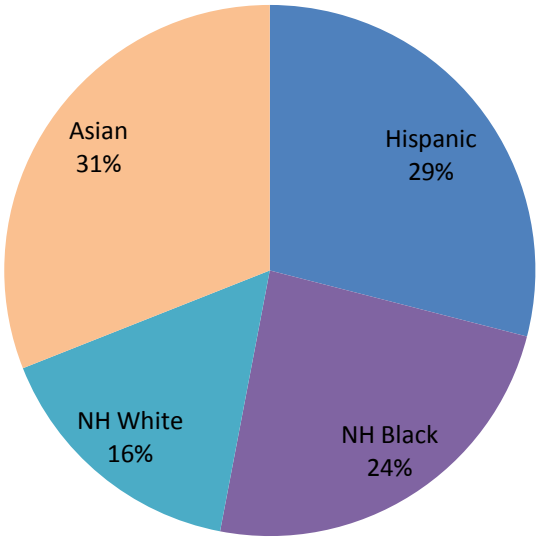
In 2014, 320 cases of tuberculosis (TB) were reported in Illinois, or 2.5 cases per 100,000 population, which places the state 18th among U.S. states in the rate of TB cases (CDC, 2015). From 2010–2014, the number of TB cases in Illinois declined by

almost 14 percent, from 372 to 320 cases. Figure 46 shows the breakdown of TB cases by race/ethnicity in 2014.

Of the 1,724 TB cases reported in Illinois from 2010-2014, 1,497 had a known HIV test result. Of these, 96 cases or 6.4 percent were reported to be co-infected with HIV, and among those, 78 percent were male, which reflected the higher proportion of HIV-positive males in the state. During that same period, although blacks accounted for 24 percent of all TB cases, they accounted for 53 percent of TB/HIV co-infection cases (see Figure 47 on the following page).

Figure 46

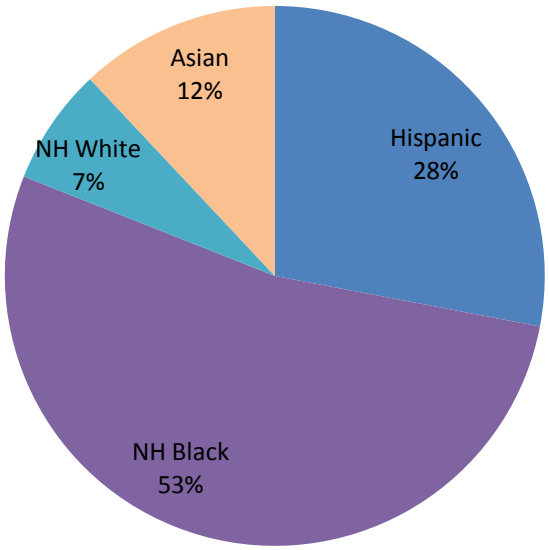
Tuberculosis Cases by Race/Ethnicity, Illinois 2014



Source: Illinois Department of Public Health. Data through December 31, 2014.

Figure 47

Tuberculosis and HIV Co-Infected Cases by Race/Ethnicity, Illinois 2014



Source: Illinois Department of Public Health. Data through December 31, 2014.

Homelessness and Unstable Housing

An estimated five percent of MMP survey respondents in 2012 reported living on the street in the past 12 months. This is likely an underestimate of unstable housing among PLWHA in Illinois, because survey participants included only PLWHA who were in care. The Housing Opportunities for Persons Living with HIV/AIDS (HOPWA) program—the only federal program dedicated to the housing needs of PLWHA—assisted 470 of 4,401 Illinois Ryan White Part B clients with housing services in FY 2015. IDPH collaborates with the Illinois Housing Task Force and its Supportive Housing Working Group to ensure that the needs of people living with HIV are represented in the work of the Task Force.

HOPWA Program Data

IDPH administers the state's formula HOPWA grant with a primary goal of preventing homelessness among PLWHA. Funds are distributed to the six local Ryan White HIV Care Connect Region Lead Agents outside of the Chicago and St. Louis HOPWA jurisdiction areas.

HOPWA provides housing assistance and supportive services for low-income people living with HIV/AIDS and their families who are at risk for homelessness. Eligibility in Illinois is based on 80 percent of the area median income. Funds are used for emergency and short-term rental, mortgage, and utility assistance; currently Winnebago County Health Department provides Tenant-based Rental Assistance (TBRA), a long-term rental assistance program. HOPWA also assists with emergency out of pocket HIV-related expenses that threaten the ability of PLWHA to stay in their home A portion of HOPWA funds are awarded to AIDS-designated housing facilities for the following purposes: provision of meals and lodging to residents; rehabilitation and repair of facilities, operating costs—which may include maintenance, security, insurance, utilities, furnishings, equipment, supplies, and other incidental costs; and supportive services such as case management, mental health counseling, and substance abuse treatment provided to facility residents.

Of the 470 individuals living with HIV/AIDS who were served by HOPWA in FY 2015, approximately six percent were under 17 years of age, 11 percent were 18 to 30 years of age, 68 percent were between the ages of 31 to 50, and 15 percent were 51 or older. Almost seven in 10 HOPWA clients in Illinois in that fiscal year were male; 68.4 percent were white, 26.5 percent were black, 3.9 percent were Hispanic, 0.2 percent were Asian/Pacific Islander, and 0.5 percent were Native American or Alaskan Native.

By helping low-income PLWHA in Illinois access stable housing, HOPWA funds play an important role in maintaining access to HIV care and treatment. All 470 PLWHA served through the Illinois HOPWA formula grant had contact with a primary health care provider at least once in the calendar year.

Community Health Centers

The National Association of Community Health Centers reports that the 42 federally funded community health centers in Illinois serve 1,153,336 patients in 450 health center sites across Illinois. Of those patients, 30.4 percent are uninsured. Community health centers play an important role throughout the state in helping people become aware of their HIV status and ensuring that PLWHA get the full benefits of care and treatment.

In June of 2016, HRSA awarded 12 community health centers in Illinois a combined $4,374,000 to increase access to integrated oral health care services and improve oral health outcomes for their patients.

HIV Care Continuum

The goal of the Illinois HIV Care Continuum, formerly the Cascade, is to achieve viral suppression for PLWHA in order for them to stay healthy, live longer, and reduce the probability that they will transmit HIV. The five steps of the continuum—HIV disease diagnosis, linkage to care, retention in care, antiretroviral use, and viral load suppression—identify the necessary care components to achieve individual viral suppression and community suppression rates that have far-reaching implications not only for the quality of life for PLWHA but also for the health care system.

Monitoring the HIV Care Continuum requires collaboration across surveillance, prevention, and care. Tracking the proportion of people at each step of the Care Continuum helps guide IDPH, planning body, and community partner efforts to allocate and use resources effectively, plan programs and services, increase diagnosis rates, improve linkage to and retention in care, and increase antiretroviral use. To maximize the utility of the Care Continuum, IDPH collects, analyzes, and distributes Care Continuum data by region.

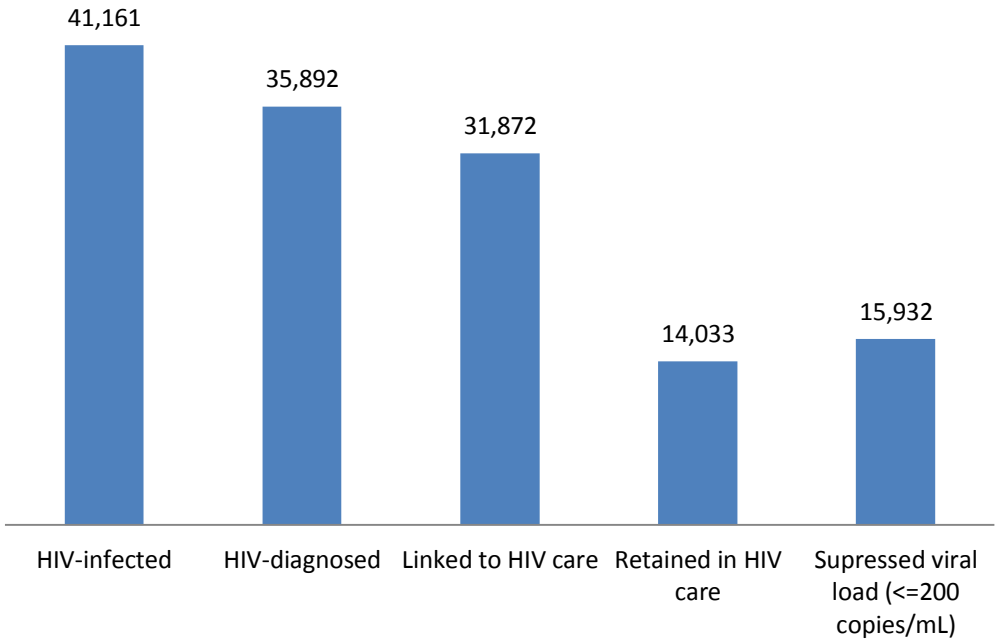
The Illinois HIV Care Continuum is prevalence-based for the first step and incidence-based for the other four steps. The HIV disease diagnosis step of the continuum is calculated as a percentage of the total number of PLWHA in Illinois, which includes people who have been diagnosed with HIV/AIDS and an estimated number of people who are HIV positive but have not yet been diagnosed. For the latter number, Illinois uses CDC's national estimate that 12.8 percent of people who are HIV positive are unaware of their status. Retained in care is defined as persons who had two or more care visits, at least 3 months apart, between January 1, 2015 and December 31, 2015. Because data on antiretroviral use in Illinois is incomplete, some of the analyses in this section do not include this step. Viral suppression is defined as persons whose most recent viral load test result between January 1, 2015 and December 31, 2015 was ≤ 200 copies/ml. Therefore, viral suppression can be achieved in one annual visit, and viral suppression rates may surpass retention in care rates in the HIV Care Continuum.

Overview

Based on surveillance data reported through June 30, 2015, 36,965 people received an HIV disease diagnosis and were living with HIV/AIDS on December 31, 2014. Total 2014 HIV estimated prevalence was 41,161; this figure includes 5,269 people who were estimated to be unaware of their HIV-positive status according to CDC's current estimate that 12.8 percent of HIV-positive individuals nationally are unaware of their status (see Figure 48). Further breakdown of these figures is included in the analyses that follow.

Figure 48

Estimate of Persons Infected with HIV Not in Care and Engagement in HIV Care in Illinois for Persons Diagnosed with HIV Infection (Age ≥ 13 Years) Through 12/31/2014 and Living with HIV on 12/31/2015



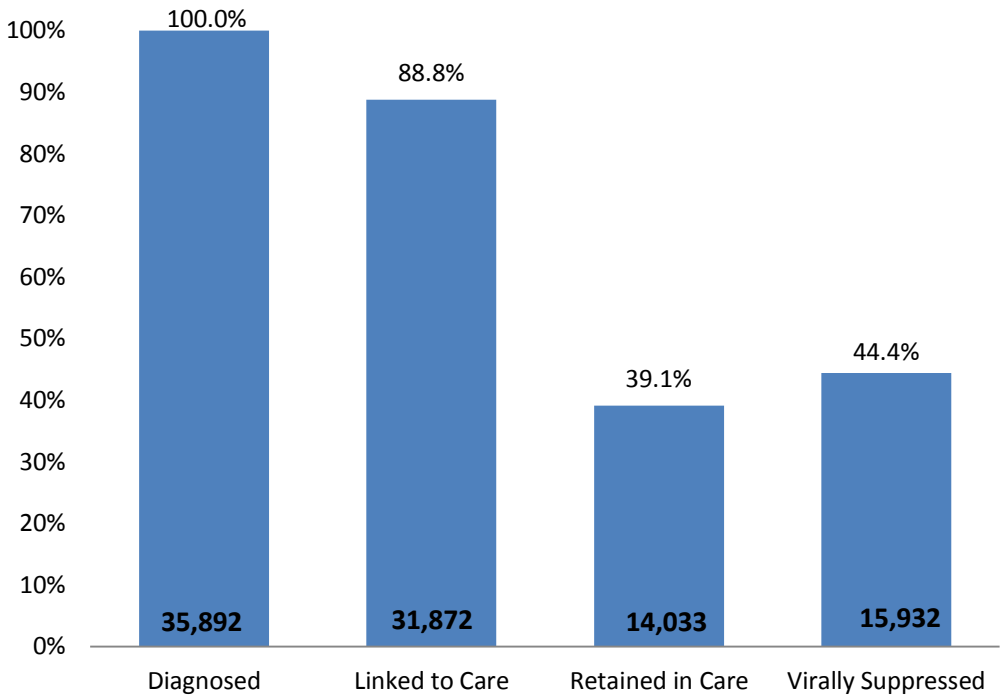
Note: The CDC-supplied NHAS Indicator SAS Program was modified to generate these data
Diagnosed: Based on 9/2015 CDC report that 12.8% of HIV-infected individuals were unaware of their serostatus.
Linked to Care: Persons diagnosed with HIV between 1/1/15 and 12/31/15 (had at least one CD4, viral load, or HIV-1 genotype test) within 3 months of their diagnosis.
Retained in Care: Persons who had ≥two care visits between 01/01/2015 through 12/31/2015, at least 3 months apart.
Virally suppressed: Persons whose most recent viral load test result between 01/01/2015 through 12/31/2015 was ≤200 copies/ml.
Based on HIV surveillance data reported through 05/01/2016.

Source: IDPH, HIV Surveillance Unit.

Figure 49 on the following page shows the percentage of people ≥13 years of age who were living with diagnosed HIV disease in Illinois in 2015 at four steps of the HIV Care Continuum.

Figure 49

Engagement in HIV Care for People Diagnosed with HIV Disease (Aged ≥ 13 Years) Through 12/31/2014 and Living with HIV Disease on 12/31/2015, Illinois



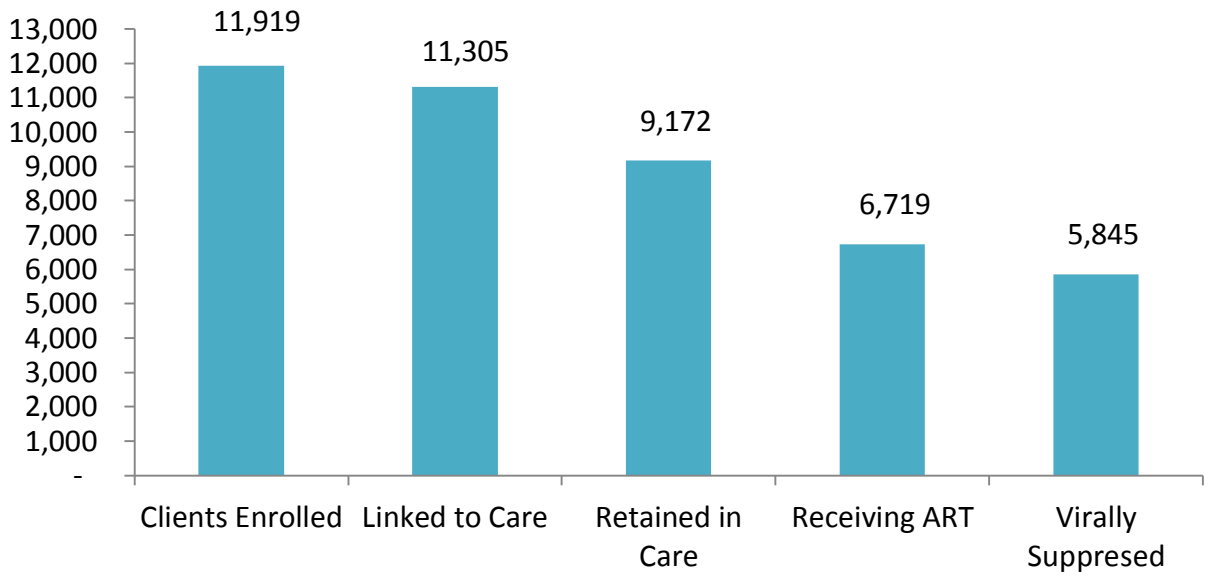
Note: The CDC-supplied NHAS Indicator SAS Program was modified to generate these data
Diagnosed: based on 9/2015 CDC report that 12.8% of HIV-infected individuals were unaware of their serostatus.
Linked to Care: Persons diagnosed with HIV between 1/1/15 and 12/31/15 (had at least one CD4, viral load, or HIV-1 genotype test) within 3 months of their diagnosis.
Retained in Care: Persons who had ≥ two care visits between 01/01/2015 through 12/31/2015, at least 3 months apart.
Virally Suppressed: Persons whose most recent viral load test result between 01/01/2015 through 12/31/2015 was ≤200 copies/ml.
Based on HIV surveillance data reported through 05/01/2016.

Source: IDPH, HIV Surveillance Unit.

On the following page, Figure 50 shows the number of Ryan White Part B clients ≥13 years of age who were living with HIV disease in Illinois in 2014 at each step of the HIV Care Continuum. According to Ryan White Program data, 49 percent of clients enrolled in any Part B program and 86 percent of clients receiving ART were virally suppressed.

Figure 50

Engagement in HIV Care for Ryan White Part B Clients ≥13 Years, Illinois 2015



Source: Illinois Department of Public Health, Ryan White Part B Program. Data as of March 31, 2016

HIV/AIDS Diagnosis

In 2014, 1,670 people—13 per 100,000 population—were diagnosed with HIV disease in Illinois. Approximately 30 percent of these new diagnoses were late, which is defined as a diagnosis that did not occur until the person either had AIDS at the time of diagnosis or developed AIDS within 12 months of that initial diagnosis. Late diagnoses are missed opportunities to achieve the goals of the HIV Care Continuum—helping individuals stay healthy, live longer, and reduce the probability that they will transmit HIV to others.

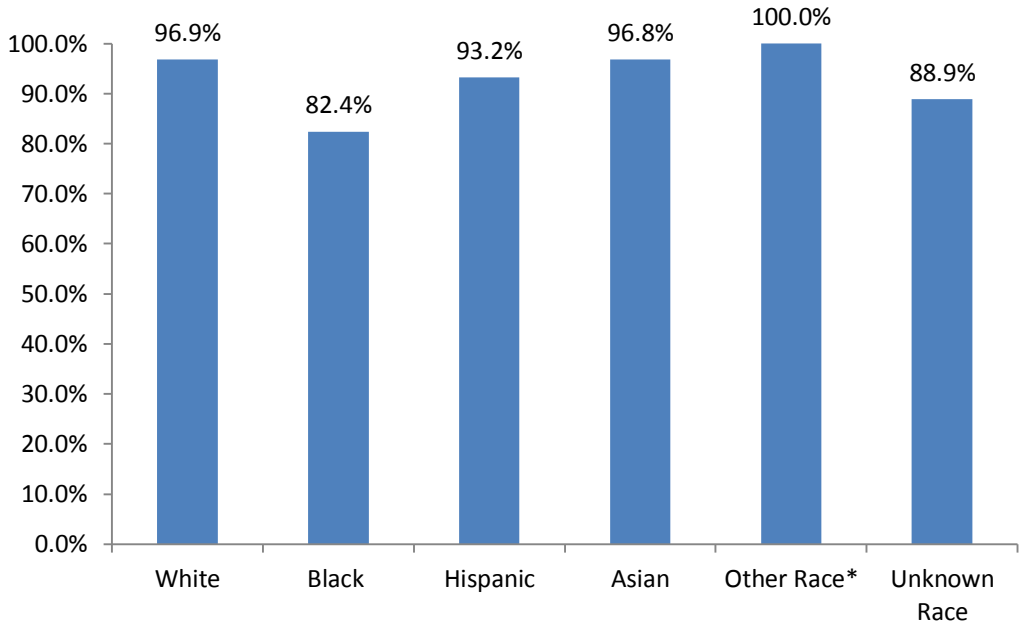
Linkage to Care

Approximately 89 percent of individuals diagnosed with HIV disease in Illinois in 2014 were linked to care within three months of diagnosis. On the following pages, Figures 51 and 52 show linkage to care rates by sex and race/ethnicity for people who were diagnosed with HIV in 2015. The numbers of new diagnoses varies among different racial/ethnic groups and are listed for males and females in Tables 3 and 4 on the following pages, respectively.

Among males, blacks had the lowest rate of linkage to care within three months at 82.4 percent. People belonging to the "Other Race" category—including American Indian/ Alaska Native, Native Hawaiian/Other Pacific Islander, and people of multiple races—had the highest linkage to care rate at 100 percent.

Figure 51

Percentage of Persons Linked to Care Within 3 Months of Diagnosis among Persons Diagnosed with HIV in 2015 (≥13 Years of Age at Diagnosis)—Males by Race/Ethnicity, Illinois



Note: The CDC-supplied NHAS Indicator SAS Program was modified to generate these data.
Linked to Care: Persons diagnosed with HIV between 1/1/15 and 12/31/15 (had at least one CD4, viral load, or HIV-1 genotype test) within 3 months of their diagnosis.
Based on HIV surveillance data reported through 05/01/2016.
*Other races include American Indian/ Alaska Native, Native Hawaiian/ Other Pacific Islander, and people of multiple races.

Source: IDPH, HIV Surveillance Unit.

Table 3

Number of Males Diagnosed with HIV in 2015 (≥13 Years of Age at Diagnosis) by Race/Ethnicity, Illinois

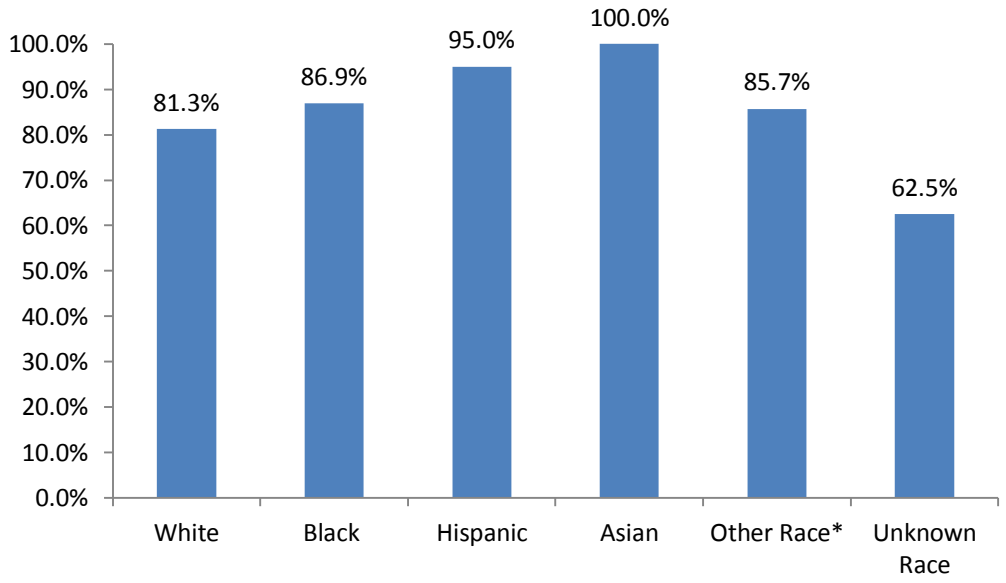
White	Black	Hispanic	Asian	Other Race*	Unknown Race
287	522	264	31	28	36

Source: IDPH, HIV Surveillance Unit.

Among females, the lowest rate of linkage to care was among whites at 81.3 percent. This was lower than among white males, whose rate of linkage to care was 96.9 percent. Asians had the highest rate of linkage to care among females at 100 percent but also had a small population size (n<5). The next highest rate of linkage to care for females was among Hispanics at 95 percent.

Figure 52

Percentage of Persons Linked to Care Within 3 Months of Diagnosis among Persons Diagnosed with HIV in 2015 (≥13 Years of Age at Diagnosis)—Females by Race/Ethnicity, Illinois



Note: The CDC-supplied NHAS Indicator SAS Program was modified to generate these data.
Linked to Care: Persons diagnosed with HIV between 1/1/15 and 12/31/15 (had at least one CD4, viral load, or HIV-1 genotype test) within 3 months of their diagnosis.
Based on HIV surveillance data reported through 05/01/2016.
*Other races include American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander, and people of multiple races.

Source: IDPH, HIV Surveillance Unit.

Table 4

Number of Females Diagnosed with HIV in 2015 (≥13 Years of Age at Diagnosis) by Race/Ethnicity, Illinois

White	Black	Hispanic	Asian	Other Race*	Unknown Race
32	160	20	<5	7	8

Source: IDPH, HIV Surveillance Unit.

Retention in Care

Approximately 39 percent of the 35,892 people who were living with an HIV disease diagnosis in Illinois were retained in care by the end of 2015 (see Figure 49). Among Ryan White Part B clients, approximately 77 percent of clients enrolled in any Part B program and 81 percent of clients linked to care were retained in care during the year ending March 31, 2016

Antiretroviral Therapy

The data on antiretroviral therapy in Illinois are incomplete. Reporting on the number of PLWHA in care who have a documented antiretroviral therapy prescription in their medical records in any given year has been inconsistent. However, using MMP data, IDPH estimates that 88 percent of PLWHA in care were on ART in 2014. Among Ryan White Part B clients, 56 percent of clients enrolled in any Part B program and 73 percent of clients retained in care were receiving ART during the year ending March 31, 2016.

Viral Load Suppression

Among all PLWHA in care in 2015, 44.4 percent were virally suppressed, defined as ≤200 copies/ml for the most recent viral load test result between January 1, 2015 and December 31, 2015 (see Figure 49). Among Ryan White Part B clients, 49 percent of clients enrolled in any Part B program and 86 percent of clients receiving ART during the year ending on March 31, 2016 were virally suppressed.

Disparities in the Care Continuum

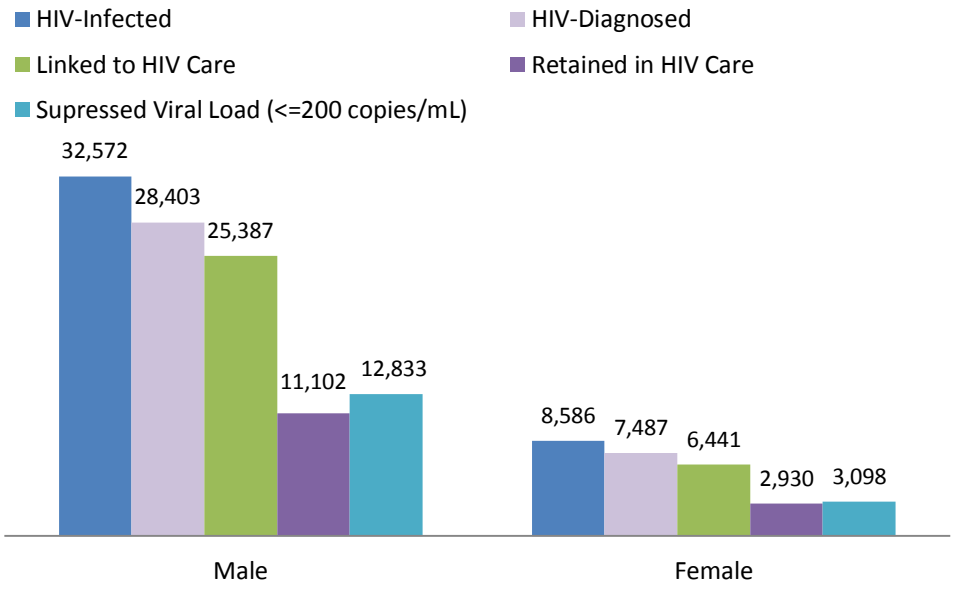
Disparities exist across the HIV Care Continuum by sex, race/ethnicity, age, and risk transmission category.

Sex

Although rates of retention in HIV care in Illinois in 2015 were similar among men and women diagnosed with HIV, viral suppression rates among women in care were lower than among men in care (see Figure 53 and Table 5). The reasons for lower viral suppression among women are not well understood, but similar patterns have been seen nationally (Beer, Mattson, Short, & Skarbinski, 2014). Women may be more likely than men to discontinue ART. A better understanding of barriers to staying on ART is needed to improve viral suppression rates (Beer, et al., 2014).

Figure 53

Engagement in HIV Care for People Diagnosed with HIV Disease (Aged ≥ 13 Years) Through 12/31/2014 and Living with HIV Disease on 12/31/2015 by Sex, Illinois



Note: The CDC-supplied NHAS Indicator SAS Program was modified to generate these data.
Diagnosed: Based on 9/2015 CDC report that 12.8% of HIV-infected individuals were unaware of their serostatus.
Linked to Care: Persons diagnosed with HIV between 1/1/15 and 12/31/15 (had at least one CD4, viral load, or HIV-1 genotype test) within 3 months of their diagnosis.
Retained in Care: Persons who had ≥ two care visits between 01/01/2015 through 12/31/2015, at least 3 months apart.
Virally Suppressed: Persons whose most recent viral load test result between 01/01/2015 through 12/31/2015 was ≤200 copies/ml.
Based on HIV surveillance data reported through 05/01/2016.

Source: IDPH, HIV Surveillance Unit.

Table 5

HIV Care Continuum Proportions for PLWH ≥13 Years by Sex, Illinois 2015

	Male	Female
Linked to HIV medical care within 3 months of diagnosis	89%	86%
HIV diagnosed and retained in care	39%	39%
Viral suppression among linked to care	51%	48%
Viral suppression among diagnosed	45%	41%

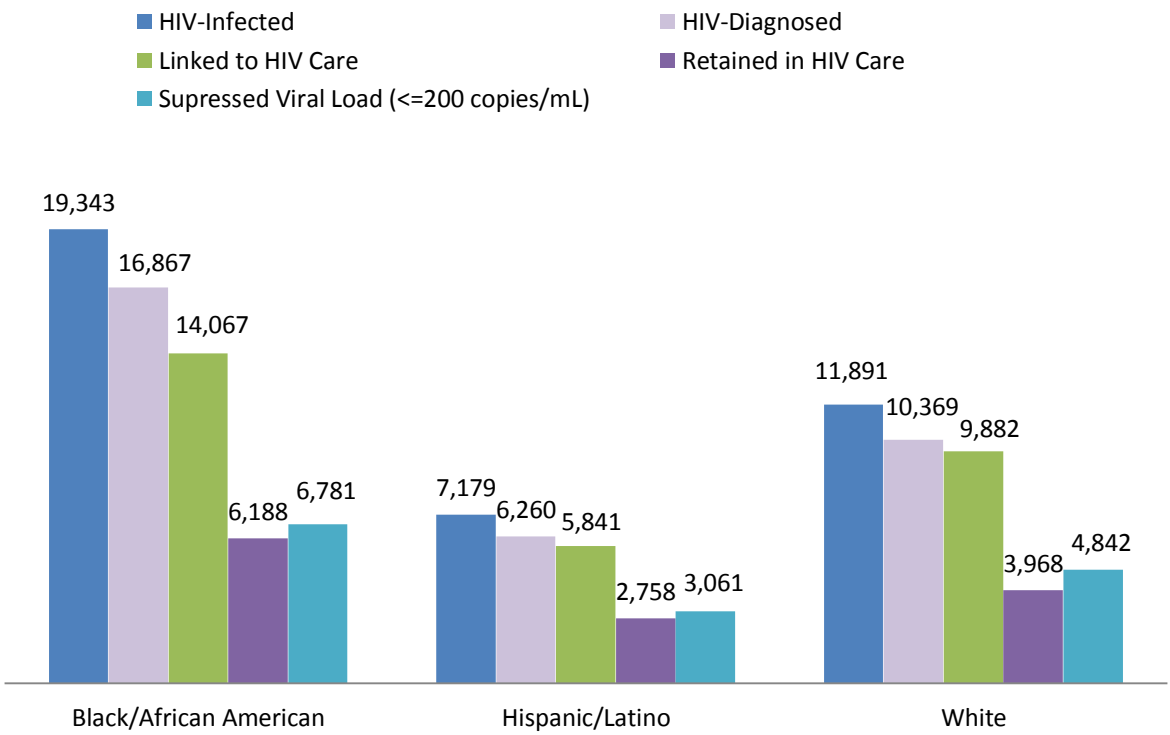
Source: IDPH, HIV Surveillance Unit.

Race/Ethnicity

In 2015, rates for linkage to HIV care within three months of diagnosis varied by race/ethnicity (see Figure 54 and Table 6 on the following pages). Blacks were least likely to be linked to care—83 percent, compared to Hispanics at 93 percent and whites at 95 percent. Hispanics were more likely to be retained in care than PLWHA in the other racial/ethnic groups. Rates of retention in HIV care for all racial/ethnic groups remained low at 37–44 percent. Differences in viral suppression rates among PLWHA by race/ethnicity were seen in 2015. Only 40 percent of blacks were virally suppressed, while Hispanic and white rates of viral suppression were 49 percent and 47 percent, respectively.

Figure 54

Engagement in HIV Care for People Diagnosed with HIV Disease (Aged ≥ 13 Years) Through 12/31/2014 and Living with HIV Disease on 12/31/2015 by Race/Ethnicity, Illinois



Note: The CDC-supplied NHAS Indicator SAS Program was modified to generate these data
Diagnosed: based on 9/2015 CDC report that 12.8% of HIV-infected individuals were unaware of their serostatus.
Linked to care: Persons diagnosed with HIV between 1/1/15 and 12/31/15 (had at least one CD4, viral load, or HIV-1 genotype test) within 3 months of their diagnosis.
Retained in care: Persons who had >=2 care visits between 01/01/2015 through 12/31/2015, at least 3 months apart.
Virally suppressed: Persons whose most recent viral load test result between 01/01/2015 through 12/31/2015 was <=200 copies/ml.
Based on HIV surveillance data reported through 05/01/2016.

Source: IDPH, HIV Surveillance Unit.

Table 6

HIV Care Continuum Proportions for PLWH ≥13 Years by Race/Ethnicity, Illinois 2015

	NH White	NH Black	Hispanic
Linked to HIV medical care within 3 months of diagnosis	95%	83%	93%
HIV diagnosed and retained in care	38%	37%	44%
Viral suppression among linked to care	49%	48%	52%
Viral suppression among diagnosed	47%	40%	49%

Source: IDPH, HIV Surveillance Unit.

Sex and Race/Ethnicity

In addition to the disparities related to sex alone and race/ethnicity alone, disparities associated with the combination of sex and race/ethnicity also exist. Figure 55 on the following page depicts engagement in care of HIV-diagnosed males by race/ethnicity (see Table 7 for population sample sizes). Among persons with reported races/ethnicity, black males had the lowest rates of retention in care and viral suppression at 36.1 percent and 40.3 percent, respectively. Males belonging to the "Other Races" category had the highest rates of engagement in care, as 52.4 percent were retained in care and 59.5 percent achieved viral suppression.

Table 7

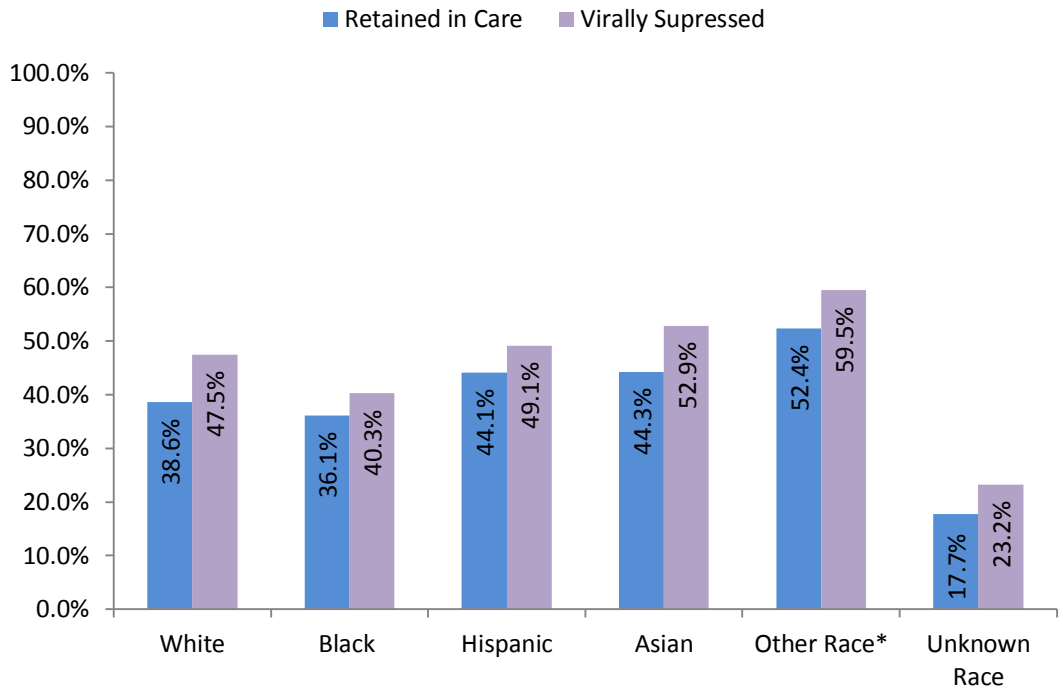
Number of Males Diagnosed with HIV Disease (Aged ≥ 13 Years) through 12/31/2014 and Living with HIV Disease on 12/31/2015 by Race/Ethnicity, Illinois

White	Black	Hispanic	Asian	Other Race*	Unknown Race
9,217	11,977	5,257	350	1,348	254

Source: IDPH, HIV Surveillance Unit

Figure 55

Engagement in HIV Care for Persons Diagnosed with HIV Disease (Aged ≥ 13 Years) Through 12/31/2014 and Living with HIV Disease on 12/31/2015—Males by Race/Ethnicity, Illinois



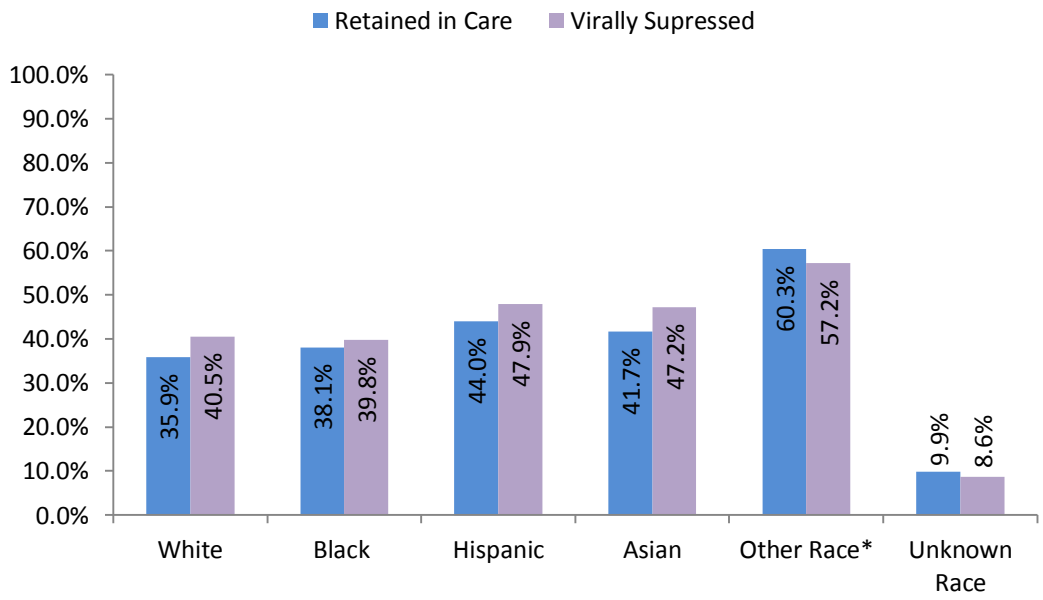
Note: The CDC-supplied NHAS Indicator SAS Program was modified to generate these data.
Retained in care: Persons who had ≥ two care visits between 01/01/2015 through 12/31/2015, at least 3 months apart.
Virally Suppressed: Persons whose most recent viral load test result between 01/01/2015 through 12/31/2015 was ≤200 copies/ml.
Based on HIV surveillance data reported through 05/01/2016.
*Other races include American Indian/ Alaska Native, Native Hawaiian/ Other Pacific Islander, and people of multiple races.

Source: IDPH, HIV Surveillance Unit.

Disparities are also recognized among females of differing race/ethnicity and are depicted in Figure 56 on the following page (see Table 8 for population sample sizes). Among persons with reported races/ethnicity, whites had the lowest rates retention in care at 35.9 percent, while blacks had the lowest rates of viral supression at 39.8 percent. Like their male counterparts, females belonging to other races had the highest rates of both retention in care and viral supression at 60.3 percent and 57.2 percent, respectively.

Figure 56

Engagement in HIV Care for Persons Diagnosed with HIV Disease (Aged ≥ 13 Years) Through 12/31/2014 and Living with HIV Disease on 12/31/2015—Females by Race/Ethnicity, Illinois



Note: The CDC-supplied NHAS Indicator SAS Program was modified to generate these data.
Retained in Care: Persons who had ≥ two care visits between 01/01/2015 through 12/31/2015, at least 3 months apart.
Virally Suppressed: Persons whose most recent viral load test result between 01/01/2015 through 12/31/2015 was ≤200 copies/ml.
Based on HIV surveillance data reported through 05/01/2016.
*Other races include American Indian/ Alaska Native, Native Hawaiian/ Other Pacific Islander, and people of multiple races.

Source: IDPH, HIV Surveillance Unit.

Table 8

Number of Females Diagnosed with HIV Disease (Aged ≥ 13 Years) Through 12/31/2014 and Living with HIV on 12/31/2015 by Race/Ethnicity, Illinois

White	Black	Hispanic	Asian	Other Race*	Unknown Race
1,152	4,889	1,003	72	290	81

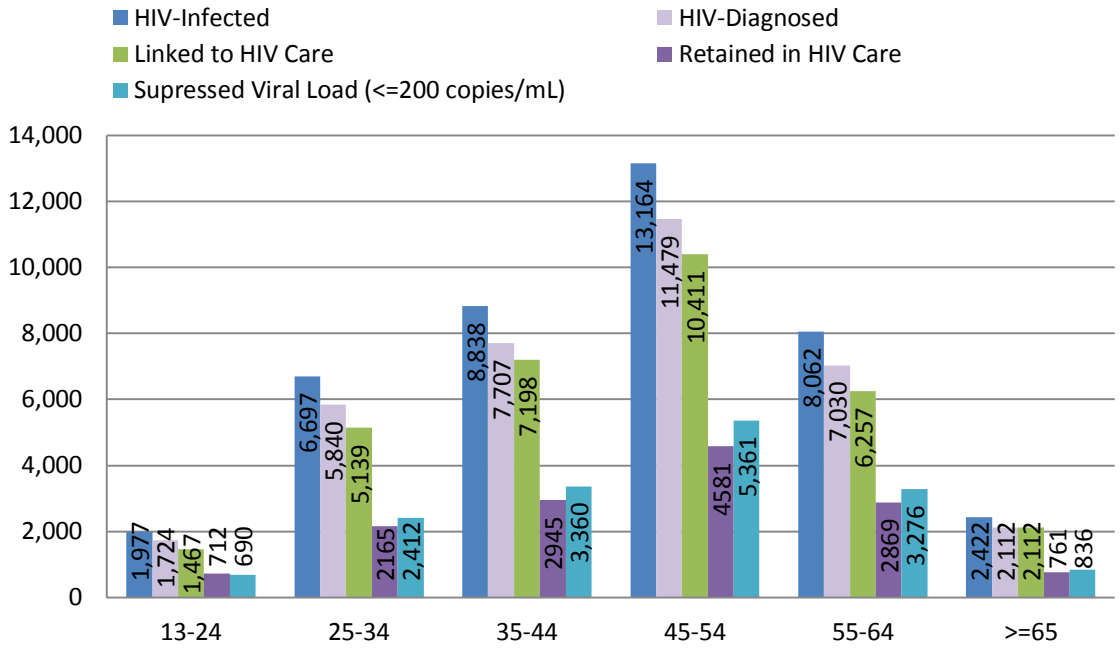
Source: IDPH, HIV Surveillance Unit.

Age

Adults ≥ 65 years had the highest linkage to care rates in 2015—100 percent—and young adults (13–24 years) had the lowest rates, at 85 percent. These two groups, however, had the same viral suppression rate among those diagnosed—40 percent—the lowest rate of any age group. The highest rate of viral suppression among those diagnosed was among adults 45–54 years and 55–64 years, at 47 percent. Those same two groups had the highest viral suppression rates among PLWHA who were linked to care—51 percent and 52 percent respectively. (See Figure 57 and Table 9.)

Figure 57

Engagement in HIV Care for People Diagnosed with HIV Disease (Aged ≥ 13 Years) Through 12/31/2014 and Living with HIV Disease on 12/31/2015 by Age Group, Illinois



Note: The CDC-supplied NHAS Indicator SAS Program was modified to generate these data.
Diagnosed: Based on 9/2015 CDC report that 12.8% of HIV-infected individuals were unaware of their serostatus.
Linked to Care: Persons diagnosed with HIV between 1/1/15 and 12/31/15 (had at least one CD4, viral load, or HIV-1 genotype test) within 3 months of their diagnosis.
Retained in Care: Persons who had ≥ two care visits between 01/01/2015 through 12/31/2015, at least 3 months apart.
Virally Suppressed: Persons whose most recent viral load test result between 01/01/2015 through 12/31/2015 was ≤200 copies/ml.
Based on HIV surveillance data reported through 05/01/2016.

Source: IDPH, HIV Surveillance Unit.

Table 9

HIV Care Continuum Proportions for PLWH ≥13 Years by Current Age, Illinois 2015

	13-24	25-34	35-44	45-54	55-64	≥65
Linked to HIV medical care within 3 months of diagnosis	85%	88%	93%	91%	89%	100%
HIV diagnosed and retained in care	41%	37%	38%	40%	41%	36%
Viral suppression among linked to care	47%	47%	47%	51%	52%	40%
Viral suppression among diagnosed	40%	41%	44%	47%	47%	40%

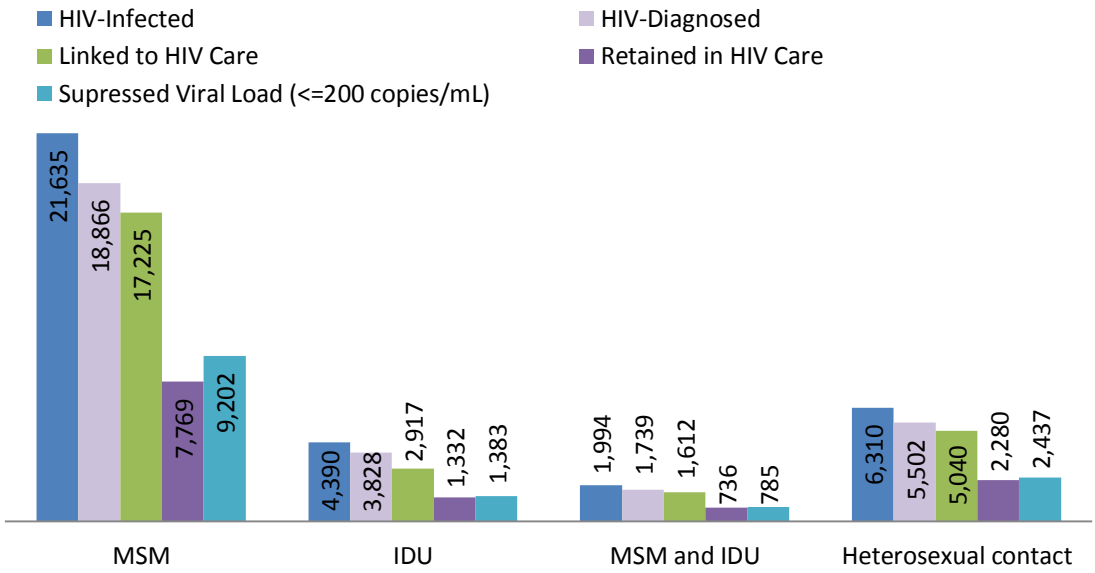
Source: IDPH, HIV Surveillance Unit.

Transmission/Risk Category

Among PLWHA in Illinois in 2015, people who inject drugs had the lowest rates of viral suppression at every step of the HIV Care Continuum; just 36 percent of those diagnosed were virally suppressed (see Figure 58 and Table 10 on the following page). These lower rates may be due to the variety of medical, psychological, and social problems IDUs face that can negatively affect their ability to adhere to ART, resulting in lower rates of viral suppression (Bruce & Altice, 2007). MSM and MSM who also inject drugs had the highest rates of viral suppression, at 53 percent and 49 percent respectively. They also had the highest rates of linkage to care and retention in care.

Figure 58

Engagement in HIV Care for People Diagnosed with HIV Disease (Aged ≥ 13 Years) Through 12/31/2014 and Living with HIV Disease on 12/31/2015 by Transmission Risk Category, Illinois



Note: The CDC-supplied NHAS Indicator SAS Program was modified to generate these data.
Diagnosed: Based on 9/2015 CDC report that 12.8% of HIV-infected individuals were unaware of their serostatus.
Linked to Care: Persons diagnosed with HIV between 1/1/15 and 12/31/15 (had at least one CD4, viral load, or HIV-1 genotype test) within 3 months of their diagnosis.
Retained in Care: Persons who had ≥ two care visits between 01/01/2015 through 12/31/2015, at least 3 months apart.
Virally Suppressed: Persons whose most recent viral load test result between 01/01/2015 through 12/31/2015 was ≤ copies/ml.
Based on HIV surveillance data reported through 05/01/2016.

Source: IDPH, HIV Surveillance Unit.

Table 10

HIV Care Continuum Proportions for PLWH ≥13 Years by Transmission Risk Category, Illinois 2015

	MSM	IDU	MSM/IDU	Heterosexual
Linked to HIV medical care within 3 months of diagnosis	91%	76%	93%	92%
HIV diagnosed and retained in HIV care	41%	35%	42%	41%
Viral suppression among linked to HIV care	53%	47%	49%	48%
Viral suppression among diagnosed	49%	36%	45%	44%

Source: IDPH, HIV Surveillance Unit.

High-Risk Uninfected Individuals

To reach high-risk uninfected individuals, Illinois' HIV prevention efforts are guided by the Illinois HIV/AIDS Strategy, which itself is guided by the National HIV/AIDS Strategy. Using scientifically proven, cost-effective, and scalable public health strategies and interventions targeted to the right populations and the right geographical regions, Illinois is pursuing a high-impact prevention (HIP) approach to reducing new infections.

Prioritized Populations

The IDPH HIV Prevention Program, in conjunction with the ILHPG Epi Profile/Needs Assessment Committee, prioritizes populations for HIV prevention services each year in order to provide services to the populations at highest risk and most affected by the epidemic in Illinois. Statewide surveillance data—excluding the City of Chicago—are used to derive priority populations.

The 2017 priorities, included as Appendix F, were determined using HIV disease incidence cases and late diagnosis cases between 2010 and 2014, and HIV disease prevalence data as of December 31, 2015, which was collected based on residence at diagnosis. Only cases with known exposure categories were considered to maximize proportional accuracy. On the recommendation of the ILHPG Epi Profile/Needs Assessment Committee, weights of 90 percent, five percent, and five percent, respectively, were applied to each set of data.

MSM continues to be the number one priority exposure group. Heterosexual exposure is priority two, injection drug use is priority three, and MSM/IDU is priority four. Trans-gender individuals are included within any priority population based on personal risk history and current gender identification. Gender reassignment surgery is not assumed. Unless a transgender client opts to disclose an operative status, risk assessment is based on self-reported sexual risk behaviors inclusive of the possibilities for male and female anatomy.

Each exposure category also includes a sub-ranking by race/ethnicity. For example, within the MSM category, black MSM is the highest priority sub-population. The goal of the prioritization process is that statewide HIV prevention services reach each priority population and sub-population in equal proportion to the percentages specified in the prioritized populations ranking.

After the priority exposure groups are identified, the ILHPG uses information from research and other social determinant data to define a set of recommendations and points of consideration. These recommendations and points of consideration assist

service planners and providers in further targeting prevention services to reach disparately impacted subpopulations, such as young MSM of color, and special populations, such as HIV positives, youth, and transgender individuals. Finally, a regional gap analysis is conducted to determine prevention services gaps, then regional funding and grant scopes specific to the high-risk targeted priority populations are established for each region throughout the jurisdiction using an epidemiology-based allocation.

In its most recent priority setting process for 2017 prevention services, the Chicago Department of Public Health and the Chicago Area HIV Services Council adopted the following priority populations, geographic areas, special concerns populations, and interventions/services model for the **Chicago EMA**:

- People living with HIV/AIDS
- All men who have sex with men
- Non-Hispanic black cis-women
- Transgender individuals
- Individuals who inject drugs or other substances
- Chicago geographical areas that make up 80 percent of the burden of HIV
- Interventions targeting directly along the path to PrEP or viral suppression
- Continued external evaluation of innovations focusing on outcomes of the path toward PrEP and viral suppression

Risk Group Definitions

To make the best use of limited HIV prevention dollars and make the greatest impact on the HIV epidemic in Illinois, the IDPH HIV Prevention Program and the ILHPG annually review and revise the definitions of the risk groups—specifically what factors within each exposure category are associated with the highest risk of new HIV infection. This involves a review of current literature and research results as well as analysis of the jurisdiction's seropositivity data and self-reported risk assessments. Grant scopes for HIV testing and risk reduction activities are targeted to high risk individuals who fall within these definitions. Appendix G provides detailed information on the 2017 prioritized populations including definitions and points of consideration developed by the ILHPG Epidemiologic Profile/Needs Assessment Committee and ILHPG membership and approved by the ILHPG in May 2017.

Key Public Health Strategies and Interventions

Illinois has adopted the following core set of proven, cost-effective behavioral, biomedical, and structural interventions that are important components of a

comprehensive prevention program to address the HIV prevention needs of the hardest hit and prioritized populations in Illinois:

- **HIV testing** that identifies people who are infected, links them to care, and prevents transmission to others
- **Linkage to care** that helps ensure people living with HIV/AIDS receive medical care and treatment, improving their quality of life and reducing the risk of transmitting HIV to others
- **Antiretroviral treatment** that dramatically reduces the risk of HIV transmission for people living with HIV/AIDS and improves the quality of their lives
- **Access to condoms and sterile syringes**, especially when accompanied by education and behavioral interventions, that reduces the risk of HIV transmission
- **Prevention programs for people living with HIV/AIDS** that reduce risk behaviors among PLWHA and reduce the risk of transmitting the virus to others
- **Partner services** that reduce new HIV infections by facilitating partner solicitation and notification, providing them with testing, and linking them to testing, prevention, and care services
- **Prevention programs and services for people at high risk of HIV infection** that are cost-effective and effective in reducing risk behaviors
- **Screening and treatment for other sexually transmitted infections** that reduce the risk of acquiring and transmitting HIV and other STIs

Approved Prevention Strategies and Interventions

Annually, the ILHPG Interventions and Services Committee and the IDPH HIV Prevention Program review new and existing CDC guidance on approved HIV prevention strategies and interventions that have been determined to be most effective at reducing HIV risk behaviors and cost-effective as well. Guidance in CDC's current federal prevention FOA for health departments and other new CDC guidance is solicited and reviewed to help determine how best to direct the focus of the state's funded prevention activities. Through these efforts, the ILHPG provides a core set of recommendations on key public health prevention strategies, interventions, and services for the prioritized populations. The 2017 HIV Prevention Interventions & Strategy Guidance that lists and describes these approved interventions and services as well as the targeted risks, ages, race/ethnicity, and serostatus for each, is available at the following link: http://dph.illinois.gov/sites/default/files/publications/2017-hiv-prevention-guidance-final-061716-090216.pdf. The document is also referenced in Appendix H.

The HIV Prevention Program uses these recommendations to develop guidance on its approved set of prevention strategies, interventions, and related considerations. These

are included in all requests for proposals released for prevention grants, including the Request for Application (RFA) to the regional prevention lead agents. This process helps support the state's application of CDC's high impact approach to its prevention planning.

Illinois will maintain and strengthen its implementation of High Impact Prevention through efforts to diagnose, treat, and achieve viral suppression among people living with HIV/AIDS and to promote HIV, STD, and viral hepatitis screening and cost-effective behavioral and biomedical risk reduction among Illinoisans most at risk for HIV acquisition or transmission. The following improvements are planned for 2017:

- Implementing the new CDC guidelines for risk-targeted HIV testing in non-clinical settings
- Targeting risk-focused testing and risk reduction interventions to heterosexuals statistically most likely to seroconvert by heterosexual HIV exposure by updating the high risk heterosexual risk group definition
- Expanding clinical routine HIV testing focused on high incidence communities throughout Illinois by establishing at least 10 new testing sites within the top 20 zip code areas currently unserved by routine HIV testing with the highest number of HIV incident cases in the past five years; these areas were identified through a gap analysis process that cross-referenced HIV incidence by zip code with routine HIV testing data from Medicaid reimbursement and IDPH-supported grantees
- Restricting funding for risk reduction activities in the Regional Prevention Grants (PS12-1201 supported) to CDC-supported Effective Behavioral and Biomedical Interventions and public health strategies using the latest CDC curricula for which training and materials are available
- Increasing the percentage of Regional Prevention Grant program funding allocated for HIV testing and surveillance-based services and decreasing the amount allocated for prevention for high risk negatives services
- Providing value-based supplemental payments to HIV testing providers for diagnosis of new positives, linking PLWHA to care within 30 days and achieving retention for six months following linkage to care, conducting partner services, prompt case reporting, and provision of effective medical adherence counseling
- Improving locating information provided for not-in-care PLWHA referred for surveillance-based services through the use of a contact information database service
- Enhancing fee-for-service reimbursements for HIV treatment engagement within 30 days of case assignment for not-in-care PLWHA referred for surveillance-based services

Using the HIV Care Continuum

IDPH planning bodies use the HIV Care Continuum to plan, prioritize, target, and monitor resources available to respond to the needs of PLWHA in the jurisdiction, including those who are HIV positive and do not know their status, to improve health outcomes at every step in the HIV Care Continuum. A Linkage to Care Workgroup of IDPH Ryan White Part B HIV staff from care, prevention, and surveillance programs meets periodically to facilitate data sharing across programs, conduct gap analyses, and track referral records in the Provide® Enterprise database.

As part of Integrated Plan implementation, IDPH will address the following action steps in connection to the Care Continuum in order to increase the number of Illinoisans living with HIV/AIDS who advance through the Care Continuum to viral suppression:

1. Regularly analyze IDPH HIV Section priorities and procedures to ensure that they promote public health goals related to Integrated Plan implementation; identify opportunities to educate stakeholders; describe the success of local HIV prevention and care efforts
2. Use resources to mobilize highly affected communities to address systems-level barriers to HIV prevention and care
3. Ensure increased partnership between HIV surveillance, HIV programs, and HIV care providers in order to use surveillance data better to improve health outcomes
4. Identify opportunities for IDPH staff and stakeholders to discuss ways that available data, information, and communication technologies can be leveraged to improve systems of HIV prevention and care
5. Identify all opportunities to expand access to medications, condoms, and syringes to the individuals and communities most in need of them
6. Identify opportunities to address the multiple needs of people at risk for or living with HIV/AIDS by increasing possibilities for service delivery through public and private systems
7. Focus integrated prevention and care efforts on prevention for positives by aligning programmatic efforts to support people living with HIV/AIDS through the HIV Care Continuum
8. Identify innovative ways to engage communities, people living with HIV/AIDS, and affected population groups to ensure that HIV prevention and care activities respond to their needs

Community Viral Load

To maximize use of HIV Care Continuum data, IDPH will generate, compare, and analyze community viral load (CVL) data as part of the Integrated Plan implementation. Individual viral load measurements will be aggregated for various population groups or subgroups—such as young MSM of color, Hispanics who inject drugs, or black high risk heterosexual women—an average viral load will be calculated for each group, and those averages will be compared to identify disparities across groups, including by geographic community when needed. Using community viral load as a population measure will allow IDPH to target HIV resources better and intervene where the need is greatest.

Financial and Human Resources Inventory

Appendix I is the Illinois HIV Resources Inventory table. It includes public and private funding sources for HIV prevention, care, and treatment services; the dollar amount and percentage of total available funds in FY 16 for each category; how the resources are being used to deliver services; and the prevention programming components and HIV Care Continuum steps affected.

HIV Workforce Capacity

The HIV workforce in Illinois encompasses clinical health care providers, allied health professionals, and other licensed providers; community health workers, patient navigators, and other HIV-specific and non-HIV-specific providers. IDPH will work with MATEC as the Integrated Plan is implemented to further enumerate, define, and describe the HIV workforce in the state. Appendix J is a preliminary workforce assessment for the State of Illinois excluding Chicago, and Appendix K is a preliminary workforce assessment for the City of Chicago only. Both assessments were developed by MATEC.

Until that work is completed, the following is an initial effort to enumerate the HIV workforce in Illinois:

- 89 health departments, CBOs, and private medical and dental practices are providing Ryan White Part B services in Illinois.
- 699 medical providers are serving Ryan White Part B clients.
- 150 case managers provided medical case management to clients through Ryan White Parts A-D and HOPWA in 2014 and 2015 (see Table 11 on the following page).

- 330 counselors and testers funded by IDPH provided HIV testing and counseling in Illinois in 2014 and 2015.

Table 11

Medical Case Managers Funded by Ryan White Parts A and B in Illinois by Region

Region	Part A	Part B	Part C	HOPWA
1		8		1
2		10		
3		6		
4	3	10	1	
5		4		
6		6		
7		4		
8	66	31		
Total	69	79	1	1

Workforce Shortages

With a population density rate of 232 residents per square mile, Illinois has 1,292 Health Professional Shortage Areas (HPSAs) in primary medical care, which HRSA defines as urban or rural areas, population groups, or public or nonprofit private medical facilities that have 3,500 or more people per primary care physician. Twenty-eight community health centers in Illinois treat PLWHA. A shortage of available medical and support resources exists throughout the state, and these shortages are exacerbated by a perceived lack of cultural competence throughout much of both the overall health care system and the HIV prevention and care services system.

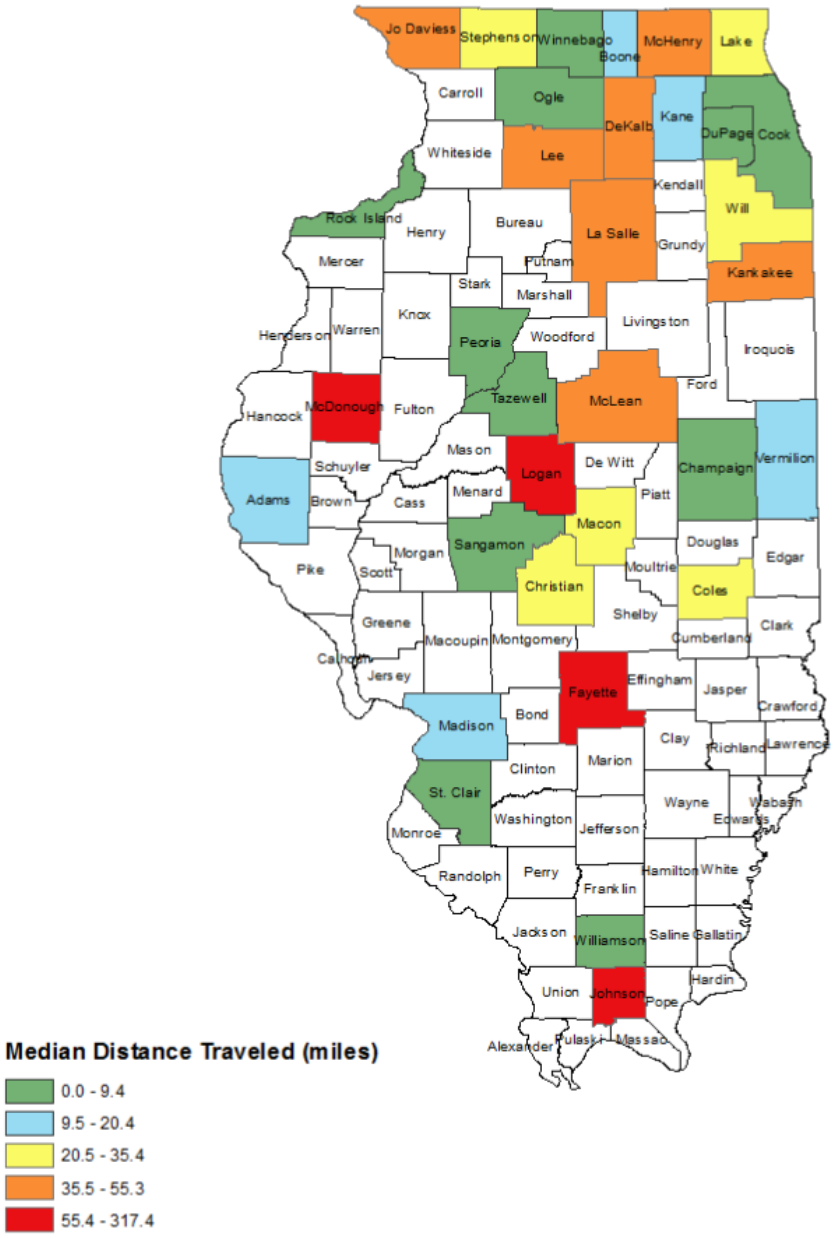
PLWHA, medical case managers, and other stakeholders who have participated in Illinois needs assessment activities identified transportation as a barrier to HIV care services. To further assess this, the median distance traveled by HIV patients to medical facilities was estimated. Included in this analysis were PLWHA whose current address was in Illinois and who had a reported lab test (CD4, VL, or genotype test) or an adult or pediatric case report in 2015 through May 2016. To be included in the analysis, both the ZIP Code of the current Illinois residence and the ZIP Code of the medical facility must have been reported, as these were used to estimate distance traveled. Median distance rather than average distance was used to account for outliers. The final sample size for the analysis was 7,124, which included 6,215 PLWHA residing in Cook County.

Figure 59 on the following page depicts the median distance traveled by patients from current home ZIP Code to their medical facilities' ZIP Code by county. Only counties with more than two PLWHA with complete data were included in the analysis. Green counties, which represent 0–9.4 miles traveled by PLWHA to medical facilities, and blue counties, where PLWHA traveled 9.5–20.4 miles to get to their medical facility, most likely have providers within the county. This may also be the case for yellow and orange counties, where PLWHA traveled 20.5–35.4 and 35.5–55.3 miles respectively to get to their medical facility. PLWHA in red counties, however, traveled over 55.4 miles to reach their medical facilitates and may have had to travel to another county to receive HIV care services. Some patients traveled over 300 miles to reach a medical facility.

Figure 60 on page 87 shows by ZIP Code the median distance traveled by patients living in Cook County from their current home ZIP Code to their medical facilities' ZIP code. Only ZIP Codes with more than two PLWHA with complete data were included in the analysis. Most green ZIP Codes, which represent 0-3.6 miles traveled by PLWHA, are clustered in the east-central portion of Cook County, which is in Chicago's city limits. Moving outward from the cluster of green ZIP Codes, patterns suggest that distance traveled to medical facilities was longer for PLWHA living further away from the cluster. This may indicate that most HIV providers within Cook County are based within the City of Chicago. Given that the southernmost portion of Cook County is the most financially disadvantaged in the county, this map indicates that more services may be needed in this area.

Figure 59

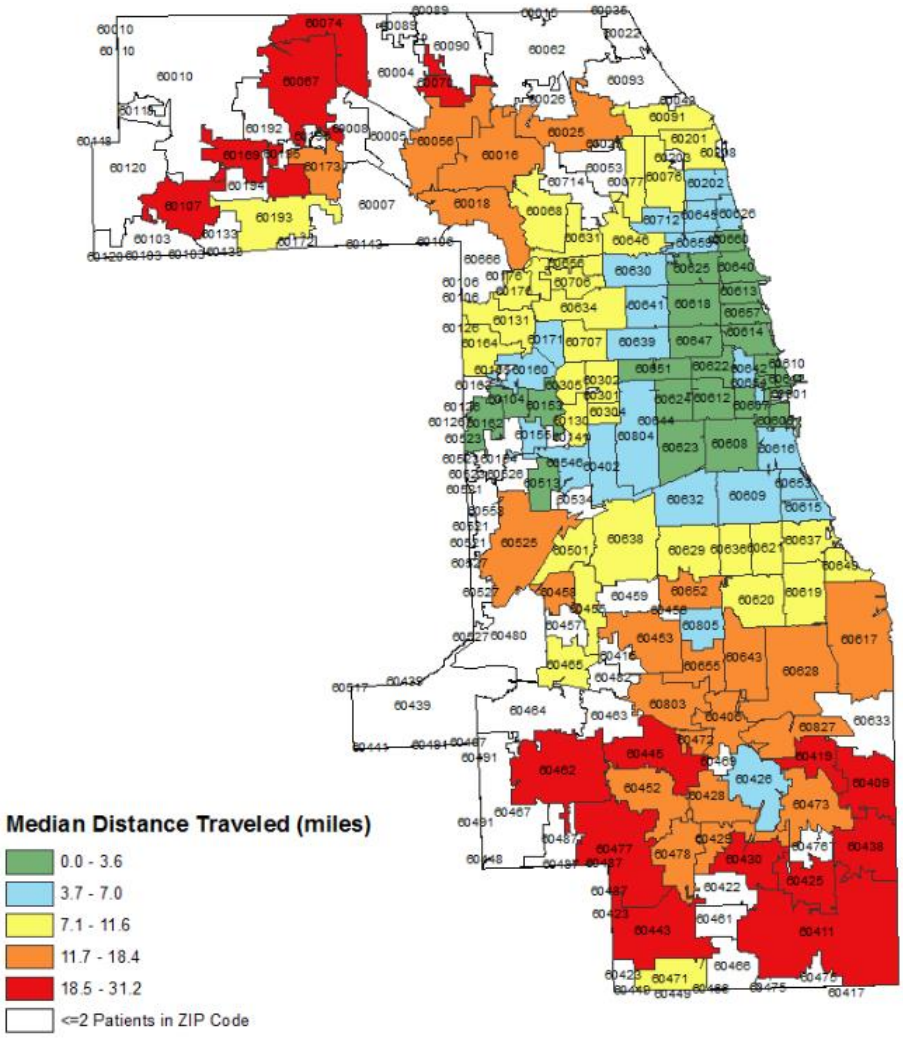
Median Distance Traveled by Illinois HIV/AIDS Patients from Home ZIP Code to Facility ZIP Code (>2 Patients in County)



Source: IDPH, HIV Surveillance Unit. Data from January 1, 2015 through May 31, 2016.

Figure 60

Median Distance Traveled by Illinois HIV/AIDS Patients from Home ZIP Code to Facility ZIP Code in Cook County (>2 Patients in ZIP Code)



Source: IDPH, HIV Surveillance Unit. Data from January 1, 2015 through May 31, 2016.

The maps and accompanying data must be interpreted with caution. The average, median, and range of distance traveled for PLWHA within a county can vary, especially in counties with small sample sizes. For example, in Adams County (n=8), the median is 18.9 miles. It may be assumed that the average, 51.6 miles, and the range, 239.5 miles, may have been skewed due to one PLWHA traveling a significantly longer way to receive HIV care services. Additionally, the size of ZIP codes varies and rural areas can be quite large which can lead to errors in estimating data traveled based on ZIP code data alone. These limitations should be considered when interpreting these data.

Data used to create Figure 59 are shown in Table 12, and values for the average distance traveled to medical facilities and the range of miles traveled by PLWHA within each county are also listed.

Table 12

Distance Traveled between Patient ZIP Code and Facility ZIP Code by County, Illinois

County	Number of PLWHA	Average Distance	Median Distance	Range
Adams	8	51.6	18.9	239.5
Boone	20	12.9	11.7	67.5
Champaign	47	28.1	2.6	155
Christian	3	24.7	23.5	3.6
Coles	7	36.3	35.4	6.3
Cook	6215	7.5	4.7	249.8
DeKalb	16	39.6	45.6	52
DuPage	108	10.7	6.7	31.3
Fayette	4	163.7	213.9	226.8
Jo Daviess	5	83.9	49.3	98.2
Johnson	4	316.2	317.4	12.2
Kane	37	19.6	14.4	43.8
Kankakee	9	54.3	55.3	71.8
La Salle	8	49.3	51.1	42.1
Lake	55	29.2	29.8	65.5
Lee	3	37.4	40.4	15.5
Logan	3	101.1	141.5	123.8
Macon	8	61.1	35.1	156.6
Madison	9	55.5	17.2	236.9
McDonough	3	144.6	187.5	129.7
McHenry	14	35.5	40.0	51.7
McLean	8	59.9	42.2	138.4
Ogle	18	5.6	1.3	21.4
Peoria	24	21.2	4.2	130.6
Rock Island	25	14.9	3.9	154.1
Sangamon	65	14.0	4.1	187.8
St. Clair	33	56.4	9.4	286.8
Stephenson	22	31.6	26.0	84.6
Tazewell	3	9.2	6.8	14.6
Vermilion	18	26.0	20.4	121.3
Will	58	20.7	22.8	71.6
Williamson	3	3.4	0.0	10.1
Winnebago	261	5.8	3.5	234.5

Source: IDPH, HIV Surveillance Unit. Data from January 1, 2015 through May 31, 2016.

Workforce shortages and their impact on the system were a common thread that ran throughout the 2012-2014 stakeholder engagement meetings and the needs assessment activities that took place at the 2015 integrated planning meetings of the Joint ILHPG/RW Advisory Group. The shortages most frequently identified included the following:

- Physicians knowledge about HIV best practices and standards of care such as treatment adherence, retention in care, pre-exposure prophylaxis (PrEP) post-exposure prophylaxis (PEP), and non-occupational PEP (nPEP)
- Behavioral health care providers including mental health and substance abuse counselors and care providers
- Providers of color and culturally competent providers at all levels
- LGBTQ friendly providers, in particular, transgender friendly providers who are knowledgeable of issues specific to transgender health
- OB-GYNs and other women-focused health care providers with knowledge about HIV
- Dentists, oral surgeons, and other oral health care providers
- Physicians, dentists, and other health care providers in some areas willing to accept new Medicaid patients or Medicaid at all

There was a shared sense in each of the needs assessment activities that women, people of color, and transgender individuals at high risk for or living with HIV/AIDS do not have access in many areas to physicians, nurses, case managers, and other health care and social service providers who are sensitive, respectful, and practice in a culturally competent way. More and better pre-service and in-service training was seen as a solution, as was diversifying the HIV workforce.

Participants also recommended training in HIV best practices and standards of care for physicians and other health care providers. Physicians in private practice and staff in private clinics and hospitals were seen as especially in need of training related to HIV awareness, routine HIV testing and reporting, and linking positive patients to care.

HRSA monitoring standards require that Medicaid eligible services must be provided by Medicaid certified providers. This has resulted in a decrease in the number of health care providers willing to serve Ryan White clients. In addition, the low Medicaid reimbursement rate and the tardiness of reimbursements have caused many health care providers to discontinue Medicaid certification or refuse to take new clients.

These workforce shortages and limitations have a serious impact on the service delivery system and access to quality care for people living with and at high risk for HIV. They interfere with routine HIV testing and reporting of new diagnoses, reduce the number of

people who are linked to care, discourage people from staying in care, limit access to highly effective antiretroviral therapy, and, by failing to support adherence, reduce the number of people who are virally suppressed.

Funding Source Interaction

A central advantage of the integrated planning process and the resulting Illinois Integrated HIV Prevention and Care Plan is that they have created a foundation for leveraging different funding sources to maximize continuity of prevention, care, and treatment services. As part of Integrated Plan implementation, IDPH is committed to reviewing existing programmatic procedures with focus on alleviating unnecessarily burdens on local organizations that are providing integrated services.

Currently, Illinois' medical case management (MCM) system is a vehicle for interaction among funding sources. This system identifies emerging needs and tracks health outcomes. It is the central access point for clients to receive the core medical and supportive services they need through both Ryan White and non-Ryan White funded services. Medical case management is provided in each region of the state, and all case managers have a resource list of organizations and services outside of the Ryan White HIV/AIDS Program to refer clients to as needed.

Third Party Billing Capacity

Through the federally funded HIV Prevention Category B Third Party Billing and Redirection Project, IDPH worked with seven local health departments and large clinical health systems in 2015 to assess their readiness and capacity to bill third parties and be reimbursed for routine HIV testing services. IDPH also assessed the need for training and technical assistance to build the revenue-enhancing infrastructure that would allow agencies to bill Medicaid, Medicare, and private third party insurers for HIV services and to integrate billing structures into existing electronic medical records (EMRs). Following this assessment, IDPH concluded that although local health departments, CBOs, and other health care providers are some of the most common providers of HIV testing and other HIV services in the state, few of them have a fully developed capacity to bill public or private insurance carriers for those services.

In 2016, IDPH has focused the project on assisting selected sites to maintain and expand their existing HIV testing and other HIV services to vulnerable populations and low-income clients—many of whom are newly insured under the ACA—by maximizing their ability to generate revenue from delivering those services. Specifically, IDPH is helping them build their capacity for Medicaid billing certification and credentialing,

contracting with Medicaid managed care organizations, and expanding their existing billing infrastructure to an integrated EMR/billing management system.

A Plan for Needed Resources and Services

Through its CAPUS project, IDPH—in partnership with local health departments and CBOs—has been building a statewide, culturally competent disease intervention specialists (DIS) network outside of Chicago. Working across care and prevention, the statewide DIS network will maximize the speed, frequency, and quality of partner services and linkage to care that newly diagnosed PLWHA receive. It also will ensure that people who are newly diagnosed experience culturally competent, non-judgmental interactions with disease intervention specialists.

Because the process of navigating HIV prevention, care, and support services is often challenging for Illinoisans living with HIV/AIDS, the IDPH has been creating a statewide peer navigation system. This will be a peer-led system of support and empowerment for both newly and previously diagnosed PLWHA. Through the CAPUS project, IDPH has been supporting the development of new peer navigation projects in regions that have not yet used peers to facilitate linkage to and re-engagement in care, provide adherence or other clinical education, or provide outreach services. IDPH also has been supporting the establishment of a statewide infrastructure for training and continuing education. The South Suburban Community College (Chicago) has acknowledged that the IDPH trainings are as rigorous as some of the college's applied courses, so peer navigators are acquiring college credit toward an associate's degree in community health work. Therefore, this program is supporting the career development of PLWHA, which, in turn, will improve their long-term financial security and strengthen the public health workforce. A four-year degree program has recently been added to the peer navigation planning process.

This initial plan for needed workforce resources and services will be expanded based on IDPH and MATEC working together over the course of Integrated Plan implementation.

Assessing Needs, Gaps, and Barriers

IDPH, planning and advisory bodies, and key stakeholders engaged in an extensive, multi-year process across the jurisdiction to assess the needs, gaps, and barriers that inhibit greater alignment and access to HIV prevention, care, and treatment services.

The Needs Assessment Process

IDPH, with guidance and support from the Integrated Planning Steering Committee, used a multi-step process, multiple strategies, and a broad range of data sources and informants to identify the HIV prevention and care needs of people in the jurisdiction who are living with HIV disease—both diagnosed and undiagnosed—and people at higher risk. Chief among these were the following:

- review of quantitative and qualitative data
- perinatal case reviews
- integrated planning meetings
- provider surveys
- statewide integrated planning meetings of the Joint ILHPG/Ryan White Advisory Group
- Ryan White and HOPWA Client Satisfaction Survey
- MSM of color workgroup
- youth seminar and survey
- regional stakeholder engagement meetings
- regional high-risk focus groups

These activities are described below in terms of the process IDPH undertook to assess needs, gaps, and barriers in HIV prevention and care. The outcomes of the needs assessment activities described here are presented in the sections that follow this one—"HIV Prevention and Care Service Needs," "Service Gaps," and "Barriers." Several Care Lead Agencies also conducted their own **regional needs assessments** in FY 15, and these, too, are discussed in the following sections.

Review of Quantitative and Qualitative Data

IDPH reviewed quantitative and qualitative data to identify the needs—including resources, infrastructure, and service delivery needs—of PLWHA and those at high risk in the jurisdiction. Quantitative analysis was conducted in a three-tiered process:

1. A thorough review of Illinois' HIV epidemiology incidence, prevalence, late diagnoses, and mortality data
2. Use of quantitative and qualitative data—including the impact of social determinants and data from various needs assessments, community forums, and census data—to examine the hardest hit and hardest to reach populations more closely.
3. Evaluation of existing HIV care and prevention services for PLWHA and populations at highest risk and identification of gaps in prevention services for Illinois' prioritized and most affected populations to identify the populations with

the greatest burden of the epidemic and those at greatest risk for HIV transmission.

Perinatal Case Reviews

The Fetal and Infant Mortality Review HIV (FIMR-HIV) Project is an action-oriented community process that continually assesses, monitors, and works to improve service systems and community resources for women, infants, and families. The project identifies and addresses missed opportunities associated with perinatal HIV exposure and transmission by collecting comprehensive quantitative and qualitative data about the pregnancy experiences of women with HIV infection. The FIMR-HIV Case Review Team meets quarterly for chart abstraction, analysis of cases, and preparation of case summaries.

Integrated Planning Meetings

Identification of HIV prevention and care service needs, gaps, and barriers has been a significant contribution of the Joint ILHPG/Ryan White Advisory Group, which has met monthly in various locations across the state. The meetings have been very well attended by a diverse group of planners and community stakeholders—including people living with HIV/AIDS and HIV prevention and care service providers. At each meeting, a region-specific panel—typically including the care and prevention lead agents, disease investigation service worker, peer navigator, and client representative—has provided data and other planning information. Following each regional panel, breakout discussion groups have worked together to identify needs, gaps, challenges, and barriers to the principles of the HIV Care Continuum in their own regions and across the jurisdiction. These discussions have been lively, honest, respectful, and productive. Appendix L provides more information about the meetings.

Client Satisfaction Survey

A key needs assessment resource has been the client satisfaction survey that the Illinois HIV Care Connect regional lead agencies conduct annually with all individuals who have received a Ryan White or HOPWA service in the preceding year. Consumer representatives, regional advisory boards, and the Ryan White Advisory Group—which includes project directors, case managers, client representatives, and IDPH staff—review the survey tool each year. Survey results are used to improve the system and are one measure of service gaps and client needs in Illinois—information that informs not only the SCSN but also the entire Integrated Plan.

The initial survey questions address the client's gender, age, race/ethnicity, initial diagnosis, current risk factors, last time the client saw a physician, and current living situation. Clients are asked to rate their satisfaction with services received through Ryan White Part B, identify the need for services, and rate their knowledge of HIVAIDS, STDs, hepatitis screening/vaccinations, TB screening, prevention services, and partner services. The survey also asks clients about any assistance or referrals they need for employment, job training, budgets, financial matters, and housing services or referrals. As part of the integrated planning process, prevention-oriented questions were added to the survey to assess awareness, knowledge, utilization, current risk behaviors, and the need for prevention services—including partner services—among PLWHA. The use of care services is both a prevention and care measure.

Survey results are tabulated statewide and by region, and lead agencies target the top need(s) for their region and conduct more in-depth needs assessment. Statewide and regional results are compared across years to assess progress and determine trends. The 2014 survey was distributed to a total of 6,489 consumers; 1,457 responded, for a response rate of 22 percent. The breakdown of respondents by race/ethnicity represented the diversity of the epidemic in Illinois: 803 white, 453 black, 231 Latino/Hispanic, 231 Asian, 6 Native Hawaiian, and 7 American Indian/Alaska Native.

MSM of Color Workgroup

In mid-2013, the ILHPG membership decided to form an ad hoc workgroup to make recommendations to IDPH on how to provide services to the MSM of color population more effectively and address the following: MSM of color-related stigma and discrimination, policy-level issues, and disparities in providing and accessing services. The MSM of Color Workgroup that was established included voting and non-voting members of the ILHPG as well as numerous other representatives from the community. The first meeting of this workgroup was held in August of that year. In the following 18 months the workgroup met monthly by conference call and conducted several presentations and discussions with experienced national stakeholders and researchers. The workgroup used the information learned from these to develop broad recommendations relevant to HIV among MSM of color and to define more specific strategies and activities the planning group and the IDPH could undertake to act on the recommendations.

After the MSM of Color Workgroup recommendations were presented to the ILHPG, the full document was distributed to the ILHPG, to all programs within the HIV Section, and to the IDPH STD Section and Centers for Minority Health Services—programs that also provide some level of HIV and STD prevention and care services to MSM of color.

These programs were asked to identify and describe activities to address the recommendations that were ongoing or already planned. The resulting document demonstrated that the IDPH and ILHPG have been doing many things to address disparities related to MSM of color. In March of 2015, the ILHPG Evaluations Committee was asked to further review the recommendations and activities already underway and to identify a core set of tasks and activities on which IDPH and the ILHPG could commit to continue working on and annually monitoring progress. These ongoing activities—encompassing both HIV prevention and care services—have been incorporated into the Activities Chart included in this Integrated Plan.

Youth Seminar and Survey

In October of 2015, the Illinois HIV Planning Group sponsored youth from around the state to come to the IDPH HIV/STD Conference and to participate in a seminar "Listen to the Voices of Youth in Planning for HIV and STD Prevention and Care." Twelve youth from across the state, ages 17-24, received scholarships to attend the conference. They came from a variety of backgrounds and represented PLWHA, family members of PLWHA, consumers of HIV/STD prevention services, students, and young professionals interested in HIV and STD.

The Youth Seminar was well attended by the youth scholarship recipients, many other youth, and a variety of professionals who work with youth in HIV/STD services. Seven panelists shared their expertise and experiences, and a youth consumer and peer advocate for PrEP also participated in the panel. The Youth Seminar was a wonderful opportunity to engage youth and to collect information for use in future program planning and other community planning initiatives. Many youth scholarship recipients expressed their gratitude for the chance to share their thoughts and their efforts to make positive changes for other youth. Many also were excited about participating in similar events in the future. IDPH and the planning group will use information gathered at the Youth Seminar to continue to reach out to youth in HIV and STD planning and to engage youth in HIV/STD prevention and care services more effectively.

After the seminar, attendees were invited to ask questions and share their ideas and experiences related to HIV/STD prevention and care. Many youth scholarship recipients shared their personal struggles and successes associated with services and eagerly offered suggestions about how to reach youth through social media and other virtual outlets. A variety of other topics were discussed at the seminar such as sex education in schools, PrEP access and use, parent roles in educating youth on healthy sexual practices, resources for LGBTQ youth, and involving youth in HIV/ STD planning processes and through employment.

The planning group also surveyed young people. Thirty-five participated in the survey. Six were 25-29 years old, and 29 were between 13 and 24 years old. Survey results are provided in the "HIV Prevention and Care Service Needs" section.

Regional Stakeholder Engagement Meetings

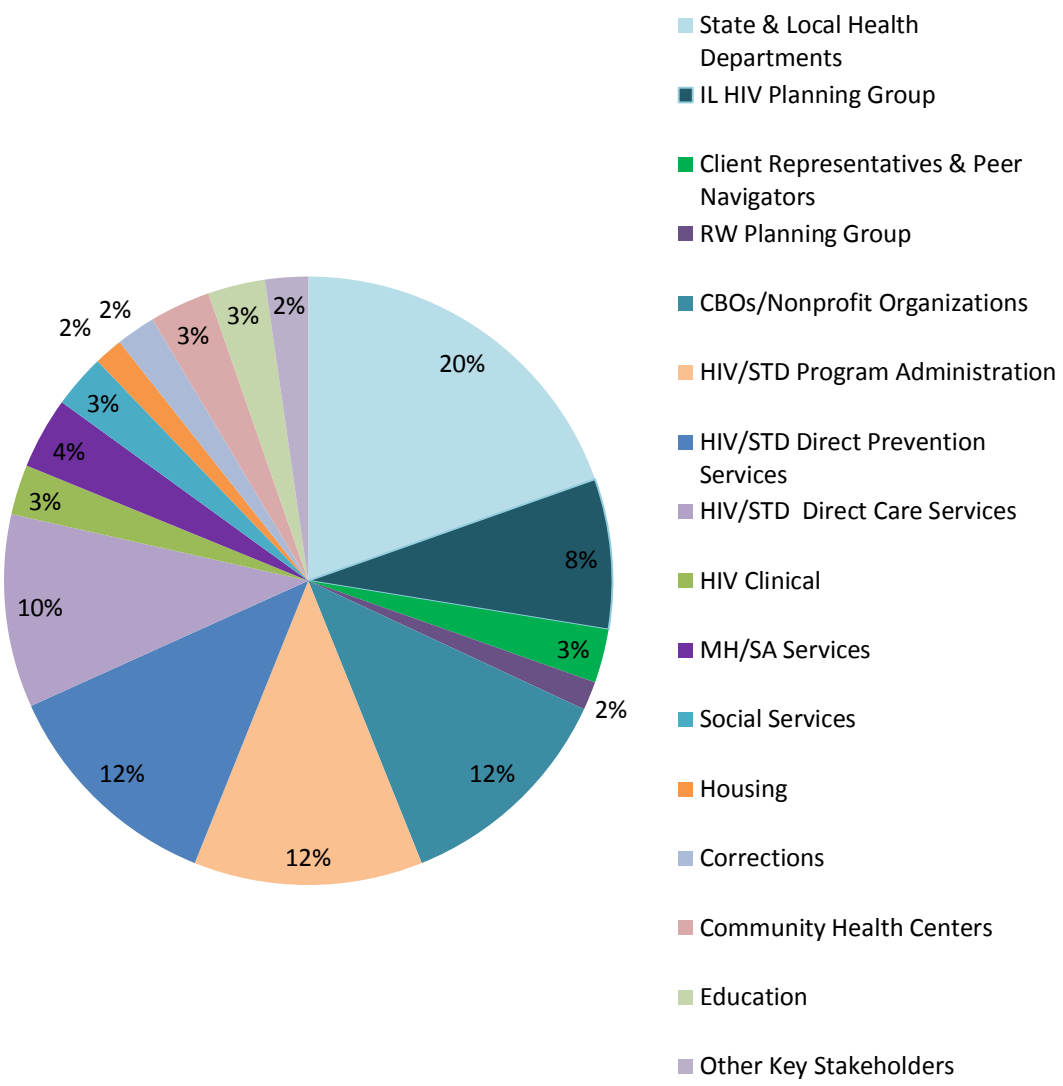
From 2012-2014, the ILHPG held a series of eight regional HIV Strategy Stakeholder Engagement Meetings across the state of Illinois outside of Chicago. The meetings were designed to inform stakeholders about the National and Illinois HIV/AIDS Strategies and to gather information from them on the quality and availability of—and access to—HIV care and prevention services throughout the state. The goal of the meetings aligned with one of the goals of the NHAS: to achieve a more coordinated, integrated response to the HIV epidemic. This response—across prevention, care, and treatment—is geared to preventing new infections, improving health outcomes for PLWHA, reducing HIV-related health disparities, and combating HIV stigma and discrimination. Three regional meetings were held in 2014, two in 2013, and three in 2012.

Key stakeholders were identified as invited participants by the HIV care and prevention lead agents from each region, working with the ILHPG. Representatives from the following groups took part in the engagement meetings: clients and peers, community-based/nonprofit organizations, local health department HIV and STD programs, HIV/STD program administration, HIV/STD direct prevention services, HIV/STD direct care services, HIV/STD clinical care, mental health/substance abuse services, social services, housing, corrections, community health centers, education, and other key stakeholders such as other government agencies and faith-based organizations. Almost 700 stakeholders were invited to attend one or more of the eight regional meetings, and over 300 participated. Figure 61 on the following page is a breakdown of meeting participants by representative category.

Participants engaged in extensive discussions guided by carefully developed questions that were aligned with the national and Illinois HIV/AIDS strategies and designed to elicit stakeholder identification of needs, gaps, opportunities, and strategies across HIV prevention and care services. Appendix M provides the discussion questions.

Figure 61

Stakeholder Engagement Meeting Participants
All Regions (2012-2014)



Regional High-Risk Focus Groups

Eight regional focus groups were held in 2012-2014 to identify community service needs and to plan and develop more effective HIV prevention policies and programs that better address the needs of high-risk populations and communities. The targeted risk group for each focus group was determined by collaborating with the HIV care and prevention regional lead agents in order to identify the hardest hit risk groups or the populations in

the region most in need of further assessment. The regions and populations for the focus groups included:

- Region 4, St. Clair Region—Transgender
- Region 8, Cook County Region—Hispanic MSM
- Region 2, Peoria Region—African American Males
- Region 7, Collar Counties Region—People Living with HIV/AIDS
- Region 3, Sangamon Region—Young MSM
- Region 6, Champaign Region—Young MSM of Color
- Region 1, Winnebago Region—People Who Inject Drugs
- Region 5, Jackson Region—At Risk Youth

Focus group participants representing these hardest hit and high risk populations were identified and recruited through regional lead agents, support group facilitators, staff from HIV prevention agencies, and ILHPG members from the designated regions.

Focus group participants were a diverse group: 45 were black, 16 were white, 11 were multiracial, 10 were Latino/Hispanic, two were American Indian/Alaskan Native, and one participant did not specify a race/ethnicity. The groups were also diverse in terms of gender—40 male, 27 female, and five transgender—and sexual orientation: 29 participants were heterosexual, 28 homosexual, and 16 bisexual.

Eight questions guided the discussion (see Appendix N). Insights on needs, gaps, and barriers for these very high risk populations were gleaned from responses on risk behavior practices, facilitators and inhibitors of HIV risk and risk reduction, innovative approaches to reducing HIV stigma and homophobia, concerns about HIV within their communities, and knowledge and use of HIV and STI prevention and care services.

Care Lead Agency Regional Needs Assessments

The Region 3 Care Lead Agency conducted a Support Group Survey to gauge whether clients in Decatur were interested in an HIV peer-led support group. The survey asked about desired meeting days and times, frequency, and location, as well as questions about access to transportation. Survey responses have yet to be compiled.

Region 4 conducted phone call surveys in March of 2016 to get client feedback on awareness of and experiences with Ryan White out-of-pocket cost assistance. Clients also were asked about their interest in online or in-person support groups and client education programs. Ninety-six clients participated. Also in Region 4, the St. Louis TGA conducted a focus group with Medical Case Managers. Questions were developed

based on topics recommended by the St. Louis Metro Ryan White HIV Planning Council.

Region 6 conducted a mental health needs assessment during FY15. Since that time, the region has contracted with a private consulting firm to provide mental health services to clients in need. Region 5 also began work on a mental health survey to assess client needs. The survey has yet to be conducted.

Region 7 conducted a Consumer Roundtable Discussion in the Collar Counties, and Region 8 conducted three Consumer Roundtable Discussions in the South, North, and West sides of Chicago. Clients at all roundtable discussions were asked about the quality of the Ryan White Part B services and how these services could be improved. The results were presented to the regions' Consumer Advisory Boards.

Regions 7 and 8 also conducted a collaborative survey of case managers regarding their training needs. The results will be used to influence training schedules, format, and content in FY16. Questions prompted case managers to identify what they found most and least helpful about recent training opportunities.

HIV Prevention and Care Service Needs

Through the just-described integrated needs assessment process, IDPH, advisory bodies, and stakeholders—especially people living with HIV/AIDS—have identified the HIV prevention and care service needs of people living with and at high risk for HIV across the jurisdiction, along with gaps and barriers in services.

Perinatal FIMR-HIV Case Review Outcomes

The FIMR-HIV Case Review Team continues to identify limited or no prenatal care for women living with HIV/AIDS as an issue that must be addressed in order for Illinois to get to zero newborn infections. By June 30, 2015, the Case Review Team had reviewed a total of 97 HIV cases, which included seven cases of maternal perinatal acquisition and 13 cases of transmission.

Of the 97 HIV cases reviewed, 73 percent of the women received limited or no prenatal care; 78 percent had a history of one or more of the following challenges or social determinants for health during or after pregnancy:

- Substance abuse—71 percent
- Homelessness—29 percent
- Incarceration—21 percent

- Domestic violence—26 percent
- Mental illness—50 percent; of these,82 percent experienced depression

Data collected by the 24/7 Illinois Perinatal HIV Hotline continue to document consistent trends of pregnant women frequently not disclosing a known HIV-positive status to medical providers, contributing to late entry into care and/or delayed interventions.

Client Satisfaction Survey Outcomes

Needs assessment data from FY 2015 and FY 2016 Ryan White, Prevention, & HOPWA Client Satisfaction Surveys assessed client opinion on core services and identified HIV prevention and support services by client interest (see Tables 13 and 14 on the following pages).

Table 13

FY 2015 Client Satisfaction Survey Needs

Service: HIV Medical Care	**Yes**	**No**
Were they friendly?	98.7%	1.3%
Did you feel your confidentiality was safe?	97.8%	2.2%
Did they answer all your questions?	97.3%	2.7%
Did you understand all instructions?	98.1%	1.9%
Medical Case Management	**Yes**	**No**
Were they friendly?	98.4%	1.6%
Did you feel your confidentiality was safe?	97.6%	2.4%
Do you feel seeing your case manager helps you stay in care?	92.5%	7.5%
ADAP Services	**Yes**	**No**
Were they friendly?	99.1%	0.9%
Did you feel your confidentiality was safe?	99.1%	0.9%
Did you have a good experience with the pharmacy?	98.1%	1.9%
Dental Services	**Yes**	**No**
Were they friendly?	95.8%	4.2%
Did you feel your confidentiality was safe?	96.5%	3.5%
Did they answer all your questions?	95.5%	4.5%
Did you understand all instructions	96.2%	3.8%
Mental Health Services	**Yes**	**No**
Were they friendly/respectful?	96.9%	3.1%
Did you feel your confidentiality was safe?	96.0%	4.0%

Do you feel receiving these services helps you stay in care for your health?	94.7%	5.3%
Substance Abuse Services	**Yes**	**No**
Were they friendly/respectful?	96.7%	3.3%
Did you feel your confidentiality was safe?	96.7%	3.3%
Do you feel receiving these services helps you stay in care for your health?	94.8%	5.2%
Service: Prevention Services	**Interested in Learning More About**	**Not Interested**
PrEP	66.3%	33.7%
Free Condoms	24.2%	75.8%
Safer Sex	17.9%	82.1%
Risk Prevention Counseling (1 on 1)	13.1%	86.9%
Hepatitis A and B Vaccination	83.3%	16.7%
Clean Syringes	12%	88%
Support Groups	24.7%	75.3%
Hepatitis A, B, and C Screening	19.3%	80.7%
Employment Needs		
Job Opening Information	31.4%	68.6%
Completing Application and Resume	17.4%	82.6%
Job Training	22.4%	77.6%
Work Experience Project	21,5%	78.5%
Financial Needs		
Preparing Household Budget	13.4%	86.6%
Loans and Credit Cards	14%	86%
Income Taxes	11.9%	88.1%
Shopping Decisions	12.6%	87.4%
Housing Assistance or Referrals		
Housing Information	31.3%	68.7%
Section 8 Housing	27.7%	82.3%
Counseling on Housing	25.4%	74.6%
Help with Landlord	18.6%	81.4%
Home Repair	19.8%	81.2%
Possible Assistance Paying Rent	35.3%	64,7%
Reduce the Risk of Becoming Homeless	25%	75%

The lack of interest in—and corresponding low rates of STD and hepatitis screening and of vaccination for HAV, HBV, and HPV—indicate that there are real opportunities to improve the care side of HIV planning for these issues.

Table 14

FY 2016 Client Satisfaction Survey Needs

Service: HIV Medical Care (Outpatient/Ambulatory)	Yes	No	Total Number
Were they friendly?	98.5%	1.5%	809
Did you feel your confidentiality was safe?	97.5%	2.5%	802
Did they answer all your questions?	97.5%	2.5%	763
Did you understand all instructions?	98.4%	1.6%	735
Medical Case Management	**Yes**	**No**	
Were they friendly?	98.7%	1.3%	704
Did you feel your confidentiality was safe?	99.1%	0.9%	677
Do you feel seeing your case manager helps you stay in care?	95.8%	4.2%	684
ADAP Services	**Yes**	**No**	
Were they friendly?	99.1%	0.9%	837
Did you feel your confidentiality was safe?	98.4%	1.6%	823
Did you have a good experience with the pharmacy?	95.9%	4.1%	804
Dental Services	**Yes**	**No**	
Were they friendly?	95.8%	4.2%	530
Did you feel your confidentiality was safe?	96.5%	3.5%	519
Did they answer all your questions?	95.5%	4.5%	507
Did you understand all instructions	96.2%	3.8%	498
Food/Meal Assistance	**Yes**	**No**	
Were they friendly/respectful?	99.2%	.8%	265
Did you feel your confidentiality was safe?	98.5%	1.5%	262
Do you feel receiving these services helps you stay in care for your health?	98.4%	1.6%	250
Housing Services	**Yes**	**No**	
Were they friendly/respectful?	94%	6%	134
Did you feel your confidentiality was safe?	93.3%	6.7%	135
Do you feel receiving these services helps you stay in care for your health?	93.6%	6.4%	125
Utility Assistance			
Were they friendly/respectful?	94.7%	5.3%	152
Did you feel your confidentiality was safe?	93.3%	6.7%	150
Do you feel receiving these services helps you stay in care for your health?	94.6%	5.4%	149
Legal Services			
Were they friendly/respectful?	96.0%	4.0%	149
Did you feel your confidentiality was safe?	95.2%	4.8%	146

Do you feel receiving these services helps you stay in care for your health?	92.5%	7.5%	147	
Prevention PrEP/HIV Knowledge	**Number**	**Percent**		
Please tell us your interest in PrEP availability				
I have never heard of PrEP	401	45.8%		
I have some knowledge of PrEP	320	36.6%		
I have extensive knowledge of PrEP	154	17.6%		
Answered	875			
No response	125			
Total	1,000			
Knowledge/Prevention	**Yes**	**No**	**N/A**	**Total**
Partner notification and testing	42.6%	5.6%	51.7%	945
Access free condoms	74.4%	2.6%	23%	966
Access free syringes	8.1%	7.6%	84.3%	947
Talk to CM about prevention/risk	56.9%	6.7%	36.4%	951
Talk to partner about status	60.7%	2.8%	36.5%	951
Referred a friend for HIV testing	36.8%	27.7%	35.5%	951
Partner received testing/counseling	45.2%	7.8%	46.9%	944
Have you been offered STD screening**?**	58.1%	15.2%	26.7%	945
Have you been counseled about the importance of adhering to HIV medications?	87.2%	3.9%	8.9%	945
Have you used Peer Services?	17.9%	57.2%	24.9%	925
Have you received the Hepatitis A and B vaccination?	74.9%	15.1%	9.9%	945
Do you need additional assistance about any of the following:	**Yes**	**No**	**Total**	
Housing Services	25.4%	74.6%	918	
Information on partner or family violence	5.4%	94.6%	908	
Information on harm reduction	8.2%	91.8%	898	
Information on Legal Services	23.4%	76.6%	919	
Reproductive Health Services	9.5%	90.5%	905	
Health insurance enrollment	21.4%	78.6%	914	
Help with employment re-entry	16.5%	83.5%	917	
Medical Care	22.2%	77.8%	910	
Help with referral to Substance Abuse Services	7.1%	92.9%	910	
Vaccinations for HAV, HBV, or HPV	13.7%	86.3%	901	
Help with referral to Mental Health Services	15.4%	84.6%	774	

Access to clean syringes	5.3%	94.7%	902
Free condoms	20%	80%	913
Risk prevention counseling (one-one-one)	11%	89%	912
Support groups	21.6%	78.4%	914
Safer sex	13.5%	86.5%	920
Hepatitis A, B, and C screening	16.7%	83.3%	915
HIV medication adherence	17.6%	82.4%	908

Appendix O provides summary reports for the FY 2015 and 2016 client satisfaction surveys by region.

MSM of Color Workgroup Outcomes

The MSM of Color Workgroup made the following recommendations to IDPH as part of the Illinois HIV Planning Group's needs assessment activities:

- Reassess or develop a framework for the health of MSM
- Promote MSM of color leadership and representation of MSM of color in planning and evaluation bodies
- Identify and promote qualified providers who are culturally competent and sensitive to the interests, concerns, and health care needs of MSM of color
- Strengthen the infrastructure for referrals provided to immigrant MSMs, especially in rural settings
- Establish a comprehensive, constructive, and positive anti-stigma and anti-discrimination campaign inclusive of MSM of color
- Engage LGBTQ leaders and affinity groups on college campuses in evidence-based interventions to empower MSM of color

Youth Survey Outcomes

Youth Survey results included the following:

- 66 percent rated their knowledge and awareness of things that put people at risk for HIV and STDs as "good" or "very good."
- 91 percent agreed or strongly agreed that young people would access and use HIV/STD prevention and care services if they knew how and where to get them.
- 77 percent reported being comfortable or very comfortable when talking to their doctor about what puts people at risk for HIV and STDs.
- Only 31 reported that their doctor or nurse talked to them about prevention of HIV and STDs at most or all visits.

- Participants identified social media as the most helpful source for getting information and education about HIV and STDs.
- Participants identified focus groups and exhibitor booths at schools and youth events as the best way to gather youth input about HIV and STD prevention.

Regional Meetings and Focus Group Outcomes

The HIV care and prevention service needs most frequently identified by key stakeholders in the engagement meetings, representatives of priority populations in the focus groups, and participants in the Joint ILHPG/Ryan White Advisory Group integrated planning meetings were the following:

- HIV specialty care
- Primary care
- Dental health care, oral surgery
- Comprehensive risk counseling
- HIV testing
- PrEP, PEP, and nPEP
- Diffusion of CDC-supported effective interventions for specific populations
- Support groups including youth groups
- Comprehensive, developmentally appropriate sexuality education for youth including school-based programs
- Mental health/behavioral health care
- Help with addiction including substance abuse treatment and syringe exchange and other harm reduction services
- Condom availability
- HIV education tailored to people who are homeless
- Job training for people with addictions and for ex-felons
- Transportation

Care Lead Agency Regional Needs Assessment Outcomes

Among the key findings of the Region 4 out-of-pocket assistance and support group survey are the following:

- 36 percent of respondents did not know that the Ryan White program could help them pay for medications, insurances premiums, and co-pays;
- 74 percent thought that Medication Assistance through ADAP was easy to navigate;
- 76 percent and 58 percent were interested in online and in-person support groups, respectively; and

- 79 percent and 78 percent of respondents were interested in in-person and online training opportunities, respectively. The most desired training topics were stigma and depression.

The following themes were identified from the Region 4 focus group with Medical Case Managers:

- Case managers are frustrated with the amount of paperwork that comes with their job and how quickly they are expected to have it completed.
- Case managers think that there are insufficient services in the area to meet client needs. This seemed to occur on multiple levels, including not enough funding, not enough agencies providing mental health and substance use services, and long waiting lists.
- Case managers identified a strong need for an insurance specialist or for additional training to help them navigate the increasingly complex insurance landscape.
- Overall, case managers feel rewarded by client interaction but think that there is less and less time for this due to other job demands.

Among the key findings of the Regions 7 and 8 collaborative survey of case managers' training needs are the following:

- Sixty-seven percent of case managers are interested in earning CEUs at trainings.
- Training topics that received "very high priority" rankings from case managers include HIV and housing, self-care/preventing burnout, benefits and entitlements, crisis interventions, and adherence to medication.
- Case managers consider the most important aspects of training to be skills building and tools and resources they could take away from the training.

Service Gaps

HIV prevention, care, and support services gaps for people living with and at high risk for HIV were identified in all regions by stakeholders participating in the needs assessment process including the 2012-2014 HIV/AIDS Strategy Stakeholder Engagement Meetings, the 2012-2014 ILHPG focus groups for priority populations, and the Joint ILHPG/Ryan White Advisory Group integrated planning meetings.

The most frequently identified prevention services gaps included the following:

- There are geographic areas with very few or no prevention programs.
- PrEP, PEP, and nPEP are not widely available.
- Testing is not readily available in some areas.

The HIV care services gaps identified most often were the following:

- Ryan White A and B services are not available in all areas.
- Primary care providers able to provide HIV care are not available in all areas.
- Some areas do not have access to infectious disease specialists.
- Dental care, including oral surgery, is not available in all areas.

The support services gaps most frequently identified included the following:

- Mental health/behavioral health care services
- Substance abuse treatment and services
- Support groups for specific populations
- Re-entry programs
- Transportation
- Housing assistance of all kinds
- Safe, decent, and affordable housing

Gaps that were identified across care, prevention, and support services included too few providers and services in some areas, too few providers knowledgeable about HIV, too few culturally competent providers, and too few providers willing to accept Medicaid or new Medicaid patients.

A potential gap surfaced after the needs assessment activities described in this Integrated Plan were completed. DASA notified the HIV/AIDS Section that it was discontinuing its HIV testing. DASA anticipates that with ACA implementation and Medicaid expansion this will not cause a significant gap in HIV testing. The HIV/AIDS Section will monitor HIV testing availability carefully.

Barriers

Through the previously described needs assessment process and activities, PLWHA, representatives of hardest hit and higher risk communities, program planners, and community-based providers and organizations identified a range of barriers to HIV prevention, care, and treatment services in the jurisdiction. Many of the social and structural barriers identified are rooted in complex, persistent social injustices.

Social and Structural Barriers

- HIV-related stigma and discrimination, stigma and discrimination against LGBTQ individuals, and stigma and discrimination against people who inject drugs (PWID)

- Too few partnerships with faith-based organizations and the faith-based community
- Long distances between the clients and needed services
- Public transportation patterns that do not match client needs

Legislative and Policy Barriers

- Restrictive laws and policies that promote stigma and discrimination and interfere with outreach and tracking
- The changing health care coverage landscape
- Political barriers around the current lack of a state budget, which has been inhibiting prevention services by community-based organizations and health departments
- Reimbursement structures in the health care system that dis-incentivize private provider participation in planning and other collaboration

Health Department Barriers

- Staff turnover throughout the system
- Restrictive and overly narrow scopes in IDPH-issued HIV grants
- Restrictions that prevent funds being used for certain needed services such as testing and education
- Structures for allocating state and federal funding that inhibit collaboration and encourage destructive competition, silos, and territoriality
- Policies that put smaller and newer organizations at a competitive disadvantage
- Slow and late payments from the state
- Funds that don't always follow the epidemic
- Too few training opportunities

Program Barriers

- Inadequate and unpredictable funding
- Limited infrastructure capacity including too few staff for the workload
- Too few staff from communities most affected by HIV, and staff lacking in cultural competence
- Waiting lists for some services
- Inadequate training for staff in vital topic areas such as cultural competence, PrEP/PEP/nPEP, social media strategies, evidence-based practices

Service Provider Barriers

- Lack of diversity among prevention, care, and clinical providers at all levels
- Lack of cultural competence among organizations and providers

- Clinical challenges including the complexity of HIV care
- Lack of knowledge about PrEP, PEP, and nPEP
- Too few well-qualified providers in rural, distance-isolated, and remote areas
- Long waiting times to see certain providers, such as infectious disease specialists, in some areas
- High staff turnover
- Difficulty engaging health and medical institutions and providers in HIV planning and other collaborative efforts
- Difficulty engaging the corrections system and providers in HIV prevention and care planning

Client Barriers

- Poverty, socioeconomic status
- Unemployment
- No transportation
- Homelessness and housing instability
- Difficulty navigating the health care and social services system
- Fears about disclosing HIV status
- Low self-esteem and internalized limitations
- Substance use
- Incarceration
- Co-morbidities such as mental health conditions, hepatitis

Assessing Needs, Gaps, and Barriers— Chicago EMA and St. Louis TGA

In determining statewide needs for HIV care, treatment, and prevention services, the ILHPG and IDPH routinely review and include results of needs assessment activities conducted by the Chicago EMA and the St. Louis TGA. Figures 62 and 63 on the following pages provide a snapshot of the results of a needs assessment process that the Chicago EMA and St. Louis TGA undertook to assess the needs, gaps, and barriers in their jurisdictions.

Of particular importance are two surveys the Chicago EMA conducted to assess PrEP engagement and utilization. One survey assessed changes in PrEP awareness, willingness, and use from 2011 to 2104 in MSM (before and after approval of tenofovir/emtricitabine). The survey results indicated that PrEP awareness and use increased among Chicago MSM following approval. Black MSM were significantly less

Figure 62

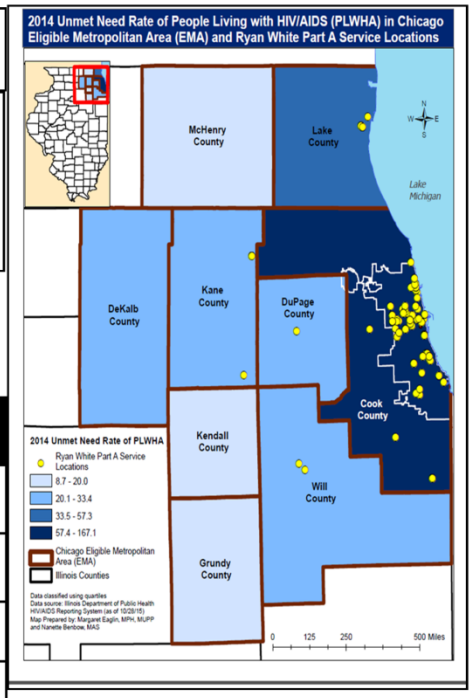
Needs Assessment Summary—Chicago EMA

Chicago Eligible Metropolitan Area – Summary of Findings April 2016

Illinois Counties in the Chicago EMA include Suburban Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, McHenry, and Will.

Note: At this time, CDPH is unable to fund any prevention activities outside the City of Chicago.

2014 Unmet Need Analysis:
The map to the right shows rates of unmet need in the Chicago EMA. As displayed in the map, unmet need is most prominent in Chicago and Suburban Cook County and lessens as the distance from the city increases.



Core Medical Service and Essential Service EMA Spending in Illinois Counties:
The chart below explains where Ryan White funding is spent among counties in EMA other than Cook County.

Type of Funding	Total Funding	Percentage of Funding per County					
		Chicago	*Cook-Suburbs*	*Lake*	*Kane*	*DuPage*	*Will*
Ambulatory Medical Care*	$6,189,023	59%	33%	4%	1%	-	3%
Mental Health	$1,548,909	87%	5%	2%	6%	-	-
Substance Abuse	$2,183,477	94%	2%	1%	3%	-	-
Psychosocial	$1,055,387	93%	3%	1%	3%	-	-

Identified Service Gaps in Illinois Counties in the EMA (collected from delegate agencies of the EMA through surveys):

- Not enough housing services for people living with HIV/AIDS (especially in Lake County)
- Ryan White service deserts
- Shortage of bilingual providers
- Limited psychiatric services
- Limited resources for specialty care
- Limited resources for in-patient substance abuse
- Lack of mental health providers
- Lack of dental services
- Lack of case management services
- Lack of transportation

COUNTY	AGENCY	CORE MEDICAL SERVICES: Ambulatory/Medical Care	Early Intervention Services	Medical Case Management	Mental Health Services	Oral Health	Substance Abuse - Outpatient	ESSENTIAL SERVICES: Emergency Financial Assistance	Food Bank	Housing	Legal Servies	Medical Transportation	Non-Medical Case Management	Outreach Services	Psychosocial Support Services	Substance Abuse - Residential	
Lake County	Alexian Brothers The Harbor														X	X	
	Catholic Charities Archdiocese of Chicago Lake County Services						X		X						X		
	Lake County Health Dept and Community Health Center	X	X		X	X											
Kane County																	
	Open Door Clinic of Greater Elgin	X	X		X	X	X								X		
DuPage County	Access	X	X												X		
	Prairie State Legal Services, Inc.										X						
	Loyola University Medical Center	X	X														
Will County	Regional CARE Association	X	X		X												

Counties (2015 Funding Cycle):* *Bundled with EIS and medical case management*
Note: All counties in the EMA are not included in these tables due to lack of qualified applicants for these specific funding opportunities.

Figure 63

Needs Assessment Summary—St. Louis TGA

St. Louis Transitional Grant Area – Summary of Illinois Findings April 2016

Illinois Counties included in the St. Louis TGA are Jersey, Madison, Clinton, St. Clair, and Monroe.

2015 St. Louis TGA Epi Profile:

In 2013, 29% (91 cases) of new HIV diagnoses in the St. Louis TGA were identified in Illinois

- In 2010, only 15% of new HIV diagnoses in the STL TGA were identified in Illinois.

It is estimated that 16% of the HIV prevalence in the TGA is attributed to Illinois counties (calculated based on residence at time of diagnosis).

- Two of the three counties with the highest rates of people living with HIV per 100,000 residents in the STL TGA are Illinois counties:
  - St. Clair County= 258.8 cases per 100,000 residents
  - Clinton County= 198.6 cases per 100, 000 residents

2014 Youth Housing Focus Group (Illinois):

- Held at East Side Health Center (East St. Louis, IL)
- Attended by six African– American males aged 18-25

Findings

- Most participants in Illinois reported currently living with family. Some had previous periods of homelessness.
- Most expressed some degree of discontent in their current housing situation. Reports of feeling unstable or unsafe in current housing situations came from more than half of participants regardless of housing arrangement (living with family, homeless shelters, on the streets, etc.).
- Needs identified related to youth housing included housing programs targeted to young, single individuals; additional safe places like drop in centers; reduction of waiting lists; rental assistance; household management skills; employment assistance; and assistance/ guidance related to the transition into adulthood.

2012-2013 Unmet Need Analysis (in the process of being updated by the STL TGA) **:**

- In 2013, the rate of unmet in the Illinois portion of the St. Louis TGA was 41%
- Illinois Region 4 Continuum of Care statistics (2012-13):

Continuum of Care (by race)	White (Non-Hispanic)	Black (Non-Hispanic)	Hispanic
Linked to care within 3 months of diagnosis	71%	80%	86%
Retained in HIV Care	60%	53%	33%
Viral suppression among diagnosed	51%	35%	31%
Viral suppression among those in care	85%	66%	93%

Continuum of Care (by age)	13-24	25-34	35-44	45-54	55-64	≥65
Linked to care within 3 months of diagnosis	63%	71%	85%	90 %	100%	100%
Retained in HIV Care	66%	56%	56%	57%	50%	41%
Viral suppression among diagnosed	40%	37%	43%	44%	44%	41%
Viral suppression among those in care	60%	66%	76%	77%	89%	100%

2014-2015 Medical Benefits Client Survey (Illinois)

Illinois clients with insurance were asked what kind of help they needed in accessing care with their insurance. Overall, 42% reported needing some type of help:

- 36% needed help with co-pays for office visits
- 46% needed help with deductible
- 32% needed help with insurance premiums

Insured Illinois clients also reported needing help understanding insurance benefits and how Ryan White could assist them:

- 57% needed help understanding how Ryan White can assist with out of pocket costs
- 32% needed helping understanding how to use insurance
- 32% needed help understanding which providers worked with their benefits

likely than non-black MSM to be PrEP aware, and men with 11-20 partners were significantly more likely to be PrEP aware than men with fewer partners. Based on the survey, the Chicago EMA concluded that black MSM and MSM practicing unprotected anal intercourse should be targeted for PrEP engagement.

A second survey assessed PrEP awareness and missed opportunities for PrEP engagement among people who inject drugs in Chicago using 2015 cross-sectional data from the NHBS. The survey found that although most respondents had accessed health care. PrEP awareness was rare and that, based on needle sharing and other eligibility criteria, PrEP could be indicated for the "vast majority" of Chicago's population of people who inject drugs.

Addressing Needs, Gaps, and Barriers

IDPH, in collaboration with its community partners, has already begun to address many of the needs, service gaps, and health department barriers participants identified throughout the needs assessment process. IDPH is funding medical benefits coordinators to overcome the barriers occasioned by the changing health care system; peer navigators to help clients navigate the systems of HIV prevention and care services; and surveillance based services that reach out to people diagnosed with HIV who show no evidence of being in care, refer them to case management and medical care, and provide risk reduction and partner services, as needed.

The following are examples of programs and promising approaches supported fully or in part through Ryan White Part B, CDC HIV prevention, and state general revenue funds.

Pre-Exposure Prophylaxis

IDPH has steadily built the capacity of its funded providers to deliver PrEP through a variety of activities such as:

- developing a written PrEP decision counseling guidance for prevention counselors and HIV medical case managers
- notifying licensed prescribers of the IDPH's support for PrEP and CDC's guidance
- identifying prescribers willing to accept PrEP referrals, compiling a list, and disseminating it to prevention counselors and HIV medical case managers
- training prescribers how to prescribe and bill for PrEP, in collaboration with MATEC

- training prevention counselors and HIV medical case managers throughout the state on PrEP decision counseling, eligibility, benefits, educational materials, and prescriber referrals
- developing a PrEP4Illinois.org website to assist eligible PrEP-interested patients in accessing medication

Community Reentry Project

The Community Reentry Project (CRP) links recently released individuals who are living with or at high risk for contracting HIV to care and prevention services. The program includes HIV prevention education, intensive medical case management, outreach services, substance abuse treatment, training and technical assistance, and parole and probation mandates. CRP interventions are provided primarily in community-based settings in Chicago and Will County, although some services are linked within Cook County Jail (CCJ) and the Illinois Department of Corrections (IDOC). The project also provides a variety of support services to IDOC staff and to recently released parolees and probationers.

IDOC Peer Education Program

A Peer Education Program in IDOC seeks to conduct group HIV prevention and support for 10,000 unduplicated offenders to encourage behavior change toward high risk activities in prison settings. Inmates in the Illinois adult correctional centers (IACCs) are required to attend HIV prevention education sessions during orientation when they enter a correctional center and again prior to their release. These sessions are provided by Certified Inmate Peer Educators. Adult transitional center residents and juveniles in Illinois Youth Centers attend monthly or quarterly HIV educational sessions provided by IDOC HIV section staff. The program has provided group prevention and support to some of the most high-risk individuals in the state of Illinois. Offenders, juveniles, and residents are required to participate. The program also seeks to measure offenders' HIV risk thorough a post-session survey administered during prison programming.

Summit of Hope

The mission of the Summit of Hope is to guide and assist parolees and probationers with available services to ensure better reintegration into the community and reduce recidivism. These community expos bring together local service providers to create a one-stop environment that offers parolees and probationers the information they need to move past barriers that can prevent them from leading a successful life. Summits of Hope offer support to invited parolees and probationers throughout Illinois; over 15

Summits of Hope are held in the state each year, and over 7,500 people participate. It is a proven IDOC and IDPH sanctioned program that is independently organized in individual communities throughout the state with the participation and generosity of a local hosting community. The Summits offer a wide range of wraparound services including HIV testing and counseling and referrals to care; over 5,000 HIV and HCV tests are conducted at Summits of Hope each year.

First Steps

First Steps is a new program that expands the Summit of Hope model to serve juvenile parolees in need of wraparound services. Participants in the program are offered a variety of screening services and are linked and referred to care and services such as primary health care, HIV testing and care, counseling, child support and employment services, and other social services such as help with food, shelter, and clothing. Participants also are assisted with interacting with government agencies such as the Social Security Administration.

Data: Access, Sources, and Systems

IDPH has dedicated HIV Surveillance, Prevention, and Care Services programs that work together to collect, monitor, and analyze data. This data are used for planning programs, allocating resources, and other kinds of decision making related to monitoring HIV disease trends, identifying high risk populations, conducting outreach among high risk populations, and providing access to and evaluating HIV prevention, care, and treatment services.

The Illinois HIV Surveillance Program conducts core surveillance activities including reporting confirmed diagnoses of HIV disease to CDC and collecting demographic characteristics, transmission category, initial immune status, and ongoing viral load and CD4 counts.

Data Sources

A variety of data sources were used to develop the Illinois Integrated HIV Prevention and Care Plan including surveillance data, eHARS, Medical Monitoring Project, National HIV Behavioral Surveillance, perinatal HIV exposure reporting, sexually transmitted disease data, vital statistics, U.S. Census data, Ryan White HIV/AIDS Program data, Behavioral Risk Factor Surveillance System, and the Youth Risk Behavior Survey.

HIV Surveillance

Beginning in 1981, IDPH collaborated with the CDC to set up a surveillance system for tracking AIDS prevalence and incidence in Illinois. Two years later, Illinois mandated name-based reporting of AIDS patients by health care providers through an amendment to the rules and regulations for the control of communicable diseases (*Control of Sexually Transmissible Disease Code, 77 Ill. Adm. Code 693.30*).

The amendment mandated that physicians report within seven days each AIDS case that the physician had clinically diagnosed or treated. The addition of immune suppression criteria became effective in 1993 and resulted in a dramatic increase in the number of people meeting the AIDS case definition. The AIDS case definition now requires confirmed HIV infection with either clinical conditions that meet the AIDS-defining criteria (e.g., esophageal candidiasis), or severe immune suppression (a CD4 count of less than 200 cells/mm3 or less than 14 percent of total lymphocyte count).

Illinois introduced anonymous—without any patient identifiers—HIV (non-AIDS) reporting in 1988. The data generated from that reporting system were unreliable, as the system did not allow follow-up for missing information or for identification and elimination of duplicate reports. As a result, in 1998 IDPH amended the *Control of Sexually Transmissible Disease (STD) Code (77 IL Administrative Code 693)* to require name-based reporting of HIV. In response to public comments and community concerns, the rules were revised to implement a non-name-based system using a patient code number (PCN). The amended rules specified evaluation criteria to determine the effectiveness of the non-named system after a two-year period.

The trial using the PCN continued through 2005. Upon evaluation, that approach was found to be severely constraining. In January 2006, Illinois re-adopted a name-based HIV reporting system, which has improved HIV surveillance data quality and database linkages. Factors that affect the completeness and accuracy of HIV surveillance data include: availability and targeting of HIV testing services, test-seeking behaviors of HIV-positive individuals, compliance with case reporting, and timeliness of case reporting.

The Enhanced HIV/AIDS Reporting System

In 2005, CDC released the Enhanced HIV/AIDS Reporting System, a document-based surveillance data system, to replace the original HARS system used by states to understand the epidemic. In June 2009, eHARS was successfully implemented in Illinois.

In eHARS, data from multiple documents are entered for each case, and those documents are linked with a unique identification number. Implementation of eHARS has enabled the IDPH HIV Surveillance Program to gather and store more information from birth certificates, death certificates, and laboratory reports than was possible with HARS. The Enhanced HIV/AIDS Reporting System is supported primarily by federal funding from the CDC through the HIV/AIDS Surveillance Cooperative Agreement.

Medical Monitoring Project

The Medical Monitoring Project is a CDC-funded supplemental surveillance project designed to learn about the experiences and needs of PLWHA. MMP monitors progress and identifies areas for improvement in delivery of HIV care, treatment, and prevention interventions.

For each MMP data collection cycle, the population of inference is HIV-positive adults, 18 and over, who received outpatient HIV medical care. To recruit study participants, IDPH identifies all HIV care providers in Illinois—outside of Chicago, which conducts its own data collection—and chooses a representative sample of them. IDPH then contacts all sampled providers, and HIV-positive patients are randomly selected from the sampled providers who agree to participate.

MMP staff invite each selected patient to participate in a face-to-face or telephone interview, with questions concerning their medical history, use of medical and social services, and risk behaviors. Trained MMP abstractors then collect additional information from the patient's medical chart, which complements data from the interview.

National HIV Behavioral Surveillance

In 2003, CDC created the NHBS for conducting behavioral surveillance among people at high risk for HIV infection. Surveillance is conducted in rotating annual cycles in three different populations at high risk for HIV: MSM, PWID, and heterosexuals at increased risk for HIV infection (HET). Before each NHBS cycle, formative research is conducted to learn more about the populations and to help with sampling procedures. Trained interviewers in all NHBS jurisdictions use a standardized anonymous questionnaire to collect information on HIV-related risk behaviors, HIV testing, and use of HIV prevention services. HIV testing is also offered to all participants. The first full round of NHBS that included all three cycles—MSM, PWID, and HET—was conducted during 2003–2007. The second round was conducted during 2008–2010, and the third round began in January 2011.

As of 2011, 20 jurisdictions with high HIV prevalence were funded to conduct NHBS. Chicago is the only city in Illinois that received funding to conduct these activities. Data collected include national and MSA-specific data on behavioral risks for HIV, HIV testing behaviors, access to and use of prevention services, and HIV testing results. NHBS data are used by the Integrated Planning Group to provide a behavioral context for trends seen in HIV surveillance data, especially Chicago MSA-specific data trends.

Perinatal HIV Exposure Reporting

The Illinois Perinatal HIV Prevention Act (Public Act 93-0566) was enacted in 2003 and amended in 2006. The Act mandates that health care providers provide every pregnant woman who has an unknown HIV status with HIV counseling and recommend HIV testing as soon as possible. The Act stipulates that if a pregnant woman with an undocumented HIV result refuses an HIV test her newborn will be tested, unless there are documented religious objections.

Since 2004, the Pediatric AIDS Chicago Prevention Initiative (PACPI) has coordinated the collection of perinatal testing data from Illinois hospitals. Hospitals are required monthly to report a summary of all rapid tested and known HIV-positive women delivering at their facility. PACPI collects both fax and email reports from hospitals, and this data is shared monthly with the IDPH and the Chicago Department of Public Health.

The PACPI Enhanced Case Management program has transitioned from using the ClientTrack database to the Provide® database to allow for integrated data capture and customized reporting.

Sexually Transmitted Disease Reporting

Individuals who test positive for chlamydia, gonorrhea, or syphilis are reported to IDPH by health care providers, public and private clinics, and laboratories. Gonorrhea and chlamydia are reported directly into the Illinois National Electronic Disease Surveillance System (I-NEDSS), and syphilis is reported by paper report to the IDPH Sexually Transmitted Disease Section, where the data is tracked and maintained in its STD MIS (management information systems) database. Information on STD infections is important in planning for HIV prevention and care, as rectal gonorrhea and syphilis are red-flag indicators for risk of HIV infection and for referral to PrEP.

The IDPH HIV and STD programs collaborate to conduct regular data matches. The STD program provides data to the HIV surveillance program, which matches the data with HIV case reports and returns information on gonorrhea and chlamydia co-infections

to the STD program. The STD MIS allows the STD program to monitor HIV/syphilis co-infection rates. Co-infection rates are used for surveillance purposes and for HIV care management when someone in Ryan White Part B care is found to be infected with an STD.

Vital Statistics Reporting

The National Center for Health Statistics receives information on births and deaths in the United States through a program of voluntary cooperation with state government agencies, such as state health departments and state offices of vital statistics, called the Vital Statistics Cooperative Program. Reporting is nearly 100 percent complete for births and deaths.

States use standardized forms to collect birth and death data. Death certificates collect information on demographics, as well as underlying and contributory causes of death for all decedents. HIV may be underreported as an underlying or contributory cause of death on certificates if infection status at death is unknown. State statutes related to confidentiality of HIV data have resulted in problems with HIV being reported to NCHS as the underlying cause of death. Therefore, all data from Illinois with HIV as the underlying cause of death should be interpreted with caution.

U.S. Census Data

Comprehensive data is retrieved from the U.S. Census Bureau website on demographic characteristics of the U.S. population including population size, family structure, educational attainment, income level, housing status, and the proportion of people who live at or below the poverty level. The Census Bureau produces and publishes annual estimates of the population for the nation, states, counties, state/county equivalents, and Puerto Rico.

Intercensal estimates are produced each decade by adjusting the existing time series of postcensal estimates for a decade to smooth the transition from one decennial census count to the next. They differ from the postcensal estimates that are released annually because they rely on a formula that redistributes the difference between the April 1 postcensal estimate and April 1 census count for the end of the decade across the estimates for that decade. Meanwhile, annual postcensal estimates incorporate current data on births, deaths, and migration to produce each new set of estimates, and to revise estimates for years back to the last census. For this document, July intercensal population estimates were used for 2000–2010 rate calculations (U.S. Census Bureau). For 2011-2013 rate calculations, Vintage 2013 postcensal estimates were utilized.

Ryan White HIV/AIDS Program Data

The Ryan White CARE database includes information on all individuals receiving assistance through programs funded through the Ryan White HIV/AIDS Program, as well as through HOPWA funds. Information is collected from service providers throughout the state and includes demographic and risk information for each client, eligibility verification data, types of services received, date and quantity of services received, cost of these services, and other pertinent information, including a history of substance abuse or mental health treatment, veteran status, and current pregnancy status.

Inferences drawn from CARE data cannot be generalized to all HIV-positive individuals, since the data collected are selective of people who: (1) know their HIV serostatus, (2) are not eligible for health coverage through private insurance or Illinois Medicaid, (3) are currently seeking care and treatment services from providers funded through Ryan White Part B and, (4) are financially eligible to receive services.

The Provide® Enterprise software system is used to deliver higher quality care to Ryan White clients more efficiently by organizing, automating, and streamlining the care management process. Provide Enterprise captures a broad range of client health and psychosocial data that helps IDPH monitor Ryan White client progress through the HIV Care Continuum.

HIV Prevention Program Data

The statewide Illinois HIV prevention services database in Provide Enterprise includes information on all individuals receiving prevention interventions such as HIV/STI/VH screenings, risk reduction for positives and high risk negatives, surveillance-based services, and vaccinations for HAV/HBV and HPV. Information collected from service providers throughout the state includes data on demographics, risk, sexual health, insurance, and other pertinent client information including history of substance abuse or mental health treatment, veteran status, and pregnancy status. Client-level information is also tracked on linkage to and engagement in general medical or HIV care, types of service referrals made and services received, the date and quantity of services received, and the cost of those services.

HOPWA Program Data

HOPWA data includes a broad range of information useful for HIV prevention and care planning including the following:

- age
- gender
- race and ethnicity
- veteran status
- housing status
- income
- non-cash benefits
- health insurance
- physical and/or developmental disability
- chronic health condition
- HIV/AIDS status
- mental health problem
- substance abuse
- and domestic violence

Behavioral Risk Factor Surveillance System

BRFSS is a CDC-funded, state-based random-digit-dialed telephone survey of adults that monitors state-level prevalence of behavioral risks associated with premature morbidity and mortality. Respondents to the BRFSS questionnaire are asked about their personal health behaviors and health experiences. A sexual behavior module, first added in 1994, asks adults (aged 18–65 years) about a number of risk behaviors including number of sex partners, condom use, and treatment for sexually transmitted diseases.

Data from the BRFSS survey are population based. Therefore, estimates about testing attitudes and practices can be generalized not only to individuals at highest risk for HIV disease, but also to the adult population of a state.

Youth Risk Behavior Survey

The YRBS monitors priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States. Topics include nutrition, tobacco use, alcohol and other drug use, physical activity, injuries, and sexual behavior resulting in sexually transmitted diseases and pregnancy. The Illinois YRBS is conducted every two years and provides data representative of ninth through 12th grade students in high schools throughout the state.

Desired Data

More comprehensive, up-to-date, client-level data on medical appointments, labs visits, and antiretroviral use would have been useful in conducting the SCSN and developing estimates along all bars of the Illinois HIV Care Continuum. This would require having data sharing agreements in place with third party public and private insurers, laboratories, and pharmacies. As part of Integrated Plan implementation, IDPH plans to develop an HIV Care Continuum and conduct an unmet needs analysis for each region in Illinois and to collect and analyze community viral load data. This will provide a more accurate picture of successes, challenges, and planning still needed within specific geographical regions to achieve the goals of the NHAS 2020.

Section Two: Integrated HIV Prevention and Care Plan

The Integrated Plan is aligned with the 2015 update to the National HIV/AIDS Strategy and its corresponding 2020 goals. Like the NHAS, the Illinois Integrated HIV Prevention and Care Plan identifies priorities for critical focus, articulates goals for collective action, and specifies how those goals can be met. For Illinois' Plan, those specifics are spelled out in the strategies, activities, and resources that are linked to each goal.

Integrated Goals, Objectives, Strategies, & Activities

The blueprint that will guide HIV prevention, care, and treatment services in Illinois from 2017 to 2021 defines the following four goals, which are aligned with the NHAS:

- Goal #1: Reduction of New HIV Infections
- Goal #2: Increased Access to Care and Improved Health Outcomes for PLWHA
- Goal #3: Reduction of HIV-Related Disparities and Health Inequities
- Goal #4: More Coordinated State Response

Within these four goals, five priority areas for critical focus have been identified including: (1) HIV in hardest hit areas and populations; (2) health care delivery and health outcomes; (3) stigma and discrimination; (4) perinatal and youth populations; and (5) corrections and reentry populations. These priority areas were identified initially through an integrated planning process convened to develop Illinois' response to the NHAS, the Illinois HIV/AIDS Strategy. The integrated goals, priority areas, objectives, and strategies respond to the needs identified in section one of the Integrated HIV SCSN Needs Assessment Guidance.

Objectives and Strategies

The four Integrated Plan goals will be achieved through corresponding SMART—specific, measurable, achievable, realistic, and time-phased—objectives, strategies, and activities.

- **Goal #1**: Reduced New HIV Infections

  Objective 1.1 By 2021, lower the annual number of new infections in Illinois by 10 percent, from approximately 1,800 to 1,620

  - Strategy 1.1.1 Intensify HIV prevention efforts in the hardest hit areas and populations and among special populations including pregnant women, infants, youth, and corrections and reentry populations
  - Strategy 1.1.2 Expand efforts to prevent new HIV infections using a combination of effective, evidence-based approaches
    - Strategy 1.1.3 .Educate the general public through use of evidence-based strategies and campaigns

  Objective 1.2 By 2021, increase coordination and transitions between testing, treatment, care, and secondary prevention for the hardest hit areas and populations

  - Strategy 1.2.1 Use the Illinois Integrated HIV Prevention and Care Plan as a vehicle for increasing state-level work within and across relevant departments
  - Strategy 1.2.2 Ensure continuity of high-quality comprehensive health care coverage for PLWHA with seamless transitions between RWHAP programs and services and ACA coverage and services
  - Strategy 1.2.3 Intensify efforts to engage the Department of Corrections (DOC) at all levels, community-based providers serving corrections and reentry populations, and faith-based communities

Goal #2: Increased Access to Care and Improved Health Outcomes for PLWHA

Objective 2.1 By 2021, increase access to HIV care and related services to reach every person in Illinois living with HIV/AIDS

- Strategy 2.1.1 Facilitate linkage to care, with a particular focus on hardest hit populations
- Strategy 2.1.2 Maintain PLWHA in care and increase adherence to antiretroviral therapy
- Strategy 2.1.3 Create better care options for special populations including corrections and re-entry populations

Objective 2.2 By 2021, increase the coordination among and access to health care programs and related services for PLWHA

- Strategy 2.2.1 Expand and improve data tracking and sharing
- Strategy 2.2.2 Increase the number and diversity of clinical and related service providers and the coordination among providers and organizations including public and private providers
- Strategy 2.2.3 Increase housing options and other supports for PLWHA who have co-occurring conditions or difficulty meeting basic needs

- **Goal #3:** Reduced HIV-Related Disparities and Health Inequities

  Objective 3.1 By 2021, reduce HIV-related disparities in the hardest hit areas and populations
  - Strategy 3.1.1 Expand services to reduce HIV-related disparities experienced by the state's hardest hit and priority populations
  - Strategy 3.1.2 Support engagement in care for the groups in the state with the least viral suppression
  - Strategy 3.1.3 Scale up effective, evidence-based programs that address social determinants of health

  Objective 3.2 By 2021, reduce HIV stigma and discrimination
  - Strategy 3.2.1 Promote evidence-based public health approaches to HIV prevention and care
  - Strategy 3.2.2 Mobilize communities to reduce HIV-related stigma and discrimination—engage communities to welcome and support PLWHA
  - Strategy 3.2.3 Promote public leadership by PLWHA and individuals at high risk

- **Goal #4:** A More Coordinated Response to HIV in Illinois

  Objective 4.1 By 2021, increase the coordination of HIV programs across the state government and between the Illinois Department of Public Health and local governments
  - Strategy 4.1.1 Streamline reporting requirements for IDPH grants
  - Strategy 4.1.2 Strengthen coordination across data systems and the use of data to improve health outcomes and monitor use of IDPH funds
  - Strategy 4.1.3 Promote resource allocation that has the greatest impact on achieving the Integrated Plan goals
  - Strategy 4.1.4 Coordinate on Integrated Plan implementation and evaluation with the Chicago EMA and the St. Louis TGA.

  Objective 4.2 By 2021, develop improved mechanisms to monitor and report on progress toward achieving Plan goals
  - Strategy 4.2.1 Strengthen the timely availability and use of data
  - Strategy 4.2.2 Provide regular reporting on Plan goals
  - Strategy 4.2.3 Enhance program accountability

Activities and Metrics

These Plan objectives and strategies will be achieved through activities identified through the integrated planning process. The Activities Chart provided in Appendix P lists the timeframe, responsible parties, target population(s), and data indicators for each activity.

Data indicators that are consistent with the NHAS Indicators and the core indicators for HHS-funded HIV programs and services include, but are not limited to, the following:

- annual number of new infections
- HIV transmission rate
- number of people living with HIV disease who know their serostatus
- number of HIV tests performed
- number of people within hardest hit and special populations who received an HIV test (by population including MSM, PWIDs, youth, pregnant women, incarcerated and reentry populations)
- number of newly diagnosed individuals by population (see previous)
- number of infants born to untested mothers
- number of partners located
- number of partners tested and informed of their status
- percentage of named notifiable partners already positive
- percentage of named notifiable partners not known to be positive contacted
- percentage of contacted partners tested
- proportion of newly diagnosed people linked to clinical care within 3 months of diagnosis
- proportion of RW clients retained in care
- proportion of RW clients who are virally suppressed
- comparative community viral load measures
- proportion of PWID with an HIV disease diagnosis who are virally suppressed
- proportion of youth with an HIV disease diagnosis who are virally suppressed
- percentage of young MSM who have engaged in HIV-risk behaviors
- disparities in the rate of new diagnoses in the following groups: MSM, young black MSM, black females
- person-sessions of EBIs delivered to prioritized risk HIV-negative priority populations such as young MSM and transgender individuals
- number of people linked to PrEP and nPEP
- estimated number of youth attending schools with comprehensive sexuality education

- number of Summits of Hope held, number of recently released individuals participating
- number of HIV, HCV, and STI tests conducted at Summits of Hope and number of risk assessments conducted
- number of referrals made and accessed by service type
- grant scopes documenting each service category by region
- pre- vs. post-test training evaluations of trainee mastery of cultural competence concepts, attitudes, and knowledge

Appendix Q provides an at-a-glance graphic portrayal of the National HIV/AIDS Strategy and Illinois 2020 Indicators, identifying Illinois baseline measurements, annual benchmarks throughout 2020, mechanisms for measurement, and data sources for each indicator.

Anticipated Challenges and Barriers

Similar to many other states, Illinois has experienced budget difficulties that present challenges to HIV prevention and care. After a year without an approved state budget, the Illinois General Assembly approved and the Governor signed a stopgap budget on June 30, 2016 with appropriated state general revenue fund (GRF) spending authority for SFY2016 and half of SFY2017. The HIV Section has been cognizant of the burden that the lack of an approved budget placed on programs and service providers. Nevertheless, these same organizations continued to provide vitally important services.

While the SFY2016 budget impasse was ongoing, the HIV Section reviewed existing funding sources and levied all possible flexibility and funding opportunities. Appendix R is a letter from Eduardo Alvarado, Chief, HIV/AIDS Section, to the members of the Illinois Integrated HIV Prevention and Care Planning Group outlining the measures that the Section took to support programs and providers and ensure high quality HIV prevention and care services for people living and at high risk for HIV and for communities where HIV is having the greatest impact.

Strengths, Weaknesses, Opportunities, Threats

As part of the planning process, IDPH considered the strengths, weaknesses, opportunities, and threats linked to each Integrated Plan goal. Figures 64-67 on the following pages are summaries provided as illustrations of a more comprehensive list.

Figure 64

Goal One: Reduction of New HIV Infections

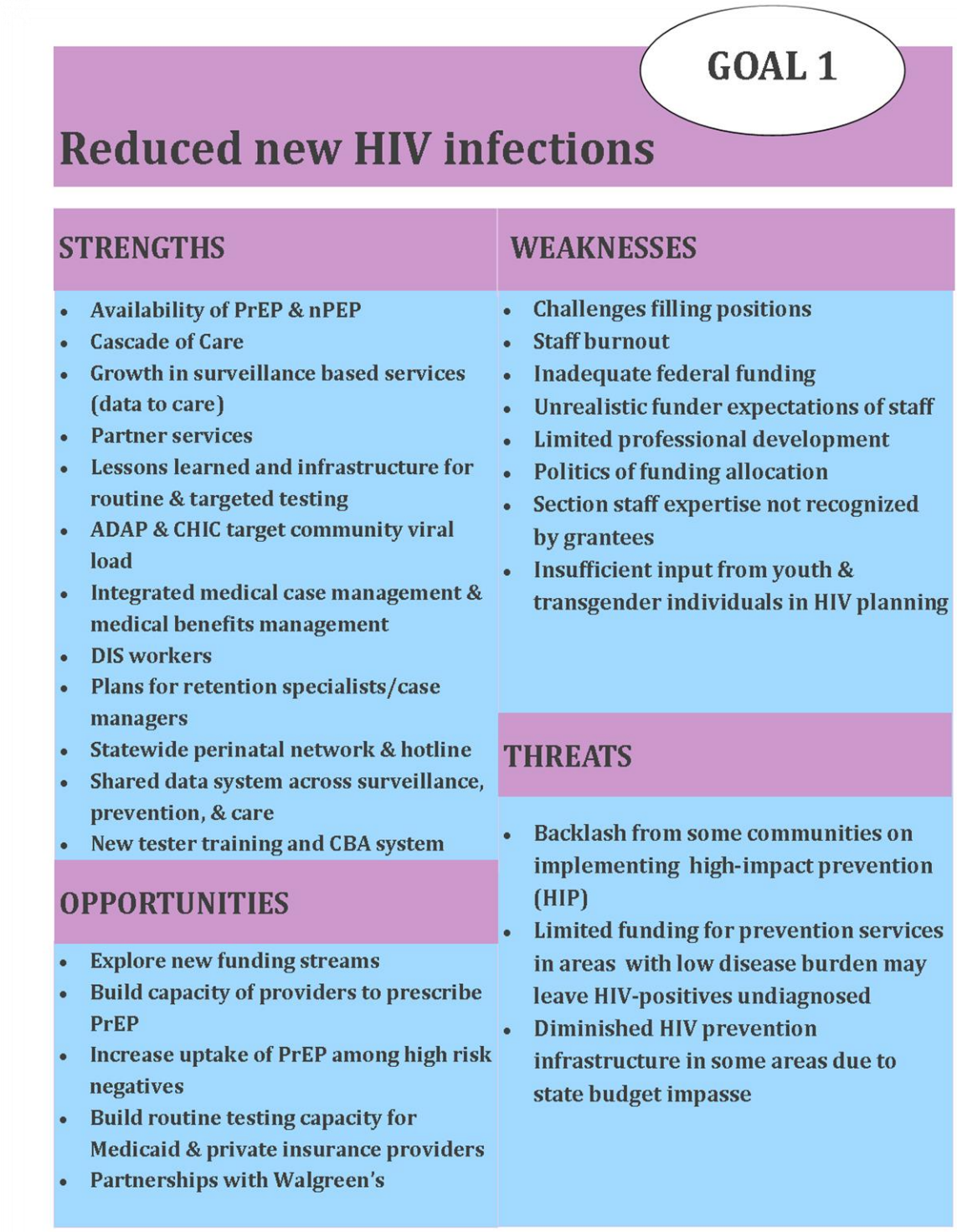


Figure 65

Goal Two: Increased Access to Care and Improved Health Outcomes for PLWHA

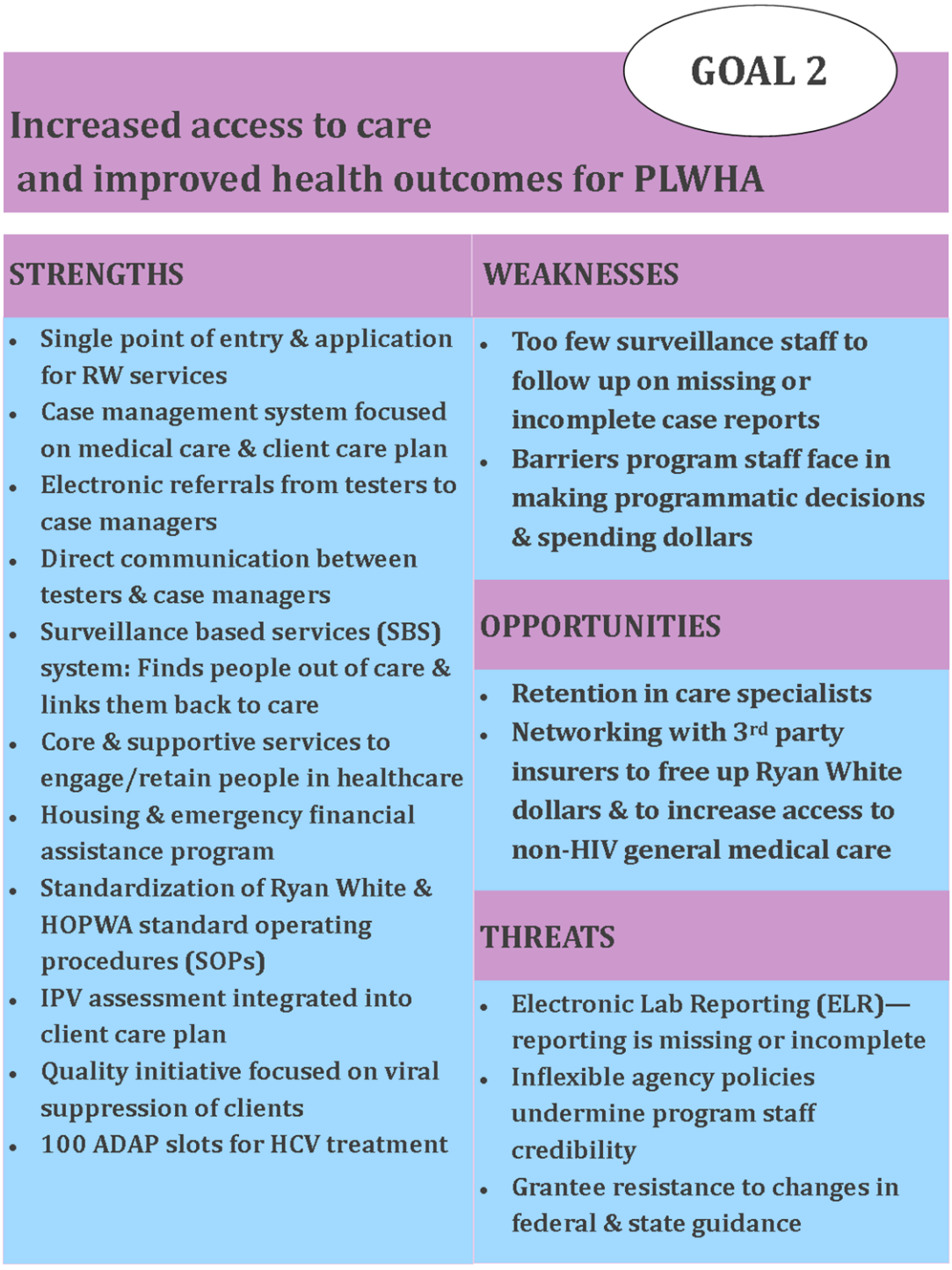


Figure 66

Goal Three: Reduction of HIV-Related Disparities and Health Inequities

GOAL 3

Reduced HIV-related disparities and health inequities

STRENGTHS

- Health Equity Committee
- POP Campaign targeting medical & healthcare providers
- Use of epi-based risk population data to target prevention services
- Cultural competence training
- Outreach to high risk populations
- Routine testing sites in areas with health disparities & inequities
- Targeted SBS
- Services delivered to areas/ populations with greatest disease burden
- Kaleidoscope project for at-risk and vulnerable youth

WEAKNESSES

- Restrictions on how social media can be used in HIV prevention

OPPORTUNITIES

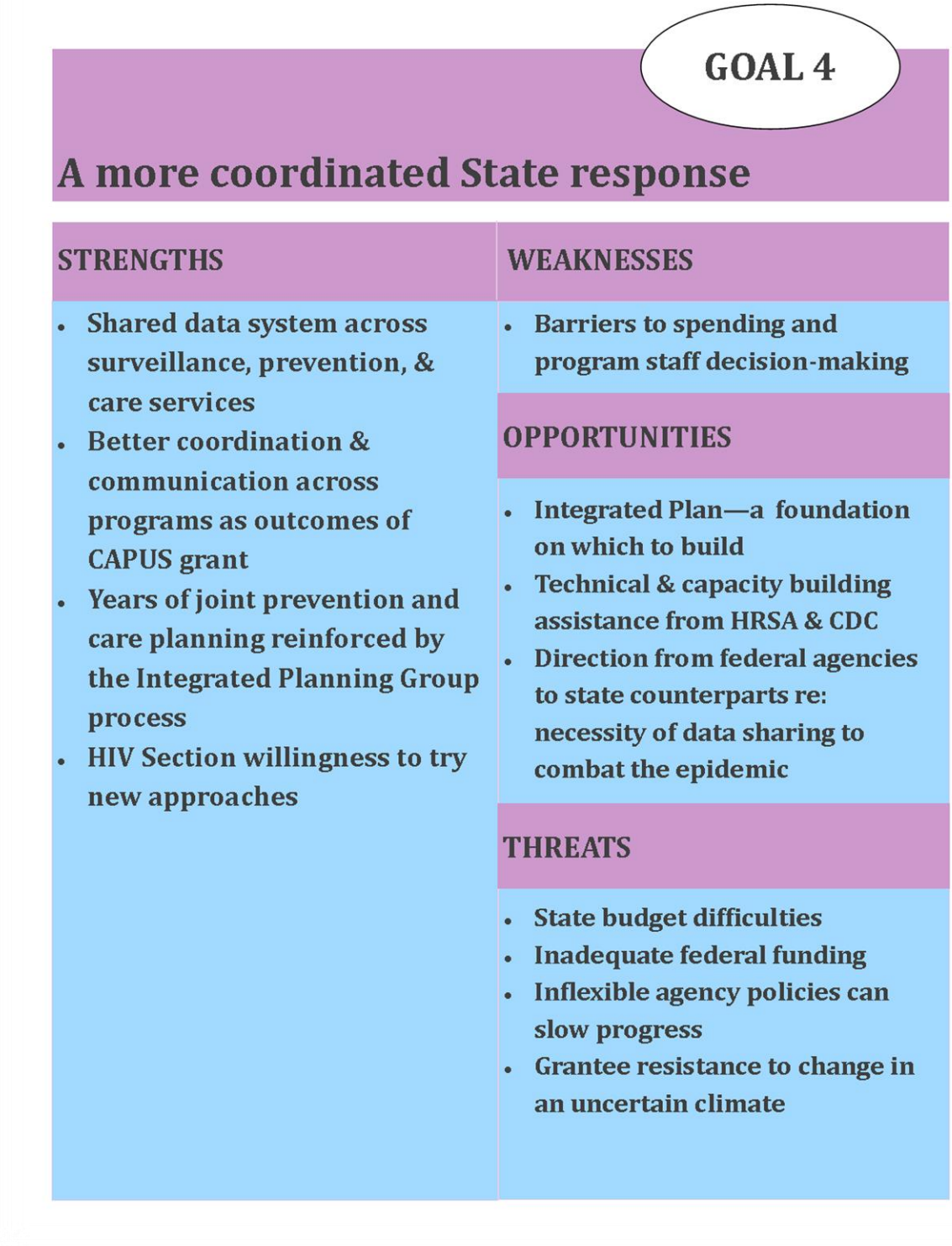
- AAARA grants
- QOL grants
- Grant writing and fiscal capacity building for CBOs serving hard-to reach and low -income clients

THREATS

- Loss of state & federal funding
- Resistance to regional funding distribution using HIP
- Federal restrictions on use of RW & ACA funds for undocumented people
- Poor health literacy

Figure 67

Goal Four: More Coordinated State Response



Partners and Participants

The development of the Illinois Integrated HIV Prevention and Care Plan is a joint effort by IDPH, HIV prevention and care planning bodies, community-based organizations and service providers, PLWHA, individuals at high risk for HIV, and other community stakeholders. These partners and participants were essential to delineating the Integrated Plan's objectives and strategies, and they will be equally important to Plan implementation and evaluation.

To improve outcomes along the HIV Care Continuum, the Joint ILHPG/Ryan White Part B Advisory Group will seek more extensive engagement by representatives of private medical providers and institutions and the corrections system in Integrated Plan implementation and future integrated planning efforts.

People Living with HIV/AIDS and Community Engagement

People living with HIV/AIDS, Ryan White Part B Program consumer representatives, representatives of at-risk groups, peer navigators, HIV service providers, and other community stakeholders have participated in every significant planning body meeting and activity including the ILHPG, the Ryan White Advisory Group, the Steering Committee, and the Integrated Planning Group. Through implementation and monitoring of the IDPH annual HIV Engagement Plan, a conscientious effort has been made over the last several years to enhance engagement of community stakeholders in all HIV planning meetings and needs assessment activities. The result of this effort has been significant involvement in the process not only by stakeholders representing consumers and HIV care and prevention agencies, but also by community health centers, federally qualified health centers (FQHCs), housing agencies, correctional facilities, academia, school health centers, and many more.

A central feature of planning for the first Illinois Integrated HIV Prevention and Care Plan has been engaging PLWHA, representatives of at-risk groups, HIV service providers, and other community stakeholders in the process from the start to ensure that the Integrated Plan is responsive to needs and resources in the jurisdiction. Diversity was a key goal in all integrated planning activities which led to the choice of Integrated Plan objectives and strategies. Diversity encompassed race/ethnicity, sex and gender identity, sexual orientation, age, and perspective. This diversity was most readily attained in the consumer-focused activities, especially the Ryan White and HOPWA Client Satisfaction Survey and the HIV focus groups. On the following page, Figure 68 breaks down participants by race/ethnicity, and Figure 69 breaks down participants by sex and gender identity.

Figure 68

Client Survey and Focus Group Participants by Race/Ethnicity

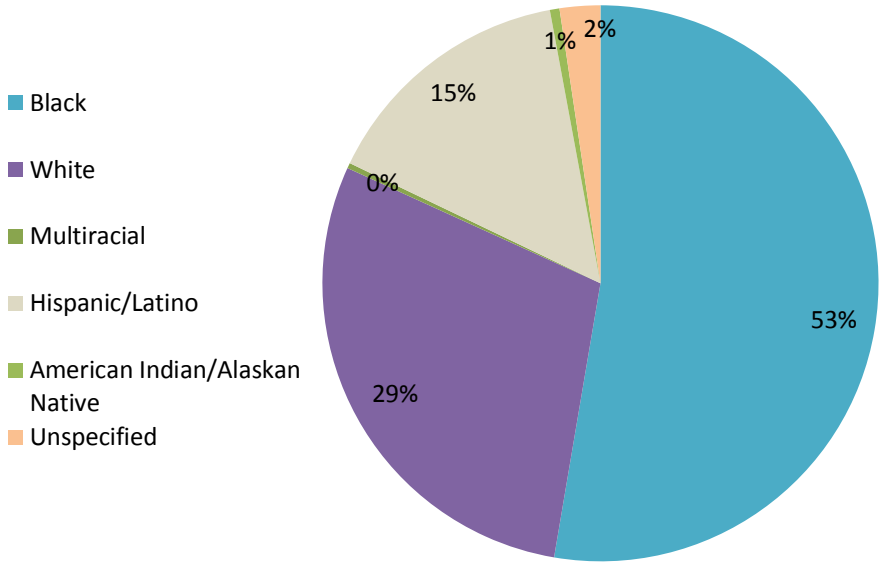
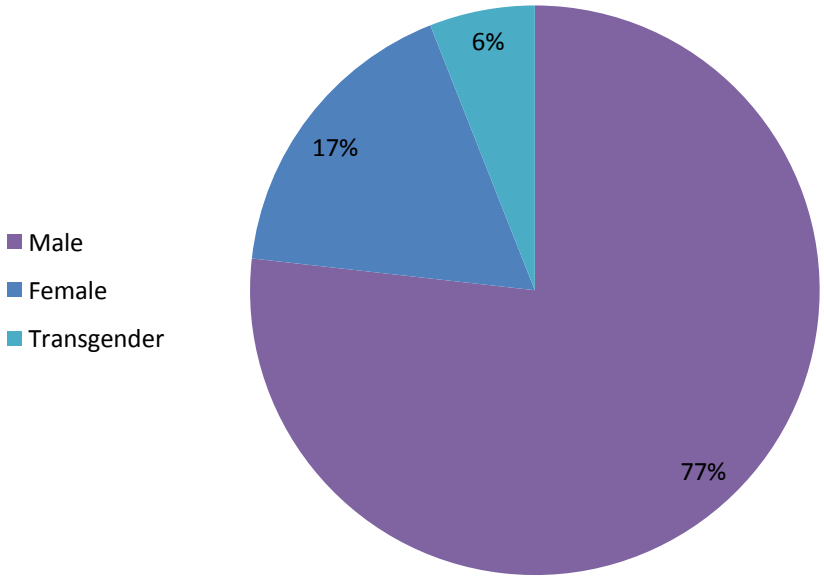


Figure 69

Client Survey and Focus Group Participants by Sex and Gender Identity



Section Three: Monitoring and Improvement

The Illinois Integrated HIV Prevention and Care Plan is a blueprint for prevention and care planning and services not only for the IDPH and planning bodies, but also for community partners and stakeholders who provide HIV prevention and care services in Illinois. Successful implementation of the Integrated Plan requires careful IDPH monitoring, with continued oversight by the ILHPG and the Ryan White Advisory Group, and regular advice and support from the Joint ILHPG/Ryan White Advisory Group and other stakeholder bodies. IDPH will continue to convene these planning and advisory groups regularly to engage them in Integrated Plan implementation, update them on progress, solicit their advice, and use their feedback to make improvements as necessary to respond to consumer and community needs.

In addition to bodies that operate across care and prevention, groups that focus on quality improvement within care or prevention, such as the Ryan White Cross-Parts Council, will be vehicles for monitoring and improvement. The Cross-Parts Council works to improve the quality of services provided to Ryan White clients across Illinois by increasing the level of communication between the HRSA directly funded Parts. The Council's priorities are: (1) data sharing and communication of resources used by each Part or organization; (2) implementing and coordinating statewide quality improvement initiatives and initiatives conducted by each Part or organization; and (3) discussing and working together on solutions for complicated client/provider issues.

Monitoring and Evaluating Goals and Objectives

Implementation of the Integrated Plan's goals and objectives will be monitored through regular reports to the Joint ILHPG/Ryan White Advisory Group, and progress toward achieving the objectives will be evaluated annually for both process and outcomes. Process evaluation will identify factors that promote successful completion of the objectives and barriers that inhibit progress. Outcome evaluation will document activities and progress toward achieving the objectives as indicated by the chosen outcome measures for each.

This annual progress review will also include an analysis of the most current epidemiology data to ensure that the objectives and strategies still meet the needs of communities and accomplish the goals outlined. If there are significant shifts, the objectives and strategies will be modified as necessary.

Using Data to Improve Health Outcomes

IDPH will use surveillance, program, and client level data to monitor Integrated Plan implementation and to track and improve health outcomes along the HIV Care Continuum. Monitoring those outcomes will allow IDPH to identify patterns of need, disparities, and other barriers to the ultimate goal of viral suppression for PLWHA and prevention of new HIV infections. This information will be used not only to improve prevention and care services but also for strategic long-range planning to improve Illinois' response to the epidemic.

Improving health outcomes along the HIV Care Continuum will be grounded in the existing quality management (QM) program and quality improvement (QI) efforts. The Illinois Ryan White Part B QM Program includes the following key components:

- involvement of PLWHA in service evaluation
- collaboration with stakeholders on program initiatives
- analysis of performance and outcome data
- ongoing Identification of quality improvement strategies
- monitoring standards of care and performance measures
- providing guidance and technical assistance

Quality improvement initiatives will be created as needed to improve care outcomes. IDPH will continue to use root cause analyses and the Plan, Do, Study, Act (PDSA) methodology, a preferred HRSA option for Ryan White quality improvement initiatives. PDSA features the following steps:

- Plan: develop an objective with questions and predictions
- Do: carry out the plan on a small scale and document the process
- Study/Check: analyze the data, compare to the plan, and document the process
- Act: adapt the new process, abandon it, or revise and begin the cycle again

All regional lead agents will be asked to conduct PDSA cycles and performance will be reported by region every quarter. Technical assistance will be provided as needed. In addition to root cause analyses and the PDSA cycles, quality improvement will be characterized by ongoing discussion, evaluation, brainstorming, and collaboration between stakeholders.

Client Level Data

IDPH will continue to collect client level data electronically from all subcontracted providers. The Provide® Enterprise system allows subcontracted providers in all case

management sites in Illinois to input client and service utilization data directly into the system, which provides IDPH with direct access to the data in real time. Through case managers' entries into the data system, IDPH tracks all HRSA required measures, which will continue to be used for quality management.

CD4 and viral load testing, client diagnosis, co-infections, and hepatitis A and B vaccines are reported and monitored through the electronic data system, which allows IDPH to track and benchmark progress in the Illinois HIV Care Continuum.

Data will continue to be presented annually to the Quality Management Committee and the Ryan White Advisory Group. These groups review data and advise IDPH on problem areas that need to be addressed, as well as set quality improvement goals. This process has resulted in continued improvement in record keeping and data collection. More importantly, it has helped identify technical assistance needs for improvement of overall client care and client health outcomes. Results and follow-up will continue to be discussed in the quarterly committee meetings.

The quality management committee also provides oversight to the quality management program to enhance HIV-related patient core services and strengthen the HIV Care Continuum. The committee looks at services currently provided and evaluates the focus of Ryan White Part B services in Illinois. Membership includes client representatives, regional project directors interested in improving overall outcomes, and quality management representatives from the lead agents.

Through its CAPUS grant, IDPH has been supporting the alignment of the Provide Enterprise© database for use by IDPH and the Chicago Department of Public Health. Prior to CAPUS, CDPH used Provide Enterprise© to manage data specific to Ryan White Parts A and B. Because this system has the capacity to manage other kinds of data—such as surveillance, prevention, and social services—IDPH has been using CAPUS funds to integrate Ryan White, surveillance, prevention, and social service data for all PLWHA throughout Illinois. This will enable IDPH to better track PLWHA in the same system, rather than having multiple data systems that are unable to communicate with each other.

As a result, IDPH will be able to link HIV-positive individuals to care more efficiently, deliver surveillance-based partner services, and re-engage those who have dropped out of care. This will improve communication along the feedback loop such that HIV care, surveillance, prevention, and social service entities within IDPH can communicate the specific needs of PLWHA. Provide Enterprise© will alert IDPH staff when a client is confirmed as HIV positive, which will facilitate immediate referral and linkage to Ryan

White-based HIV care and support services and ongoing follow-up. Prevention providers, Ryan White care providers, and social service providers will then be able to document and track these activities in real time.

IDPH has been assessing, developing, and piloting this this customized data system for joint use with CDPH, which serves the jurisdiction of Illinois' largest HIV-positive population. Ultimately, this will result in one program performance data system for Illinois. The system will be securely used for case action, quality monitoring, and reporting to federal agencies.

The Illinois Integrated HIV Prevention and Care Plan is the product of several years of partnership between the Illinois HIV Prevention Group and the Ryan White Part B Advisory Group working toward the goal of an integrated response to the epidemic. As such, it represents the leadership and vision of public and private HIV prevention, care, and treatment services stakeholders across Illinois.

With this Integrated Plan, we have accepted the charge to respond to the guiding principles defined in the National HIV/AIDS Strategy. According to Dr. Anthony Fauci, Director of the National Institutes of Allergy and Infectious Diseases, it is now possible to envision a world free of HIV. There is no scientific reason that this cannot be done. With recent changes in the health care landscape and advances in how we respond to HIV, we now have the tools. But much remains to be done.

This Integrated Plan is a roadmap for collective action in our state. As detailed throughout the Integrated Plan and its Appendices, Illinois will continue to work with our community partners, and the state will continue to commit its resources to accomplish goals and objectives that parallel the NHAS.

- We are committed to adapting our HIV prevention programs to incorporate high impact prevention approaches, and we are setting priorities and leveraging resources to improve outcomes.
- We are committed to focusing on the populations and the geographical areas in our state that bear the greatest burden and highest risk of HIV infection.
- We are committed to identifying and implementing strategies to retain people in care and to maximize health equity for PLWHA.
- We are committed to addressing health inequities and disparities in HIV care, to using data to improve health outcomes, and to breaking down data silos to inform steps along the HIV Care Continuum including linkages to and retention in care.
- We are committed to scaling up access to PrEP and to treatment as prevention including educating our clinical providers to be more comfortable talking with their patients about their sexual health and to be more open to prescribing PrEP.
- We are committed to ensuring that the Ryan White Program remains strong and continues to fill gaps in services for PLWHA. The Affordable Care Act has expanded insurance coverage to millions of Americans and transformed our health care system, but there is still a need to work with our community partners and third party payers to leverage all resources and scale up access to PrEP and quality HIV medical care and treatment.
- We are committed to stigma-reducing efforts and to addressing structural inequalities.
- We are committed to continuing to cultivate meaningful community engagement as part of our collective toolkit to end the epidemic.

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Appendix A

List of Acronyms

AAARA	=	African-American AIDS Response Fund Act
ACA	=	Affordable Care Act
ADAP	=	AIDS Drug Assistance Program (also known as MAP)
ART	=	Antiretroviral therapy
BRFSS	=	Behavioral Risk Factor Surveillance System
CAPUS	=	Care and Prevention in the United States
CBO	=	Community-based organization
CCJ	=	Cook County Jail
CDC	=	Centers for Disease Control and Prevention
CDPH	=	Chicago Department of Public Health
CHC	=	Community health centers
CHIC	=	Continuation of Health Insurance Coverage Program (also known as PAP)
CM	=	Case manager, case management
CPS	=	Current Population Survey
CRCS	=	Comprehensive risk counseling services
CSE	=	Comprehensive sex education
CVL	=	Community viral load
DIS	=	Disease intervention specialist
DOC	=	Department of Corrections
DSU	=	Direct Services Unit, Illinois Department of Public Health
EBI	=	Evidence-based interventions
eHARS	=	Electronic HIV/AIDS Reporting System
EFA	=	Emergency financial assistance
ELR	=	Electronic lab reporting
EMA	=	Eligible Metropolitan Area
EMR	=	Electronic medical records
FIMR	=	HIV Fetal Infant Mortality Review
FOA	=	Funding Opportunity Announcement
FQHC	=	Federally Qualified Health Center
GRF	=	General Revenue Funds
GTI	=	Groupware Technologies, Inc.
HAV	=	Hepatitis A Virus
HBV	=	Hepatitis B Virus
HCTR	=	HIV counseling, testing, and referral
HCV	=	Hepatitis C Virus
HET	=	Heterosexuals at increased risk for HIV infection

HIP	=	High impact prevention
HOPWA	=	Housing Opportunities for Persons with AIDS Program
HPGs	=	HIV Planning Groups
HPSA	=	Health Professional Shortage Area
HPV	=	Human papillomavirus
HR	=	High risk
HRH	=	High risk heterosexuals
HRSA	=	Health Resources and Services Administration
HUD	=	U.S. Department of Housing and Urban Development
IACC	=	Illinois adult correctional center
IDES	=	Illinois Department of Employment Security
IDOC	=	Illinois Department of Corrections
IDU	=	Injection drug use
IHFS	=	Illinois Healthcare and Family Services
ILHAS	=	Illinois HIV/AIDS Strategy
ILHPG	=	Illinois HIV Planning Group
IDPH	=	Illinois Department of Public Health
IPV	=	Intimate partner violence
IRRC	=	Internet risk reduction counseling
LGBTQ	=	Lesbian, gay, bisexual, transgender, and questioning (and/or queer)
LTC	=	Linkage to care
MAI	=	Minority AIDS Initiative
MAP	=	Medication Assistance Program (also known as ADAP)
MATEC	=	Midwest AIDS Training + Education Center
MCM	=	Medical case management
MMP	=	Medical Monitoring Project
MSA	=	Metropolitan statistical area
MSM	=	Men who have sex with men
NCHS	=	National Center for Health Statistics
NHAS	=	National HIV/AIDS Strategy
NHANES	=	National Health and Nutrition Examination Survey
NHBS	=	National HIV Behavioral Surveillance
NHSR	=	National Health Statistics Report
NHSS	=	National Health Security Strategy
NSDUH	=	National Survey on Drug Use and Health
nPEP	=	Non-occupational post exposure prophylaxis
OB/GYN	=	Obstetrician/Gynecologist
PACPI	=	Pediatric AIDS Chicago Prevention Initiative
PAP	=	Premium Assistance Program (also known as CHIC)

PCN	=	Patient code number
PDSA	=	Plan, Do, Study, Act
PEP	=	Post-exposure prophylaxis
PLWH	=	People living with HIV
PLWHA	=	People living with HIV/AIDS
POP	=	Protecting Our Patients
PrEP	=	Pre-exposure prophylaxis
PWID	=	People who inject drugs
QI/QM	=	Quality improvement/quality management
QOL	=	Quality of life
RFA	=	Request for Application
RRA	=	Risk reduction activities
RW	=	Ryan White
RW Part B	=	Ryan White Part B Program
SBS	=	Surveillance based services
SCSN	=	Statewide Coordinated Statement of Need/Needs Assessment
SOP	=	Standard Operating Procedure
STI, STD	=	Sexually transmitted infection, sexually transmitted disease
TB	=	Tuberculosis
TBRA	=	Tenant-Based Rental Assistance
TGA	=	Transitional Grant Area
TSM	=	Transgender individuals who have sex with men
VH	=	Viral Hepatitis
VL	=	Viral load
YMSM	=	Young men who have sex with men
YRBS	=	Youth Risk Behavior Survey

Appendix B

Letter of Concurrence

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

Date: September 2, 2016

George G. Hill, M.Ed., Project Officer
Centers for Disease Control and Prevention
Prevention Program Branch, NCHHSTP/DHAP

Jose Au Lay, Project Officer
Health Resources and Services Administration
HIV/AIDS Bureau; DSHAP

Dear Mr. Hill and Mr. Au Lay:

The Illinois Integrated HIV Planning Group concurs with the following submission by the Illinois Department of Public Health in response to the guidance set forth for health departments and HIV planning groups funded by the CDC's Division of HIV/AIDS Prevention (DHAP) and HRSA's HIV/AIDS Bureau (HAB) for the development of an Integrated HIV Prevention and Care Plan.

The HIV planning group has reviewed the Integrated HIV Prevention and Care Plan submission to the CDC and HRSA to verify that it describes how programmatic activities and resources are being allocated to the most disproportionately affected populations and geographical areas that bear the greatest burden of HIV disease. The planning group concurs that the *Illinois Integrated HIV Prevention and Care Plan 2017-2021:A Roadmap for Collective Action in Illinois* submission fulfills the requirements put forth by the Funding Opportunity Announcement PS12-1201 and the Ryan White HIV/AIDS Program legislation and program guidance.

Since 2012, the Illinois HIV Planning Group and the Ryan White Advisory Group, and more recently the Illinois Integrated HIV Planning Group, under the leadership of the Integrated Planning Steering Committee, have jointly planned and conducted numerous activities and meetings throughout each of the state's eight prevention and care regions. The overarching goal of the activities was to inform and seek input into the HIV planning process and Integrated Plan development from PLWHA, people at high risk of HIV infection, and numerous community stakeholders, including but not limited to directly-funded CDC prevention grantees and HRSA Part A-F grantees in Illinois. Since 2015, meetings of the Illinois Integrated HIV Planning Group have been used as venues to engage HIV care and prevention partners in reviewing needs assessment results and identifying gaps, barriers, challenges and successes. Throughout the process, participants have strategized and provided recommendations to IDPH for addressing the gaps, barriers, and challenges. This input has been included in many areas of the Integrated Plan.

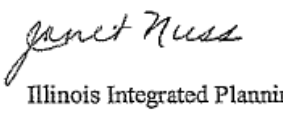
Integrated Planning Group members as well as community stakeholders have been provided with multiple opportunities throughout the last year to provide input into the Illinois Integrated Plan. The draft plan and appendices were distributed to members and posted on the planning group's website for review and public input/comment in May of 2016. The final plan was presented to

the group at the August 18, 2016 meeting, prior to receiving a unanimous vote of concurrence with the plan by the Integrated Planning Group.

The signature(s) below confirms the concurrence of the planning body with the Integrated HIV Prevention and Care Plan.

Very truly yours,

Illinois Integrated Planning Group Co-Chair:
Janet Nuss, Illinois Department of Public Health, HIV Planning Coordinator



Illinois Integrated Planning Group Co-chair:
Jeffery Maras, Illinois Department of Public Health, Ryan White Part B and ADAP Administrator

Illinois HIV Planning Group Community Co-chair:
Valerie Johansen, Lake County Health Department

Appendix C

Participating Agencies and Organizations

Listed here are many of the agencies and organizations that participated in planning for and developing the Integrated Plan, including the Statewide Coordinated Statement of Need/Needs Assessment. Numerous representatives of people living with HIV/AIDS and high risk populations who are not affiliated with agencies participated in all aspects of the planning process.

Access Community Health Network
Chicago, Illinois

Adams County Health Department
Quincy, Illinois

African American Cultural Center
University of Illinois at Urbana-Champaign
Urbana, Illinois

Agape Missions
Joliet, Illinois

AIDS Foundation Chicago
Chicago, Illinois

Asian Human Services Family Health Center
Chicago, Illinois

Aunt Martha's Youth Service Center
Olympia Fields, Illinois

Bethany Place
Belleville, Illinois

Black AIDS Institute
Chicago, Illinois

Brothers Health Collective
Chicago, Illinois

Canticle Ministries
Wheaton, Illinois

Carle Clinic
Urbana, Illinois

Catholic Charities
Waukegan, Illinois

Center on Halstead
Chicago, Illinois
Central Counties Health Centers
Springfield, Illinois

Central Illinois Friends of PWA
Peoria, Illinois

Champaign Urbana Public Health District
Champaign, Illinois

Chicago Area HIV Integrated Services Council (CAHISC)
Chicago, Illinois

Chicago Black Gay Men's Caucus
Chicago, Illinois

Chicago Department of Public Health
Chicago, Illinois

Chicago Recovery Alliance
Chicago, Illinois

Chicago Women's AIDS Project
Chicago, Illinois

Community Action Place, Inc.
Carbondale, Illinois

Community Health and Emergency Services (CHESI)
Cairo, Illinois

Community Health Care
Davenport, Iowa

Community Wellness Project
East St Louis, Illinois

Cook County Department of Public Health
Chicago, Illinois

Cook County Health Systems
Chicago, Illinois

Correct Care Solutions
Chicago, Illinois

Crusader Community Health
Rockford, Illinois

DeKalb County Health Department
DeKalb, Illinois

Delta Center
Cairo, Illinois

DuPage County Health Department
Wheaton, Illinois

East Side Health District
East St Louis, Illinois

Erie Family Health Center
Chicago, Illinois

Families' and Children's AIDS Network
Chicago, Illinois

Fayette Companies
Peoria, Illinois

5th Street Renaissance
Springfield, Illinois

Greater Community AIDS Project
Champaign, Illinois

Heart of Illinois HIV/AIDS Care
University of Illinois
Peoria, Illinois

Heartland Alliance
Chicago, Illinois

Hektoen Institute
Chicago, Illinois

Howard Area Community Center
Chicago, Illinois

Howard Brown Health Center
Chicago, Illinois

Hult Center for Healthy Living
Peoria, Illinois

Human Resources Development Institute
Chicago, Illinois

Illinois Bleeding and Clotting Disorder Institute
Peoria, Illinois

Illinois Department of Corrections/Marion Parole Office
Marion, Illinois

Illinois Department of Corrections
Springfield, Illinois

Illinois Department of Alcohol and Substance Abuse
Chicago, Illinois

Illinois Public Health Association
Springfield, Illinois

Illinois State Board of Education
Chicago, Illinois

Illinois State University LGBTQ Center
Normal, Illinois

Jackson County Health Department
Murphysboro, Illinois

Jefferson County Health Department
Mount Vernon, Illinois

Jersey County Health Department
Jerseyville, Illinois

Joliet Junior College
Joliet, Illinois

Kankakee County Health Department
Kankakee, Illinois

Lake County Health Department/Community Health Center
Waukegan, Illinois

LaSalle County Health Department
Ottawa, Illinois

Lawndale Christian Health Center
Chicago, Illinois

Lee County Health Department
Dixon, Illinois

Lincoln Land Community College
Springfield, Illinois

Links-North Shore Youth Health Service
Northfield, Illinois

Longbranch Coffee House
Carbondale, Illinois

Loyola University Chicago Medical Center
Chicago, Illinois

McHenry County Correctional Facility
Woodstock, Illinois

McKinley Health Center, University of Illinois
Urbana, Illinois

McLean County Health Department
Bloomington, Illinois

Macoupin County Health Department
Carlinville, Illinois

Madison County AIDS Program/Coordinated Youth and Human Services
Granite City, Illinois

Madison County Health Department
Wood River, Illinois

Making a Daily Effort
Chicago, Illinois

Memorial Medical Center
Springfield, Illinois

Methodist College School of Nursing
Peoria, Illinois

Mia Raza
Arcola, Illinois

Midwest AIDS Training & Education Center (MATEC)
Chicago, Illinois

Missouri Department of Health and Human Services
Jefferson City, Missouri

Northwestern University
Chicago, Illinois

Open Door Health Center
Elgin, Illinois

Peoria City/County Health Department
Peoria, Illinois

Peoria City Council
Peoria, Illinois

Peoria County Board of Health
Peoria, Illinois

Phoenix Center
Springfield, Illinois

Planned Parenthood
Springfield, Illinois

Planned Parenthood of Illinois
Orlando Park, Illinois

Planned Parenthood of St. Louis
St. Louis, Missouri

Positive Health Solutions
Peoria, Illinois

Prairie State Legal Services
Peoria, Illinois

Proactive Community Services
Hazelcrest, Illinois

The Project of the Quad Cities
Moline, Illinois

Public Health Institute of Metropolitan Chicago
Chicago, Illinois

Regional Care Association
Joliet, Illinois

Remedies Renewing Lives
Rockford, Illinois

Renz Center
Elgin, Illinois

Rockford Rescue Mission
Rockford, Illinois

Rosecrance Health Network
Rockford, Illinois

Ruth M. Rothstein CORE Center
Chicago, Illinois

Salvation Army
Peoria, Illinois

St. Clair County Health Department
Belleville, Illinois

St. Louis City Department of Public Health
St. Louis, Missouri

Sangamon County Department of Public Health
Springfield, Illinois

Schnuck's Pharmacy
Springfield, Illinois

Shawnee Health Services FQHC
Carterville, Illinois

Sisters and Brothers Helping Each Other
Kankakee, Illinois

Social Security Administration
East St. Louis, Illinois

South Beloit School Based Health Center
South Beloit, Illinois

South Side Help Center
Chicago, Illinois

South Suburban HIV/AIDS Regional Clinics
Oak Forest, Illinois

Southern Illinois Healthcare
Carbondale, Illinois

Southern Illinois Healthcare Foundation
East St Louis, Illinois

Southern Illinois University
Carbondale, Illinois

Southern Illinois University School of Medicine
Springfield and Carbondale, Illinois

Springfield Clinic
Springfield, Illinois

Springfield Community Federation
Springfield, Illinois

Springfield Urban League
Springfield, Illinois

St. Clair County Health Department
Belleville, Illinois

St. Francis University
Joliet, Illinois

Test Positive Aware Network
Chicago, Illinois

U.S. Department of Health and Human Services Region V Resource Network Program
Chicago, Illinois

University of Illinois in Chicago Center for Mental Health Research
Chicago, Illinois

University of Illinois College of Medicine-Peoria
Peoria, Illinois

University School Based Health Centers at South Beloit
South Beloit School-Based Health Center
Beloit, Illinois

Vermillion County AIDS Task Force
Danville, Illinois

Walgreen's Pharmacy
Peoria, Illinois

Washington University School of Medicine
St. Louis, Missouri

Whiteside County Health Department
Rock Falls, Illinois

Will County Health Department
Joliet, Illinois

Winnebago County Housing Authority
Rockford, Illinois

Winnebago County Jail
Rockford, Illinois

Winnebago County Health Department
Rockford, Illinois

Women's Pregnancy Center
Peoria, Illinois

Writers, Planners, and Trainers
East St. Louis, Illinois

Youth Outlook
Naperville, Illinois

Appendix D

Unmet Need Estimate Analysis
Illinois, 2014

	Number/ Percent	Data Source
Population Sizes		
A. Number of persons living with AIDS (PLWA), 2014	19,331	2014 eHARS
B. Number of persons living with HIV (PLWH non-AIDS/diagnosed), 2014	17,400	2014 eHARS
Care Patterns		
C. Number/percent of PLWA received specified primary medical care services in 12-month period	13,000/ 67.3%	2014 VL or CD4 Lab Reports or Linked Service Providers
D. Number/percent of PLWH diagnosed, non-AIDS) received specified primary medical care services in 12-month period	10,768/ 61.9%	2014 VL or CD4 Lab Reports or Linked Service Providers
Calculated Results		
E. Number of PLWA did not receive primary medical services	6,331	
F. Number of PLWH (diagnosed, non-AIDS,) did not receive primary medical services.	6,632	
G. Total HIV+/diagnosed not receiving specified primary medical care services (estimate of unmet need)	12,963	

Appendix E

Summary of HIV-Hepatitis C Match, July 2016

Objective: Estimate the number of individuals living in Illinois co-infected with both Hepatitis C and HIV/AIDS

Hepatitis C Data

Confirmed hepatitis C (HCV) and hepatitis non-A, non-B cases (included in this report as HCV) were queried from the INEDSS database for all years of data on July 1, 2016. Earliest cases of reported HCV date back to 1987 however; complete data appears to only be available from 2005 onward.

Hepatitis data were de-duplicated by first removing exact matches from the database. Exact matches were defined as cases having the same last name, first name, date of birth and sex (n=913 duplicates). Next, the LinkPlus program was used to perform a probabilistic de-duplication (n=842 duplicates) for an estimated total of 86,293 unique individuals with confirmed HCV diagnosed in Illinois and reported in the INEDSS system (see Table 1). Vital status of cases based on INEDSS data could not be determined.

HIV/AIDS Data

HIV/AIDS data were queried from the eHARS database (data as of June 29, 2016) for all years of data, with earliest cases dating back to 1980. HIV/AIDS data were also examined for duplicates using LinkPlus. A total of 182 potential duplicates were identified from among 48,004 HIV/AIDS cases in eHARS indicated as currently being alive (see Table 1).

HIV and HCV Data Match

HCV and HIV/AIDS data were matched using non-deduplicated data to improve odds of matching. LinkPlus was utilized to identify probabilistic matches. Once HIV-HCV matches were identified, matches were de-duplicated by last name, first name, date of birth and sex, using LinkPlus. Among the 2,986 HIV-HCV matches identified using LinkPlus, a total of 18 duplicates were identified for a total of 2,968 unique cases. When limiting cases to only those whose last known address was in Illinois (based on current address data in eHARS), 2,778 cases co-infected with both HIV and HCV that were current Illinois residents were identified. In total, an estimated 3.2% of reported deduplicated HCV cases in Illinois and 7.0% of deduplicated living HIV/AIDS cases were co-infected with both HCV and HIV.

Data Interpretation Caveats

PLWHA who have a history of injection drug use have been shown to have a high mortality rate compared to other HIV/AIDS transmission risk groups. Therefore, HIV-HCV co-infection rates may be underestimated using the population of PLWHA who are known to be alive.

The HCV data reported in INEDSS is likely incomplete therefore, the rate of PLWHA that are co-infected with HCV in Illinois is likely underestimated by this matching process. Additionally, because LinkPlus was used to determine probabilistic matches between the HIV and HCV datasets, mismatching may have occurred resulting in over or under estimation of the true co-infection rate.

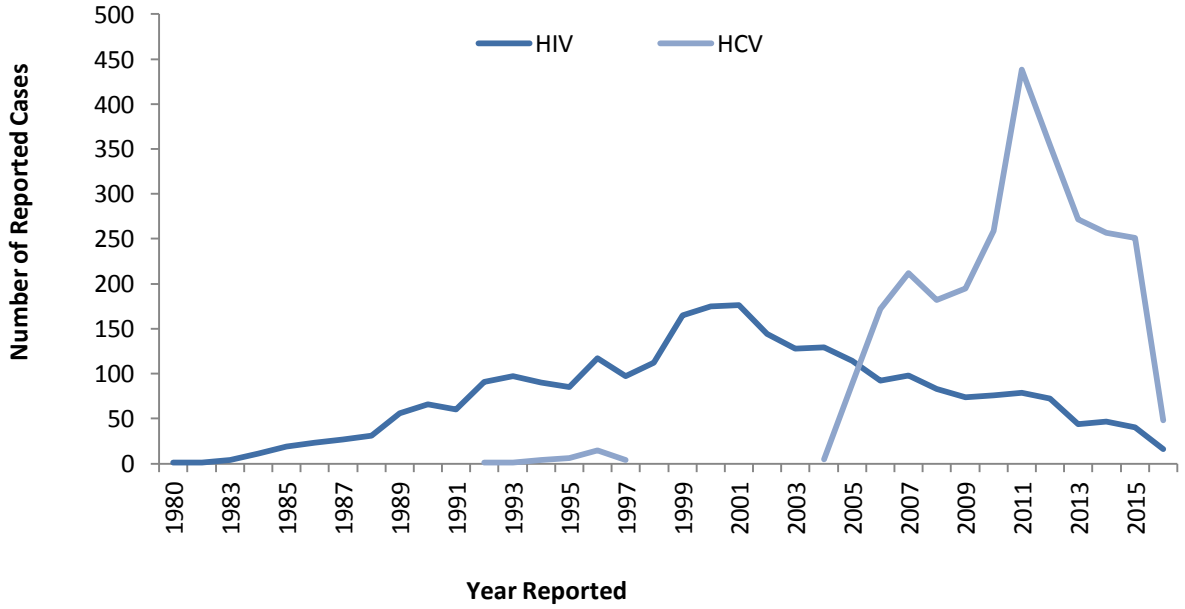
Table 1. Reported Hepatitis C, Reported Living HIV cases and Matched HIV-HCV Co-Infected Cases, Illinois, 1980–June, 2016

	Hepatitis C or non-A non-B (vital status unknown)	HIV/AIDS (last known to be alive)	HIV-HCV Co-Infection
Total Reported Cases	88,141	48,004	2,986
De-Duplicated	86,293	47,821	2,968
Last known address in Illinois	—	41,862	2,778

Order Diagnosis Reported among Co-Infected Cases

The majority of co-infected cases were diagnosed with HIV/AIDS prior to being diagnosed with HCV. On average, co-infected cases were diagnosed with HIV 9.8 years prior to being diagnosed with HCV. Some of that difference may be due to an artifact of the data i.e. the INEDSS HCV data has scarce data for the years 1997–2004 (Figure 1) so, a case may have been diagnosed earlier but only reported into INEDSS at a later date. When matches were limited to cases with both HIV and HCV diagnoses in 2005 or later (n=901), the average time between reported HIV/AIDS diagnosis and subsequent reported HCV diagnosis was 2.2 years.

Figure 1. Year HIV/AIDS Diagnosis Reported and Year HCV Case Reported among Co-Infected Cases,* Illinois, 1980–June, 2016



*50 cases had missing year of diagnosis data

HCV-HIV Diagnoses Over Time

The proportion of HIV-HCV infected people living with HIV/AIDS (PLWHA) has decreased over time (Figures 2 and 3), likely reflecting the decreasing proportion of new HIV/AIDS diagnoses accounted for by injection drug users (IDUs) (Figure 4).

Figure 2. Number of HIV/AIDS Diagnoses and Number Co-Infected with HCV by Year of HIV Diagnosis, Illinois, 1985–June, 2016

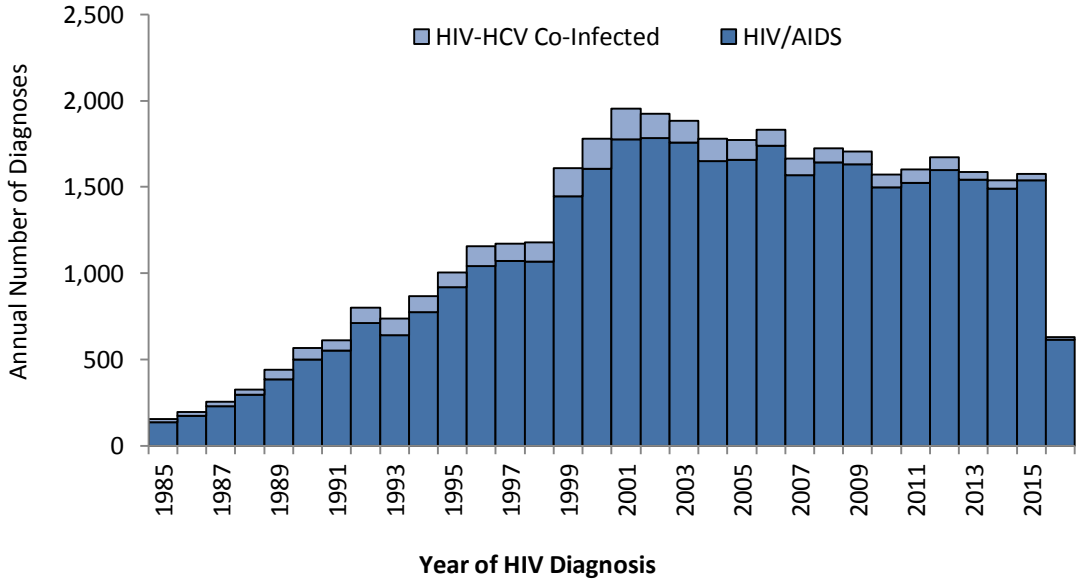


Figure 3. Percent PLWHA Co-Infected with HCV by Year of HIV Diagnosis, Illinois, 1985–June, 2016

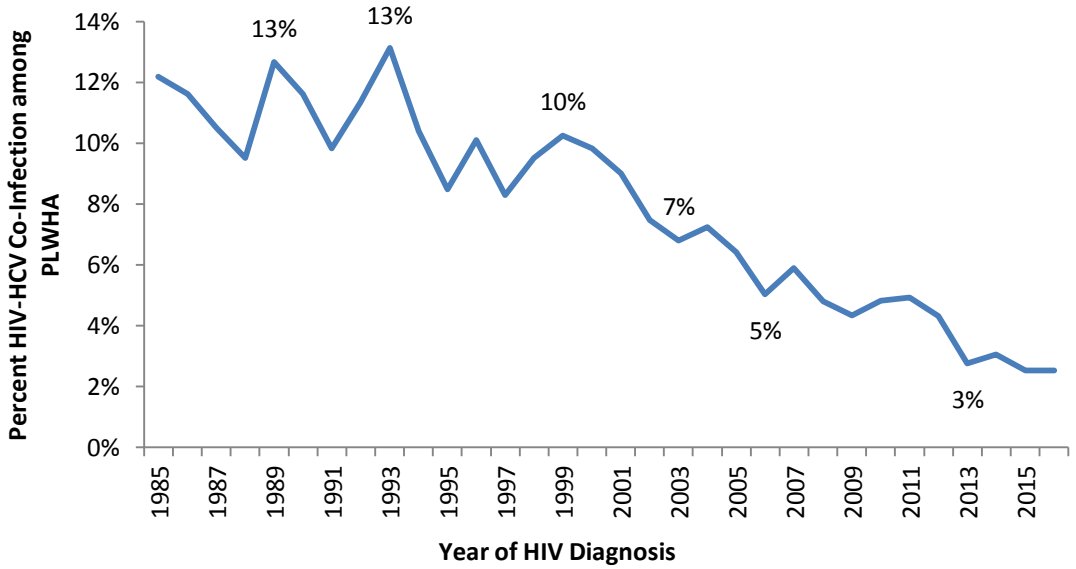
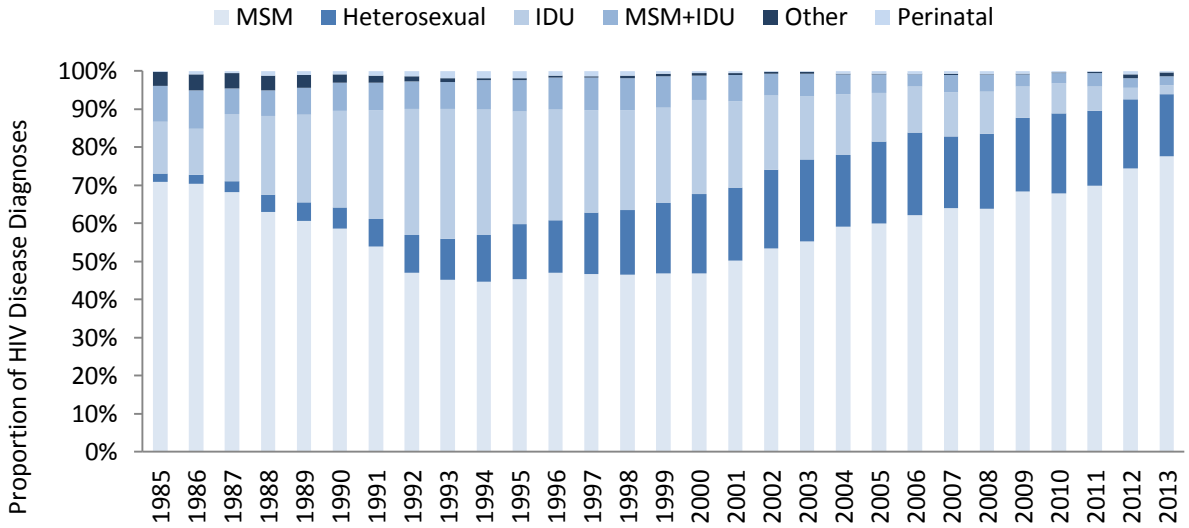


Figure 4. Proportion of HIV Disease Diagnoses by Transmission Risk Category and Year of HIV Diagnosis, Illinois, 1980–2013



Age

Among co-infected cases, on average, the HCV diagnosis was made at a later age (48.0 years) than the HIV diagnosis (38.4 years). Among all HIV/AIDS cases in eHARs, the average age of HIV/AIDS diagnosis was 35.6 years while the average age of diagnosis with HCV among all HCV cases in INEDSS was 50.2 years.

Table 2. Age at HCV and HIV/AIDS Diagnosis among Co-Infected Cases, 1980–June, 2016

Age at HCV Diagnosis (years)	Age at HIV/AIDS Diagnosis (years)					
	<18	**18-24**	**25-34**	**35-44**	**>=45**	**Total**
<18	4	0	0	1	2	7
18-24	7	42	0	0	0	49
25-34	7	90	121	2	3	223
35-44	14	68	310	212	7	611
>=45	24	30	291	762	781	1,888
Total	56	230	722	977	793	2,778

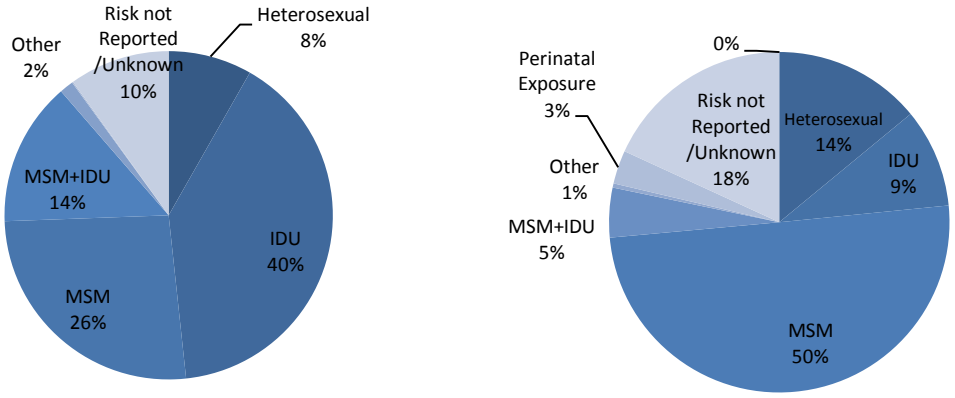
Sex

Males accounted for 78.6% of people living with HIV/AIDS (PLWHA) in Illinois. Among all reported cases of HCV in Illinois, a higher proportion were female (37%) however, the majority of cases in this case population were also male (63%). Among co-infected cases, the proportion of cases that were male (78.5%) reflected the PLWHA population.

Transmission Risk Factor

Among co-infected cases, 40% had used injection drugs (IDU) and 14% were both men who have sex with men (MSM) + IDU based on transmission risk factor data from eHARS (Figure 2). Among all PLWHA in Illinois, IDUs accounted for 9% and MSM + IDU for 5% of cases. Injection drug use is a risk factor for HCV transmission therefore, a higher proportion of IDUs among co-infected cases is expected.

Figure 5. Risk factor for HIV/AIDS Transmission among all HIV/AIDS cases and HIV-HCV Co-Infected Cases, July 2016



Co-Infected with HIV and HCV
(n=2,768)

HIV Cases Only
(n=41,862)

Risk and Age

When looking at age of diagnosis of both HIV/AIDS and HCV based on HIV transmission risk factor category, IDUs had the highest mean age of HCV diagnosis at 51.0 years with an average age of HIV diagnosis of 40.1 years. MSM + IDU were a distinct risk group with both younger age of HCV diagnosis (46.8 years) and HIV diagnosis (35.5 years).

Table 3. Average Age of HIV and HCV Diagnosis by HIV/AIDS Transmission Risk Category among Co-Infected Cases, Illinois, 1980–June 2016

	n	Mean Age of HIV/AIDS Diagnosis	Mean Age at HCV Diagnosis
IDU	1,109	40.1	51.0
Risk not Reported /Unknown	274	44.3	48.4
Heterosexual	228	41.6	48.4
MSM+IDU	393	35.5	46.8
MSM	723	35.1	44.5
Other	38	27.9	42.0
Perinatal Exposure	3	0.3	12.3

Race/Ethnicity

The distribution of cases co-infected with HIV and HCV based on race/ethnicity was similar to the distribution among PLWHA in Illinois (Table 4). Among co-infected cases, 48% were non-Hispanic (NH) black, 26% were NH white and 16% were Hispanic. Among HCV cases, the majority of cases with known race/ethnicity were NH white (38.7).

Table 4. Proportion of HCV, HIV/AIDS and HIV-HCV Cases by Race/Ethnicity, Illinois, 1980–June 2016

	HCV* All Cases (%)	HIV/AIDS All Alive Cases (%)	HIV-HCV Co-Infected Cases** (%)
Hispanic	5.0	17.2	15.6
NH Black	19.1	46.4	48.4
NH White	38.7	28.1	26.4
Other	1.9	5.5	7.9
Unknown	35.5	2.8	1.7

*29% of HCV data had missing race or ethnicity data. Percentages are as a proportion of people with complete race and ethnicity data.

**Race/ethnicity of co-infected cases was determined using eHARS data as more complete than INEDSS

County

HIV-HCV co-infected individuals resided in 63 out of 102 Illinois counties. As expected, the majority of co-infected individuals resided in Cook County which also had the highest rate of co-infected individuals (39.2 per 100,000 population). Fayette, Alexander and Winnebago counties were the counties with the next highest rates of co-infected individuals.

Figure 6. Rate of HIV-HCV Co-Infection per 100,000 Population by County, Illinois, 1980–June 2016

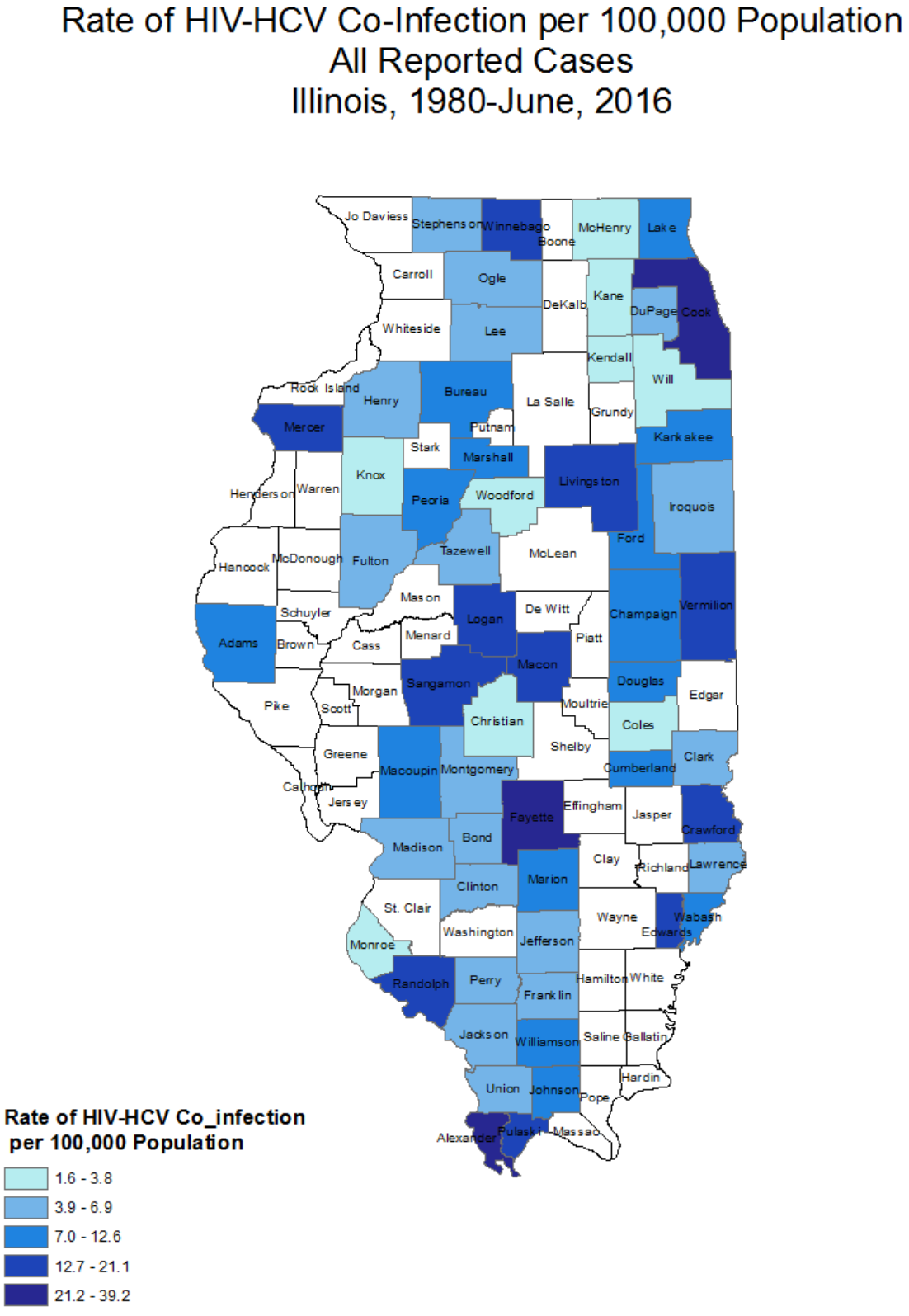


Table 5. Distribution of Co-infected Individuals by County and Prevalence Rate per 100,000, Illinois, 1980–June, 2016

County	Count	Prevalence Rate per 100,000
COOK	2,054	39.2
FAYETTE	6	27.4
ALEXANDER	2	26.7
WINNEBAGO	61	21.1
LIVINGSTON	8	21.1
MERCER	3	18.8
PULASKI	1	17.2
ST. CLAIR	45	16.9
CRAWFORD	3	15.5
RANDOLPH	5	15.2
EDWARDS	1	15.1
SANGAMON	30	15.1
MACON	15	13.8
VERMILION	11	13.8
LOGAN	4	13.4
KANKAKEE	14	12.6
CHAMPAIGN	24	11.6
ROCK ISLAND	16	11.0
MARION	4	10.4
DOUGLAS	2	10.1
MCDONOUGH	3	9.4
CUMBERLAND	1	9.2
PEORIA	17	9.1
ADAMS	6	9.0
BUREAU	3	8.9
WABASH	1	8.7
MACOUPIN	4	8.6
MARSHALL	1	8.3
JOHNSON	1	7.9
WILLIAMSON	5	7.5
LAKE	52	7.4
FORD	1	7.3
IROQUOIS	2	6.9
MONTGOMERY	2	6.8
CLARK	1	6.2
LAWRENCE	1	6.1
HENRY	3	6.0
BOND	1	5.8
OGLE	3	5.8
LEE	2	5.8
MCLEAN	10	5.7
UNION	1	5.7
DEKALB	6	5.7
FULTON	2	5.6
CLINTON	2	5.3
MADISON	14	5.3
JEFFERSON	2	5.2
TAZEWELL	7	5.2
FRANKLIN	2	5.1
JACKSON	3	5.0
PERRY	1	4.6
LA SALLE	5	4.5
STEPHENSON	2	4.3
DU PAGE	39	4.2
KNOX	2	3.8
WILL	26	3.8
KANE	18	3.4
MONROE	1	3.0
CHRISTIAN	1	3.0
WOODFORD	1	2.6
COLES	1	1.9
KENDALL	2	1.6
MCHENRY	5	1.6

*196 individuals had missing county of residence information in eHARS

Appendix F

2017 ILHPG Prioritized Populations for HIV Prevention Services and Interventions

2017 ILHPG Priority Populations-Final

As approved by the ILHPG April 15, 2016

Priority Pop. and Rank	Weighted Priority (%)	Sub-Populations and Rank	Weighted Priority (%)	Female (%)	Male (%)
1: MSM	66.3	1.1 NH Black MSM	27.3		27.3
		1.2 NH White MSM	22.4		22.4
		1.3 Hispanic MSM	12.8		12.8
		1.4 Other MSM	3.9		3.9
2: Het. Cont.	24.3	2.1 NH Black HRH	13.4	8.7	4.6
		2.2 NH White HRH	5.5	3.4	2.1
		2.3 Hispanic HRH	4.0	1.8	2.1
		2.4 Other HRH	1.5	0.7	0.8
3: PWID	6.0	3.1 NH Black PWID	2.8	1.2	1.6
		3.2 NH White PWID	2.2	1.1	1.1
		3.3 Hispanic PWID	0.8	0.2	0.6
		3.4 Other PWID	0.2	0.0	0.2
4: MSM/PWID	3.3	4.1 NH White MSM/PWID	1.6		1.6
		4.2 NH Black MSM/PWID	0.9		0.9
		4.3 Hispanic MSM/PWID	0.6		0.6
		4.4 Other MSM/PWID	0.3		0.3
Perinatal	Not Included				
Total	100.0		100.0	17.1	82.9

Statewide HIV prevention services should reach each priority population and sub-population in equal proportion to the percentages specified in the table above.

The priority populations were derived using statewide surveillance data on the epidemic (excluding the city of Chicago). HIV disease incident cases and late diagnosis cases between 2010 and 2014, and HIV disease prevalence data as of 12/31/15 were used. Prevalence data was collected based on residence at diagnosis. In order to maximize proportional accuracy, this process only considers cases with known exposure category.

Upon recommendation by the ILHPG Epi Profile/Needs Assessment Committee, weights of 90%, 5%, and 5%, respectively, were applied to each set of data. The numbers on the table above are rounded to the nearest tenth percent.

Source: Illinois Department of Public Health, HIV Surveillance Unit. Data as of December 2015.

2017 ILHPG Priority Populations-Final

As approved by the ILHPG April 15, 2016

Prioritization Points of Consideration

HIV+ individuals falling within any of the risks identified above should be prioritized within each subpopulation category.

HIV positive persons with "Other Risk" (i.e. persons not known to meet the MSM, PWID, HRH, or MSM/PWID definitions) are solely prioritized for biomedical interventions intended to link or reengage them into HIV medical treatment and to strengthen their treatment adherence. Upon disclosure of a relevant risk, they may be prioritized for sexual or injection risk reduction interventions.

Recommendations:

MSM

1. HIV prevention services need to reach MSM. MSM accounted for the majority (67%) of new HIV cases from 2010-2014.[1] While Black MSM comprise an estimated 0.3% of the Illinois population, they account for 28% of the total HIV incidence in Illinois.[1] Regional differences of MSM incident cases by race/ethnicity need to be taken into account. To avoid service disparities and to focus services on new infections, each region's HIV Prevention service goals should aim to serve MSM by race and ethnicity in proportion to their share of the total incidence within that region.

2. New cases among youth, especially young MSM, are growing faster than any other group and need to be prioritized. From 2000-2013, the rate of HIV disease diagnoses among youth (aged 13-24) increased by 82% from 11.8 to 21.5 diagnoses per 100,000.[3] 68% of all youth with new HIV diagnoses were Black, and 14% were Hispanic.[3] From 2009-2013, Youth accounted for 23.5% of new HIV diagnoses in Illinois.[3] Of these youth, 85% identified as MSM.[3] Young adults (aged 20-29) accounted for 42% of new HIV diagnoses among MSM.[2] At the end of 2013, Black MSM represented 42% of youth living with HIV.[3]

Heterosexual Exposure

3. Precise targeting of the highest risk heterosexuals is needed. Heterosexual exposure accounted for 24% of the new HIV cases between 2010 and 2014, and the proportion of cases attributed to this risk has decreased since 2009.[1] While the HIV positivity rate among heterosexuals tested is low, the service volume reaching this group is the largest of any exposure category. Nonetheless, heterosexuals were approximately 25% more likely to be diagnosed ***late*** when compared to MSM.[1] This late diagnosis disparity indicates the need to more precisely targeted service delivery to those heterosexuals mostly likely to transmit or acquire HIV as described by the prioritized high risk heterosexual definitions. To avoid service disparities and focus services on new infections, each region's HIV Prevention service goals should aim to serve prioritized High Risk Heterosexuals by race and ethnicity in proportion to their share of the total incidence within that region.

PWID

Effective prevention and care retention services for people who inject drugs (PWID) are needed to sustain the decline in new HIV cases among PWID. New HIV cases among PWID averaged 6% of the epidemic between 2010 and 2014, a percentage that has steadily declined since 2003.[1] This decline may be attributable to many factors. A 2003 Illinois law legalized sterile syringe access via pharmacy purchase throughout Illinois. Injection harm reduction counseling taught safer injection practices to networks of persons injecting. Risk targeted HIV testing helped to diagnose and link to treatment HIV-infected people who inject drugs (PWID). Improved HIV treatments reduced the infectiousness of actively injecting HIV-diagnosed persons in care. As PWID were approximately 10% more likely than MSM to have a ***late*** diagnosis,[1] testing must implement strategies to reach beyond regularly served harm reduction clients to engage as of yet unserved injecting individuals and networks. Black and Hispanic injectors, compared to White injectors, remain underserved relative to their proportion of new infections. As PWID are least likely to be engaged and retained in care and virally suppressed [4], care

engagement and retention efforts must prioritize these disparities. To end service disparities and focus services where new injection-transmitted infections continue to occur, each region's HIV Prevention service goals should aim to serve PWID by race and ethnicity in proportion to their share of the total incidence within that region.

MSM/IDU

Special attention should be paid to the MSM/IDU population. MSM/PWID represented about 3% of diagnoses between 2010 and 2014 a percentage that has gradually declined since 2003.[1] 40% of MSM/PWID diagnosed with during 2005-2014 received a late diagnosis[6]. Given that MSM/PWID received 4.8% of 2015 Regional grant funded tests, more than an incidence-proportioned share, the late diagnosis disparity suggests that MSM/PWID testing must implement social networking strategies to reach beyond regularly served harm reduction clients to engage as of yet unserved injecting MSM. To avoid service disparities and focus services where new MSM/PWID infections continue to occur, each region's HIV Prevention service goals should aim to serve MSM/PWID by race and ethnicity in proportion to their share of the total incidence within that region.

Other recommendations:

1. Within each prioritized population, special attention should be paid to test populations with high rates of late diagnoses who fall within any of the risks identified above. From 2010- 2014, the proportion of new HIV diagnoses that were late among Blacks was 30%. Whites and Hispanics were 19% and 23%, respectively, more likely than Blacks to receive a late diagnosis.[1] Rates of late HIV diagnosis from 2010-2014 were similar in males (34%) and females (36%).[1] 2008-2012 trends showed that the likelihood of a late HIV diagnosis increased with age and that rates across rural (33%) and urban (32%) counties were also similar.[5]

2. Prevention efforts should target African Americans, especially MSM, as they are disproportionately infected with HIV. In 2014, estimated rates of new HIV infection in African American men in Illinois (excluding Chicago) were nine times higher than that of white men and three times higher than that of Hispanic men according to population size.[6] The estimated rate of new HIV infection in African American women was 15 times higher than that of white women according to population size.[6]

3. Regional service allocations should reflect recent epidemiologic changes, by race/ ethnicity, risk, and age, between and within regions.

References:

1. Illinois Department of Public Health, HIV Surveillance Unit. Data as of December 2015.
2. Illinois Department of Public Health. *Men Who Have Sex with Men,* 2015. http://dph.illinois.gov/sites/default/files/publications/1-27-16-OHP-HIV-factsheet-MSM.pdf
3. Illinois Department of Public Health. *Youth,* 2015. http://dph.illinois.gov/sites/default/files/publications/1-29-16-OHP-HIV-factsheet-Youth.pdf
4. Illinois Department of Public Health, *Illinois HIV Linkage to Care and HIV Care Continuum, 2014,* December 3, 2015 ILHPG meeting presentation.
5. Illinois Department of Public Health. *Late HIV Diagnosis,* 2015. http://dph.illinois.gov/sites/default/files/publications/1-25-16-OHP-HIV-factsheet-Late-HIV-Diagnosis.pdf
6. Illinois Department of Public Health. *Epidemiologic Trends in HIV in Illinois.* March 17, 2016 Integrated ILHPG/ RW Advisory Group Meeting.

Appendix G

2017 Prioritized Risk Group Definitions and Points of Consideration

Approved at the May 20, 2016 ILHPG Meeting

1. HIV-Positive and HIV-Negative Men Who Have Sex with Men (MSM):

A high-risk MSM is defined as:

- Any male (including a transgender male) aged 12 years or older who has ever had anal sex with a male (including a transgender male).

The following risk subgroup is also prioritized *but solely for Health Education/Risk Reduction services:*

- A same sex attracted adolescent male (SSAAM) is a potentially high-risk MSM adolescent defined as any male (including any transgender male), age 13-19 years, who reports ever having had oral sex with a male (including a transgender male) or who states he is sexually attracted to males (including transgender males).

2. HIV-Positive and HIV-Negative High Risk Heterosexuals (HRH):

A HRH is defined as:

- A male (including a transgender male) not meeting MSM definitions or a female (including transgender female)
  (1) who does not meet PWID definition, and
  (2) who has ever had vaginal or anal sex with someone of the other gender, and
  (3) who also discloses meeting one of the criteria below:
    - Male or Female living with HIV Disease
    - Male or Female who has ever had vaginal or anal sex with an HIV positive partner of the other sex
    - Female (including a transgender female) who ever had anal sex with a male

3. HIV-Positive and HIV-Negative Person Who Injects Drugs (PWID):

- A high-risk PWID is defined as a person of any gender who:
  (1) does not meet the MSM definition, and
  (2) discloses ever injecting non-prescribed drugs

4. HIV-Positive and HIV-Negative MSM/PWID:

- A high risk HIV-positive and HIV-negative MSM/PWID is defined as any male or transgender male who meets the definitions of both MSM and PWID who discloses:
  (1) ever having anal sex with a male or transgender male, and
  (2) ever injecting non-prescribed drugs

5. HIV-Positive Persons with "Other Risk" are prioritized for biomedical interventions intended to link or reengage them into HIV medical treatment and to strengthen their treatment adherence**:**

- An HIV-positive person with Other Risk is defined as a person of any gender who:
  (1) is not known to meet the MSM, PWID, HRH, or MSM/WID definitions,
  (2) never had anal sex with a male in their lifetime
  (3) never had vaginal sex with a female in their lifetime
  (4) never injected non-prescribed drugs in their lifetime

HIV-positive persons disclosing no sexual or injection risk are not prioritized for behavioral interventions to reduce sexual or injection risk until such a relevant risk disclosure is made. Until that time, they are prioritized for biomedical interventions.

HIV-Positive Persons with MSM, HRH, PWID, MSM/WID, or Other Risk are prioritized for **Surveillance-Based Services** in the following circumstance:

- The person has been reported to IDPH HIV Surveillance as confirmed HIV positive and meets one of the following criteria:
  (1) HIV diagnosed within the past 12 months *or*
  (2) no CD4 or VL reported within the past 12 months *or*
  (3) STI co-infection reported within the past 12 months

Other Important Points of Consideration

- **HIV-positive individuals** falling within any of the risks identified above should be a top priority within each risk category.
- **Transgender individuals** may be included within any priority population based on *personal risk history* and *current gender identification.* Transgender identity does not mean an individual engages in risk behaviors. Gender reassignment surgery should not be assumed, and, unless a transgender client *opts* to disclose an operative status, risk assessment should assess sexual risks inclusive of the possibilities for male and female anatomy. Transgender females are a high priority for HIV prevention services. The positivity rate among transgender women tested by all IDPH and DASA funded projects throughout Illinois between 2008 and 2013 was 1.9 percent, falling between the HIV seropositivity rates for African American MSM (2.8 percent) and Latino MSM (1.8 percent).
- **Persons made vulnerable** by circumstances such as incarceration or domestic violence may be prioritized in any risk group when their individual risk and biomedical histories include prioritized risks defined above.
- **Young adults** with any of the risks identified above should be prioritized within each subpopulation category.

Appendix H

2017 HIV Prevention Interventions and Services Guidance for Target Populations

This document can be viewed and downloaded from the following link:

http://dph.illinois.gov/sites/default/files/publications/2017-hiv-prevention-guidance-final-061716-090216.pdf

Appendix I

Illinois FY2016 Resource Inventory Table

Note: Abbreviations in the Prevention Activity/ Care Continuum Step column: LTC= Linkage to Care; EC= Engaged in Care; RC= Retention in Care; VS= Viral Suppression.

Public Funds

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
HRSA Ryan White (RW) Part A	$536,000	3/1/16-2/28/17	City of St. Louis Department of Health	Illinois portion of the TGA award –medical case management, oral health care, housing services, health insurance premiums and cost-sharing assistance, food bank/home delivered meals, emergency financial assistance	All steps of the HIV Care Continuum
HRSA RW Part A	$16,679,378	3/1/16-2/28/17	Chicago Department of Public Health (DPH)	Formula Award: Core medical and support services for PLWH	All steps of the HIV Care Continuum
HRSA RW Part A	$2,366,084	3/1/16-2/28/17	Chicago Department of Public Health (DPH)	Minority AIDS Initiative (MAI) Award	All steps of the HIV Care Continuum
HRSA RW Part A	$7,887,652	3/1/16-2/28/17	Chicago Department of Public Health (DPH)	Part A Supplemental Award	All steps of the HIV Care Continuum
RW Chicago Part A and Minority AIDS Initiative (MAI) Awards	*Subgrantee awards below are included in the total award amounts above*				
Chicago Part A	$91,509	3/1/16-2/28/17	Access Community Health Network	Ambulatory/outpatient medical services	All steps of the HIV Care Continuum
Chicago Part A	$99,432	3/1/16-2/28/17	AIDS Healthcare Foundation	Ambulatory/outpatient medical services	All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
Chicago Part A	$164,472	3/1/16-2/28/17	Ann & Robert H. Lurie Children's Hospital	Ambulatory/outpatient medical services	All steps of the HIV Care Continuum
Chicago Part A	$746,531	3/1/16-2/28/17	Board of Trustees of The University of Illinois	Ambulatory/outpatient medical services	All steps of the HIV Care Continuum
Chicago Part A	$78,506	3/1/16-2/28/17	Erie Family Health Center	Ambulatory/outpatient medical services	All steps of the HIV Care Continuum
Chicago MAI	$92,687	3/1/16-2/28/17	Heartland Health Outreach, Inc.	Ambulatory/outpatient medical services	All steps of the HIV Care Continuum
Chicago Part A	$190,217	3/1/16-2/28/17	Howard Brown Health Center	Ambulatory/outpatient medical services	All steps of the HIV Care Continuum
Chicago Part A	$218,126	3/1/16-2/28/17	Lake County Health Department and Community Health Center	Ambulatory/outpatient medical services	All steps of the HIV Care Continuum
Chicago MAI	$185,799	3/1/16-2/28/17	Lawndale Christian Health Center	Ambulatory/outpatient medical services	All steps of the HIV Care Continuum
Chicago Part A	$189,017	3/1/16-2/28/17	Loyola University Health System	Ambulatory/outpatient medical services	All steps of the HIV Care Continuum
Chicago Part A	$368,161	3/1/16-2/28/17	Michael Reese Research & Education Foundation-HIV Care Program	Ambulatory/outpatient medical services	All steps of the HIV Care Continuum
Chicago Part A	$71,623	3/1/16-2/28/17	Open Door Clinic of Greater Elgin	Ambulatory/outpatient medical services	All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
Chicago Part A	$193,705	3/1/16-2/28/17	Regional CARE Association	Ambulatory/outpatient medical services	All steps of the HIV Care Continuum
Chicago Part A	$315,741	3/1/16-2/28/17	Sinai Health System	Ambulatory/outpatient medical services	All steps of the HIV Care Continuum
Chicago Part A	$72,242	3/1/16-2/28/17	South Shore Hospital Corporation	Ambulatory/outpatient medical services	All steps of the HIV Care Continuum
Chicago Part A	$470,047	3/1/16-2/28/17	Hektoen (Austin Health Center)	Ambulatory/outpatient medical services	All steps of the HIV Care Continuum
Chicago Part A	$492,631	3/1/16-2/28/17	Hektoen (Provident Hospital)	Ambulatory/outpatient medical services	All steps of the HIV Care Continuum
Chicago Part A	$461,313	3/1/16-2/28/17	Hektoen (South Suburban HIV/AIDS Regional Clinics (SSHARC))	Ambulatory/outpatient medical services	All steps of the HIV Care Continuum
Chicago MAI	$961,890	3/1/16-2/28/17	Hektoen (CORE Center)	Ambulatory/outpatient medical services	All steps of the HIV Care Continuum
Chicago Part A	$354,476	3/1/16-2/28/17	University of Chicago	Ambulatory/outpatient medical services	All steps of the HIV Care Continuum
Chicago Part A	$68,247	3/1/16-2/28/17	Access Community Health Network	Early Intervention Services	All steps of the HIV Care Continuum
Chicago Part A	$27,733	3/1/16-2/28/17	AIDS Healthcare Foundation	Early Intervention Services	All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
Chicago Part A	$4,967	3/1/16-2/28/17	Ann & Robert H. Lurie Children's Hospital	Early Intervention Services	All steps of the HIV Care Continuum
Chicago Part A	$81,452	3/1/16-2/28/17	Board of Trustees of The University of Illinois	Early Intervention Services	All steps of the HIV Care Continuum
Chicago Part A	$18,924	3/1/16-2/28/17	Erie Family Health Center	Early Intervention Services	All steps of the HIV Care Continuum
Chicago Part A	$9,935	3/1/16-2/28/17	Heartland Health Outreach, Inc.	Early Intervention Services	All steps of the HIV Care Continuum
Chicago Part A	$115,495	3/1/16-2/28/17	Howard Brown Health Center	Early Intervention Services	All steps of the HIV Care Continuum
Chicago Part A	$92,242	3/1/16-2/28/17	Lake County Health Department and Community Health Center	Early Intervention Services	All steps of the HIV Care Continuum
Chicago Part A	$94,415	3/1/16-2/28/17	Lawndale Christian Health Center	Early Intervention Services	All steps of the HIV Care Continuum
Chicago Part A	$47,268	3/1/16-2/28/17	Loyola University Health System	Early Intervention Services	All steps of the HIV Care Continuum
Chicago Part A	$95,547	3/1/16-2/28/17	Michael Reese Research & Education Foundation-HIV Care Program	Early Intervention Services	All steps of the HIV Care Continuum
Chicago Part A	$28,646	3/1/16-2/28/17	Open Door Clinic of Greater Elgin	Early Intervention Services	All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
Chicago Part A	$54,340	3/1/16-2/28/17	Regional CARE Association	Early Intervention Services	All steps of the HIV Care Continuum
Chicago Part A	$42,992	3/1/16-2/28/17	Sinai Health System	Early Intervention Services	All steps of the HIV Care Continuum
Chicago Part A	$40,885	3/1/16-2/28/17	South Shore Hospital Corporation	Early Intervention Services	All steps of the HIV Care Continuum
Chicago Part A	$68,934	3/1/16-2/28/17	Hektoen (Austin Health Center)	Early Intervention Services	All steps of the HIV Care Continuum
Chicago Part A	$90,714	3/1/16-2/28/17	Hektoen (Provident Hospital)	Early Intervention Services	All steps of the HIV Care Continuum
Chicago MAI	$124,037	3/1/16-2/28/17	Hektoen (SSHARC)	Early Intervention Services	All steps of the HIV Care Continuum
Chicago Part A	$293,851	3/1/16-2/28/17	Hektoen (CORE Center)	Early Intervention Services	All steps of the HIV Care Continuum
Chicago Part A	$81,453	3/1/16-2/28/17	University of Chicago	Early Intervention Services	All steps of the HIV Care Continuum
Chicago Part A	$84,877	3/1/16-2/28/17	AIDS Foundation of Chicago	Emergency financial assistance	All steps of the HIV Care Continuum
Chicago Part A	$335,000	3/1/16-2/28/17	Howard Brown Health Center	Expansion Project - Ambulatory Outpatient Medical Care	All steps of the HIV Care Continuum
Chicago Part A	$50,000	3/1/16-2/28/17	Howard Brown Health Center	Expansion Project - Early Intervention Services	All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
Chicago Part A	$423,620	3/1/16-2/28/17	University of Illinois	Expansion Project Ambulatory	All steps of the HIV Care Continuum
Chicago Part A	$89,250	3/1/16-2/28/17	University of Illinois	Expansion Project Early Intervention Services	All steps of the HIV Care Continuum
Chicago Part A	$156,409	3/1/16-2/28/17	Catholic Charities of The Archdiocese of Chicago	Food Bank / Home Delivered Meals	All steps of the HIV Care Continuum
Chicago Part A	$947,000	3/1/16-2/28/17	Heartland Health Outreach, Inc.	Food Bank / Home Delivered Meals	All steps of the HIV Care Continuum
Chicago Part A	$433,686	3/1/16-2/28/17	AIDS Foundation of Chicago	Health Insurance Premium (HIP)	All steps of the HIV Care Continuum
Chicago Part A	$316,169	3/1/16-2/28/17	AIDS Foundation of Chicago	Housing Services	All steps of the HIV Care Continuum
Chicago Part A	$284,000	3/1/16-2/28/17	LAF	Legal Services	All steps of the HIV Care Continuum
Chicago Part A	$394,900	3/1/16-2/28/17	Legal Council for Health Justice	Legal Services	All steps of the HIV Care Continuum
Chicago Part A	$172,000	3/1/16-2/28/17	Prairie State Legal Services, Inc.	Legal Services	All steps of the HIV Care Continuum
Chicago Part A	$4,256,687	3/1/16-2/28/17	AIDS Foundation of Chicago	Medical Case Management	All steps of the HIV Care Continuum
Chicago Part A	$449,851	3/1/16-2/28/17	AIDS Foundation of Chicago	Medical Transportation	All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
Chicago Part A	$69,121	3/1/16-2/28/17	Howard Brown Health Center	Mental Health Program	All steps of the HIV Care Continuum
Chicago Part A	$45,198	3/1/16-2/28/17	Ann & Robert H. Lurie Children's Hospital	Mental Health Services	All steps of the HIV Care Continuum
Chicago Part A	$250,098	3/1/16-2/28/17	Board of Trustees of The University of Illinois	Mental Health Services	All steps of the HIV Care Continuum
Chicago Part A	$57,345	3/1/16-2/28/17	Chicago Women's Aids Project	Mental Health Services	All steps of the HIV Care Continuum
Chicago Part A	$36,946	3/1/16-2/28/17	Lake County Health Department and Community Health Center	Mental Health Services	All steps of the HIV Care Continuum
Chicago Part A	$91,367	3/1/16-2/28/17	Michael Reese Research & Education Foundation-HIV Care Program	Mental Health Services	All steps of the HIV Care Continuum
Chicago Part A	$87,609	3/1/16-2/28/17	Open Door Clinic of Greater Elgin	Mental Health Services	All steps of the HIV Care Continuum
Chicago MAI	$99,677	3/1/16-2/28/17	Regional CARE Association	Mental Health Services	All steps of the HIV Care Continuum
Chicago Part A	$73,369	3/1/16-2/28/17	Sinai Health System	Mental Health Services	All steps of the HIV Care Continuum
Chicago Part A	$36,227	3/1/16-2/28/17	The Children's Place Association	Mental Health Services	All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
Chicago MAI	$148,398	3/1/16-2/28/17	Hektoen (Austin Health Center)	Mental Health Services	All steps of the HIV Care Continuum
Chicago Part A	$73,584	3/1/16-2/28/17	Hektoen (Project VIDA)	Mental Health Services	All steps of the HIV Care Continuum
Chicago Part A	$106,552	3/1/16-2/28/17	Hektoen (Provident Hospital)	Mental Health Services	All steps of the HIV Care Continuum
Chicago Part A	$72,960	3/1/16-2/28/17	Hektoen (SSHARC)	Mental Health Services	All steps of the HIV Care Continuum
Chicago Part A	$346,899	3/1/16-2/28/17	Hektoen (CORE Center)	Mental Health Services	All steps of the HIV Care Continuum
Chicago Part A	$80,541	3/1/16-2/28/17	TPA Network	Mental Health Services	All steps of the HIV Care Continuum
Chicago Part A	$121,093	3/1/16-2/28/17	University of Chicago	Mental Health Services	All steps of the HIV Care Continuum
Chicago Part A	$530,485	3/1/16-2/28/17	AIDS Foundation of Chicago	Non-Medical Case Management	All steps of the HIV Care Continuum
Chicago Part A	$96,886	3/1/16-2/28/17	Christian Community Health Center	Oral Health Services	All steps of the HIV Care Continuum
Chicago Part A	$407,918	3/1/16-2/28/17	Heartland Health Outreach, Inc.	Oral Health Services	All steps of the HIV Care Continuum
Chicago Part A	$83,025	3/1/16-2/28/17	Howard Area Community Center	Oral Health Services	All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
Chicago Part A	$35,681	3/1/16-2/28/17	Lake County Health Department and Community Health Center	Oral Health Services	All steps of the HIV Care Continuum
Chicago Part A	$52,248	3/1/16-2/28/17	Open Door Clinic of Greater Elgin	Oral Health Services	All steps of the HIV Care Continuum
Chicago Part A	$234,687	3/1/16-2/28/17	Hektoen (Provident Hospital)	Oral Health Services	All steps of the HIV Care Continuum
Chicago Part A	$46,819	3/1/16-2/28/17	Hektoen (SSHARC)	Oral Health Services	All steps of the HIV Care Continuum
Chicago Part A	$315,901	3/1/16-2/28/17	Hektoen (CORE Center)	Oral Health Services	All steps of the HIV Care Continuum
Chicago MAI	$147,812	3/1/16-2/28/17	McDermott Center dba Haymarket Center	Outreach Services	All steps of the HIV Care Continuum
Chicago Part A	$154,534	3/1/16-2/28/17	Hektoen (SSHARC)	Outreach Services	All steps of the HIV Care Continuum
Chicago Part A	$168,000	3/1/16-2/28/17	University of Chicago	Outreach Services	All steps of the HIV Care Continuum
Chicago Part A	$91,905	3/1/16-2/28/17	Access Community Health Network	Psychosocial Support Services	All steps of the HIV Care Continuum
Chicago Part A	$42,040	3/1/16-2/28/17	Alexian Brothers - Bonaventure House	Psychosocial Support Services	All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
Chicago Part A	$13,733	3/1/16-2/28/17	Alexian Brothers - The Harbor	Psychosocial Support Services	All steps of the HIV Care Continuum
Chicago Part A	$31,448	3/1/16-2/28/17	Catholic Charities of The Archdiocese of Chicago	Psychosocial Support Services	All steps of the HIV Care Continuum
Chicago Part A	$31,586	3/1/16-2/28/17	Center On Halsted	Psychosocial Support Services	All steps of the HIV Care Continuum
Chicago Part A	$68,209	3/1/16-2/28/17	Chicago House And Social Service Agency	Psychosocial Support Services	All steps of the HIV Care Continuum
Chicago Part A	$97,098	3/1/16-2/28/17	Chicago Women's Aids Project	Psychosocial Support Services	All steps of the HIV Care Continuum
Chicago Part A	$42,040	3/1/16-2/28/17	Howard Brown Health Center	Psychosocial Support Services	All steps of the HIV Care Continuum
Chicago Part A	$68,209	3/1/16-2/28/17	McDermott Center dba Haymarket Center	Psychosocial Support Services	All steps of the HIV Care Continuum
Chicago Part A	$32,022	3/1/16-2/28/17	New Age Services Corporation	Psychosocial Support Services	All steps of the HIV Care Continuum
Chicago Part A	$34,947	3/1/16-2/28/17	Open Door Clinic of Greater Elgin	Psychosocial Support Services	All steps of the HIV Care Continuum
Chicago Part A	$97,760	3/1/16-2/28/17	Puerto Rican Cultural Center	Psychosocial Support Services	All steps of the HIV Care Continuum
Chicago MAI	$34,738	3/1/16-2/28/17	Sinai Health System	Psychosocial Support Services	All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
Chicago Part A	$35,733	3/1/16-2/28/17	South Side Help Center	Psychosocial Support Services	All steps of the HIV Care Continuum
Chicago Part A	$33,162	3/1/16-2/28/17	The Children's Place Association	Psychosocial Support Services	All steps of the HIV Care Continuum
Chicago Part A	$48,256	3/1/16-2/28/17	Hektoen (Austin Health Center)	Psychosocial Support Services	All steps of the HIV Care Continuum
Chicago MAI	$58,290	3/1/16-2/28/17	Hektoen (Project VIDA)	Psychosocial Support Services	All steps of the HIV Care Continuum
Chicago Part A	$31,448	3/1/16-2/28/17	Hektoen (SSHARC))	Psychosocial Support Services	All steps of the HIV Care Continuum
Chicago Part A	$83,036	3/1/16-2/28/17	Hektoen (CORE Center)	Psychosocial Support Services	All steps of the HIV Care Continuum
Chicago Part A	$55,016	3/1/16-2/28/17	TPA Network	Psychosocial Support Services	All steps of the HIV Care Continuum
Chicago Part A	$44,595	3/1/16-2/28/17	Universal Family Connection	Psychosocial Support Services	All steps of the HIV Care Continuum
Chicago Part A	$29,921	3/1/16-2/28/17	University of Chicago	Psychosocial Support Services	All steps of the HIV Care Continuum
Chicago Part A	$490,000	3/1/16-2/28/17	Public Health Institute of Metropolitan Chicago	Quality Management Technical Assistance	All steps of the HIV Care Continuum
Chicago Part A	$58,383	3/1/16-2/28/17	Catholic Charities of The Archdiocese of Chicago	Substance Abuse Services - Outpatient	All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
Chicago Part A	$30,856	3/1/16-2/28/17	Garfield Counseling Center	Substance Abuse Services - Outpatient	All steps of the HIV Care Continuum
Chicago Part A	$95,535	3/1/16-2/28/17	Healthcare Alternative Systems, Inc.	Substance Abuse Services - Outpatient	All steps of the HIV Care Continuum
Chicago Part A	$59,580	3/1/16-2/28/17	Howard Brown Health Center	Substance Abuse Services - Outpatient	All steps of the HIV Care Continuum
Chicago Part A	$228,919	3/1/16-2/28/17	Human Resource Development Institute, Inc.	Substance Abuse Services - Outpatient	All steps of the HIV Care Continuum
Chicago Part A	$146,055	3/1/16-2/28/17	McDermott Center dba Haymarket Center	Substance Abuse Services - Outpatient	All steps of the HIV Care Continuum
Chicago MAI	$103,365	3/1/16-2/28/17	Michael Reese Research & Education Foundation-HIV Care Program	Substance Abuse Services - Outpatient	All steps of the HIV Care Continuum
Chicago Part A	$56,261	3/1/16-2/28/17	Open Door Clinic of Greater Elgin	Substance Abuse Services - Outpatient	All steps of the HIV Care Continuum
Chicago Part A	$127,046	3/1/16-2/28/17	Puerto Rican Cultural Center	Substance Abuse Services - Outpatient	All steps of the HIV Care Continuum
Chicago Part A	$59,285	3/1/16-2/28/17	Hektoen Austin Health Center	Substance Abuse Services - Outpatient	All steps of the HIV Care Continuum
Chicago Part A	$185,323	3/1/16-2/28/17	Hektoen Provident Hospital	Substance Abuse Services - Outpatient	All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
Chicago Part A	$52,130	3/1/16-2/28/17	Hektoen (SSHARC)	Substance Abuse Services - Outpatient	All steps of the HIV Care Continuum
Chicago Part A	$449,644	3/1/16-2/28/17	Hektoen (CORE Center)	Substance Abuse Services - Outpatient	All steps of the HIV Care Continuum
Chicago Part A	$43,172	3/1/16-2/28/17	Alexian Brothers - Bonaventure House	Substance Abuse Services-Residential	All steps of the HIV Care Continuum
Chicago Part A	$26,608	3/1/16-2/28/17	Alexian Brothers - The Harbor	Substance Abuse Services-Residential	All steps of the HIV Care Continuum
Chicago MAI	$110,600	3/1/16-2/28/17	Healthcare Alternative Systems, Inc.	Substance Abuse Services-Residential	All steps of the HIV Care Continuum
Chicago Part A	$564,680	3/1/16-2/28/17	McDermott Center dba Haymarket Center	Substance Abuse Services-Residential	All steps of the HIV Care Continuum
RW Part B State Base Award	$9,484,776 *Subgrantee awards below are included in the total award amount*	4/1/16-3/31/17	Illinois Department of Public Health (IDPH)	Base award	
	$1,455,000	4/1/16-3/31/17	Public Health Institute of Metropolitan Chicago (PHIMC)	Fiscal agent for subgrantees providing Part B Corrections program or evaluation services	All steps of the HIV Care Continuum
	$15,000	4/1/16-3/31/17	Subgrantee: Family and Children's AIDS Network	(Corrections): Legal rights and responsibilities for women who are HIV-positive or are at risk, and rights and responsibilities of the other parent around the child's custody, safety and well-being	All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
	$543,667	4/1/16-3/31/17	Subgrantee: AIDS Foundation of Chicago	(Corrections): Intensive case management for positives coming out of prisons and jails	All steps of the HIV Care Continuum
	$150,000	4/1/16-3/31/17	Subgrantee: Cermak Health Services	(Corrections): HIV prevention education, HIV counseling and testing, and referrals to medical services for inmates at Cook County Jail	All steps of the HIV Care Continuum
	$94,500	4/1/16-3/31/17	Subgrantee: Christian Community Health Center	(Corrections): HIV prevention education and HIV counseling and testing services for women involved in the sex trade; access to care facilitation for reentry adults	All steps of the HIV Care Continuum
	$80,000	4/1/16-3/31/17	Subgrantee: Men and Women in Prison Ministries	(Corrections): Discharge planning packets to Cook County Jail and CBOs; access to care facilitation for reentry adults	All steps of the HIV Care Continuum
	$15,000	4/1/16-3/31/17	Subgrantee: MATEC	(Corrections): HIV training and education in the form of three statewide trainings focused on IDOC nurses and community-based providers	All steps of the HIV Care Continuum
RW Part B and State General Revenue Funds (GRF) (*included in base award above)*	$898,132 Part B $225,628 GRF	4/1/16-3/31/17	Winnebago County Health Department	Lead agent grant Region 1: Ryan White Part B core and supportive services	All steps of the HIV Care Continuum
	$670,846 Part B $255,262 GRF	4/1/16-3/31/17	University of Illinois College of Medicine at Peoria	Lead agent grant Region 2: Ryan White Part B core and supportive services and CAPUS peer navigator services	All steps of the HIV Care Continuum
	$826,681 Part B $262,262 GRF	4/1/16-3/31/17	Southern Illinois University School of Medicine	Lead agent grant Region 3: Ryan White Part B core and supportive services and CAPUS peer navigator services	All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
	$793,012 Part B $797,707 GRF	4/1/16-3/31/17	St. Clair County Health Department	Lead agent grant Region 4: Ryan White Part B core and supportive services, and CAPUS DIS peer navigator services	All steps of the HIV Care Continuum
	$455,887 Part B $308,557 GRF	4/1/16-3/31/17	Jackson County Health Department	Lead agent grant Region 5: Ryan White Part B core and supportive services, and CAPUS DIS and peer navigator services	All steps of the HIV Care Continuum
	$779,392 Part B $260,361 GRF	4/1/16-3/31/17	Champaign-Urbana Public Health District	Lead agent grant Region 6: Ryan White Part B core and supportive services, and CAPUS peer navigator services	All steps of the HIV Care Continuum
	$584,346 Part B $218,903 GRF	4/1/16-3/31/17	AIDS Foundation of Chicago—Collar Counties	Lead agent grant Region 7: Ryan White Part B core and supportive services, and CAPUS peer navigator services	All steps of the HIV Care Continuum
	$3,077,941 Part B $613,860 GRF	4/1/16-3/31/17	AIDS Foundation of Chicago—Cook County	Lead agent grant Region 8: Ryan White Part B core and supportive services, and CAPUS peer navigator services	All steps of the HIV Care Continuum
RW Part B—Other (*included in base award above)*	$65,000	4/1/16-3/31/17	FCAN	HIV disclosure project, in-home mental health sessions, and support groups to families affected by HIV	All steps of the HIV Care Continuum
	$336,309	4/1/16-3/31/17	IPHA	HIV Care Connect—psychosocial interventions and outreach services to positives in order to access services through the Ryan White program	All steps of the HIV Care Continuum
	$190,000	4/1/16-3/31/17	University of Chicago Illinois	Midwest AIDS Training and Education Center (MATEC): Educational trainings, capacity building and technical assistance to IDPH	All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
				funded HIV providers and medical case managers	
RW Part B AIDS Drug Assistance Program (ADAP)	$28,942,633 *Subgrantee awards below are included in the total award amount*	4/1/16-3/31/17	IDPH	ADAP award	All steps of the HIV Care Continuum
RW Part B ADAP Supplemental	$2,669,140	4/1/16-3/31/17	IDPH	ADAP Supplemental Award	All steps of the HIV Care Continuum
	$12,950,000	7/1/16-6/30/17	CVS Caremark Specialty Pharmacy	HIV/AIDS ADAP dispensing contract	All steps of the HIV Care Continuum
	$13,000,000	7/1/16-6/30/17	Pool Administrators, Inc. (PAI) CHIC	Payment agent for CHIC program	All steps of the HIV Care Continuum
RW Part B—MAI	$427,673 *Subgrantee awards below are included in the total award amount*	4/1/16-3/31/17	Center for Minority Health Services		
	$60,000	4/1/16-3/31/17	Subgrantee: Asian Health Services	Outreach and education services to increase minority participation in ADAP	EC, RC, VS
	$30,000	4/1/16-3/31/17	Subgrantee: Brother Health Collective	Outreach and education services to increase minority participation in ADAP	EC, RC, VS
	$15,000	4/1/16-3/31/17	Subgrantee: East Side Health District	Outreach and education services to increase minority participation in ADAP	EC, RC, VS

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
	$45,000	4/1/16-3/31/17	Subgrantee: Fifth Street Renaissance	Outreach and education services to increase minority participation in ADAP	EC, RC, VS
	$30,000	4/1/16-3/31/17	Subgrantee: Puerto Rican Health Center	Outreach and education services to increase minority participation in ADAP	EC, RC, VS
	$20,000	4/1/16-3/31/17	Subgrantee: Regional CARE Association	Outreach and education services to increase minority participation in ADAP	EC, RC, VS
	$40,000	4/1/16-3/31/17	Subgrantee: Sinai Health System	Outreach and education services to increase minority participation in ADAP	EC, RC, VS
	$86,000	4/1/16-3/31/17	Subgrantee: Illinois Public Health Association (IPHA)	Outreach and education services to increase minority participation in ADAP	EC, RC, VS
RW Part C, D, F, and SPNS Grants					
RW Part C	$907,783	FY16	Heartland Health Outreach	EIS Award: Comprehensive primary health care	All steps of the HIV Care Continuum
RW Part C	$342,948	1/1/16-12/31/16	Lawndale Christian Health Center	EIS Award: Comprehensive primary health care	All steps of the HIV Care Continuum
RW Part C	$400,418	FY 16	Near North Health Services Corp.	EIS Award: Comprehensive primary health care	All steps of the HIV Care Continuum
RW Part C	$656,966	1/1/16-12/31/16	Access Community Health Network	EIS Award: Comprehensive primary health care	All steps of the HIV Care Continuum
RW Part C	$371,426	5/1/16-4/30/17	Christian Community Health Center	EIS Award: Comprehensive primary health care	All steps of the HIV Care Continuum
RW Part C	$393,601	5/1/16-4/30/17	Erie Family Health Center	EIS Award: Comprehensive primary health care	All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
RW Part C	$131,861	5/1/16-4/30/17	University of Illinois at Chicago (UIC)	EIS Award: Comprehensive primary health care	All steps of the HIV Care Continuum
RW Part C	$343,184	4/1/16-3/31/17	Open Door of Greater Elgin	EIS Award: Comprehensive primary health care	All steps of the HIV Care Continuum
RW Part C	$389,687	4/1/16-3/31/17	Crusaders Central Clinic Association	EIS Award: Comprehensive primary health care	All steps of the HIV Care Continuum
RW Part C	$561,201	1/1/16-12/31/16	Southern Illinois Healthcare Foundation	EIS Award: Comprehensive primary health care	All steps of the HIV Care Continuum
RW Part C	$895,659	FY16	Hektoen Institute for Medical Research	EIS Award: Comprehensive primary health care	All steps of the HIV Care Continuum
RW Part C	$715,782	8/1/16-12/31/17	Howard Brown Health Center (Howard Brown)	EIS Award: Comprehensive primary health care	All steps of the HIV Care Continuum
RW Part C	$594,976	1/1/16-12/31/16	University of Illinois, Peoria	EIS Award: Comprehensive primary health care	All steps of the HIV Care Continuum
RW Part D	$189,631	8/1/16-7/31/17	Near North Health Services	Family-centered, comprehensive care for women, infants, children, and youth	All steps of the HIV Care Continuum
RW Part D	$277,807	8/1/16-7/31/17	University of Illinois, Peoria	Family-centered, comprehensive care for women, infants, children, and youth	All steps of the HIV Care Continuum
RW Part D	$1,410,197	8/1/16-7/31/17	Hektoen Institute	Family-centered, comprehensive care for women, infants, children, and youth	All steps of the HIV Care Continuum
RW Part D	$335,057	8/1/16-7/31/17	Access Community Health Network	Family-centered, comprehensive care for women, infants, children, and youth	All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
RW Part D	$474,145	8/1/16-7/31/17	Howard Brown	Family-centered, comprehensive care for women, infants, children, and youth	All steps of the HIV Care Continuum
RW Community-Based Dental Partnership Program (CBDPP)	$267,151	8/1/16-7/31/17	UIC	Community-Based Dental Partnership: Oral health care for PLWHA	All steps of the HIV Care Continuum
RW AIDS Education & Training Center (AETC)	$443,121 (Illinois Portion)	7/1/16-6/30/17	UIC	Midwest AIDS Training and Education Center: Education and training of health care professionals	All steps of the HIV Care Continuum
RW Special Projects of National Significance (SPNS)	$289,500	FY 16	Hektoen	The Practice Transformative Model (PTM) is a project to develop and implement the organizational infrastructure and operational procedures related to the health care of HIV-positive patients based on the structures of the Healthcare Systemness Model. PTM's goal is to establish a seamless health care delivery system, with high performing characteristics, for patients living with HIV/AIDS using a Patient-Centered Medical Home Model.	LTC, RTC
RW SPNS	$285,500	FY 16	Access Community Health Network	The project will build system workforce capacity and support the integration of its HIV continuum into its primary care system through a Practice Transformative Model based on the Patient- Centered Medical Home.	All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
CDC-Care and Prevention in the United States (CAPUS)—State	Total $2,481,140 *Subgrantee awards below are included in the total award amount.*	9/30/15-9/29/16	Illinois Dept. of Public Health	No cost extension	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum
CDC—CAPUS —State	$160,560	9/30/15-9/29/16	East Side Health District	Disease investigation services, capacity building with neighboring counties within the region and follow up on surveillance cases for the region	HIV Primary Prevention and Diagnosis, LTC
CDC—CAPUS—State	$1,459,351 *Subgrantee awards below are included in the total award amount.*	9/30/15-9/29/16	Public Health Institute of Metropolitan Chicago (PHIMC)	Expanded routine opt out HIV screening for populations disproportionately affected by HIV, timely linkages to care and treatment with partner services for all newly diagnosed positives; implementation of POP anti-stigma campaign	HIV Primary Prevention and Diagnosis, LTC
	$70,250.00	9/30/15-9/29/16	Lake County Health Department	Expanded routine opt out HIV Testing and POP implementation at health centers	HIV Primary Prevention and Diagnosis, LTC
	$40,500.00	9/30/15-9/29/16	Crusader	Expanded routine opt out HIV Testing and POP implementation at health centers	HIV Primary Prevention and Diagnosis, LTC
	$40,500.00	9/30/15-9/29/16	Sinai	Expanded routine opt out HIV Testing and POP implementation at health centers	HIV Primary Prevention and Diagnosis, LTC
	$40,500.00	9/30/15-9/29/16	Southern Illinois Healthcare Foundation	Expanded routine opt out HIV Screening and POP implementation in Clinical Sites	HIV Primary Prevention and Diagnosis, LTC

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
	$40,500.00	9/30/15-9/29/16	Cook County Ambulatory Care Network	Expanded routine opt out HIV Screening and POP implementation in Clinical Sites	HIV Primary Prevention and Diagnosis, LTC
	$40,500.00	9/30/15-9/29/16	Loyola University Medical Center	Expanded routine opt out HIV Screening and POP implementation in Clinical Sites	HIV Primary Prevention and Diagnosis, LTC
	$100,000.00	9/30/15-9/29/16	New Screening Sites	Expanded routine opt out HIV Screening and POP implementation in Clinical Sites	HIV Primary Prevention and Diagnosis, LTC
	$38,550.00	9/30/15-9/29/16	Will County/Agape	Expanded routine opt out HIV Screening in jail	HIV Primary Prevention and Diagnosis, LTC
	$38,550.00	9/30/15-9/29/16	St. Clair County Jail	Expanded routine opt out HIV Screening in jail	HIV Primary Prevention and Diagnosis, LTC
	$35,000.00	9/30/15-9/29/16	Southern Illinois (site to be determined)	Expanded routine opt out HIV testing in correctional setting and implement routine HIV testing with local hospital	HIV Primary Prevention and Diagnosis, LTC
CDC Prevention – Category A-State	$1,880,319 *Because individual grants are combined with state GRF grants, they are listed under state GRF awards.*	1/1/2016-12/31/16	IDPH	HIV testing, comprehensive prevention services for PLWHA and their partners, condom distribution, efforts to align policies to optimize HIV prevention, care, and treatment	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
CDC Prevention Category B-State	$642,349 *Individual grants below are part of the total award.*	1/1/2016-12/31/16	IDPH	Expand access to HIV testing services, primarily in healthcare settings, for African Americans, Latinos, and other populations heavily affected by HIV	HIV Primary Prevention and Diagnosis, LTC
	$315,482	1/1/2016-12/31/16	Illinois Public Health Association (IPHA)	Build capacity of routine testing providers to become credentialed, contracted, and bill public and private third party insurers for routine HIV testing services.	HIV Primary Prevention and Diagnosis, LTC
CDC Prevention-Category A—City of Chicago	$7,991,554 *Individual grants below are part of the total award*	3/1/16-2/28/17	Chicago DPH	HIV testing, comprehensive prevention services for people at high risk for HIV, PLWH and their partners, condom distribution, efforts to align policies to optimize HIV prevention, care, and treatment	All steps of the HIV Care Continuum
CDC Prevention-Category B—City of Chicago	$1,474,538 *Individual grants below are part of the total award*	3/1/16-2/28/17	Chicago DPH	Expanded access to HIV testing services, primarily in healthcare settings, for African Americans, Latinos, and other populations heavily affected by HIV	HIV Primary Prevention and Diagnosis, LTC
	$100,000	3/1/16-2/28/17	Asian Human Services	HIV counseling, testing, and referral	HIV Primary Prevention and Diagnosis, LTC
	$165,000	3/1/16-2/28/17	Center on Halsted	HIV counseling, testing, and referral	HIV Primary Prevention and Diagnosis, LTC
	$165,000	3/1/16-2/28/17	Hekteon/Cermak	HIV counseling, testing, and referral	HIV Primary Prevention and Diagnosis, LTC

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
	$1,100,000	3/1/16-2/28/17	University of Chicago	Expanded HIV testing	HIV Primary Prevention and Diagnosis, LTC
City of Chicago Corporate	$4,319,673 *(Individual grants below are part of this total award)*				
	$284,942	3/1/16-2/28/17	Access Community Health	HIV counseling, testing, and referral; Healthy Relationships, Voices	HIV Primary Prevention and Diagnosis, LTC
	$87,500	3/1/16-2/28/17	Brothers Health Collective	CLEAR	All steps of the HIV Care Continuum
	$50,000	3/1/16-2/28/17	CALOR/Lester and Rosalie Anixter Center	3MV	HIV Primary Prevention and Diagnosis
	$100,000	3/1/16-2/28/17	Chicago Women's AIDS Project	Case management, MH, AOD screening, violence/trauma screening, health navigation and linkage, individual/couples HIV testing (linkage to PrEP/ART), assistance with long-term supports	All steps of the HIV Care Continuum
	$231,768	3/1/16-2/28/17	COIP/University of ILL.	Syringe exchange	HIV Primary Prevention and Diagnosis
	$90,000	3/1/16-2/28/17	FOLA	HIV counseling, testing, and referral	HIV Primary Prevention and Diagnosis, LTC
	$50,000	3/1/16-2/28/17	Heartland Human Care	Community PROMISE	HIV Primary Prevention and Diagnosis

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
	$87,500	3/1/16-2/28/17	Hektoen/Austin	m-Powerment	HIV Primary Prevention and Diagnosis, LTC
	$328,611	3/1/16-2/28/17	Hekteon/Core	HIV counseling, testing, and referral, Partners for Health (PFH), Safe in the City video intervention	HIV Primary Prevention and Diagnosis, LTC
	$691,794	3/1/16-2/28/17	Hekteon/Provident	HIV counseling, testing, and referral	HIV Primary Prevention and Diagnosis, LTC
	$95,000	3/1/16-2/28/17	Hekteon/Stroger	Get Ya' Life GLI; CRCS, Couples CRCS; couples HIV counseling, testing, and referral: The Message Tree CLI	All steps of the HIV Care Continuum
	$415,000	3/1/16-2/28/17	Howard Brown	ARTAS for PrEP; HIV counseling, testing, and referral	HIV Primary Prevention and Diagnosis, LTC
	$185,543	3/1/16-2/28/17	Lurie Children's Health	HIV counseling, testing, and referral, PCC for MSM under 30	HIV Primary Prevention and Diagnosis, LTC
	$50,000	3/1/16-2/28/17	McDermott Center/Haymarket	Male 411 (local), 5 session GLI	HIV Primary Prevention and Diagnosis, LTC
	$150,000	3/1/16-2/28/17	Northwestern	N/A	
	$95,000	3/1/16-2/28/17	Public Health Inst. Chicago/CBGMC	HIS Lifestyle Campaign: Tech-based PWP	All steps of the HIV Care Continuum
	$95,000	3/1/16-2/28/17	Public Health Inst. Chicago/MADE	2nd Genesis, peer-based outreach, linkage, and GLI	HIV Primary Prevention and Diagnosis, LTC
	$100,000	3/1/16-2/28/17	Puerto Rican Cultural Center-Vida/Sida	Adapted CRCS	HIV Primary Prevention and Diagnosis, LTC

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
	$155,015	3/1/16-2/28/17	Rincon Family Services	HIV counseling, testing, and referral	HIV Primary Prevention and Diagnosis, LTC
	$165,000	3/1/16-2/28/17	South Side Help Center	HIV counseling, testing, and referral	HIV Primary Prevention and Diagnosis, LTC
	$150,000	3/1/16-2/28/17	The CORE Foundation/ Division of Adolescent Medicine	HEAR (Helping Eliminate AIDS through Teamwork): Outreach, PrEP training, LTC PrEP, risk reduction counseling	HIV Primary Prevention and Diagnosis, LTC
	$172,000	3/1/16-2/28/17	Test Positive Aware Network	HIV counseling, testing, and referral	HIV Primary Prevention and Diagnosis, LTC
	$75,000	3/1/16-2/28/17	The Night Ministry	HIV counseling, testing, and referral	HIV Primary Prevention and Diagnosis, LTC
	$415,000	3/1/16-2/28/17	University of Chicago	HIV counseling, testing, and referral	HIV Primary Prevention and Diagnosis, LTC
CDC Prevention-PrEP Implementation-City of Chicago	$2,261,431 *Individual grants below are part of this total award*	9/30/16-9/29/17	Chicago DPH	Implementation of PrEP demonstration project that prioritize populations of MSM and transgender persons at high risk for HIV infection, particularly those of color.	HIV Primary Prevention and Diagnosis
	$178,917	9/30/16-9/29/17	Howard Brown Health Center	Implementation of PrEP demonstration project	HIV Primary Prevention and Diagnosis
	$178,917	9/30/16-9/29/17	Heartland Human Care Services	Implementation of PrEP demonstration project	HIV Primary Prevention and Diagnosis
	$178,917	9/30/16-9/29/17	The CORE Foundation	Implementation of PrEP demonstration project	HIV Primary Prevention and Diagnosis

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
	$178,917	9/30/16-9/29/17	University of Chicago	Implementation of PrEP demonstration project	HIV Primary Prevention and Diagnosis
	$178,917	9/30/16-9/29/17	Provident Hospital	Implementation of PrEP demonstration project	HIV Primary Prevention and Diagnosis
	$178,917	9/30/16-9/29/17	Esperanza Health Care	Implementation of PrEP demonstration project	HIV Primary Prevention and Diagnosis
	$75,000	9/30/16-9/29/17	Northwestern University	Evaluation of the PrEP demonstration project	HIV Primary Prevention and Diagnosis
	$25,250	9/30/16-9/29/17	Center for Data Science and Public Policy	Data analysis of the PrEP demonstration project	HIV Primary Prevention and Diagnosis
CDC Prevention-Data to Care-Chicago	$731,619 *Individual grants below are part of this total award*	9/30/16-9/29/17	Chicago DPH	Data to Care demonstration project that prioritize populations of MSM and transgender persons, particularly those of color.	LTC, EC, RC, VS
	$70,250	9/30/16-9/29/17	The CORE Center	Implementation of the Data to Care demonstration	LTC, EC, RC, VS
	$70,250	9/30/16-9/29/17	University of Chicago	Implementation of the Data to Care demonstration	LTC, EC, RC, VS
	$75,000	9/30/16-9/29/17	Northwestern University	Evaluation of the Data to Care demonstration	LTC, EC, RC, VS
	$25,250	9/30/16-9/29/17	Center for Data Science and Public Policy	Data analysis of the Data to Care demonstration	LTC, EC, RC, VS

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
CDC High Impact Prevention Directly-funded CBO Grants	$2,565,586 (total)	7/1/16-6/30/17	*Individual grants below are part of the total award. Awards are the FY16 portion of a five year grant. (Grant PS15:1502)*		
	$350,000	7/1/16-6/30/17	Access Community Health Network	High Impact prevention activities	All steps in the HIV Care Continuum
	$350,000	7/1/16-6/30/17	Association House of Chicago	High Impact prevention activities	All steps in the HIV Care Continuum
	$757,793	7/1/16-6/30/17	Howard Brown Health Center	High Impact prevention activities	All steps in the HIV Care Continuum
	$757,793	7/1/16-6/30/17	Chicago House and Social Service Agency	High Impact prevention activities	All steps in the HIV Care Continuum
	$350,000	7/1/16-6/30/17	South Side Help Center	High Impact prevention activities	All steps in the HIV Care Continuum
HUD/HOPWA FY16 Formula Allocation	$6,980,042 *Subgrantee awards below are included in the total award amount.*		City of Chicago DPH		
	$114,253	1/1/16 - 12/31/16	Grantee: Delegate Agency: Agape Missions	Facility-based housing assistance	EC, RC, VS
	$191,624	1/1/16 - 12/31/16	Grantee: Alexian Brother Bonaventure	Facility-based housing assistance	EC, RC, VS

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
			House		
	$68,360	1/1/16 - 12/31/16	Grantee: Anixter Center—CALOR	Facility-based housing assistance	EC, RC, VS
	$625,545	1/1/16 - 12/31/16	Grantee: Chicago House Social Service Agency	Facility-based housing assistance	EC, RC, VS
	$160,000	1/1/16 - 12/31/16	Grantee: Children's Place Association	Facility-based housing assistance	EC, RC, VS
	$114,950	1/1/16 - 12/31/16	Grantee: Christian Community Health Center	Facility-based housing assistance	EC, RC, VS
	$92,584	1/1/16 - 12/31/16	Grantee: Community Supportive Living Systems	Facility-based housing assistance	EC, RC, VS
	$380,000	1/1/16 - 12/31/16	Grantee: Edge Alliance, Inc.	Facility-based housing assistance	EC, RC, VS
	$346,589	1/1/16 - 12/31/16	Grantee: Haymarket-McDermott Center	Facility-based housing assistance	EC, RC, VS
	$502,252	1/1/16 - 12/31/16	Grantee: Heartland Human Care Services	Facility-based housing assistance	EC, RC, VS
	$245,706	1/1/16 - 12/31/16	Grantee: Heartland Health Outreach	Facility-based housing assistance	EC, RC, VS
	$170,262	1/1/16 - 12/31/16	Grantee: Housing Opportunities for Women	Facility-based housing assistance	EC, RC, VS
	$185,000	1/1/16 - 12/31/16	Grantee: Human Resources Development Institute	Facility-based housing assistance	EC, RC, VS
	$311,000	1/1/16 - 12/31/16	Grantee: The Boulevard of Chicago	Facility-based housing assistance	EC, RC, VS
	$80,000	1/1/16 - 12/31/16	Grantee: Pilsen Wellness Center	Facility-based housing assistance	EC, RC, VS
	$130,000	1/1/16 - 12/31/16	Grantee: Puerto Rican	Facility-based housing assistance	EC, RC, VS

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
			Cultural Center		
	$100,000	1/1/16 - 12/31/16	Grantee: Unity Parenting & Counseling	Facility-based housing assistance	EC, RC, VS
	$430,000	1/1/16 - 12/31/16	Grantee: AIDS Foundation of Chicago	Housing information services	EC, RC, VS
	$87,000	1/1/16 - 12/31/16	Grantee: Asian Human Services	Housing information services	EC, RC, VS
	$63,215	1/1/16 - 12/31/16	Grantee: Chicago House Social Service Agency	Housing information services	EC, RC, VS
	$60,000	1/1/16 - 12/31/16	Grantee: FOLA Community Action Services	Housing information services	EC, RC, VS
	$72,000	1/1/16 - 12/31/16	Grantee: Human Resources Development Institute (HRDI)	Housing information services	EC, RC, VS
	$116,166	1/1/16 - 12/31/16	Grantee: Legal Assistance Foundation	Housing information services	EC, RC, VS
	$70,000	1/1/16 - 12/31/16	Grantee: Puerto Rican Cultural Center	Housing information services	EC, RC, VS
	$2,495,965	1/1/16 - 12/31/16	AIDS Foundation Chicago	Tenant-based rental assistance	EC, RC, VS
HUD/HOPWA FY 16 Formula Allocation: Illinois Non-Entitlement	$1,189,573		State of Illinois *Subgrantee awards below are included in the total award amount.*		
	$119,768	1/1/16-12/31/16	Grantee: Champaign-Urbana Public Health District	HIV regional administrative offices to provide housing and support services to low-income, uninsured, or underinsured people in Illinois living with HIV	EC, RC, VS

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
	$20,000	1/1/16-12/31/16	Grantee: Jackson County Health Department	HIV regional administrative offices to provide housing and support services to low-income, uninsured, or underinsured people in Illinois living with HIV	EC, RC, VS
	$6,000	1/1/16-12/31/16	Grantee: St. Clair County Health Department	HIV regional administrative offices to provide housing and support services to low-income, uninsured, or underinsured people in Illinois living with HIV	EC, RC, VS
	$100,000	1/1/16-12/31/16	Grantee: Southern Illinois University School of Medicine	HIV regional administrative offices to provide housing and support services to low-income, uninsured, or underinsured people in Illinois living with HIV	EC, RC, VS
	$205,440	1/1/16-12/31/16	Grantee: University of Illinois College of Medicine	HIV regional administrative offices to provide housing and support services to low-income, uninsured, or underinsured people in Illinois living with HIV	EC, RC, VS
	$259,883	1/1/16-12/31/16	Grantee: Winnebago County Health Department	HIV regional administrative offices to provide housing and support services to low-income, uninsured, or underinsured people in Illinois living with HIV	EC, RC, VS
	$90,000	1/1/16-12/31/16	Grantee: Alexian Brothers, The Harbor	Housing services for individuals living with HIV	EC, RC, VS
	$90,000	1/1/16-12/31/16	Grantee: Asian Human Services	Housing services for individuals living with HIV	EC, RC, VS
	$90,000	1/1/16-12/31/16	Grantee: Bethany Place	Housing services for individuals living with HIV	EC, RC, VS
	$90,000	1/1/16-12/31/16	Grantee: DeLaCerda House	Housing services for individuals living with HIV	EC, RC, VS
	$90,000	1/1/16-12/31/16	Grantee: Fifth Street Renaissance/SARA Center	Housing services for individuals living with HIV	EC, RC, VS
	$90,000	1/1/16-12/31/16	Grantee: Greater Community AIDS Project	Housing services for individuals living with HIV	EC, RC, VS

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
	$90,000	1/1/16-12/31/16	Grantee: Phoenix Center	Housing services for individuals living with HIV	EC, RC, VS
HUD/HOPWA -Direct Grants -Supportive Housing					
HUD/HOPWA	$490,926	2/1/16-1/31/17	AFC	Permanent Supportive Housing Renewal Grant: Scattered-site rental assistance and housing placement services to 28 households living with HIV/AIDS in Chicago and a combination of supportive services including HIV/AIDS case management, linkages to primary health care, and access to employment services	EC, RC, VS
HUD/HOPWA	$495,938	1/1/16-12/31/17	City of Chicago	Permanent Supportive Housing Renewal Grant: Tenant-based rental assistance to 36 households and access to supportive services including linkages to medical care, HIV/AIDS case management, and other services	EC, RC, VS
HUD/HOPWA	$428,456	2/1/16-1/31/17	Chicago House and Social Service Agency	Permanent Supportive Housing Renewal Grant: Tenant-based rental assistance to 28 households facing chronic homelessness, as well as unemployment and job training, placement support, case management, and linkages to medical care and other primary care services	EC, RC, VS
HUD/HOPWA	$321,886	5/1/16-4/30/17	Interfaith Residence (Doorways)	Permanent Supportive Housing Renewal Grant: Housing and supportive services to positives and their families in a 55-county rural area of southern Illinois including access to HIV/AIDS case management, medical care, and other linkages to community social service programs	EC, RC, VS

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
HUD/HOPWA	$308,748	4/1/17-3/31/18	Cornerstone Services	Permanent Supportive Housing Renewal Grant: Tenant-Based Rental Assistance (TBRA) and supportive services for 16 households of PLWHA, who also have mental illness and are experiencing homelessness in Will County, in partnership with Agape Missions, Stepping Stones, Metro Infectious Disease Consultants, and Regional Care Association.	EC, RC, VS
IDPH ADAP General Revenue Funds (GRF)	$7,000,000 (estimated total)				
IDPH GRF	$230,000	7/1/15-6/30/16	Illinois Department of Corrections	HIV testing and linkage to care at Summit of Hope events for parolees; HIV/STD prevention education using inmate peer educators inside correctional facilities	HIV Primary Prevention and Diagnosis, LTC All steps of the HIV Care Continuum
IDPH GRF	$60,000	7/1/15-6/30/16	Jackson County Health Department	HIV testing and risk reduction counseling for recently released individuals, linkage to care, and wrap around services through Summits of Hope and First Steps for juveniles	HIV Primary Prevention and Diagnosis, LTC All steps of the HIV Care Continuum
IDPH GRF	$50,000 GRF $53,200 CDC	7/1/16-12/31/16	Illinois Public Health Association (IPHA)	Annual statewide HIV/AIDS conference (Amendment to previous grant)	All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
IDPH GRF	$50,000	7/1/16-9/30/16	Pediatric AIDS Chicago Prevention Initiative (PACPI)	IL Perinatal HIV Hotline –SF16 extension- The 24/7 Illinois Perinatal HIV Hotline is the official reporting mechanism for positive rapid HIV tests on pregnant women and their infants to ensure medical consultation, access to specialty care, linkage to case management and post-test counseling and support.	All steps of the HIV Care Continuum
IDPH GRF	$310,000	10/1/16-6/30/17	To be determined	The 24/7 Illinois Perinatal HIV Hotline is the official reporting mechanism for positive rapid HIV tests on pregnant women and their infants to ensure medical consultation, access to specialty care, linkage to case management and post-test counseling/support. Unmet needs of HIV-positive women and their HIV-exposed infants will also be identified by conducting Pediatric HIV Exposure Reporting (PHER) Surveillance chart abstractions for all HIV exposed births in the city of Chicago to find cases of missed opportunities to perinatal HIV transmission and advocate for improved services for HIV-positive including HIV syphilis co-infected women and their infants at Fetal Infant Mortality Review-HIV (FIMR-HIV) Meetings.	HIV Primary Prevention and Diagnosis, LTC All steps of the HIV Care Continuum
IDPH GRF/ CDC Federal Prevention Grant	$560,000 GRF $100,000 CDC	7/1/16-6/30/17	PACPI	The Enhanced Perinatal HIV Case Management Services grant targets hardest-to-reach, hardest-to-link HIV-positive pregnant and recently delivered women with enhanced case management services during and for up to six months postpartum. The grant also includes the Rapid Testing Initiative, which requires hospitals to report the number of HIV exposed infants delivered each month.	HIV Primary Prevention and Diagnosis, LTC All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
IDPH Office of Women's Health Federal Grant	$21,326	7/1/16-9/30/16	PACPI	Pediatric HIV Exposure Reporting (PHER) and Fetal Infant Mortality Review-HIV (FIMR-HIV) Business Opportunity Announcement - Pediatric HIV Exposure Reporting (PHER) Surveillance is a process used to collect demographic, behavioral and clinical information on all HIV-positive pregnant women and their infants by conducting medical record chart abstractions and the data collected through PHER is then analyzed and evaluated for the purposes of conducting detailed case reviews and studies through our Fetal and Infant Mortality Review-HIV (FIMR-HIV) Process in order to identify, address and reduce missed opportunities of mother-to-child HIV transmission.	HIV Primary Prevention and Diagnosis, LTC All steps of the HIV Care Continuum
IDPH GRF	$354,748	7/1/16-6/30/17	Center on Halsted	HIV/STD Hotline (Renewal 1)	HIV Primary Prevention and Diagnosis, LTC All steps of the HIV Care Continuum
IDPH GRF	$200,000	7/1/15-6/30/16	Center on Halsted	HIV counseling and testing, STD and hepatitis education; referrals for medical, case management, substance abuse and mental health services	HIV Primary Prevention and Diagnosis, LTC All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
IDPH GRF — Lead Agents	$339,504 GRF $21,733 CDC Prevention *Subgrantee awards below are included in the total award amount.*	7/1/15-6/30/16	IPHA	Lead agent for Region 1, Regional Implementation Grant (RIG)	
	$199,648	7/1/15-6/30/16	Region 1 Subgrantee: AIDS Project Quad City	CRCS/CLEAR, RRC, adherence counseling and care-reengagement for HIV-positive individuals; CTR for MSM, Mpowerment for HIV-negative MSM, STI screening for HIV-negative MSM and HRH, and Community Promise for HIV-negative HRH.	All steps of the HIV Care Continuum
	$42,204	7/1/15-6/30/16	Region 1 Subgrantee: Chicago Recovery Alliance	CTR for IDU and MSM/IDU; Harm Reduction/RRC for HIV-positive and HIV-negative IDU, MSM/IDU, and HIV-negative Black HRH.	HIV Primary Prevention and Diagnosis, LTC All steps of the HIV Care Continuum
	$35,268	7/1/15-6/30/16	Region 1 Subgrantee: Winnebago County Health Department	CTR for IDU and MSM/IDU; Harm Reduction/RRC for HIV-positive and HIV-negative IDU, MSM/IDU, and HIV-negative Black HRH.	HIV Primary Prevention and Diagnosis, LTC All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
IDPH GRF — Lead Agents	$226,336 GRF $14,488 CDC Prevention *Subgrantee awards below are included in the total award amount.*	7/1/15-6/30/16	IPHA	Lead agent for Region 2, RIG	
	$38,288	7/1/15-6/30/16	Region 2 Subgrantee: Central Illinois Friends of PWA	CTR for MSM and VIBES for YAAMSM.	HIV Primary Prevention and Diagnosis, LTC
	$4,949	7/1/15-6/30/16	Region 2 Subgrantee: LaSalle County Health Department	CTR for MSM and HRH, surveillance-based partner services	HIV Primary Prevention and Diagnosis, LTC All steps of the HIV Care Continuum
	$65,853	7/1/15-6/30/16	Region 2 Subgrantee: McLean County Health Department	CTR for MSM and HRH, surveillance-based partner services	HIV Primary Prevention and Diagnosis, LTC All steps of the HIV Care Continuum
	$10,004	7/1/15-6/30/16	Region 2 Subgrantee: Peoria City/County Health Department	GPS for HIV-positive MSM and HRH; Surveillance-based LTC/Adherence Counseling; CTR for MSM and HRH; Surveillance-based Partner Services; RRC for HIV-positive and HIV-negative MSM and HRH.	HIV Primary Prevention and Diagnosis, LTC All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
	$37,188	7/1/15-6/30/16	Region 2 Subgrantee: Sisters and Brothers Helping Each Other	CTR for IDU, MSM/IDU, MSM; Harm Reduction/RRC for HIV-positive and HIV-negative IDU and MSM/IDU.	HIV Primary Prevention and Diagnosis, LTC All steps of the HIV Care Continuum
IDPH GRF—Lead Agents	$190,681 GRF $12,206 CDC Prevention *Subgrantee awards below are included in the total award amount.*	7/1/15-6/30/16	Sangamon County Health Department	Lead agent for Region 3, RIG	
	$14,650	7/1/15-6/30/16	Region 3 Subgrantee: Adams County Health Department	CTR, RRC, HRC, Partner Services, Linkage to Care	HIV Primary Prevention and Diagnosis, LTC All steps of the HIV Care Continuum
	$38,750	7/1/15-6/30/16	Region 3 Subgrantee: Fifth Street Renaissance	CTR, RRC, HRC, CRCS	All steps of the HIV Care Continuum
	$52,650	7/1/15-6/30/16	Region 3 Subgrantee: Phoenix Center	CTR, RRC, HRC, CRCS, GPS	All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
	$96,836	7/1/15-6/30/16	Region 3 Subgrantee: Sangamon County Health Department	Surveillance Based Partner Services; Surveillance Based Linkage to Care	HIV Primary Prevention and Diagnosis, LTC All steps of the HIV Care Continuum
IDPH GRF—Lead Agents	$444,921 GRF $28,481 CDC Prevention *Subgrantee awards below are included in the total award amount.*	7/1/15-6/30/16	IPHA	Lead agent for Region 4, RIG	
	$67,761	7/1/15-6/30/16	Region 4 Subgrantee: Bethany Place	Harm Reduction/RRC for HIV-positive and HIV-negative IDU, MSM, HRH; Hepatitis C testing for HIV-positive and HIV-negative IDU; CTR for MSM, IDU, HRH	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum
	$77,728	7/1/15-6/30/16	Region 4 Subgrantee: Coordinated Youth & Human Services	N/A	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
	$122,400	7/1/15-6/30/16	Region 4 Subgrantee: Eastside Health District	RESPECT for HIV-positive MSM and HRH; Surveillance-based LTC/Adherence Counseling; Surveillance-based Partner Services; CTR for MSM and HRH.	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum
	$10,768	7/1/15-6/30/16	Region 4 Subgrantee: Macoupin County Public Health Department	RRC for HIV-negative MSM; Surveillance-based Partner Services; CTR for MSM.	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum
	$70,206	7/1/15-6/30/16	Region 4 Subgrantee: Madison County Health Department	RRC for HIV-positive MSM; Surveillance-based LTC/Adherence Counseling; Surveillance-based Partner Services; RESPECT for HIV-negative; CTR for MSM.	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum
	$48,921	7/1/15-6/30/16	Region 4 Subgrantee: Southern Illinois Healthcare Foundation	Healthy relationships for positive MSM and HRH; HIV counseling, testing, and referral for MSM; VIBES for negative black, young MSM; risk reduction counseling for negative MSM.	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum
IDPH GRF—Lead Agents	$96,115 GRF $6,153 CDC Prevention *Subgrantee awards below are included in the total award amount.*	7/1/15-6/30/16	IPHA	Lead agent for Region 5	

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
	$30,529	7/1/15-6/30/16	Region 5 Subgrantee: Jackson County Health Department	RRC for HIV-positive MSM, IDU, HRH, and MSM/IDU; surveillance-based linkage to care and adherence counseling; HIV counseling, testing, and referral for MSM, IDU, and MSM/IDU; surveillance-based partner services; group prevention services for MSM, IDU, HRH, and MSM/IDU	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum
	$6,204	7/1/15-6/30/16	Region 5 Subgrantee: Jefferson County Health Department	GPS for HIV-positive IDU and HRH; Hepatitis A/B vaccination for HIV-positive IDU and HRH; Surveillance-based LTC/Adherence Counseling; CTR for MSM, IDU and MSM/IDU; Surveillance-based Partner Services.	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum
	$14,286	7/1/15-6/30/16	Region 5 Subgrantee: Sisters and Brothers Helping Each Other	Providing HIV prevention services to HIV-positive and high-risk clients in Region 5. Services offered are CTR, HRC, GPS, RRC, CRCS, linkage to care and partner services and syringe exchange.	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum
IDPH GRF—Lead Agents	$235,628 GRF $2,916 CDC Prevention *Subgrantee awards below are included in the total award amount.*	7/1/15-6/30/16	Champaign-Urbana Public Health District	Lead agent for Region 6, RIG	

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
	$185,781	7/1/15-6/30/16	Region 6 Subgrantee: Champaign-Urbana Public Health District	Providing HIV prevention services to HIV-positive and high-risk clients in Region 6. Services offered are CTR, HRC, GPS, RRC, CRCS, Surv., linkage to care and parenter services and syringe exchange.	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum
	$18,100	7/1/15-6/30/16	Region 6 Subgrantee: Coles County Health Department	Providing HIV prevention services to HIV-positive and high-risk clients in Region 6. Services offered are CTR and RRC.	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum
	$13,400	7/1/15-6/30/16	Region 6 Subgrantee: Edgar County Health Department	HIV prevention services to HIV-positive and high-risk clients in Region 6 including HIV counseling, testing, and referral and risk reduction counseling	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum
	$27,850	7/1/15-6/30/16	Region 6 Subgrantee: Sisters and Brothers Helping Each Other	HIV prevention services to HIV-positive and high-risk clients in Region 6 including HIV counseling, testing, and referral; risk reduction counseling; group prevention services; CRCS; linkage to care; partner services; and syringe exchange.	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum
IDPH GRF—Lead Agents	$888,292 GRF $56,862 CDC Prevention *Subgrantee awards below are included in the total award.*	7/1/15-6/30/16	IPHA	Lead agent for Region 7, RIG	

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
	$41,686	7/1/15-6/30/16	Region 7 Subgrantee: Chicago Recovery Alliance	CTR for IDU, MSM/IDU, MSM, HRH; Harm Reduction/RRC for HIV-positive and HIV-negative IDU and MSM/IDU.	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum
	$38,636	7/1/15-6/30/16	Region 7 Subgrantee: DuPage County Health Department	RRC for HIV-positive MSM and HRH; Surveillance-based LTC/Adherence Counseling; CTR for MSM; Surveillance-based Partner Services; RRC for HIV-negative MSM and HRH.	All steps of the HIV Care Continuum
	$180,064	7/1/15-6/30/16	Region 7 Subgrantee: Lake County Health Department	GPS for HIV-positive MSM and HRH; Surveillance-based LTC/Adherence Counseling; CTR for MSM and HRH; Surveillance-based Partner Services; RRC for HIV-negative MSM.	All steps of the HIV Care Continuum
	$13,335	7/1/15-6/30/16	Region 7 Subgrantee: Angles	GPS for HIV-negative YMSM and CTR for YMSM.	HIV Primary Prevention and Diagnosis, LTC
	$32,819	7/1/15-6/30/16	Region 7 Subgrantee: FCAN	CLEAR, Group Prevention and Support, Risk Reduction Counseling.	All steps of the HIV Care Continuum
	$133,326	7/1/15-6/30/16	Region 7 Subgrantee: Open Door Clinic	CRCS for HIV-positive MSM and HIV-negative MSM and HRH; GPS for HIV-positive MSM and HRH; CTR for MSM; RRC for HIV-negative MSM and HRH; STI screening for HIV-negative MSM.	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
	$84,173	7/1/15-6/30/16	Region 7 Subgrantee: Regional Care Association	CRCS for HIV-positive MSM; RRC for HIV-positive MSM and HRH; CTR for MSM; RRC for HIV-negative MSM and HRH.	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum
	$104,625	7/1/15-6/30/16	Region 7 Subgrantee: Renz Prevention Center	GPS for HIV-positive MSM; CTR for MSM; RRC for HIV-negative MSM.	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum
	$59,471	7/1/15-6/30/16	Region 7 Subgrantee: Sisters and Brothers Helping Each Other	CTR for IDU, MSM/IDU, MSM; Harm Reduction/RRC for HIV-positive and HIV-negative IDU and MSM/IDU.	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum
	$109,292	7/1/15-6/30/16	Region 8 Subgrantee: Will County Health Department	GPS for HIV-positive MSM and HRH; Surveillance-based LTC/Adherence Counseling; CTR for MSM and HRH; Surveillance-based Partner Services; VIBES for HIV-negative AAYMSM; RRC and STI screening for HIV-negative MSM.	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum
IDPH GRF—Lead Agents	$1,638,613 GRF $104,893 CDC Prevention *Subgrantee awards below are included in the total award amount.*	7/1/15-6/30/16	Public Health Institute of Metropolitan Chicago	Lead agent for Region 8, RIG	

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
	$23,000	7/1/15-6/30/16	Region 8 Subgrantee: Angels	HIV counseling and testing, group prevention services with negative youth	HIV Primary Prevention and Diagnosis, LTC
	$46,000	7/1/15-6/30/16	Region 8 Subgrantee: Aunt Martha's Youth Services	HIV counseling and testing, group interventions for youth and black HRH and MSM in south suburbs	HIV Primary Prevention and Diagnosis, LTC
	$88,700	7/1/15-6/30/16	Region 8 Subgrantee: Cook County Department of Public Health	HIV counseling and testing, risk reduction counseling, group prevention services, linkage to care, AC, for almost all risk populations including positive groups at Oak Forest, Maywood, and multiple outreach south suburbs outreach sites	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum
	$145,800	7/1/15-6/30/16	Region 8 Subgrantee: Chicago Recovery Alliance	HIV counseling, testing, and referral; risk reduction counseling for almost all identified risk populations; harm reduction counseling for IDUs	HIV Primary Prevention and Diagnosis, LTC
	$15,250	7/1/15-6/30/16	Region 8 Subgrantee: Evanston Health Department	Surveillance	All steps of the HIV Care Continuum
	$57,500	7/1/15-6/30/16	Region 8 Subgrantee: FCAN	CLEAR, Group Prevention and Support, Risk Reduction Counseling.	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum
	$74,300	7/1/15-6/30/16	Region 8: Subgrantee: Howard Brown Health Center	HCT and CRCS predominantly in outreach setting in north and west suburbs. Multiple populations including MSM.	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
	$54,000	7/1/15-6/30/16	Region 8 Subgrantee: Making a Daily Effort	HIV counseling and testing, group prevention services with positives	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum
	$50,000	7/1/15-6/30/16	Region 8 Subgrantee: Men and Women in Prison Ministries	HIV counseling, testing, and referral; risk reduction counseling for identified risk populations	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum
	$20,050	7/1/15-6/30/16	Region 8 Subgrantee: Oak Park Department of Public Health	HIV Surveillance	All steps of the HIV Care Continuum
	$12,000	7/1/15-6/30/16	Region 8 Subgrantee: Project VIDA	HIV counseling and testing, risk reduction counseling with negatives	HIV Primary Prevention and Diagnosis, LTC
	$87,000	7/1/15-6/30/16	Region 8 Subgrantee: Proactive Community Services	HIV counseling and testing, group intervention for black MSM and IDU in the south suburbs	HIV Primary Prevention and Diagnosis, LTC
	$140,000	7/1/15-6/30/16	Region 8 Subgrantee: Renz Prevention Center	HIV counseling and testing, group intervention for black and Hispanic MSM in the northwest suburbs	HIV Primary Prevention and Diagnosis, LTC
	$120,700	7/1/15-6/30/16	Region 8: Sisters and Brothers Helping Each Other	HIV counseling and testing, comprehensive risk counseling and services, IDU outreach and syringe exchange, hepatitis activities	HIV Primary Prevention and Diagnosis, LTC
	$73,500	7/1/15-6/30/16	Region 8 Subgrantee: South Suburban HIV/AIDS Regional Clinic	HIV counseling, testing, and referral; group prevention and support; and risk reduction counseling with multiple populations—the majority positive—through care clinics and collaboration in the south suburbs	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
	$82,000	7/1/15-6/30/16	Region 8 Subgrantee: Puerto Rican Cultural Center, VIDA/SIDA	HIV counseling, testing, and referral for almost all risk populations, RESPECT, risk reduction counseling	HIV Primary Prevention and Diagnosis, LTC, All steps of the HIV Care Continuum
IDPH GRF—MAI	$1,000,000 *Subgrantee awards below are included in the total award amount.*		Center for Minority Health Services		
	$20,000	10/1/15-6/30/16	Grantee: 2nd Genesis Foundation	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; high impact outreach to medically underserved minority populations	HIV Primary Prevention and Diagnosis, LTC
	$25,000	8/1/15-6/30/16	Grantee: Agape Global Outreach	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; high impact outreach to medically underserved minority populations; and STI screening for minority populations	HIV Primary Prevention and Diagnosis, LTC
	$25,000 $25,000 GRF	10/1/15-6/30/16	Grantee: AIDS Foundation of Chicago	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; high impact outreach to medically underserved minority populations	HIV Primary Prevention and Diagnosis, LTC
	$30,000	10/1/15-6/30/16	Grantee: Asian Human Services	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; high impact outreach to medically underserved minority populations	HIV Primary Prevention and Diagnosis, LTC

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
	$25,000	10/1/15-6/30/16	Grantee: Beyond Care	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; high impact outreach to medically underserved minority populations	HIV Primary Prevention and Diagnosis, LTC
	$25,000	8/1/15-6/30/16	Grantee: Beyond Care (2)	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; high impact outreach to medically underserved minority populations; and STI screening for minority populations (Increasing Access)	HIV Primary Prevention and Diagnosis, LTC
	$12,000	10/1/15-6/30/16	Grantee: Cass County Health Department	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; high impact outreach to medically underserved minority populations	HIV Primary Prevention and Diagnosis, LTC
	$18,000	10/1/15-6/30/16	Grantee: Champaign-Urbana Public Health District	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; and high impact outreach to medically underserved populations through the Wellness on Wheels mobile health care program	HIV Primary Prevention and Diagnosis, LTC
	$20,000	8/1/15-6/30/16	Grantee: Champaign-Urbana Public Health District	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; high impact outreach to medically underserved minority populations; and STI screening for minority populations (Increasing Access)	HIV Primary Prevention and Diagnosis, LTC
	$25,000	7/1/15-6/30/16	Grantee: Champaign-Urbana Public Health District	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; and high impact outreach to medically underserved populations through the Wellness on Wheels mobile health care program	HIV Primary Prevention and Diagnosis, LTC
	$35,000	7/1/15-6/30/16	Community Health & Emergency Services	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; and high impact outreach to medically underserved populations through the Wellness on Wheels mobile health care program	HIV Primary Prevention and Diagnosis, LTC

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
	$35,000	10/1/15-6/30/16	Community Wellness Project	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; and high impact outreach to medically underserved minority population.	HIV Primary Prevention and Diagnosis, LTC
	$80,000	10/1/15-6/30/16	Grantee: Fifth Street Renaissance	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; and high impact outreach to medically underserved minority population	HIV Primary Prevention and Diagnosis, LTC
	$50,000	8/1/15-6/30/16	Grantee: Fifth Street Renaissance	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; and high impact outreach to medically underserved populations through the Wellness on Wheels mobile health care program (Increasing Access)	HIV Primary Prevention and Diagnosis, LTC
	$25,000	7/1/15-6/30/16	Fifth Street Renaissance	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; STI screening; and high impact outreach to medically underserved populations through the Wellness on Wheels mobile health care program	HIV Primary Prevention and Diagnosis, LTC
	$50,000	10/1/15-6/30/16	Grantee: Human Resources Development Institute	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; and high impact outreach to medically underserved minority population	HIV Primary Prevention and Diagnosis, LTC
	$55,000	10/1/15-6/30/16	IPHA	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; and high impact outreach to medically underserved minority population	HIV Primary Prevention and Diagnosis, LTC

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
	$10,000	8/1/15-6/30/16	Mi Raza Community Center	HIV risk and harm reduction counseling; HIV counseling, testing, referral; high impact outreach; and STI screening to medically underserved minority populations through the Wellness on Wheels mobile healthcare program (Increase Access)	HIV Primary Prevention and Diagnosis, LTC
	$30,000	10/1/15-6/30/16	Grantee: New Age Services Corp.	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; and high impact outreach to medically underserved minority population	HIV Primary Prevention and Diagnosis, LTC
	$40,000	10/1/15-6/30/16	Proactive Community Services	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; and high impact outreach to medically underserved minority population	HIV Primary Prevention and Diagnosis, LTC
	$30,000	10/1/15-6/30/16	Project of the Quad Cities	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; and high impact outreach to medically underserved minority population	HIV Primary Prevention and Diagnosis, LTC
	$50,000	10/1/15-6/30/16	Grantee: Puerto Rican Cultural Center	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; and high impact outreach to medically underserved minority population	HIV Primary Prevention and Diagnosis, LTC
	$25,000	7/1/15-6/30/16	Grantee: Regional CARE Association	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; and high impact outreach to medically underserved populations through the Wellness on Wheels mobile health care program	HIV Primary Prevention and Diagnosis, LTC
	$40,000	10/1/15-6/30/16	Grantee: Renz Addiction Counseling Center (Renz Center)	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; and high impact outreach to medically underserved minority population	HIV Primary Prevention and Diagnosis, LTC

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
	$25,000	7/1/15-6/30/16	Grantee: Springfield Urban League	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; and high impact outreach to medically underserved populations through the Wellness on Wheels mobile health care program	HIV Primary Prevention and Diagnosis, LTC
	$55,000	10/1/15-6/30/16	Grantee: Springfield Urban League	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; and high impact outreach to medically underserved minority population	HIV Primary Prevention and Diagnosis, LTC
	$50,000	8/1/15-6/30/16	Grantee: Springfield Urban League	HIV risk and harm reduction counseling; HIV counseling, testing, and referral; and high impact outreach to medically underserved minority population (Increasing Access)	HIV Primary Prevention and Diagnosis, LTC
State Quality of Life Endowment Fund—Red Ribbon Cash					
	$42,600	7/1/15-6/30/16	Bethany Place	Risk reduction counseling and harm reduction counseling to MSM, HRH, and MSM/IDU populations	HIV Primary Prevention and Diagnosis, LTC
	$57,400	7/1/15-6/30/16	Center on Halstead	HIV counseling and testing for MSM and HRS populations	HIV Primary Prevention and Diagnosis, LTC
	$40,000	7/1/15-6/30/16	Lighthouse Baptist Christian Center	Group prevention and support and VIBES to black MSM	HIV Primary Prevention and Diagnosis, LTC
	$75,000	7/1/15-6/30/16	McLean County Health Department	HIV counseling and testing, STI screening, vaccinations, and risk reduction counseling to MSM and HRH populations	HIV Primary Prevention and Diagnosis, LTC

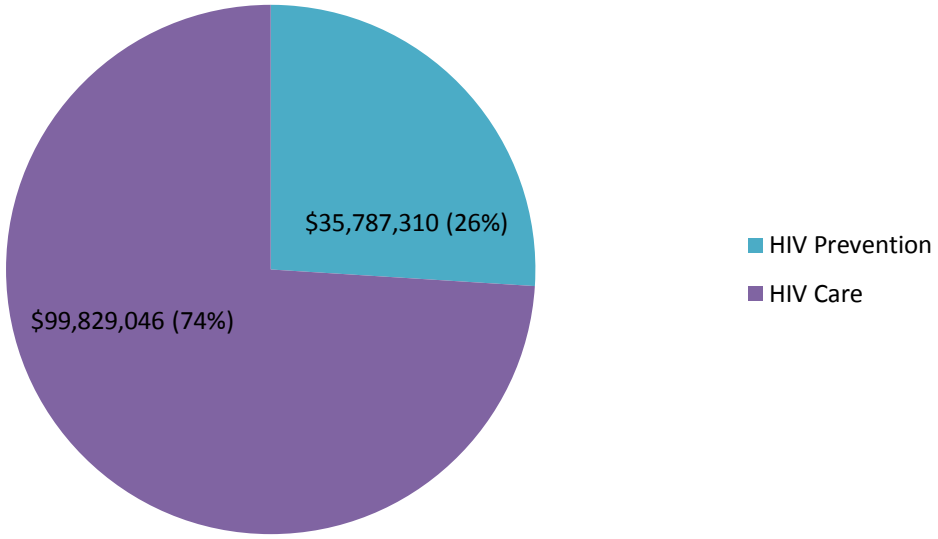
Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
	$65,000	7/1/15-6/30/16	Men and Women in Prison Ministries	HIV counseling and testing, risk reduction counseling, group prevention and support services, Project START intervention implementation for MSM, HRH, and IDU populations	HIV Primary Prevention and Diagnosis, LTC
	$75,000	7/1/15-6/30/16	Phoenix Center	HIV counseling and testing, HCV screening, harm and risk reduction for MSM, HRH, and IDU populations	HIV Primary Prevention and Diagnosis, LTC
	$70,000	7/1/15-6/30/16	Proactive Community Services	HIV counseling and testing, risk reduction, and STI screening for MSM and HRH populations	HIV Primary Prevention and Diagnosis, LTC
	$75,000	7/1/15-6/30/16	Sisters and Brothers Helping Each Other	HIV counseling and testing, risk reduction counseling, STI screenings and vaccinations for MSM, HRH, and IDU populations	HIV Primary Prevention and Diagnosis, LTC
SAMHSA—Discretionary Funds					
SAMHSA	$219,999	9/30/15-9/29/16	UIC	Integrated PASEO: Pilot co-location of mental health, substance abuse, HIV and hepatitis screening, testing and treatment within the surrounding campus communities in order to provide seamless prevention, education and care services to at-risk Hispanic/Latino and African American young adults who attend UIC and/or live in surrounding campus communities. The sub-population of focus is LGBT students.	HIV Primary Prevention and Diagnosis, LTC All steps of the HIV Care Continuum

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
SAMHSA/ MAI	$500,000	9/30/15-9/29/16	New Age Services Corp.	MAI-COC Pilot: HIV Integration Project: To integrate HIV medical care with behavioral health treatment services through co-location at New Age Services in Chicago's west side	All steps of the HIV Care Continuum
SAMSHA	$500,000	9/30/15-9/29/16	Test Positive Aware Network (TPAN)	TPAN, Lutheran Social Services of Illinois, and Chicago Lakeshore Hospital partner on the Healthy Outcomes through Treatment, Empowerment, and Recovery (HOTTER) program to address gaps in services for young African American men in Chicago. HOTTER aims to decrease substance abuse and HIV transmission by providing education, interventions, HIV and hepatitis testing, and substance abuse treatment.	HIV Primary Prevention and Diagnosis, LTC All steps of the HIV Care Continuum
SAMHSA	$519,788	9/1/15-8/31/16	VIDA/SIDA	Women for PASEO is expanding access to evidence-based substance abuse, mental health, and HIV services for 1,000 African American and Hispanic/Latina adult women living in Chicago or nearby suburbs	All steps of the HIV Care Continuum
SAMHSA	$500,000	9/30/15-9/29/16	Puerto Rican Cultural Center	Integrated PASEO is a project to expand co-located, evidence-based behavioral health, HIV, and hepatitis services for African American and Latino adults living in Chicago. The populations of focus include: gay, lesbian, bisexual, and transgender adults.	HIV Primary Prevention and Diagnosis, LTC

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
SAMHSA	$283,875	9/30/15-9/29/16	Puerto Rican Cultural Center	L-Act Prevention Project: To expand and enhance capacity to provide culturally competent substance abuse services, viral hepatitis (VH), and HIV and other sexually transmitted infections (STI) prevention services for Latino men ages 13-24. The subpopulations of focus include: gay, bisexual and transgender men, as well as those with co-occurring substance use and mental disorders living with or at risk for HIV/AIDS.	HIV Primary Prevention and Diagnosis, LTC
SAMSHA	$500,000	9/30/15-9/29/16	McDermott Center (Haymarket Center)	Chicago's largest provider of treatment for substance use disorders expanded access to residential treatment for 456 primarily African American men who are at high risk for HIV and may have co-occurring mental illness. The project seeks to stabilize clients' substance use, mental illness, HIV, hepatitis and other conditions and provide evidence-based recovery support for one year in the community.	HIV Primary Prevention and Diagnosis, LTC
SAMHSA	$520,000	9/1/15-8/31/16	Renz Addiction Counseling Center	The Sisters United in Preventing and Protecting Ourselves and/by Recovering Together (SUPPORT) Project offers substance and HIV prevention service to minority women, with a primary emphasis on Kane and western Cook and DuPage Counties' Hispanic and African American females, to reduce behaviors that lead to SA and HIV infection	HIV Primary Prevention and Diagnosis, LTC

Funding Source	Amount	Term	Funded Agency	Services Delivered	Prevention Activity/Care Continuum Step
SAMHSA	$499,275	9/30/15-9/29/16	Writers, Planners, Trainers, Inc.	The East St. Louis HIV/AIDS Substance Abuse Treatment Project for Young African American MSM is increasing access and availability of treatment and recovery support services to 150 uninsured people on the waiting list at Comprehensive Behavioral Health Center, New Vision Services, and New Day Recovery Club in East St. Louis	HIV Primary Prevention and Diagnosis, LTC

Percentage Distribution of FY2016 Public Funds in Illinois for HIV Prevention and Care



Note: Because it is not possible to accurately break down the percentage of individual grants that are dedicated to HIV prevention services and HIV care services, for purposes of this chart, funding sources have been assigned to prevention or care as follows:

- Ryan White HIV/AIDS Program = Care
- CDC = Prevention
- HUD and GRF Housing = Care
- GRF for ADAP and Insurance Premiums = Care
- GRF for Care Grant = Care
- Other GRF = Prevention
- Red Ribbon Fund = Prevention
- SAMHSA = Prevention

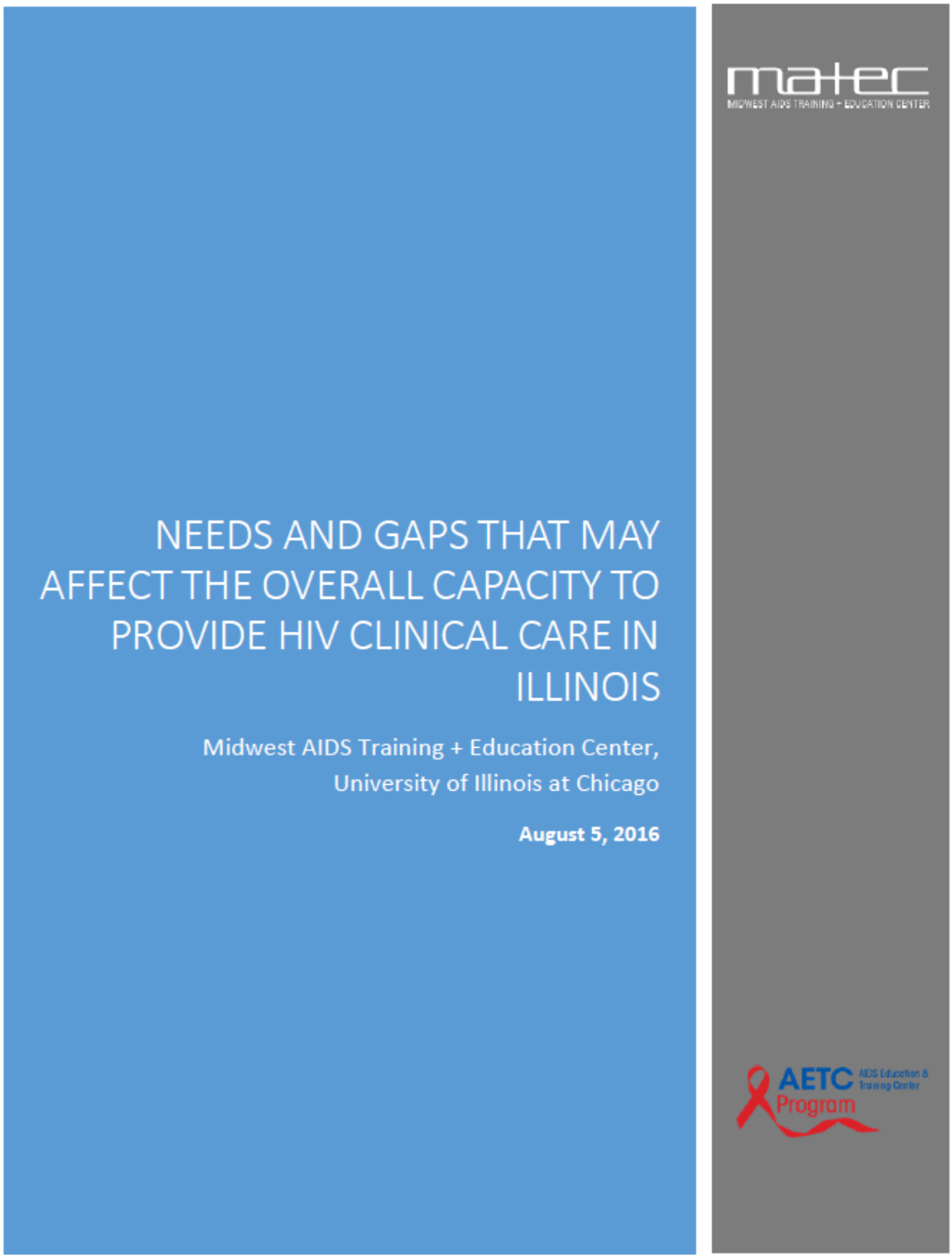
Private Grants

Funding Source	Amount	Term	Funding Agency	Services Delivered	Prevention Activity/Care Continuum Step
Broadway Cares/Equity Fights AIDS (BC/EFA)	$25,000		AFC		
BC/EFA	$20,000		Howard Brown		
BC/EFA	$15,000		Truth Wins Out		
BC/EFA	$10,000		Chicago House & Social Service Agency		
BC/EFA	$10,000		AFC—HIV Prevention Justice Alliance		
BC/EFA	$10,000		Vital Bridges		
BC/EFA	$7,500		Children's Place Association		
BC/EFA	$7,500		Housing Opportunities for Women		
BC/EFA	$5,000		Test Positive Aware (TPA) Network		
BC/EFA	$5,000		Bethany Place, Belleville		
BC/EFA	$5,000		Greater Community AIDS Project, Champaign		
BC/EFA	$5,000		Open Door Clinic, Elgin		
BC/EFA	$5,000		Moline Project of the Quad Cities		
MAC AIDS Fund	$70,000		UIC	"I'm Still Surviving" Oral History Project	HIV Primary Prevention and Diagnosis
Telligen Institute	$39,000	1/1/16-12/31/16	CORE Center	Supports the community health worker program by allowing for purchase of materials and provides funding for activities.	LTC, EC, RC, VS

Chicago Community Trust	$110,000 in year 1 of 2-year grant		CORE Center	Project CONNECT, for care coordination for HIV-positive patients	LTC, EC, RC, VS
Chicago Community Trust			AFC & University of Chicago	To expand the PrEPLine, a phone hotline providing information, counseling and connections to health care providers for PrEP	HIV Primary Prevention and Diagnosis
AIDS United (Gilead Foundation)			Chicago Women's Project	Positive Organizing Project—to revitalize a grassroots organizing movement among PLWH that impacts HIV-related stigma, raises education and awareness among policy makers, and indirectly improves outcomes along the continuum of care	All steps of the HIV Care Continuum
AIDS United/ A2C Public/ Private WH SIF Initiative,			AFC	Connect2Care—to help PLWH connect to continuous HIV medical care and other essential services.	LTC, EC, RC, VS
AIDS United/ Syringe Access Fund (SAF)			Chicago Recovery Alliance	Syringe access	HIV Primary Prevention and Diagnosis
AIDS United/SAF	$20,000		Howard Brown	Syringe access	HIV Primary Prevention and Diagnosis
AIDS United	$205,000		Howard Brow	Linkage to care	LTC
Season of Concern	$45,000		Center on Halsted	General support for HIV programming	
United Way of Metropolitan Chicago	$15,000		Howard Brown	Case management	All steps of the HIV Care Continuum
ViiV Healthcare	$45,000		Center on Halsted	Linkage to care	LTC

Appendix J

MATEC HIV Workforce Assessment--Illinois



INTRODUCTION

The Midwest AIDS Training + Education Center (MATEC) is a federally-funded training center, providing AIDS and HIV clinical training and support to health care professionals in Illinois, Iowa, Indiana, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio and Wisconsin. MATEC is part of the AIDS Education and Training Centers (AETC) Program (funded under Part F) of the Ryan White HIV/AIDS Program. The AETC Program increases the number of health care providers who are educated and motivated to counsel, diagnose, treat, and medically manage people living with HIV and to help prevent behaviors that lead to HIV transmission.

This report was prepared for the Illinois Department of Public Health (IDPH), for the purpose of their 2017-2021 Integrated HIV Prevention and Care Plan. It describes MATEC's findings regarding the needs and gaps that may affect the overall capacity to provide HIV clinical care in Illinois.

The report does not address any findings related to the city of Chicago. A separate report was prepared for the Chicago Department of Public Health as the Ryan White Part A grantee.

This report was prepared in response to the *Guidance for the Development of a Regional AIDS Education and Training Center (AETC) Needs Assessment* provided by the Health Resources and Services Administration (HRSA) in November 2015. In accordance with HRSA's Guidance, the AETC's findings regarding clinical workforce needs and gaps were to be provided to Part A and B programs for them to use when preparing their integrated prevention and care plans. To this end, at MATEC's 2016 Policy Training Advisory Council (PTAC) meeting, representatives from all Part A and B programs in MATEC's region were invited to discuss (among other issues) MATEC's plans to approach the assessment of the HIV workforce and to reach consensus regarding the definition of "workforce". At the PTAC meeting, the group agreed to define the HIV workforce: Physicians, Physician Assistants, Nurse Practitioners, Registered Nurses, Dental Providers and Clinical Pharmacists. For the purpose of this report, workforce is also referred to as the *clinical workforce*. However, given the nature of the data sets used to describe the findings, in some cases other HIV professionals (e.g., social workers, case managers, public health providers, etc.) were also taking into consideration.

Any questions pertinent to this report may be directed to Richard Zimmerman (MATEC-IL Director) at richardz@uic.edu.

DATA SOURCES

At the 2016 PTAC meeting, Part A and B representatives agreed to provide to MATEC the following data sets:

- Most recent HIV prevalence data by counties, city/town, or zip codes
- Most recent list of providers reporting CD4 counts and viral load by zip codes, otherwise by county
- Any other lists by zip codes or by county (e.g., CTR test sites, linkage to care personnel, etc.)

From IDPH, the following data sets were received which were used in this report:

- IL HIV Monthly Surveillance Report, March 2016
- 2015 List of Facilities Reporting CD4 and Viral Load By Zip Code
- Current List of HIV Providers with Facility By Zip Code
- Current List of Case Managers by Zip Code
- List of RW Part B Providers for FY2015 by Zip Code
- Current List of Agencies Providing Prevention Services & Interventions by Zip Code

Note: The following data sources were received but not included in this analysis, due to limited time and information regarding zip codes: 2015 List of Facilities Reporting HIV Cases, Current List of STD Clinics by Zip Code and 2015 List of Funded Counselors and Testers.

Additional data sets utilized for the purpose of this report include:

- MATEC's trainees data:
  - From Participants Information Forms submitted by participants who receive trainings-including HIV clinical consultation- between July 1, 2014 and August 31, 2015.
  - Regional Needs Assessment completed in the fall of 2014. MATEC surveyed participants from its then seven-state region who attended at least one of their training programs during the past three years.

- The Black AIDS Institute HIV Work Survey: *When We Know Better, We Do Better: The State of HIV/AIDS Science and Treatment Literacy in the HIV/AIDS Workforce in the United States. Blank AIDS Institute, 2015* (https://www.blackaids.org/reports/when-we-know-better-we-do-better).

  The Black AIDS Institute, in collaboration with the CDC, the Latino Commission on AIDS, and the National Alliance of State and Territorial AIDS Directors, conducted the US HIV Workforce Survey between 2012 and 2013. The 62-question web-based survey was completed by more than 3,600 workers in the HIV field and assessed the knowledge, attitudes and beliefs of the HIV workforce in the United States. Data were reported for three knowledge categories: 1) basic knowledge and terminology, 2) treatment, and 3) clinical knowledge (biomedical interventions). The survey report describes the results of the HIV Workforce Survey and includes fact sheets for 16 states and 14 major metropolitan

areas with knowledge scores for each of the three knowledge categories, attitudes towards biomedical interventions, and demographic data of the respondents including a work profile. For the Midwest region, the states included in the state fact sheets were Illinois, Michigan, Missouri, and Ohio. Chicago was the only Midwestern metropolitan area included in the fact sheets for major metropolitan areas.

- Data Warehouse, Health Resources and Services Administration. Data extracted on June 15, 2016. (https://datawarehouse.hrsa.gov/tools/dataPortal.aspx)

- County-level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections among Persons who Inject Drugs, United States. *JAIDS Journal or Acquired Immune Deficiency Syndromes* Publish. *(June 2016, Ahead of Print.)* *(*http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=ovft&AN=00126334-900000000-97209&PDF=y*)*

Several maps were created to visualize and analyze data across Illinois. ArcInfo version 10.2.2. was used to develop the maps and geospatial data were downloaded from the U.S. Census Bureau, and included TIGER/Line 2010 Decennial Census files.

FINDINGS

The findings described in this section are based on the analysis and interpretation of the existing data listed in the introduction. These data begin to inform us on current needs and gaps that may affect the overall capacity to provide HIV clinical care in Illinois.

1. **GEOGRAPHIC GAPS OF HIV CLINICAL WORKFORCE**

1.1 Prevalence data *(See Map 1/page 12)*

i. Although HIV/AIDS cases have been reported in every county in Illinois (except in Scott and Stark Counties), it is important to highlight the following eighteen counties with a HIV/AIDS prevalence between 101 and 838 persons living with HIV/AIDS (PLWHIV) in Illinois as of March 31, 2016: **Winnebago, McHenry, Lake, Cook, Kane, DuPage, Will, Kankakee, Livingston, Rock Island, Peoria, McLean, Champaign, Sangamon, Macon, Vermilion, Madison, and St. Clair** counties. In Illinois (outside of Cook County) the areas of **DuPage, Lake and St. Clair Counties** are where the highest number of persons living with HIV/AIDS are found.

ii. **Hardin County** (circled in red in the map), which has been identified at greater HIV risk, is a rural county at high risk for HIV/HCV but has a very low HIV prevalence. Additional information is provided under section number 4 of the findings.

1.2 Providers/Facilities who reported CD4 and Viral Load (VL) values in 2015. *(See Map 2/page 13)*

i. A total of 325 providers/facilities reported CD4/VL values. Most of these reporters are in the city of Chicago. A total of 77 providers/facilities are not represented in the map due to missing zip codes.

ii. Only the following additional counties in Illinois are reporting CD4 and VL values: **Winnebago, Ogle, Lake, Kane, Cook, DuPage, Will, Rock Island, Peoria, Logan, Sangamon Champaign, Vermilion, Adams, Fayette, St. Clair, Clinton, Marion, Washington, Jefferson, Jackson, Williamson, and Hardin.**

iii. **Madison, Livingston, McHenry, Kankakee, McLean and Macon** are high prevalence counties that do not show up in the list of having providers/facilities reporting CD4/VL values.

iv. Some of these providers/facilities reporting CD4/VL values are not on MATEC's distributions lists and may not be aware of the training and TA services available through MATEC.

1.3 Agencies Providing Prevention Services and Interventions (See Map 3/page 14)

i. A total of 66 agencies provide HIV prevention and intervention services in the state of Illinois.

ii. Only the following counties have HIV prevention and intervention service providers: **Adams, Boone, Jefferson, Winnebago, McHenry, Lake, Kane, DuPage, Cook, Lee, Will, LaSalle, Kankakee, Peoria, Rock Island, McLean, Champaign, Macon, Sangamon, Coles, Macoupin, Madison, St. Clair, and Jackson.**

iii. All of the 18 high prevalence counties have HIV prevention and intervention service providers except **Livingston and Vermilion Counties.**

iv. **Adams, Boone, Jefferson, Macoupin, Coles, LaSalle, Lee, and Jackson** counties are lower prevalence counties that also have prevention and intervention service providers.

1.4 Community Health Centers currently providing HIV clinical care *(See Table 1/page 10 and Map 4/page 15)*

i. A total of 37 Community Health Centers (CHCs) —some of which also receive Ryan White funds—are currently providing HIV clinical care according to HRSA's Data Warehouse.

ii. All 37 CHCs are in or close to counties with high reported prevalence of HIV.

iii. **Livingston, McHenry, DuPage, Kankakee, Vermilion and Rock Island County,** (with high prevalence) are the only counties with no CHC currently providing HIV clinical care services.

iv. The following counties have Community Health Centers that are providing HIV clinical care (according to HRSA's Data Warehouse) but they do not appear on the list of providers/facilities reporting CD4/viral load values: **Sangamon** (Central Counties Health Centers), **McLean** (Chestnut Health Systems), **Alexander** (Community Health & Emergency Services Inc.), **Macon** (Community Health Improvement), **Lake** (Lake County Health Department), **Kane** (Greater Elgin Family Care Center), **Peoria** (Heartland Community Health Clinic), **Union** (Rural Health Inc.), **Franklin** (Christopher Greater Area Rural Health Planning Corporation) **Williamson** (Shawnee Health Services and Development Corporation) **Whiteside** (Whiteside County Health Department) and **Will** (Will County Health Department).

v. **Hardin County** identified as an at-risk county for Hepatitis C and HIV (see section number 4 below) has centers nearby in Williamson and Union Counties with very low HIV prevalence and Jackson County that has higher HIV prevalence.

vi. Some of these CHCs are not on MATEC's distributions lists and may not be aware of the training and TA services available through MATEC.

vii. The following two health care centers in Illinois are the current recipients of intense assistance from MATEC under its HIV Practice Transformation Project: Mile Square Health Center in Cook County and Regional Care (a Ryan White funded site) in Will County.

2. NEEDS OF THE HIV CLINICAL WORKFORCE

2.1 Based on MATEC's Data (See Figure 1/page 11 and Map 5/page16)

i. Among the high prevalence counties, very limited or none of MATEC's efforts have reached providers to date in **Rock Island** and **Vermilion Counties.**

ii. In **Hardin County,** identified as an at-risk county for Hepatitis C and HIV (see section number 4 below), providers have not been reached by MATEC's efforts.

iii. Specific training and technical assistance needs in the counties mentioned above are unknown.
iv. High volume clinicians who provide HIV care (most frequently, clinicians in urban and/or Ryan White settings) have the highest level of HIV related knowledge and low-volume clinicians (frequently rural and private practice clinicians) have the lowest level of knowledge.
v. As low volume providers are more likely to refer HIV-positive patients for HIV care, there is an opportunity for MATEC to increase their knowledge and skill levels so that they are able to provide more advanced HIV care and retain HIV positive patients in their practices. The data from Figure 1 suggest that trainings of low volume providers need to focus on initiating Anti-retroviral treatment (ART), monitoring adherence, and treating drug resistance.
vi. Across MATEC's region, PrEP and Treatment as Prevention was mentioned as the highest priority topic, following by Clinical Management of HIV and Testing/Routine Screening. Additional topics that were mentioned but did not make the top of the list are: Cultural Competence with special populations (transgender clients, LGB, MSM, women), STI's, Adherence, and Primary Care/Co-Morbidities.
vii. According with new HRSA guidelines for funding allocations for the AETC grantees, a significant proportion of funds have to be allocated to new projects (i.e., HIV Practice Transformation and HIV Interprofessional Education). Hence, the funding level for AETCs to fulfill other training and technical assistance needs has significantly decreased for Fiscal Years 2016 through 2019.

2.2 **Based on The Black AIDS Institute HIV Work Survey** (See Table 2/page 11)
Although respondents from Illinois scored better across all question categories compared to the average scores for the United States, there is a 13-16 percentage point gap between Whites and African Americans across all categories. While this gap also exists on a national level, it is not as wide as in Illinois (8-11 percentage points at the national level). This indicates the need for Illinois to focus its training and capacity building assistance on increasing the HIV science, treatment, and prevention knowledge among African Americans clinicians.

A number of studies have examined issues of racial concordance in clinical care and training programs. A multicenter study that examined the role of cultural distance between HIV-infected patients and providers in perceived quality of care found that patients who rated lower perceived cultural similarity with their providers rated significantly lower quality of care and lower trust in their providers. Cultural concordance was assessed in terms of speech and language, reasoning, communication style, and values, which, based on the findings of the study, indicated the importance of positive patient-provider interactions and cultural competency in provision of HIV care (Saha et al., 2011). Given these realities, the need for culturally competent clinicians, particularly from the communities most affected by HIV, is crucial.

Based on data from the report on familiarity with and belief in biomedical interventions, Illinois' HIV workers are less familiar with the topics of Topical Microbicides and HIV vaccines than the US HIV workforce; only 42% indicate that they are familiar with PrEP, and 41% are familiar with Treatment as Prevention, suggesting a need for training in these topics.

3. Retirement Creating Workforce Gaps

The Institute of Medicine in examining workforce needs for *HIV Screening and Access to Care* (2011) acknowledged that the HIV/AIDS workforce is aging. They estimated nationally that 33 percent of physicians, 24 percent of pharmacists and 45 percent of nurses will likely reach retirement age by 2020. Meanwhile the population is increasing and the age of the population is increasing, both of which place greater demands on health professionals. A survey of HIV Medical Association (HIVMA) members, a physician group specializing in HIV care, found in 2010 that at least 45% of its members were 51 years and older, with 17% over the age of 61. In 2010, 60% of nurses with the Association of Nurses in AIDS Care (ANAC), the HIV/AIDS nursing association, were between the ages of 40 and 50, and only 7% were between the ages of 20-29, indicating young nurses were not choosing HIV/AIDS as their specialty. The National Alliance for HIV Education and Workforce Development made recommendations regarding this issue: "The early cohort of experienced HIV-care clinicians, who brought passion and commitment to patients early in the epidemic, entered the field 20 or more years ago and are nearing retirement. As they leave, a service gap will be created, and these providers will need to be replaced with well-educated, skilled clinicians who are able to provide comprehensive HIV care" (NAHEWD, 2014, p. 8). Further investigation into retirement and its affects upon the Illinois workforce need to be carried out.

MATEC efforts such as the HIV Interprofessional Education Project (HIPEP) and the Clinician Scholars Program are programmatic activities which specifically aim to prepare the next generation of skilled and dedicated HIV practitioners.

HIPEP is a regional collaborative that includes six University-based Inter Professional Education programs to develop, implement and evaluate interprofessional team-based training programs for health professions students to prepare a workforce which is ready and able to optimize care and outcomes for persons living with HIV/AIDS.

The MATEC Clinician Scholars Program is a 12-month training program specifically designed for minority or predominately minority serving, front line clinical care providers (Physicians, Physician Assistants, Nurse Practitioners, and Pharmacists), who are interested in the diagnosis, treatment, medical management, and prevention of HIV/AIDS.

4. Counties Vulnerable for Rapid Dissemination of HIV or HCV Infections among Persons who Inject Drugs in Illinois

The recent HIV outbreak in Scott County, Indiana, prompted MATEC to explore the literature about rural counties in our region which may be vulnerable to similar outbreaks.

In doing so, we found an article (recently accepted to be published in the *Journal of Acquired Immune Deficiency Syndrome* cited above) in which the authors identified "U.S. counties potentially vulnerable to rapid spread of HIV, if introduced, and new or continuing high rates of hepatitis C virus (HCV) infections among persons who inject drugs". In Illinois, ***Hardin County***, was the only county identified. Although, this does not mean an outbreak is imminent in Hardin County, it does represent a plea to IDPH, Southern Seven Health Department, and MATEC to further explore vulnerability and target interventions to prevent transmission of HIV and HCV among persons who inject drugs.

From all data sets used for the purpose of this report, the following is the data summary for Hardin County:

- HIV Prevalence as of March 2016: ***2 PLWH (non-AIDS)***
- Number of providers/facilities reporting CD4 and Viral Loads (in zip codes 62931, 62919 and 62947): ***None***
- Number of case managers: ***None***
- Closest Ryan White funded sites in Illinois: Jackson County Health Department
- Community Health Centers in the area:
  - Hardin County Medical Clinic
  - Community Health & Emergency Services, Inc.
- Community Health Centers Currently providing HIV Care: ***None***
- Number of health professionals trained by MATEC between July 1, 2014 and April 30, 2016: ***None***

SUMMARY

This report summarizes findings related to the HIV clinical workforce in Illinois outside of the Chicago metropolitan area. The focus includes the need for additional training and technical assistance to enhance the current and future workforce. Specific findings include:

a. HIV cases have been reported in every county in Illinois except Scott and Stark counties with DuPage, Lake and St. Clair, counties showing the highest prevalence.
b. Hardin County has been identified as a rural county with high HIV and HCV risk.
c. Only 23 counties include providers who report CD4 and Viral Load values, indicating the need to ensure providers/facilities are available to cover the remaining counties. Specific concerns include the high prevalence counties of McLean, Macon, Madison, Kankakee, McHenry and Livingston where no providers report CD4 and VL values.
v. A total of 66 agencies provide HIV prevention and intervention services in the state of Illinois. All of the 18 high prevalence counties, except Livingston and Vermilion Counties, have HIV prevention and intervention service providers.
d. Twelve of the high prevalence counties include Community Health Centers providing HIV care. Livingston, McHenry, DuPage, Kankakee, Vermilion, and Rock Island have

no community health centers providing HIV clinical care services and may need attention due to the lack of community health centers.

e. MATEC has provided programs to enhance the workforce in almost all of the counties with higher HIV prevalence, however there may be a need to focus attention on Vermilion, McLean and Hardin counties.
f. Given shifting national priorities for the AETCs, close collaboration and resource sharing may be needed to expand programs, especially in rural areas.
g. Topics needing attention include PrEP, Treatment as Prevention, Clinical HIV Management and routine testing and screening.

"This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1OHA29293 (AIDS Education and Training Centers). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government."

Table 1. Community Health Centers Providing HIV Care in Illinois

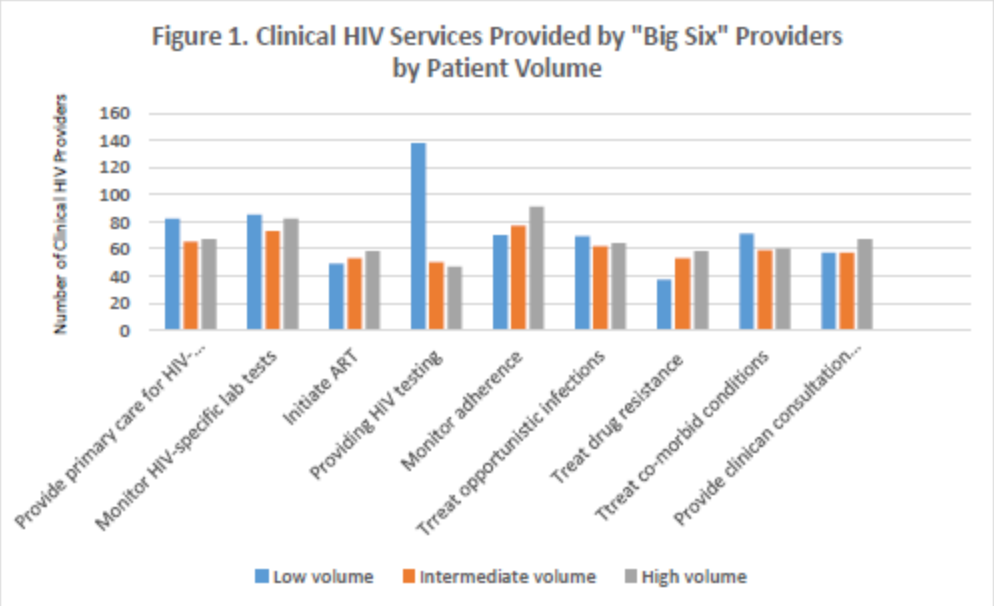
Health Center Name	City	Zip Code	Percentage of HIV Patients
Access Community Health Network	Chicago	60661	0.54%
Alivio Medical Center	Chicago	60608	0.02%
Asian Human Services Family Health Center, Inc.	Chicago	60640	0.03%
Aunt Martha's Youth Service Center, Inc.	Olympia Fields	60461	0.08%
Beloved Community Family Wellness Center	Chicago	60621	0.19%
Board of Trustees of Southern Illinois University	Springfield	62794	0.25%
Central Counties Health Centers, Inc.	Springfield	62703	0.13%
Chestnut Health Systems	Bloomington	61701	0.06%
Chicago Family Health Center, Inc.	Chicago	60617	0.14%
Christian Community Health Center	Chicago	60438	2.42%
Christopher Greater Area Rural Health Planning Corporation	Christopher	62822	0.02%
Circle Family Healthcare Network, Inc.	Chicago	60644	1.96%
Community Health & Emergency Services, Inc.	Cairo	62914	0.03%
Community health improvement	Decatur	62526	0.13%
Community Nurse Health Association	La Grange	60525	0.04%
County of Lake, dba Lake County Health Department and Community Health Center	Waukegan	60085	0.83%
Crusaders Central Clinic Association	Rockford	61104	0.74%
Erie Family Health Center, Inc.	Chicago	60622	0.55%
Esperanza Health Centers	Chicago	60608	0.06%
Family Christian Health Center	Harvey	60426	0.07%
Friend Family Health Center, Inc.	Chicago	60629	0.38%
Greater Elgin Family Care Center	Elgin	60120	0.02%
Heartland Community Health Clinic	Peoria	61603	0.11%
Heartland Health Outreach, Inc.	Chicago	60604	17.05%
Heartland International Health Center	Chicago	60657	9.95%
Lawndale Christian Health Center	Chicago	60623	0.50%
Near North Health Service Corporation	Chicago	60610	0.52%
PCC Community Wellness Center	OAK PARK	60302	0.33%
Prime Care Community Health, Inc.	Chicago	60622	0.26%
Rural Health Inc.	Anna	62906	0.02%
Shawnee Health Service and Development Corporation	Carterville	62918	0.11%
Southern Illinois Healthcare Foundation	East Saint Louis	62207	0.40%
TCA Health Inc.	Chicago	60628	0.03%
The Board of Trustees of the University of Illinois	Chicago	60607	0.26%
VNA Health Care	Aurora	60506	0.03%
Whiteside County Health Department and Whiteside County Community Health Clinic, Inc.	Rock Falls	61071	0.01%
Will County Health Department	Joliet	60433	0.09%

Source: Data Warehouse, Health Resources and Services Administration.

Table 2. Knowledge Scores by Question Category, Whites and African Americans, 2012-13 HIV Workforce Survey

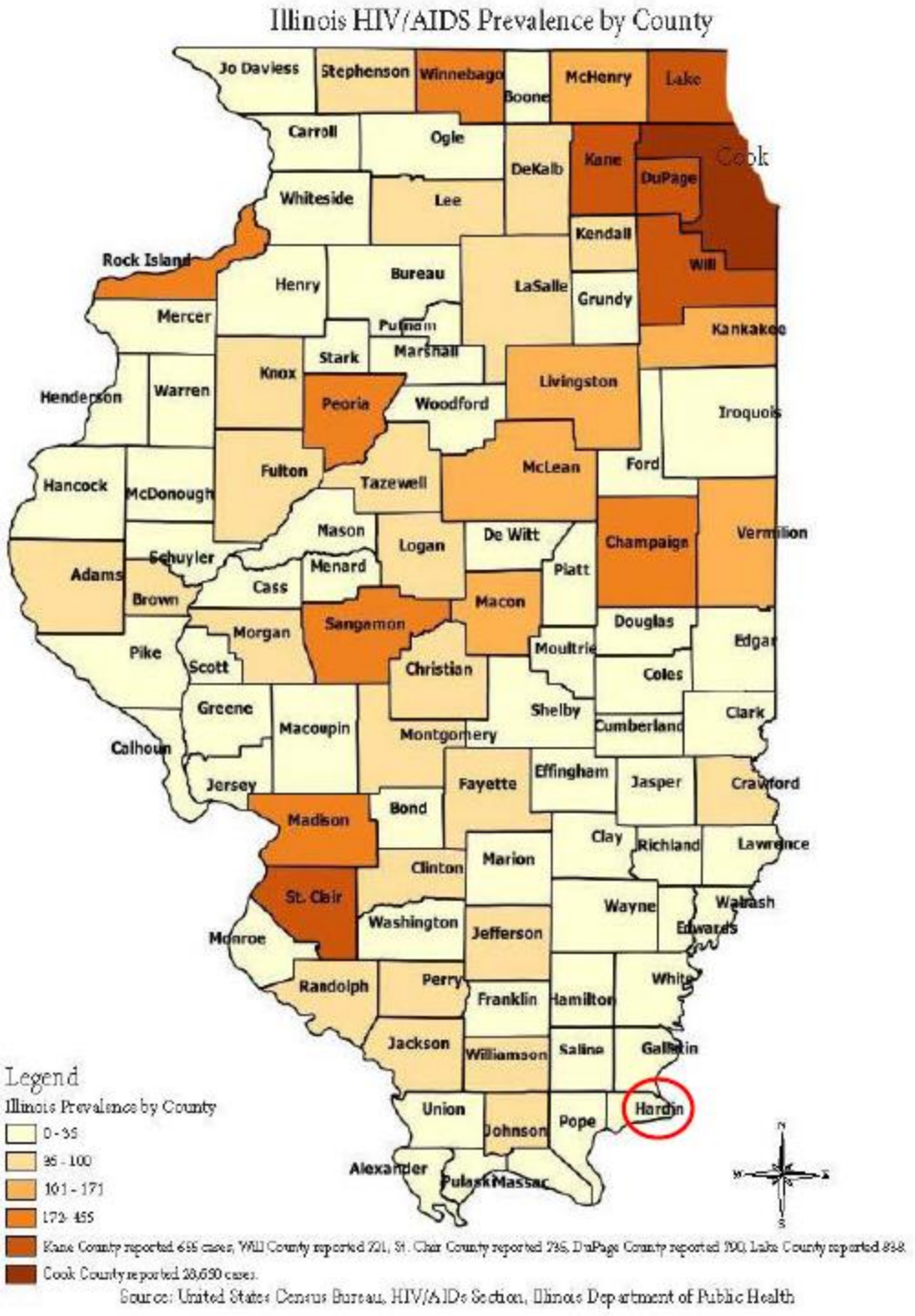
		All Questions	Basic Knowledge and Terminology	Treatment	Biomedical Interventions
IL	All respondents	63%	73%	56%	52%
	Af Am (n = 68)	57%	67%	50%	44%
	White (n = 69)	71%	82%	63%	60%
USA	All respondents	61%	73%	54%	45%
	Af Am (n = 68)	57%	69%	51%	41%
	White (n = 69)	67%	80%	59%	49%

Source: The Black AIDS Institute HIV Work Survey: When We Know Better, We Do Better: The State of HIV/AIDS Science and Treatment Literacy in the HIV/AIDS Workforce in the United States. Blank AIDS Institute, 2015

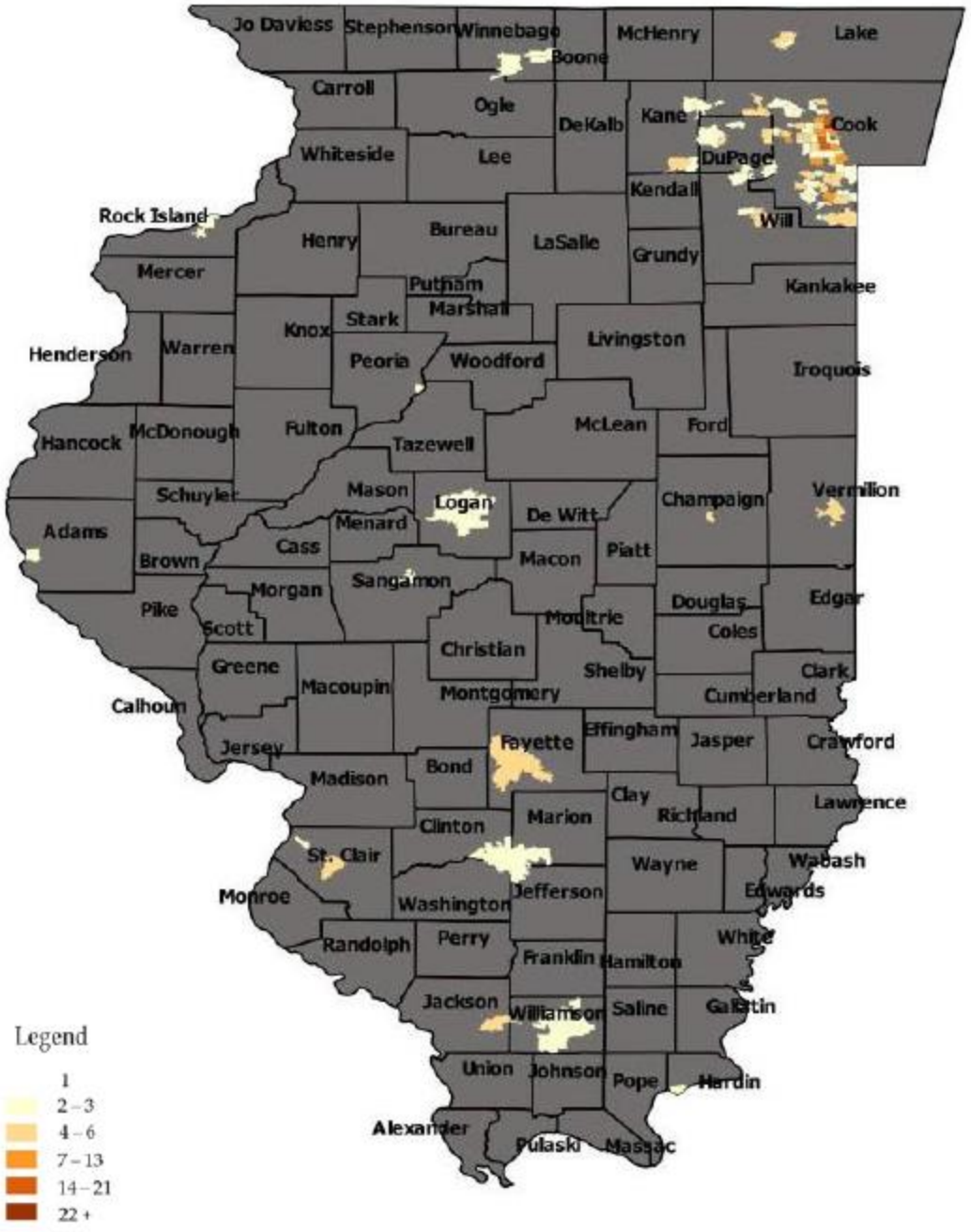


Source: Regional Needs Assessment

Map 1.


Illinois HIV/AIDS Prevalence by County
Jo Daviess
Stephenson
Winnebago
Boone
McHenry
Lake
Carroll
Ogle
DeKalb
Kane
Cook
DuPage
Whiteside
Lee
Kendall
Will
Rock Island
Henry
Bureau
LaSalle
Grundy
Mercer
Putnam
Kankakee
Stark
Marshall
Knox
Livingston
Henderson
Warren
Peoria
Woodford
Iroquois
Hancock
McDonough
Fulton
Tazewell
McLean
Ford
Mason
Logan
De Witt
Champaign
Vermilion
Schuyler
Adams
Menard
Platt
Cass
Brown
Macon
Douglas
Morgan
Sangamon
Edgar
Pike
Scott
Christian
Moultrie
Coles
Greene
Macoupin
Montgomery
Shelby
Cumberland
Clark
Calhoun
Jersey
Fayette
Effingham
Jasper
Crawford
Madison
Bond
Clay
Richland
Lawrence
Clinton
Marion
St. Clair
Wayne
Wabash
Washington
Jefferson
Edwards
Monroe
Randolph
Perry
Franklin
Hamilton
White
Jackson
Williamson
Saline
Gallatin
Union
Johnson
Pope
Hardin
Alexander
Pulaski
Massac
Legend
Illinois Prevalence by County
0 - 35
36 - 100
101 - 171
172- 455
Kane County reported 695 cases, Will County reported 721, St. Clair County reported 736, DuPage County reported 790, Lake County reported 838.
Cook County reported 28,630 cases.
Source: United States Census Bureau, HIV/AIDs Section, Illinois Department of Public Health

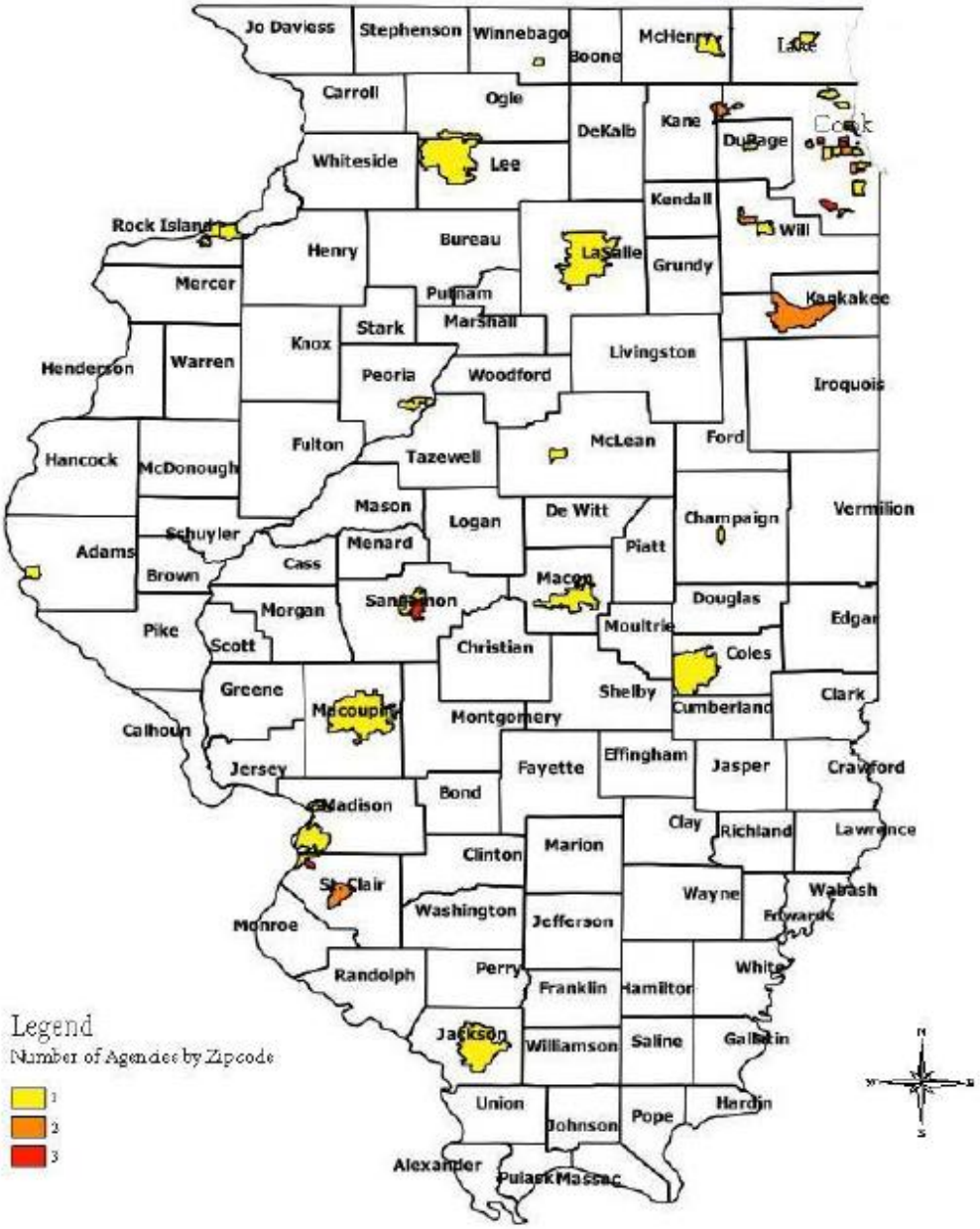
Map 2. Providers/Facilities who reported CD4 and Viral Load (VL) values in 2015



Source: United States Census Bureau. Illinois department of Public Health

Map 3.

Illinois Agencies Providing Prevention Services & Interventions by Zipcode

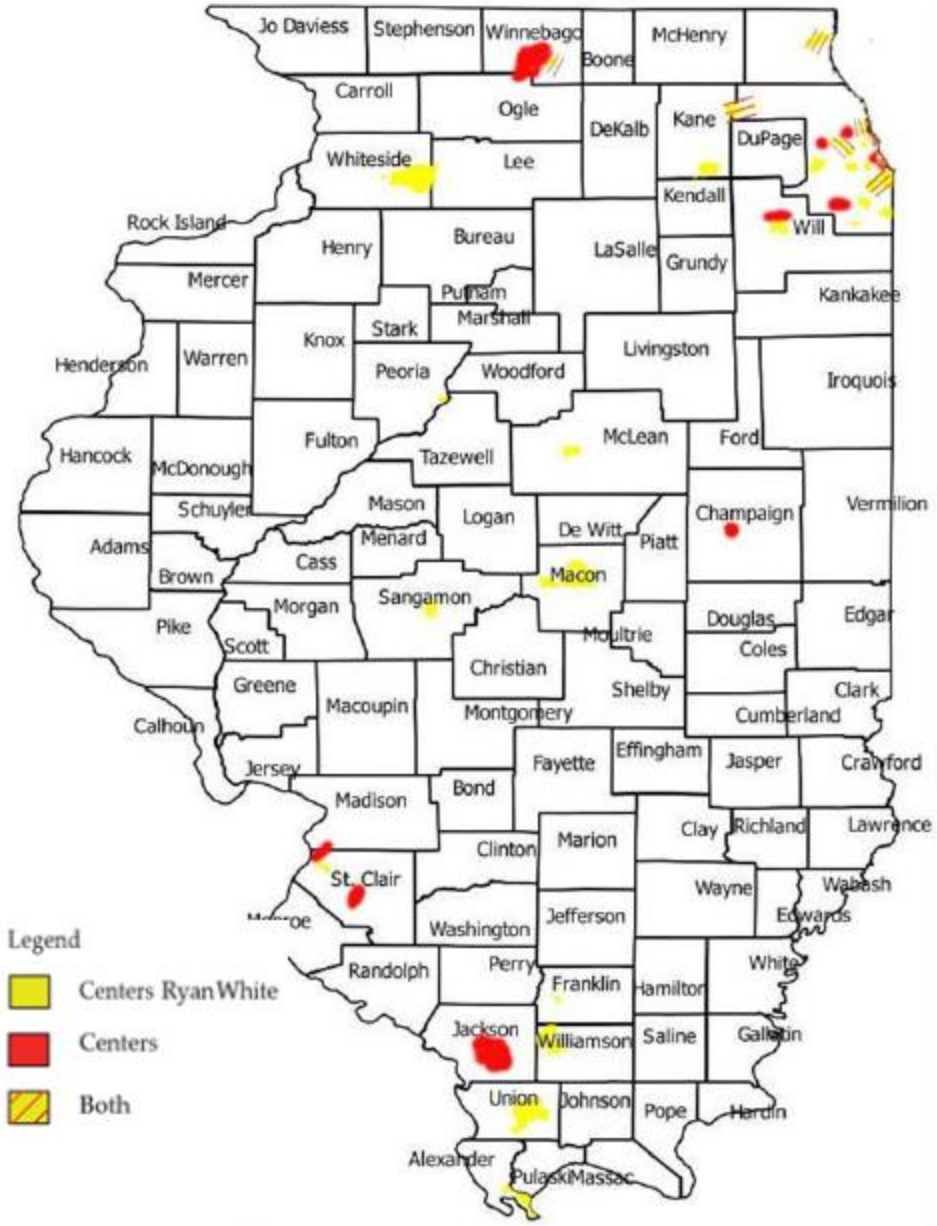


Source: United States Census Bureau, HIV/AIDs Section, Illinois Department of Public Health

(Boone and Jefferson counties had providers with incorrect zip codes and therefore do not show up on the map)

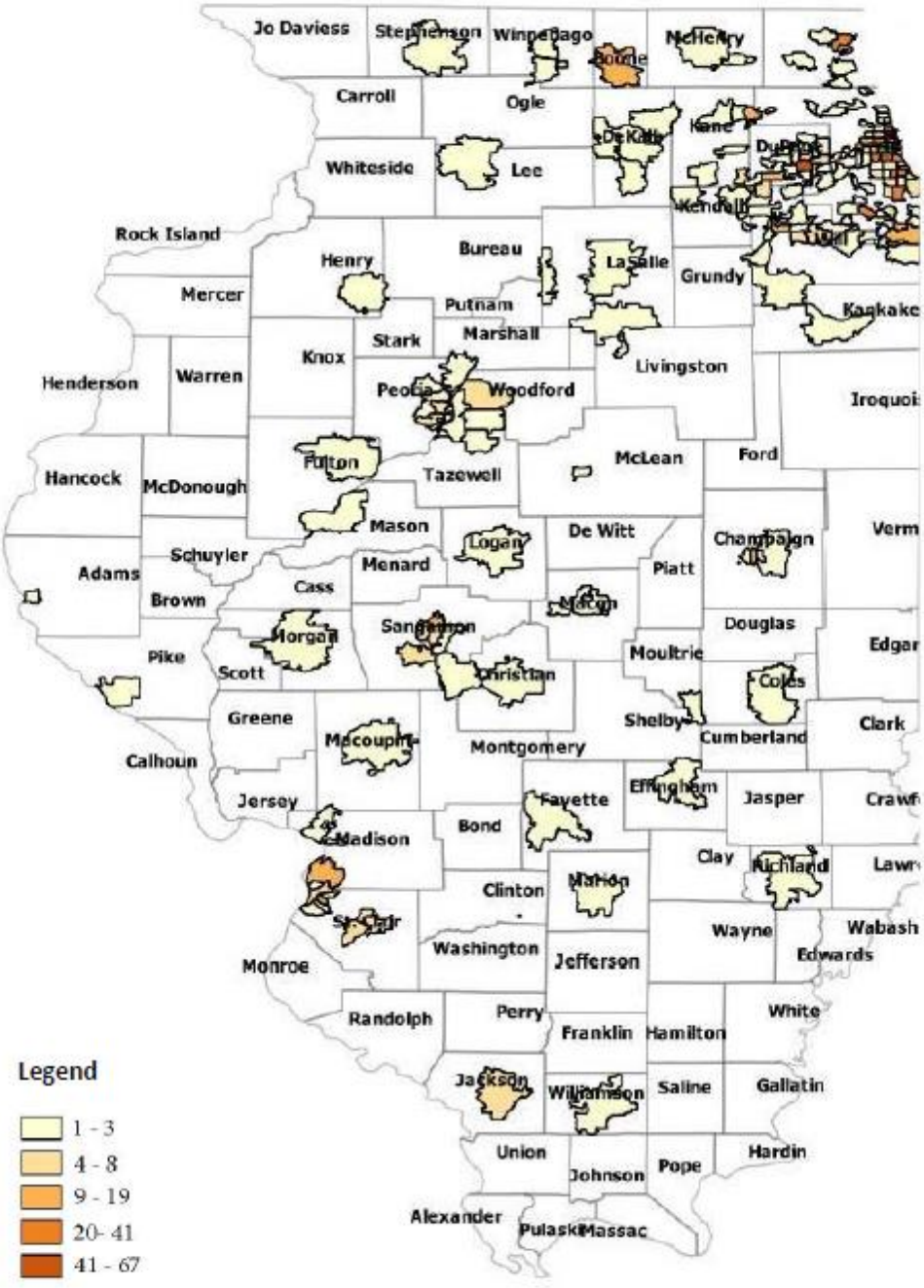
Map 4. Community Health Centers currently providing HIV clinical care

And Ryan White Clinical Sites



Source: United States Census Bureau. Illinois department of Public Health. Illinois Department of Public Health. Data Warehouse, HRSA

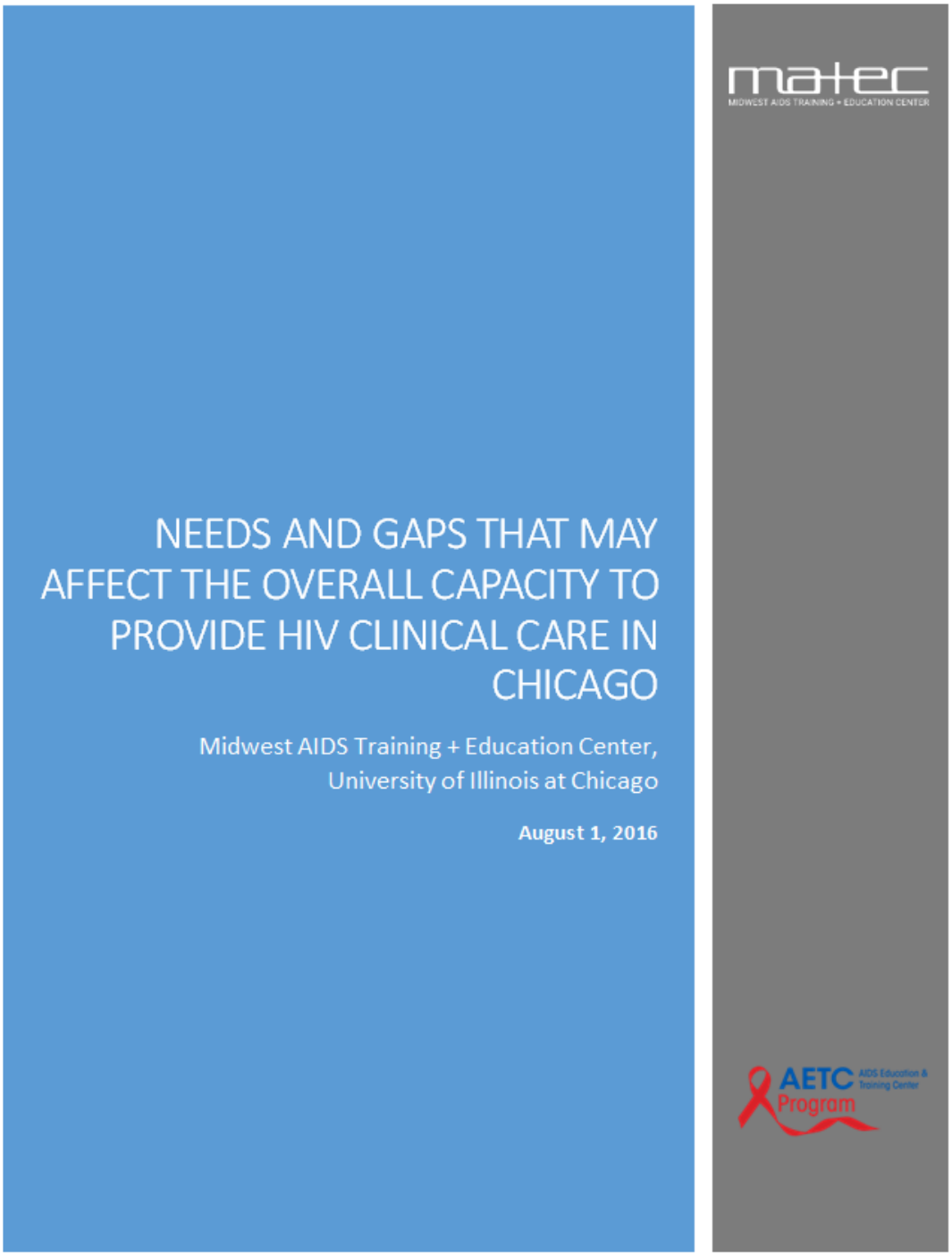
Map 5. MATEC Trainees between July 1, 2014 and August 31, 2015



Source: United States Census Bureau. MATEC's Participants Information Forms

Appendix K

MATEC HIV Workforce Assessment—City of Chicago



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This report was prepared for the Chicago Department of Public Health (CDPH), for the purpose of their 2017-2021 Integrated HIV Prevention and Care Plan. It describes MATEC's findings regarding the needs and gaps that may affect the overall capacity to provide HIV clinical care in Chicago.

The report does not address any findings related to areas outside of the city of Chicago. A separate report was prepared for the Illinois Department of Public Health as the Ryan White Part B grantee.

This report was prepared in response to the *Guidance for the Development of a Regional AIDS Education and Training Center (AETC) Needs Assessment* provided by the Health Resources and Services Administration (HRSA) in November 2015. In accordance with HRSA's Guidance, the AETC's findings regarding clinical workforce needs and gaps were to be provided to Part A and B programs for them to use when preparing their integrated prevention and care plans. To this end, at MATEC's 2016 Policy Training Advisory Council (PTAC) meeting, representatives from all Part A and B programs in MATEC's region were invited to discuss (among other issues) MATEC's plans to approach the assessment of the HIV workforce and to reach consensus regarding the definition of "workforce". At the PTAC meeting, the group agreed to define the HIV workforce: Physicians, Physician Assistants, Nurse Practitioners, Registered Nurses, Dental Providers and Clinical Pharmacists. For the purpose of this report, workforce is also referred to as the *clinical workforce*. However, given the nature of the data sets used to describe the findings, in some cases other HIV professionals (e.g., social workers, case managers, public health providers, etc.) were also taking into consideration.

Any questions pertinent to this report may be directed to Richard Zimmerman (MATEC-IL Director) at richardz@uic.edu.

DATA SOURCES

At the 2016 PTAC meeting, Part A and B representatives agreed to provide to MATEC the following data sets:

- Most recent HIV prevalence data by counties, city/town, or zip codes
- Most recent list of providers reporting CD4 counts and viral load by zip codes, otherwise by county
- Any other lists by zip codes or by county (e.g., CTR test sites, linkage to care personnel, etc.)

From the Chicago Department of Public Health, the following data sets were received which were used in this report:

- List of Facilities Reporting CD4 and Viral Load values
- Current List of Chicago HIV Providers/Facilities Reporting CD4/VL values By Zip Code
- Chicago - 2014 HIV Prevalence by Zip Code

Additional data sets utilized for the purpose of this report include:

- MATEC's trainees data:
  - From Participants Information Forms submitted by participants who receive trainings-including HIV clinical consultation- between July 1, 2014 and August 31, 2016.
  - Regional Needs Assessment completed in the fall of 2014. MATEC surveyed participants from its then seven-state region who attended at least one of their training programs during the past three years.

- The Black AIDS Institute HIV Work Survey: *When We Know Better, We Do Better: The State of HIV/AIDS Science and Treatment Literacy in the HIV/AIDS Workforce in the United States. Blank AIDS Institute, 2015* (https://www.blackaids.org/reports/when-we-know-better-we-do-better).

  The Black AIDS Institute, in collaboration with the CDC, the Latino Commission on AIDS, and the National Alliance of State and Territorial AIDS Directors, conducted the US HIV Workforce Survey between 2012 and 2013. The 62-question web-based survey was completed by more than 3,600 workers in the HIV field and assessed the knowledge, attitudes and beliefs of the HIV workforce in the United States. Data were reported for three knowledge categories: 1) basic knowledge and terminology, 2) treatment, and 3) clinical knowledge (biomedical interventions). The survey report describes the results of the HIV Workforce Survey and includes fact sheets for 16 states and 14 major metropolitan areas with knowledge scores for each of the three knowledge categories, attitudes towards biomedical interventions, and demographic data of the respondents including a work profile. For the Midwest region, the states included in the state fact sheets were Chicago EMA, Michigan, Missouri, and Ohio. Chicago was the only Midwestern metropolitan area included in the fact sheets for major metropolitan areas.

- Data Warehouse, Health Resources and Services Administration. Data extracted on June 15, 2016. (https://datawarehouse.hrsa.gov/tools/dataPortal.aspx)

- County-level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections among Persons who Inject Drugs, United States. *JAIDS Journal or Acquired Immune Deficiency Syndromes* Publish. *(June 2016, Ahead of Print.)* *(*http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=ovft&AN=00126334-900000000-97209&PDF=y*)*

Several maps were created to visualize and analyze data across Chicago. ArcInfo version 10.2.2. was used to develop the maps and geospatial data were downloaded from the U.S. Census Bureau, and included TIGER/Line 2010 Decennial Census files.

FINDINGS

The findings described in this section are based on the analysis and interpretation of the existing data listed in the introduction. These data begin to inform us on current needs and gaps that may affect the overall capacity to provide HIV clinical care in Chicago.

1. **GEOGRAPHIC GAPS OF HIV CLINICAL WORKFORCE**
   - **1.1 Prevalence data** *(See Map 1/page 11)*
     i. Although HIV cases have been reported in every Chicago zip code except 60635, it is important to highlight the following zip codes with an HIV prevalence between 414 and 1,347 during 2014: 60608, 60613, 60617, 60619, 60620, 60623, 60626, 60637, 60640, 60647, 60649, 60651, 60657, and 60660. It is important to note that one zip code, 60640 had a prevalence of 1,347.
     ii. In addition, the five most northern zip codes that border Lake Michigan: 60657, 60613, 60640, 60660, and 60626, have the highest prevalence rates ranging from 614-1,347.
   - **1.2 Providers/Facilities who reported CD4 and Viral Load (VL) values in 2015.** *(See Map 2/page 12)*
     i. A total of 169 providers/facilities reported CD4/VL values.
     ii. Most zip codes (86%) had providers that reported CD4/VL values.
     iii. The following zip codes (14%) did not have providers reporting CD4/VL values: 60633, 60827, 60638, 60606, 60635, 60630, 60656, 60646, and 60660. It is important to note that zip code, 60660 had a prevalence of 785, but there were no providers in that zip code that reported CD4/VL values.
     iv. Zip code 60635 had zero prevalence and zero providers reporting CD4/VL values.
     v. Some of these providers/facilities reporting CD4/VL values are not on MATEC's distributions lists and may not be aware of the training and TA services available through MATEC.
   - **1.3 Community Health Centers currently providing HIV clinical care** *(See Table 1/page 9 and Map 3/page 13)*
     i. A total of 37 Community Health Centers (CHCs) —some of which also receive Ryan White funds—are currently providing HIV clinical care according to HRSA's Data Warehouse.
     ii. All 37 CHCs are in or close to counties and cities with high reported prevalence of HIV.
     iii. Four Chicago community health centers are serving low HIV patient counts: Asian Human Services Family Health Center, Inc. (0.03%), Alivio Medical Center (0.02%), Esperanza Health Centers (0.06%), and TCA Health Inc. (0.03%).
     iv. Alivio Medical Center and Esperanza Health Centers (60608) are community health centers located in a zip code (60608) with an HIV prevalence of 558.

v. Asian Human Services Family Health Center, Inc., Esperanza Health Centers, Near North Health Service Corporation, Prime Care Community Health, Inc., and TCA Health Inc. are providing HIV clinical care (according to HRSA's Data Warehouse) but they do not appear on the list of providers/facilities reporting CD4/VL values.

vi. The following two health care centers are the current recipients of intense assistance from MATEC under its HIV Practice Transformation Project: Mile Square Health Center in Cook County and Regional Care (a Ryan White funded site) in Will County.

2. NEEDS OF THE HIV CLINICAL WORKFORCE

2.1 Based on MATEC's Data (See Figure 1/page 10 and Map 4/page14)

i. The majority of zip codes (81%) have had persons that have attended a MATEC sponsored training. Zip codes: 60659, 60631, 60656, 60630, 60634, 60635, 60638, 60652, 60655, 6827, 60633, (19%) had no persons that attended a MATEC sponsored training.

ii. There has been limited participation in MATEC sponsored trainings by some southern zip codes areas. MATEC is aware of the need for training in the southern zip codes and has been proactive by developing programs entitled, "SouthLands" programs which are held in the evening to allow HIV providers to attend after hour programs.

iii. Specific training and technical assistance needs in the zip codes mentioned above are unknown.

iv. High volume clinicians who provide HIV care (most frequently, clinicians in urban and/or Ryan White settings) have the highest level of HIV related knowledge and low-volume clinicians (frequently rural and private practice clinicians) have the lowest level of knowledge.

v. As low volume providers are more likely to refer HIV-positive patients for HIV care, there is an opportunity for MATEC to increase their knowledge and skill levels so that they are able to provide more advanced HIV care and retain HIV positive patients in their practices. The data from Figure 1 suggest that trainings of low volume providers need to focus on initiating Anti-retroviral treatment (ART), monitoring adherence, and treating drug resistance.

vi. Across MATEC's region, PrEP and Treatment as Prevention was mentioned as the highest priority topic, following by Clinical Management of HIV and Testing/Routine Screening. Additional topics that were mentioned but did not make the top of the list are: Cultural Competence with special populations (transgender clients, LGB, MSM, women), STI's, Adherence, and Primary Care/Co-Morbidities.

vii. According with new HRSA guidelines for funding allocations for the AETC grantees, a significant proportion of funds have to be allocated to new projects (i.e., HIV Practice Transformation and HIV Interprofessional Education). Hence, the funding

level for AETCs to fulfill other training and technical assistance needs has significantly decreased for Fiscal Years 2016 through 2019.

2.2 **Based on The Black AIDS Institute HIV Work Survey** (See Table 2/page 10)
Although respondents from Illinois scored better across all question categories compared to the average scores for the United States, there is a 13-16 percentage point gap between Whites and African Americans across all categories. While this gap also exists on a national level, it is not as wide as in Illinois (8-11 percentage points at the national level). This indicates the need for Illinois to focus its training and capacity building assistance on increasing the HIV science, treatment, and prevention knowledge among African Americans clinicians.

A number of studies have examined issues of racial concordance in clinical care and training programs. A multicenter study that examined the role of cultural distance between HIV-infected patients and providers in perceived quality of care found that patients who rated lower perceived cultural similarity with their providers rated significantly lower quality of care and lower trust in their providers. Cultural concordance was assessed in terms of speech and language, reasoning, communication style, and values, which, based on the findings of the study, indicated the importance of positive patient-provider interactions and cultural competency in provision of HIV care (Saha et al., 2011). Given these realities, the need for culturally competent clinicians, particularly from the communities most affected by HIV, is crucial.

Based on data from the report on familiarity with and belief in biomedical interventions, Illinois' HIV workers are less familiar with the topics of Topical Microbicides and HIV vaccines than the US HIV workforce; only 42% indicate that they are familiar with PrEP, and 41% are familiar with Treatment as Prevention, suggesting a need for training in these topics.

3. Retirement Creating Workforce Gaps

The Institute of Medicine in examining workforce needs for *HIV Screening and Access to Care* (2011) acknowledged that the HIV/AIDS workforce is aging. They estimated nationally that 33 percent of physicians, 24 percent of pharmacists and 45 percent of nurses will likely reach retirement age by 2020. Meanwhile the population is increasing and the age of the population is increasing, both of which place greater demands on health professionals. A survey of HIV Medical Association (HIVMA) members, a physician group specializing in HIV care, found in 2010 that at least 45% of its members were 51 years and older, with 17% over the age of 61. In 2010, 60% of nurses with the Association of Nurses in AIDS Care (ANAC), the HIV/AIDS nursing association, were between the ages of 40 and 50, and only 7% were between the ages of 20-29, indicating young nurses were not choosing HIV/AIDS as their specialty. The National Alliance for HIV Education and Workforce Development made recommendations regarding this issue: "The early cohort of experienced HIV-care

clinicians, who brought passion and commitment to patients early in the epidemic, entered the field 20 or more years ago and are nearing retirement. As they leave, a service gap will be created, and these providers will need to be replaced with well-educated, skilled clinicians who are able to provide comprehensive HIV care" (NAHEWD, 2014, p. 8). Further investigation into retirement and its affects upon the Chicago EMA workforce need to be carried out.

MATEC efforts such as the HIV Interprofessional Education Project (HIPEP) and the Clinician Scholars Program are programmatic activities which specifically aim to prepare the next generation of skilled and dedicated HIV practitioners.

HIPEP is a regional collaborative that includes six University-based Inter Professional Education programs to develop, implement and evaluate interprofessional team-based training programs for health professions students to prepare a workforce which is ready and able to optimize care and outcomes for persons living with HIV/AIDS.

The MATEC Clinician Scholars Program is a 12-month training program specifically designed for minority or predominately minority serving, front line clinical care providers (Physicians, Physician Assistants, Nurse Practitioners, and Pharmacists), who are interested in the diagnosis, treatment, medical management, and prevention of HIV/AIDS.

4. **Areas Vulnerable for Rapid Dissemination of HIV or HCV Infections among Persons who Inject Drugs in Chicago EMA**

The recent HIV outbreak in Scott County, Indiana, prompted MATEC to explore the literature about areas in our region which may be vulnerable to similar outbreaks. In doing so, we found an article (recently accepted to be published in the *Journal of Acquired Immune Deficiency Syndrome* cited above) in which the authors identified "U.S. counties potentially vulnerable to rapid spread of HIV, if introduced, and new or continuing high rates of hepatitis C virus (HCV) infections among persons who inject drugs". Although Chicago was not identified in this article nor does Chicago fit into the rural county category, it might be worthwhile for the Chicago Department of Public Health HIV/AIDS Surveillance section to closely monitor HIV surveillance reporting as it relates to injection drug use as a risk factor.

SUMMARY

This report summarizes findings related to the HIV clinical workforce in Chicago. The focus includes the need for additional training and technical assistance to enhance the current and future workforce. Specific findings include:

a. HIV cases have been reported in every zip code in Chicago except 60635, with 60640 showing the highest prevalence.
b. The five most northern zip codes that border Lake Michigan: 60657, 60613, 60640, 60660, and 60626, have the highest prevalence rates ranging from 614 - 1,347.

c. Most zip codes (86%) had providers that reported CD4 and VL values.
d. Zip code, 60660 had a prevalence of 785, but there were no providers in that zip code that reported CD4/VL values.
e. Four Chicago community health centers are serving low HIV patient counts: Asian Human Services Family Health Center, Inc. (0.03%), Alivio Medical Center (0.02%), Esperanza Health Centers (0.06%), and TCA Health Inc. (0.03%).
f. Alivio Medical Center and Esperanza Health Centers (60608) are community health centers located in a zip code (60608) with an HIV prevalence of 558.
g. MATEC has provided programs to enhance the workforce in almost all of the zip codes, but there has been limited participation in MATEC sponsored trainings by some southern zip codes areas.
h. Given shifting national priorities for the AETCs, close collaboration and resource sharing may be needed to expand programs.
i. Topics needing attention include PrEP, Treatment as Prevention, Clinical HIV Management and routine testing and screening.

"This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1OHA29293 (AIDS Education and Training Centers). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government."

Table 1. Community Health Centers Providing HIV Care in Illinois

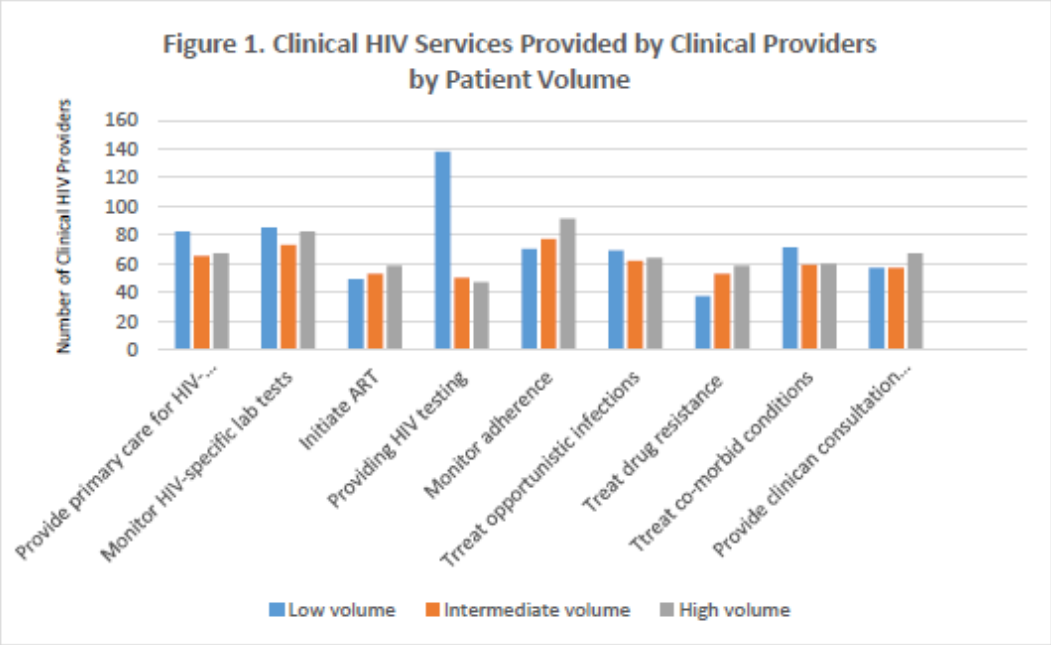
Health Center Name	City	Zip Code	Percentage of HIV Patients
Access Community Health Network	Chicago	60661	0.54%
Alivio Medical Center	Chicago	60608	0.02%
Asian Human Services Family Health Center, Inc.	Chicago	60640	0.03%
Aunt Martha's Youth Service Center, Inc.	Olympia Fields	60461	0.08%
Beloved Community Family Wellness Center	Chicago	60621	0.19%
Board of Trustees of Southern Chicago EMA University	Springfield	62794	0.25%
Central Counties Health Centers, Inc.	Springfield	62703	0.13%
Chestnut Health Systems	Bloomington	61701	0.06%
Chicago Family Health Center, Inc.	Chicago	60617	0.14%
Christian Community Health Center	Chicago	60438	2.42%
Christopher Greater Area Rural Health Planning Corporation	Christopher	62822	0.02%
Circle Family Healthcare Network, Inc.	Chicago	60644	1.96%
Community Health & Emergency Services, Inc.	Cairo	62914	0.03%
Community health improvement	Decatur	62526	0.13%
Community Nurse Health Association	La Grange	60525	0.04%
County of Lake, dba Lake County Health Department and Community Health Center	Waukegan	60085	0.83%
Crusaders Central Clinic Association	Rockford	61104	0.74%
Erie Family Health Center, Inc.	Chicago	60622	0.55%
Esperanza Health Centers	Chicago	60608	0.06%
Family Christian Health Center	Harvey	60426	0.07%
Friend Family Health Center, Inc.	Chicago	60629	0.38%
Greater Elgin Family Care Center	Elgin	60120	0.02%
Heartland Community Health Clinic	Peoria	61603	0.11%
Heartland Health Outreach, Inc.	Chicago	60604	17.05%
Heartland International Health Center	Chicago	60657	9.95%
Lawndale Christian Health Center	Chicago	60623	0.50%
Near North Health Service Corporation	Chicago	60610	0.52%
PCC Community Wellness Center	OAK PARK	60302	0.33%
Prime Care Community Health, Inc.	Chicago	60622	0.26%
Rural Health Inc.	Anna	62906	0.02%
Shawnee Health Service and Development Corporation	Carterville	62918	0.11%
Southern Chicago EMA Healthcare Foundation	East Saint Louis	62207	0.40%
TCA Health Inc.	Chicago	60628	0.03%
The Board of Trustees of the University of Chicago EMA	Chicago	60607	0.26%
VNA Health Care	Aurora	60506	0.03%
Whiteside County Health Department and Whiteside County Community Health Clinic, Inc.	Rock Falls	61071	0.01%
Will County Health Department	Joliet	60433	0.09%

Source: Data Warehouse, Health Resources and Services Administration.

Table 2. Knowledge Scores by Question Category, Whites and African Americans, 2012-13 HIV Workforce Survey

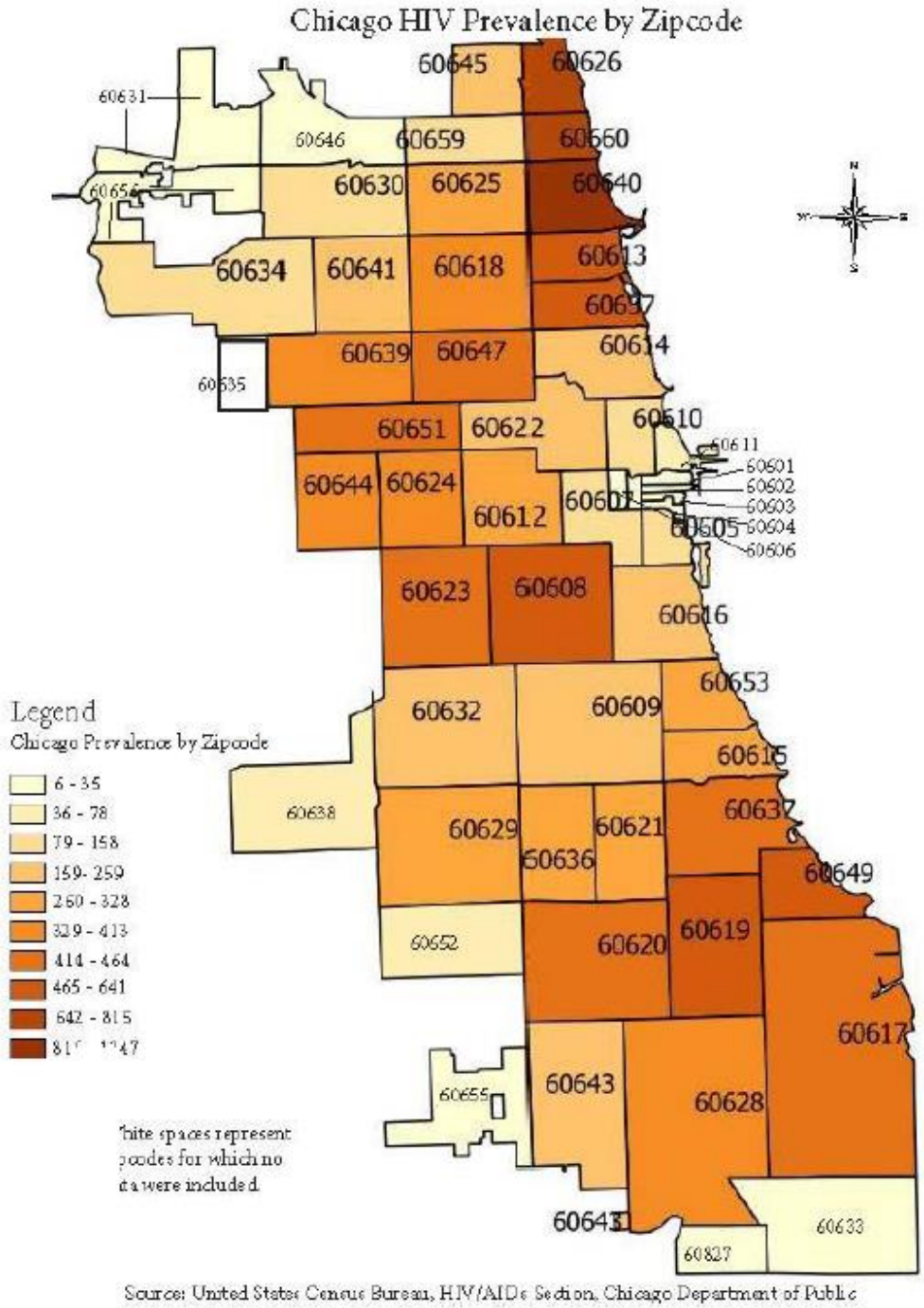
		All Questions	Basic Knowledge and Terminology	Treatment	Biomedical Interventions
IL	All respondents	63%	73%	56%	52%
	Af Am (n = 68)	57%	67%	50%	44%
	White (n = 69)	71%	82%	63%	60%
USA	All respondents	61%	73%	54%	45%
	Af Am (n = 68)	57%	69%	51%	41%
	White (n = 69)	67%	80%	59%	49%

Source: The Black AIDS Institute HIV Work Survey: When We Know Better, We Do Better: The State of HIV/AIDS Science and Treatment Literacy in the HIV/AIDS Workforce in the United States. Blank AIDS Institute, 2015



Source: Regional Needs Assessment

Map 1.


Chicago HIV Prevalence by Zipcode
60645
60626
60631
60646
60659
60660
60656
60630
60625
60640
60634
60641
60618
60613
60657
60639
60647
60614
60635
60651
60622
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60621
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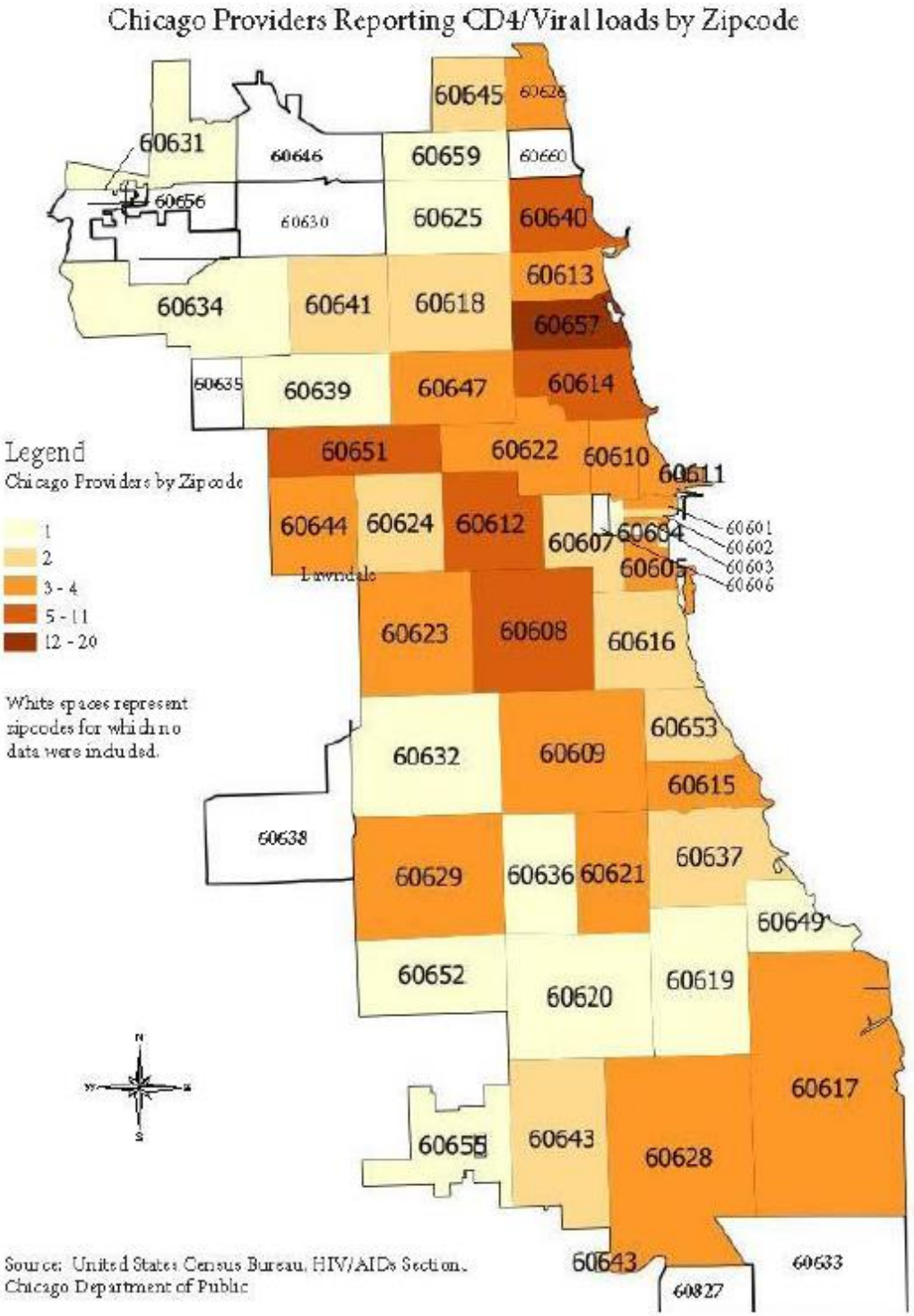
60649
60652
60620
60619
60617
60655
60643
60628
60633
60827
Legend
Chicago Prevalence by Zipcode
6 - 35
36 - 78
79 - 158
159- 259
260 - 328
329 - 413
414 - 464
465 - 641
642 - 815
hite spaces represent
pcodes for which no
ta were included.
Source: United States Census Bureau, HIV/AIDs Section, Chicago Department of Public

Map 2.


Chicago Providers Reporting CD4/Viral loads by Zipcode
60645
60626
60631
60646
60659
60660
60656
60630
60625
60640
60613
60634
60641
60618
60657
60635
60639
60647
60614
60651
60622
60610
60611
Legend
Chicago Providers by Zipcode
1
2
3 - 4
5 - 11
12 - 20
60644
60624
60612
60607
60604
60601
60602
60603
60606
60605
Lawndale
60623
60608
60616
White spaces represent zipcodes for which no data were included.
60653
60632
60609
60615
60638
60629
60636
60621
60637
60649
60652
60620
60619
60617
60655
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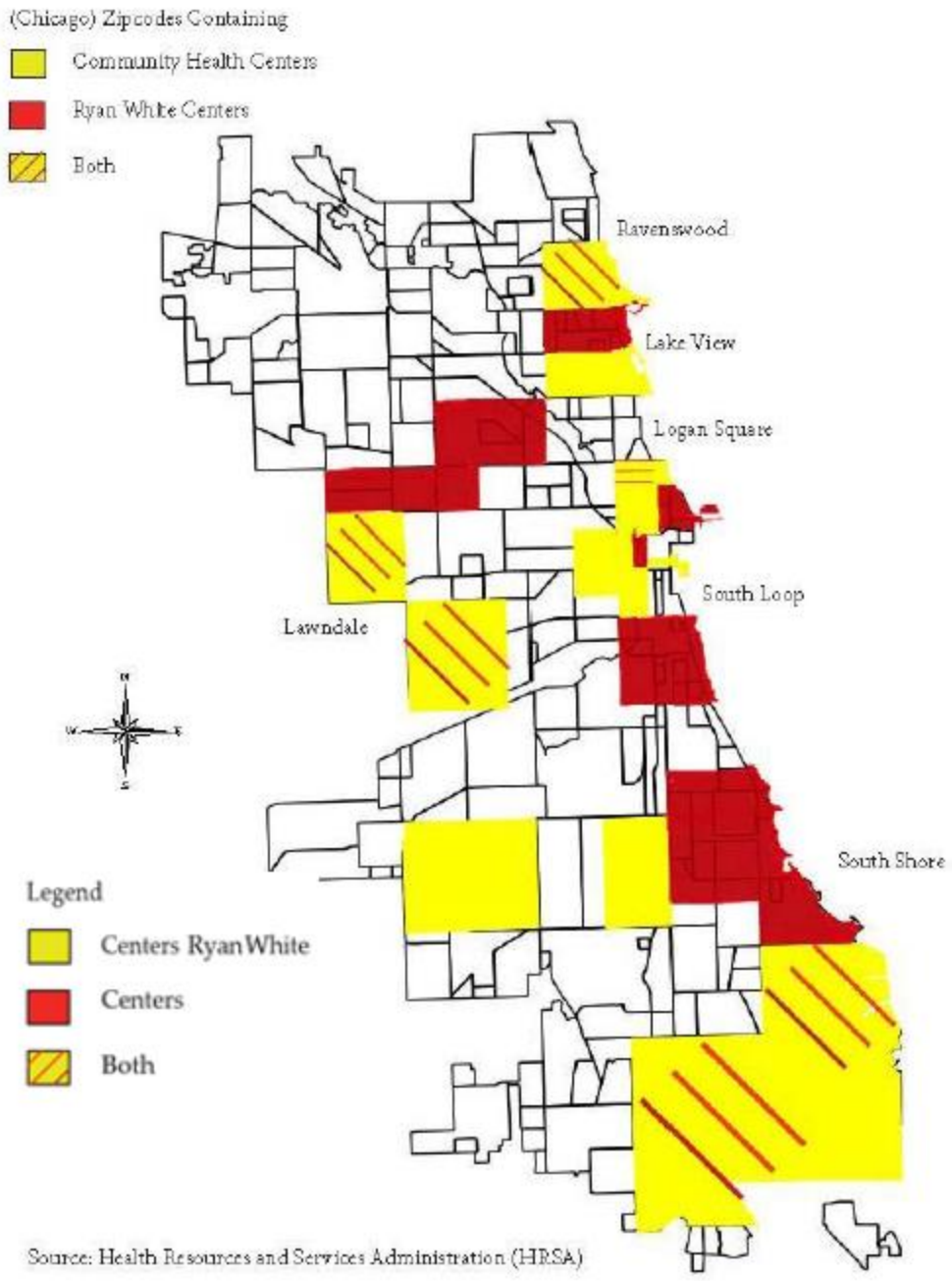
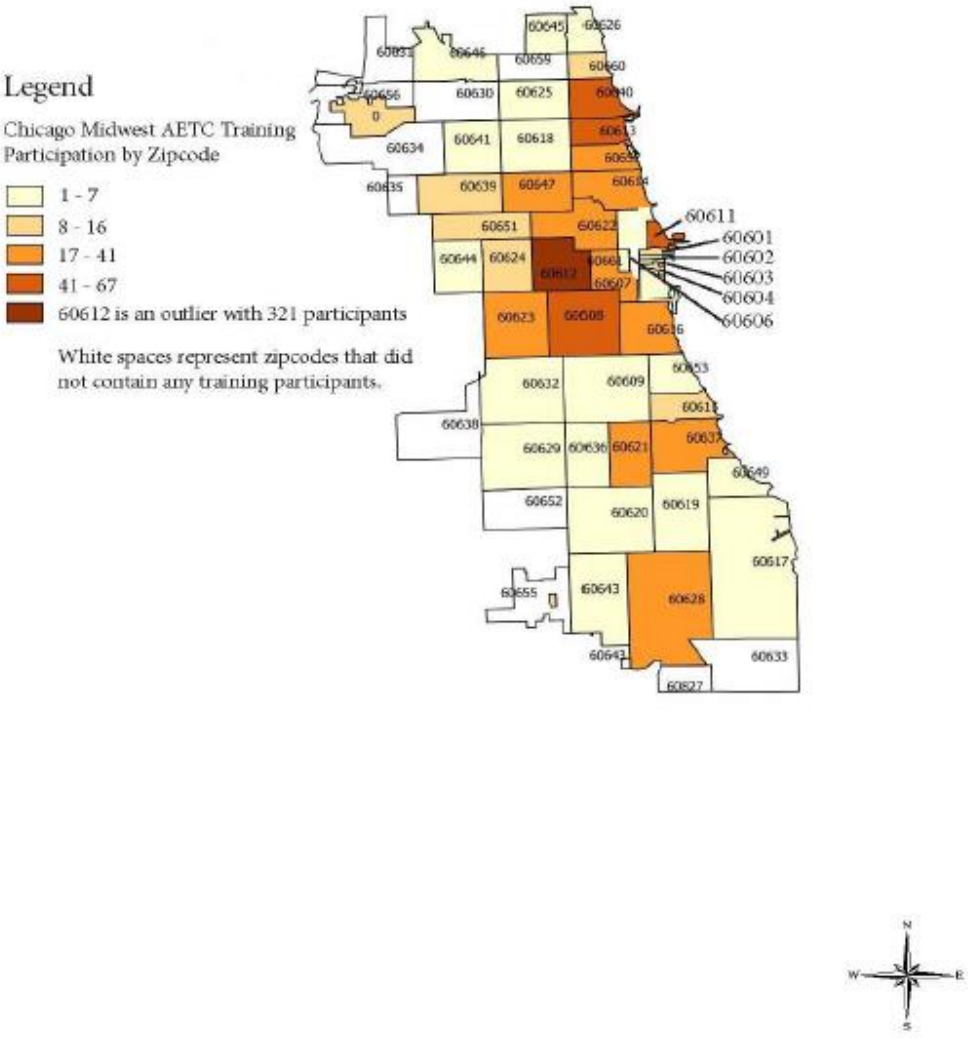
60643
60633
60827
Source: United States Census Bureau, HIV/AIDs Section, Chicago Department of Public

Map 3. Chicago Community Health Centers currently providing HIV clinical care And Ryan White Clinical Sites



Map 4.

Chicago Midwest AETC Training Participation by Zipcode



Source: United States Census Bureau, Midwest Aids Education & Training Center (Midwest AETC)

Appendix M

Regional Stakeholder Engagement Meetings
Discussion Questions

OVERALL MEETING GOAL 1: To achieve a more coordinated response to HIV by engaging key community stakeholders and increasing collaboration and coordination among HIV programs
OVERALL MEETING GOAL 2: To increase community stakeholders' awareness and understanding of the National and Illinois HIV/AIDS Strategies and how that translates to state and local HIV care, treatment, and prevention programs

(20 MINUTES) **OBJECTIVE 1**: To engage local health departments, other HIV programs (care, treatment, and prevention), and other key stakeholders in HIV planning.

Question 1: The strategy impels us to engage entities from HIV prevention, care, and treatment; STD, TB, and viral hepatitis; mental health and substance use; housing; related supportive services; and other key stakeholders in HIV planning.

1.1 What other entities need to be engaged in this process and at what level (referral, planning) should they be engaged?
1.2 What would you like to see come out of these planning efforts?

(20 Minutes) **Objective 2:** To identify opportunities for collaboration and coordination across all HIV programs, statewide and local.

Question 2: The strategy impels us to increase coordination and collaboration across HIV prevention, care, and treatment; STD, TB, and viral hepatitis services; mental health and substance use services; housing and other supportive services.

2.1 What potential opportunities for collaboration and coordination of activities do you see?
2.2 What are the challenges or barriers to this?

(30 Minutes) **Objective 3:** To develop strategies to reduce new HIV infections and reduce HIV-related disparities and health inequities.

Question 3: The strategy says three critical steps we must take to reduce HIV infection are:

1. Intensify prevention efforts in communities where HIV is most heavily concentrated.

2. Expand targeted efforts to prevent infections using a combination of effective, evidence-based approaches.
3. Educate all Americans about the threat of HIV and how to prevent it.

3.1 How do we balance the demand to intensify targeted interventions for the most impacted populations and the need to provide general education and prevention services?
3.2 Federal and State HIV prevention funds for Illinois were cut this year and may be cut in future years. Knowing that, what recommendations can you provide the State about ways to best intensify prevention efforts in communities where HIV is most concentrated?
3.3 What HIV health inequities do you see and what strategies can you suggest to address them?

(30 Minutes) **Objective 4:** To increase linkage and access to care and improve health outcomes for people living with HIV.

Question 4: Comprehensive prevention services (including partner services) for persons living with HIV are a priority of the strategy.

4.1 What needs to be done to ensure HIV positive individuals have access to prevention, care, treatment, and supportive services to decrease the risk of HIV transmission to their partners and retain them in care?
4.2 What does your organization need to incorporate prevention for HIV positives into its array of services?
4.3 What are some challenges or barriers your organizations face in providing comprehensive prevention for positives services?

(20 Minutes) **Objective 5:** To identify ways to mitigate the impact of stigma and discrimination on HIV care, treatment, and prevention.

Question 5: ***(Note: Data to be revised for each region)*****:** In this region, the latest epidemiology data suggest the following: A disproportionate number of HIV infections occur among MSM (61% overall between 2006 -10 and 49% in 2010). In addition, African Americans accounted for 54% of overall infections between 2006 -10 and 57% in 2010. Among new infections in youth (ages 13-24), African Americans accounted for 64% of infections among this age group between 2005 -2010; whites accounted for 22% on average.

5.1 What does your organization need to implement effective, appropriate interventions for this population?
5.2 What needs to be done at the structural level (policies, laws, and infrastructure) to reduce stigma and to ensure clients have access to services that are culturally appropriate?

Appendix N

Focus Group Discussion Questions

Question One: What are the three greatest challenges in your life that you are struggling with right now?
(This question was asked to identify facilitators and inhibitors of HIV risk and risk reduction.)

Question Two: How does HIV come up in discussion with your peers?
(This question was asked to assess risk behavior practices in areas/populations hardest hit by HIV.)

Question Three: What are the circumstances leading to a sexual encounter?
(This question was asked to assess risk behavior practices in areas/populations hardest hit by HIV.)

Question Four: How do you prepare to go out with the possibility to hook up?
(This question was asked to assess risk behavior practices in areas/populations hardest hit by HIV.)

Question Five: Now that we have talked about what is important to you, what kinds of activities might appeal to the community of your peers?
(This question was asked to solicit input on innovative approaches to reduce HIV-related stigma and homophobia.)

Question Six: Based upon what we have discussed, how do we go about changing people's perception and behaviors in dealing with HIV?
(This question was asked to solicit input on innovative approaches to reduce HIV-related stigma and homophobia.)

Question Seven: Can you provide us with some examples of where you experienced or have seen HIV-related stigma or homophobia in your community?
(This question was asked to solicit input on innovative approaches to reduce HIV-related stigma and homophobia.

Question Eight: Do you have any suggestions on things community based organization and local health departments can implement to reduce HIV related stigma or homophobia to enhance utilization of prevention and care services?
(This question was asked to assess knowledge and utilization of HIV prevention, care, and treatment services.)

Appendix O

Ryan White & HOPWA Client Satisfaction Survey Summaries by Region

Region 1

2015 RYAN WHITE/HOPWA PART B CLIENT SATISFACTION

Region 1 Data Summary Report

The annual client satisfaction survey is issued to all clients that have received a Ryan White Part B or HOPWA service during the previous calendar year. This report contains highlights of the collected Regional 1 data that has been reviewed to help determine the service gaps and needs of the clients within the specified region. The Client Satisfaction Survey was divided into four sections; Demographics, Core Services, Supportive Services, and Prevention. This report only provides a snapshot of the highlights from the overall collected data. Each Lead Agent will receive their overall collected raw survey data, which will be sent via the Ryan White Part B Administrator.

Demographics Highlights

The initial questions of the survey are specific to the client's gender, age, race, ethnicity, and risk factors. In Region 1, 85% of clients are over the age of 45. This hints at a large aging HIV/AIDS population in the region. . Furthermore, 39% of the respondents stated to have first been diagnosed 10-20 years ago, and 24% of the respondents were first diagnosed more than 20 years ago. The remaining respondents were first diagnosed from 6 months to 10 years ago with HIV. Therefore providers in Region 1 should be aware that majority of the HIV clients in Region 1 have been living with HIV for almost 20 years, and their needs can greatly differ from those clients recently diagnosed.

The most identified risk factor in Region 1 was "sex with men"; with 76% of the respondents identifying this act as their primary risk. In addition, 69% of the respondents from Region 1 identified as men, which shows that Region 1 cliental population is largely represented by men that have sex with men. Furthermore, 25% of the respondents identified as Women, and Transgender accounted for 7% of the surveyed cliental in Region 1.

In Region 1 race was represented respectively White accounted for 68%, Black accounted for 29%, and Hispanic accounted for 7% from the survey respondents. Clients were able to answer more than one selection across multiple areas. This explains the discrepancies in overall percentage totals for the respondents.

Care Core Services

Core Services include Case Management (CM), HIV Medical Care (Outpatient/Ambulatory), Oral Health Care, and ADAP services. Furthermore, all Core services are not offered in each Region. The identified Core services are on a two year rotation. For the 2015 Client Satisfaction survey the identified Care Core Services were Medical Case Management, HIV Medical Care, AIDS Drug Assistance Program (MAP-ADAP), and Oral Health. In 2015 the identified Core supportive services that were surveyed were Food Meals services, Housing Services, Legal Services, and Utility Services.

Medical Case Management

In Region 1, 97% of the respondents stated that they had some level of yearly communication with their Case Manager. The survey data revealed that only 3% of the respondents stated that they had no communication with a case manager. Therefore from the surveyed data we can conclude that clients in Region 1 were receptive to the case management services. Only 3% of the respondents in Region 1 stated that they didn't receive CM services at all. Some, but not all, of those clients can be linked to those clients whom receive MAP or PAP services only, and are not utilizing the case management services.

In response to their overall Case Management experience in Region 1 clients were overwhelmingly positive. Over 90% of respondents stated that CMs were both friendly and respectful, they felt their confidentiality was safe, and that seeing their Case Manager helped them to stay in Care for their health.

HIV Medical Care

Client responded that their HIV Medical Care (*Outpatient/Ambulatory*) in Region 1 were overwhelmingly positive. With 100% of the respondents stating they were satisfied with the HIV Medical Care in the areas of staff being friendly and respectful, feeling that their confidentiality was safe, answering all their questions, and that seeing their Case Manager helped them to stay in Care for their health. Crusader Community Health and Genesis Health System were the two largest selected Providers amongst the Region 1 cliental.

ADAP Services

Client responses to ADAP Services were also overwhelmingly positive in Region 1. With 100% of the respondents stating that they were satisfied with the ADAP staff being friendly and respectful, they felt their confidentiality was safe. Also 91% of the respondents stated to having a positive experience with CVS Caremark.

Oral (Dental) Services

In Region 1, 80% of the respondents stated that they had utilized oral dental services. In addition, 20% of the respondents stated that they did not utilize dental services in Region 1. Of those respondents 96% of them reported that they had a positive experience in the areas of being friendly and respectful, they felt their confidentiality was safe, they answered all client's questions, and client understand all the instructions. Based upon the respondents Region 1 appears to have a quality group of Dental Providers.

Care Supportive Services

Food/Meal Assistant Services

In Region 1, 55% of respondents stated that they hadn't utilized food/ meal services. The remaining 43% of the respondents stated they had utilized the food/meal services. Those clients responded with 100% satisfaction in favor of the services they received. There were only 2% of respondents that stated they did not receive food/meal services. Respondents primarily utilized either food vouchers or the services at the Food pantry of the Project of the Quad Cities.

Housing Services

Housing services in Region 1, Clients responded positively with 90% of the respondents agreeing that staff were friendly and respectful at the agencies where they utilized housing services. Furthermore, 90% of the respondents stated those clients also felt the services help them to stay in Care for their health.

Legal Services

Legal Services in Region 1 were utilized by a small number of surveyed clients. Those respondents that received services responded with 100% satisfaction in favor of the services they received. Clients primarily used the legal services of Prairie State Legal.

Utility Assistant Services

Legal services in Region 1, Clients that received Utility assistant services responded positively with 100% satisfaction when asked if the service providers were friendly and respectful. In addition, clients responded positively with 100% satisfaction about their confidentiality being safe, and feeling this service helped them stay in Care for health.

Prevention

Clients were surveyed on several prevention services to gage their individual needs and identify any unforeseen barriers to care within their perspective region. Clients were asked several questions to answer pertaining to prevention services. Prevention questions that were asked of the client included the following with responses from Region 1:

- Did your Case Manager ask you about partner(s) who may need notification & testing for possible HIV exposure

Answer Choice	Responses	
YES	48.6%	43
NO	3.41%	3
Does Not Apply	47.73%	42
Total		88

- Has is it been easy for you to access free condoms?

Answer Choice	Responses	
YES	67.78%	61
NO	3.33%	3
Does Not Apply	28.89%	26
Total		90

- Has it been easy for you to access free syringes?

Answer Choice	Responses	
YES	10.23%	9
NO	4.55%	4
Does Not Apply	85.23%	75
Total		88

- Did your case manager talk to you about prevention or risk reduction behaviors and services?

Answer Choice	Responses	
YES	64.37%	56
NO	5.75%	5
Does Not Apply	29.89%	26
Total		87

- Have you talked to your partner(s) about HIV/AIDS status?

Answer Choice	Responses	
YES	59.09%	52
NO	2.27%	2
Does Not Apply	38.64%	34
Total		88

- Have you referred a friend, sexual partner, or injection partner for free HIV testing?

Answer Choice	Responses	
YES	30.00%	27
NO	32.22%	29
Does Not Apply	37.78%	34
Total		90

- Has your partner received HIV Testing, counseling, or risk reduction services?

Answer Choice	Responses	
YES	52.27%	46

NO	9.09%	8
Does Not Apply	38.64%	34
Total		88

- Have you been offered comprehensive STD screening?

Answer Choice	Responses	
YES	55.17%	48
NO	20.69%	18
Does Not Apply	24.14%	21
Total		87

- Have you been counseled about the importance of adhering to your HIV medications?

Answer Choice	Responses	
YES	90.11%	82
NO	6.59%	6
Does Not Apply	3.3%	3
Total		91

- Have you used Peer Services?

Answer Choice	Responses	
YES	12.79%	11
NO	63.95%	55
Does Not Apply	23.26%	20
Total		86

- Have you received the Hepatitis A and B vaccination?

Answer Choice	Responses	
YES	79.55%	70
NO	15.91%	14
Does Not Apply	4.55%	4
Total		88

PrEP: Pre Exposure Prophylaxis

The PrEP section of the survey was updated this year to include additional questions. These questions were added to gage the knowledge base of clients and identify potential barriers that may exist with clients obtaining PrEP within the Regions.

In Region 1, 62% of respondents stated that they had never heard of PrEP, 28% of respondents stated they had extensive knowledge of PrEP, and 9% of respondents stated that they had some knowledge of PrEP. When asked about their interest or their partner's interest in learning more about PrEP, 33% of the respondents wanted to know more about PrEP. In addition, 3% of respondents stated that their partner used PrEP. When clients were asked," How did you hear about PrEP?", 19% of the respondents stated they had heard from their MCM/Medical Provider and 38% stated they had heard from the Internet, not one client stated they had heard from Department training, and 16% of the respondents stated they had heard from their partner. Providers in Region 1 should be aware of the potential service gap in client knowledge of PrEP.

Question	YES	NO
Information on housing services	22 (25.88%)	63 (74.12%)
Information on partner or family violence services	6 (7.23%)	77 (92.77%)
Information on harm reduction	13 (15.66%)	70 (84.34%)
Information on legal services	20 (23.81%)	64 (76.19%)
Reproductive Health Services	9 (11.25%)	71 (88.75%)
Health Insurance Enrollment	14 (17.07%)	68 (82.93%)
Help with employment Reentry services	12 (14.81%)	69 (85.19%)
Medical Care	20 (25.00%)	60 (75.00%)
Help with referral to substance abuse services	8 (9.64%)	75 (90.36%)
Vaccinations for HAV, HBV, or HPV	15 (18.07%)	68 (81.93%)
Help with referral to Mental Health Services	15 (18.07%)	68 (81.93%)

Question	YES	NO
Access to clean syringes	5 (6.02%)	78 (93.98%)
Free Condoms	21 (25.30%)	62 (74.70%)
Risk prevention counseling (one-on-one)	13 (15.66%)	70 (84.34%)
Support groups	20 (24.10%)	63 (75.90%)
Safer sex	18 (21.18%)	67 (78.82%)
Hepatitis A, B, and C screening	17 (20.24%)	67 (79.76%)
HIV Medication Adherence	18 (21.95%)	64 (78.05%)

Region 2

2015 RYAN WHITE/HOPWA PART B CLIENT SATISFACTION

Region 2 Data Summary Report

The annual client satisfaction survey is issued to all clients that have received a Ryan White Part B or HOPWA service during the previous calendar year. This report contains highlights of the collected Regional 2 data that has been reviewed to help determine the service gaps and needs of the clients within the specified region. The Client Satisfaction Survey was divided into four sections; Demographics, Core Services, Supportive Services, and Prevention. This report only provides a snapshot of the highlights from the overall collected data. Each Lead Agent will receive their overall collected raw survey data, which will be sent via the Ryan White Part B Administrator.

Demographics Highlights

The initial questions of the survey are specific to the client's gender, age, race, ethnicity, and risk factors. In Region 2, 78% of clients are over the age of 45. This hints at a large aging HIV/AIDS population in the region. Furthermore, 39% of the respondents stated to have first been diagnosed 10-20 years ago, and 29% of respondents were first diagnosed more than 20 years ago. The remaining respondents were first diagnosed from 6 months to 10 years ago with HIV. Therefore providers in Region 2 should be aware that majority of the HIV clients in Region 2 have been living with HIV for almost 20 years, and their needs can greatly differ from those clients recently diagnosed.

The most identified risk factor in Region 2 was "sex with men"; with 72% of the respondents identifying this act as their primary risk. In addition, 68% of the respondents from Region 2 identified as men, which shows that Region 2 cliental population is largely represented by men that have sex with men. Furthermore, 25% of the respondents identified as Women, and Transgender accounted for 8% of the surveyed cliental in Region 2.

In Region 2 race was represented respectively White accounted for 74%, Black accounted for 27%, and Hispanic accounted for 2% from the survey respondents. Clients were able to answer more than one selection across multiple areas. This explains the discrepancies in overall percentage totals for the respondents.

Care Core Services

Core Services include Case Management (CM), HIV Medical Care (Outpatient/Ambulatory), Oral Health Care, and ADAP services. Furthermore, all Core services are not offered in each Region. The identified Core services are on a two year rotation. For the 2015 Client Satisfaction survey the identified Care Core Services were Medical Case Management, HIV Medical Care, AIDS Drug Assistance Program (MAP-ADAP), and Oral Health. In 2015 the identified Core supportive services that were surveyed were Food Meals services, Housing Services, Legal Services, and Utility Services.

Medical Case Management

In Region 2, 97% of the respondents stated that they had some level of yearly communication with their Case Manager. The survey data revealed that only 1% of the respondents stated that they had no communication with a case manager. Therefore from the surveyed data we can conclude that clients in Region 2 were receptive to the case management services. Only 1% of the respondents in Region 2 stated that they didn't receive CM services at all. Some, but not all, of those clients can be linked to those clients whom receive MAP or PAP services only, and are not utilizing the case management services.

In response to their overall Case Management experience in Region 2 clients were overwhelmingly positive. Over 95% of respondents stated that CMs were both friendly and respectful, they felt their confidentiality was safe, and that seeing their Case Manager helped them to stay in Care for their health.

HIV Medical Care

Client responded that their HIV Medical Care (*Outpatient/Ambulatory*) in Region 2 were overwhelmingly positive. With 100% of the respondents stating that they were satisfied with the HIV Medical Care in the areas of staff being friendly and respectful, feeling that their confidentiality was safe, answering all their questions, and that seeing their Case Manager helped them to stay in Care for their health. University of Illinois Chicago (UIC) and OSF Saint Francis Memorial were the two largest selected Providers amongst the Region 2 cliental.

ADAP Services

Client responses to ADAP Services were also overwhelmingly positive in Region 2. With 98% of the respondents stating that they were satisfied with the ADAP staff being friendly and respectful, they felt their confidentiality was safe. In addition, 96% of the respondents stated to have had a positive experience with CVS Caremark.

Oral (Dental) Services

In Region 2, 53% of the respondents stated that had utilized oral dental services. In addition, 47% of the respondents stated that they did not utilize dental services in Region 2. Of those respondents 93% of them stated that they had a positive experience in the areas of being friendly and respectful, they felt their confidentiality was safe, they answered all client's questions, and client understand all the instructions. Based

upon the respondents Region 2 appears to have a quality group of Dental Providers.

Care Supportive Services

Food/Meal Assistant Services

In Region 2, 31% of respondents stated that they hadn't utilized food/ meal services. Of the remaining 64% of the respondents stated they had utilized the food/meal services. Those particular clients responded with 100% satisfaction in favor of the services they received. There were only 5% of respondents that stated they did not receive food/meal services. Respondents primarily utilized either food vouchers or the services at the Food pantry of the Project of the Quad Cities.

Housing Services

Housing services in Region 2, Clients responded positively with 100% of the respondents agreeing that staff were friendly and respectful at the agencies where they utilized housing services. Furthermore, 96% of the respondents stated those clients also felt the services help them to stay in Care for their health.

Legal Services

Legal Services in Region 2 were utilized by a small number of surveyed clients. Those respondents that received services responded with 80% satisfaction in favor of the services they received. Clients primarily used the legal services of Prairie State Legal.

Utility Assistant Services

Legal services in Region 2, Clients that received Utility assistant services responded positively with 100% satisfaction when asked if the service providers were friendly and respectful. In addition, clients responded positively with 100% satisfaction about their confidentiality being safe, and feeling this service helped them stay in Care for health.

Prevention

Clients were surveyed on several prevention services to gage their individual needs and identify any unforeseen barriers to care within their perspective region. Clients were asked several questions to answer pertaining to prevention services. Prevention questions that were asked of the client included the following with responses from Region 2:

- Did your Case Manager ask you about partner(s) who may need notification & testing for possible HIV exposure

Answer Choice	Responses	
YES	52.86%	37
NO	2.86%	2
Does Not Apply	44.29%	31
Total		70

- Has is it been easy for you to access free condoms?

Answer Choice	Responses	
YES	84.93%	62
NO	0.00%	0
Does Not Apply	15.07%	11
Total		73

- Has it been easy for you to access free syringes?

Answer Choice	Responses	
YES	14.08%	10
NO	8.45%	6
Does Not Apply	77.46%	55
Total		71

- Did your case manager talk to you about prevention or risk reduction behaviors and services?

Answer Choice	Responses	
YES	75.00%	54
NO	2.78%	2
Does Not Apply	22.22%	16
Total		72

- Have you talked to your partner(s) about HIV/AIDS status?

Answer Choice	Responses	
YES	65.28%	47
NO	0.00%	0
Does Not Apply	34.72%	25
Total		72

- Have you referred a friend, sexual partner, or injection partner for free HIV testing?

Answer Choice	Responses	
YES	41.10%	30
NO	30.14%	22
Does Not Apply	28.77%	21
Total		73

- Has your partner received HIV Testing, counseling, or risk reduction services?

Answer Choice	Responses	

YES	46.48%	33
NO	15.49%	11
Does Not Apply	38.03%	27
Total		71

- Have you been offered comprehensive STD screening?

Answer Choice	Responses	
YES	56.34%	40
NO	19.72%	14
Does Not Apply	23.94%	17
Total		71

- Have you been counseled about the importance of adhering to your HIV medications?

Answer Choice	Responses	
YES	87.50%	63
NO	5.56%	4
Does Not Apply	6.94%	5
Total		72

- Have you used Peer Services?

Answer Choice	Responses	
YES	15.49%	11
NO	71.83%	51
Does Not Apply	12.68%	9
Total		71

- Have you received the Hepatitis A and B vaccination?

Answer Choice	Responses	
YES	85.71%	60
NO	14.29%	10
Does Not Apply	0.0%	0
Total		70

PrEP: Pre Exposure Prophylaxis

The PrEP section of the survey was updated this year to include additional questions. These questions were added to gage the knowledge base of clients and identify potential barriers that may exist with clients obtaining PrEP within the Regions.

In Region 2, 62% of respondents stated that they had never heard of PrEP, 10% of respondents stated they had extensive knowledge of PrEP, and 28% of respondents stated that they had some knowledge of PrEP. When asked further about their interest or their partner's interest in learning more about PrEP, 34% of the respondents wanted to know more about PrEP. In addition, 8% of respondents stated that their partner used PrEP. When clients were asked," How did you hear about PrEP?", 27% of the respondents stated they had heard from their MCM/Medical Provider and 20% stated they had heard from the Internet, 2% stated from Department training, and 2% of the respondents stated they had heard from their partner. Providers in Region 2 should be aware of the potential service gap in Prevention based upon the client's knowledge of PrEP.

Question	YES	NO
Information on housing services	4 (5.88%)	64 (94.12%)
Information on partner or family violence services	7 (10.14%)	62 (89.86%)
Information on harm reduction	4 (5.88%)	64 (94.12%)
Information on legal services	10 (14.71%)	58 (85.29%)
Reproductive Health Services	8 (11.76%)	60 (88.24%)
Health Insurance Enrollment	14 (20.00%)	56 (80.00%)
Help with employment Reentry services	8 (11.43%)	62 (88.57%)
Medical Care	18 (25.71%)	52 (74.29%)
Help with referral to substance abuse services	6 (8.70%)	63 (91.30%)
Vaccinations for HAV, HBV, or HPV	8 (11.76%)	60 (88.24%)
Help with referral to Mental Health Services	7 (10.29%)	61 (89.71%)

Question	YES	NO
Access to clean syringes	5 (7.46%)	62 (92.54%)
Free Condoms	14 (20.29%)	55 (79.71%)
Risk prevention counseling (one-on-one)	5 (7.25%)	64 (92.75%)
Support groups	14 (20.29%)	55 (79.71%)
Safer sex	9 (13.04%)	60 (86.96%)
Hepatitis A, B, and C screening	8 (11.43%)	62 (88.57%)
HIV Medication Adherence	8 (11.59%)	61 (88.41%)

Region 3

2015 RYAN WHITE/HOPWA PART B CLIENT SATISFACTION

Region 3 Data Summary Report

The annual client satisfaction survey is issued to all clients that have received a Ryan White Part B or HOPWA service during the previous calendar year. This report contains highlights of the collected Regional 3 data that has been reviewed to help determine the service gaps and needs of the clients within the specified region. The Client Satisfaction Survey was divided into four sections; Demographics, Core Services, Supportive Services, and Prevention. This report only provides a snapshot of the highlights from the overall collected data. Each Lead Agent will receive their overall collected raw survey data, which will be sent via the Ryan White Part B Administrator.

Demographics Highlights

The initial questions of the survey are specific to the client's gender, age, race, ethnicity, and risk factors. In Region 3, 86% of clients are over the age of 45. This hints at a large aging HIV/AIDS population in the region. Furthermore, 43% more of the respondents stated to have first been diagnosed 10-20 years ago, and 32% of respondents were first diagnosed more than 20 years ago. The remaining respondents were first diagnosed from 6 months to 10 years ago with HIV. Therefore providers in Region 3 should be aware that majority of the HIV clients in Region 3 have been living with HIV for almost 20 years, and their needs can greatly differ from those clients recently diagnosed.

The most identified risk factor in Region 3 was "sex with men"; with 76% of the respondents identifying this act as their primary risk. In addition, 73% of the respondents from Region 3 identified as men, which shows that Region 3 cliental population is largely represented by men that have sex with men. Furthermore, 21% of the respondents identified as Women, and Transgender accounted for 3% of the surveyed cliental in Region 3.

In Region 3 race was represented respectively White accounted for 79%, Black accounted for 21%, and Hispanic accounted for 2% from the survey respondents. Clients were able to answer more than one selection across multiple areas. This explains the discrepancies in overall percentage totals for the respondents.

Care Core Services

Core Services include Case Management (CM), HIV Medical Care (Outpatient/Ambulatory), Oral Health Care, and ADAP services. Furthermore, all Core services are not offered in each Region. The identified Core services are on a two year rotation. For the 2015 Client Satisfaction survey the identified Care Core Services were Medical Case Management, HIV Medical Care, AIDS Drug Assistance Program (MAP-ADAP), and Oral Health. In 2015 the identified Core supportive services that were surveyed were Food Meals services, Housing Services, Legal Services, and Utility Services.

Medical Case Management

In Region 3, 97% of the respondents stated that they had some level of yearly communication with their Case Manager. The survey data revealed that only 1% of the respondents stated that they had no communication with a case manager. Therefore from the surveyed data we can conclude that clients in Region 3 were receptive to the case management services. Only 1% of the respondents in Region 3 stated to that didn't receive CM services at all. Some, but not all, of those clients can be linked to those clients whom receive MAP or PAP services only, and are not utilizing the case management services.

In response to their overall Case Management experience in Region 3 clients were overwhelmingly positive. Over 98% of respondents stated that CMs were both friendly and respectful, they felt their confidentiality was safe, and that seeing their Case Manager helped them to stay in Care for their health.

HIV Medical Care

Client responded that their HIV Medical Care (*Outpatient/Ambulatory*) in Region 3 were overwhelmingly positive. With 97% of the respondents stating that they were satisfied with the HIV Medical Care in the areas of staff being friendly and respectful, feeling that their confidentiality was safe, answering all their questions, and that seeing their Case Manager helped them to stay in Care for their health. SIU School of Medicine and Springfield Clinic Infectious Diseases were the two largest selected Providers amongst the Region 3 cliental.

ADAP Services

Client responses to ADAP Services were also overwhelmingly positive in Region 3. With 96% of the respondents stating that they were satisfied with the ADAP staff being friendly and respectful, they felt their confidentiality was safe. In addition, 91% of the respondents stated to have had a positive experience with CVS Caremark.

Oral (Dental) Services

In Region 3, 69% of the respondents stated that had utilized oral dental services. In addition, 31% of the respondents stated that they did not utilize dental services in Region 3. Of those respondents 94% of them stated that they had a positive experience in the areas of being friendly and respectful, they felt their confidentiality was safe, they answered all client's questions, and client understand all the instructions. Based

upon the respondents Region 3 appears to have a quality group of Dental Providers.

Care Supportive Services

Food/Meal Assistant Services

Food/Meal Assistant services in Region 3, Clients responded positively with 100% of the respondents agreeing that staff were friendly and respectful at the agencies where they utilized food/meal services. Furthermore, 96% of the respondents stated those clients also felt the services help them to stay in Care for their health.

Housing Services

Housing services in Region 3, 70% of the respondents stated that they hadn't utilized housing services. Of the remaining 21% of the respondents stated they had utilized housing services. Those particular clients responded with 100% satisfaction in favor of the services they received. Respondents primarily utilized DOVE Inc. housing services.

Legal Services

Legal Services in Region 3, 86% of the respondents stated that they hadn't utilized legal services. Of the remaining 14% of the respondents stated that they had utilized legal services with Land of Lincoln Assistant Foundation. They responded with 100% satisfaction in favor of the services they received.

Utility Assistant Services

Utility services in Region 3, Clients that received Utility assistant services responded positively with 100% satisfaction when asked if the service providers were friendly and respectful. In addition, clients responded positively with 100% satisfaction about their confidentiality being safe, and feeling this service helped them stay in Care for health.

Prevention

Clients were surveyed on several prevention services to gage their individual needs and identify any unforeseen barriers to care within their perspective region. Clients were asked several questions to answer pertaining to prevention services. Prevention questions that were asked of the client included the following with responses from Region 3:

- Did your Case Manager ask you about partner(s) who may need notification & testing for possible HIV exposure

Answer Choice	Responses	
YES	50.79%	32
NO	4.76%	3
Does Not Apply	44.29%	28
Total		63

- Has is it been easy for you to access free condoms?

Answer Choice	Responses	
YES	67.19%	43
NO	1.56%	1
Does Not Apply	31.25%	20
Total		64

- Has it been easy for you to access free syringes?

Answer Choice	Responses	
YES	4.84%	3
NO	6.45%	4
Does Not Apply	88.71%	55
Total		62

- Did your case manager talk to you about prevention or risk reduction behaviors and services?

Answer Choice	Responses	
YES	57.81%	37
NO	10.94%	7
Does Not Apply	31.25%	20
Total		64

- Have you talked to your partner(s) about HIV/AIDS status?

Answer Choice	Responses	
YES	56.45%	35
NO	4.84%	3
Does Not Apply	38.71%	24
Total		62

- Have you referred a friend, sexual partner, or injection partner for free HIV testing?

Answer Choice	Responses	
YES	37.70%	23
NO	26.23%	16
Does Not Apply	36.07%	22
Total		61

- Has your partner received HIV Testing, counseling, or risk reduction services?

Answer Choice	Responses	
YES	37.70%	23

NO	13.11%	8
Does Not Apply	49.18%	30
Total		61

- Have you been offered comprehensive STD screening?

Answer Choice	Responses	
YES	47.54%	29
NO	13.11%	8
Does Not Apply	39.34%	24
Total		61

- Have you been counseled about the importance of adhering to your HIV medications?

Answer Choice	Responses	
YES	83.87%	52
NO	1.61%	1
Does Not Apply	14.52%	9
Total		62

- Have you used Peer Services?

Answer Choice	Responses	
YES	29.51%	18
NO	50.82%	31
Does Not Apply	19.67%	12
Total		61

- Have you received the Hepatitis A and B vaccination?

Answer Choice	Responses	
YES	70.97%	44
NO	19.35%	12
Does Not Apply	9.68%	6
Total		62

PrEP: Pre Exposure Prophylaxis

The PrEP section of the survey was updated this year to include additional questions. These questions were added to gage the knowledge base of clients and identify potential barriers that may exist with clients obtaining PrEP within the Regions.

In Region 3, 33% of respondents stated that they had never heard of PrEP, 20% of respondents stated they had extensive knowledge of PrEP, and 47% of respondents stated that they had some knowledge of PrEP. When asked further about their interest or their partner's interest in learning more about PrEP, 25% of the respondents stated they wanted to know more about PrEP. In addition, 9% of respondents stated that their partner used PrEP. When clients were asked, "How did you hear about PrEP?" 24% of the respondents stated they had heard from their MCM/Medical Provider and 35% stated they had heard from the Internet, 14% stated from Department training, and 2% of the respondents stated they had heard from their partner. Providers in Region 3 should be aware of the potential service gap in the client knowledge of PrEP.

Question	YES	NO
Information on housing services	11(17.74%)	51 (82.26%)
Information on partner or family violence services	3 (4.92%)	58 (95.08%)
Information on harm reduction	6 (10.17%)	53 (89.83%)
Information on legal services	10 (16.39%)	51 (83.61%)
Reproductive Health Services	5 (8.33%)	55 (91.67%)
Health Insurance Enrollment	15 (24.19%)	47 (75.81%)
Help with employment Reentry services	9 (14.52%)	53 (85.48%)
Medical Care	13 (21.31%)	48 (78.69%)
Help with referral to substance abuse services	3 (4.92%)	58 (95.08%)
Vaccinations for HAV, HBV, or HPV	5 (8.33%)	55 (91.67%)
Help with referral to Mental Health Services	4 (6.67%)	56 (93.33%)

Question	YES	NO
Access to clean syringes	3 (5.00%)	57 (95.00%)
Free Condoms	11 (18.64%)	48 (81.36%)
Risk prevention counseling (one-on-one)	7 (11.48%)	54 (88.52%)
Support groups	10 (16.39%)	51 (83.61%)
Safer sex	8 (13.11%)	53 (86.89%)
Hepatitis A, B, and C screening	5 (8.47%)	54 (91.53%)
HIV Medication Adherence	7 (11.48%)	54 (88.52%)

Region 4

2015 RYAN WHITE/HOPWA PART B CLIENT SATISFACTION

Region 4 Data Summary Report

The annual client satisfaction survey is issued to all clients that have received a Ryan White Part B or HOPWA service during the previous calendar year. This report contains highlights of the collected Regional 4 data that has been reviewed to help determine the service gaps and needs of the clients within the specified region. The Client Satisfaction Survey was divided into four sections; Demographics, Core Services, Supportive Services, and Prevention. This report only provides a snapshot of the highlights from the overall collected data. Each Lead Agent will receive their overall collected raw survey data, which will be sent via the Ryan White Part B Administrator.

Demographics Highlights

The initial questions of the survey are specific to the client's gender, age, race, ethnicity, and risk factors. In Region 4, 68% of clients were over the age of 45. This hints to a large aging HIV/AIDS population in the region. Furthermore, 24% of the respondents stated to have first been diagnosed 10-20 years ago, and 31% were first diagnosed more than 20 years ago. The remaining respondents were first diagnosed from 6 months to 10 years ago with HIV. Therefore providers in Region 4 should be aware that majority of the HIV clients have been living with HIV for almost 20 years, and their needs can greatly differ from those clients recently diagnosed.

The most identified risk factor in Region 4 was "sex with men"; with 76% of the respondents identifying this act as their primary risk. In addition, 80% of the respondents from Region 4 identified as men, which shows that Region 4 clental population is largely represented by men that have sex with men. Furthermore, 20% of the respondents identified as Women, and Transgender accounted for none of the surveyed clental in Region 4.

In Region 4 race was represented respectively White accounted for 60%, Black accounted for 40%, and Hispanic accounted for 7% from the survey respondents. Clients were able to answer more than one selection across multiple areas. This explains the discrepancies in overall percentage totals for the respondents.

Care Core Services

Core Services include Case Management (CM), HIV Medical Care (Outpatient/Ambulatory), Oral Health Care, and ADAP services. Furthermore, all Core services are not offered in each Region. The identified Core services are on a two year rotation. For the 2015 Client Satisfaction survey the identified Care Core Services were Medical Case Management, HIV Medical Care, AIDS Drug Assistance Program (MAP-ADAP), and Oral Health. In 2015 the identified Core supportive services that were surveyed were Food Meals services, Housing Services, Legal Services, and Utility Services.

Medical Case Management

In Region 4, 100% of the respondents stated that they had some level of yearly communication with their Case Manager. 1% of the respondents in Region 4 stated that hadn't utilized the CM services at all. This large utilization of the Case Management services with in Region 4; showed that clients were receptive to their Case Managers.

In response to their overall Case Management experience in Region 4 clients were overwhelmingly positive. Over 98% of respondents stated that CMs were both friendly and respectful, they felt their confidentiality was safe, and that seeing their Case Manager had helped them to stay in Care for their health.

HIV Medical Care

Client responded that their HIV Medical Care (*Outpatient/Ambulatory*) in Region 4 were overwhelmingly positive. With 100% of the respondents stating that they were satisfied with the HIV Medical Care in the areas of staff being friendly and respectful, feeling that their confidentiality was safe, answering all their questions, and that seeing their Case Manager helped them to stay in Care for their health. SIU School of Medicine and Springfield Clinic Infectious Diseases were the two largest selected Providers amongst the Region 4 clental.

ADAP Services

Client responses to ADAP Services were also overwhelmingly positive in Region 4. With 98% of the respondents stating that they were satisfied with the ADAP staff being friendly and respectful, they felt their confidentiality was safe. In addition, 98% of the respondents stated to having a positive experience with CVS Caremark.

Oral (Dental) Services

In Region 4, 87% of the respondents stated that had utilized oral dental services. In addition, 13% of the respondents stated that they hadn't utilized dental services in Region 4. Of those respondents 98% of them stated that they had a positive experience in the areas of staff being friendly and respectful, they felt their confidentiality was safe, they answered all client's questions, and client understand all the instructions. Based upon the respondents Region 4 appears to have a quality group of Dental Providers.

Care Supportive Services

Food/Meal Assistant Services

In Region 4, 70% of respondents stated that they had utilized food/ meal services. The remaining 30% of the respondents stated they hadn't utilized the food/meal services. Those particular clients responded with 100% satisfaction in favor of the services they received. Respondents primarily utilized either Food Outreach or the services at the MadCAP/CYHS Food pantry.

Housing Services

Housing services in Region 4, 65% of the respondents stated that they hadn't utilized housing services. 35% of the respondents stated they had utilized housing services. Those particular clients responded with 100% satisfaction in favor of the services they received. Respondents in Region 4 utilized the housing services at both Interfaith Residence and Shelter Plus Care.

Legal Services

Legal Services in Region 4, 87% of the respondents stated that they hadn't utilized legal services. Also14% of the respondents stated that they had utilized legal services with Land of Lincoln Assistant Foundation. They responded with 100% satisfaction in favor of the services they received.

Utility Assistant Services

Utility services in Region 4, 63 % of the respondents stated that they hadn't received Utility assistant services. In addition, 36% of the respondents stated they had received utility services. Furthermore, those clients responded positively with 100% satisfaction when asked if the staff were friendly and respectful. In addition, clients responded positively with 100% satisfaction about their confidentiality being safe, and feeling this service helped them stay in Care for health.

Prevention

Clients were surveyed on several prevention services to gage their individual needs and identify any unforeseen barriers to care within their perspective region. Clients were asked several questions to answer pertaining to prevention services. Prevention questions that were asked of the client included the following with responses from Region 4:

- Did your Case Manager ask you about partner(s) who may need notification & testing for possible HIV exposure

Answer Choice	Responses	
YES	54.41%	37
NO	7.35%	5
Does Not Apply	38.24%	26
Total		68

- Has is it been easy for you to access free condoms?

Answer Choice	Responses	
YES	78.26%	54
NO	1.45%	1
Does Not Apply	20.29%	14
Total		69

- Has it been easy for you to access free syringes?

Answer Choice	Responses	
YES	5.97%	4
NO	5.97%	4
Does Not Apply	88.06%	59
Total		67

- Did your case manager talk to you about prevention or risk reduction behaviors and services?

Answer Choice	Responses	
YES	78.26%	54
NO	8.70%	6
Does Not Apply	13.04%	9
Total		69

- Have you talked to your partner(s) about HIV/AIDS status?

Answer Choice	Responses	
YES	66.18%	45
NO	2.94%	2
Does Not Apply	30.88%	21
Total		68

- Have you referred a friend, sexual partner, or injection partner for free HIV testing?

Answer Choice	Responses	
YES	41.18%	28
NO	33.82%	23
Does Not Apply	25.00%	17
Total		68

- Has your partner received HIV Testing, counseling, or risk reduction services?

Answer Choice	Responses	
YES	53.62%	37
NO	8.70%	6
Does Not Apply	37.68%	26

Total		69

- Have you been offered comprehensive STD screening?

Answer Choice	Responses	
YES	54.41%	37
NO	14.71%	10
Does Not Apply	30.88%	21
Total		68

- Have you been counseled about the importance of adhering to your HIV medications?

Answer Choice	Responses	
YES	88.24%	60
NO	4.41%	3
Does Not Apply	7.35%	5
Total		68

- Have you used Peer Services?

Answer Choice	Responses	
YES	19.40%	13
NO	61.19%	41
Does Not Apply	19.40%	13
Total		67

- Have you received the Hepatitis A and B vaccination?

Answer Choice	Responses	
YES	74.24%	49
NO	15.15%	10
Does Not Apply	10.61%	7
Total		66

PrEP: Pre Exposure Prophylaxis

The PrEP section of the survey was updated this year to include additional questions. These questions were added to gage the knowledge base of clients and identify potential barriers that may exist with clients obtaining PrEP within the Regions.

In Region 4, 57% of respondents stated that they had never heard of PrEP, 16% of respondents stated they had extensive knowledge of PrEP, and 26% of respondents stated that they had some knowledge of PrEP. When asked further about their interest or their partner's interest in learning more about PrEP, 31% of the respondents stated they wanted to know more about PrEP. In addition, 14% of respondents stated that their partner used PrEP. When clients were asked, "How did you hear about PrEP?" 28% of the respondents stated they had heard from their MCM/Medical Provider and 31% stated they had heard from the Internet, 7% stated from Department training, and 10% of the respondents stated they had heard from their partner. Providers in Region 4 should be aware of the potential service gap in the client knowledge of PrEP.

Question	YES	NO
Information on housing services	22(32.84%)	45 (67.16%)
Information on partner or family violence services	6 (9.09%)	60 (90.91%)
Information on harm reduction	6 (9.23%)	59 (90.77%)
Information on legal services	19 (28.79%)	47 (71.21%)
Reproductive Health Services	9 (13.85%)	56 (86.15%)
Health Insurance Enrollment	12 (18.18%)	54 (81.82%)
Help with employment Reentry services	16 (24.24%)	50 (75.76%)
Medical Care	15 (23.08%)	50 (76.92%)
Help with referral to substance abuse services	5 (7.69%)	60 (92.31%)
Vaccinations for HAV, HBV, or HPV	9 (13.85%)	56 (86.15%)
Help with referral to Mental Health Services	13 (20.00%)	52 (80.00%)

Question	YES	NO
Access to clean syringes	2 (3.13%)	62 (96.88%)
Free Condoms	20 (30.77%)	45 (69.23%)
Risk prevention counseling (one-on-one)	13 (19.70%)	53 (80.30%)
Support groups	19 (28.79%)	47 (71.21%)
Safer sex	10 (15.15%)	56 (84.85%)
Hepatitis A, B, and C screening	14 (21.21%)	52 (78.79%)
HIV Medication Adherence	13 (20.00%)	52 (80.00%)

Region 5

2015 RYAN WHITE/HOPWA PART B CLIENT SATISFACTION

Region 5 Data Summary Report

The annual client satisfaction survey is issued to all clients that have received a Ryan White Part B or HOPWA service during the previous calendar year. This report contains highlights of the collected Regional 5 data that has been reviewed to help determine the service gaps and needs of the clients within the specified region. The Client Satisfaction Survey was divided into four sections; Demographics, Core Services, Supportive Services, and Prevention. This report only provides a snapshot of the highlights from the overall collected data. Each Lead Agent will receive their overall collected raw survey data, which will be sent via the Ryan White Part B Administrator.

Demographics Highlights

The initial questions of the survey are specific to the client's gender, age, race, ethnicity, and risk factors. In Region 5, 76% of clients were over the age of 45. This hints to a large aging HIV/AIDS population in the region. Furthermore, 37% of the respondents stated to have first been diagnosed 10-20 years ago, and 30% of the respondents were first diagnosed more than 20 years ago. The remaining respondents were first diagnosed from 6 months to 10 years ago with HIV. Therefore providers in Region 5 should be aware that majority of the HIV clients have been living with HIV for almost 20 years, and their needs can greatly differ from those clients recently diagnosed.

The most identified risk factor in Region 5 was "sex with men"; with 85% of the respondents identifying this act as their primary risk. In addition, 90% of the respondents from Region 5 identified as men, which shows that Region 5 clental population is largely represented by men that have sex with men. Furthermore, 5% of the respondents identified as Women, and Transgender accounted for 1% of the surveyed clental in Region 5.

In Region 5 race was represented respectively White accounted for 79%, Black accounted for 21%, and Hispanic accounted for 5% from the survey respondents. Clients were able to answer more than one selection across multiple areas. This explains the discrepancies in overall percentage totals for the respondents.

Care Core Services

Core Services include Case Management (CM), HIV Medical Care (Outpatient/Ambulatory), Oral Health Care, and ADAP services. Furthermore, all Core services are not offered in each Region. The identified Core services are on a two year rotation. For the 2015 Client Satisfaction survey the identified Care Core Services were Medical Case Management, HIV Medical Care, AIDS Drug Assistance Program (MAP-ADAP), and Oral Health. In 2015 the identified Core supportive services that were surveyed were Food Meals services, Housing Services, Legal Services, and Utility Services.

Medical Case Management

In Region 5, 100% of the respondents stated that they had some level of yearly communication with their Case Manager. 1% of the respondents in Region 5 stated that hadn't utilized the CM services at all. This large utilization of the Case Management services with in Region 5; showed that clients were receptive to their Case Managers.

In response to the Case Management services in Region 5 Clients responses were overwhelmingly positive with 100% of respondents stated that CMs were both friendly and respectful, they felt their confidentiality was safe, and that seeing their Case Manager had helped them to stay in Care for their health.

HIV Medical Care

Client responded that their HIV Medical Care (*Outpatient/Ambulatory*) in Region 5 was overwhelmingly positive. With 100% of the respondents stating that they were satisfied with the HIV Medical Care in the areas of staff being friendly and respectful, feeling that their confidentiality was safe, answering all their questions, and that seeing their Case Manager helped them to stay in Care for their health. Southern Illinois Health Care, Lab Corp, and Southern IL Medical Services were the largest selected Providers amongst the Region 5 clental.

ADAP Services

Client responses to ADAP Services were also overwhelmingly positive in Region 5. With 100% of the respondents stating that they were satisfied with the ADAP staff being friendly and respectful, and they felt their confidentiality was safe. In addition, 95% of the respondents stated to have had a positive experience with CVS Caremark.

Oral (Dental) Services

In Region 5, 73% of the respondents stated that had utilized oral dental services. In addition, 27% of the respondents stated that they hadn't utilized dental services in Region 5. Of those respondents 98% of them stated that they had a positive experience in the areas of staff being friendly and respectful, they felt their confidentiality was safe, they answered all client's questions, and client understand all the instructions. Based upon the respondents Region 4 appears to have a quality group of Dental Providers.

Care Supportive Services

Food/Meal Assistant Services

Clients that had utilized the food services in Region 5 responded with 100% satisfaction in favor of those services. They felt staff was friendly and respectful, their confidentiality was safe, and that receiving this service helped them stay in Care for their health.

Prevention

Clients were surveyed on several prevention services to gage their individual needs and identify any unforeseen barriers to care within their perspective region. Clients were asked several questions to answer pertaining to prevention services. Prevention questions that were asked of the client included the following with responses from Region 5:

- Did your Case Manager ask you about partner(s) who may need notification & testing for possible HIV exposure

Answer Choice	Responses	
YES	82.76%	24
NO	6.90%	2
Does Not Apply	10.34%	3
Total		29

- Has is it been easy for you to access free condoms?

Answer Choice	Responses	
YES	93.10%	27
NO	3.45%	1
Does Not Apply	3.45%	1
Total		29

- Has it been easy for you to access free syringes?

Answer Choice	Responses	
YES	0.00%	0
NO	3.57%	1
Does Not Apply	96.43%	27
Total		28

- Did your case manager talk to you about prevention or risk reduction behaviors and services?

Answer Choice	Responses	
YES	78.57%	22
NO	7.14%	2
Does Not Apply	14.29%	4
Total		28

- Have you talked to your partner(s) about HIV/AIDS status?

Answer Choice	Responses	
YES	68.97%	20
NO	6.90%	2
Does Not Apply	24.14%	7
Total		29

- Have you referred a friend, sexual partner, or injection partner for free HIV testing?

Answer Choice	Responses	
YES	51.72%	15
NO	27.59%	8
Does Not Apply	20.69%	6
Total		29

- Has your partner received HIV Testing, counseling, or risk reduction services?

Answer Choice	Responses	
YES	57.14%	16
NO	3.57%	1
Does Not Apply	39.29%	11
Total		28

- Have you been offered comprehensive STD screening?

Answer Choice	Responses	
YES	75.86%	22
NO	6.90%	2
Does Not Apply	17.24%	5
Total		29

- Have you been counseled about the importance of adhering to your HIV medications?

Answer Choice	Responses	
YES	96.43%	27
NO	0.00%	0
Does Not Apply	3.57%	1
Total		28

- Have you used Peer Services?

Answer Choice	Responses	
YES	20.00%	5
NO	68.00%	17
Does Not Apply	12.00%	3
Total		25

- Have you received the Hepatitis A and B vaccination?

Answer Choice	Responses	
YES	68.97%	20
NO	27.59%	8

Does Not Apply	3.45%	1
Total		29

PrEP: Pre Exposure Prophylaxis

The PrEP section of the survey was updated this year to include additional questions. These questions were added to gage the knowledge base of clients and identify potential barriers that may exist with clients obtaining PrEP within the Regions.

In Region 5, 44% of respondents stated that they had never heard of PrEP, 7% of respondents stated they had extensive knowledge of PrEP, and 48% of respondents stated *that* they had some knowledge of PrEP. When asked further about their interest or their partner's interest in learning more about PrEP, 20% of the respondents stated they wanted to know more about PrEP. In addition, 5% of respondents stated that their partner used PrEP. When clients were asked, "How did you hear about PrEP?" 38% of the respondents stated they had heard from their MCM/Medical Provider and 38% stated they had heard from the Internet, none of the respondent stated that they heard from Department training or from their partner. Providers in Region 5 should be aware of the potential service gap in the client knowledge of PrEP.

Question	YES	NO
Information on housing services	7(24.14%)	22 (75.86%)
Information on partner or family violence services	4 (13.79%)	25 (86.21%)
Information on harm reduction	2 (6.90%)	27 (93.10%)
Information on legal services	5 (17.24%)	24 (82.76%)
Reproductive Health Services	2 (6.90%)	27 (93.10%)
Health Insurance Enrollment	3 (10.34%)	26 (89.66%)
Help with employment Reentry services	3 (10.34%)	26 (89.66%)
Medical Care	6 (21.43%)	22 (78.57%)
Help with referral to substance abuse services	2 (6.90%)	27 (93.10%)
Vaccinations for HAV, HBV, or HPV	2 (7.14%)	26 (92.86%)
Help with referral to Mental Health Services	4 (13.79%)	25 (86.21%)

Question	YES	NO
Access to clean syringes	1 (3.57%)	27 (96.43%)
Free Condoms	6 (20.69%)	23 (79.31%)
Risk prevention counseling (one-on-one)	2 (6.90%)	27 (93.10%)
Support groups	6 (20.69%)	23 (79.31%)
Safer sex	4 (13.79%)	25 (86.21%)
Hepatitis A, B, and C screening	6 (20.69%)	23 (79.31%)
HIV Medication Adherence	4 (14.29%)	24 (85.71%)

Region 6

2015 RYAN WHITE/HOPWA PART B CLIENT SATISFACTION

Region 6 Data Summary Report

The annual client satisfaction survey is issued to all clients that have received a Ryan White Part B or HOPWA service during the previous calendar year. This report contains highlights of the collected Regional 6 data that has been reviewed to help determine the service gaps and needs of the clients within the specified region. The Client Satisfaction Survey was divided into four sections; Demographics, Core Services, Supportive Services, and Prevention. This report only provides a snapshot of the highlights from the overall collected data. Each Lead Agent will receive their overall collected raw survey data, which will be sent via the Ryan White Part B Administrator.

Demographics Highlights

The initial questions of the survey are specific to the client's gender, age, race, ethnicity, and risk factors. In Region 6, 79% of clients were over the age of 45. This hints to a large aging HIV/AIDS population in the region. Furthermore, 57% of the respondents stated to have first been diagnosed 10-20 years ago, and 19% of the respondents were first diagnosed more than 20 years ago. The remaining respondents were first diagnosed from 6 months to 10 years ago with HIV. Therefore providers in Region 6 should be aware that majority of the HIV clients have been living with HIV for almost 20 years, and their needs can greatly differ from those clients recently diagnosed.

The most identified risk factor in Region 6 was "sex with men"; with 82% of the respondents identifying this act as their primary risk. In addition, 78% of the respondents from Region 6 identified as men, which shows that Region 6 clental population is largely represented by men that have sex with men. Furthermore, 16% of the respondents identified as Women, and Transgender accounted for 7% of the surveyed clental in Region 6.

In Region 6 race was represented respectively White accounted for 66%, Black accounted for 36%, and Hispanic accounted for 8% from the survey respondents. Clients were able to answer more than one selection across multiple areas. This explains the discrepancies in overall percentage totals for the respondents.

Care Core Services

Core Services include Case Management (CM), HIV Medical Care (Outpatient/Ambulatory), Oral Health Care, and ADAP services. Furthermore, all Core services are not offered in each Region. The identified Core services are on a two year rotation. For the 2015 Client Satisfaction survey the identified Care Core Services were Medical Case Management, HIV Medical Care, AIDS Drug Assistance Program (MAP-ADAP), and Oral Health. In 2015 the identified Core supportive services that were surveyed were Food Meals services, Housing Services, Legal Services, and Utility Services.

Medical Case Management

In Region 6, 95% of the respondents stated that they had some level of yearly communication with their Case Manager. 5% of the respondents in Region 6 stated that hadn't utilized the CM services at all. This large utilization of the Case Management services with in Region 6; showed that clients were receptive to their Case Managers.

In response to the Case Management services in Region 6 Clients responses were overwhelmingly positive with 100% of respondents stated that CMs were both friendly and respectful, they felt their confidentiality was safe, and that seeing their Case Manager had helped them to stay in Care for their health.

HIV Medical Care

Client responded that their HIV Medical Care (*Outpatient/Ambulatory*) in Region 6 were overwhelmingly positive. With 98% of the respondents stating that they were satisfied with the HIV Medical Care in the areas of staff being friendly and respectful, feeling that their confidentiality was safe, answering all their questions, and that seeing their Case Manager helped them to stay in Care for their health. Carle Foundation, Carle Physician Services, and Carle Physician Group were amongst the largest selected Providers the Region 6.

ADAP Services

Client responses to ADAP Services were also overwhelmingly positive in Region 6. With 98% of the respondents stating that they were satisfied with the ADAP staff being friendly and respectful, they felt their confidentiality was safe. In addition, 94% of the respondents stated to have had a positive experience with CVS Caremark.

Oral (Dental) Services

In Region 6, 48% of the respondents stated that had utilized oral dental services. However, 52% of the respondents stated that they hadn't utilized dental services in Region 6. Of those respondents that did receive dental services. They did respond with 100% satisfaction in the areas of staff being friendly and respectful. Furthermore, clients felt that their confidentiality was safe, and that staff answered all their questions, and the client understand all the instructions. Based upon these responses Region 6 appears to have a quality group of Dental Providers.

Care Supportive Services

Food/Meal Assistant Services

In Region 6, 53% of respondents stated that they had utilized food/ meal services. The remaining 47% of the respondents stated they hadn't utilized the food/meal services. Those particular clients responded with 100% satisfaction in favor of the services they received. Respondents primarily utilized the Greater Community AIDS Project.

Housing Services

Housing services in Region 6, 76% of the respondents stated that they hadn't utilized housing services. 24% of the respondents stated they had utilized housing services. Those particular clients responded with 100% satisfaction in favor of the services they received. Respondents in Region 6 utilized the housing services at Greater Community AIDS Project.

Utility Assistant Services

Utility services in Region 6, client that received services responded positively with 94% satisfaction when asked if the staff were friendly and respectful. In addition, clients responded positively with 93% satisfaction about their confidentiality being safe, and 100% satisfaction when asked if this felt this service helped them stay in Care for health.

Prevention

Clients were surveyed on several prevention services to gage their individual needs and identify any unforeseen barriers to care within their perspective region. Clients were asked several questions to answer pertaining to prevention services. Prevention questions that were asked of the client included the following with responses from Region 6:

- Did your Case Manager ask you about partner(s) who may need notification & testing for possible HIV exposure

Answer Choice	Responses	
YES	57.14%	36
NO	11.11%	7
Does Not Apply	31.75%	20
Total		63

- Has is it been easy for you to access free condoms?

Answer Choice	Responses	
YES	80.95%	51
NO	1.59%	1
Does Not Apply	17.46%	11
Total		63

- Has it been easy for you to access free syringes?

Answer Choice	Responses	
YES	9.84%	6
NO	9.84%	6
Does Not Apply	80.33%	49
Total		61

- Did your case manager talk to you about prevention or risk reduction behaviors and services?

Answer Choice	Responses	
YES	75.81%	47
NO	6.45%	4
Does Not Apply	17.74%	11
Total		62

- Have you talked to your partner(s) about HIV/AIDS status?

Answer Choice	Responses	
YES	60.66%	37
NO	0.00%	0
Does Not Apply	39.34%	24
Total		61

- Have you referred a friend, sexual partner, or injection partner for free HIV testing?

Answer Choice	Responses	
YES	34.92%	22
NO	28.57%	18
Does Not Apply	36.51%	23
Total		63

- Has your partner received HIV Testing, counseling, or risk reduction services?

Answer Choice	Responses	
YES	46.77%	29
NO	11.29%	7
Does Not Apply	41.94%	26
Total		62

- Have you been offered comprehensive STD screening?

Answer Choice	Responses	
YES	45.16%	28
NO	20.97%	13
Does Not Apply	33.87%	21

Total		62

- Have you been counseled about the importance of adhering to your HIV medications?

Answer Choice	Responses	
YES	88.89%	56
NO	4.76%	3
Does Not Apply	6.35%	4
Total		63

- Have you used Peer Services?

Answer Choice	Responses	
YES	25.40%	16
NO	60.32%	38
Does Not Apply	14.29%	9
Total		63

- Have you received the Hepatitis A and B vaccination?

Answer Choice	Responses	
YES	83.61%	51
NO	11.48%	7
Does Not Apply	4.92%	3
Total		61

PrEP: Pre Exposure Prophylaxis

The PrEP section of the survey was updated this year to include additional questions. These questions were added to gage the knowledge base of clients and identify potential barriers that may exist with clients obtaining PrEP within the Regions.

In Region 6, 49% of respondents stated that they had never heard of PrEP, 11% of respondents stated they had extensive knowledge of PrEP, and 40% of respondents stated that they had some knowledge of PrEP. When asked further about their interest or their partner's interest in learning more about PrEP, 46% of the respondents stated they wanted to know more about PrEP. In addition, 8% of respondents stated that their partner used PrEP. When clients were asked, "How did you hear about PrEP?" 20% of the respondents stated they had heard from their MCM/Medical Provider and 43% stated they had heard from the Internet, none of the respondent stated that they heard from Department training or from their partner. Providers in Region 6 should be aware of the potential service gap in the client knowledge of PrEP.

Question	YES	NO
Information on housing services	12(20.34%)	47 (79.66%)
Information on partner or family violence services	1 (1.64%)	60 (98.36%)
Information on harm reduction	1 (1.72%)	57 (98.28%)
Information on legal services	13 (20.97%)	49 (79.03%)
Reproductive Health Services	8 (13.33%)	52 (86.67%)
Health Insurance Enrollment	17 (28.81%)	42 (71.19%)
Help with employment Reentry services	15 (24.19%)	47 (75.81%)
Medical Care	18 (30.00%)	42 (70.00%)
Help with referral to substance abuse services	7 (11.29%)	55 (88.71%)
Vaccinations for HAV, HBV, or HPV	7 (11.67%)	53 (88.33%)
Help with referral to Mental Health Services	13 (21.67%)	47 (78.33%)

Question	YES	NO
Access to clean syringes	2 (3.39%)	57 (96.61%)
Free Condoms	19 (31.15%)	42 (68.85%)
Risk prevention counseling (one-on-one)	6 (10.17%)	53 (89.83%)
Support groups	18 (30.00%)	42 (70.00%)
Safer sex	9 (14.75%)	52 (85.25%)
Hepatitis A, B, and C screening	9 (15.00%)	51 (85.00%)
HIV Medication Adherence	12 (20.00%)	48 (80.00%)

Region 7

2015 RYAN WHITE/HOPWA PART B CLIENT SATISFACTION

Region 7 Data Summary Report

The annual client satisfaction survey is issued to all clients that have received a Ryan White Part B or HOPWA service during the previous calendar year. This report contains highlights of the collected Regional 7 data that has been reviewed to help determine the service gaps and needs of the clients within the specified region. The Client Satisfaction Survey was divided into four sections; Demographics, Core Services, Supportive Services, and Prevention. This report only provides a snapshot of the highlights from the overall collected data. Each Lead Agent will receive their overall collected raw survey data, which will be sent via the Ryan White Part B Administrator.

Demographics Highlights

The initial questions of the survey are specific to the client's gender, age, race, ethnicity, and risk factors. In Region 7, 76% of clients were over the age of 45. This hints to a large aging HIV/AIDS population in the region. Furthermore, 33% of the respondents stated to have first been diagnosed 10-20 years ago, and 32% of the respondents were first diagnosed more than 20 years ago. The remaining respondents were first diagnosed from 6 months to 10 years ago with HIV. Therefore providers in Region 7 should be aware that majority of the HIV clients have been living with HIV for almost 20 years, and their needs can greatly differ from those clients recently diagnosed.

The most identified risk factor in Region 7 was "sex with men"; with 70% of the respondents identifying this act as their primary risk. In addition, 81% of the respondents from Region 7 identified as men, which shows that Region 7 clental population is largely represented by men that have sex with men. Furthermore, 15% of the respondents identified as Women, Women, and Transgender accounted for 3% of the surveyed clental in Region 7.

In Region 7 race was represented respectively White accounted for 63%, Black accounted for 30%, and Hispanic accounted for 21% respectively from the survey respondents. Clients were able to answer more than one selection across multiple areas. This explains the discrepancies in overall percentage totals for the respondents.

Care Core Services

Core Services include Case Management (CM), HIV Medical Care (Outpatient/Ambulatory), Oral Health Care, and ADAP services. Furthermore, all Core services are not offered in each Region. The identified Core services are on a two year rotation. For the 2015 Client Satisfaction survey the identified Care Core Services were Medical Case Management, HIV Medical Care, AIDS Drug Assistance Program (MAP-ADAP), and Oral Health. In 2015 the identified Core supportive services that were surveyed were Food Meals services, Housing Services, Legal Services, and Utility Services.

Medical Case Management

In Region 7, 68% of the respondents stated that they had some level of yearly communication with their Case Manager. 25% of the respondents in Region 7 stated that hadn't utilized the CM services at all. This large utilization of the Case Management services with in Region 7 showed that clients were receptive to Case Management services.

In response to the Case Management services in Region 7 Clients responses were overwhelmingly positive with 98% of respondents stated that CMs were both friendly and respectful, they felt their confidentiality was safe, and that seeing their Case Manager had helped them to stay in Care for their health.

HIV Medical Care

Client responded that their HIV Medical Care (*Outpatient/Ambulatory*) in Region 7 were overwhelmingly positive. With 96% of the respondents stating that they were satisfied with the HIV Medical Care in the areas of staff being friendly and respectful, feeling that their confidentiality was safe, answering all their questions, and that seeing their Case Manager helped them to stay in Care for their health. Lake County Health Department, Open Door Clinic, and Regional CARE were amongst the largest selected Providers the Region 7.

ADAP Services

Client responses to ADAP Services were also overwhelmingly positive in Region 7. With 99% of the respondents stating that they were satisfied with the ADAP staff being friendly and respectful, they felt their confidentiality was safe. In addition, 94% of the respondents stated to have had a positive experience with CVS Caremark.

Oral (Dental) Services

In Region 7, 48% of the respondents stated that had utilized oral dental services. However, 52% of the respondents stated that they hadn't utilized dental services in Region 7. Of those respondents that did receive dental services. They did respond with 100% satisfaction in the areas of staff being friendly and respectful. Furthermore, they felt their confidentiality was safe, and that they answered all client's questions, and client understand all the instructions. Based upon these responses Region 7 appears to have a quality group of Dental Providers.

Care Supportive Services

Food/Meal Assistant Services

In Region 7, 13% of respondents stated that they had utilized food/ meal services. The remaining 84% of the respondents stated they hadn't utilized the food/meal services. Those particular clients responded with 100% satisfaction in favor of the services they received. Respondents primarily utilized Lake County Catholic Charities.

Housing Services

Housing services in Region 7, 86% of the respondents stated that they hadn't utilized housing services. 8% of the respondents stated they had utilized housing services. Those particular clients responded with 89% satisfaction in favor of the services they received. Respondents in Region 7 utilized the housing services at Greater Community AIDS Project.

Utility Assistant Services

Utility services in Region 7, client that received services responded positively with 94% satisfaction when asked if the staff were friendly and respectful. In addition, clients responded positively with 79% satisfaction about their confidentiality being safe, and 75% satisfaction when asked if this felt this service helped them stay in Care for health.

Prevention

Clients were surveyed on several prevention services to gage their individual needs and identify any unforeseen barriers to care within their perspective region. Clients were asked several questions to answer pertaining to prevention services. Prevention questions that were asked of the client included the following with responses from Region 7:

- Did your Case Manager ask you about partner(s) who may need notification & testing for possible HIV exposure

Answer Choice	Responses	
YES	45.45%	45
NO	3.03%	3
Does Not Apply	51.52%	51
Total		99

- Has is it been easy for you to access free condoms?

Answer Choice	Responses	
YES	73.47%	72
NO	4.08%	4
Does Not Apply	22.45%	22
Total		98

- Has it been easy for you to access free syringes?

Answer Choice	Responses	
YES	5.10%	5
NO	10.20%	10
Does Not Apply	84.69%	83
Total		98

- Did your case manager talk to you about prevention or risk reduction behaviors and services?

Answer Choice	Responses	
YES	53.06%	52
NO	3.06%	3
Does Not Apply	43.88%	43
Total		98

- Have you talked to your partner(s) about HIV/AIDS status?

Answer Choice	Responses	
YES	60.61%	60
NO	4.04%	4
Does Not Apply	35.35%	35
Total		99

- Have you referred a friend, sexual partner, or injection partner for free HIV testing?

Answer Choice	Responses	
YES	47.92%	46
NO	1.04%	1
Does Not Apply	51.04%	49
Total		96

- Has your partner received HIV Testing, counseling, or risk reduction services?

Answer Choice	Responses	
YES	46.77%	29
NO	11.29%	7
Does Not Apply	41.94%	26
Total		62

- Have you been offered comprehensive STD screening?

Answer Choice	Responses	
YES	62.11%	59
NO	14.74%	14
Does Not Apply	23.16%	22
Total		95

- Have you been counseled about the importance of adhering to your HIV medications?

Answer Choice	Responses	
YES	86.73%	85

NO	1.02%	1
Does Not Apply	12.24%	12
Total		98

- Have you used Peer Services?

Answer Choice	Responses	
YES	18.68%	17
NO	48.35%	44
Does Not Apply	32.97%	30
Total		91

- Have you received the Hepatitis A and B vaccination?

Answer Choice	Responses	
YES	69.39%	68
NO	13.27%	13
Does Not Apply	17.35%	17
Total		98

PrEP: Pre Exposure Prophylaxis

The PrEP section of the survey was updated this year to include additional questions. These questions were added to gage the knowledge base of clients and identify potential barriers that may exist with clients obtaining PrEP within the Regions.

In Region 7, 45% of respondents stated that they had never heard of PrEP, 14% of respondents stated they had extensive knowledge of PrEP, and 41% of respondents stated that they had some knowledge of PrEP. When asked further about their interest or their partner's interest in learning more about PrEP, 30% of the respondents stated they wanted to know more about PrEP. In addition, 10% of respondents stated that their partner used PrEP. When clients were asked, "How did you hear about PrEP?" 45% of the respondents stated they had heard from their MCM/Medical Provider and 33% stated they had heard from the Internet, none of the respondent stated that they heard from Department training or from their partner. Providers in Region 7 should be aware of the potential service gap in the client knowledge of PrEP.

Question	YES	NO
Information on housing services	21(23.08%)	70 (76.92%)
Information on partner or family violence services	5 (5.49%)	86 (94.51%)
Information on harm reduction	7 (7.78%)	83 (92.22%)
Information on legal services	24 (26.09%)	68 (73.91%)
Reproductive Health Services	10 (10.87%)	82 (89.13%)
Health Insurance Enrollment	14 (15.38%)	77 (84.62%)
Help with employment Reentry services	11 (12.22%)	79 (87.78%)
Medical Care	17 (18.89%)	73 (81.11%)
Help with referral to substance abuse services	86 (96.63%)	3 (3.37%)
Vaccinations for HAV, HBV, or HPV	77 (84.62%)	14 (15.38%)
Help with referral to Mental Health Services	12 (12.90%)	81 (87.10%)

Question	YES	NO
Access to clean syringes	5 (5.43%)	87 (94.57%)
Free Condoms	18 (19.57%)	74 (80.43%)
Risk prevention counseling (one-on-one)	8 (8.79%)	83 (91.21%)
Support groups	16 (17.58%)	75 (82.42%)
Safer sex	10 (10.64%)	84 (89.36%)
Hepatitis A, B, and C screening	16 (17.20%)	77 (82.80%)
HIV Medication Adherence	13 (14.29%)	78 (85.71%)

Region 8

2015 RYAN WHITE/HOPWA PART B CLIENT SATISFACTION

Region 8 Data Summary Report

The annual client satisfaction survey is issued to all clients that have received a Ryan White Part B or HOPWA service during the previous calendar year. This report contains highlights of the collected Regional 8 data that has been reviewed to help determine the service gaps and needs of the clients within the specified region. The Client Satisfaction Survey was divided into four sections; Demographics, Core Services, Supportive Services, and Prevention. This report only provides a snapshot of the highlights from the overall collected data. Each Lead Agent will receive their overall collected raw survey data, which will be sent via the Ryan White Part B Administrator.

Demographics Highlights

The initial questions of the survey are specific to the client's gender, age, race, ethnicity, and risk factors. In Region 8, 77% of clients were over the age of 45. This hints to a large aging HIV/AIDS population in the region. Furthermore, 40% of the respondents stated to have first been diagnosed 10-20 years ago, and 30% of the respondents were first diagnosed more than 20 years ago. The remaining respondents were first diagnosed from 6 months to 10 years ago with HIV. Therefore providers in Region 8 should be aware that majority of the HIV clients have been living with HIV for almost 20 years, and their needs can greatly differ from those clients recently diagnosed.

The most identified risk factor in Region 8 was "sex with men"; with 79% of the respondents identifying this act as their primary risk. In addition, 84% of the respondents from Region 8 identified as men, which shows that Region 8 cliental population is largely represented by men that have sex with men. Furthermore, 13% of the respondents identified as Women, and Transgender accounted for 13% of the surveyed cliental in Region 8.

In Region 8 race was represented respectively White accounted for 58%, Black accounted for 41%, and Hispanic accounted for 28% from the survey respondents. Clients were able to answer more than one selection across multiple areas. This explains the discrepancies in overall percentage totals for the respondents.

Care Core Services

Core Services include Case Management (CM), HIV Medical Care (Outpatient/Ambulatory), Oral Health Care, and ADAP services. Furthermore, all Core services are not offered in each Region. The identified Core services are on a two year rotation. For the 2015 Client Satisfaction survey the identified Care Core Services were Medical Case Management, HIV Medical Care, AIDS Drug Assistance Program (MAP-ADAP), and Oral Health. In 2015 the identified Core supportive services that were surveyed were Food Meals services, Housing Services, Legal Services, and Utility Services.

Medical Case Management

In Region 8, 65% of the respondents stated that they had some level of yearly communication with their Case Manager. 24% of the respondents in Region 8 stated that hadn't utilized the CM services at all. This large utilization of the Case Management services with in Region 8; showed that clients were receptive to their Case Managers.

In response to the Case Management services in Region 8 Clients responses were overwhelmingly positive with 98% of respondents stated that CMs were both friendly and respectful, they felt their confidentiality was safe, and that seeing their Case Manager had helped them to stay in Care for their health.

HIV Medical Care

Client responded that their HIV Medical Care (*Outpatient/Ambulatory*) in Region 8 were overwhelmingly positive. With 98% of the respondents stating that they were satisfied with the HIV Medical Care in the areas of staff being friendly and respectful, feeling that their confidentiality was safe, answering all their questions, and that seeing their Case Manager helped them to stay in Care for their health. Erie Family Health Center, Howard Brown Health Center, and The Ruth M. Rothstein CORE Center were amongst the largest selected Providers the Region 8.

ADAP Services

Client responses to ADAP Services were also overwhelmingly positive in Region 8. With 99% of the respondents stating that they were satisfied with the ADAP staff being friendly and respectful, they felt their confidentiality was safe. In addition, 98% of the respondents stated to have had a positive experience with CVS Caremark.

Oral (Dental) Services

In Region 8, 45% of the respondents stated that had utilized oral dental services. However, 55% of the respondents stated that they hadn't utilized dental services in Region 8. Of those respondents that did receive dental services. They did respond with 96% satisfaction in the areas of staff being friendly and respectful. Furthermore, they felt their confidentiality was safe, and that they answered all client's questions, and client understand all the instructions. Based upon these responses Region 8 appears to have a quality group of Dental Providers.

Care Supportive Services

Food/Meal Assistant Services

In Region 8, 14% of respondents stated that they had utilized food/ meal services. The remaining 81% of the respondents stated they hadn't utilized the food/meal services. Those particular clients responded with 100% satisfaction in favor of the services they received. Respondents primarily utilized the services at Vital Bridges.

Housing Services

Housing services in Region 8, 89% of the respondents stated that they hadn't utilized housing services. 11% of the respondents stated they had utilized housing services. Those particular clients responded with 90% satisfaction in favor of the services they received. Respondents in Region 8 utilized the housing services of Chicago House, Alexian Brothers Bonaventure House, and AIDS Foundation of Chicago.

Utility Assistant Services

Utility services in Region 8, 6% of the respondents stated that they had received utility services. In addition 93% of the respondents stated they hadn't received utility services. Those clients responded positively with 89% satisfaction when asked if the staff were friendly and respectful. In addition, clients responded positively with 89% satisfaction about their confidentiality being safe, and 93% satisfaction when asked if this felt this service helped them stay in Care for health.

Prevention

Clients were surveyed on several prevention services to gage their individual needs and identify any unforeseen barriers to care within their perspective region. Clients were asked several questions to answer pertaining to prevention services. Prevention questions that were asked of the client included the following with responses from Region 8:

- Did your Case Manager ask you about partner(s) who may need notification & testing for possible HIV exposure

Answer Choice	Responses	
YES	31.82%	147
NO	6.06%	28
Does Not Apply	62.12%	287
Total		462

- Has is it been easy for you to access free condoms?

Answer Choice	Responses	
YES	72.54%	346
NO	2.94%	14
Does Not Apply	24.53%	117
Total		477

- Has it been easy for you to access free syringes?

Answer Choice	Responses	
YES	8.53%	40
NO	7.89%	37
Does Not Apply	83.58%	392
Total		469

- Did your case manager talk to you about prevention or risk reduction behaviors and services?

Answer Choice	Responses	
YES	46.37%	217
NO	7.48%	35
Does Not Apply	46.15%	216
Total		468

- Have you talked to your partner(s) about HIV/AIDS status?

Answer Choice	Responses	
YES	59.49%	279
NO	2.99%	14
Does Not Apply	37.53%	176
Total		469

- Have you referred a friend, sexual partner, or injection partner for free HIV testing?

Answer Choice	Responses	
YES	35.62%	166
NO	26.39%	123
Does Not Apply	37.98%	177
Total		466

- Has your partner received HIV Testing, counseling, or risk reduction services?

Answer Choice	Responses	
YES	42.06%	196
NO	6.87%	32
Does Not Apply	51.07%	238
Total		466

- Have you been offered comprehensive STD screening?

Answer Choice	Responses	
YES	60.34%	283
NO	13.86%	65
Does Not Apply	25.80%	121
Total		469

- Have you been counseled about the importance of adhering to your HIV medications?

Answer Choice	Responses	
YES	86.17%	405
NO	4.04%	19
Does Not Apply	9.79%	46
Total		470

- Have you used Peer Services?

Answer Choice	Responses	
YES	16.38%	75
NO	54.37%	249
Does Not Apply	29.26%	134
Total		458

- Have you received the Hepatitis A and B vaccination?

Answer Choice	Responses	
YES	73.29%	343
NO	14.74%	69
Does Not Apply	11.97%	56
Total		468

PrEP: Pre Exposure Prophylaxis

The PrEP section of the survey was updated this year to include additional questions. These questions were added to gage the knowledge base of clients and identify potential barriers that may exist with clients obtaining PrEP within the Regions.

In Region 8, 40% of respondents stated that they had never heard of PrEP, 11% of respondents stated they had extensive knowledge of PrEP, and 37% of respondents stated that they had some knowledge of PrEP. When asked further about their interest or their partner's interest in learning more about PrEP, 21% of the respondents stated they wanted to know more about PrEP. In addition, 11% of respondents stated that their partner used PrEP. When clients were asked, "How did you hear about PrEP?" 29% of the respondents stated they had heard from their MCM/Medical Provider and 33% stated they had heard from the Internet, 7% of the respondent stated that they heard from Department training and 4% stated they had heard from their partner. Providers in Region 8 should be aware of the potential service gap in the client knowledge of PrEP.

Question	YES	NO
Information on housing services	122(26.87%)	332 (73.13%)
Information on partner or family violence services	17 (3.82%)	428 (96.18%)
Information on harm reduction	34 (7.67%)	409 (92.33%)
Information on legal services	112(24.67%)	342 (75.33%)
Reproductive Health Services	35 (7.81%)	413 (92.19%)
Health Insurance Enrollment	107(23.67%)	345 (76.33%)
Help with employment Reentry services	77 (16.96%)	377 (83.04%)
Medical Care	95 (20.97%)	358 (79.03%)
Help with referral to substance abuse services	31 (6.90%)	418 (93.10%)
Vaccinations for HAV, HBV, or HPV	63 (14.22%)	380 (85.78%)
Help with referral to Mental Health Services	72 (15.86%)	382 (84.14%)

Question	YES	NO
Access to clean syringes	25 (5.61%)	421 (94.39%)
Free Condoms	74 (16.37%)	378 (83.63%)
Risk prevention counseling (one-on-one)	46 (10.20%)	405 (89.80%)
Support groups	93 (20.58%)	359 (79.42%)
Safer sex	55 (12.17%)	397 (87.83%)
Hepatitis A, B, and C screening	78 (17.29%)	373 (82.71%)
HIV Medication Adherence	84 (18.71%)	365 (81.29%)

Appendix P

2017-2021 Integrated Plan Activities Chart

Goal #1: Reduced New HIV Infections
Objective 1.1 By 2021, lower the annual number of new infections in Illinois by 10 percent, from approximately 1,800 to 1,620

Strategy 1.1.1 Intensify HIV prevention efforts in the hardest hit areas and populations and among special populations including pregnant women, infants, and youth and corrections and reentry populations

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Annually and ongoing 2017-2021	ILHPG Epi/Needs Assessment Committee; ILHPG; IDPH HIV and STD Sections	1. Review, analyze, present, and facilitate discussion with the ILHPG on the current HIV epidemiologic profile in Illinois. 2. Provide input and make recommendations on: (1) hardest hit and prioritized areas and populations, and (2) HIV-related health disparities and inequities in the jurisdiction outside the city of Chicago.	Populations hardest hit by HIV/AIDS	• HIV incidence, prevalence, and late diagnosis data cross tabulated by race/ethnicity, risk, age, and gender • STD co-infection rates among diagnosed PLWHA, cross tabulated by race/ethnicity, risk, age, and gender
Annually and ongoing 2017-2021	IDPH Prevention Unit, regional grant monitors, grantees	Increase capacity for delivering effective biomedical risk reduction interventions for highest risk HIV-negative individuals in each region by training prevention counselors, case managers, and prescribers in nPEP and PrEP.	MSM, IDUs, HRHs, MSM/IDUs of every race/ethnicity	• Number of prevention counselors and case managers by region trained in nPEP and PrEP decision counseling • Number of licensed prescribers by region trained in nPEP and PrEP decision counseling • Number of licensed prescribers by region actively accepting PrEP referrals • Number of sites by region actively providing nPEP

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Ongoing through 2021	HIV/AIDS Section Training Unit; MATEC	Develop and conduct webinar PrEP and nPEP trainings to grantees and program partners at least twice a year.	Grantees that deliver prevention services to at-risk communities	• Course completion records
Ongoing through 2021	HIV/AIDS Section Training Unit; MATEC	Coordinate with MATEC to provide PrEP prescriber and provider training and updates to health care providers throughout the state at least twice a year.	Health care providers and qualified prescribers	• Course completion records
By end of 2017	IDPH and CDPH HIV/AIDS Section Training Units	The IDPH and CDPH Training units will collaborate to draft revised training curriculum for HIV testing counselors providing targeted HIV testing across the state.	Grantees that deliver HIV testing and counseling to at-risk communities	• Course completion records
Annually and ongoing 2017-2021	HIV/AIDS Section Training Unit	Provide multiple cultural competence awareness trainings.	Service providers serving identified high risk populations	• Course completion records
Annually and ongoing 2017-2021	Ryan White Part B Correctional Program	Provide peer to peer, HIV, STI, and HCV education and training within correctional facilities statewide.	Inmates in correctional facilities	• Number of education sessions conducted • Number of participants engaged in educational activities • Number of peer educators certified for training
Annually and ongoing 2017-2021	Ryan White Part B Correctional Program	1. Provide HIV 101 training for correctional medical staff. 2. Provide HIV and HCV test kits.	Correctional facility medical staff	• Number of medical providers who completed training and received CMEs/CEUs • Summary of training evaluations
Annually and ongoing 2017-2021	Prevention Unit RRA Program, regional grant monitors, grantees	Ensure that a minimum of 1.0 percent of regional grant prevention services are delivered to transgender individuals.	Transgender individuals, with special emphasis on black and/or Latino male-to-female individuals.	• Percentage of person-sessions of risk targeted prevention services delivered to transgender individuals

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Annually and ongoing 2017-2021	Prevention Unit RRA Program, regional grant monitors, grantees	Ensure that a minimum of one young MSM group support program operates in each region.	Young MSM	• Number of YMSM-specific programs funded per region
Annually and ongoing 2017-2021	Prevention Unit Testing Program, grant monitors, grantees	Deliver routine HIV testing in health care sites, with linkage to partner services and HIV medical care, in the highest incidence areas in each region.	Black and Latino men and women in highest HIV incidence communities	• Number of HIV tests performed • Seropositivity rate for newly diagnosed HIV-positive individuals • Percentage linked to medical care in 30 days • Percentage linked to medical care after 30 days • Percentage linked to partner services
Ongoing 2017-2021	Prevention Unit Perinatal Program, grant monitors, grantees, Statewide Perinatal Network	Deliver routine HIV testing to pregnant women in their first and third trimester throughout the state with linkage to partner services and HIV medical care.	Pregnant women and infants	• Number of HIV tests performed on pregnant women • Number of newly diagnosed HIV-positive pregnant women • Number of HIV-positive pregnant women linked to HIV medical care within 30 days of positive test result • Number of HIV- positive pregnant women linked to HIV medical care after 30 days of positive test result • Number of infants born to untested mothers • Percentage of postnatally tested infants born to untested mothers
Annually and ongoing 2017-2021	Ryan White Part B Early Intervention Service Providers	Deliver intensified HIV testing and referral services to eliminate barriers to care, to health literacy, and to linkage to core medical services.	Young MSM	• Number of HIV tests performed • HIV positivity rate • Number of linked to medical care

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Annually and ongoing 2017-2021	Prevention Unit Testing Program, grant monitors, grantees	Deliver risk-targeted HIV counseling and testing, with partner services and linkage to HIV medical care for identified positives, to the prioritized risk populations in the highest incidence areas in each region.	MSM, IDU, HRH, MSM/IDU of every race/ethnicity	• Number of HIV tests performed • Seropositivity rate for newly diagnosed HIV-positive individuals • Percentage linked to medical care in 30 days • Percentage linked to medical care after 30 days • Percentage interviewed for partner services
Annually and ongoing 2017-2021	Prevention Unit RRA Program, regional grant monitors, grantees	Deliver effective behavioral and biomedical risk reduction interventions for negatives at highest risk within each region in proportion to that population's contribution to recent incidence.	MSM, IDUs, HRHs, MSM/IDUs of every race/ethnicity	• Person-sessions of effective behavioral and biomedical interventions delivered to prioritized risk negatives • Number linked to nPEP • Number linked to PrEP
Annually and ongoing 2017-2021	Prevention Unit RRA Program, regional grant monitors, grantees	Deliver effective behavioral and biomedical risk reduction interventions for PLWHA.	PLWHA	• Person-sessions of Effective Behavioral Interventions delivered to PLWHA • Person-sessions of Effective Biomedical Interventions delivered to PLWHA

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Annually and ongoing 2017-2021	Prevention Unit Perinatal Program, grant monitors, grantees, Statewide Perinatal Network	Support the delivery of effective biomedical risk reduction interventions for HIV-positive women and their infants during and after pregnancy, labor, and delivery through Enhanced Perinatal HIV Case Management and expert medical technical assistance via the Perinatal HIV Hotline.	HIV-positive pregnant women and their infants	• Number of HIV-positive pregnant women • Percentage of HIV-positive pregnant women engaged in HIV care prior to labor and delivery • Percentage of HIV-positive pregnant women not engaged in HIV care prior to labor and delivery who received HIV medication prior to delivery • Percentage of infants born to HIV-positive pregnant women who received HIV medication postnatally • Number of HIV-positive pregnant women receiving directly observed therapy prenatally and postnatally
Annually and ongoing 2017-2021	Prevention Unit Testing Program, grant monitors, grantees	Deliver expanded partner services and HIV testing for sex and/or needle sharing partners of positives.	Partners of HIV positives	• Number of notifiable partners named • Percentage of named notifiable partners already positive • Percentage of named notifiable partners not known to be positive contacted • Percentage of contacted partners tested • Percentage of tested partners preliminary positive • Percentage of tested partners linked to care within 30 days • Percentage of tested partners linked to care after 30 days
Annually and ongoing 2017-2021	HRSA funded Ryan White Part B Programs	Deliver partner services and risk reduction activities.	HIV positives and their partners	• Number of partners identified • Number of partners located • Number of clients engaging in risky behaviors • Number of partners tested and informed of their status

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Annually and ongoing 2017-2021	Ryan White Part B Correctional Program	Conduct statewide Summits of Hope in partnership with the Department of Corrections.	Adults and juveniles recently released from correctional facilities	• Number of Summits held • Number of recently released individuals participating • Number of HIV, HCV, and STI tests performed • Number of risk assessments conducted • Number of referrals provided to high-risk individuals
Strategy 1.1.2 Expand efforts to prevent new HIV infections using a combination of effective, evidence-based approaches				
Annually and ongoing 2017-2021	Prevention Unit, grant monitors, lead agencies, grantees	Fund combinations of HIV testing, partner services, linkage to medical care and medical case management, integrated STI/VH testing, surveillance-based-services, and cost-effective behavioral and biomedical interventions for HIV-negative individuals (in each region and as funding permits).	Individuals at increased risk of HIV acquisition or transmission	• Grant scopes of services documenting each service category within each region
Biannually 2017-2021	HIV/AIDS Section Training Unit, Integrated Planning Group	Conduct training needs assessments for program grantees and partners.	HIV service providers, grantees, and partners	• Survey results
Strategy 1.1.3 .Educate the general public through use of evidence-based strategies and campaigns				
Ongoing 2017-2021	Director's Office Communications, Communications Office, Prevention Unit	Publicize current, accurate information about HIV transmission, symptoms, disease progression, prevention, screening, and treatment on the IDPH website.	General public	• Number of website views for HIV content

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Ongoing 2017-2021	Director's Office Communications, Communications Office, Prevention Unit	Increase the general public's awareness and knowledge of HIV disease, prevention, and treatment resources through messaging via social media.	General public	• Number of HIV-related tweets and Facebook posts
Annually 2017-2021	HIV/AIDS Section Training Unit	Prepare and present awareness messages and infographics through social media outlets for each HIV/AIDS Awareness Day.	General public	• Views and responses on social media outlets
Ongoing 2017-2021	Prevention Unit, grant monitors, grantees	Increase the general public's awareness and knowledge of HIV disease, prevention, and treatment resources through the Illinois HIV/STD Hotline.	General public	• Number of information-providing calls completed by the Hotline
Ongoing 2017-2021	HIV/AIDS Section Training Unit, Illinois State Board of Education, middle schools, high schools	Collaborate to deliver medically accurate comprehensive sex education to youth enrolled in middle and high schools	School-enrolled youth	• Estimated number of youth attending schools teaching CSE per annum
Objective 1.2 By 2021, increase coordination and transitions between testing, treatment, care, and secondary prevention for the hardest hit areas and populations **Strategy 1.2.1 Use the Illinois Integrated HIV Prevention and Care Plan as a vehicle for increasing state-level work within and across relevant departments**				
By the end of 2021	Prevention Unit, IDPH Direct Service Unit, Groupware Technology, Inc.	Build a new, trackable electronic Care-to-Prevention referral within the Provide Enterprise documentation system.	PLWHA and their Ryan White care providers	• Number of referrals electronically transferred from Care to Prevention • Number of prevention services accessed by care-referred PLWHA

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Annually (2017-2021)	Ryan White Part B and Prevention statewide staff, community partners	Hold statewide and regional integrated prevention and care meetings to discuss and evaluate Integrated Plan progress.	Part B and prevention statewide staff, community partners, program participants	• Number of regional and statewide meetings • Number of meeting participants • Ratings/responsiveness of meeting evaluations
Annually 2017-2021	HIV Interagency AIDS Taskforce, led by HIV Section Chief	Review, evaluate, and disseminate the Illinois Integrated HIV Care and Prevention Plan and update as appropriate.	Illinois communities most affected by HIV	• Updated Integrated Plan • Interagency Taskforce meeting agendas and minutes • Documentation of statewide Plan dissemination
Annually 2017-2021	Prevention Unit, HIV Surveillance Unit, STD Program	Coordinate with the STD Program on data cross-referencing and referral to ensure that PLWHA co-infected with an STI complete STI treatment, partner services, behavioral and biomedical risk reduction counseling, and linkage to HIV medical care as needed.	PLWHA co-infected with an STI	• Number of cases assigned • Number located • Number agreed to service • Number linked to medical care • Number elicited for partners • Number of notifiable partners named • Number received risk reduction counseling
Ongoing 2017-2021	Prevention Unit, grant monitors, prevention grantees, DSU, regional care lead agents, case managers, care health care providers	Ensure that HIV-positive clients referred to Part B HIV case management by prevention following a positive test result attend an HIV medical appointment within 30 days of the preliminary positive result.	PLWHA	• Percentage of referred positives who attend an HIV medical appointment within 30 days • Percentage of referred positives who attend an HIV medical appointment after 30 days • Percentage of referred positives who decline case management enrollment • Percentage of referred positives who decline HIV medical care
Strategy 1.2.2 Ensure continuity of high-quality comprehensive health care coverage for PLWHA with seamless transitions between RWHAP programs and services and ACA coverage and services				

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Ongoing 2017-2021	Ryan White Part B Program Direct Service Unit	Provide core and supportive services authorized under Part B and HOPWA via medical case management delivery model.	PLWHA	• Tracking of enrollment and service utilization • Ongoing quality assurance review of clients enrolled in healthcare coverage

Ongoing 2017-2021	AIDS Drug Assistance Program/ Medication Assistance Program, Continuation of Health Insurance Coverage/ Premium Assistance Program	1. Provide formulary medications for uninsured, underinsured, and insured clients.
		2. Provide premium assistance to ensure continuity of health insurance coverage for approved insurance plans.
			PLWHA	• Tracking of:
				  • MAP/PAP enrollment
				  • Service utilization of medication and insurance premiums
				• Ongoing quality assurance review of clients enrolled in healthcare coverage

Ongoing 2017-2021	Ryan White Part B Corrections Program, DOC	Transition HIV-positive clients to a medical provider and a Part B post-incarceration case manager at discharge; case manager coordinates care upon reentry.	PLWHA being released from correctional facilities	• Number of PLWHA enrolled in post-incarceration case management • Number of recently released PLWHA with at least one medical appointment
Ongoing 2017-2021	Ryan White Part B Corrections Program, County Jails	Transition incarcerated PLWHA to a medical provider and a Part B post-incarceration case manager at discharge; case manager coordinates care upon reentry.	PLWHA being released from correctional facilities	• Number enrolled in post-incarceration case management • Number with at least one medical appointment
Ongoing 2017-2021	Minority AIDS Initiative Program	Increase enrollment in MAP through targeted outreach to minority populations who are HIV positive.	HIV-positive minority populations	• Individuals enrolled in MAP by an MAI provider
Ongoing 2017-2021	MAI Program	Conduct education outreach to identify high-risk individuals not enrolled.	HIV-positive minority populations	• Number of outreach sessions conducted to minority populations

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Strategy 1.2.3 Intensify efforts to engage the Department of Corrections (DOC) at all levels, community-based providers serving corrections and reentry populations, and faith-based communities				
Annually and ongoing 2017-2021	ILHPG Evaluation and Executive Committees; HIV Section	Identify and engage representatives from faith-based communities, corrections, and reentry populations to participate in ILHPG and Integrated Planning meetings.	Representatives from corrections, reentry populations, and faith-based communities	• ILHPG and Integrated Meeting attendance logs • Participant Profile Forms
Annually 2017-2021	RW Part B Program in collaboration with the DOC	Renew Inter-Governmental Agreement with DOC that encompasses the following activities: Summits of Hope, Peer Education Program, Reentry Program, discharge planning, HIV and HCV testing, and educational activities.	HIV-positive DOC inmates, DOC staff	• Documentation showing renewal and full execution of the IGA
Goal #2: Increased Access to Care and Improved Health Outcomes for PLWHA **Objective 2.1** By 2021, increase access to HIV care and related services to reach every person in Illinois living with HIV/AIDS **Strategy 2.1.1 Facilitate linkage to care, with a particular focus on hardest hit populations**				
Ongoing 2017-2021	HIV/AIDS Section Training Unit	Provide the Fundamentals of HIV Prevention Counseling Course at least five times annually to address the transition between HIV testing and care for individuals testing positive in targeted HIV testing sites.	Program grantees offering targeted HIV testing	• Annual Training Schedule • Course sign in sheets
Ongoing 2017-2021	RW Part B and HIV Surveillance staff	Continue partnership between Surveillance and Care to re-engage PLWHA in care using referrals to the Part B Program and/or directly to medical providers.	Previously diagnosed positives who have fallen out of care, as evidenced by no CD4/VL test within 12 months	• Number of referrals from Surveillance to Part B care or medical providers • Number of successful engagements with medical providers

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Ongoing 2017-2021	Prevention Unit, Prevention grantees, DSU, regional Care lead agents, case managers, Care health care providers	Link newly HIV-diagnosed positives identified through routine HIV testing to medical care within 30 days of preliminary positive result.	Newly diagnosed positives	• Number of new positives identified • Number linked to medical care within 30 days • Number linked to medical care after 30 days
Ongoing 2017-2021	Prevention Unit, routine testing lead agency, DSU, regional Care lead agents, case managers, Care health care providers	Link newly HIV-diagnosed positives identified through risk-targeted HIV testing to medical care within 30 days of a preliminary positive result.	Newly diagnosed positives	• Number of new positives identified • Number linked to medical care within 30 days • Number linked to medical care after 30 days
Ongoing 2017-2021	Prevention Unit, perinatal grantees	Link newly HIV-diagnosed positive women identified through perinatal HIV testing to medical care within 30 days of a preliminary positive result.	Newly diagnosed positive women	• Number of new positive women identified • Number linked to medical care within 30 days • Number linked to medical care after 30 days
Ongoing 2017-2021	Prevention Unit, perinatal grantees	Link newly HIV-diagnosed infants identified through perinatal HIV testing to medical care within 30 days of a preliminary positive result	Newly diagnosed infants	• Number of new positive infants identified • Number linked to medical care within 30 days • Number linked to medical care after 30 days

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Ongoing 2017-2021	Prevention Unit, regional lead agencies, surveillance based service providers, DSU, regional Care lead agents, case managers, Care health care providers	Link newly HIV-diagnosed individuals identified through HIV surveillance reporting to medical care within 30 days of assignment to a provider.	Newly diagnosed positives	• Number of cases assigned • Number located • Number who agree to services • Number linked to medical care • Number elicited for partners • Number of notifiable partners named • Number who received risk reduction counseling
Ongoing 2017-2021	Ryan White Part B staff in collaboration with DOC	Schedule medical appointments 120 days before release and track attendance.	HIV-positive DOC inmates being prepared for discharge	• Number of appointments to medical providers made by DOC • Number of individuals who attended the scheduled appointment
Strategy 2.1.2 Maintain PLWHA in care and increase adherence to antiretroviral therapy				
Ongoing 2017-2021	Prevention Unit, routine testing lead agencies, DSU, regional Care lead agents, case managers, Care health care providers	Conduct surveillance-based services to engage in HIV medical care PLWHA who have never been in RW care or who lack evidence of care within eHARS, RW case management, ADAP, and CHIC	Previously diagnosed positives who are out of care	• Number of cases assigned • Number located • Number who agree to services • Number linked to medical care • Number elicited for partners • Number of notifiable partners named • Number who receive risk reduction counseling
Ongoing 2017-2021	Ryan White Part B staff in collaboration with lead agencies and their hired retention specialist employees	Create and support the position of retention specialist to conduct outreach to PLWHA to help them access and remain engaged in care and to work with medical case managers to reduce barriers to medical care and help clients adhere with medications and HIV treatment.	People who have been enrolled in Part B but are now identified as lost to care or in need of re-engagement.	• Number of clients re-engaged in care

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Ongoing 2017-2021	Ryan White Part B staff in collaboration with contracted dispensing pharmacy	Conduct treatment adherence counseling prior to every medication dispensed from MAP.	PLWHA receiving medications through MAP	• Number of clients receiving medication dispenses
Ongoing 2017-2021	Ryan White Part B staff in collaboration with providers	Conduct treatment adherence counseling at critical benchmark visits with enrolled/enrolling clients.	PLWHA enrolled/enrolling in the Part B Program	• Number of clients receiving treatment adherence counseling
Ongoing 2017-2021	Ryan White Part B medical case managers	Monitor openly enrolled clients' medical appointments.	PLWHA enrolled in Part B medical case management	• Number of medical appointments attended
Ongoing 2017-2021	Ryan White Part B Program	Mail enrollment recertification letters to all program participants 30 days prior to Part B eligibility expiration; notify clients with web user accounts via text or email.	PLWHA enrolled in the Part B Program	• Number of letters disseminated • Number of active web user accounts
Ongoing 2017-2021	Ryan White Part B Program in collaboration with lead agents	Evaluate the number of client eligibility expirations and ART prescriptions during client file reviews.	PLWHA enrolled in Part B medical case management	• Number of client files reviewed by region and results disseminated/discussed with regional lead agents
Strategy 2.1.3 Create better care options for special populations including corrections and reentry populations				
Annually 2017-2021	Ryan White Part B Program in collaboration with DOC	Renew IGA with DOC to include the following activities: Summits of Hope, Peer Education Program, Reentry Program, discharge planning, HIV and HCV testing, and educational activities.	HIV-positive DOC inmates, DOC staff	• Documentation showing renewal and full execution of the IGA

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Ongoing 2017-2021	Ryan White Part B staff in collaboration with DOC	Schedule a medical appointment 120 days before release and track medical appointment attendance.	HIV-positive DOC inmates being prepared for discharge	• Number of medical provider appointments made by DOC • Number of individuals who attended the scheduled appointments
Ongoing 2017-2021	RW Part B Corrections Program/DOC	Transition HIV-positive inmates to a medical provider and a Part B post-incarceration case manager at discharge; case manager coordinates care upon reentry.	PLWHA being released from DOC facilities	• Number enrolled in post-incarceration case management • Number of recently released positives with at least one medical appointment
Ongoing 2017-2021	RW Part B Corrections Program/County Jails	Transition HIV-positive inmates to a medical provider and a Part B post-incarceration case manager at discharge; case manager coordinates care upon reentry.	PLWHA being released from local jails	• Number enrolled in post-incarceration case management • Number of recently released positives with at least one medical appointment
Objective 2.2 By 2021, increase the coordination among and access to health care programs and related services for PLWHA **Strategy 2.2.1 Expand and improve data tracking and sharing**				
Ongoing 2017-2021	Ryan White Part B Program, Prevention, and Surveillance staff; Part A Program, and selected Part C and D Programs	Maintain an integrated data system that allows for data sharing and tracking for continuity of care across multiple programs.	Part B Program, Prevention, and Surveillance staff; Part A Program, and selected Part C and D Programs	• Annual contract with data system vendor (GTI) • Number of unique users or agencies using data system for data tracking and sharing
Annually and ongoing 2017-2021	Surveillance (HIV and STD)	Increase to a frequency of once per month eHARS queries cross-referenced against Ryan White case management, ADAP, CHIC rolls, and recent STI diagnoses for SBS case referrals.	PLWHA	• Number of months in which queries occur • Number of co-infected cases queried

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Annually and ongoing 2017-2021	Prevention Unit, regional lead agencies, SBS providers, DSU, regional Care lead agents, case managers, Care health care providers	Improve rates of engagement in medical care for newly and previously diagnosed positives.	PLWHA	• Number of cases assigned • Number located • Number who agree to services • Number linked to medical care
Strategy 2.2.2 Increase the number and diversity of clinical and related service providers and the coordination among providers and organizations including public and private providers				
Ongoing 2017-2021	Regional HIV Prevention and Care lead agencies and subgrantees, other service providers	Increase coordination among public and private providers and organizations in each region through regional engagement meetings that communicate coordination goals, facilitate interagency relationships, and solve regional coordination problems.	Regional providers and their clients at risk for HIV	• Number of regional engagement meetings • Number of attendees per meeting • Number of regional recommendations or procedures developed per meeting
Ongoing 2017-2021	Ryan White Part B Program, in collaboration with lead agents	Engage and use a group of contracted service providers as determined by regional needs assessments across the state.	Subcontracted providers of client services	• Consolidated list of contractors
Strategy 2.2.3 Increase housing options and other supports for PLWHA who have co-occurring conditions or difficulty meeting basic needs				
Annually and ongoing 2017-2021	Ryan White Part B Housing/Housing Opportunities for Persons with AIDS Programs	Provide short-term mortgage, rent, and emergency financial assistance to individuals meeting the eligibility threshold.	PLWHA enrolled in the Part B Program receiving housing and EFA services	• Number of clients receiving housing and EFA services

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Ongoing 2017-2021	Ryan White Part B correctional staff in collaboration with post-incarceration case managers	Locate housing for individuals with limited housing options who are recently released from correctional facilities.	PLWHA enrolled into post-incarceration case management	• Number of recently released clients receiving assistance in locating housing
Goal #3: Reduced HIV-Related Disparities and Health Inequities **Objective 3.1** By 2021, reduce HIV-related disparities in the hardest hit areas and populations **Strategy 3.1.1 Expand services to reduce HIV-related disparities experienced by the state's hardest hit and priority populations**				
By the end of 2020	Prevention Unit	1. Explore community viral load as a comparative measure to target HIV prevention services and reduce HIV-related disparities. 2. Collect community viral load data for hardest hit groups within each region. 3. Compare community viral load with HIV prevention resources allocation.	Hardest hit and prioritized populations; populations with the highest community viral load	• Community viral load measures
Annually 2017-2021	ILHPG Epi/Needs Assessment Committees; HIV Section	1. Review analyses of the linkage between priority populations and HIV prevention resources, priorities, and strategies in the Plan. 2. Provide input to the HIV Section to ensure that resources and services have been appropriately allocated to the jurisdiction's hardest hit and prioritized populations.	Hardest hit and prioritized populations	• Annual service delivery data and jurisdictional prevention portion of the Integrated Plan

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Annually and ongoing 2017-2021	Training Unit, Prevention Unit, DSU, Prevention and Care grantees	Provide training for IDPH Prevention and Care staff on culturally competent strategies, approaches, and programs for engaging black and Latino MSM and TSM in HIV services in order to reduce disparities in HIV treatment access.	PLWHA	• Pre- vs. post-training evaluations of trainees' changes in cultural competence concepts, knowledge, attitudes, and engagement self-efficacy
Annually and ongoing 2017-2021	Prevention Unit, routine testing lead agencies, routine testing site clinical and clerical staff	Train routine HIV testing providers in health care settings on using cultural competence to engage all patients in HIV testing and care services, with special emphasis on black and Latino MSM and TSM, in order to reduce disparities in HIV prevention and care access.	Individuals accessing health care	• Pre- vs. post-training evaluations of trainees' changes in cultural competence concepts, knowledge, attitudes, and engagement self-efficacy
Ongoing 2017-2021	Prevention Unit, regional lead agencies, Prevention providers	Fund risk-targeted HIV testing to the highest incidence populations within each region in proportion to their regional incidence to reduce disparities in access to HIV prevention services, emphasizing populations regionally underserved relative to incidence proportions by other grants.	MSM, IDUs, HRHs, MSM/IDUs, other-risk PLWHA	• Reduced estimated incidence rates of prioritized populations in final year vs. baseline (dropping toward general population incidence rate) • Reduced variance between estimated incidence rates among prioritized populations in final year vs. baseline (disparities among prioritized populations reduced)
Ongoing 2017-2021	Prevention Unit, regional lead agencies, SBS providers, DSU, regional Care lead agents, case managers, Care health care providers	Conduct surveillance-based services to engage in care PLWHA who lack evidence of care within eHARS, Ryan White care management, ADAP, and CHIC to reduce disparities in HIV treatment access.	PLWHA	• Number of successful HIV medical care engagements of PLWHA who have never been in Ryan White care, by prioritized populations

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Annually 2017-2021	Minority AIDS Initiative	Increase enrollment in MAP through targeted outreach to HIV-positive minority populations.	HIV-positive minority populations	• Individuals enrolled in MAP by an MAI provider
Ongoing 2017-2021	Minority AIDS Initiative	Conduct education outreach to identify high risk individuals not enrolled in MAP.	HIV-positive minority populations	• Number of outreach sessions conducted for minority populations
Ongoing 2017-2021	Ryan White Part B Corrections Program/IDOC	Transition HIV-positive clients at the point of discharge to a medical provider and a Ryan White Part B post-incarceration case manager who coordinates care upon reentry	HIV-positive individuals being released from correctional facilities	• Number of enrollments in post-incarceration case management • Number of recently released individuals with at least one medical appointment
Annually and ongoing 2017-2021	Ryan White Part B Corrections Program/County Jails	Transition HIV-positive clients at the point of discharge to a medical provider and a Ryan White Part B post-incarceration case manager who coordinates care upon reentry	HIV-positive individuals being released from correctional facilities	• Number of enrollments in post-incarceration case management • Number of individuals with at least one medical appointment
Strategy 3.1.2 Support engagement in care for the groups in the state with the least viral suppression				
Annually and ongoing 2017-2021	RW Part B staff in collaboration with contracted providers	Develop, initiate, and follow up with quality improvement initiatives to improve the rate of viral suppression in the state.	PLWHA enrolled in/enrolling in the Part B Program	• Viral Load Summary Reports documenting undetectable viral loads, broken down by case manager • Quality Improvement Reports following viral load suppression related initiatives

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Ongoing 2017-2021	Surveillance Unit, Prevention Unit, SBS providers	Conduct surveillance-based services to engage in HIV medical care PLWHA who lack evidence of care within eHARS, Ryan White case management, ADAP, and CHIC.	PLWHA never in Ryan White care	• Number of cases assigned • Number located • Number who agree to service • Number linked to medical care • Number elicited for partners • Number of notifiable partners named • Number who receive risk reduction counseling
Ongoing 2017-2021	Direct Services Unit	Use retention specialists to retain or re-engage in HIV medical care PLWHA who have missed appointments or fallen out of care.	PLWHA previously in Ryan White care	• TBD by DSU
Ongoing 2017-2021	Ryan White Part B staff in collaboration with contracted providers	Review and address client viral load results at each eligibility assessment.	PLWHA enrolled/enrolling in the Part B Program	• Number of individuals with a completed Care Plan
Strategy 3.1.3 Scale up effective, evidence-based programs that address social determinants of health				

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Annually 2017-2021	ILHPG Interventions and Services Committee; HIV Section	1. Review and assess CDC guidance, approved prevention strategies/ interventions for grantees, information on best practices, and cultural behaviors and beliefs that may perpetuate stigma and facilitate HIV risk behaviors. 2. Using this assessment, service delivery gap analysis data, and committee/ planning group discussion, provide the HIV Section with recommendations on prevention strategies, scalable interventions, and approaches that promote retention in care and reduce stigma.	Hardest hit and prioritized populations	• Annual list of approved prevention interventions and strategies • Annual analysis of prevention services delivery data
Ongoing 2017-2021	ISBE, Illinois public middle schools and high schools	Provide comprehensive school-based sex education to youth in high HIV incidence communities to increase health literacy.	Youth in middle and high school	• Number of schools teaching CSE curricula in 2021 vs. 2015
Ongoing 2017-2021	Training Unit, Prevention Unit, DSU, Prevention and Care grantees	Provide condoms directly to individuals at high risk of HIV transmission or acquisition.	Individuals at high risk of HIV transmission or acquisition	• Number of risk reduction supplies delivered in prevention sessions documented in Provide
Ongoing 2017-2021	Training Unit, Prevention Unit, DSU, Prevention and Care grantees	Make condoms accessible through distribution to high risk gathering sites to individuals at high risk of HIV transmission or acquisition.	Individuals at high risk of HIV transmission or acquisition	• Number of risk reduction supplies shipped to non-grantee sites requesting condoms • Percentage of non-grantee sites receiving risk reduction supplies where at least 25 percent were estimated to be accessed by prioritized populations

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Objective 3.2 By 2021, reduce HIV stigma and discrimination **Strategy 3.2.1 Promote evidence-based public health approaches to HIV prevention and care**				
Annually 2017-2021	ILHPG Interventions and Services Committee; HIV Section	1. Review and assess CDC guidance, approved prevention strategies/ interventions for grantees, information on best practices, and cultural behaviors and beliefs that may perpetuate stigma and facilitate HIV risk behaviors. 2. Provide the HIV Section with recommendations—using this assessment, service delivery gap analysis data, and committee/ planning group discussion—on strategies, scalable interventions, and approaches that promote retention in care and reduce stigma.	Hardest hit and prioritized populations	• Annual list of approved prevention interventions and strategies • Annual analysis of prevention services delivery data
Annually 2017-2021	Prevention Unit, regional lead agencies, Prevention grantees	Increase the proportion of risk reduction services for positives demonstrated to be effective and cost effective.	Individuals at high risk for transmitting HIV	• Proportion of risk reduction services delivered to positives demonstrated to be effective in baseline vs. final year • Proportion of risk reduction services delivered to positives demonstrated to be cost effective in baseline vs. final year (i.e., costing less than $400,000 per HIV infection averted)

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Annually 2017-2021	Prevention Unit, regional lead agencies, Prevention grantees	Increase the proportion of risk reduction services for high risk HIV-negative individuals demonstrated to be effective and cost effective	Individuals at high risk for acquiring HIV	• Proportion of risk reduction services delivered to HR negatives demonstrated to be effective in baseline vs. final year • Proportion of risk reduction services delivered to HR negatives demonstrated to be cost effective in baseline vs. final year
Ongoing 2017-2021	Prevention Unit, Routine Testing Agencies, Prevention grantee agencies conducting HIV testing, community-based healthcare organizations, any healthcare provider	Promote awareness and increase visibility of the POP Anti-Stigma medical provider campaign via multiple websites or site sharing of resources. Websites can be accessed to download marketing and training materials designed to reduce medical provider bias and HIV Stigma and discrimination of LGBTQ patients accessing healthcare services	Medical providers, physicians, physician's assistants, nurses, any HIV test counselor, all health provider clinic and support staff, LGBTQ populations	• Number of packets or marketing or training materials requested by mail • Training and marketing materials downloaded from website • Number of providers requesting technical assistance or training on the materials • Number of hits to the websites • Number of agencies reporting sharing or resources or materials or requesting additional resources to implement the POP campaign.
Ongoing 2017-2021	Ryan White Part B Correctional Program	Provide peer to peer HIV, STI, and HCV education and training within correctional facilities statewide.	Inmates in correctional facilities	• Number of education sessions conducted • Number of participants engaged in educational activities • Number of Peer Educators certified for training within the facilities
Ongoing 2017-2021	Ryan White Part B Correctional Program	1. Train correctional medical staff on HIV 101. 2. Provide HIV and HCV test kits.	Correctional facility medical staff	• Number of medical providers who complete training and receive CMEs/CEUs

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Ongoing 2017-2021	Ryan White Part B Program in collaboration with Midwest AIDS Training + Education Center	Provide educational trainings to HIV providers and other stakeholders statewide on HIV/AIDS advancements in treatment, prevention, care, and stigma reduction.	Statewide HIV service providers and community partners	• Number of trainings provided • Number of participants • Evaluation outcomes
Strategy 3.2.2 Mobilize communities to reduce HIV-related stigma—engage communities to welcome and support PLWHA				
Ongoing 2017-2021	Training Unit, Prevention Unit, DSU, Prevention and Care grantees	Train Prevention and Care grantee staff on using cultural competence to engage black and Latino MSM and TSM in HIV services.	HIV-positive black and Latino MSM and TSM	• Pre- vs. post-training evaluations of trainees' changes in cultural competence concepts, knowledge, attitudes, and engagement self-efficacy
Ongoing 2017-2021	Prevention Unit, routine testing lead agencies, routine clinical and clerical staff and site champions	Use the POP materials to train routine HIV testing providers in order to reduce expressions of homophobic and transphobic stigma toward black and Latino MSM and transgender individuals.	Routine HIV testing medical and health care providers inclusive of clinic staff Clients tested for HIV within the clinics	• Number of individuals offered a routine HIV test • Pre- vs. post-training evaluations of providers' changes in knowledge and perceptions • Client satisfaction surveys including indices/measures of change within the clinic environment (safe space), perception of medical providers' interactions with clients
Ongoing 2017-2021	Ryan White Part B Correctional Program	Provide peer to peer HIV, STI, and HCV education and training within correctional facilities statewide.	Inmates in correctional facilities	• Number of education sessions conducted • Number of participants engaged in educational activities • Number of Peer Educators certified for training within the facilities
Ongoing 2017-2021	Ryan White Part B Correctional Program	1. Train correctional medical staff on HIV 101. 2. Provide HIV and HCV test kits.	Medical staff within correctional facilities	• Number of medical providers who complete training and receive CMEs/CEUs

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Ongoing 2017-2021	Ryan White Part B Program in collaboration with MATEC	Train HIV providers and other stakeholders statewide on HIV/AIDS advancements in treatment, prevention, care, and stigma reduction.	Statewide HIV service providers and community partners	• Number of trainings provided • Number of participants • Evaluation outcomes
Strategy 3.2.3 Promote public leadership by PLWHA and individuals at high risk				
Annually 2017-2021	ILHPG, HIV Section	Support the professional development of ILHPG members in HIV prevention planning through the annual IDPH HIV/STD Conference.	ILHPG members	• 25-30 members annually
Annually 2017-2021	ILHPG, HIV Section	Support the professional development and public leadership of the ILHPG Community Co-chair or Co-chair Elect and one Ryan White Advisory Group consumer representative by supporting their participation in the CDC National HIV Prevention Conference, HIV Prevention Leadership Summit, United States Conference on AIDS, National African American MSM Leadership Conference on HIV/AIDS and Other Health Disparities, or other conference approved by the ILHPG Coordinator.	ILHPG and Ryan White Advisory Group members	• 2 members annually

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Annually 2017-2021	ILHPG; HIV Section	Promote the professional development of ILHPG and RW Advisory Group members, PLWHA, at-risk population representatives, and other community stakeholders in HIV prevention planning by developing and maintaining the ILHPG website and web-streaming the monthly ILHPG, RW Advisory Group, and Integrated Planning Group meetings and webinars.	ILHPG and RW Advisory Group members, community stakeholders, PLWHA, and representatives of at-risk populations	• Monthly meeting attendance rosters, agendas, and minutes
Quarterly 2017-2021	ILHPG, HIV Section	Develop and distribute a quarterly newsletter to promote the professional development of ILHPG and RW Advisory Group members, PLWHA, representatives of at-risk populations, and other community stakeholders in HIV prevention planning.	ILHPG and RW Advisory Group members, community stakeholders, PLWHA, and representatives of at-risk populations	• Quarterly newsletters
Ongoing 2017-2021	Training Unit, ILHPG	Train and engage PLWHA and HR negatives in prevention planning and service delivery.	PLWHA, HR negatives	• Number of openly positive community health workers hired or contracted by prevention grantees to conduct prevention services
Ongoing 2017-2021	Ryan White Part B Program, Community Health Workers	1. Continue partnership and support of the curriculum for an Associates of Arts degree in the CHW Program. 2. Promote enrollment of PLWHA.	Illinoisans interested in educational advancement as a CHW	• Program enrollment with partnering community colleges • Successful completion of degree program by participants
Ongoing 2017-2021	Ryan White Part B Program, Peer navigators	Sustain Part B peer navigator positions within each Part B region.	PLWHA with a history of enrollment in Part B services	• Number of peer navigators by region
Ongoing 2017-2021	Ryan White Part B Program, Client representatives	Sustain Part B client representative positions within each Part B region.	PLWHA with a history of enrollment in Part B services	• Number of client representatives by region

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Ongoing 2017-2021	Ryan White Part B Program, IDOC, Correctional peer educators	Sustain correctional peer educators.	Inmates in correctional facilities	• Number of correctional peer educators
Goal #4: A More Coordinated Response to HIV/AIDS in Illinois **Objective 4.1** By 2021, increase the coordination of HIV programs across the state government and between the Illinois Department of Public Health and local governments **Strategy 4.1.1 Streamline reporting requirements for Department grants**				
Ongoing 2017-2021	Prevention Unit	Reduce reporting requirements as enabled by reduced reporting requirements of the CDC and/or IDPH.	IDPH grantees	• Reduced number of questions on assessments or reports
Ongoing 2017-2021	Ryan White Part B Program grantees	Require all providers to report in standardized grants management data system; require standardized quarterly reports from all grantees.	All Part B grantees	• Provider grant agreements and quarterly reports
Ongoing 2017-2021	Perinatal HIV Program, DSU, Women's Health	Maintain coordinated trainings provided by the HIV Prevention Perinatal Program for Ryan White case managers and for Women's Health family case managers.	HIV-positive pregnant women and their infants	• Number of RW family case managers trained by the Perinatal HIV Program
Ongoing 2017-2012	Perinatal HIV Program, STD Program, Women's Health	Maintain coordination of the STD program and Women's Health with the Perinatal HIV Program for the HIV Fetal Infant Mortality Review.	HIV-positive pregnant women and their infants	• Number of FIMR sessions with representation from STD and Women's Health

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Annually and ongoing 2017-2021	Prevention Unit, ILHPG Epi/Needs Committee	Review risk disclosure and seroconversions in HIV testing data to formulate risk group definitions requiring fewer questions to assess that maintain or improve newly diagnosed seropositivity rates of testing clients.	HR negatives, undiagnosed positives	• Completed testing data analysis • Revised 2017 prioritized risk group definitions
Strategy 4.1.2 Strengthen coordination across data systems and the use of data to improve health outcomes and monitor use of Department funds				
Ongoing 2017-2021	Prevention Unit, Surveillance Unit, STD Unit	Coordinate with the STD Program to monthly cross-reference living HIV cases with new STI cases to refer co-infected cases to surveillance-based services.	PLWHA who are co-infected with an STI	• Number of HIV/STI cross-references completed per year
Ongoing 2017-2021	Ryan White Part B Program in collaboration with Illinois Healthcare and Family Services	Conduct Medicaid eligibility verifications at every Part B program eligibility determination and every MAP medication dispense.	PLWHA enrolled in the Part B Program	• Number of verification checks performed
Ongoing 2017-2021	Ryan White Part B Program in collaboration with Illinois Department of Employment Security	Conduct income verification matches with the IDES data system at every initial and subsequent 6-month eligibility determination.	PLWHA enrolled in/enrolling in the Part B Program	• Number of verification checks performed
Annually on a monthly basis 2017-2021	Ryan White Part B Program in collaboration with the HIV Surveillance Program	Conduct monthly lab result exchange from eHARS.	PLWHA enrolled in/enrolling in the Part B Program	• Number of clients matched • Number of lab results

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Ongoing 2017-2021	Ryan White Part B Program in collaboration with Part B contracted dispensing pharmacy	Send and receive daily enrollment and dispensing history between the IDPH data system and the contracted dispensing pharmacy's data system to coordinate MAP pharmaceutical dispensing.	PLWHA enrolled/enrolling in Part B/MAP Program	• Number of clients enrolled in MAP • Utilization of drug dispenses
Annually 2017-2021	Prevention Unit	Use Provide Enterprise's integrated process, outcome, and billing systems for coordinated monitoring of health outcomes and expenditures.	Prevention Unit	• Estimated cost per outcome calculated for interventions by risk group
Ongoing 2017-2021	Surveillance Unit, Regional HIV care and prevention lead agents	The IDPH Surveillance Unit will annually compile regional unmet need analyses and Continua of Care and provide these to lead agents for their use in identifying regional disparities and inequities and regional planning to address these.	High risk target populations and PLWHA who experience health disparities and inequities across the prevention and care continua.	• Reduced disparities in rates of new diagnoses, linkage to care, retained in care, and viral suppression among gay men, young gay Black men, and Black female, and other disparate populations identified in the regions.
Strategy 4.1.3 Promote resource allocation that has the greatest impact on achieving the Integrated Plan goals				
Ongoing 2017-2021	Ryan White Part B Program in collaboration with regional lead agents	Conduct needs assessments to determine necessary resources for each service category identified by HRSA, augmented by statewide service utilization trends.	Part B regional lead agents	• Copies of 3-year needs assessment plans, service utilization reports, and gap analyses from regional lead agents
Annually 2017-2021	Prevention Unit	Allocate available funding to regions in proportion to HIV incidence and prevalence.	MSM, IDUs, HRHs, MSM/IDUs, PLWHA-other risks of every race/ethnicity	• Regional funding formulas

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Annually 2017-2021	Prevention Unit	Fund services within each region considering gaps in services to HIV-positive and HR HIV-negative individuals delivered by other funding sources.	MSM, IDUs, HRHs, MSM/IDUs, PLWHA-other risks of every race/ethnicity	• Regional service plans based on regional epi and gap analysis
Annually 2017-2021	Prevention Unit	Increase the proportion of risk reduction services delivered for positives demonstrated to be effective and cost effective.	MSM, IDUs, HRHs, MSM/IDUs, PLWHA-other risks of every race/ethnicity	• Proportion of risk reduction services delivered to positives demonstrated to be effective and cost effective
Annually 2017-2021	Prevention Unit	Increase the proportion of risk reduction services delivered to HR HIV-negative individuals that are demonstrated to be effective and cost effective.	MSM, IDUs, HRHs, MSM/IDUs, PLWHA-other risks of every race/ethnicity	• Proportion of risk reduction services delivered to high risk HIV-negatives demonstrated to be effective and cost effective
Annually 2017-2021	Prevention Unit	Increase the proportion of HIV tests that are reimbursable through private insurance, Medicaid, and Medicare through 3rd party payment reimbursement by routine testing health care providers and local health departments to generate additional revenue and reduce reliance on federal funding.	All individuals13-64 years of age offered a routine HIV test at routine testing sites	• Percentage increase of revenue generated from 3rd party billing redirected to providers to sustain routine HIV testing services • Increases in the number of routine testing agencies successfully billing and reimbursing private insurance, Medicaid, and Medicare for the costs associated with routine HIV testing
Objective 4.2 By 2021, develop improved mechanisms to monitor and report on progress toward achieving Plan goals **Strategy 4.2.1 Strengthen the timely availability and use of data**				
Ongoing 2017-2021	Ryan White Part B Program	Develop a report in the data system to report on progress toward achieving Plan objectives and strategies.	Part B Program	• Report available in the data system

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Quarterly 2017-2021	Prevention Unit	Require quarterly reporting on achievement of process and outcome objectives from all funded Prevention grantees.	Prevention Unit	• Number of quarterly reports
Strategy 4.2.2 Provide regular reporting on Integrated Plan goals				
Annually and ongoing 2017-2021	ILHPG	Monitor implementation of the HIV engagement plan to determine the extent to which community stakeholders across programs and regions are engaged in HIV planning.	Key community stakeholders	• ILHPG and integrated meeting attendance rosters, participant profiles, and meeting minutes
Ongoing 2017-2021	Prevention Unit	Report on progress towards achieving Plan goals as required by CDC guidance	Prevention Unit	• Plan progress updates
Annually 2017-2021	Ryan White Part B Program	Review report and use regularly to prepare for annual reporting.	Part B Program	• Report available in the data system.
Strategy 4.2.3 Enhance program accountability				
Ongoing 2017-2021	Integrated Planning Subcommittee	Review Plan activities, goals, and objectives at regular intervals and report progress toward completion of objectives and strategies to the Integrated Planning Steering Committee with recommendations for modifications/enhancements where needed.	Integrated Planning Subcommittee and community partners	• Meeting agenda and minutes from the Integrated Planning Subcommittee prepared for the larger Integrated Planning Steering Committee

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
Annually 2017-2021	Integrated Planning Steering Committee, HIV Section Administration	1. Provide IDPH with input on guidance modifications/enhancements 2. Assess recommendations and provide guidance as needed to support achievement of Plan objectives and strategies (IDPH).	HIV Section Administration	• List of recommendations from the Integrated Steering Committee to IDPH • IDPH response and action steps to the Integrated Steering Committee
Ongoing 2017-2021	Prevention Unit	Ensure that testing programs meet CDC performance standards for seropositivity, linkage to care, and partner services.	Prevention Unit	• Estimated cost per outcome unit • Number of new positives identified • Number of new positives linked to medical care
Annually 2017-2021	Prevention Unit	Increase the proportion of all risk reduction interventions sessions delivered to HIV-positive and HR HIV-negative individuals that have been determined by the CDC to be cost-effective.	Prevention Unit	• Percent of all interventions delivered that are cost-effective

Activities Chart Acronyms

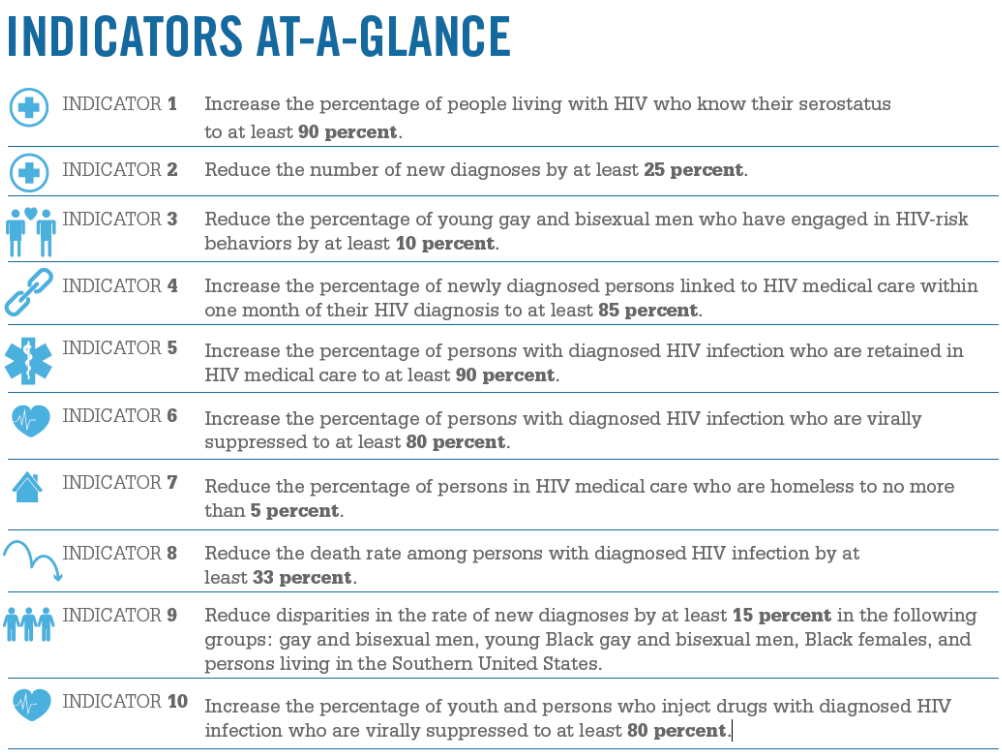
ACA	=	Affordable Care Act
ADAP	=	AIDS Drug Assistance Program
CDC	=	Centers for Disease Control and Prevention
CHIC	=	Continuation of Health Insurance Coverage Program
CSE	=	Comprehensive sex education
DOC	=	Department of Corrections
DSU	=	Direct Services Unit, Illinois Department of Public Health
eHARS	=	Electronic HIV/AIDS Reporting System

EFA	=	Emergency financial assistance
FIMR	=	HIV Fetal Infant Mortality Review
GTI	=	Groupware Technologies, Inc.
HCV	=	Hepatitis C Virus
HOPWA	=	Housing Opportunities for Persons with AIDS Program
HR	=	High risk
HRH	=	High risk heterosexuals
HRSA	=	Health Resources and Services Administration
IDES	=	Illinois Department of Employment Security
IDU	=	Injection drug users
IHFS	=	Illinois Healthcare and Family Services
ILHAS	=	Illinois HIV/AIDS Strategy
IDPH	=	Illinois Department of Public Health
ILHPG	=	Illinois HIV Planning Group
MAI	=	Minority AIDS Initiative
MAP	=	Medication Assistance Program
MSM	=	Men who have sex with men
Negatives	=	HIV-negative individuals
nPEP	=	Non-occupational post exposure prophylaxis
Plan	=	Illinois Integrated HIV Prevention and Care Plan, 2017-2021
PLWH	=	People living with HIV
PLWHA	=	People living with HIV/AIDS
POP	=	Protecting Our Patients
Positives	=	HIV-positive individuals
PrEP	=	Pre-exposure prophylaxis
RRA	=	Risk reduction activities
RW	=	Ryan White
RW Part B	=	Ryan White Part B Program
SBS	=	Surveillance based services
STI, STD	=	Sexually transmitted infection, sexually transmitted disease
TSM	=	Transgender individuals who have sex with men
VH	=	Viral Hepatitis
Women’s Health	=	Office of Women’s Health and Family Services
YMSM	=	Young men who have sex with men

Appendix Q

NHAS and Illinois 2020 Indicators at a Glance

NHAS 2020 INDICATORS



ILLINOIS DEPARTMENT OF PUBLIC HEALTH INDICATORS

INDICATOR 1

An estimated **87.2 percent** of people in Illinois with HIV disease know their serostatus. We need to increase this number to 90 percent by 2020 in order to reach our goals.

ANNUAL TARGETS

2016	2017	2018	2019	2020
- 87.7%	- 88.3%	- 88.8%	- 89.4%	-90%

BASELINE DATA

Sept 2015 CDC report estimating 12.8 percent of individuals living with HIV infection were unaware of their serostatus

MEASUREMENT

Annually, monitor CDC estimates of those unaware of their serostatus and compare findings to previous estimates of unknown HIV infections in Illinois.

DATA SOURCE

CDC reports estimating percentage of individuals living with HIV infection who are unaware of their serostatus

INDICATOR 2

The number of new HIV diagnoses in Illinois in 2015 was **1,572**. We need to decrease this number by 25 percent by 2020 in order to reach our goals.

ANNUAL TARGETS

2016	2017	2018	2019	2020
-1,495	-1,416	-1,337	-1,258	-1,179

BASELINE DATA

2015 Illinois HIV incidence data from eHARS

MEASUREMENT

Annually, monitor HIV incidence data and compare findings to previous HIV disease diagnosis data.

DATA SOURCE

IDPH HIV Surveillance data

INDICATOR 3

According to 2013 Illinois Youth Risk Behavior Survey (YRBS) data, **54 percent** of young men who reported ever having sexual intercourse with only males or with both males and females engaged in any of the three high risk behaviors that count toward this indicator: 1) ever injected any illegal drugs, 2) >+3 sexual partners in the past 3 months, or 3) no condom use last time had sex. These youth represent an estimated 8,202 high school students in Illinois, and, by comparison, among respondents who were not MSM, 17.3 percent (CI: 14.2-20.4 percent) engaged in any of the three risk behaviors. We need to decrease this number by 10 percent by 2020 in order to reach our goals

ANNUAL TARGETS

2016	2017	2018	2019	2020
- 53%		- 50.8%		- 48.6%

BASELINE DATA

2013 Illinois YRBS data

MEASUREMENT

Every two years (2016, 2018, and 2020), review previous year's Illinois YRBS data to ascertain engagement in specific high risk behaviors among high school male youth (grades 9–12) who identify as gay and/or bisexual.

DATA SOURCE

Illinois YRBS data

INDICATOR 4

In 2015, the percent of newly diagnosed persons linked to HIV medical care within one month in Illinois was **82.9 percent.** We need to increase this number to 85 percent by 2020 in order to reach our goals.

ANNUAL TARGETS

2016	2017	2018	2019	2020
- 83.3%	- 83.7%	- 84.2%	-84.6%	- 85%

BASELINE DATA

2015 HIV Continuum of Care using incidence 1/01/2015 through 12/31/2015 based on surveillance data reported through 5/1/16

MEASUREMENT

Annually, monitor new linkage to HIV care data and compare findings to previous data.

DATA SOURCE

Illinois Department of Public Health Surveillance data

INDICATOR 5

In 2015, **39 percent** of people with diagnosed HIV infection were retained in care (defined as diagnosed individuals who had two or more documented viral load or CD4+ tests, performed at least three months apart in the observed year) in Illinois. We need to increase this number to 90 percent by 2020 in order to reach our goals.

ANNUAL TARGETS

2016	2017	2018	2019	2020
-49%	- 59%	- 69%	-79%	-90%

BASELINE DATA

2015 HIV Continuum of Care using incidence through 2014 data report

MEASUREMENT

- Annually, monitor new retention in care data and compare findings to previous data.
- Cross-reference above data with Medicaid and Ryan White Part B Program data.

DATA SOURCE

Illinois Department of Public Health Surveillance data; Illinois Ryan White Part B Program Provide® data; Illinois Medicaid Program data

INDICATOR 6

In 2015, **44 percent** of people with diagnosed HIV infection were virally suppressed in Illinois. We need to increase this number to 80 percent by 2020 in order to reach our goals.

ANNUAL TARGETS

2016	2017	2018	2019	2020
- 51%	- 58%	- 65%	- 72%	-80%

BASELINE DATA

Illinois HIV Continuum of Care using incidence through 2014 data report

MEASUREMENT

Annually, monitor new viral suppression data and compare findings to previous data.

DATA SOURCE

IDPH HIV Surveillance data

INDICATOR 7

An estimated **6.1 percent** of people in HIV medical care in 2014 were homeless. We need to decrease this to no more than 5 percent by 2020 in order to reach our goals.

ANNUAL TARGETS

2016	2017	2018	2019	2020
- 5.9%	- 5.7%	- 5.5%	- 5.3%	- 5%

BASELINE DATA

Using combined 2014 Medical Monitoring Project (MMP) Illinois and Chicago data, 6.1 percent of persons in HIV medical care (95 percent CI: 3.1–9.0 percent) reported experiencing homelessness in the 12 months prior to interview. Homelessness is defined as living on the street, living in a shelter, living in a single-room occupancy hotel, or living in a car.

MEASUREMENT

Using Illinois and Chicago MMP data, annually calculate the percentage of respondents in the sample who were homeless and compare findings to previous year's data.

DATA SOURCE

Illinois and Chicago MMP data

INDICATOR 8

Using 2013 data, calculated using the Illinois eHARS dataset as of 6/29/16, of the 33,858 prevalent HIV cases in Illinois >13 years of age as of 12/31/2012 and the 1,641 new diagnoses among those > 13 years of age in 2013, there were 530 total deaths, for a mortality rate of **14.9 per 1,000 population**. We need to decrease the death rate among people diagnosed with HIV infection in Illinois by 33 percent by 2020 in order to reach our goals.

ANNUAL TARGETS

2016	2017	2018	2019	2020
- 14 per 1,000	- 13 per 1,000	- 12 per 1,000	- 11 per 1,000	- 10 per 1,000

BASELINE DATA

HIV prevalence data as of 12/31/12 and 2013 HIV incidence data using Illinois eHARS data as of 6/29/16; deaths noted in 2013

MEASUREMENT

Annually, monitor new Illinois HIV mortality data for PLWHA > 13 years of age, conduct National Death Index Match, and compare findings to previous year's data.

DATA SOURCE

IDPH HIV Surveillance data; IDPH State Vital Records data

INDICATOR 9

In 2015, the estimated ratio of the disparity rate of new HIV infections among gay and bisexual men > 13 years of age compared to the overall population diagnosis rate per 100,000 population was **21.7**. We need to decrease this rate by 15 percent in order to reach our goals.

ANNUAL TARGETS

2016	2017	2018	2019	2020
- 21	- 20.4	- 19.7	- 19.1	- 18.4

In 2015, the estimated ratio of the disparity between the rate of new HIV infections among young black gay and bisexual men ≥ 13-24 years of age compared to the overall population diagnosis rate per 100,000 population was **136.4**. We need to decrease this rate by 15 percent in order to reach our goals.

ANNUAL TARGETS

2016	2017	2018	2019	2020
- 132.3	- 128.2	- 124.1	- 120	-115.9

In 2015, the estimated ratio of the disparity rate of new HIV infections among black females > 13 years of age compared to the overall population diagnosis rate per 100,000 population was **0.83**. We need to decrease this rate by 15 percent in order to reach our goals.

ANNUAL TARGETS

2016	2017	2018	2019	2020
- 0.81	- 0.78	- 0.76	- 0.73	-0.71

BASELINE DATA

Calculated using 6/29/16 Illinois eHARS incidence dataset by race/ethnicity and/or risk behavior. MSM population size was estimated using adjustment of 6.9% of census estimates as based on paper by Purcell et al.

MEASUREMENT

Annually, monitor HIV incidence rates by race/ethnicity and risk behavior, calculate rates, and compare findings to previous year's data.

DATA SOURCE

IDPH HIV Surveillance data; 2015 U.S. Census estimates data for Illinois

INDICATOR 10

In 2015, **40 percent** of youth with diagnosed HIV infection, or **690** individuals, were virally suppressed. We need to increase this number to 80 percent by 2020 in order to reach our goals.

ANNUAL TARGETS

2016	2017	2018	2019	2020
-48%	- 56%	- 64%	-72%	-80%

In 2015, **39 percent** of people who inject drugs (IDU and MSM/IDU combined) with diagnosed HIV infection, or **2,168** individuals, were virally suppressed. We need to increase this number to 80 percent by 2020 in order to reach our goals.

ANNUAL TARGETS

2016	2017	2018	2019	2020
-47%	-55%	-63%	-71%	-80%

BASELINE DATA

2015 Illinois HIV Continuum of Care using incidence through 2014 data (subgroups: youth (aged 13-24 years) and people who inject drugs)

MEASUREMENT

Annually, monitor viral suppression among HIV-diagnosed youth and IDUs and compare data to previous findings.

DATA SOURCE

IDPH HIV Surveillance data

Appendix R

Letter from Eduardo Alvarado, Chief, HIV/AIDS Section to Illinois Integrated HIV Prevention and Care Group Members

122 S. Michigan Ave., Suite 700 • Chicago, IL 60603-6119 • www.dph.illinois.gov

May 17, 2016

Dear Illinois Integrated HIV Prevention and Care Planning Group Members,

It has been a pleasure getting to know many of you over the course of my brief tenure as the HIV/AIDS Section Chief at IDPH.

We understand and remain cognizant of your burden as we near the end of State Fiscal Year 16 without an approved budget or general revenue fund (GRF) spending authority. Nevertheless, you continue to provide life-saving HIV services to those in need, in spite of delayed or absent reimbursements. We appreciate all that you do, and remain grateful for all of the expertise and guidance you contribute to our efforts.

While we wait for a SFY16 budget, and in an effort to prevent further decay of our State's HIV infrastructure, we are continuing to review existing funding sources and levy any and all flexibility and potential opportunities that our categorical funding partners will allow.

In addition, we are taking great measures to streamline our internal data, reporting, reimbursement, and contractual processes to ensure we are engaging you, our partners, in business practices that are timely, equitable, transparent and efficient.

As the Epidemic changes, so must our vision, priorities and operations. In order to better align with the National HIV/AIDS Strategy, our local Epidemiology will continue to guide our efforts. We remain committed to supporting surveillance-based high-impact prevention, treatment as prevention, and innovative efforts to ensure People Living with HIV (PLWH) have the resources, support and services needed to enhance their quality of life.

In our effort to reconcile surveillance, effective prevention strategies and diminishing resources, we are looking to the following opportunities during these unprecedented times:

- Ensure programming, evaluation and resource allocation are driven by the HIV Continuum of Care model
- Continue our commitment of prioritizing HIV prevention efforts for PLWH, and other high risk groups identified by and proportional to statewide incidence and epidemiology
- Support Perinatal screening, linkage to care and intensive case management for identified HIV-positive pregnant women and women of childbearing age
- Ensure HIV prevention efforts prioritize awareness and access to PrEP and nPEP, and are linked to General Revenue funds, when available and allowable
- Submit a Determination of Need to qualify for a waiver allowing the use of Federal funds for harm reduction services
- Continue to fund effective evidence-based prevention programs for HIV Negative Clients and other prioritized risk groups with State General Revenue Funds (GRF)

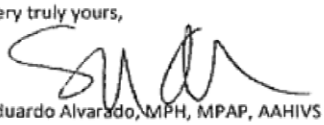
- Assess the Provide Enterprise system to ensure agencies are able to navigate data reporting, invoicing and reimbursements in a timely, effective and simple manner
- Continue to redirect key Prevention administration staff salaries from the Federal prevention grant to GRF to support Prevention infrastructure, when available and allowable
- Review the fee-for-service allocation formula to ensure the base vs. pay for performance funding structures adequately support agency infrastructure, staffing and capacity to meet scopes of service
- Ensure consistency, whenever possible, in Request for Proposal (RFA) language, program monitoring, contractual processes and scopes of services among IDPH HIV funding opportunities, respective of the competing needs of our categorical funding partners
- Engagement of Ryan White Care resources, when available and allowable, to develop and support programs that blend Prevention and Care

Your participation in our planning efforts is appreciated and critical now more than ever before. As the voice for so many of our constituents, we rely on your keen awareness of the needs, service gaps, and barriers of those living with HIV/AIDS, as well as prevention efforts that target those critical groups that drive HIV transmission throughout Illinois. This first Illinois Integrated Plan for HIV Prevention and Care attests to the significance of your input and contribution to the entire planning process.

We understand the challenges of operating in the absence of a state budget, as well as diminishing resources from our Federal Partners. As always, we will continue to notify you as we receive any new appropriations, spending authority or funding opportunities.

Thank you for your continued dedication.

Very truly yours,



Eduardo Alvarado, MPH, MPAP, AAHIVS
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Jamie Gates, Counseling and Testing Coordinator, IDPH HIV Section
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Karen Pendergrass, Training Administrator, IDPH HIV Section
Cheryl Ward, Surveillance Administrator, IDPH HIV Section