

# ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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## BACKGROUND

In 2010, African Americans accounted for 14.8% of Illinois' population, but comprised 48% of the 31,841 Illinoisans living with HIV infection. Although 59% of all new HIV infections in 2010 occurred in Chicago, 4% of new infections occurred in Southwestern Illinois (primarily East St. Louis). Although MSM of all races are disproportionately affected by HIV in Illinois, African American MSM are the most affected group. Among males, the HIV prevalence rate (per 100,000 persons) in 2010 was 76 for African Americans; 24.6 for Latinos; and 9 for Whites. In Chicago, approximately 51% of all persons living with HIV are African American; 25% are White and 18% are Latino. Statewide, new HIV diagnoses increased 21% among African American MSM during 2008–2012. In the East St. Louis area, new HIV diagnoses increased 150% in this population during 2008–2012.

Socioeconomic marginalization, low educational attainment, lack of health care access, and cultural incompetence in health care settings contribute to the increased burden of HIV infection among African Americans. MSM within this population are additionally affected by rejection within their communities, the lack of social support services, and stigma within health care settings. These factors prevent many HIV-infected African Americans from being diagnosed with HIV early during the course of infection, linking to HIV care services, engaging in ongoing HIV care, taking anti-retroviral therapy, and being virally suppressed. To address the ongoing epidemic of HIV infection among African Americans and African American MSM in Illinois, Illinois Department of Public Health (IDPH) is undertaking multiple activities. These activities are focused primarily in Chicago-Cook County (and neighboring counties) and East St. Louis, which collectively account for the majority of new HIV infections in Illinois.

## USE SURVEILLANCE DATA AND DATA SYSTEMS TO IMPROVE CARE AND PREVENTION

CAPUS will support the alignment of the Provide Enterprise© database for use by IDPH and the Chicago Department of Public Health (CDPH). 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 types of data (i.e., surveillance, prevention, and social service), IDPH will use CAPUS funds to integrate Ryan White, surveillance, prevention, and social service data for all HIV-infected persons throughout Illinois. This activity will ensure that IDPH appropriately tracks persons living with HIV 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 more efficiently link HIV-infected persons to care, 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 persons living with HIV. Provide Enterprise© will alert IDPH staff persons when a client is confirmed as HIV-infected. In turn, this will facilitate immediate referral/linkage to Ryan White-based HIV care and support services and ongoing follow-up. Prevention staff persons, Ryan White care providers, and social service providers will then be able to document and track these activities in real time.

IDPH will assess, develop, and pilot this customized system for mutual use with CDPH, which serves the jurisdiction in which Illinois' largest HIV-infected population resides. 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.

### **INCREASE HIV TESTING, LINKAGE TO, RETENTION IN, AND RE-ENGAGEMENT WITH CARE, TREATMENT, AND PREVENTION**

Many African Americans and Latinos who are living with HIV have not been diagnosed because of the lack of accessible testing. Therefore, IDPH will expand the availability of routine, opt-out HIV testing to 4 clinical sites in communities where African Americans and Latinos reside. Available data also show that relatively few county jails provide testing to inmates, and costs associated with testing inmates are barriers to testing. Because incarcerated persons in Illinois are more likely than non-incarcerated persons to be HIV-infected—and because African Americans (in particular) and Latinos account for the majority of incarcerated persons in Illinois—IDPH will also expand routine, opt-out HIV testing to 6 county jails.

Cultural competence among disease interventions specialists (DIS) and other public health professionals may promote linkage to and retention in medical care for persons newly diagnosed with HIV. Therefore, IDPH will build a statewide culturally competent DIS network in partnership with local health departments and community-based organizations (CBOs). This will maximize the speed, frequency, and quality of partner services and linkage to care provisions that newly diagnosed HIV-infected persons receive. It will also ensure that newly diagnosed persons receive culturally competent, non-judgmental interactions with disease intervention specialists. Trainings will occur in areas outside of Chicago, a city which already has a culturally competent DIS workforce.

### **ENHANCE PATIENT NAVIGATION**

The process of navigating HIV prevention, care, and support services is often challenging for Illinoisans living with HIV. Therefore, IDPH will create a statewide peer navigation system. This will be a peer-led system of support and empowerment for new and previously diagnosed HIV-infected persons. This activity will support the development of new peer navigation projects in regions that have not yet utilized peers as facilitators of linkage/ re-engagement in care, clinical (i.e., anti-retroviral therapy adherence) educators, or outreach workers. IDPH will hire 9 peer navigators for this program, and they will receive ongoing trainings. This will

support the establishment of a statewide infrastructure for training and continuing education with peers' and regional program directors' input. Because South Suburban Community College (Chicago) has acknowledged that IDPH's trainings will be as rigorous as some of its applied courses, peer navigators will acquire college credit toward an associate's degree in community health work. Therefore, this program will support the career development of HIV-infected persons which will, in turn, improve their long-term financial security and strengthen the public health workforce.

#### **ADDRESS SOCIAL AND STRUCTURAL FACTORS DIRECTLY AFFECTING HIV TESTING, LINKAGE TO, RETENTION IN, AND RE-ENGAGEMENT WITH CARE, TREATMENT, AND PREVENTION**

In focus groups conducted by Illinois' HIV Planning Group, young sexual and gender minorities of color in East St. Louis indicated the lack of integrated medical, psychosocial, prevention, and support services in their jurisdiction. CAPUS will develop "Kaleidoscope," a program that integrates these services for young sexual and gender minorities who reside in East St. Louis. Kaleidoscope will exist by way of a partnership between a local health department and a youth center. The health department will provide medical services (e.g., HIV/STD screenings, comprehensive medical care, and dental care), and the youth center will provide psychosocial and support services (e.g., counseling, vocational training, and GED classes). Kaleidoscope will serve as a safe space for youth who have been rejected by their families due to homophobia and transphobia, and it will provide immediate access to health care.

#### **FUND COMMUNITY-BASED ORGANIZATIONS USING A MINIMUM 25% OF TOTAL AWARD**

Approximately 38% of IDPH's CAPUS budget will be allocated to CBOs. These entities will conduct training for the peer navigation system as well as training and technical assistance for routine, opt-out HIV testing. CBOs in East St. Louis will provide medical, psychosocial, and support services for youth. Other CBOs will recruit, mentor, and supervise peer navigators; conduct routine, opt-out HIV testing; and provide linkage to care and partner services for the statewide DIS network.