

Chicago Department of Public Health
Enhanced Comprehensive HIV Prevention Plan
Executive Summary

The Centers for Disease Control and Prevention in collaboration with other federal agencies launched the *Enhanced Comprehensive HIV Prevention Planning and Implementation for Metropolitan Statistical Areas Most Affected by HIV/AIDS*. This project places an emphasis on greater integration of HIV prevention, care, and treatment as well as integration of HIV, viral hepatitis, sexually transmitted disease, and tuberculosis prevention. In Chicago, 70% of all diagnosed cases of HIV are among men, with male-to-male sexual contact being the leading mode of transmission across all ethnic groups. Among men who have sex with men (MSM) diagnosed with HIV in 2008, 51% are black. In 2008, blacks accounted for 66% of AIDS diagnoses while whites and Hispanics represented 15% and 17% of the diagnoses respectively¹. The Chicago Department of Health (CDPH) worked with its bona fide agent, the Public Health Institute of Metropolitan Chicago, to assess CDPH's HIV funding history, prevention and care programs and other related funding and activities as well as information from programs and organizations that do not receive funding from CDPH. Key informant interviews with a variety of stakeholders, and focus groups with various community members who are from high risk populations, community planning leadership, and prevention and care service providers were conducted to identify gaps, barriers, and opportunities. Chicago's Enhanced Comprehensive HIV Prevention Plan incorporates findings from these assessments and serves as the foundation for a CDPH long-term strategic plan.

Reducing New HIV Infections

Chicago's Comprehensive HIV Prevention Plan revealed solid alignment with ECHPP principles. Results from the interviews and focus groups revealed opportunities for CDPH to pursue regarding condom availability and HIV testing. Some recommendations included scaling up HIV testing in clinical and non-clinical settings and condom distribution, utilizing HIV surveillance data to better target partner services and supporting integration of TB and viral hepatitis into HIV services

Increasing Access to Care and Improving Health Outcomes for People Living with HIV

CDPH care funding through Ryan White revealed strong alignment with ECHPP and identified opportunities to explore linkage to care models within organizations receiving both prevention and care funding, as well as improved coordination with linkage to care programs that are not funded through CDPH. Some recommendations include increasing training for private providers in order to expand the HIV care capacity in Chicago; expanding referral structures between prevention and care systems, and identifying and promoting models for linkage to and retention in care models.

Reducing HIV-Related Disparities and Health Inequities

Recommendations include continuing to ensure that funds follow the populations and communities disproportionately impacted by HIV, supporting policy initiatives, and conducting intensive social marketing and community mobilization campaigns. Many stakeholders spoke of the need to increase provider capacity to create culturally relevant and non-judgmental care environments for populations that face health inequities, especially in communities with significant HIV-related disparities.

Creating a More Coordinated Response to the HIV Epidemic

As a result of document review, interviews, and focus groups discussions, CDPH is working toward a more coordinated response to the epidemic. This includes providing opportunities for HIV prevention and care planning groups to jointly analyze unmet prevention and care needs. Recommendations included integrating TB and viral hepatitis surveillance data and increasing collaboration among government entities that service the Chicago metro area.

¹ Chicago Department of Public Health Division of STI/HIV. (2010). *STI/HIV Chicago Surveillance Report*. Chicago, IL: City of Chicago, Department of Public Health