HEALTHY CHICAGO

CHICAGO DEPARTMENT OF PUBLIC HEALTH

HIV/STI Bureau
Goals and Direction

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August 17, 2016

Assumptions

Where are we now?

Why are we here?

Where are we going?

How will we get there?

Summary

Assumptions

- The environment in which we do our work impacts us – professionally and personally – and the communities we serve.
  - Election
  - Economy
  - Affordable Care Act
  - Black Lives Matter
  - Immigration reform
  - Lesbian, Gay, Bisexual and Transgender rights
  - National HIV/AIDS Strategy
  - Healthy Chicago 2.0
  - Many more!

- Environmental factors must be considered as the HIV/STI Bureau plans for the future.

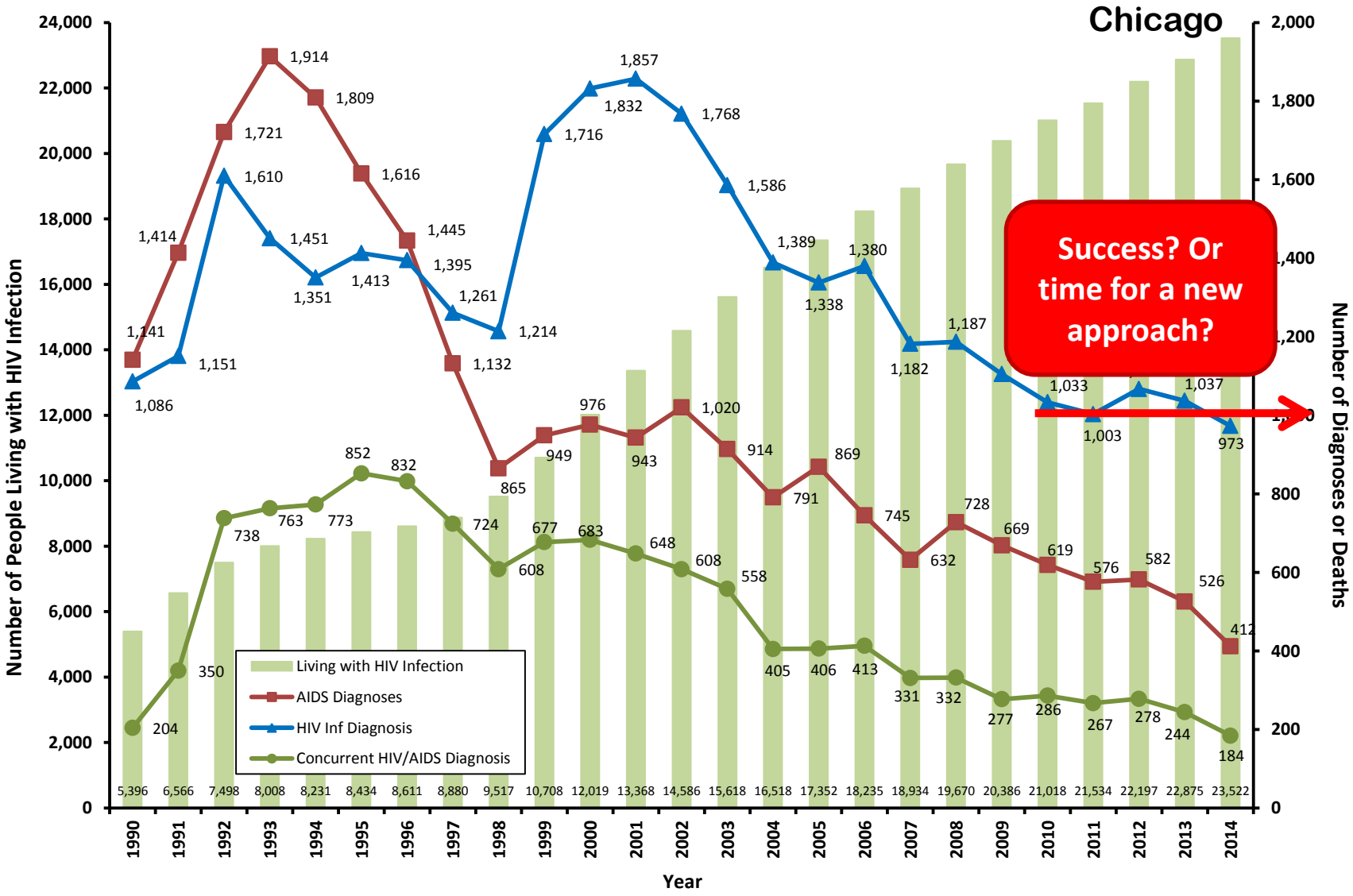
Assumptions

- Consistent and sustained funding for public health programming is never guaranteed.
  - City budget
  - State budget
  - Federal funding priorities

- We are closer than we've ever been to seeing the end of the HIV epidemic in the United States.

- We KNOW what will decrease HIV transmission.

Where are we now?



Where are we now?

HIV Continuum of Care, Chicago & US 2012

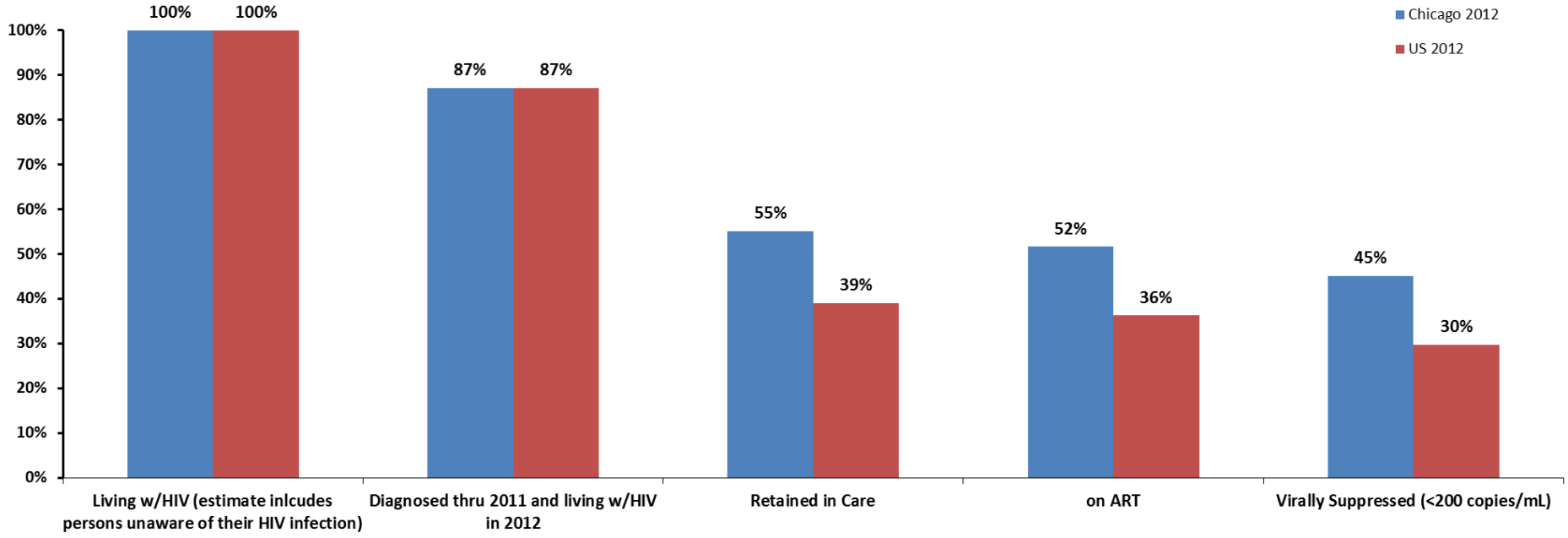
We estimate:

4,345 people living with HIV (PLWH) don't know their status

12,221 PLWH aren't retained in care

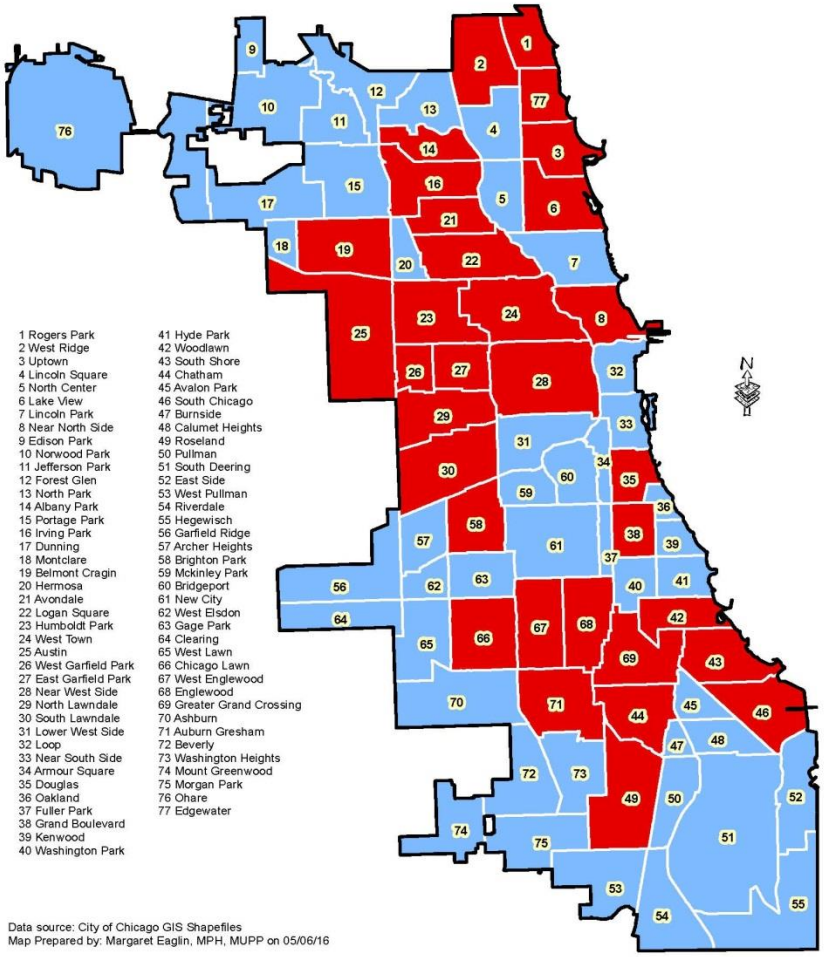
13,036 PLWH aren't on ART

14,937 PLWH aren't virally suppressed



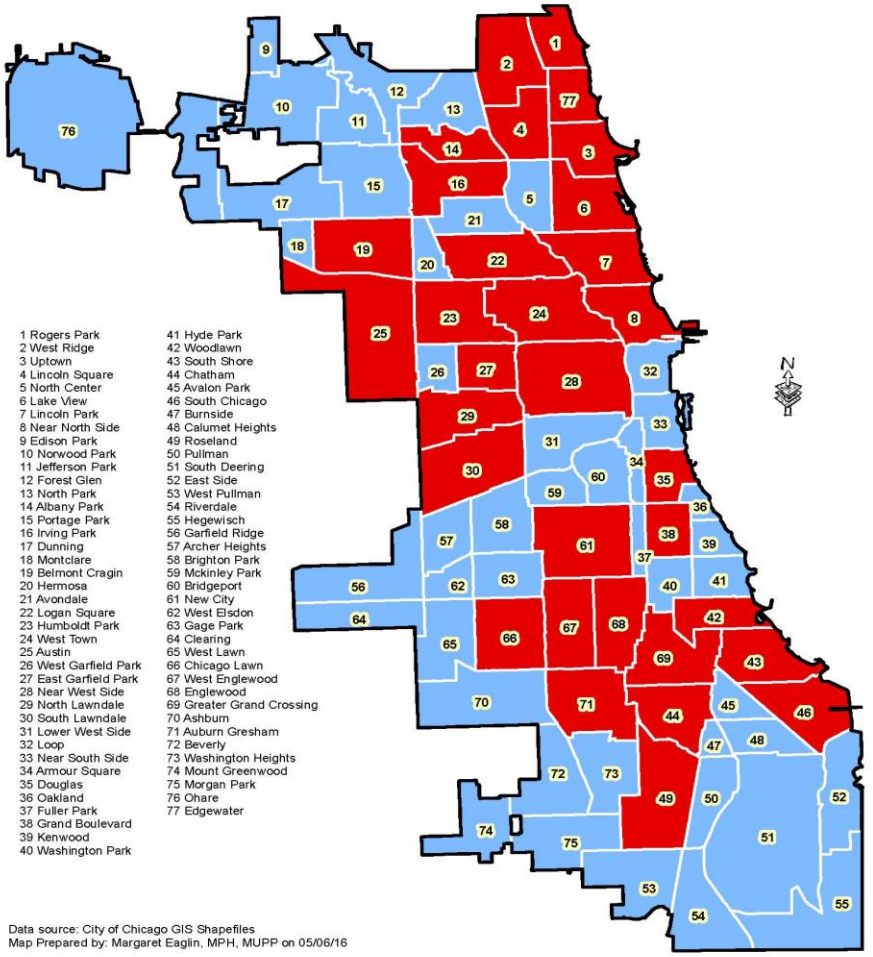
Where are we now?

Chicago Community Areas that Comprise 80% of the 2013-2014 Average Annual HIV Infection Diagnosis Cases



Data source: City of Chicago GIS Shapefiles
Map Prepared by: Margaret Eaglin, MPH, MUPP on 05/06/16

Chicago Community Areas that Comprise 80% of the People Living with HIV Infection, Chicago 2014 (as of 12/28/2015)



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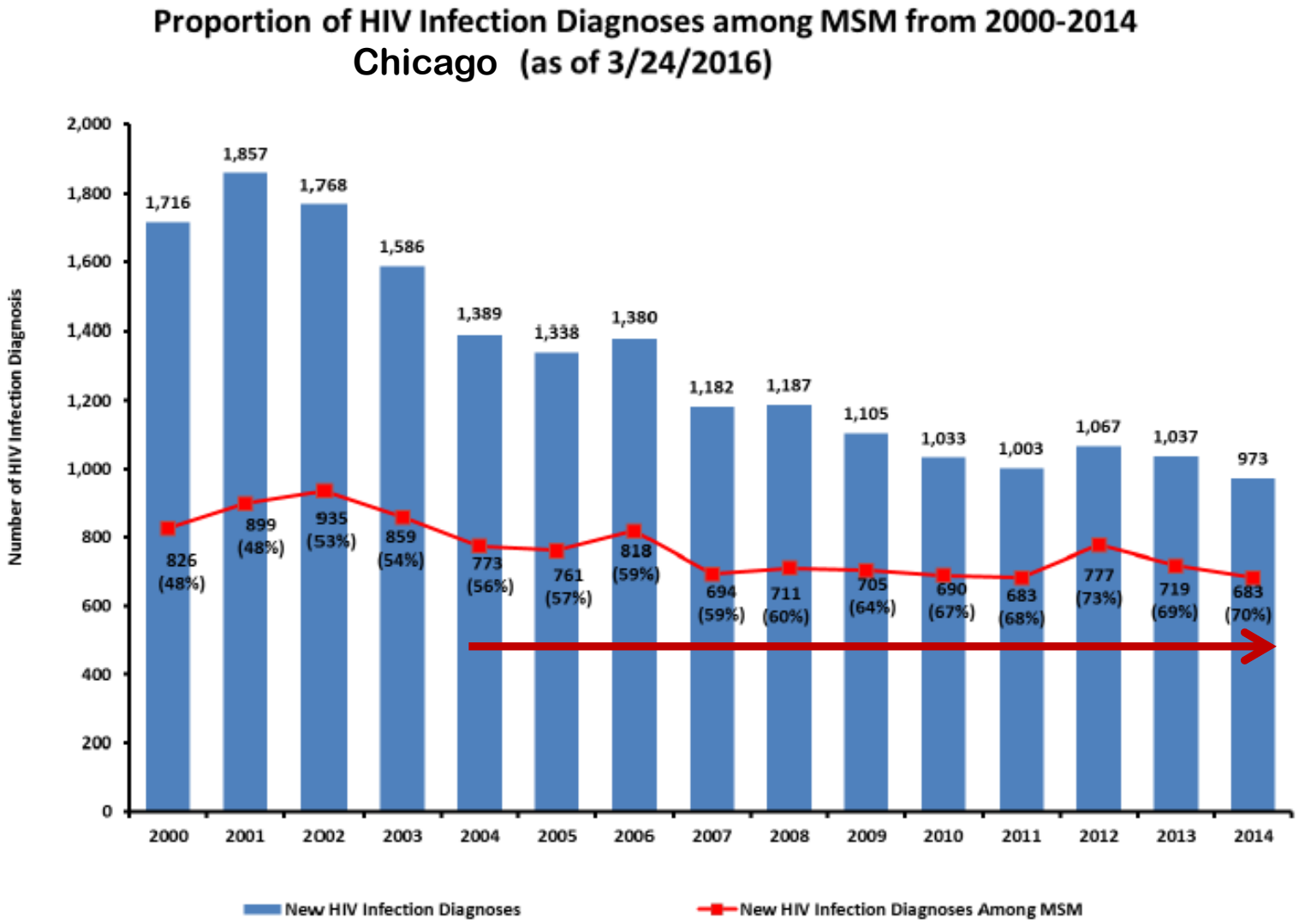
Where are we now – Gay/Bi Men?



Where are we now – Gay/Bi Men?

2014 Incidence of HIV Diagnoses by MSM Risk – Chicago (as of 03.24.2016)

Race/Ethnicity	Age	Behavior	# New HIV Dx (2014)	% New HIV Dx (2014)
Non-Hispanic Black (NHB)	20-29	MSM	183	20.9%
Hispanic	20-29	MSM	75	8.6%
NHB	30-39	MSM	54	6.2%
Hispanic	30-39	MSM	52	5.9%
Non-Hispanic White (NHW)	20-29	MSM	46	5.3%
NHW	30-39	MSM	41	4.7%
NHB	13-19	MSM	40	4.6%
NHW	40-49	MSM	39	4.5%
NHB	40-49	MSM	29	3.3%
Hispanic	40-49	MSM	29	3.3%
NHW	50-59	MSM	21	2.4%
NHB	50-59	MSM	17	1.9%
		TOTAL	**626**	**71.6%**

Where are we going – Black Hetero Women?

2014 Incidence of HIV Diagnoses by Female Hetero Risk – Chicago (as of 03.24.2016)

Race/Ethnicity	Age	Behavior	# New HIV Dx (2014)	% New HIV Dx (2014)
NHB	40-49	Hetero Female	25	2.9%
NHB	20-29	Hetero Female	22	2.5%
NHB	50-59	Hetero Female	17	1.9%
NHB	30-39	Hetero Female	16	1.8%
		TOTAL Hetero Female	**80**	**9.1%**
		TOTAL MSM	626	71.6%
		TOTAL ALL	**706**	**80.7% (706/875)**

Where are we now?

TAKE-AWAYS:

- Gay/bisexual and other MSM of all races/ethnicities make up a disproportionate share of new and prevalent HIV cases in our jurisdiction, more the 70%. New infections have remained unchanged for more than a decade, while overall cases continue to decline.

- Young Black gay/bisexual men and other MSM account for more than 1 in 4 new HIV infections.

- Among women, Black heterosexual women make up a disproportionate share of new and prevalent HIV infections.

- HIV remains concentrated in select community areas on the north, west and south sides of the city.

Why are we here?

- Current HIV programs and services:
  - Only reach a fraction of those who can (and need to) benefit.
  - Tend to be high-intensity and narrowly focused.
  - Are driven primarily by grant funding and deliverables.
  - Are managed in siloes.
  - Exist in parallel with one another and with other systems of care.
  - Represent a legacy.
- We have not made necessary in-roads with the healthcare sector, including providers and payers.

Where are we going?

- Embrace a vision of a sexually healthy Chicago.

- Focus on outcomes that have the potential to drive down new HIV infections by directly influencing HIV transmission.
  1. **Suppressing viral load in all persons living with HIV (PLWH).**

  2. **Increasing use of pre-exposure prophylaxis (PrEP) among gay and bisexual men of all races/ethnicities and Black women.**

- Create a foundation for ending the HIV epidemic in Chicago and Illinois.

How do we get there?

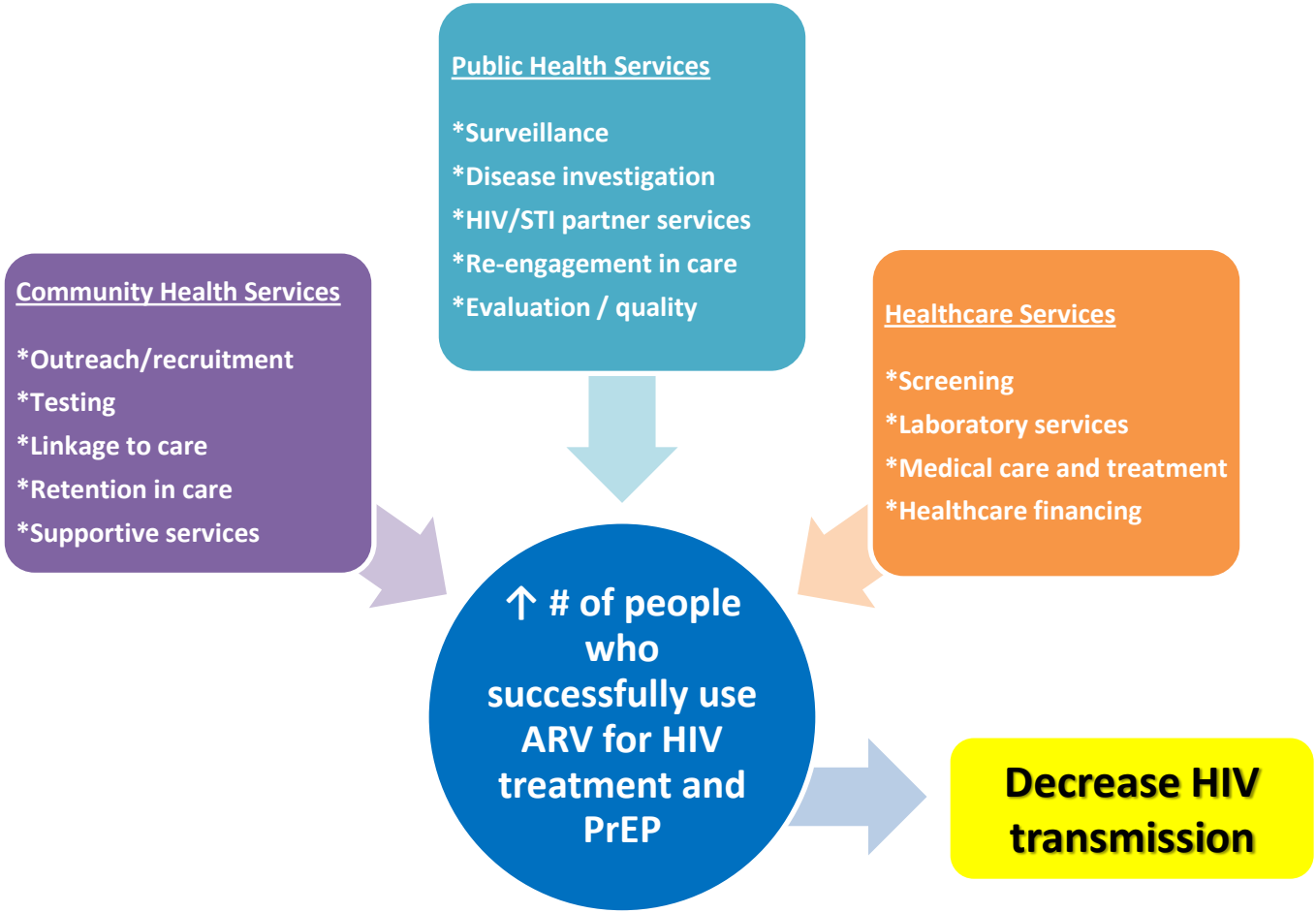
- Our central challenge:
  - **Using current-level resources, how do we rapidly expand the number of customers who achieve viral suppression and achieve sufficient Truvada® levels to maintain HIV-negative status (i.e., successful PrEP)?**

How do we get there?

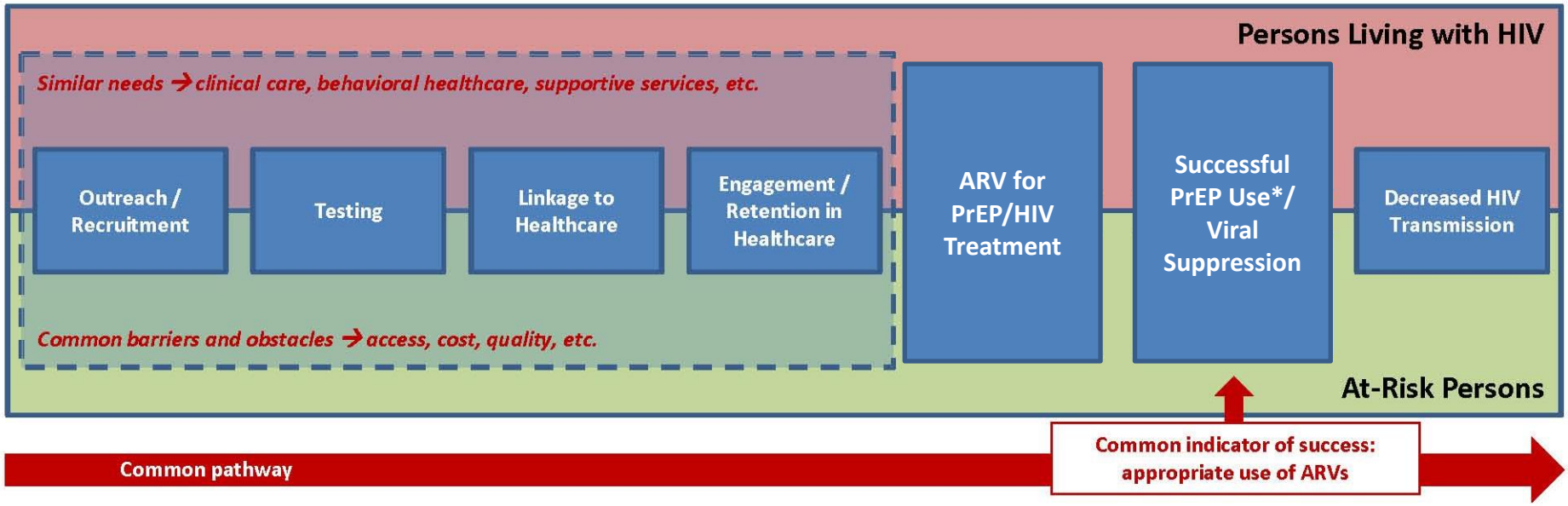
- Develop and follow an **outcomes-based blueprint**.
- **Align** our investments, influence and human **resources** with our blueprint.
- **Integrate programming** across prevention, care and housing to reflect the lived experiences of the communities we serve.
- **Increase scale and effectiveness** of relevant programs and services.
- **Scale back** or stop work that doesn't meaningfully support our outcomes.
- Develop **new approaches and partnerships** with the healthcare sector to extend the reach of HIV/STI services and to accelerate our progress.
- Identify and address **policy and structural drivers** that impact our work.

How do we get there?

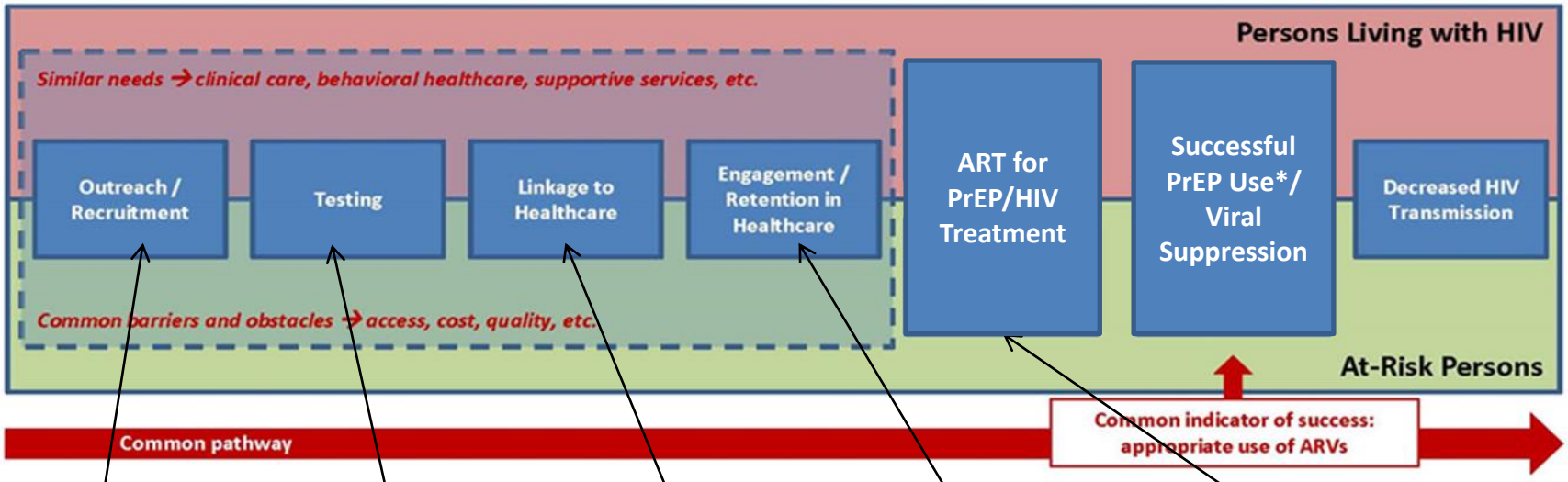
- To achieve our central challenge, we must optimize investments in and influence on three interdependent sectors: Community Health Services, Public Health Services and Healthcare Services.



How do we get there – ARV Pathway?



*Sufficient concentration of ARV to confer protection



-Highly targeted recruitment
- Social networking strategy
-Partner Services
-Routine HIV testing
-Marketing, media and mobilization
-EIS

-Fourth generation HIV testing

-ARTAS
-Patient navigation
-Community health work
-Health insurance enrollment
-Premium assistance
-EIS
-RW Outreach

-Data-to-Care
-Care coordination
-Case management
-RW Outreach
-Outpatient/ ambulatory

-ADAP
-Med assistance support
-Adherence and retention supports

SUPPORTIVE SERVICES: Oral health care, housing, substance use disorder services, mental health services, financial assistance, transportation, psychosocial support services, health education, food assistance, legal services, linguistic services, etc.

Outcomes and Process Evaluation; Surveillance and Data Collections, Assessment and Dissemination

Community Health Services

Public Health Services

Healthcare Services

Summary

- HIV remains concentrated in specific populations and community areas. New infections have plateaued.
- We must focus on outcomes that reduce HIV transmission: increasing the number of persons who use ARVs for treatment and PrEP.
- We must align our investments, influence and human resources with these outcomes.
- We must prioritize programs and services across three sectors – community health services, public health services and healthcare services – to maximize our impact.
- FINALLY, we must act with the conviction of knowing that we can end the HIV epidemic.

HEALTHY CHICAGO

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