

# AIDS Foundation OF CHICAGO

2007 Policy Priorities: *Time to Deliver*

## Preventing New HIV Infections in Illinois

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*“The prevention/treatment dichotomy that is often advanced is completely false: they are in fact [inextricably] linked in achieving a successful HIV strategy. Neither side of this equation is successful without the other—both need adequate funding and resources.”*

Louise D. Binder,  
Voices of Positive Women  
2006 International AIDS  
Conference in Toronto

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In its *2007 Policy Priorities—Time to Deliver*, the [AIDS Foundation of Chicago](#) (AFC) provides a roadmap for policymakers, AIDS advocates, and the general public on concrete action steps urgently needed to improve the lives of Illinoisans living with and at risk for acquiring HIV/AIDS. In particular, this report details gaps in the current provision of HIV prevention services and suggests opportunities to prevent thousands of new cases of HIV.

In the fight against HIV/AIDS, successful prevention strategies rely on a broad continuum of interdependent and critical approaches such as housing assistance, treatment access, pastoral counseling, support services, legal protections, human rights, and biomedical research. Like spokes of a wheel, each strategy supports and reinforces the others.

In recent years, Illinois has made strides in improving healthcare and treatment access as well as promoting HIV testing and awareness in communities of color. However, more concentrated work remains, particularly in efforts to help those at highest risk prevent HIV transmission and improve their lives.

With dedicated community, government, and public health support, we can vastly improve the availability of science-based HIV prevention services across Illinois. Indeed, it's time to deliver.

### CREATING HOPE THROUGH ACTION

[aidschicago.org](#) | [aidschicago.org/community](#) | [aidsrunwalk.org](#)

# Ten Steps to Prevent New HIV Infections

1. Strengthen the Public Health Response to HIV/AIDS
2. Make Condoms Readily Available in Community Settings
3. Make Condoms Readily Available in Jails and Prisons
4. Expand Syringe Exchange Programs
5. Expand the Routine Offer of HIV Testing
6. Expand Voluntary HIV Counseling and Testing in Correctional Settings
7. Provide HIV Treatment and Services to All Who Need Them
8. Expand Hepatitis Awareness, Prevention, and Treatment
9. Support Responsible Sex Education
10. Expand HIV Prevention and Treatment Worldwide, with Special Focus on Women and Girls



*Participate in two influential advocacy events!*

**2007 HIV/AIDS Lobby Days**  
March 20 – 21, 2007  
Springfield, IL  
[www.aidschicago.org](http://www.aidschicago.org)

**AIDSWatch**  
April 23 – 25, 2007  
Washington, DC  
[www.napwa.org](http://www.napwa.org)

# Federal and State Legislative Agenda

## **Governor Rod Blagojevich and the Illinois General Assembly must:**

- Provide a \$2 million increase to expand routinely offered HIV testing
- Strengthen by \$2 million the public health response to HIV/AIDS
- Fully implement the African American HIV/AIDS Response Act
- Expand viral hepatitis education, vaccination, screening, and treatment
- Increase condom distribution; needle exchange; and age-appropriate, comprehensive, and medically-accurate sex education

## **The Bush Administration and U.S. Congress must:**

- Fully fund the Ryan White HIV/AIDS Treatment Act; HOPWA; CDC's HIV prevention programs; and the Global Fund for AIDS, Tuberculosis and Malaria.
- Pass the PATHWAY Act, the Microbicide Development Act, and the Early Treatment for HIV Act
- Reform Medicare Part D to eliminate the coverage gap ("donut hole") and count ADAP toward out-of-pocket spending requirements

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*"It is unacceptable that we go about the business of finding more people with HIV with lack of a plan of how to treat them."*

Phill Wilson  
Executive Director, Black AIDS Institute

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# Mobilizing Science, Programs, and Resources to Stop New Infections

AFC urges community advocates and policymakers at all levels of government to join us in pursuing this comprehensive agenda of science-based strategies designed to slow the spread of HIV in Illinois.

## 1. Strengthen the Public Health Response to HIV/AIDS.

**CHALLENGE:** Public health bears jurisdictional responsibilities for key functions including HIV and Sexually Transmitted Disease (STD) screening, reporting, linkage to care, and prevention activities among populations at greatest risk of infection. The [Illinois Department of Public Health](#) (IDPH) currently distributes HIV prevention funds to organizations in nine regions of the state based on comprehensive plans prepared by advisory groups. In 2006, IDPH granted \$3.22 million in general revenue funds to local health departments and community-based organizations for science-based HIV prevention services. This amount should be increased to \$5.22 million in 2007.

**SOLUTION:** Governor Blagojevich and state lawmakers must increase public health spending for science-based HIV prevention strategies by \$2 million to \$5.22 million in 2007. With increased public health funding, local communities could allocate new dollars to their most pressing needs and fund local agencies capable of responding to community-established priorities.

## 2. Make Condoms Readily Available in Community Settings.

**CHALLENGE:** With efficacy rates between 98-99% when used consistently and correctly, male and female condoms are the most effective tools to prevent HIV via sexual transmission available today. Yet, there is a statewide shortage of free condoms. Research shows that condom promotion and distribution does not inadvertently encourage early sexual activity, nor does it increase the frequency of sexual activity or the number of sexual partners. In 2005 the New York City Department of Health and Mental Hygiene's [Free Condom Initiative](#) successfully distributed more than 1.4 million condoms a month to city residents, for a total distribution of 17.7 million condoms between July 2005 and June 2006.

**SOLUTION:** Illinois must develop a program for mass condom distribution and promotion across the state.

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*"If you oppose the distribution of condoms,  
something is more important to you than saving lives."*

Melinda Gates  
2006 International AIDS Conference in Toronto

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### 3. **Make Condoms Readily Available in Jails and Prisons.**

**CHALLENGE:** Although the prevalence of HIV is reportedly three times higher among incarcerated populations than the general public, condoms remain contraband in over 99% of jails and prisons in the U.S. Ample data demonstrates that, despite legal prohibitions, as many as two-thirds of inmates report engaging in consensual sex. Condom distribution in jails and prisons offers individuals opportunities to protect themselves and others from HIV and STDs. Experience from several U.S. jurisdictions and other countries prove that condom availability can be successfully implemented in correctional settings without increasing security risks. The benefits of condom availability programs extend far beyond jails and prisons to partners and family members of recently released individuals.

**SOLUTION:** [Illinois Department of Corrections](#) must remove condoms from the contraband list and distribute them widely throughout correctional facilities.

### 4. **Expand Syringe Exchange Programs.**

**CHALLENGE:** Syringe purchase and exchange initiatives have dramatically reduced syringe sharing among Illinois injection drug users. Annual reported HIV cases among injection drug users declined by more than 25% from 2000-2004 in Chicago and by 44% statewide. Despite a 2003 state [law](#) allowing adults to purchase syringes at pharmacies without a prescription, needle exchange programs remain necessary because they provide social and medical services to drug users who may not otherwise access them. Recent under-funding has forced severe reductions in the availability of needle exchange—a development that could increase HIV and hepatitis transmission among injectors.

**SOLUTION:** Illinois must invest state resources in needle exchange, particularly downstate where no programs exist. Congress must lift a decades-old prohibition against federal funding for these scientifically proven interventions.

### 5. **Expand the Routine Offer of HIV Testing.**

**CHALLENGE:** Expanding the routine offer of voluntary HIV testing, as recently [recommended](#) by the Centers for Disease Control and Prevention (CDC), will require new resources and careful implementation. Public health entities must ensure expanded testing is of the highest quality and conducted ethically. Testing programs must provide readily available, culturally competent, and accurate HIV information; informed written consent; and post-test counseling, including access to appropriate service linkages and referrals.

**SOLUTION:** The General Assembly and Governor Rod Blagojevich must appropriate \$2 million in new funding for IDPH to establish a new grants program for expanded HIV testing in healthcare settings. IDPH should use funding to assist emergency departments, jails, ambulatory care settings, STD clinics, and other organizations in purchasing rapid HIV testing kits, hiring additional staff, training medical providers, and developing and disseminating expedited testing protocols. In addition, Congress must make new funding available to states to expand routine and voluntary HIV testing, care, and treatment services.

## 6. Expand Voluntary HIV Counseling and Testing in Correctional Settings.

**CHALLENGE:** Thanks to State Rep. Connie Howard (D-Chicago) and State Sen. Kimberly Lightford (D-Maywood), Illinois enacted in 2005 the [African American HIV/AIDS Response Act](#) (P.L. 94-0629). Among other important provisions, the law requires county jails to offer detainees HIV information and testing options, and creates a state commission on HIV and corrections. Unfortunately, no funding was appropriated to implement these trailblazing policies, or to expand HIV testing in prisons.

**SOLUTION:** Illinois must appropriate the funds necessary to begin implementing all provisions contained in the African American HIV/AIDS Response Act. Funding for these activities should not be diverted from other important public health and safety programs.

## 7. Provide HIV Treatment and Services to All Who Need Them.

**CHALLENGE:** Currently 1.4 million people in the U.S. are reported to be living with HIV/AIDS, yet an estimated 42 – 59% of those people are not in regular HIV care. Research indicates that individuals with a reduced viral load from antiretroviral therapies are less infectious than those with high viral loads. Essential services such as uninterrupted HIV care and treatment, substance abuse treatment, supportive housing, STD screening and treatment, and mental health services can address contributing factors for HIV transmission among vulnerable populations. Unfortunately, these programs and services are under-funded.

**SOLUTION:** Congress and President George W. Bush must:

- fully fund the Housing Opportunities for People with AIDS ([HOPWA](#)) program, the newly reauthorized [Ryan White HIV/AIDS Treatment Act](#), and HIV prevention [programs](#) coordinated through the CDC;
- help HIV-positive Medicare beneficiaries afford the [Part D](#) prescription drug program by ending the coverage gap (also known as the “donut hole”) and allowing AIDS Drug Assistance Program ([ADAP](#)) expenditures to count toward out-of-pocket spending requirements; and
- pass the Early Treatment for HIV Act ([ETHA](#)) to enable states to provide Medicaid coverage to low-income, HIV-positive people prior to becoming disabled, when treatment is likely to reap the greatest health and societal benefits.

## 8. Expand Hepatitis Awareness, Prevention, and Treatment.

**CHALLENGE:** With at least 3.8 million Americans infected, hepatitis C virus (HCV) is the most common blood-borne infection in the U.S. The prevalence of HCV may be as high as 30% among people living with HIV/AIDS and 90% among those who contracted HIV through injection drug use. In Illinois, an estimated 229,000 residents—disproportionately people of color—are living with HCV. Many HCV infections among people living with HIV/AIDS remain undiagnosed and many co-infected individuals have never received hepatitis counseling and education. In fact, end-stage liver disease associated with HCV is now a major cause of death among people with HIV/AIDS.

**SOLUTION:** State and federal officials must fund viral hepatitis services and lead efforts to decrease hepatitis-related deaths. In Illinois, the state should fund the statewide hepatitis awareness program and advisory council created by [P.L. 94-0406](#), which was passed in 2005 by Sen. Mattie Hunter (D-Chicago) and State Rep. Michael P. McAuliffe (R-Chicago).

## 9. Support Responsible Sex Education.

**CHALLENGE:** Federally funded abstinence-only-until-marriage programs exclude information about reproductive health, censor teachers, often provide inaccurate information about topics like HIV risk, and deem contraception "dangerous." [Research](#) shows that abstinence-only-until-marriage programs could actually harm young people by discouraging condom use, leading to higher-risk behaviors when they do become sexually active. Young people comprise over a quarter of reported HIV diagnoses and represent greater than a third of STD infections. [Sex education programs](#) should counsel youth about the benefits of abstaining and provide medically accurate information about condom use, HIV, STDs, relationships, and sexual health.

**SOLUTION:** The Illinois General Assembly and U.S. Congress must support increased funding for age-appropriate, comprehensive, and medically-accurate sex education in schools, and eliminate funding for abstinence-only education.

## 10. Expand HIV Prevention and Treatment Worldwide, with Special Focus on Women and Girls.

**CHALLENGE:** The global toll of HIV/AIDS in 2006 included a staggering 4.3 million newly reported HIV infections and 2.9 million AIDS-related deaths. These numbers will climb without concerted efforts to expand human rights and HIV prevention education, condoms, sterile syringes, and HIV-related healthcare worldwide. Marriage, economic dependence, poverty, physical and sexual violence, inadequate educational opportunities, limited access to contraception, and the challenge of negotiating condom use factor heavily into elevated HIV risk for women and girls. It is essential to ensure that global health programs empower women and girls, and all people, in the fight against HIV, without imposing abstinence-only education requirements that are not culturally relevant or effective.

**SOLUTION:** Congress must:

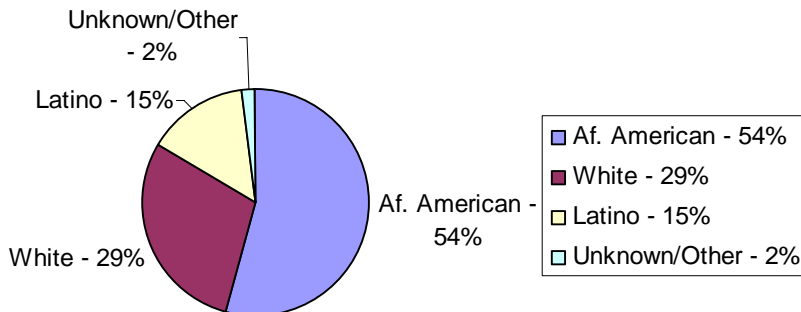
- provide at least \$1 billion for the [Global Fund](#) for AIDS, Tuberculosis and Malaria;
- enact the [Microbicide Development Act](#) to speed research into new topical products women and men could use with or in place of condoms to prevent HIV transmission; and
- pass the Protection Against Transmission of HIV for Women and Youth Act ([PATHWAY Act](#)).

Get the latest HIV/AIDS policy news by joining AFC's Statewide Advocacy Network:  
[www.aidschicago.org/advocacy/join\\_network.php](http://www.aidschicago.org/advocacy/join_network.php)

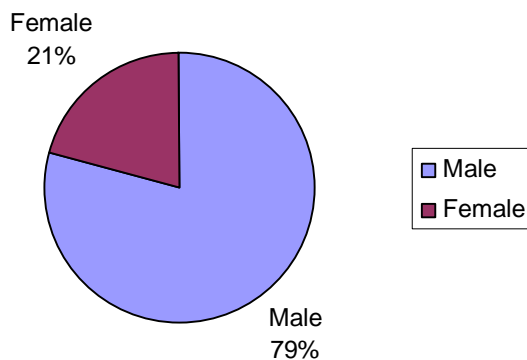
For more information regarding HIV/AIDS prevention, care, and research issues, contact AFC's policy department at (312) 922-2322 or [policy@aidshicago.org](mailto:policy@aidshicago.org).

# HIV/AIDS in Illinois

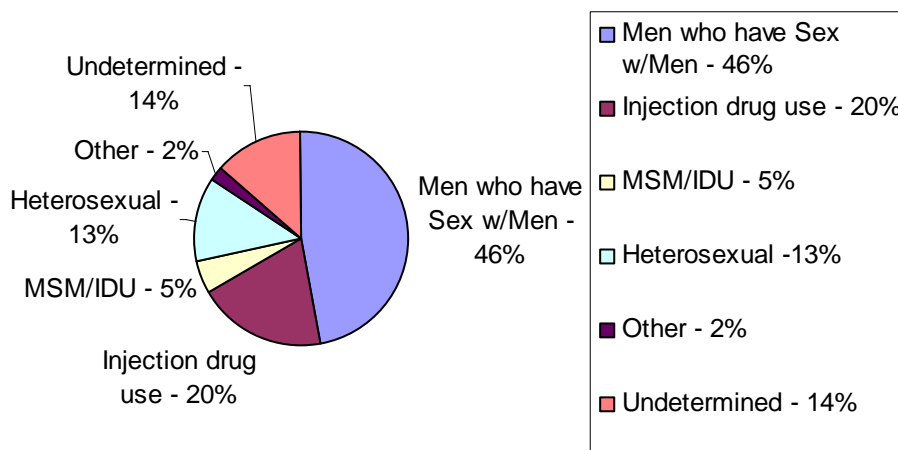
## New Illinois AIDS Cases by Race/Ethnicity in 2005



## New Illinois AIDS Cases by Gender in 2005



## People Living with HIV/AIDS by Risk Factor in Chicago, 2005



## For the Record

AFC estimates that **40-42,000** people were living with HIV/AIDS in Illinois in 2005. Just over 31,000 of these individuals have been tested for HIV and know their HIV status. **An estimated 10,000 HIV-positive Illinoisans (25%) do not know they are infected with HIV.**

Of the reported **31,376** people living with HIV/AIDS in Illinois, **16,166 are African-American; 9,970 are white; and 4,398 are Latino.**

**Gay men and men who have sex with men (MSM) continue to make up the majority of reported HIV cases.** 57% of men living with HIV in Illinois were infected through sex with another man. In Chicago, 84% of whites, 61% of Latinos, and 45% of African-American men living with HIV/AIDS were infected through male to male sex.

In Illinois, reports indicate that **African-American women** represent more than **two out of three (68%) women living with HIV.**

About 14% of people reported with HIV diagnoses in Illinois were infected by **injection drug use.** An additional 14% were infected through **heterosexual sex.**

In Illinois, 84% of people reported with HIV diagnoses reside in the Chicago metro area, 16% of reported HIV cases are among people who live downstate.

Sources:  
 U.S Centers for Disease Control and Prevention  
 Illinois Department of Public Health  
 Chicago Department of Public Health  
 Kaiser Family Foundation.