

AIDS Foundation OF CHICAGO

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10,000 Illinoisans Do Not Know They Are HIV-Positive *State Funding and Technical Assistance Needed to Help Reach Thousands of Individuals Through Expanded Voluntary HIV Testing in Healthcare Settings*

The expansion of voluntary HIV testing in healthcare settings could link a substantial number of individuals with undiagnosed HIV infection to HIV-related medical care and support services. Doing so would vastly improve their quality of life and longevity. In addition, future healthcare spending needed to treat Illinoisans with advanced and untreated HIV disease would be drastically reduced through early detection, treatment, and support services. **AFC therefore urges Illinois lawmakers to appropriate \$2 million in new FY08 funding for the Illinois Department of Public Health to carry out a coordinated campaign to increase the offer of voluntary HIV testing in Illinois healthcare settings.**

Background

AFC estimates that 10,000 or more Illinoisans do not know they are HIV-positive, and as a result, are without medical care for HIV disease.¹ Based on the distribution of HIV/AIDS cases in Illinois, 8,000 individuals with undiagnosed HIV are likely living in metropolitan Chicago and 2,000 are likely living elsewhere in the state. The majority of these individuals are believed to be uninsured and low-income. According to recent HIV diagnoses, two-thirds or more are likely people of color.

By expanding knowledge of HIV status, the initiative would help reduce the number of new HIV infections occurring in Illinois. To make even greater strides, state leaders should expand the availability of voluntary HIV testing in community-based and mobile settings and increase HIV prevention interventions targeting those at highest risk for infection.

Proposal

AFC proposes the creation of a \$2 million public health program to expand voluntary HIV testing in healthcare settings through training, technical assistance, and state-sponsored testing-expansion grants. AFC believes such efforts can reach an estimated 5,000 or more individuals with undiagnosed HIV in healthcare settings over a five-year period. An additional 5,000 individuals with undiagnosed HIV are unlikely to access healthcare and must therefore be reached through community-based, mobile, or fixed-site testing centers and other programs designed to promote HIV status awareness.

Proposal's Key Components:

- Develop and promote methods to link newly diagnosed individuals with expert HIV care and support services utilizing the hotline, online and print directories, palm cards, etc.
- Develop standardized tools to help clinicians readily offer HIV testing
- Conduct training and technical assistance for clinicians and medical providers
- Fund HIV testing expansion in settings likely to diagnose large numbers of new cases
- Assist clinicians in linking newly diagnosed individuals to care and support services
- Closely monitor implementation and its impact on providers and patient populations
- Evaluate the impact of training and technical assistance on non-funded sites

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The proposed HIV Testing Expansion Campaign would be administered by the Illinois Department of Public Health (IDPH) to carry out a coordinated program that includes training, technical assistance, testing-expansion grants, and other activities designed to help reach Illinoisans with undiagnosed HIV infection in healthcare settings. Decreasing racial and ethnic health disparities in the diagnosis and treatment of HIV/AIDS should be a central goal of the campaign. Examples of activities IDPH could support with a new \$2 million appropriation include:

1. Planning, training, and technical assistance **\$257,000**

Based on the successful perinatal rapid HIV testing implementation initiative, AFC recommends public health officials lead efforts to train clinicians on how to offer and implement voluntary HIV testing into primary care. Public health officials should also assist Illinois acute and urgent care settings in establishing new protocols to expand the offer of voluntary HIV testing services to their clients. Over five years, the program should identify no less than 4,000 newly diagnosed HIV-positive patients through healthcare settings in metropolitan Chicago and no less than 1,000 patients elsewhere in the state. In addition to training and technical assistance, the program could:

- **Develop standardized tools** to help clinicians streamline voluntary HIV testing. Such tools may include user-friendly forms and guides to deliver HIV counseling, obtain written informed consent, conduct HIV screening, provide test results, counsel newly identified HIV-positive patients, and link them to appropriate services and referrals. In addition, clinicians would receive information about applicable state and local laws, including surveillance reporting requirements.
- **Develop and promote linkage and referral mechanisms**, especially designed for non-HIV specialty clinicians. State officials should consider expanding the State of Illinois AIDS Hotline or developing new print or online tools, directories, and patient palm cards. IDPH should also invest in widely promoting linkage and referral tools among clinicians and patient populations statewide.
- **Conduct data collection and evaluation activities** to closely monitor progress expanding voluntary HIV testing services and diagnosing new cases of HIV/AIDS. In particular, state officials will need to closely monitor the impact of testing-expansion programs on the availability of healthcare and support services, such as the AIDS Drug Assistance Program.
- **Establish a grants program** to expand voluntary HIV testing in high-volume public healthcare settings likely to identify large numbers of newly identified HIV-positive patients.

2. Targeted testing-expansion grants for healthcare clinics **\$1,743,000**

Through a competitive process, IDPH could award testing-expansion grants to emergency departments, urgent care centers, community health centers, and other settings that see large numbers of uninsured, low-income patients. In order to assist more people with undiagnosed HIV infection, grants should target high prevalence settings and areas of the state. Other suggested components of the grants program include:

- Grantees could provide at least **45,000 HIV tests**² and identify 540-675 newly diagnosed individuals each year.³
- AFC estimates an additional 225-325 cases could be diagnosed annually as a result of training and technical assistance services.
- The number of tests performed and the number of people newly identified as HIV-positive is likely to increase in future years of the project.
- The project should be sustained for at least five consecutive years in order to reach at least 5,000 HIV-positive individuals with testing, healthcare, and support services.

3. Expanding community-based HIV testing and prevention services

Recognizing that many individuals with undiagnosed HIV may not have contact with a healthcare provider, the State should invigorate efforts to reach them through other means, including:

- Expand confidential and voluntary HIV testing, prevention education, treatment, and discharge planning in jails and prisons. In addition, state officials should expand HIV education in correctional settings' visitor centers.
- Expand community-based prevention education and mobile testing services.
- Invest in social network interventions (bring-in-a-friend projects), which have been shown to effectively reach large numbers of previously undiagnosed individuals.⁴
- Expand the offer of HIV testing at Illinois public health settings, which annually provide an estimated 67,000 tests and diagnose approximately 550 individuals each year.⁵

Projected Impact

Below are FY08 estimates of the number of individuals who may learn of their HIV-positive status and be linked to appropriate healthcare and support services as a result of the project:

Direct outcome of grants program (uninsured)	675
Indirect outcome in grantee settings (insured, public and private) ⁶	125
Expanded testing leveraged by technical assistance ⁷	100
FY08 Total	900

Projected Results, 2008-2012 (*Individuals Newly Diagnosed with HIV*)

	<i>Expansion Campaign</i>	<i>Public Health⁸</i>	<i>Total</i>
2008	900	550	1,450
2009	950	550	1,450
2010	1,000	550	1,500
2011	1,050	550	1,550
2012	1,100	550	1,650
TOTAL	5,000	2,750	7,750

FY08 Proposed Budget

Planning, training, technical assistance, development of standardized tools, data collection, and evaluation	\$ 257,000
Grants:	
45,000 rapid test kits (at \$17/ea) ⁹ (675 new positives, based on 1.5% positivity rate) ¹⁰	765,000
Staffing, confirmatory testing, and overhead (average of \$21.70 per test administered) ¹¹	978,000
TOTAL	\$2,000,000

¹ AIDS Foundation of Chicago, 2006 *Policy Priorities*.

www.aidschicago.org/advocacy/2006_priorities_statistics.php

² Cost estimates based on \$37 for each HIV-negative individual provided HIV counseling and testing services and \$115 for each HIV-positive individual provided HIV counseling and testing services, cited in Holtgrave, D et al, "Estimating the Cost of Unmet HIV-Prevention Needs in the United States." American Journal of Preventative Medicine. 2002;23 (1)

³ Based on a 1.2% to 1.5% seroprevalence rate (rates will be higher in some settings)

⁴ Golden, Matthew et al. "Peer referral for HIV case-finding among men who have sex with men." AIDS. 20(15):1961-1968, October 3, 2006.

⁵ Centers for Disease Control and Prevention. "HIV Counseling and Testing at CDC-Supported Sites, United States, 1999-2004." December 2006.

<http://www.cdc.gov/hiv/topics/testing/resources/reports/pdf/ctr04.pdf>

⁶ With training and technical assistance, each grantee would likely expand testing to more than the uninsured population, and rely on Medicaid, Medicare, and private insurance for wider availability of frequently offered and voluntary testing

⁷ State sponsored training, technical assistance, and the development of standardized tools is estimated to expand testing in non-grant funded settings, yielding an estimated 100 newly identified HIV-positive patients in the first year and likely higher yield in future years

⁸ Centers for Disease Control and Prevention. "HIV Counseling and Testing at CDC-Supported Sites, United States, 1999-2004." December 2006.

⁹ Based on an average cost; costs vary among rapid test products and are significantly lower for blood puncture tests

¹⁰ The average sero-positive rate of 1.5% was drawn from data demonstrating yield of 1.3% to 2.3% with rapid testing in acute care settings: Branson, B, Centers for Disease Control and Prevention, "Overview of Principles: Rapid HIV Testing." 1999:slide 117.

¹¹ Estimates derived from data cited in Holtgrave, D et al, "Estimating the Cost of Unmet HIV-Prevention Needs in the United States." American Journal of Preventative Medicine. 2002;23 (1)