

# **Dose of Change**

## ***2009-2010 Policy Priorities***

This report details the specific legislative activities the AIDS Foundation of Chicago (AFC) will champion in 2009-2010 to curb the spread of HIV across Illinois and improve the lives of people with HIV. AFC's Policy Committee culled priorities from dozens of topics suggested by more than 100 Illinois AIDS advocates. The list demonstrates both the complexity of Illinois' HIV prevention and care policy landscape as well as the many reforms needed in Illinois and across the U.S. to support HIV/AIDS-fighting efforts. Helping Illinois communities affected by HIV/AIDS will require hard work, greater awareness, enhanced public engagement, and a healthy dose of CHANGE.

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# The Work Continues

Illinois AIDS advocates made strides in 2008 advancing three priority issues that remain before the Illinois General Assembly in 2009.

## 1. Prevent Drug Overdose Deaths Among Drug Injectors

*ISSUE: Service providers working with injection drug users have observed an alarming trend: hundreds of drug overdoses. If caught early, overdose can be easily reversed by administering a safe and inexpensive medication called Narcan or naloxone, the generic name. While programs such as Chicago Recovery Alliance have trained hundreds of drug users in overdose prevention, resulting in more than 1,000 lives saved since 2001, most injectors tragically never receive these life-saving tools. Teaching injectors to save lives is often an important first step towards reducing needle-sharing and unprotected sex, important HIV-prevention interventions.*

2008: Sen. **Donne Trotter** (D-Chicago) introduced legislation to establish a statewide drug overdose prevention program through the Illinois Department of Human Services. The bill would expand Narcan availability by allowing trained individuals to administer Narcan in an emergency. The 2008 legislative session drew to a close before the bill could be called for a vote in the Senate.

2009: AFC is working with legislators who will reintroduce overdose prevention legislation this year. To support its passage, AFC is coordinating with the families of overdose victims and harm reduction providers to educate lawmakers about the need for urgent action to decrease overdoses in Illinois. In addition, a coalition of patient advocates, substance abuse providers, clinicians, and others will lobby the legislature to enact the bill.



## 2. Combat High Sexually Transmitted Disease (STD) Rates by Permitting Expedited Partner Therapy (EPT)

*ISSUE: Expedited Partner Therapy (EPT), recommended by the U.S. Centers for Disease Control and Prevention (CDC), would allow doctors to treat the partners of individuals diagnosed with chlamydia or gonorrhea without requiring a physical examination. Given ample evidence that sexually transmitted diseases (STDs) fuel HIV transmission, expedited partner therapy is a safe and effective strategy to reduce untreated STDs and prevent HIV.*

2008: To stem the spread of STDs, Sen. **David Koehler** (D-Peoria) introduced legislation modeled on laws in fifteen other states, including Arizona, Iowa, Louisiana, and Mississippi that allow physicians to provide antibiotics to the partners of people newly diagnosed with STDs. Unfortunately, the bill did not advance out of committee.

2009: AFC is working in coalition with the Illinois State Medical Society; the Illinois Academy of Family Physicians; Illinois Chapter, American Academy of Pediatrics; Illinois Nurses Association; and other advocacy groups to pass an improved bill.



### 3. Establish Privacy Protections for Students with HIV

*ISSUE: A discriminatory 1980s-era law requires health departments to notify school principals about any HIV-positive students enrolled in their schools. The principal is able to disclose the student's HIV status to the classroom teacher, school nurse, and other school personnel. The outdated law serves no legitimate public health purpose and puts HIV-positive students at serious risk for HIV-related discrimination. Lacking confidentiality, students may choose to forgo HIV testing in order to avoid ridicule and bullying. Because universal precautions are required by school personnel to prevent the spread of communicable diseases, principal notification affords no additional benefit.*

2008: The Illinois House defeated legislation designed to overturn the principal notification requirement. Proponents of the law argued that routine school activities could lead to HIV transmission, a highly unlikely scenario discounted by medical professionals and published research.

2009: Rep. **La Shawn Ford** (D-Chicago) will introduce legislation in 2009 to reverse the outdated notification requirement. A community coalition consisting of the American Civil Liberties Union (ACLU) of Illinois; the AIDS Legal Council of Chicago; the Children's Place Association; Families and Children's AIDS Network; the Illinois Association of School Nurses; Illinois Chapter, the American Academy of Pediatrics; Illinois Caucus for Adolescent Health; AFC; and others are renewing efforts to lobby in support of the bill. In addition, new research compiled by the ACLU of Illinois demonstrates that the current notification law violates the federal Americans with Disabilities Act, as amended in 2008, potentially resulting in costly lawsuits against schools.



# Federal

In 2009, AFC urges President Barack Obama and members of the 111th Congress to:

- Increase appropriations for HIV/AIDS prevention, care, and research programs, including new prevention technologies such as vaginal and rectal microbicides, pre-exposure prophylaxis, and vaccines.
- Expand Medicaid, Medicare, housing, and food security programs for low-income and disabled populations.
- Speed efforts to develop and implement a National AIDS Strategy with measurable goals, timelines and accountability, providing the U.S. its first roadmap toward ending the epidemic.
- Target efforts to reduce persistent inequities that stem from racism, homophobia, and low socio-economic status and contribute to a disproportionate number of HIV cases among men and women of color and gay/bisexual/transgender people of all colors.
- Ensure healthcare reform responds to the needs of people with HIV/AIDS and other infectious and chronic conditions and includes adequate resources.

**For more information, updates, and to urge lawmakers to support these and other issues, subscribe to AFC's Online Action Bulletin at [aidschicago.org/subscribe](http://aidschicago.org/subscribe).**



# Six Point Plan to Respond to HIV/AIDS in Illinois

Based on the suggestions gathered from more than 100 community members at input sessions across the state throughout 2008, the AFC Policy Committee prioritized the following initiatives that policymakers should consider to combat the HIV/AIDS epidemic in Illinois.

## 1. Promote Comprehensive Strategies to Prevent HIV Transmission

- *Prioritize HIV prevention for gay/bisexual men of all colors*
- *Respond to the intersection of HIV and incarceration*
- *Address the unique HIV prevention needs of youth, women, and people over 50*
- *Promote statewide comprehensive, age-appropriate, and medically accurate sex education programs*

“We still have to treat HIV/AIDS as one of the worst plagues in human history. We can’t treat our way out of this epidemic... We have to halt the spread of the virus,” said David Ho, MD, director of the Aaron Diamond AIDS Research Center, speaking on the Charlie Rose Show in January 2009. In 2008, the U.S. Centers for Disease Control and Prevention (CDC) underscored the nation’s HIV prevention challenges when it reported that an estimated 56,000 individuals become HIV-infected each year, a figure 40% higher than previously estimated. In Illinois, as many as 3,000 or more individuals become infected annually. To reverse these tragic trends, HIV prevention must be bold, science-based, responsive to the particular needs of impacted communities, and adequately funded. Governments must support a comprehensive array of services—focused on where the needs are greatest—to change individual behavior and the systemic, structural factors fueling HIV transmission.

## 2. Prioritize Public Health

- *Invest in core public health infrastructure*
- *Ensure adequate workforce with requisite expertise*
- *Partner with community stakeholders*

A strong public health sector is essential to the fight against HIV/AIDS. Public health leadership leverages greater cooperation from government and community stakeholders to research, plan, deploy, and evaluate an array of science-based activities to fight the epidemic. Despite many committed and talented public health professionals working on HIV/AIDS across Illinois, the sector as a whole remains inadequately funded and staffed. Many longtime professionals with HIV/AIDS expertise have retired or exited the field. Our state and local governments are slow to fill vacant positions and many essential jobs have been eliminated altogether. For example, staff cuts at the Chicago Department of Public Health have depleted clinical services, grant-writing, public health planning, and research activities needed to respond to HIV and other public health concerns. More than a dozen staff positions in the Illinois Department of Public Health's HIV/AIDS Section have remained vacant for more than a year, although they are fully funded by the federal government. Without a skilled and adequate workforce, public health cannot respond to trends in the epidemic, award and monitor grants to capable community-based agencies, provide technical assistance to community-based agencies, and implement essential services. Lawmakers must prioritize public health in budgetary appropriations, attract the best and brightest to the field, and ensure the sector is able to fulfill its important mission. The public's health is too important to do otherwise.

### **3. Break the Cycle of Sexually Transmitted Diseases (STDs)**

- *Increase funding for STD services*
- *Expand prevention, screening, and treatment programs*
- *Implement innovative strategies, including Expedited Partner Therapy*

According to CDC, Cook County has the highest number of gonorrhea cases and the second highest number of chlamydia cases of any county in the United States. Some downstate communities have sexually transmitted disease (STD) infection rates that are equal to or greater than those in Chicago. Greater urgency is needed for efforts to prevent, diagnose, and treat STDs in Illinois. Research shows that people with untreated STDs are at significantly higher risk of HIV infection than those without STDs. Conversely, HIV-positive people co-infected with an STD may inadvertently spread HIV more readily because STDs increase concentrations of the virus in the genital tract. STDs in Illinois disproportionately impact distinct and overlapping populations of sexually active youth, people of color, and gay/bisexual males. A comprehensive response to the HIV/AIDS epidemic must embolden efforts to combat STDs statewide with increased government financing for STD prevention and treatment programs; expanded, community-based STD prevention, screening, and treatment programs; and innovative strategies, such as Expedited Partner Therapy (see page 2).

## 4. Improve Access to Healthcare and Support Services

- *Improve healthcare access for all*
- *Address the mental health needs of people with HIV/AIDS*
- *Improve care for individuals dually diagnosed with HIV/AIDS and hepatitis*
- *Respond to unmet transportation needs of people with HIV/AIDS*

Essential healthcare and support services needed by people with HIV/AIDS remain in short supply. An estimated one in two HIV-positive individuals in the U.S. are disconnected from HIV-related healthcare that could dramatically improve survival. Poverty, lack of health insurance, HIV-related stigma and discrimination, and a variety of other factors impede greater utilization of HIV-related services. Because so many barriers affecting people with HIV/AIDS are widely shared by others who are low-income and lack adequate health insurance coverage, comprehensive solutions to the nation's fragmented healthcare system offer the greatest promise.

Meanwhile, several statewide initiatives merit Illinois lawmakers' attention. The state should expand Illinois Cares RX Plus—a program designed to help low-income elderly individuals afford healthcare—to all disabled, low-income Medicare-enrolled Illinoisans regardless of diagnosis. Illinois must adopt numerous reforms to make Medicaid more accessible. The state's flagship HIV treatment access program—the AIDS Drug Assistance Program—would better meet clients' needs by adding mental health and viral hepatitis treatment medications to its formulary. Finally, state officials should devise new ways to provide rural and urban low-income clients transportation to essential service appointments. In rural areas, where HIV services may be 50 or more miles away, great distances make it difficult if not impossible for low-income individuals to regularly access the services they need.

## **5. Ensure Safe, Affordable Housing for People with HIV/AIDS**

- *Increase housing options for formerly-incarcerated individuals living with HIV*
- *Tailor services for homeless substance users, including harm reduction housing*

Thanks to a multi-year research project led by the AIDS Foundation of Chicago, scientific evidence now exists to substantiate the cost-effectiveness and health benefits of permanent, supportive housing for low-income people with chronic, medical conditions, including HIV/AIDS. Safe, supportive housing can help stabilize individuals medically and reduce risk-taking behaviors. With stable, permanent housing, clients are more likely to adhere to medical regimens and reduce their reliance on costly emergency room visits, inpatient hospitalizations, and nursing homes. While state and federal agencies have thankfully invested in an array of HIV-related housing services, the need for safe, affordable housing continues to outpace available resources. Two, often overlapping, populations with acute, unmet housing needs are HIV-positive individuals returning from prisons and jails and people who suffer from substance abuse and HIV. Governments should increase investments to expand housing options for these populations.

## 6. Build Dignity through Work and a Living Wage

- *Prepare people disabled by HIV/AIDS for work*
- *Create job opportunities for HIV-affected individuals*
- *Maintain access to publicly-funded benefits to support the transition to independence*

Thousands of low-income, disabled Illinoisans with HIV need help re-entering the workforce without jeopardizing the very benefits that bolster their health. As antiretroviral medications revitalize many individuals who once were on their deathbeds, government policies make it next to impossible for people with disabilities to pursue work without destabilizing losses of Medicaid, Medicare, and other benefits. Moreover, the poor economy makes entering the workforce challenging for individuals who, because of illness, have extensive resume gaps; others have few skills or experience to start the path toward economic independence. Government assistance programs must stop penalizing work. Programs helping people with HIV explore options, prepare for the workforce, and obtain employment deserve increased government support. Programs are also needed to reduce HIV-related stigma among employers and provide specialized skills development for workers. Gainful employment instills a sense of self-worth and dignity: the very attributes many people with HIV desperately want and need to achieve greater independence. And eventually, work will help many people with HIV to leave government programs behind, contribute to the tax rolls, and live self-sufficiently.

## For the Record

AFC estimates that **40,000-42,000** people are living with HIV/AIDS in Illinois. **As many as 10,000 Illinoisans may be living with HIV and not know it.**

At the end of 2008, **34,902** people were reported as living with HIV/AIDS in Illinois, including **17,571 African Americans, 10,932 whites, 5,028 Latinos, and 1,170 individuals of other races.**

**Gay men and men who have sex with men (MSM) continue to be hardest hit by HIV.** In 2006, male-to-male sexual contact was the likely mode of transmission for four out of five (82%) new HIV cases among men with a known mode of transmission.

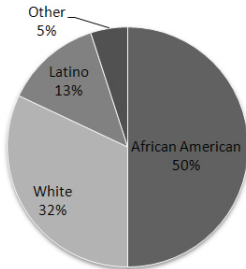
In Illinois, **African-American women** represent more than **two-thirds (68%) of women living with HIV.**

The U.S. Centers for Disease Control and Prevention (CDC) announced in 2008 that an estimated **1.1 million people were living with HIV at the end of 2006.** An estimated **56,000 people were newly infected with HIV in 2006,** 40% more than suggested by previous calculations.

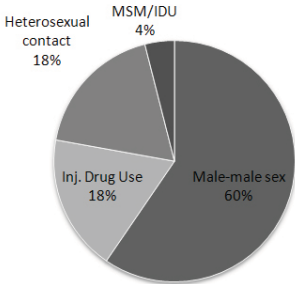
85% of Illinoisans newly diagnosed with HIV in 2006 lived in the Chicago metro area. **Cook County was home to two out of three** people newly diagnosed with HIV. **15% live downstate.**

Sources: U.S. Centers for Disease Control and Prevention, Illinois Department of Public Health. Charts show only individuals with known race or mode of transmission.

Race/Ethnicity, Reported People Living with HIV in Illinois, as of December 2008



Mode of Transmission, Reported People Living with HIV in Illinois, as of December 2008



Gender, Reported People Living with HIV in Illinois, As of December 2008

