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ROAD TO HEALTH:
CHARTING HEALTH IMPROVEMENTS
FOR HIV-AFFECTED COMMUNITIES
STRATEGIC PLAN, 2013-2015

AIDS
FOUNDATION
OF CHICAGO

AFC: MISSION

The mission of the AIDS Foundation of Chicago is to lead the fight against HIV/AIDS and improve the lives of people affected by the epidemic.

AFC: VALUES

- Tireless pursuit of its mission
- Coalition-led collaboration
- Confidentiality and empowerment through self-determination
- Respect and dignity for all
- Pluralism and diversity
- Accountability to all stakeholders
- Inclusiveness and social justice
- Transparency, integrity, and honesty
- Responsible stewardship of resources

AFC: VISION

The AIDS Foundation of Chicago leads the fight against the epidemic by maximizing:

- Inspiration – to engender greater awareness, concern, and engagement to fight HIV/AIDS
- Innovation – to spur creative approaches to achieve the mission
- Impact – to achieve greater HIV prevention and care results

ACKNOWLEDGEMENTS

AFC thanks the nearly 100 individuals who participated in AFC's transgender, youth, service provider, and service recipient focus groups. A total of 157 individuals representative of clients, agency partners, donors, government, funders, and allies responded to AFC's online survey. In addition, consultant Frank Gihan conducted 15 individual interviews with key informants. AFC Board, staff, and SPC Executive Committee members provided invaluable assistance. Special thanks to staff members Joe Hollendonner, Rebecca Incledon, Rachael Marusz, Jim Merrell, and Greg Trotter for writing and editorial assistance, and Wady Guzman for graphic design. The Chicago Department of Public Health graciously supplied local data on the HIV continuum of HIV services.

Cover photo: Paul Michael Duffy, <http://www.pmdphotonics.co.uk/>

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STRATEGIC PLAN, 2013-2015



Dear Friends:

The HIV/AIDS community has been on the Road to Health for quite some time. Together we have moved across a constantly shifting landscape, navigating each roadblock in our path and passing countless milestones along the way.

Over the next three years covered by this strategic plan we will need to be more agile than ever. Moreover, we will be moving into exciting but uncharted territory marked by rapid change in our health care system and the emergence of powerful new strategies that bring us closer to ending the AIDS epidemic.

Keeping up with this accelerated pace of change is going to take all of our combined experience and tenacity. This plan lays out how we will leverage our strengths to impact the communities most affected by HIV, manage systems change in a dynamic environment, and use powerful new models to help people affected by HIV lead healthy and dignified lives.

Over the next three years, we will work closely with our partners to harness the accumulated expertise fighting HIV/AIDS for nearly three decades to meet present-day challenges to improve our nation's care systems. We will marshal AIDS-affected individuals, allies, and service professionals to help map roads to health for all those affected by the epidemic. We will build on successful models in HIV/AIDS—and draw inspiration from other fields—to mobilize support for more robust, integrated services for our clients and affected communities. **We will save lives.**

On behalf of the Board and staff of the AIDS Foundation of Chicago and all those we serve, thank you for standing with us for so many years. We look forward to seeing you on the road ahead.

Sincerely,

A handwritten signature in black ink, appearing to read "David Ernesto Munar".

David Ernesto Munar
President/CEO

AIDS FOUNDATION OF CHICAGO

2013-2015 STRATEGIC PLAN: AT A GLANCE

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GOAL 1

Catalyze actions to reduce health disparities and strengthen communities

GOAL 2

Provide leadership and vision for integrated service systems

GOAL 3

Improve outcomes at every stage of HIV care

Stages of HIV Care

The CDC has defined a continuum of services that are vital to improving survival of persons with HIV and reducing HIV transmission. AFC provides services at every stage of HIV care:

- **Testing:** Diagnosis is the essential first step to keep HIV-positive individuals healthy. AFC coordinates HIV testing programs targeting populations at highest risk of infection so people with HIV can become aware of their status.
- **Linkage to HIV medical care:** AFC's public and private linkage-to-care networks help hundreds of newly diagnosed and out-of-care individuals enter medical care each year.
- **Retention in HIV medical care:** People who do not stay engaged in regular medical care are at increased risk of poor health outcomes. AFC supports retention in care through programs that provide housing assistance, case management, and other supportive services for people with HIV.
- **Antiretroviral therapy and viral suppression:** Consistent use of antiretroviral (ARV) therapy helps HIV-positive individuals achieve a suppressed viral load and better health. AFC's extensive network of clinical providers and case management offer clients treatment literacy, health education, and vital health care services.

CDC. Vital Signs: HIV Prevention Through Care and Treatment—United States. MMWR 2011;60:1618-1623.

Capacity-Building Initiatives

1. Harnessing AFC's Service Providers Council to help the HIV/AIDS service sector manage change
2. Strengthening AFC's institutional capacity

INTRODUCTION



RESPONDING TO A CHANGING LANDSCAPE

The Affordable Care Act—the federal health insurance reform law—represents an unprecedented opportunity to expand the fight against HIV/AIDS. In an era of advanced treatment and prevention strategies, reforms in service delivery and financing have the potential to bring life-saving services to millions of people.

But greater insurance and treatment options will not automatically result in better outcomes. In order to ensure that HIV-affected populations truly benefit, AIDS advocates will need to work diligently to embed the most effective HIV strategies into new health care paradigms. New systems will require a skilled workforce able to recognize and attend to the needs of diverse populations. Efforts to diminish HIV stigma and address social determinants of health—such as unstable housing—remain essential so that vulnerable populations can benefit from new preventive and care options. Additional research investment is also needed to sustain progress toward more effective HIV prevention and care approaches, a functional cure, and a vaccine.

Progress must be made across multiple fronts in order to overcome the obstacles on the road to health. Currently, among people diagnosed with HIV, an estimated one in two is not receiving continuous clinical care, and another 250,000 Americans are estimated to be unaware of their HIV-positive status. With evidence that HIV-positive people who adhere to their treatment regimens experience dramatic health improvements and reduced transmission to others, unfettered medical care remains paramount to halting the epidemic.

As the health care landscape transforms, HIV prevention is also changing rapidly. In response to compelling evidence that HIV treatment is an effective way to prevent further transmission, the U.S. Centers for Disease Control and Prevention (CDC) has shifted its priority from individual behavior-change programs toward secondary prevention approaches, such as testing and linkage to care. Under this new “high-impact prevention” model, resources are also being targeted toward more heavily affected parts of the country. These important policy shifts are occurring just as game-changing biomedical prevention options are becoming available, such as the use of antiretroviral medications for HIV-negative people to block infection (Pre-Exposure Prophylaxis or PrEP). While high-impact prevention and new biomedical tools could help make strategic use of limited resources, their potential impact will be diminished if the structural barriers and social context that play a large role in the spread of HIV are not

addressed simultaneously.

New approaches to preventing and treating HIV infection and seismic shifts in the delivery and financing of health care will dramatically reshape how people affected by HIV/AIDS receive needed help and support. The AIDS Foundation of Chicago’s three-year plan will strive to meet these challenges and opportunities as part of its commitment to communities most affected by the epidemic.

MOVING FORWARD

In the dynamic three-year period ahead, the AIDS Foundation of Chicago (AFC) will draw upon its nearly 30 years of experience as an agent of change to shape the evolving health care and social service landscape in ways that advance progress against the epidemic. In particular, AFC will endeavor to make greater progress preventing new HIV infections and achieving better health outcomes for people living with the disease.

AFC recognizes that strategies to end HIV/AIDS will be most effective when the entire community benefits from a better quality of life. This is why AFC’s vision includes robust strategies to help improve overall health and wellness for communities disproportionately affected by the epidemic.

Driving change to end HIV/AIDS and improve the lives of those affected is at the core of AFC’s mission and work. AFC counts on the active involvement of HIV-positive people and the many individual, institutional, and governmental partners and allies who share its determination, compassion, and evidence-informed approaches. Together it is possible to chart a better future for people and communities affected by HIV/AIDS.

AFC’s plan will advance three broad goals:

- 1. Catalyze actions to reduce health disparities and strengthen communities**
- 2. Provide leadership and vision for integrated service systems**
- 3. Improve outcomes at every stage of HIV care**

In addition, AFC will increase capacity-building activities focused on institutional development for HIV/AIDS service providers as it strengthens its own ability to make substantial contributions to the HIV/AIDS fight.

1. CATALYZE ACTIONS TO REDUCE HEALTH DISPARITIES AND STRENGTHEN COMMUNITIES



Challenge:

Social, economic, and health inequality drain communities of the resources needed to promote well being and quality of life.

Members of groups that are marginalized by persistent injustice such as gay, bisexual, and other men who have sex with men; people of color; and active drug users continue to comprise the majority of the 50,000 new HIV infections that occur annually in the United States.

One example of the effects of this marginalization can be seen in the results from the HIV Prevention Trials Network (HPTN) 061 study. Released in July 2012, the results showed that among a national sample of black gay, bisexual, and other men who have sex with men (MSM), a startling 2.8% became HIV infected each year. This rate of infection was nearly 50% higher than the annual infection rate for white gay men. For young black gay men under the age of 30, the rate of infection was three times greater than their white counterparts. Since black gay men do not have higher rates of risky behavior than other gay men, disparities point to social inequality and high prevalence of untreated HIV infection within their sexual networks as likely contributing factors.

Equally startling is the disproportionate burden of HIV/AIDS among African-American heterosexual women, who account for the second largest number of new HIV infections annually, exceeded only by those occurring among gay and bisexual men. While females represent a minority of people diagnosed with HIV (25%), African-American women account for 57% of new female diagnoses in the United States.

These statistics are fueled by the structural forces that drive poor health outcomes, such as lack of economic and educational opportunity, involvement with the criminal justice system, trauma, and other health problems. Complex social forces exacerbate the challenges and diminish the impact of existing HIV prevention, outreach, and care programs.

Approach:

Strengthening the fabric, resilience, and power of affected communities helps fight HIV/AIDS. AFC will pursue policy and programmatic initiatives that build social capital and create greater opportunities for adolescents, transgender people, gay and bisexual men, other MSM, incarcerated people, and members of

communities of color that bear the brunt of the AIDS epidemic.

Across each of these efforts, AFC will engage HIV-affected communities and ensure that their feedback informs project development, implementation, and evaluation. From this engagement and through its local, national, and international platforms, AFC will communicate core messages on the importance of addressing the social determinants of health that drive disparities in new HIV infections and health outcomes.

Strategies:

Across populations:

- AFC will continue to champion primary HIV prevention strategies including public awareness campaigns on HIV, treatment and prevention of other sexually transmitted infections, comprehensive sexuality education, distribution of male and female condoms and lubricants, access to sterile syringes, and other harm reduction services.
- AFC will maintain and seek to expand its national and international policy efforts that fight for social, economic, and health equality and human rights to ensure that all communities have the resources needed to promote well being and quality of life.
- AFC will seek public and private sources of support to expand, evaluate, and customize the “Change My Story” social marketing campaign for at-risk populations citywide, including young people, gay and bisexual men, and Latinos.
- AFC will develop training and quality assurance activities on cultural competence and excellent customer service to improve clients’ experiences interacting with service providers, including AFC.

Adolescents:

- AFC will work closely with the Connect to Protect Coalition and other collaborators to undertake priority advocacy initiatives to improve the health and wellness of adolescents with and at risk for HIV, with an emphasis on LGBT youth of color.



Communities of color:

- AFC will galvanize funders and partner agencies to pursue programmatic and advocacy initiatives to address unmet educational and employment needs of HIV-affected individuals, particularly in communities of color.
- AFC will partner with health care leaders, service providers, public officials, and allies to advocate for HIV prevention and care services that address disparities within Illinois' correctional and post-incarceration re-entry systems.
- AFC will cater to the needs of Spanish speakers for accessible HIV information.

Gay and bisexual men:

- AFC will bring attention to human rights violations and intersecting health disparities that drive HIV among gay men, addressing issues such as family, school, and community rejection of LGBT youth and barriers LGBT people face in accessing needed education, housing, employment, and care services.

Transgender people:

- Building upon successful collaborations, such as with Chicago House's TransLife employment project, AFC will heighten the response to the HIV epidemic among transgender women through pilot programs and advocacy that support the resilience of the transgender community and promote culturally sensitive prevention and care services systemwide. In addition, AFC's HIV Prevention Justice Alliance will continue to promote transgender leadership, programs, and rights as a pivotal response to the HIV epidemic.

2. PROVIDE LEADERSHIP AND VISION FOR INTEGRATED SERVICE SYSTEMS



Challenge:

As new systems emerge, advocates must champion more robust and better integrated care, prevention, housing, and support-service systems that are attuned to the special needs of people affected by HIV to improve health and wellness for them and their communities.

People living with HIV are more likely than others to have inadequate or no medical insurance, unstable housing, poverty, experiences of trauma, unemployment, drug dependence, a history of incarceration, and co-occurring mental and physical illnesses. These overlapping challenges have led to discrimination and lack of access to services that in turn have hastened death and human suffering among people with HIV.

Various legal protections and AIDS service initiatives have helped to ameliorate some of these concerns, but existing strategies are not making nearly enough progress. Meanwhile, federal and state efforts are reshaping the way that health care and social services are financed and delivered, further reinforcing the need for a clear vision and leadership on service integration.

Approach:

Through advocacy, system coordination, rigorous evaluation, and the dissemination of best practices, AFC will support the development of integrated care models equipped to provide HIV-affected individuals and other vulnerable populations high quality and culturally competent services.

Strategies:

International:

- AFC will enhance engagement with the global research establishment and continue to press for the development of new methods to prevent HIV.
- Through its International Rectal Microbicide Advocates (IRMA) project, AFC will continue to support development of safe, effective, acceptable, and accessible rectal microbicides for men, women, and transgender individuals who need options for protection during anal intercourse; unprotected anal intercourse is 10 to 20 times more likely to result in HIV infection than unprotected vaginal intercourse.

Federal:

- Through grassroots mobilization, national coalition building, and congressional engagement, AFC will advocate strongly for continuation of the federal Ryan White HIV/AIDS Program as an essential safety net for HIV-positive people.
- AFC's national mobilization campaigns, the HIV Prevention Justice Alliance and HIVHealthReform.org, will closely monitor and advocate for increased funding and needed system reforms to meet the HIV prevention, care, and anti-stigma goals of the National HIV/AIDS Strategy.

State:

- AFC will closely monitor health reform implementation in Illinois and advocate with state officials for programs and policies geared to the needs of HIV-affected individuals.
- AFC will oppose policies and laws that amplify HIV stigma and erode civil and human rights protections for HIV-affected individuals. HIV criminalization, weak confidentiality protections, and the outdated principal notification statute are examples of systemic discrimination against people with HIV.

Local:

- As Illinois expands its Medicaid program, AFC will pursue models that preserve and integrate Ryan White services into larger systems of comprehensive care.
- AFC will establish new partnerships with behavioral health, housing, and medical providers to expand options for HIV-affected individuals in need.
- As a model of service integration, AFC's Center for Housing and Health will pilot evaluation initiatives that use housing as a strategy to improve prevention and health outcomes and lower health care costs for vulnerable populations.
- As it continues to expand its data systems management, AFC will use data to guide responsive technical assistance services, capacity development, and other strategies to help funded agencies provide the best possible services to HIV-affected populations.

3. IMPROVE OUTCOMES AT EVERY STAGE OF HIV CARE



Challenge:

Despite the HIV sector's best efforts, poor outcomes persist at every stage of HIV care.

An estimated one in five individuals with HIV in the United States remains unaware of his or her HIV infection. And among those who do receive an HIV diagnosis, only one in two gains access to continuous high-quality clinical care and treatment. As a result, fewer than one-third of people with HIV achieve maximum viral suppression, which remains the most important clinical indicator of improved health and reduced risk of transmission.

HIV-positive people diagnosed late in their disease progression, or whose HIV disease is untreated, have much shorter life expectancies than those with early access to clinical care, treatment, and other services. Inadequate levels of engagement at every stage of HIV care contribute to persistent high levels of HIV transmission, poor quality of life, and premature death among people with HIV.

Approach:

AFC's programmatic and policy initiatives are positioned to help bolster results across the HIV care continuum. By carefully examining the performance of its programs, pursuing innovations with partner agencies, assessing metrics, and pressing for structural solutions, AFC will contribute to the knowledge base needed to achieve better outcomes at the local, state, and federal levels. AFC will share lessons learned and actively monitor research findings and best practices from other jurisdictions and settings to focus continuously on improvements. AFC will align its programmatic and policy efforts to enable innovative and cost-effective service systems that include high-quality and culturally competent HIV prevention, testing, linkage, housing, and care coordination, and expert HIV clinical care.

Strategies:

- *Testing:* More than 15,000 individuals will gain access to HIV testing through AFC's network of programs and services; approximately 300 previously undiagnosed individuals will learn of their HIV-positive status. All newly-diagnosed individuals will be offered linkage-to-care assistance and at least 255 will successfully gain access to continuous medical care.

Stages of HIV Care:

- **Testing**
- **Linkage to care**
- **Care retention**
- **ARV treatment**
- **Viral suppression**

- *Linkage to care:* Working with its partner agencies, AFC will press for more effective linkage-to-care interventions, intraregional coordination of service providers, and stronger linkage monitoring systems across metropolitan Chicago.

- *Care retention:* More than 10,000 HIV-positive individuals will benefit from AFC-funded case management and more than 2,000 HIV-affected households will receive housing assistance through AFC's programs. These programs will encourage and enable HIV-positive clients to stay engaged in medical care.

- *Treatment access:* AFC will use all of its resources—from policy experience to case management and media expertise—to help tens of thousands of uninsured Illinoisans with HIV gain access to new public and private insurance options that result from federal health reform.

- *Monitoring and evaluation:* In all its programs and services, AFC will annually evaluate population outcomes based on the stages-of-care methodology and determine steps to improve performance. AFC will also strengthen data collection and evaluation strategies to align with new HIV-related outcome indicators established by the U.S. Department of Health and Human Services.

CAPACITY-BUILDING INITIATIVES



To support the three goals described above, AFC will direct renewed effort toward its ongoing work to strengthen organizations throughout the Chicagoland HIV service sector. Through initiatives to build external and internal capacity, AFC will be better positioned to effect change for highly vulnerable populations.

1. Harnessing AFC's Service Providers Council to help the HIV/AIDS service sector manage change

AFC's Service Providers Council (SPC), a coalition of HIV/AIDS service providers and advocates, is a resource for the local AIDS service sector to remain well-informed of new service delivery and financing patterns in an era of rapid change. The SPC will concentrate on change management and organizational development to sustain or increase impact. In particular, the SPC will:

- Educate community stakeholders on health reform policy and implementation.
- Advocate for needed HIV funding and programmatic developments.
- Focus attention on quality management/quality improvement activities.
- Provide assistance to partner agencies on strategic planning and organizational development.
- Through media partnerships and an extensive array of communications channels, create or contribute to no fewer than 50 HIV-related stories annually, resulting in at least 4,000,000 media impressions.

2. Strengthening AFC's institutional capacity

To ensure that AFC remains poised to make tangible contributions to the HIV/AIDS fight, AFC officials will:

- Create goals and measurable objectives to improve the engagement and diversity of its workforce, Board of Directors, and Junior Board.

- Create formal structures and annual work plans for AFC's community advisory boards.

- Develop an active volunteer base supporting all AFC staff departments.

- Assess the feasibility of launching a social enterprise, an affiliated business that creates new revenue streams for HIV-related work and has the potential to benefit clients through work or training opportunities.

- Develop and implement fundraising strategies to double the Fund for the Future, AFC's capital campaign for innovation and sustainability.

- Annually conduct editorial board meetings with local news outlets.

- Promote integration among AFC's programmatic areas to better leverage public and private resources and to improve clients' prevention and health outcomes.

- Create measurable annual goals and objectives to improve and expand AFC's advocacy capacity and grassroots engagement.

CONCLUSION



More than 30 years after this epidemic began, AFC is at a crossroads of immense challenge and opportunity.

Never before have there been such funding challenges for the programs and services that are proven to save lives. Each year, the funding streams seem to dwindle more as restrictions grow tighter.

On the other hand, medical tools and public health strategies now exist that seemed unimaginable just 10 years ago. And with health care reform, more people living with HIV stand to receive medical care that will save their lives and improve the general health of the community. This progress is a testament to the unwavering determination and relentless passion of those committed to ending the AIDS epidemic.

Since 1985, the AIDS Foundation of Chicago has been in the thick of it, fighting for those with HIV to have medical care, housing, and other supportive services that allow them to live with dignity.

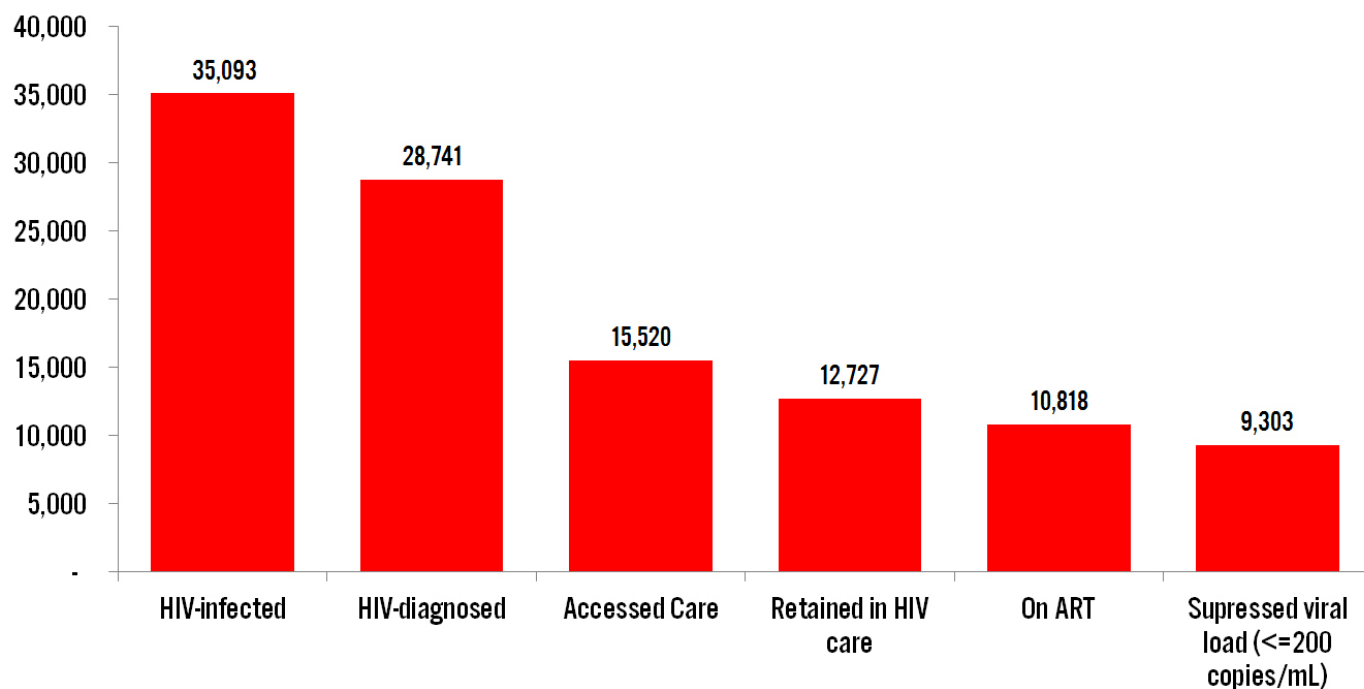
AFC's mission has not changed. Its commitment has not faltered.

Aligning this strategic plan with the changing times will help AFC to be more effective as a local and national leader against HIV/AIDS. Now more than ever, this organization stands with the 35,000 people in metropolitan Chicago and the 1.2 million Americans living with HIV.

With tenacity and perseverance, AFC and its partners will change the story of HIV/AIDS.

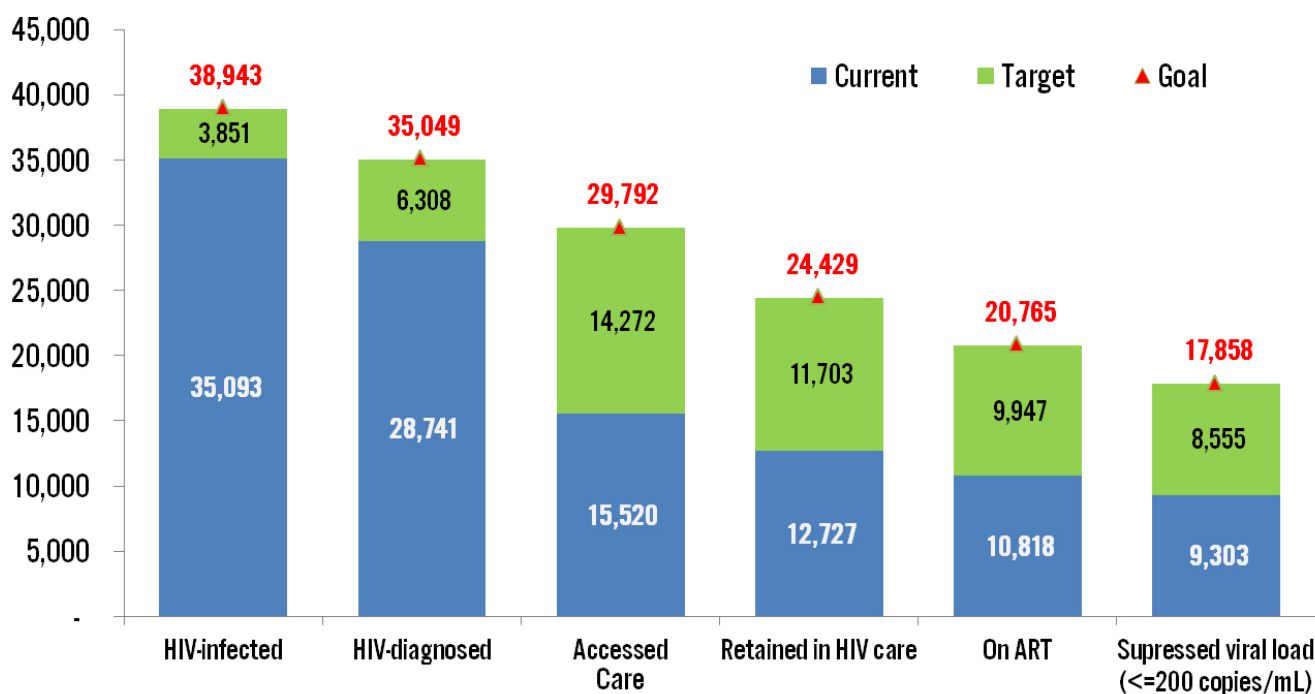


CURRENT HIV CONTINUUM OF CARE, CHICAGO METROPOLITAN AREA



According to the most recent Chicago Department of Public Health 2010 data, as of June 2012.

FIVE-YEAR CHICAGO-AREA TARGETS TO REACH, NATIONAL STRATEGY GOALS



Chicago Department of Public Health – STI/HIV Surveillance, Epidemiology and Research Section – 09/2012