



**AIDS
FOUNDATION
CHICAGO**

***A POSITIVE
WAY FORWARD***
POLICY AGENDA
2025-2026

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INTRODUCTION

“Social justice is the application of love to systems, policies, and government practices. When guided by love, our actions can help create a world where justice and equality are a reality for all.”

—Dr. Bernice A. King

For forty years, AIDS Foundation Chicago (AFC) has led the fight for HIV prevention and treatment services across Illinois by centering the voices and lived experiences of people living with and vulnerable to HIV and other chronic conditions. Our “A Positive Way Forward” policy agenda is built on our decades-long effort to end the syndemics of HIV and homelessness—a harsh realization that these conditions occur in tandem due to structural factors that combine to worsen health outcomes. Our efforts are only successful by prioritizing racial equity in our policy and advocacy work and teaming up with the communities we serve in the pursuit of justice and change.

As we enter 2025, AFC remains committed to creating and advocating for sound HIV, health care, and housing policy. Under the leadership of U.S. President Donald Trump (R) and a Republican-controlled 119th U.S. Congress, we recognize that any policy wins we see on the federal government level over the next two years will be hard fought. And as the 104th Illinois General Assembly begins its two-year iteration in Springfield under one-party, Democratic-controlled rule, we know that there won’t be any rest in our efforts to affect systems-level policy change in state government. AFC’s Policy & Advocacy team stands ready to meet these challenges head-on, because the communities impacted by HIV and homelessness deserve nothing less.

How We Developed The “A Positive Way Forward” Policy Agenda

Understanding the importance of ongoing community engagement and the need for meaningful engagement of people living with HIV/AIDS, AFC’s Policy & Advocacy team gathered both quantitative and qualitative data from community members in 2023 and 2024. Through listening sessions, focus groups, and community surveys, we were able to ascertain the most pressing needs facing our communities and the appropriate policy measures community members identified as important and actionable. The data we received directly from community not only informs this policy agenda, but also the [Getting to Zero Illinois Plan 2.0](#), the [Center for Housing and Health \(CHH\) policy priorities](#), and AFC’s 2024 and 2025 state legislative advocacy agenda.

We readily admit that due to limited resources, we cannot address every issue at the same time. However, we believe this policy agenda represents a positive way forward in improving the lives and health outcomes of people living with and vulnerable to HIV. AFC is beyond grateful for the people living with HIV, people impacted by homelessness, advocates, medical providers, case managers, community organizations, and AFC/CHH staff that shared their insights, hopes, and concerns. We are always mindful that the stories and voices of community make the difference in this work.

HIV Across Illinois and Chicago

While HIV affects all genders, ages, and racial/ethnic groups, some communities are disproportionately impacted than others. For more than four decades, HIV/AIDS has and continues to ravage Black, Latinx, and LGBTQ+ communities. While there have been advances in HIV testing, treatment, care, and prevention, over the past number of years, we know that these under-resourced and marginalized communities continue to bear the disproportionate impact of this epidemic here in Illinois and across the United States. Structural barriers such as access to care, stigma, discrimination, and systemic racism continue to negatively affect impacted populations and disrupt the work needed to reduce new HIV transmissions and increase viral suppression rates for Illinoisans living with HIV.

As of year-end 2023, there are 38,480 Illinoisans living with diagnosed HIV. According to the Centers for Disease Control and Prevention (CDC), 13.3% of the total U.S. population of people living with HIV are undiagnosed (living with HIV but are unaware of their HIV status).¹ Using the CDC model, it is estimated that there are an estimated 5,903 Illinoisans who are undiagnosed. According to 2023 data from the Illinois Department of Public Health, Black men, transgender women of color, and Black cisgender women make up 43% of people living with HIV in Illinois.² Black and Latinx communities represent 72% of those newly diagnosed despite those communities only comprising 31.9% of the state’s population (Black: 14.1%; Latinx: 17.8%). Additionally, there was a rise in HIV transmissions among Latinx communities accounting for 34% of transmissions in 2023. Finally, despite making up 38% of new HIV diagnoses, Black Illinoisans account for only 12.7% of PrEP users.³

In Chicago, the numbers are even more stark. According to 2023 Chicago Department of Public Health data, Black residents comprise 47.1% of people diagnosed with HIV in Chicago, 48% of new diagnoses, 55% of AIDS diagnoses and 51% of late diagnoses.⁴ **Without question, ending the HIV epidemic in Illinois is a health equity and racial justice issue.**

Getting to Zero Illinois (GTZ-IL)

Getting to Zero Illinois, the state's initial plan to end the HIV epidemic by 2030, was unveiled by Illinois Governor JB Pritzker on May 15, 2019, and is coordinated by the Illinois Department of Public Health, the Chicago Department of Public Health, and AIDS Foundation Chicago. GTZ-IL included goals and strategies intended to reduce new HIV transmissions, support the health of the nearly 43,000 Illinoisans living with HIV and AIDS, and help Illinois get to a point where the HIV epidemic can no longer sustain itself, or a "functional zero."

Building on the successes of the first initiative launched in 2019 and after significant community engagement, GTZ-IL Plan 2.0 was released in June 2024 with a renewed focus and organized into three overarching pathways: Improve Quality of Life, Prevent & Diagnose, and Treat. Centering people living with and vulnerable to HIV, some of the goals and objectives of GTZ-IL Plan 2.0 include reducing structural barriers to engaging in care including stigma, increasing housing opportunities and supportive services, and increasing the percentage of people vulnerable to HIV who are linked and retained to HIV prevention.

The goals and objectives of GTZ-IL Plan 2.0 are prioritized throughout the "A Positive Way Forward" policy agenda. For more information about GTZ-IL Plan 2.0, please visit gtzillinois.hiv.



OUR POLICY PRINCIPLES

AIDS Foundation Chicago mobilizes communities to create equity and justice for people living with and vulnerable to HIV or chronic conditions. We envision a world where people living with HIV will thrive and there will be no new HIV cases. For forty years, our work has been rooted in our values: people first, compassion, accountability, meaningful engagement, justice in action, and innovation. In our efforts to end the HIV epidemic and homelessness, our policy work is shaped by our values, our beliefs, and our policy principles.

Racism as a Public Health Crisis

AFC's **"Racism as a Public Health Crisis" framework** underscores that racism impacts health outcomes in the United States. It acknowledges that to achieve equitable health outcomes for all people, we must dismantle the legacies of racism and White supremacy, which continue to limit or outright deny Black and Latinx people's access to gainful employment, stable housing, quality health care and more. We see evidence of how racism impacts health when we examine the disparities related to the syndemics of HIV and homelessness. Black, Latinx, and other people of color suffer the disproportionate impact of HIV and homelessness because of systemic racism that manifests in housing, employment, incarceration, transportation, and food insecurity. Ending the syndemics of HIV and homelessness in Illinois requires AFC to lead with racial equity in our efforts to dismantle systems of oppression, racism, and white supremacy in support of our common humanity.

Meaningful Involvement of People Living with HIV/AIDS

Meaningful involvement of people with HIV/AIDS (MIPA) is about ensuring that the communities most affected by HIV are included in decision-making, at every level of the response including policymaking. While the maxim of "Nothing About Us Without Us" has its origins in the disability justice movement, it is also well used within the HIV advocacy/self-empowerment space. Specifically, "Nothing About Us Without Us" is often used when referring to the **Denver Principles**, a "bill of rights" for people living with HIV/AIDS created in the earliest days of the epidemic. AFC prioritizes the Denver Principles and MIPA in our policy work because they play a unique—and critical—role in addressing the HIV epidemic and advancing the lives and health of people living with and affected by it.⁵

Housing First Approach

Housing first is a philosophy that links people experiencing homelessness to safe and affordable permanent housing quickly and with minimal barriers, so people can start their journey to a healthier life sooner. This approach assumes that people need to have their basic needs met before they can address other areas of their lives. With housing first, the stability of housing leads to improved health outcomes and reduced use of emergency health services. AFC prioritizes the housing first approach in our policy work to ensure all Illinoisans have access to a safe and affordable home.

Harm Reduction

Harm reduction is an evidence-based approach to link people who use drugs to various services including syringe service programs, the overdose reversal medication naloxone, access to HIV and sexually transmitted infections (STIs) prevention, treatment, and care, and access to housing and other basic needs.⁶ Harm reduction strategies lessen the harms associated with drug use that increase the vulnerability of HIV transmission and homelessness. AFC prioritizes harm reduction strategies in our policy work to “meet people where they are” and treat them with compassion, dignity, and without judgment.



LOCAL, STATE, & FEDERAL BUDGET PRIORITIES

“Don’t tell me what you value. Show me your budget, and I’ll tell you what you value.”⁷

—Former President Joe Biden

Simply put, ending the syndemics of HIV and homelessness in Illinois requires the resources to do so. Unfortunately, stagnant local, state, and federal funding to address these critical issues have been barriers to meeting and surpassing shared goals and priorities. According to KFF, “discretionary funding for HIV from Congress has brought only minor increases, primarily due to the Ending the HIV Epidemic effort, and most accounts have not kept pace with inflation over the last decade.”⁸ Additionally, KFF notes that funding for the Ryan White program—the third largest source of federal funding for HIV care in the United States after Medicare and Medicaid—“has been flat since 2001 and even on a slight decline as of 2013 despite having more clients enrolled in the program.”⁹ Years of flat funding makes it impossible to deploy sufficient resources to the areas disproportionately impacted by HIV and is attributable to the lack of wage increases for the HIV workforce. Finally, the Centers for Disease Control and Prevention (CDC) found that the federal Housing Opportunities for People with AIDS (HOPWA) program is so woefully underfunded that it can only provide 1.24 months of rent for people living with HIV who are in need of housing per person, per year.¹⁰

When reviewing Illinois’ state budget, the HIV Lump Sum—the state’s largest funding for HIV education, prevention, testing, and treatment—has been neglected and underfunded at its current amount of \$25.5 million (Fiscal Year 2025). By way of background, this line item was previously funded at \$29.4 million in Fiscal Year 2012, \$3.9 million more than today, despite new HIV diagnosis rates and rising costs due to inflation. To match the purchasing power of the 2012 allocation, the HIV Lump Sum would need to be increased to \$41 million.¹¹



To meaningfully address the systemic barriers to ending the HIV epidemic and homelessness in Illinois, AFC is proud to advocate for the following policy solutions:

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- AFC supports increased funding in the City of Chicago Corporate Fund appropriation for the Chicago Department of Public Health, which is underfunded, understaffed, and unable to fully address public health and respond to racial and class health inequities.¹² *(City/County)*
- AFC supports increased funding in the Cook County Corporate Fund appropriation for the Cook County Department of Public Health, which is underfunded, understaffed, and under-resourced to safeguard public health in suburban Cook County.¹³ *(City/County)*
- AFC supports increased funding in the City of Chicago's budget for affordable housing and supportive services. This increased funding would help support the **Flexible Housing Pool program**—creating a path toward housing stability for Chicagoans experiencing homelessness and living with chronic health conditions (including HIV), while reducing costs to the healthcare sector and improving individual health outcomes. *(City/County)*
- AFC supports increased funding for the HIV Lump Sum, the state's main HIV funding account that provides for HIV education, prevention, testing, and treatment. *(State)*
- AFC supports fully funding the state's African American HIV/AIDS Response Act (AAHARA) grant program that awards funding to Black-led community-based organizations. *(State)*
- AFC supports state legislation that would make substantive reforms to the **Government Accountability and Transparency Act (GATA)** that inflicts undue administrative burdens on community-based organizations (CBOs) receiving grant funding from the State of Illinois. *(State)*
- AFC calls on Illinois Governor JB Pritzker, the Illinois Department of Public Health (IDPH) and the Illinois General Assembly to center the communities most impacted by HIV by directing more funding and resources to Black-led and Latinx-led community-based organizations. This also includes ensuring the timely disbursement of grant funding for the Quality of Life and African American HIV/AIDS Response Act (AAHARA) programs. *(State)*
- AFC supports the protection of all HIV-related state funding including but not limited to the Getting to Zero Illinois (GTZ-IL) initiative, **PrEP4Illinois program**, and STI prevention, testing, and treatment. *(State)*

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- AFC supports new state funding that would create additional housing units and supportive services for people living with HIV. Housing coupled with supportive services, also called permanent supportive housing, is a proven way to keep people stably housed long term. *(State)*
- AFC, working alongside state partners, will continue to protect and advocate for additional state funding for homeless prevention, emergency shelter, homeless youth programs, supportive housing, and other priorities to keep making progress on the **HOME Illinois plan to prevent and end homelessness**. *(State)*
- AFC supports state legislative efforts to create an equitable tax structure in Illinois where low and middle-income Illinois families no longer pay taxes at the same rate as billionaires. *(State)*
- AFC supports state legislative efforts to raise state revenues to fund vital services and programs, including health, housing, and human service programs for our most vulnerable community members. *(State)*
- AFC, working alongside local and national partners, will fight for robust federal funding for HIV prevention, treatment, education, and housing programs including but not limited to the Ryan White HIV/AIDS program, the Housing Opportunities for People with AIDS (HOPWA) program, the Minority AIDS Initiative, and CDC High Impact HIV Prevention program. *(Federal)*
- AFC supports state and federal efforts to protect and preserve the 340B drug pricing program, a program that “allows participants to stretch their resources to support the full HIV/AIDS Care Continuum, from diagnosis, to linkage to care, to medication adherence and viral suppression.”¹⁴ 340B covered entities include Ryan White HIV/AIDS clinics, Federally Qualified Health Centers (FQHC) and FQHC look-alikes, disproportionate share hospitals, Title X family planning clinics and sexually transmitted disease (STD) clinics, among others. *(Federal)*
- AFC, working alongside local and national partners, will fight for federal funding for the creation of a National PrEP Program that would provide access to HIV prevention medication, labs and associated medical services for those who are uninsured and underinsured. *(Federal)*
- AFC, working alongside local and national partners, will fight for the protection and increased federal funding for the Ending the HIV Epidemic in the U.S. (EHE) initiative, an effort to reduce new HIV transmissions by at least 90% by 2030. *(Federal)*
- AFC opposes any federal spending cuts to domestic non-discretionary programs and to health and safety net entitlement programs (i.e. Social Security, Medicare, Medicaid, TANF, SNAP) or Affordable Care Act (ACA) health insurance subsidies. *(Federal)*
- AFC opposes the addition of legislative provisions, also known as “riders”, to federal appropriations bills that negatively impact our priority populations or inhibit our efforts to meaningfully address the syndemics of HIV and homelessness. *(Federal)*

POLICY ACTIONS

LINKAGE TO HIV PREVENTION, TESTING, & CARE

Testing, linkage to care, and HIV treatment form the cornerstones of the HIV prevention and care continuum, especially when prioritized among the Black, Latinx, and LGBTQ+ communities disproportionately impacted by HIV. According to the Centers for Disease Control and Prevention (CDC), 13.3% of the total U.S. population of people living with HIV are undiagnosed (living with HIV but are unaware of their HIV status)¹⁵ As of year-end 2023, there are 38,480 Illinoisans living with diagnosed HIV. It is thought that 38% of all new HIV transmissions occur from those who are undiagnosed.¹⁶

While progress has been made in efforts to end the HIV epidemic, studies have shown that people with greater HIV-related prejudice and stigma are associated with decreased HIV testing rates and further indicate that people at risk for HIV or living with the disease may delay or fail to access care, to avoid rejection by providers, families, and the public.¹⁷

Biomedical solutions like PrEP and PEP are up to 99% effective in preventing HIV acquisition when taken as prescribed. However, Black and Latinx communities continue to fall behind in PrEP awareness, uptake, and adherence due to several factors including stigma, LGBTQ+ discrimination, systemic racism, medical mistrust, lack of access to health care, accessibility, and affordability.

Additionally, the treatment as prevention science of Undetectable equals Untransmittable (U=U) is proven. People living with HIV who achieve an undetectable viral load cannot sexually transmit the virus.¹⁸ This science has been confirmed by more than 1,000 leading medical and public health organizations from over 100 countries including the CDC, the World Health Organization (WHO), and the National Institutes of Health (NIH).



Without question, AFC is committed to increasing access to HIV prevention, testing, and care to the communities disproportionately impacted through the following policy solutions:

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- AFC supports the creation and implementation of a statewide Rapid Start for HIV Treatment pilot program. This program—through the creation of eight pilot sites—will initiate antiretroviral therapy within 7 days of initial diagnosis or within 7 days of referral to medical care for those receiving care through the Illinois AIDS Drug Assistance Program (ADAP). *(State)*
- AFC supports advocacy efforts to advance increased utilization of long-acting injectables and other novel modalities for HIV care and prevention, especially when prioritized among communities most impacted by HIV. *(State)*
- AFC supports state legislative efforts that would mandate an offer of routine, opt-out HIV testing in all medical facilities with informed consent. Universal screening has been proven to reduce HIV transmissions, destigmatize HIV testing, and identify people living with HIV who are unaware of their serostatus.¹⁹ *(State)*
- AFC will continue leading implementation efforts of **Illinois Public Act 102-1051**, legislation that allows pharmacists to initiate, dispense and administer HIV PrEP and PEP under a “standing order by a physician licensed to practice medicine in all its branches or the medical director of a county or local health department.” *(State)*
- AFC urges the Illinois Department of Public Health (IDPH) to move swiftly to issue a statewide standing order to implement a pharmacist-initiated PrEP and PEP program. *(State)*
- AFC supports the creation of a National PrEP Program that expands access to PrEP medication and related medical services to those who are uninsured and underinsured, at no cost, ensuring that priority communities, who are disproportionately impacted by HIV, have a direct say in how such a program is designed and implemented. *(Federal)*
- AFC encourages the Centers for Disease Control and Prevention (CDC) to remove the upper age limit of its HIV testing recommendations (currently at age 64) and further recommend that people vulnerable to HIV should be tested for HIV at least once a year. *(Federal)*
- AFC continues to support HIV testing, prevention, and treatment services for incarcerated people and people re-entering community post incarceration. *(City/County, State, Federal)*

POLICY ACTIONS

HOUSING IS HEALTHCARE

“Housing is a human right. There can be no fairness or justice in a society in which some live in homelessness, or in the shadow of that risk, while others cannot even imagine it.”²⁰

—Jordan Flaherty

Without question, housing is healthcare, especially for Illinoisans living with and vulnerable to HIV. According to the CDC, stable housing is closely linked to successful HIV-related health outcomes.²¹ Of the 35,956 Illinoisans living with HIV in 2020, 28.5% (or 10,247) are estimated to have need for shelter or housing assistance.²² In other words, slightly more than 1 in 4 people. Further, of the 10,247 people living with HIV in Illinois who need shelter or housing assistance, 47.3% (or 4,847) have an unmet need. In other words, just under half of the people living with HIV in Illinois who have a need for shelter or housing assistance (~5,000 people) do not have their need met.

Increasing access to housing and supportive services for people living with HIV gets us one step closer to ending the HIV epidemic in Illinois once and for all, while also ensuring that we put quality of life for people living with HIV at the forefront. In that effort and buoyed by a housing first approach, AFC is proud to advocate for the following policy solutions:



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- AFC supports the full and equitable implementation of the [state's Medicaid Behavioral Health Transformation Section 1115 Waiver](#) to ensure that Illinoisans enrolled in Medicaid who are living with chronic health conditions, experiencing homelessness or housing instability, have experience with the criminal legal system, and/or need employment assistance will benefit from additional services. *(State)*
- AFC supports the development of permanent supportive housing programs for justice-involved households in danger of recidivism. *(City/County, State)*
- AFC supports state legislation that would reduce housing banishment zones from 500 to 250 feet, allow Illinoisans on the registry list experiencing homelessness to register at police stations annually or quarterly (like housed people) instead of weekly, and shrink the registry footprint by making "failure to register" a misdemeanor. *(State)*
- AFC supports state legislation that would prohibit local governments from passing ordinances to fine, ticket, or arrest people living unsheltered, even when there is no adequate shelter available. This policy concern follows the [U.S. Supreme Court's Grants Pass v. Johnson decision](#) in June 2024. *(State)*
- AFC supports state legislative and advocacy efforts to create a state identification card for people experiencing homelessness. *(State)*
- AFC supports federal efforts to create an Ending the HIV epidemic HOPWA program to provide permanent supportive housing to communities vulnerable to HIV. *(Federal)*
- AFC supports federal efforts to include people living with HIV/AIDS as a priority population for the Housing Choice Voucher (HCV) program. *(Federal)*

POLICY ACTIONS



REMOVING BARRIERS TO HEALTH CARE & MEDICATION ACCESS

“Of all the forms of inequality, injustice in health is the most shocking and inhumane.”

—Dr. Martin Luther King, Jr.

AFC believes that health care is a human right. Full stop. For Illinoisans living with and vulnerable to HIV and the communities we serve, that means removing barriers to accessing health care. The skyrocketing cost of prescription drugs, out-of-pocket insurance costs, burdensome insurance regulations, and immigration status are all barriers to health care and medication access. AFC remains committed to removing these barriers for people living with and vulnerable to HIV through the following policy solutions:

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- AFC supports further administrative advocacy to ensure that Illinois insurance companies are complying with the [July 2021 federal government guidance](#), [Illinois Public Act 102-1117](#), and [Illinois Department of Insurance \(DOI\) Company Bulletin 2024-18](#) that clarified that all private insurers must cover PrEP to patients who want it, with no out-of-pocket cost to the patient for the prescription, doctor visits, labs, and other essential program services. *(State)*
- AFC will monitor the creation and implementation of Illinois’ state-based health insurance exchange/marketplace set to launch in 2026 as outlined in [Illinois Public Act 103-0103](#). *(State)*
- AFC supports further administrative advocacy to ensure that Illinois health insurance companies are complying with [Illinois Public Act 101-0452](#), legislation that banned co-pay accumulator policies in the state. *(State)*
- AFC urges the Illinois DOI to move swiftly to implement the 2024 state law that bans short-term, limited duration “junk” health insurance plans that often deny coverage to people with chronic conditions like HIV and result in higher premiums. ([Illinois Public Act 103-0649](#)). *(State)*
- AFC supports state legislation that would ban health insurance plans and Medicaid from using utilization management tools like prior authorization and step therapy for HIV prevention and treatment medications. *(State)*

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- AFC supports the full funding of the [Health Benefits for Immigrant Seniors \(HBIS\)](#) for ages 65 and older and the [Health Benefits for Immigrant Adults \(HBIA\)](#) programs (ages 42 to 64) that would allow re-opening program enrollment without co-pays. *(State)*
- AFC supports state legislation that would extend Medicaid-like eligibility to all low-income Illinois residents ages 19 through 41 with household incomes of up to 138% Federal Poverty Level (FPL) regardless of their immigration status. *(State)*
- AFC supports federal legislation that removes cruel and unnecessary barriers to health care for immigrants of all statuses by allowing states to include undocumented immigrants in Medicaid and CHIP and remove the 5-year waiting period for Medicaid benefits for lawfully present immigrants. *(Federal)*
- AFC strongly opposes any changes regarding “public charge” that would cause major harm to immigrants and their families, including people living with and vulnerable to HIV, service providers, and communities. *(Federal)*
- AFC strongly opposes any state or federal legislation that would add or extend work requirements to programs including SNAP, Medicaid, housing assistance and cash benefit programs. *(State, Federal)*
- AFC strongly opposes any federal legislation that would enact harmful changes to Medicaid or the Affordable Care Act (ACA) including but not limited to, reduced Federal Medical Assistance Percentage (FMAP) coverage for all Medicaid programs, enactment of per capita caps and block grants, and reduced flexibility in Section 1115 and Section 1332 Medicaid and Marketplace waivers. *(Federal)*
- AFC supports state legislation that would repeal the state’s Medicaid Expansion “Trigger” law that would jeopardize healthcare for more than 770,000 low-income Illinoisans. *(State)*
- AFC supports state legislation that would establish a Prescription Drug Affordability Board (PDAB), an independent, nonpartisan body with the authority to evaluate high-cost prescription drugs and set upper payment limits on what Illinoisans will pay. *(State)*
- AFC supports the State of Illinois in exploring and evaluating the possibility of importing prescription drugs from Canada to reduce prescription drug costs. In this evaluation, it is important to ensure drug safety as well as sorting out any other negative outcomes affecting contracting and drug supply chain issues. *(State)*
- AFC supports the authority of the U.S. Preventive Services Task Force (USPSTF) to offer recommendations for health insurance coverage without cost-sharing of preventive services including screening tests, immunizations, behavioral counseling, and medications (like PrEP). This policy concern follows the [U.S. 5th Circuit Court of Appeals’ Braidwood Management v. Becerra decision](#) in June 2024. *(Federal)*
- AFC supports federal legislation that protects patients from harmful insurance and pharmacy benefit manager (PBM) practices that raise patient out-of-pocket drug costs. *(Federal)*

POLICY ACTIONS

SOCIAL DETERMINANTS OF HEALTH: QUALITY OF LIFE

“Health inequalities and the social determinants of health are not a footnote to the determinants of health. They are the main issue.”

—Michael Marmot, PhD

The Centers for Disease Control and Prevention (CDC) defines the social determinants of health (SDOH) as “conditions in the places where people live, learn, work and play that affect a wide range of health and quality-of-life risks and outcomes.”²³ Examples of social determinants include economic stability, systemic racism and discrimination, access to education, transportation, and grocery stores. SDOH also contribute to the wide health disparities and inequities we see presented across the syndemics of HIV and homelessness. Ending the HIV epidemic and homelessness in Illinois requires AFC to consider all the conditions that impact people in our policy work including the following policy solutions:

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- AFC will oppose any local, state, or federal efforts to restrict bodily autonomy including but not limited to reproductive rights, access to contraceptives, and gender-affirming care. *(City/County, State, Federal)*
- AFC supports state and federal legislation that would address the public health crisis of gun violence in our communities. Further, AFC also recognizes that the justice system’s response to gun violence has focused far too often on intrusive policing tactics and an overreliance on incarceration. Ultimately, these efforts destabilize neighborhoods and damage police-community relations. AFC recognizes that gun violence is a public health crisis that requires community-informed, life-affirming action immediately. *(State, Federal)*
- AFC continues to monitor implementation of the Keeping Youth Safe and Healthy Act, [Public Act 102-0522](#), that created personal health and safety standards for grades K-5 and updated and expanded comprehensive sexual health education standards in grades 6-12 to give young people the information and tools they need to be safe and support responsible and informed decision making about their health and well-being throughout their lives. These topics include but are not limited to anatomy and physiology, healthy relationships, identity, personal safety, pregnancy and reproduction, puberty, growth and adolescent development, and sexually transmitted infections, including HIV. *(State)*

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- AFC supports advocacy efforts to gain state funding that provides resources to educators and school districts for personal and sexual health education. *(State)*
- AFC supports state legislative efforts that mandate statewide personal health and safety classes for grades K-5 and comprehensive sexual health education classes for grades 6-12. *(State)*
- AFC supports state legislative efforts to decriminalize sex work in Illinois by centering the needs of the most marginalized, including trans women of color and immigrants. *(State)*
- AFC supports state advocacy efforts to ensure that sex workers receive appropriate, systemic support, including legal protections and access to health care and other services without fear of discrimination. *(State)*
- AFC supports proven harm reduction efforts, including the initiation of overdose prevention sites, syringe exchange programs, linkage to HIV, STI, and Hepatitis C Virus (HCV) screening and treatment, and medication-assisted treatment (MAT) for people who use drugs. *(City/County, State, Federal)*
- AFC supports the repeal of federal statute **21 USC 856 of the Controlled Substances Act**, also known as the “crack house statute.” This statute makes it illegal for individuals or organizations to maintain or open any place for the purpose of using any controlled substance—a barrier to the creation of overdose prevention sites. *(Federal)*
- AFC supports the repeal of the federal Fight Online Sex Trafficking Act/Stop Enabling Sex Traffickers Act (FOSTA/SESTA) to decriminalize sex workers, allowing sex workers the dignity of a safe work environment. *(Federal)*
- AFC supports the repeal of the federal **Hyde Amendment** that prohibits the use of any federal funds for abortion, only allowing exceptions to pay for terminating pregnancies that endanger the life of the woman, or that result from rape or incest. *(Federal)*
- AFC supports comprehensive federal immigration reform that creates a pathway to citizenship for the over 12 million undocumented individuals currently living in the United States. *(Federal)*
- AFC supports federal legislation that would direct the U.S. Department of Justice (DOJ), the U.S. Department of Health and Human Services (HHS), and the U.S. Department of Defense (DOD) to initiate a national review of federal (including military) and state laws, policies, regulations, and judicial precedents and decisions regarding criminal and related civil commitment cases involving people living with HIV. *(Federal)*
- AFC urges President Trump to lift the bar on the armed services enlistment and appointment of people living with HIV and to clear the remaining barriers to their full military service. *(Federal)*
- AFC supports federal legislation that would modernize and revitalize the Voting Rights Act of 1965 while strengthening legal protections against discriminatory voting policies and practices. *(Federal)*

POLICY ACTIONS

LGBTQ+ LIBERATION

“Equality means more than passing laws. The struggle is really won in the hearts and minds of the community, where it really counts.”

—Barbara Gittings

The LGBTQ+ community has been disproportionately impacted by the HIV epidemic from the start—and much of the harm caused to people living with HIV is rooted in transphobia, homophobia, stigma, and discrimination. AFC acknowledges the important work queer community members have made throughout the HIV epidemic. AFC is proud to prioritize LGBTQ+ liberation in our policy and advocacy work through the following policy solutions:

POLICY ACTIONS

- AFC supports state legislative efforts to enumerate nondiscrimination protections for lesbian, gay, bisexual, transgender, and queer (LGBTQ+) older adults and older people living with HIV in long-term care facilities. *(State)*
- AFC will continue to monitor implementation of [Illinois Public Act 102-0543](#) that mandated ten Illinois state agencies to collect demographic data on age, sex, disability status, sexual orientation, gender identity, and primary or preferred language. *(State)*
- AFC will monitor implementation of [Illinois Public Act 103-0531](#) that requires LGBTQ cultural competency training and continuing education for all Illinois medical providers. *(State)*
- AFC urges the Illinois Supreme Court to adopt a requirement for LGBTQ+ and HIV cultural competency continuing education for Illinois attorneys and judges, in alignment with Illinois [House Resolution 582](#) and [Illinois Senate Resolution 733](#). *(State)*
- AFC will continue to monitor implementation of [Illinois Public Act 102-0885](#) that established the Illinois Commission on LGBTQ Aging, mandated an appointment of an LGBTQ Older Adult Advocate, and required Department on Aging providers to complete LGTBQ older adult awareness and competency training. *(State)*
- AFC supports federal legislation that would provide consistent and explicit non-discrimination protections for LGBTQ+ people across key areas of life, including employment, housing, credit, education, public spaces and services, federally funded programs, and jury service. *(Federal)*

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- AFC supports federal legislation that would reauthorize the Older Americans Act and include language that designates older adults living with HIV and LGBTQ+ older people as populations of “greatest social need.” *(Federal)*
- AFC supports federal legislation that would require federal agencies to collect and demographic survey data to safely collect and store voluntary data on sexual orientation, gender identity, and variations in sex characteristics (sometimes referred to as intersex traits). *(Federal)*
- AFC will oppose any attempts of the federal government to negatively use sexual orientation and gender identity (SOGI) demographic data to harm LGBTQ+ communities. *(Federal)*
- AFC will oppose any attempts to repeal Section 1557 of the Affordable Care Act which prohibits discrimination on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, gender identity, and sex characteristics), in covered health programs or activities. *(Federal)*
- AFC will oppose any attempts to roll back the protections of Title VII of the Civil Rights Act of 1964 that protects employees against discrimination because of sex, sexual orientation, or gender identity. The U.S. Supreme Court upheld these protections in the landmark [**Bostock v. Clayton County, Georgia**](#) case in June 2020. *(Federal)*

POLICY ACTIONS



MOBILIZING THE HIV/AIDS ADVOCACY COMMUNITY

AIDS Foundation Chicago is honored to center the marginalized communities impacted by the intersectional crises of HIV, systemic racism, housing instability, lack of access to healthcare, the carceral system and other social determinants of health in our policy work and advocacy. Honoring the Denver Principles and the meaningful involvement of people living with HIV/AIDS (MIPA) is always critical to our collective advocacy. We are always mindful that there's "nothing about us without us" and the stories and voices of advocates like you make the difference. AFC will continue to meaningfully engage people living with and vulnerable to HIV, health care and service providers and advocates in our work.

Since the beginning of the epidemic, HIV advocates and our allies have been engaged in local, state, and federal policy and advocacy efforts. The policies outlined in this document will not come to fruition without community support and tremendous public pressure. Understanding the hard work ahead of us, we encourage you to stay engaged in our advocacy work by doing the following:

ENGAGE: Sign up for [AFC's Mobile Action Network](#) to receive text updates on the latest ways you can build support for healthier communities in Illinois and beyond. We'll keep you in the loop on:

- Urgent calls to action at the local, state and national level
- Ways to connect directly with your elected officials
- Upcoming events, trainings and learning opportunities

ADVOCATE: Sign up for [AFC's Mobile Action Center](#) to take action on our legislative priorities to end the syndemics of HIV and homelessness across Illinois.

SHARE YOUR STORY: Centering the stories and voices of impacted communities is a critical piece of the policymaking process. Share your personal lived experience through the [Speak Your Truth campaign](#) to highlight how public policy affect communities impacted by HIV and homelessness.

ENDNOTES

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