

Ending the HIV Epidemic Plan for Cook County 2021-2025

December 28, 2020

Drafted by Rayna N. Brown, EHE Project Coordinator

Evaluation Center, EDIT at Northwestern University
625 N Michigan, Chicago IL 60611



BACKGROUND:

The Chicago Department of Public Health (CDPH) Ending the HIV Epidemic (EHE) Plan and EHE Evaluation Plan was created by the Evaluation Center – an initiative of the Evaluation, Data Integration, and Technical Assistance (EDIT) Program at Northwestern University – with the support, feedback, and leadership of the EHE Working Group. The EHE Working Group includes experts from the four EHE priority populations:

- Black Men who have Sex with Men (MSM)
- Latinx MSM
- Black and Latina Transgender Women
- Black Cisgender Women who have Sex with Men (WSM).

The Evaluation Center began development of the EHE Plan in June 2020 and convened the EHE Working Group in August 2020. Together, we made use of data collected and compiled by the Getting to Zero Illinois (GTZ-IL) Project (via AIDS Foundation Chicago). GTZ-IL is a statewide initiative to end the HIV epidemic in Illinois by 2030. Currently in its implementation phase, this plan will mutually support the EHE Plan for Cook County 2021-2025. GTZ-IL has two central aims:

- Increase by 20 percentage points the number of people living with HIV who are virally suppressed.
- Increase by 20 percentage points the number of people vulnerable to HIV who use pre-exposure prophylaxis (PrEP)

The Evaluation Center solicited feedback from leaders of the local Black Treatment Advocates Network (BTAN) chapter, an affiliate of the Black AIDS Institute and reviewed its *We the People Plan*. The team also solicited feedback from staff from Cook County Department of Public Health (CCDPH) who provided more insight on their work at the county-level. In addition, four virtual community panels were held to gather feedback from community members.

Cook County consists of 134 incorporated municipalities with the largest city being Chicago. There are six local health departments that work in the region: CDPH, CCDPH, Evanston Health and Human Services Department, Illinois Department of Public Health (IDPH), Oak Park Department of Public Health, and Skokie Health Department. Chicago is divided into 77 community areas.

The working time frame used for the EHE Plan and EHE Evaluation Plan is 2021-2025 (Y1-Y5). When necessary, goals were separated between Chicago, Suburban Cook County, and Illinois.

STAKEHOLDER & COMMUNITY ENGAGEMENT

The Evaluation Center project team organized a working group to draft and finalize the EHE Plan for Cook County 2021-2025 (the EHE Working Group). Members included representatives from four community-based organizations (CBOs) who are locally praised for their histories in representation. Each CBO is *by us for us*, led by members of their own communities. They each utilize community advisory boards, focus groups, and community planning sessions to ensure that a wide variety of community voices dictate their goals, values, and endorsements. Each CBO conducts activities across both Chicago and Suburban Cook County:

- **Brave Space Alliance** – Black-led, trans-led LGBTQ Center located on the South Side of Chicago, dedicated to creating and providing affirming, culturally competent, *by us for us* resources, programming, and services for LGBTQ individuals.
- **CALOR** – Social service agency providing holistic planning and coordination of health services to Latinos at risk of or living with HIV/AIDS and/or other disabilities, to empower them to live and work in the community; CALOR conducts mobile and outdoor outreach.
- **People Who Care** – Consultancy and creative studio specializing in cultural productions for non-profits and grassroots initiatives, creating internationally recognized initiatives fueled by compassion, community and care.
- **The Women’s Connection Project** – Initiative supporting innovative, forward-thinking community collaborations that break down isolation and stigma for cis- and transgender women of color living with HIV, with a focus on linking women to networks of care; hosted through AIDS Foundation Chicago

In addition, our team directly engaged community-stakeholders through virtual feedback panels. Together with our working group, we recruited members of the four priority populations identified in the EHE call to action: Black MSM, Latinx MSM, Black and Latinx Transgender Women, and Black Cisgender WSM. These virtual panels operated akin to focus groups and listening sessions. Results of these panels provided direct input on the EHE Plan.

Lastly, to include local planning bodies and other health departments, our team engaged the Chicago chapter of BTAN, a body of HIV/AIDS stakeholders including service providers, community members and leaders, educators, and people living with HIV/AIDS, who mobilize Black communities across the country to confront HIV. BTAN’s steering committee provided direct input on the EHE Plan. We were able to engage with one surveillance staff member from the CCDPH. Other staff were unavailable to engage within our planning timeframe due to shifted COVID-19-related tasks.

Notably absent from our process was the Chicago Area Integrated Services Council (CAHISC), the local integrated planning council which provides guidance on the allocation of funding to providers to deliver HIV prevention, care, and housing services to the Chicago Eligible Metropolitan Area. CAHISC was largely on hiatus due to the COVID-19 pandemic.

EPIDEMIOLOGIC PROFILE

Ongoing 2021-2025

SITUATIONAL ANALYSIS

Ongoing 2021-2025

PILLAR ONE: DIAGNOSE

Goal:

- Increase local diagnosis rate to 90% of people living with HIV (PLWH) in 5 years.¹

Strategies & Activities:

1. **Increase local mobile outreach and telehealth capacity and coordination** – Cook County utilizes diverse service delivery approaches to address both geographical and community needs. Expansion of mobile outreach and telehealth capacities is needed, especially given the current context of COVID-19, and is a viable approach for engaging more isolated communities in regular HIV screening. Successful implementation requires attention to stable and affordable Wi-Fi access for individuals, families, and CBOs throughout Cook County (“data justice”).

Chicago & Suburban Cook County

Y1

- Assess and map current efforts of mobile outreach and telehealth (including data justice) efforts in Chicago and Suburban Cook County.
- Integrate mobile outreach and telehealth efforts into existing healthcare service delivery and institutional plans.
- Synchronize efforts with the Getting to Zero Illinois Project.

Y2-Y5

- Solicit continuous feedback from service providers, CBOs, and federally qualified health centers (FQHCs; specifically from organizations led, run, and utilized by members of the priority populations and other impacted populations) on telehealth /mobile health usage, needs, and innovations.
- Provide funding and additional support for telehealth/mobile health innovations, implementation, technical assistance, and capacity building for CBOs, and FQHCs.
- Partner with data justice efforts (e.g., policy, delivery) for accessible, equitable and affordable internet, Wi-Fi, data, and cell phone access (see Infrastructure section).
- Implement plans, increasing annual reach.

Key Partners:

- Service providers, CBOs, and FQHCs

¹ Aligned with Ending the AIDS Epidemic 90-90-90 goals: “By 2020, 90% of all people living with HIV will know their HIV status.” <https://www.unaids.org/en/resources/909090>

- Health departments, correctional facilities, school-based clinics, sexual health clinics, women’s health services/prenatal services providers, hospitals, faith-based organizations, and policy organizations/advocates

Potential Funding Sources:

- CDC HIV Prevention and Surveillance Programs, Ryan White HIV/AIDS Program (RWHAP), Minority AIDS Initiative, CDPH, CCDPH, IDPH
- Foundations located in and supporting health equity in Cook County

Estimated Funding Allocation:

- TBD by CDPH and CAHISC

Key Outcomes (reported annually, locally monitored more frequently):

- # of persons engaged through mobile outreach
- # of persons engaged through telehealth
- # of persons newly diagnosed with HIV

Monitoring Data Sources:

- CDPH and CCDPH surveillance data
- CDPH-funded HIV service agency data on annual deliverables

Evaluation Activities:

Y1

- Quantify the state of mobile health and telehealth implementation within Chicago and Suburban Cook County
 - Process Evaluation: Health departments review funded agencies and projects to see who is providing mobile health and telehealth services within HIV funding portfolio
- Collect qualitative data on implementation of mobile health and telehealth from 5 agencies currently providing those services and from 5 agencies not providing those services

Y2-Y5

- Conduct a mixed-methods analysis of HIV mobile outreach, telehealth, and equitable Wi-Fi delivery (expanded, new, temporary) through site visits, surveys, and interviews

PILLAR TWO: TREAT

Goal:

- Engage 90% of PLWH in ongoing HIV care and treatment in 5 years.²
- Ensure 90% of PLWH are virally suppressed (undetectable) in 5 years.³

Strategies & Activities:

1. **Build and sustain coordinated, competent, and consistent health services** – The strength and quality of HIV care and treatment services in Cook County varies depending on locality and largely reflects the strength of the local health infrastructure. Overall, observations point to a well-coordinated HIV care system in Chicago – services are consistent and integrated with one another. However, improvements are needed to ensure accessible and culturally competent services among priority populations. These include insurance and financial assistance, services that provide wrap-around or “one-stop care” (including mental health, family health, food assistance, and transportation assistance), rapid services, telehealth, and tailored care for specific populations in all parts of Chicago. Suburban Cook County needs support with stabilizing its HIV and general health infrastructure. Coordination between local clinics, hospitals, and services are described as disjointed, inconsistent, and un-coordinated. Closing this gap is essential.

Chicago

Y1

- Review and edit outreach and education strategies for HIV care and treatment in Chicago to address existing equity, access, and knowledge issues.
- Synchronize efforts with the Getting to Zero Illinois Project.

Y1-Y5

- Solicit feedback from community members, services providers, CBOs, and FQHCs on outreach and education strategies for HIV prevention/care.

Y2-Y5

- Implement, expand, and scale up plans for equitable HIV/health services for prevention, treatment, interventions.
- Provide funding and additional support for innovations, implementation, capacity building, and technical assistance for wraparound/one-stop care services at CBOs, and FQHCs.
- Coordinate the execution of Chicago and Suburban Cook County plans (see Infrastructure section).

² Aligned with Ending the AIDS Epidemic 90-90-90 goals: “By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.” <https://www.unaids.org/en/resources/909090>

³ Aligned with Ending the AIDS Epidemic 90-90-90 goals: “By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.” <https://www.unaids.org/en/resources/909090>

Suburban Cook County

Y1

- Convene strategic collectives of service providers in Suburban Cook County and possibly Chicago-based providers with interest in expanding to Suburban Cook County to discuss and address coordination and access issues. (e.g., *South Suburban HIV/AIDS Regional Clinics* as a good model to replicate in Suburban Cook County).
- Synchronize efforts with the Getting to Zero Illinois Project.

Y1-Y5

- Solicit feedback from services providers, CBOs, FQHCs, and community members on outreach and education strategies for HIV prevention/care.

Y2-Y5

- Implement, expand, and scale up services and service planning group activities across Suburban Cook County per the recommendations of the strategic collectives convened in Y1.
- Provide funding and additional support for innovations, implementation, capacity building, and technical assistance for wraparound/one-stop care services at CBOs, and FQHCs.
- Coordinate the execution of Chicago and Suburban Cook County plans (see Infrastructure section).

2. **Link competent HIV providers to communities and to each other** – There are numerous providers with HIV expertise across the HIV continuum of care in Cook County. However, these providers are concentrated in Chicago, and even within Chicago are concentrated in certain community areas. Sharing/coordinating expertise, locations, best practices (i.e., anti-racism, gender justice, harm reduction, trauma-informed care, telehealth), trainings, and research among service providers throughout Cook County (including remote locations) is needed. All providers should have consistent/competent work ethics for the communities they serve.

Chicago and Suburban Cook County

Y1

- Assess and map HIV providers in Cook County.
- Devise new plan to ensure competent providers are accessible in Cook County (including trainings, co-location of competent providers in Chicago and Suburban Cook County).
- Synchronize efforts with the Getting to Zero Illinois Project.

Y1-Y5

- Solicit feedback from services providers, researchers, CBOs, FQHCs, and community members on outreach and education strategies for HIV prevention/care.

Y2-Y5

- Support and partner with initiatives to expand the public health, medical, mental health, and social services workforce specifically with individuals from priority and other impacted populations.
- Provide funding and opportunities for workforce development and professional development for service providers, CBOs, and FQHCs throughout Cook County.
- Implement plan throughout Cook County, scaling up to include more areas with each year.

Key Partners:

- CDPH, CCDPH, IDPH, FQHCs, HIV and health care providers, CBOs, professional health care associations, universities and academic centers, and research bodies

Potential Funding Source(s):

- RWHP, Minority AIDS Initiative, SAMHSA, HUD/ HOPWA, CDPH, CCDPH, IDPH
- Foundations located in and supporting health equity in Cook County

Estimated Funding Allocation:

- TBD by CDPH and CAHISC

Key Outcomes (reported annually, locally monitored more frequently):

- # of newly diagnosed persons living with HIV linked into care
- # of persons living with HIV re-engaged into care

Monitoring Data Source(s):

- CDPH and CCDPH surveillance data
- CDPH-funded HIV service agency data on annual deliverables

Evaluation Activities:

Y1

- Conduct a qualitative analysis of planning and planning committees (including meeting notes, landscape of communities/regions represented, and final plans for Y2-Y5).

Y2-Y5

- Conduct a mixed-methods analysis of HIV services (expanded, new, temporary) through site visits, surveys, and interviews.

PILLAR THREE: PREVENT

Goal:

- Increase awareness of and access to PrEP by 20% for priority populations in 5 years.⁴

Strategies & Activities:

1. **Provide comprehensive sexual health education** – Comprehensive, inclusive, and sex-positive sexual health education is needed throughout Cook County. This should be provided at all age levels, to all communities, and to all HIV service providers. It should assist with knowledge of HIV/AIDS including transmission, prevention, treatment, and stigma. Diverse delivery modalities should be considered (classroom trainings, interactive, social media, mass media, and campaigns) as should diverse community outreach approaches (i.e., flea markets, farmer markets, schools, churches, clubs, bars, beauty salons, barbershops) to promote engagement with the sexual health education curricula. A central component of sexual health curriculums is disease prevention, with a focus on understanding accessing preventive treatments such as PrEP.

Chicago and Suburban Cook

Y1

- Assess and expand planning for current sexual health education efforts for Cook County residents/consumers and public health professionals led or co-led by CDPH, CCDPH, IDPH, and other public health departments/entities.
- Synchronize efforts with the Getting to Zero Illinois Project.

Y1-Y5

- Solicit feedback from services providers, CBOs, FQHCs, community businesses/institutions, and community members on outreach and education strategies for HIV prevention/care.

Y2-Y5

- Implement plan for sexual health education delivery throughout Chicago and Suburban Cook County utilizing community assets (i.e., schools/universities, CBOs, FQHCs, hospitals).
- Initiate and fund partnerships with traditional and non-traditional partners in Cook County (i.e., community businesses and institutions) for the dissemination of education materials and activities.
- Identify and fund innovative digital and media approaches to sexual health delivery throughout Cook County.

⁴ Aligned with Getting to Zero Illinois Project goals: "Increase by 20 percentage points the number of people vulnerable to HIV who use pre-exposure prophylaxis (PrEP)." <https://gtzillinois.hiv/>

Key Partners:

- CDPH, CCDPH, IDPH, FQHCs, HIV and health care providers, CBOs, professional health care associations, and research bodies
- Radio stations, social media / influencers, school-based clubs, faith-based organizations, and businesses/chambers of commerce frequented by priority populations

Potential Funding Sources:

- RWHAP, Minority AIDS Initiative, SAMHSA, HUD/ HOPWA, Office on Women's Health, Office of Minority Health, CDPH, CCDPH, IDPH
- Foundations located in and supporting health equity in Cook County

Estimated Funding Allocation:

- TBD by CDPH and CAHISC

Key Outcomes (reported annually, locally monitored more frequently):

- # of comprehensive sexual health education trainees
- # of HIV workforce trained to deliver comprehensive sexual health education
- # prescriptions for PrEP

Monitoring Data Source:

- Partner project data, health center EMR data, pharmacy records
- CDPH-funded HIV service agency data on annual deliverables

Evaluation Activities:

Y1

- Conduct a qualitative analysis of planning and planning committees (including meeting notes, landscape of communities/regions represented, and final plans for Y2-Y5).

Y2-Y5

- Conduct a mixed-methods analysis of sexual education plan (expanded, new, temporary) through site visits, surveys, interviews, curriculum.

PILLAR FOUR: RESPOND

Goal:

- Increase capacity of health systems in Chicago and Suburban Cook County to identify and investigate active HIV transmission clusters and respond to HIV outbreaks in 1 year.

Strategies & Activities:

1. **Create a work and communication plan between CDPH, CCDPH, the Evanston Department of Health and Human Services, IDPH, Oak Park Department of Public Health, and Skokie Health Department to support all EHE activities** – Ending the HIV epidemic in Cook County is dependent on different levels of coordinated efforts between all six local departments of health. There is a need for coordinated meetings, plans, schedules, assessments, and executed actions. Coordinated communication also presents an opportunity to share and adapt best practices. It is ideal that other key invested stakeholders of EHE work (e.g., AIDS Foundation Chicago, BTAN Chicago, CAHISC, and the Illinois HIV Integrated Planning Council) be consulted and included throughout the process.

Chicago, Suburban Cook County, & Illinois

Y1

- Identify at least one key staff member from each institution to serve as an EHE representative.
- Schedule regular meetings with EHE representatives from each institution with the goal of creating a collective action plan for subsequent years of work.
- Identify supports and challenges for each department, in personnel, funding, and infrastructure.
- Synchronize efforts with the Getting to Zero Illinois Project.

Y1-Y5

- Solicit feedback from services providers, CBOs, FQHCs, and community members on coordination efforts.

Y2-Y5

- Execute collective action plan and revise/update as needed at regular meetings. Organize multi-level institutional meetings to occur on a regular basis (at least quarterly) to discuss implementation progress and make revisions or updates as described above.
- Identify and implement opportunities for collective and solo funding, expansion in personnel and programming/services support amongst the departments.

2. **Coordinate jurisdictional surveillance and reporting** – HIV/AIDS surveillance and timely reporting is needed in Cook County. While CDPH provides an accessible annual reporting of data, CCDPH's, IDPH's, and other departments' reporting is more variable, and less accessible. Moreover, reporting of data on sex, sexual orientation, gender identity, race, and ethnicity is often highly inconsistent and out of line with current best

practices in public health surveillance. CDPH, CCDPH, IDPH, and other departments should improve coordinated surveillance activities and reporting schedules to provide updated, accessible, and timely data for Cook County, and should take action to update demographic surveillance metrics to better reflect priority populations for the EHE plan. Utilization of written, visual, and animated modes of reporting is ideal. Shared personnel across institutions and/or open communication between like personnel (e.g., epidemiology directors) is encouraged.

Chicago and Suburban Cook County

Y1

- Assess current surveillance and reporting activities across Cook County (CDPH, CCDPH, IDPH, Evanston, Oak Park, and Skokie) and create coordinated plan.
- Synchronize efforts with the Getting to Zero Illinois Project.

Y1-Y5

- Solicit feedback from services providers, CBOs, FQHCs, and community members on surveillance activities.

Y2-Y5

- Implement and reevaluate plan annually.
- Provide annual surveillance report preferably using several delivery modes (written, data visualizations, animation, data dashboards)

Key Partners:

- CDPH, CCDPH, IDPH, FQHCs, HIV and health care providers, CBOs, professional health care associations, and research bodies

Potential Funding Sources:

- CDC HIV Prevention and Surveillance Programs, RWHAP, Minority AIDS Initiative, SAMHSA, HUD/ HOPWA, CDPH, CCDPH, IDPH
- Foundations located in and supporting health equity in Cook County

Estimated Funding Allocation:

- TBD by CDPH and CAHISC

Key Outcomes (reported annually, locally monitored more frequently):

- # of collaborative planning group meetings
- % decrease in department-level responses
- Establishment of protocols for cluster detection and response procedures.

Monitoring Data Source

- CDPH and CCDPH surveillance data
- Collaborative planning group meetings notes

Evaluation Activities:

Y1

- Conduct a qualitative analysis of planning and planning committees (including meeting notes, landscape of communities/regions represented, and final plans for Y2-Y5).

Y2-Y5

- Conduct a mixed-methods analysis of implementation of plan (expanded, new, temporary) through site visits, surveys, and interviews.
- Conduct a mixed-methods analysis of HIV surveillance and reporting activities (expanded, new, temporary) through site visits, surveys, and interviews.

ACROSS ALL PILLARS: INFRASTRUCTURE

Goal:

- Improve capacity of health systems in Chicago and Suburban Cook County to institutionalize partnerships with priority and other HIV-impacted populations.

Strategies & Activities:

1. **Establish community dialogues, conversations, and connections** – Spaces in Cook County which allow open dialogues and conversations for those affected and impacted by HIV are valued and necessary. Chicago provides the bulk of these outlets, though access and opportunity to engage with these spaces varies by communities. Suburban Cook County is lacking such opportunities, leaving priority populations and communities impacted by HIV feeling isolated. Increasing such conversations will lay the groundwork for long-term support/community, HIV knowledge uptake, and the reduction of stigma. Providing these spaces throughout communities and locations (beyond just CBOs and clinics) is encouraged, as well as providing peer and community led spaces.

Chicago & Suburban Cook County

Y1

- Identify community dialogue/conversations support groups/ models, approaches that are currently utilized within Cook County and/or with similar communities.
- Plan for implementation of dialogues/conversations/support throughout Cook County.
- Synchronize efforts with the Getting to Zero Illinois Project.

Y1-Y5

- Solicit feedback from services providers, CBOs, FQHCs, and community members on supportive and transformative dialogue spaces.

Y2-Y5

- Execute plan through Cook County (expanding into new community areas/towns annually).
- Identify and fund open dialogue opportunities and events with traditional and non-traditional partners throughout Cook County.
- Provide training when needed for facilitators (i.e., community members, peer to peer, and staff) of such spaces.

2. **Integrate justice frameworks within EHE work in Cook County** – Ending the HIV Epidemic in Cook County and beyond is also a matter of justice and needs to be approached utilizing justice frameworks. Anti-racism, restorative justice, gender justice, data justice, and reproductive justice practices should be learned and operationalized in EHE work throughout Cook County. Specifically, a deeper involvement in advocacy/policy efforts that address issues affecting priority populations (i.e., access to health insurance, cell phones/Wi-Fi access, criminalization of HIV, housing, and voting mobilization) is needed. Funding structures/processes on the local and state levels are one

locus of inequitable practices. Immediate changes are needed for inclusive and accessible funding for all CBOs, and FQHCs in Cook County. These changes include accepting diverse evidence of work, accelerating processes/and receipt of funds, providing more application assistance, and expanding the application committee to reflect priority populations. There is also a recommendation to look at the best practices of other innovative funding leaders.

Chicago and Suburban Cook County

Y1

- Assess work/processes that utilize justice frameworks in throughout the health departments and partnering CBOs, and FQHCs in Cook County.
- Evaluate and redevelop current and new innovative funding structures and processes.
- Synchronize efforts with the Getting to Zero Illinois Project.

Y1-Y5

- Solicit feedback from community members, services providers, CBOs, and FQHCs on justice focused initiatives and tasks.

Y2-Y5

- Co-create professional development opportunities to aid the knowledge uptake and operationalization of justice frameworks.
- Support and connect to advocacy and policy actions that affect priority populations (i.e., HIV/AIDS decriminalization, ACA coverage, rent control, and equitable access to Wi-Fi/cell phones) on local, state, and federal levels.
- Implement and execute new equitable funding structure/processes.

3. **Collaborate with community partners that support other basic needs** – Addressing basic human needs (housing, food/water, job security, and safety) should be incorporated /coordinated with any HIV treatment and prevention efforts in Cook County. “Competing” basic needs are a well-known barrier to consistent HIV prevention and care engagement, and addressing basic human needs is a core component of justice-oriented HIV planning. Integrating and combining efforts is essential. Strong community partners who address these needs (i.e., local churches, forest preserves, parks, universities, community colleges, social service agencies, CBOs, transportation hubs, and industries) will be powerful assets to this strategy. Suburban Cook County offers unique opportunities for community partner leadership with its high presence of agriculture and less dense communities. Providing partners with adequate training and providing support (financial and resources) when needed is encouraged.

Chicago and Suburban Cook County

Y1

- Assess current and potential community partners. Plan for specific collaborations in services and outreach.

- Synchronize efforts with the Getting to Zero Illinois Project.

Y1-Y5

- Solicit feedback from services providers, CBOs, FQHCs, community business leaders, community institutions, and community members on partnerships and needs.

Y2-Y5

- Implement plan through Cook County (expanding into new communities with each year).
- Co-sponsors events and opportunities through funding and logistical and technical assistance that would address the needs of priority populations.

4. **Establish accountability measures** – The effectiveness of the EHE Plan is dependent on implementation as planned. Accountability and monitoring of the plan is needed. Internal (within CDPH and possibly CCDPH, IDPH, other health departments) and external (community, CBOs, providers, consumers) measures/committees are both required to successfully monitor the success and progression of the plan. Transparent, frequent, and accessible progress reports and forums are highly encouraged.

Chicago and Suburban Cook County

Y1

- Assess current and potential monitoring measures/committee in CDPH (CCDPH, IDPH, Evanston, Oak Park, Skokie) and community.
- Identify monitoring/feedback processes, structures, and plan for recruitment of members/organizations.
- Synchronize efforts with the Getting to Zero Illinois Project.

Y1-Y5

- Solicit feedback from services providers, CBOs, FQHCs, and community members on outreach and education strategies for HIV prevention/care.

Y2-Y5

- Recruitment of members and implementation of monitoring.
- Provide annual update and feedback outlet for stakeholders and the general public.

Key Partners:

- Local community members, community business/institutions, faith-based organizations, CBOs, PLWH, health departments, social service agencies, and public health professionals

Potential Funding Sources:

- CDC HIV Prevention and Surveillance Programs, RWHAP, Minority AIDS Initiative, SAMHSA, HUD/ HOPWA, CDPH, CCDPH, IDPH
- Foundations located in and supporting health equity in Cook County

Estimated Funding Allocation:

- TBD by CDPH and CAHISC

Key Outcomes (reported annually, locally monitored more frequently):

- # of community dialogues, conversations, and connections
- # of service sessions delivering basic needs support to clients

Monitoring Data Source

- CDPH and CCDPH surveillance data
- Community dialogues, conversations, and connections notes

Evaluation Activities:

Y1

- Conduct a qualitative analysis of planning and planning committees (including meeting notes, landscape of communities/regions represented, and final plans for Y2-Y5).

Y2-Y5

- Conduct a mixed-methods analysis of initiation of plan(s) (expanded, new, temporary) through site visits, surveys, interviews, and attendance documents.
- Conduct a mixed-methods analysis of justice frameworks' trainings, application, and other efforts (expanded, new, temporary) through site visits, surveys, training documents, and interviews.
- Conduct a mixed-methods analysis of collaborations with community partners (expanded, new, temporary) through site visits, surveys, and interviews.
- Conduct a mixed-methods analysis of work of accountability measure/committees (expanded, new, temporary) through site visits, surveys, and interviews.

ACKNOWLEDGEMENTS

Working Group Members and Organizations:

- AIDS Foundation Chicago – Cynthia Tucker, Sara Semelka, Kennedy Brookins
- Brave Space Alliance – LaSaia Wade, Stephanie Skora
- CALOR – Alfredo Flores
- People Who Care – Elijah McKinnon

Evaluation Center Team Members:

- Rayna N Brown, Erik Elías Glenn, Esrea Perez-Bill, Megan M Ruprecht, Dylan Felt, Alexandra Chang, Kai Korpak, George J Greene, Gregory Phillips II

Additional Partners:

- AIDS Foundation Chicago – Meg McElroy
- BTAN, Chicago Chapter – Coleman Goode, Erica Gafford
- Cook County Department of Public Health – Joe Filicette
- Metaphrasis (translation services) – Elizabeth Colon, Rosemary Wooley, Yesenia Grande
- Multilingual Connections (transcription services) – Hatice Irmaki, Kara Davis, Valerie Velho