

San Bernardino County

Ending the HIV Epidemic Summary

Centers for Disease Control and Prevention PS19-1906



Introduction

The *Ending the HIV Epidemic (EtHE)* plan describes San Bernardino County's bold and innovative plan for ending the HIV epidemic in the County. These efforts will be led by The San Bernardino County Department of Public Health (SBCDPH) in collaboration with community and clinical partners to build a strong foundation of HIV services in the County. This new plan will not supplant activities that are currently underway or plans that have been previously implemented. Instead, it uses current trends in HIV to guide the expansion and amplification of existing efforts. San Bernardino's EtHE plan identifies seven innovative strategies across the four pillars of The Federal Ending the HIV Epidemic Initiative: *Diagnose, Treat, Prevent, and Respond*. Four of the interventions are additions funded by CDC PS20-2010. To be successful, these efforts will require close partnership with stakeholders and extensive input from the communities most affected by HIV.

San Bernardino's EtHE plan was developed with extensive community and partner engagement and endorsed by the Inland Empire HIV Planning Council (IEHPC), San Bernardino County's local HIV community planning body. With the new federal EtHE funding, San Bernardino County expects to make significant progress over the next five years towards ending the HIV epidemic in the County.

Current State of HIV in San Bernardino County

San Bernardino County has seen a 21 percent rise in new HIV diagnoses in recent years, from 224 newly diagnosed residents in 2016 to 278 in 2018. When compared to the State of California, San Bernardino County has a very different epidemiologic profile, with a higher proportion of HIV cases among people of color, cisgender women (especially cisgender women of color), heterosexuals, and people who inject drugs.

In 2018, among those newly diagnosed with HIV, 65.5 percent were linked to care within 30 days and 50 percent were virally suppressed within 6 months of diagnosis. Latinx persons represent the majority of new diagnoses; every 3 of 5 new HIV diagnoses are among Latinx people. However, while the majority of new diagnoses are among Latinx people, Blacks/African Americans (B/AA) are the most disproportionately impacted race/ethnicity compared with their population size.

Several factors contribute to San Bernardino County's unique HIV profile. There are many remote areas in the County, particularly the West Valley and Desert Regions, without access to nearby medical services. Poverty, homelessness, drug use, and mental illness are fueling the epidemic. Finally, despite the robust County infrastructure for HIV prevention, care, and treatment, significant populations are being missed, undoubtedly contributing to high rates of undiagnosed HIV, increasing new diagnoses, and low rates of viral suppression compared with California overall. See **Exhibit 1** on the top of page 2.

Exhibit 1: Key Features of San Bernardino County's HIV Epidemic (2018)**4,568**
of people living with diagnosed HIV**278**
of new HIV diagnoses**65.5**
% linked to care \leq 30 days**50**
% virally suppressed \leq 6 months**Community Engagement**

The county's *EtHE* plan was developed with the help of community and partner engagement and endorsed by the IEHPC. In 2019, the IEHPC hosted three Consumer Caucuses in the three distinct regions of Riverside and San Bernardino counties. Though the COVID-19 response impacted the county's ability to conduct face-to-face activities in 2020, SBCDPH adapted to virtual engagement methods, including Zoom-based discussions, online surveys, and virtual focus groups. The community was asked to provide feedback on their experiences and current gaps and assets. Consumers also provided input on program design, implementation, and quality.

Selected Findings

Community engagement efforts conducted during the *EtHE* planning year revealed that HIV-related stigma, homophobia, housing shortages, methamphetamine use, and several other factors are also impacting people living with HIV (PLWH) and people at risk for HIV. **Exhibit 2** below displays cross-cutting themes that came up consistently throughout community engagement activities. These findings provide insight to structural barriers and provide a foundation for the development of effective strategies and interventions.

Exhibit 2: Key Considerations for Ending the HIV Epidemic in San Bernardino County, From Community Engagement Processes**Social Determinants of Health**, such as socioeconomic inequality, access to health insurance, and discrimination, impact access to HIV-related services.**Mental Health Services** are critically needed, yet lacking, especially among people who are unhoused, and PLWH.**Secure Housing** is in short supply and many people who are unhoused are also experiencing mental health issues, substance use, and stigma.**Substance Use** services and harm reduction services are urgently needed, especially given local rates of opioid and methamphetamine use.

New Voices

Based on HIV surveillance data and the experience of key stakeholders (e.g., SBCDPH, the Planning Council, service providers) and an assessment of who is disproportionately affected and not currently participating in planning processes, SBCDPH identified the following priority populations as **critical voices** that need to be included in the formation and implementation of the *EtHE* plan:

- **B/AA and Latinx men who have sex with men (MSM), especially those under the age of 24**, are disproportionately represented among new HIV diagnoses; especially those under the age of 24;
- **Substance users**, particularly MSM who inject drugs, are at increased risk for HIV infection and transmission and they are underserved by current programs;
- **Trans women**, especially trans women of color, are highly impacted by the HIV epidemic; however, data are sparse;
- **B/AA women** are disproportionately impacted by HIV in San Bernardino County compared B/AA women in the Inland Empire TGA;
- **People experiencing homelessness**, especially those who have a primary mental health diagnosis. Homelessness and mental health are key factors driving health disparities and remain significant barriers to HIV prevention and care; and
- **PrEP eligible individuals**, including other at-risk and substantial-risk individuals with a past or recent STI diagnosis, and/or individuals who have one or more sex or needle sharing partners who are living with HIV or of unknown HIV status.

San Bernardino's Plan to End the HIV Epidemic

San Bernardino County has challenges and gaps that will need to be addressed to reach EtHE goals. **Exhibit 3** on page 4 depicts high-level steps that San Bernardino County will need to take to end the HIV epidemic. A full situational analysis, as well as specific activities that correspond to each strategy, can be found in the *EtHE* plan.

One theme that emerged frequently throughout community engagement events was that the HIV/HCV/STI workforce does not adequately represent the communities most affected by HIV. The success of the *EtHE* plan hinges on a highly skilled workforce that reflects the populations served. Community experience needs to be just as valued as educational experience. Making community hiring a priority demonstrates to communities with lived experience that they are highly valued and needed, helping to break down systemic racism and discrimination. Supporting those hired under this empowerment model is critical, and a mentor or peer staff member will ensure the new employees have someone to guide them through office culture, politics and processes. More details on San Bernardino's plans for workforce development are included in the *EtHE* plan.

All interventions are funded through CDC 20-2010 unless otherwise specified.

Summary References

California Department of Public Health. *San Bernardino County Epi Profile: Final 2018 Data*. California 2020.

California Department of Public Health. *Ending the HIV Epidemic: California Consortium for CDC PS19-1906*. California 2020.

Exhibit 3: Activities and Descriptions



	DIAGNOSE	TREAT	PREVENT	RESPOND
<p>1 The Rapid Response Team (RRT), which includes deployment of a Mobile Unit, will support linkage to care, prevention efforts, and follow-up for PLWH who have fallen out of care with a focus on people who are unhoused and those living in remote areas of the County.</p>				
<p>2 The Rapid StART Initiative will link newly diagnosed PLWH to HIV primary care and deliver Antiretroviral Therapy (ART) within 72 hours of their diagnosis. Priority populations for this initiative are B/AA, youth ages 13-24, cisgender women, trans persons, and people who inject drugs. Rapid StART will also be provided as part of the RRT mobile services.</p>				
<p>3 The expansion of HIV prevention services for people who inject drugs (PWID) will foster partnerships with trusted local harm reduction organizations to provide information about HIV harm reduction, naloxone, and other services to housed and unhoused PWID—an underreached group disproportionately impacted by HIV.</p>				
<p>4 Home-based HIV testing mailed to clients. The State will provide the test kits and SBCDPH will provide linkage to care and prevention/PrEP referrals.</p>				
<p>5 The California Regional Quality Group (CARG) will support the EtHE initiative by focusing on quality improvement initiatives for increasing viral suppression rates among MSM of color. <i>Funded by HRSA</i></p>				
<p>6 A new CHIPTS EtHE CFAR project will support regional data coordination and sharing to guide scale-up of large implementation science projects designed to reduce new HIV infections across Southern California. <i>Funded by CFAR</i></p>				
<p>7 A second CHIPTS EtHE CFAR project to compare the efficacy of two different interventions aimed at increasing provider skills and capacity to prescribe PrEP: provider detailing/education versus physician-peer comparison (application pending). <i>Funded by CFAR</i></p>				