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HIV  
PLANNING  
COUNCIL

351 N. Mt. View Ave • San Bernardino, CA 92415-0100  
(909) 693-0750  
Website: [www.iehpc.org](http://www.iehpc.org)

Riverside/San Bernardino California Transitional Grant Area

Maxwell Ohikhuare, MD  
Interim County Health Officer Co-Chair

Gregory French  
Community Co-Chair

# Planning Committee

Thursday, February 14, 2013  
9:30am-11:30am

Meeting Location

Human Social Services  
150 S. Lena Rd.  
San Bernardino, CA 92415  
909-693-0750

Teleconferencing Location

Desert AIDS Project  
1695 N. Sunrise Way  
Palm Springs, CA 92262  
(760) 323-2118

*These facilities are in full compliance with the Americans with Disabilities Act of 1992.*

## Agenda

9:30am	<b>1. Call to Order</b>	
	<ul style="list-style-type: none"> <li>▪ Roll Call*</li> <li>▪ Introductions</li> </ul>	N. Batista
	<b>2. Public Comments<sup>1</sup></b>	Members of the Public
	<b>3. Members Privilege</b>	PC Members
	<b>4. Approval of Agenda<sup>2</sup></b>	N. Batista
	<b>5. Approval of Minutes<sup>2</sup></b>	
	5.1 Minutes of January 17, 2013	N. Batista
	<b>6. Old Business<sup>2</sup></b>	
	6.1 Comprehensive HIV service plan, continue to review/discuss each strategy of Goal #1 (A-1)	Committee Members
	6.2 SB County Prevention Report (A-2)	
	6.3 EIS Update	
	6.4 Healthy people 2020: Progress Tracker (A-3)	
	<b>7. New Business<sup>2</sup></b>	
	7.1 Identify/discuss Prevention Reports from non-county agencies	

<b>8. Public Comments<sup>1</sup></b>	Members of the Public
<b>9. Members Privilege</b>	PC Members
<b>10. Review of Action Items</b>	PC Staff
<b>11. Agenda Setting for Next Meeting</b> March 14, 2013	PC Members/ N. Batista
<b>12. Roll Call*</b>	PC Staff
<b>11:30am 13. Adjournment</b>	N. Batista

<sup>1</sup> Public Comments: Any member of the public may address this meeting on items of interest that relate to the Ryan White CARE Act by completing a speaker slip to indicate their interest in addressing the Planning Council. A three-minute limitation will normally apply to each member of the public who wishes to comment, unless waived by the Chair.

<sup>2</sup> The agenda item may consist of a discussion and a vote. Public comments can be made prior to each Planning Council vote.

\* Members must be present at both roll calls to receive credit for meeting attendance.

\*\* Attachment was not available at time of printing, but will be available at the meeting.

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	<p>individuals to have immediate access to the TGAs continuum of prevention and care.</p> <p>11. IEHPC and RWP will collaborate and coordinate with HIV testing programs to expand targeted HIV testing at non-healthcare settings to reach at-risk <b>unaware</b> individuals in accordance with CDC guidelines.</p>
<b>Objective</b>	<b>Strategies/Plans/Activities</b>
<p><b>Objective 1c</b></p> <p>By 2016, link <u>100%</u> of PLWHA who are <b>newly diagnosed</b> to medical care.</p>	<ol style="list-style-type: none"> <li>1. RWP will ensure full coordination and integration with all HIV testing programs at non-healthcare settings in order for <b>newly diagnosed</b> HIV individuals to have immediate access to the TGA’s continuum of prevention and care.</li> <li>2. IEHPC and RWP will identify best practices to link <b>newly diagnosed</b> to medical care.</li> <li>3. RWP will coordinate with RW and non-RW outreach, MAI, and EIS service providers to identify and link <b>unaware</b> and <b>newly diagnosed</b> HIV individuals to medical care.</li> <li>4. IEHPC will identify populations experiencing barriers and gaps in care and identify mechanisms and resources to address these <b>gaps in access to care</b>.</li> <li>5. IEHPC will allocate resources at annual PSRA Summit to <b>address gaps</b> and barriers that impede access to care and support linkages to care for <b>newly diagnosed HIV</b> individuals.</li> <li>6. RWP will facilitate coordination with the Riverside County Health Care LIHP and the San Bernardino County ArrowCare to ensure the engagement, stabilization and retention of health for <b>newly diagnosed</b> PLWHA that are eligible for LIHP.</li> </ol>
<b>Objectives</b>	<b>Strategies/Plans/Activities</b>
<p><b>Objective 1d</b></p> <p>By 2016, reduce community viral load in TGA by <u>5%</u>.</p>	<ol style="list-style-type: none"> <li>1. RWP will collaborate with HIV service providers in the TGA to enhance ARV therapy adherence among clients in order to contribute to improved health outcomes.</li> <li>2. RWP will explore and share available options with HIV service providers regarding training on best practices on how to optimize ARV adherence for RW clients.</li> <li>3. IEHPC and RWP will collaborate with prevention providers to create a TGA-wide educational campaign to educate <b>unaware, newly diagnosed</b>, and those who are aware of their HIV status but are not in care (<b>unmet need</b>) on why early engagement in medical care is important.</li> <li>4. RWP will encourage integration prevention with positives programs and Partner Services throughout the RW HIV service continuum.</li> <li>5. IEHPC and RWP will monitor community level viral load among RW clients.</li> <li>6. RWP will facilitate coordination with the Riverside County Health Care LIHP and the San Bernardino County ArrowCare to ensure the engagement, stabilization and retention of health for PLWHA that are enrolled in LIHP.</li> </ol>

**San Bernardino County Department of Public Health**  
**HIV Prevention Programs**  
(December 2012)

	HIV Tests	# of HIV+	HIV Group Workshops	Clinics – PWP Sessions **	Fairs/Community Events ****	Outreach (HIV Neg.) ****	MAI Outreach/Bridge (HIV Pos.)	Partner Services ***	Alcohol Drug Substance Treatment Activity
<b>Month Total</b>	57	0*	5	81			13		81
<b>Year to Date (CY 2012)</b>	1,172	7*	77	448	9	124	240	13	1,440

\* Includes preliminary positive results

\*\* Clinic based education (Prevention with Positives) provided by HIV Prevention Team beginning 02/2012

\*\*\* Partner Services tracking will be done differently in FY 2012-13. Year to Date figures represent 01/12 – 06/12.

\*\*\*\* Changes to State determined HIV prevention priorities for fiscal year 2012-13 (beginning July 1, 2012) eliminated most street-based outreach to HIV negatives and also eliminated participation in community fairs/events. Year to date figures represent January – June 2012.

**Additional Comments:**

Continued collaboration with the California Department of Corrections and Rehabilitation: Ongoing educational workshop series and on site Rapid HIV testing are provided at the Day Reporting Center in San Bernardino. Clients continue to be interested in testing and in taking the education classes.

Court ordered HIV education classes are offered on the first Wednesday of each month, from 3:30 – 4:30 pm at 351 N. Mountain View Avenue (2<sup>nd</sup> floor conference room located in front of elevators), San Bernardino, CA 92415. Participants can register for the class by calling 909-387-6600. Participants must bring their court ordered documentation with them to class. Certificates of completion are provided at the close of the presentation.

Alternative Test Sites -- Anonymous/confidential rapid HIV testing offered at strategic community locations – hepatitis C screening for eligible persons (MSM/IDU) is also available.

- Beginning November 7, 2012 the west valley testing site will change to 9478 Etiwanda Avenue, Rancho Cucamonga (West Valley Day Reporting Center parking lot). Testing at this site will be offered on the 1st and 3rd Wednesday of the month from 1-4p
- Testing at 220 North 2<sup>nd</sup> Avenue, Barstow (Desert Manna Shelter parking lot) will be offered on the 2nd Thursday of the month from 10:00 am-12:00pm
- Testing at 1329 North H Street, San Bernardino (H Street Clinic) will be offered on the 2nd and 4th Wednesday of the month from 1-4p
- In October, 19 persons were tested at ATS sites. Positivity rate at ATS sites is 2.9% (calculated for fiscal year; fiscal year starts July 1).

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## ► Healthy People 2020 : Progress Tracker

Healthy People provides a framework for prevention for communities in the U.S. Healthy People 2020 is a comprehensive set of key disease prevention and health promotion objectives. The health objectives and targets allow communities to assess their health status and build an agenda for community health improvement.





### Tracker for County: San Bernardino

[View the Legend](#)



Indicator	Current and Target	Data	Since Prior Period	Status
<b>Access to Health Services</b>				
<a href="#">Adults with Health Insurance</a>	Current: 71.7 percent Target: 100.0 percent	71.7 100.0 Current Target		TARGET NOT MET
<a href="#">Children with Health Insurance</a>	Current: 92.5 percent Target: 100.0 percent	92.5 100.0 Current Target		TARGET NOT MET
<a href="#">Disabled Persons with Health Insurance</a>	Current: 76.2 percent Target: 100 percent	76.2 100 Current Target		TARGET NOT MET
<a href="#">People with a Usual Source of Health Care</a>	Current: 86.1 percent Target: 95 percent	86.1 95 Current Target		TARGET NOT MET
<b>Arthritis, Osteoporosis, and Chronic Back Conditions</b>				
<a href="#">Hospitalization Rate due to Hip Fractures Among Females 65+</a>	Current: 797.2 hospitalizations/100,000 females 65+ years Target: 741.2 hospitalizations/100,000 females 65+ years	797.2 741.2 Current Target		TARGET NOT MET
<a href="#">Hospitalization Rate due to Hip Fractures Among Males 65+</a>	Current: 415.9 hospitalizations/100,000 males 65+ years Target: 418.4 hospitalizations/100,000 males 65+ years	415.9 418.4 Current Target		TARGET MET
<b>Cancer</b>				
<a href="#">Age-Adjusted Death Rate due to Breast Cancer</a>	Current: 22.8 deaths/100,000 females Target: 20.6 deaths/100,000 females	22.8 20.6 Current Target		TARGET NOT MET
<a href="#">Age-Adjusted Death Rate due to Cancer</a>	Current: 160.0 deaths/100,000 population Target: 160.6 deaths/100,000 population	160.0 160.6 Current Target		TARGET MET
<a href="#">Age-Adjusted Death Rate due to Colorectal Cancer</a>	Current: 16.0 deaths/100,000 population Target: 14.5 deaths/100,000 population	16.0 14.5 Current Target		TARGET NOT MET
<a href="#">Age-Adjusted Death Rate due to Lung Cancer</a>	Current: 38.6 deaths/100,000 population Target: 45.5 deaths/100,000 population	38.6 45.5 Current Target		TARGET MET
<a href="#">Age-Adjusted Death Rate due to Prostate Cancer</a>	Current: 24.2 deaths/100,000 males Target: 21.2 deaths/100,000 males	24.2 21.2 Current Target		TARGET NOT MET
<a href="#">Colorectal Cancer Incidence Rate</a>	Current: 47.3 cases/100,000 population Target: 38.6 cases/100,000 population	47.3 38.6 Current Target		TARGET NOT MET
<b>Environmental Health</b>				

Workers Commuting by Public Transportation **Current:** 1.9 percent **Target:** 5.5 percent






**Heart Disease and Stroke**

Age-Adjusted Death Rate due to Coronary Heart Disease **Current:** 159.0 deaths/100,000 population **Target:** 100.8 deaths/100,000 population






High Blood Pressure Prevalence **Current:** 26.1 percent **Target:** 26.9 percent






**Immunization and Infectious Diseases**

Adults 65+ with Influenza Vaccination **Current:** 59.2 percent **Target:** 90.0 percent






Tuberculosis Incidence Rate **Current:** 2.8 cases/100,000 population **Target:** 1.0 cases/100,000 population






**Injury and Violence Prevention**

Age-Adjusted Death Rate due to Motor Vehicle Collisions **Current:** 10.1 deaths/100,000 population **Target:** 12.4 deaths/100,000 population






Pedestrian Death Rate **Current:** 2.0 deaths/100,000 population **Target:** 1.3 deaths/100,000 population






**Maternal, Infant and Child Health**



Babies with Low Birth Weight **Current:** 7.1 percent **Target:** 7.8 percent



Babies with Very Low Birth Weight **Current:** 1.3 percent **Target:** 1.4 percent



Infant Mortality Rate **Current:** 5.7 deaths/1,000 live births **Target:** 6.0 deaths/1,000 live births

Mothers who Received Early Prenatal Care **Current:** 81.7 percent **Target:** 77.9 percent






Preterm Births **Current:** 11.2 percent **Target:** 11.4 percent



**Mental Health and Mental Disorders**

Age-Adjusted Death Rate due to Suicide **Current:** 10.7 deaths/100,000 population **Target:** 10.2 deaths/100,000 population



**Nutrition and Weight Status**

Adults who are Obese **Current:** 30.4 percent **Target:** 30.6 percent



**Substance Abuse**

Age-Adjusted Death Rate due to Drug Use **Current:** 10.4 deaths/100,000 population **Target:** 11.3 deaths/100,000 population

**Tobacco Use**

Adults who Smoke **Current:** 15.0 percent **Target:** 12.0 percent



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# Planning Committee

Thursday, January 17, 2013  
9:30am-11:30am

**Meeting Location**

BHRC  
850 E. Foothill Blvd.  
Rialto, CA 92376

*These facilities are in full compliance with the Americans with Disabilities Act of 1992.*

## Minutes

**Members:** N. Bastista-Wyatt, B. Contreras, T. Evans, P. Hagan, L. White, D. Wahl, D. Huntsman  
**Guests:** B. Flippin, J. Valez, S. White, W. Edwards, R. Johnson  
**Staff:** A. Fox, M. Hoze

**9:32am**      **1. Call to Order**

- Roll Call\* N. Batista
- Introductions

**2. Public Comments<sup>1</sup>** Members of the Public  
There were no public comments

**3. Members Privilege**

- N. Batista-Wyatt wished everyone a Happy New Year. Also advised of good articles in Positively Aware Magazine, FAP has job openings available on craigslist
- P. Hagan announced he attended Boys n Girls club & wellness center grand opening in Desert Hot Springs PC Members
- B. Orr announced DAP is involved with the Medical Monitoring Project through the Office of AIDS, this year the representative is local and is willing to share outcomes and ways to get involved with the committee

**4. Approval of Agenda<sup>2</sup>** N. Batista  
Motion to approve the January 17, 2013 agenda  
**Motion/Second** P. Hagan, D. Wahl  
**Motion Carried.**



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## 5. Approval of Minutes<sup>2</sup>

5.1 Minutes of November 8, 2012

Motion to approve minutes

N. Batista

**Motion/Second:** P. Hagan, B. Contreras

**Motion Carried.**

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## 6. Old Business<sup>2</sup>

- PC Staff verified that committee is reviewing the correct version of the comprehensive plan.
- Committee reviewed Goal #1, Objective 1a. Beginning with number one (1) the committee recognizes that prevention reports and prevention summaries are current ways of collaboration however gaps have been identified and more collaboration is needed to fill those gaps.
- Number two (2) RWP working with Provado who is currently working on an EIS project they will develop a report that should help with strategies for EIS services.
- Number three (3) Consumers represented on PC, suggested task agencies and/or providers to get feedback, should also use Empowerment Committee as a tool to outreach
- Number four (4) committee discussed that standards of care need to be adhered to, linking up newly diagnosed with peers and strong need for case management.
- Number five (5) to ensure integration of prevention programs need to get better at marketing our products.
- The question was asked if we could get percentages turned into actual numbers from RW staff

Committee Members

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## 7. New Business<sup>2</sup>

- J. Valez from Riverside County Public Health gave a brief overview of EIS and National HIV strategy handouts that demonstrated the flow of EIS services in Riverside County. She explained assessment and enrollments forms and linkages to care log.
  - W. Edwards discussed in detail his strategies for reaching chronically falling out of care consumers.
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## 8. Public Comments<sup>1</sup>

There were no public comments

Members of the Public

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## 9. Members Privilege

P. Hagan thanked Riverside County for their presentations during the

PC Members

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## 10. Review of Action Items

1. Will send dates to Brande to coordinate Rep from Office of AIDS
2. Look into applications in Spanish
3. Notify RWP to determine baseline for objective 1A
4. Look into Healthy people 20/20 report

PC Staff

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## 11. Agenda Setting for Next Meeting

February 14, 2013

PC Members/ N. Batista

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## 12. Roll Call\*

PC Staff

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## 11:35am 13. Adjournment

N. Batista

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