

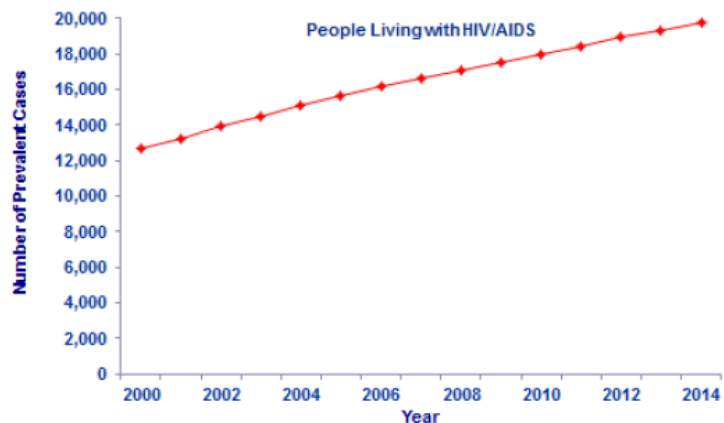


HIV in Worcester and Lawrence

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UMass MS2s

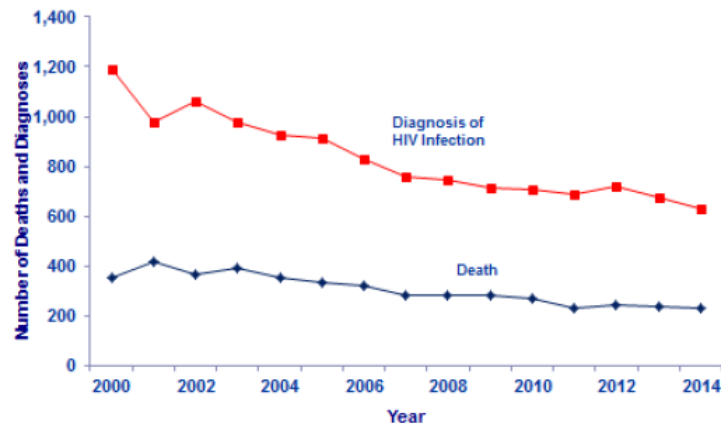
Massachusetts HIV/AIDS Demographics

Figure 2. Trends in the Number of People Living with HIV/AIDS: Massachusetts, 2000–2014



Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 3/1/16

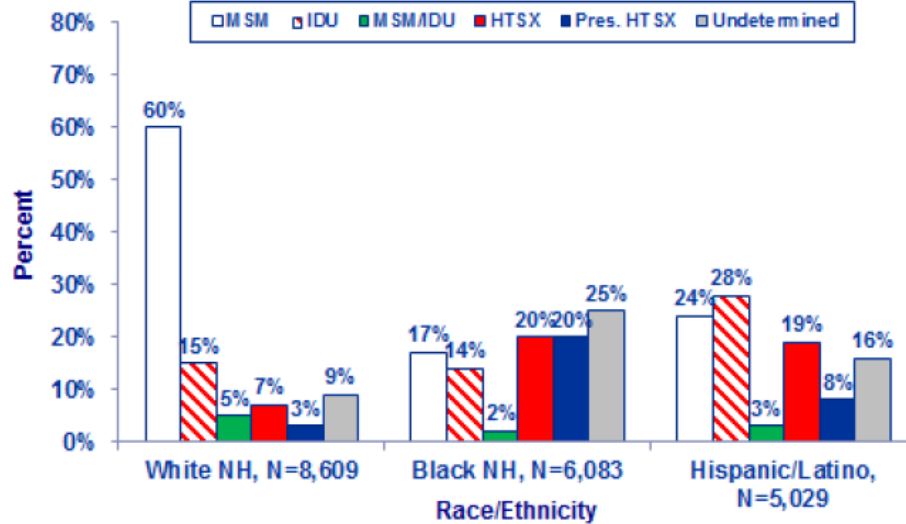
Figure 3. Trends in the Number of HIV Infection¹ Diagnoses and Deaths among People Reported with HIV/AIDS: Massachusetts, 2000–2014



¹ Reflects year of diagnosis for HIV Infection among all individuals reported with HIV Infection, with or without an AIDS diagnosis. Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 3/1/16

Risk factors informing barriers to care

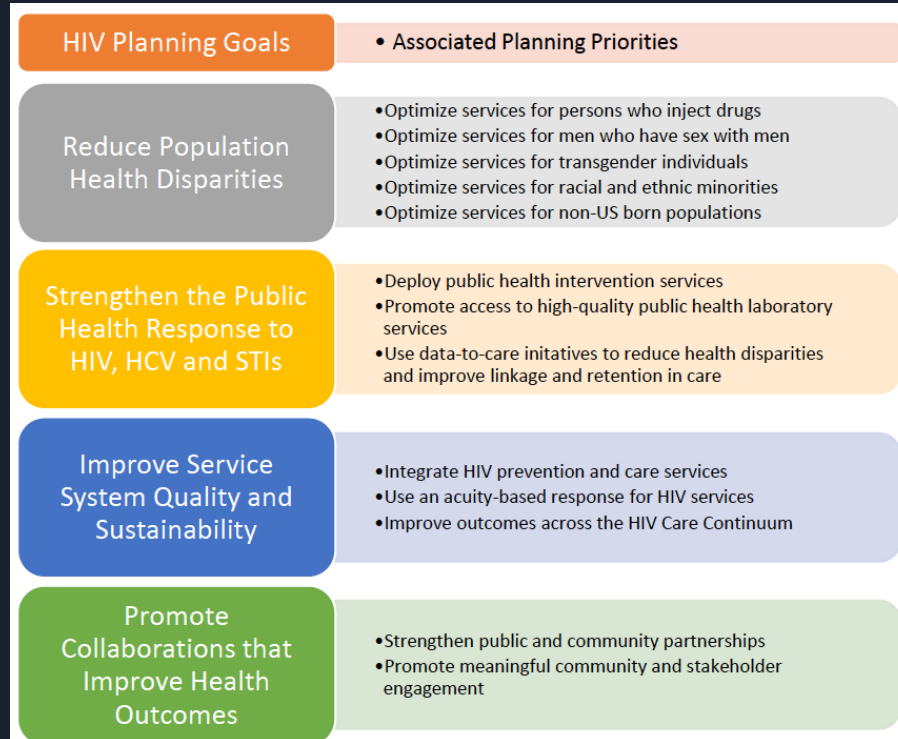
Figure 8. Percentage Distribution of People Living with HIV/AIDS on December 31, 2015 by Reported Risk and Race/Ethnicity: Massachusetts



NH= Non-Hispanic, Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 3/1/16



Massachusetts Integrated HIV/AIDS Prevention and Care Plan





UMass ID Clinic

Patient population: majority >50 years old, professionals, white men who have sex with men (MSM); perinatally infected pediatric cases (transitioning out)

A difficult-to-reach population: individuals who have just been diagnosed; those who are in denial

Case management resources most used: ARCH program (for out of care); housing

What they could use: open a Hector Reyes house for women, provide life skills, increasing beds for opioid users



UMass ID Clinic - Patient Perspective

Patient Background: 70-year-old, Puerto Rican, male patient with + HIV status presented to clinic for a six-month f/u appointment

Relevant Hx: diagnosed in Puerto Rico in 1992; he revealed his status to select family members, including a cousin and uncle; moved to the US in 1995; history of abdominal trauma from a gunshot

Treatment Regimen: ~2 year history of Genvoya (2 NRTIs/1 II) use; described occasional GI symptoms

Key Discussion Points: Interconnectedness of HIV and addiction; 'retributory' aspect of HIV in certain social settings

Edward M Kennedy Health Center



Patient population: >50% Latinx. African immigrants. Mostly women.

A difficult-to-reach population: IVDU; loss to follow-up

Case management resources most used: housing and insurance enrollment, transportation

What they could use: Improved transportation resources and staffing for home visits. Piloting new case management documenting system for RW funding.



EMK: Patient Perspective

Patient Background: 34-year-old, Ghanaian pregnant female patient with + HIV status presented for a prenatal post-dx follow up.

Relevant Hx: diagnosed at EMK in 9/2018 at prenatal care appointment; husband lives in Ghana and was notified by the patient.

Treatment Regimen: Discussed starting on dolutegravir and Truvada

Key Discussion Points: Maternal support system available to patient, reducing risk of transmission to fetus, starting medications, discussing diagnosis with partner.



FHC Lawrence

Patient population: 76% Latinx; Large immigrant, undocumented population; Perinatally infected adults; Most <40 years old

A difficult-to-reach population: Homeless; PWID

Case management resources most used: Community outreach; Substance abuse treatment; Housing; Insurance

What they could use: Behavioral health; Targeted resources; Cooperation and cohesion of community groups



FHC Lawrence: Establishing a Link Between HIV and Fentanyl

- **Between 2015 and 2018 there were 129 new HIV cases linked to drug use in Lawrence and Lowell; there is approximately one new HIV case each month at the GLFHC**
- **Prior to the outbreak HIV had been declining among all at-risk groups in MA; Nationally, only 9% of all HIV diagnoses in 2016 were linked to injection drug use**
- **MA has one of the highest synthetic opioid-related death rates in the nation**
- **Local production of fentanyl in Lawrence has made it five times cheaper there than in the surrounding 30 miles**
- **Homelessness has nearly doubled between 2005 and 2017**

FHC Lawrence: Establishing a Link Between HIV and Fentanyl



Family Health Center of Worcester





Family Health Center of Worcester


Patient population: largely Latinx (~35%), African immigrants (Central Africans, refugees)

to a lesser degree Caucasians, Brazilians, Southeast Asians, Vietnamese, Albanians, and Iraqi and Syrian refugees

A difficult-to-reach population: perinatally-infected patients who are aging out (mid-20s); women 30-40s with young children, ~half of IDU patients

Case management resources most used: insurance, transportation

What they could use: case management for field work, resources for hotspotters



Family Health Center of Worcester-Patient Perspective

Patient Background: 30-year-old, Jamaican, male patient with + HIV status presented to clinic for a three-month f/u appointment

Relevant Hx: diagnosed in Jamaica in 2004; status was revealed to friends/family by his cousin; moved to the US in 2009; recently granted asylum

Treatment Regimen: Recently began taking Genvoya (2 NRTIs/1 II); denied any associated AEs

Key Discussion Points: Psychosocial aspects of an HIV diagnosis; normalization of the disease

AIDS Project Worcester





AIDS Project Worcester

Patient population: >50% Latinx; majority men

A difficult-to-reach population: Men who have sex with men (MSM) of color (bar outreach, online/social media connection); IDU at risk of acquisition (PrEP)

Case management resources most used: syringe service program (1,600 currently enrolled), first and last month for renting apartment; nutrition program

What they could use: expand food bank to everyone; staff for outreach to sex workers (male & female)



Thank you!

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