

# HABLEMOS DEL VIRUS: HIV IN LAWRENCE

Aurian GarciaGonzalez, James Savage, Julia Siegel, Molly Storer, Emily Suther  
Donna Rivera, MSW – Team Leader

## Population of Interest

- In Lawrence, 74% of the community is Hispanic, which is considerably higher than 9.6% in MA<sup>1</sup>
- 75% of the population is Spanish-speaking; 22% of the population is English-speaking<sup>2</sup>
- 70% of the adult patient population at the Greater Lawrence Family Health Center are unemployed
- The majority of Latinos in Lawrence are Dominican (22%) or Puerto Rican (22%) <sup>1</sup>; however the majority of Latinos in the United States are Mexican (63%) <sup>1</sup>
- The Greater Lawrence Family Health Center treats 50,000 of the 70,000 Lawrence residents<sup>2</sup>
- There is significant influx of transient IV drug users, which contributes to the HIV epidemic in Lawrence



## Interprofessional Network at GLFHC:

## Project Goals

1. To elucidate the cause of increased HIV prevalence
2. To become educated on Latino culture in Lawrence
3. To find associations between the Latino population and HIV transmission
4. To assess possible factors contributing to lateness to care in the Latino HIV+ population

## Project Progress

1. Discussions with consumers and providers have offered an increased knowledge of Latino culture
2. We learned that IV drug use is greatly contributing to HIV transmission in Lawrence, as well as cultural views toward the virus and how it is transmitted
3. Lateness to care is often due to lack of education as well as personal behaviors and feelings towards accepting the diagnosis

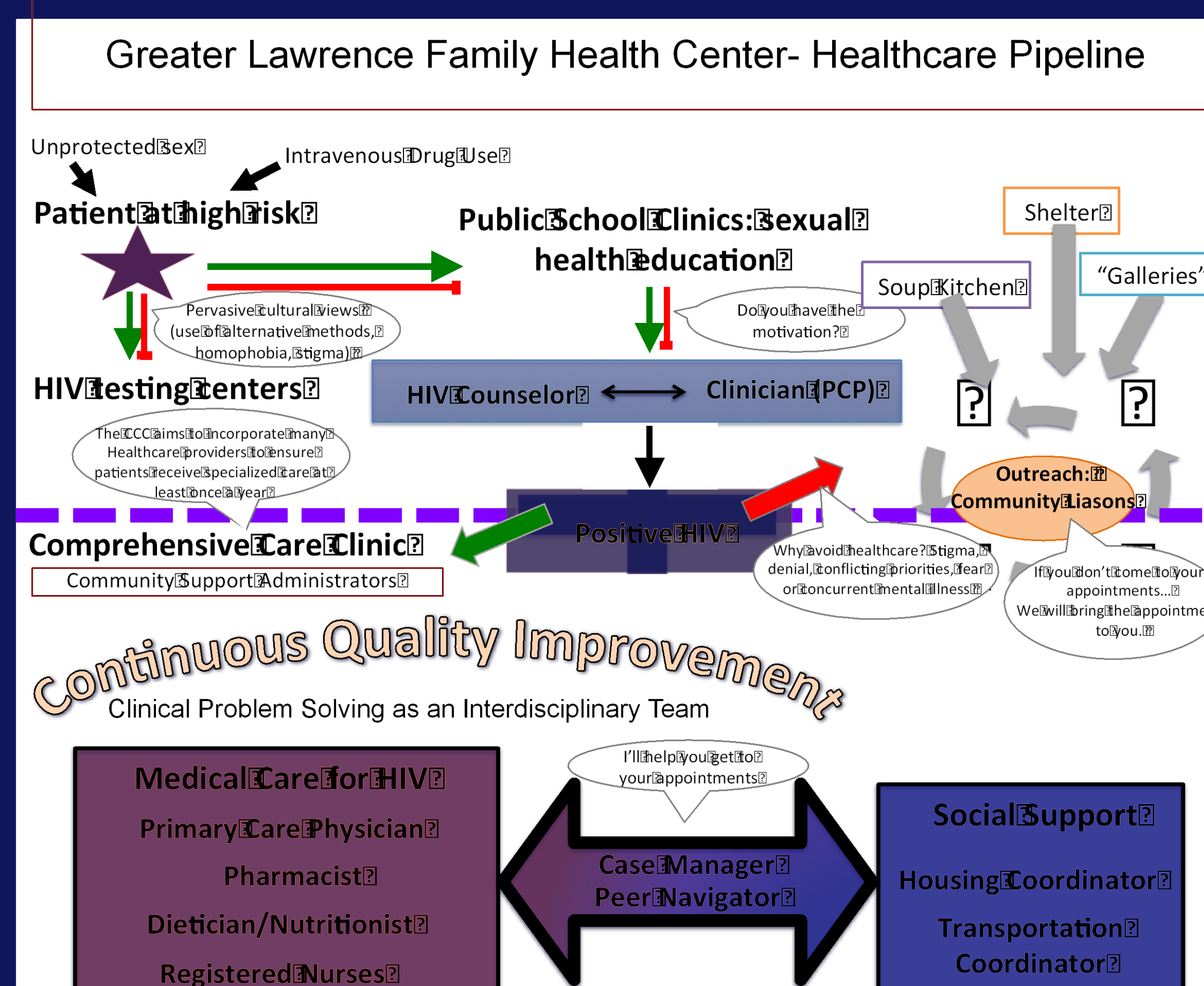
## Our Project: Lateness to Care

Lateness to care is a significant problem, where concurrent diagnoses (being diagnosed with HIV and AIDS within a two-month period) is very common. Factors contributing to lateness to care include: addiction, stigma, denial, not prioritizing health, avoidance of healthcare until symptoms are severe, language barriers, and immigration/status concerns.

## Patient Spotlight



Susana is a 40-year-old woman who was diagnosed with HIV when she was 26. She contracted the disease from her partner who was an IV drug user who withheld his HIV status from her. Susana was told to get tested by his ex-girlfriend who informed her of his status. Her first HIV test was negative, but then she experienced a brief illness and decided to get retested, and found out she was positive. Ultimately, Susana became a peer navigator and now works to help other patients cope with and manage their illness.



The schematic above represents the typical course of action for many HIV patients in Lawrence, from pre-transmission to chronic care.

References and Acknowledgements are included in the Addendum

## Discussion: Lessons Learned

1. There are many social determinants that act as barriers to healthcare, especially among the most vulnerable patients
2. Access to HIV care is very efficient in MA, but only if patients are willing to access care
3. Numerous resources exist to help mitigate the many factors that play into HIV care; however, education and outreach play pivotal roles in reducing transmission and getting patients to care earlier

## Discussion: Recommendations

1. Needle exchange reform – to improve and simplify access to clean needles
2. Data collection improvement – to look at QI indicators
3. MSM Peer Navigator – to support MSMs in the community who feel isolated
4. Research about mental illness in the HIV population
5. Encourage cultural competency – to make providers aware of the cultural differences among and between their patients