

## INTRODUCTION

Lawrence, Massachusetts is home to a population with a unique demographic. What began as an industrial era city populated by Irish and Italians has evolved into a community dominated by immigrants from both Puerto Rico and the Dominican Republic. According to the most recent census, over 70% of the population identifies as latino, but those who work in the community report that in reality it may be upwards of 90%. Unlike most of Massachusetts, walking down the street the common spoken language is Spanish and most signs are written in both languages. With this unique demographic come unique issues, one of which is the prevalence of HIV/AIDS, which is much higher in Lawrence than in the rest of the state on average. Also unique to Lawrence is that between 18-31% of HIV exposures are due to IV-drug abuse, much higher than the rest of the state.

Our goals for our two weeks in Lawrence were:

1. To interact with and better understand the community of Lawrence.
2. To get exposure to the MANY services provided by GLFHC and AHEC.
3. To work with and learn from individuals living with HIV/AIDS.
4. To participate in outreach and support group events in the community.

By using GLFHC and AHEC as a model for complete patient-centered care we were able to garner a better understanding of the many services that go far beyond doctors visits, needed by these patients in order to live happy, healthy lives.

## Home Visits

Many patients with HIV who are seen at the GLFHC have the option to have a case manager visit them in their homes. Some patients who are home-bound have weekly visits where services are tailored to the needs of the client. These visits, which are separate from those of the visiting medical staff, provide an opportunity to support clients with their individual needs, from health care to social support. For example, patients with diabetes are able to enroll in nutrition programs which provide healthy prepared meals that are delivered by a case manager. Clients are evaluated on a six month basis, which includes goal setting, discussion of current medication, and a review of recent laboratory work. Case managers work to closely monitor and anticipate the needs of their clients, from supplying coats in the winter to enrolling them in health insurance plans. One problem with case managers that UMass students noticed was the high turnover rate of staff members. Many patients built relationships with staff members and welcomed them into their homes only to have a new case manager a few months later. The staff members also felt this was a challenge, as they found it difficult to establish trust with patients who had recently been appointed a new case manager.

## Street Outreach

In an effort to reach all those in Lawrence who need healthcare, the GLFHC provides street outreach to bring medical supplies and information to persons without housing. These outreach workers collaborate closely with each other and the community to address the specific needs of the population they help. With knowledge of areas where displaced persons seek shelter, they are able to provide naloxone and needle bleaching kits to a population of people that might not receive care under other circumstances. Street outreach provides a point of contact with the community that helps build trust and eventually long term relationships with between the GLFHC and clients in need.



## School Clinics

The GLFHC operates a school based health clinic inside the Greater Lawrence Technical High School. GLTS is a vocational high school with an enrollment of approximately 1,200 students from four communities: Lawrence, Andover, Methuen, and North Andover. The clinic is attached to the school nurse's office but is run separately and provides different services. The clinic offers primary care, mental health care, reproductive health care and nutritional counseling to the students at the high school. Students may choose to continue receiving care at the clinic until age 24. The UMass students spent one morning at the clinic observing the role of the healthcare provider and meeting with the clinical site manager. As the site manager noted, in addition to providing healthcare, another main goal of the clinic is to educate students about being a healthcare consumer. The GLTS students using the clinic appreciate the convenience and independence it grants them as young adults. Without the clinic, many would not receive appropriate care.

## Naloxone Training/ Methadone Clinic

Due to the drastic increase in the number of overdoses from opiate use over the past 10 years, the Massachusetts Department of Health has created a number of programs, one of which is the **Overdose Education and Naloxone Distribution Program**. The GLFHC is one of several locations involved in the distribution of Naloxone, which acts as a temporary antidote to opiate overdose. We had the privilege to attend one of these training and distribution sessions at a local methadone clinic. It was surprising to discover how many of the group members had seen an overdose or experienced one themselves, and that one had been rescued by Naloxone in the past. The session began with training on how to recognize an overdose, countered some misconceptions about how to stop an overdose (ice, cold water, injecting salt, etc.), and ended with a tutorial on how to use the product. By far the most difficult part to convey was the importance of calling 9-1-1, as naloxone only lasts 15-30 minutes and then the patient can overdose again. By the end of the session, every member of the group had registered for the Narcan program and left with two doses. Opposition thinks that these programs are enabling addicts, but in reality they are saving lives. Being a part of the group sessions at the clinic gave faces to the labels we use every day, such as "addict" and "IVDU." Addiction is only a piece of who they are, and in these sessions we were able to see the whole person, rather than simply their vices.



## Interprofessionalism

Two afternoons were spent learning about the Greater Lawrence Family Health Center's (GLFHC's) Comprehensive Care Clinic (CCC). The CCC is composed of an interdisciplinary team whose aim is to address the needs of patients who have HIV/AIDS. Patients with HIV/AIDS in the GLFHC attend the CCC at least once a year. The CCC team does not serve as the patients' primary care provider (PCP); these appointments offer support to PCPs and ensure that patients adequately have their HIV/AIDS health needs met. The team includes a doctor or physician assistant, nurse care coordinators, case managers, residents, a nutritionist, a clinical pharmacist, the director of community support services, and a peer navigator.

UMass students observed team meetings and watched several team members in different roles interact with patients. The students gained an appreciation for how patient health is improved by thorough communication across disciplines, and learned that both patient and provider satisfaction has improved since the CCC started at GLFHC.

## Patient Impressions of Care

The GLFHC offers a monthly support group for HIV patients which facilitates the discussion of topics from stigma to health care laws. Through participating in a round table discussion at the support group, UMass students were able to identify key strengths and weakness of the care of patients with HIV in the clinic. Patients found the use of a peer navigator, a person who is also HIV positive and trained to provide counseling, was one of the best parts of the program. In addition, many patients noted that they had not disclosed their HIV status to members of their family or close friends, so the support group was a place where they felt safe and supported. However, patients reported many misconceptions about HIV, such as the transmission and progression of the disease, were rampant in their community. They felt that there was a disparity in the community between the support of other chronic diseases, like cancer, and HIV. Many patients expressed a wish for discussions of HIV to be more prominent in both their communities and the media.

## Conclusions and Key points

- Home visits are more effective in situations where case managers and patients already have a trusting relationship.
- Street outreach and Naloxone training are crucial to the prevention of overdoses in the Lawrence community.
- The school clinic increases access to vital services for teenagers who might not have otherwise sought care.
- Patients with HIV benefit from treatment by an inter-professional team and participation in support groups.
- More work is needed to decrease HIV stigma in the Lawrence community.



## References

"Lawrence, Massachusetts Population Census: 2010 and 2000 Interactive Map Demographics, Statistics, Quick Facts." *Lawrence, MA Population*. Census Viewer, n.d. Web. 29 Oct. 2015.

USA. Health and Human Services. Massachusetts. *Regional HIV/AIDS Epidemiologic Profile of Lawrence, Massachusetts: 2013*. Massachusetts Department of Health and Human Services, n.d., Web. 29 Oct. 2015.

## Acknowledgements

**Greater Lawrence Family Health Center- Donna Rivera, Ana Ortiz Area Health Education Center**

Courtney Birchall: Courtney.Birchall@umassmed.edu  
Kristofer Earles: Kristofer.Earles@umassmed.edu  
Emily Enos: Emily.Enos@umassmed.edu  
Emily Erkkinen: Emily.Erkkinen@umassmed.edu  
Jessica Kelly: Jessica.Kelly@umassmed.edu