Massachusetts HIV/AIDS Demographics

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

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

- White NH, N=8,609: MSM 15%, IDU 5%, MSM+DU 7%, HTX 3%, Pres. HTX 9%
- Black NH, N=6,083: MSM 17%, IDU 24%, MSM+DU 20%, HTX 25%
- Hispanic/Latino, N=5,029: MSM 24%, IDU 28%, MSM+DU 19%, HTX 16%
Massachusetts Integrated HIV/AIDS Prevention and Care Plan

**HIV Planning Goals**

- **Reduce Population Health Disparities**
  - Optimize services for persons who inject drugs
  - Optimize services for men who have sex with men
  - Optimize services for transgender individuals
  - Optimize services for racial and ethnic minorities
  - Optimize services for non-US born populations

- **Strengthen the Public Health Response to HIV, HCV and STIs**
  - Deploy public health intervention services
  - Promote access to high-quality public health laboratory services
  - Use data-to-care initiatives to reduce health disparities and improve linkage and retention in care

- **Improve Service System Quality and Sustainability**
  - Integrate HIV prevention and care services
  - Use an acuity-based response for HIV services
  - Improve outcomes across the HIV Care Continuum

- **Promote Collaborations that Improve Health Outcomes**
  - Strengthen public and community partnerships
  - Promote meaningful community and stakeholder engagement
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.
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 hotspots
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!

Dr. Phil Bolduc & Family Health Center of Worcester
   Dr. Onabanjo, Ben Alfred NP
   Linda, Miriam, and Joyce

Dr. Michael Argenyi

Dr. Chris Bositis & Greater Lawrence Family Health Center
   Amy Bositis, Sandra, Anil, Erv

Drs. Jose Rivera, Zachary Bay & Edward M Kennedy Community Health Center

Dr. Gail Scully & UMass Infectious Disease
   Sandy Carlson