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Community Health Centers and Translational Clinical Research: The Fenway Health Experience

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Harvard Medical School

UMCCTS Community Engagement and Research Symposium
November 7th, 2014
FENWAY HEALTH

- Independent 501(c)(3) FQHC
- Founded in 1971 in Boston, Massachusetts.
- Mission: To enhance the wellbeing of the LGBT community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy.
FENWAY HEALTH: HISTORY

1971: Founded by volunteers who believed that access to health is a right. Staffed by medical students dedicated to serving the diverse Fenway neighborhood in Boston — a neighborhood that includes many seniors, gays, low-income residents, and students.


1984: HIV testing program initiated.
FENWAY HEALTH: SERVICES PROVIDED

• Primary health care
• Specialty care (HIV/AIDS, obstetrics, gynecology, podiatry, dermatology and nutritional counseling)
• Behavioral health and addiction services
• Family dental care
• Family eye care
• Full-service pharmacy
• Complementary therapies (chiropractic, massage, and acupuncture)
• HIV counseling & testing
• Health promotion and community outreach
• Violence prevention and recovery
• Family and parenting services, inc. alternative insemination
PATIENT PROFILE - FY2014

- 134,000 Patient visits
- 24,400 Total patients
- 2,000 Patients living with HIV
- 1,200 Transgender patients
- 3,800 Behavioral Health visits
- 620 staff
UNDUPLICATED PATIENT TRENDS 2006-2013

Number of Patients

Calendar Year

- 2006: 10,244
- 2007: 10,387
- 2008: 10,976
- 2009: 13,153
- 2010: 15,218
- 2011: 19,199
- 2012: 20,337
- 2013: 22,806
**FENWAY LOCATIONS**

- 4 locations throughout Boston
- 2013 – Partnered with AIDS Action Committee

**The Ansin Building**, a 10-story, 100,000 square foot health care and research facility. It is the largest building ever constructed by an organization with a specific mission to serve the LGBT community.

**Fenway: South End**, a private practice setting for medical and behavioral health care, women’s health, and pharmacy services conveniently located for those who live and work in Boston’s South End and Back Bay neighborhoods.

**Fenway: Sixteen**, housed in Fenway’s historic 16 Haviland space, offers programs and services geared towards enhancing the health and well-being of gay and bisexual men and transgender people.

**The Sidney Borum, Jr. Health Center**, quality health care for young people ages 12 to 29—many of whom are LGBT, HIV-positive, living on the streets, using drugs or alcohol, engaging in sex work or gang involved—who may not feel comfortable going anywhere else.
Fenway Health and The Fenway Institute

- Community Health Center, founded 1971
- Research began in 1983 AIDS-focused
- Over 50 active protocols currently; ~100 staff
- 1st local site to study HIV vaccines
- Involved in 4 NIH prevention trials networks
- 1st Population Center grant from NICHD dedicated to LGBT health (Bradford)
- HRSA: Training primary providers about LGBT health (Makadon)
- Electronic health record since 1997
- Policy and dissemination (Cahill)
Mission of The Fenway Institute

• Interdisciplinary center of excellence
• Local, national and international impact.
• Focus on health promotion, disease prevention
• Addresses the needs of diverse lesbian, gay bisexual, and transgender (LGBT) communities, people living with HIV/AIDS and others
• Approaches: Research and evaluation, professional development, community education, and health policy advocacy.
The Faculty (2014) ... and growing
CLINICAL TRIALS

- Long-term epidemiological research since 1983
- HIV Vaccine Trials Network
- HIV Prevention Trials Network
- Adolescent Trials Network
- Microbicide Trials Network
- Conducted iPrex Trial in 2010
NIAID NETWORK PREVENTION STUDIES

- HPTN
  - 061-Black MSM
  - 063: International + Prevention
  - 069-Maraviroc for PrEP
- MTN
  - 007: Rectal Tenofovir-safety 017-expansion
  - 013: Vaginal Ring containing DPV or MVC
- HVTN
  - Several early phase and efficacy trials
Adolescent Trials Network

- Studies for HIV-infected and at risk youth
- Studies of HPV vaccine in HIV+ young MSM
- Studies of oral HPV
- PrEP plus behavioral interventions for at risk MSM (ATN 110)
- CBPR: “Connect-to-Protect” community coalition focused on decreasing risk, with recent addition of an FTE to test and link youth to care
EDUCATION AND TRAINING

• NIH Population Research Center on LGBT Health
• National LGBT Health Education Center
• LGBT Aging Project
Data Management Center

- Data support and reporting for TFI and clinical programs
- Site for three multi-site database projects designed to improve the lives of people living with HIV (C-NICS, NA-ACCORD, and HIVRN)
- Managing public data sets to assist with LGBT health research
- Training other community health centers to use EHRs for research (CHARN)
Syphilis, Gonorrhea, & Chlamydia Trends in MSM
Fenway Health, Boston, 2002-2012

First 4 months of 2013:
46 patients positive for Syphilis; 63 positive for Gonorrhea, 116 positive for Chlamydia
<table>
<thead>
<tr>
<th></th>
<th>Fenway Participants</th>
<th>Study-wide Participants</th>
<th>Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-NICS(NIH)</td>
<td>2,903</td>
<td>&gt;30,000</td>
<td>9</td>
</tr>
<tr>
<td>CFAR Network of Integrated Clinical Systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NA-ACCORD (NIH)</td>
<td>2,392</td>
<td>&gt;117,000</td>
<td>25</td>
</tr>
<tr>
<td>North American AIDS Cohort Collaboration on Research Design</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIVRN (AHRQ)</td>
<td>2,922</td>
<td>&gt;22,000</td>
<td>17</td>
</tr>
<tr>
<td>HIV Research Network</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHARN (HRSA)</td>
<td>41,884</td>
<td>&gt;600,000</td>
<td>4 Nodes</td>
</tr>
<tr>
<td>Community Health Center Applied Research Network</td>
<td></td>
<td></td>
<td>17 CHC’s</td>
</tr>
</tbody>
</table>
New Technologies may provide tools for more efficient risk screening

Electronic Patient Reported Outcomes, CNICS     H. Crane
Data Projects

- CNICS: 30,000 pts in 9 CFAR sites
  Data, repository, PROs
- Fenway foci: Substance use (Mimiaga)
  Body Dysmorphia (Blashill)
  HCV (Taylor/Linas)

- NA ACCORD: larger, less detail
- HIVRN: more focus on HSR
Community Health Applied Research Network

- Outgrowth of new thinking in ACA: EHRs used in CHCs may be the best place to understand the uptake of evidence-based clinical practice
- Partners are: Chase-Brexton in Maryland and Beaufort-Jasper-Hampton in South Carolina, and U. of Washington (Kitahata and Crane)
- Daunting, given other nodes not HIV-focused
- Plus: Patient-Reported Outcomes project through supplement from OBSSR
External academic collaborations

- Deborah Anderson (BU): HIV in semen, HPV immunology
- Lisa Cavacini (BIDMC): antibodies and immunity
- Bruce Walker, Marcus Altfeld, Todd Allen (MGH): acute HIV, host immune defenses
  Fenway 500 including home testing
- Chris Kahler (Brown): Alcohol and HIV prevention
- Lynn Taylor (Brown), Ben Linas (BU): HCV
- Ian McGowan (Pitt) and Alex Carballo-Dieguez: rectal microbicides in high risk youth
Global Fenway

- Training health providers in Malawi, South Africa, Nigeria, Peru
- Advising the Kenyan Ministry of Health on MSM care and research issues
- Research in South Africa, Vietnam, Peru
- India collaborations for > 15 years
HIV Prevention: Increasing Choices

Decrease Source of HIV Infection
- Barrier protection
- Blood screening
- Harm reduction
- ART
  - Maternal-to-child transmission
  - Decrease partner’s viral load
  - Treatment of acute HIV infection

Decrease Host Susceptibility to HIV Infection
- Barrier protection
- Circumcision
- Vaccines
- Immunoprophylaxis
- ART
  - Oral
  - Topical (Gel, Film, Ring)
  - Injectable

Alter Behavior: Exposure, Adherence
- Condom promotion
- Individual-level interventions
- Couples interventions
- Community-based interventions
- Structural interventions
Fenway Health and Antiretrovirals

1981: First diagnoses of AIDS
1984: MDPH 1st grant to study HIV spread
1985: CDC funding to study gay couples
1991: Studies of HIV in semen
1994: First HIV vaccine trial in New England
1995: Behavioral health research
2002: Tenofovir gel safety study
2008: CDC PrEP Safety study
2010: iPrEx shows that PrEP works
2012: Rectal gel and vaginal ring studies
PreP works, if used regularly, but why didn’t all studies succeed?

- Adherence
- Engaged in study, but not interested in PrEP
- Medical Mistrust
- Pharmacology
- Genital inflammation (STI, sexual violence?)

Trials of oral and topical tenofovir-based PrEP show that these strategies reduce risk of HIV infection if they are used correctly and consistently. Higher adherence is directly linked to greater levels of protection.

Source: Salim S. Abdool Karim, CAPRISA

(Auerbach, Marrazzo, VanDamme, Van der Straten, Stadler, Tolley, Hendrix, Abdool Karim, Saethre, Corneli)
Project PrEPare (NIMH-Funded Study)

- Modeled after “Life-Steps,” (Safren et al)
- ART adherence intervention
- Modular intervention: 4 weekly visits and 2 booster sessions (nurse-delivered).
- Intervention content:
  - Adherence problem-solving
  - Brief motivational interviewing
  - Identification of barriers and solutions
  - Sexual risk-reduction strategies
- Optional modules:
  - Mental health and substance use concerns

- Adherence to PrEP was measured daily electronically
- Sexual risk taking was assessed by text messages (Lester, 2010)
HIV among MSM: A *Syndemic* Theory (Stall et al)

- Mental Health
- Internalized Homophobia
- Childhood Sexual Abuse
- Substance/Alcohol Abuse
- Tobacco Use
- STIs
- Hate Crimes/Homophobia
- Intimate Partner Violence

HIV and STD
Resilience in the Face of Stress?  
Majority of MSM are not infected or at increased risk

<table>
<thead>
<tr>
<th>No. of Psychosocial Health Problems</th>
<th>0 (n = 1,392)</th>
<th>1 (n = 812)</th>
<th>2 (n = 341)</th>
<th>3 or 4 (n = 129)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent high risk sex</td>
<td>7%</td>
<td>11%</td>
<td>16%</td>
<td>23%</td>
</tr>
<tr>
<td>HIV prevalence</td>
<td>13%</td>
<td>21%</td>
<td>27%</td>
<td>22%</td>
</tr>
</tbody>
</table>

All associations have p’s < 0.001.  
All p values are two-tailed.  
From Stall et al., 2003
“MSM” is an epidemiological term

One size does not fit all

MSM Cosmology in Mumbai

“MSM Cosmology in Mumbai”

Developed by: THE HUMSAFAR TRUST
Mumbai - INDIA
Supporting MSM Resilience

(Safren, Thomas, et al)

- Stigmatized group
- Hidden population
- Pressure to marry/have children
- Psychosocial stressors
  - Victimization
  - Harassment
  - Fear of rejection from friends and family
  - Discrimination
  - Depression/Suicidality

Need to supplant social isolation with support programs and skills building
A Long History of Bias in Healthcare

• **Survey of California physicians (1982 and 1999):**
  – 1982: 39% were sometimes or often uncomfortable providing care to gay patients (Mathews et al., 1986)
  – 1999: 18.7% were sometimes or often uncomfortable providing care to gay patients (Smith and Mathews, 2007)

• **National survey 2007 of general public:**
  – 30.4% would change providers upon finding out their provider was gay/lesbian (Lee et al., 2008)
  – 35% would change practices if found out that gay/lesbian providers worked there

• **2005/6 surveys of medical students** (AAMC reporter, 2007)
  – 15% aware of the mistreatment of LGBT students
  – 17% of LGBT students reported hostile environments
Culturally Competent Care

• MSM have often received suboptimal care and have been reticent to disclose to providers because of fears of stigmatization
• Many health care providers are unaware of the diversity of MSM and their different health conditions
• Ironically, health care providers may be uniquely able to assist MSM in their coming out process because of their social role
• Culturally-competent care is a basic human right, and is essential for optimal clinical management

(Gonser, J Cult Divers, 2000; Meyer, AJPH, 2001; Mayer, AJPH, 2008; Bettancourt, Cultural Competence in Health Care, 2002)
HIV Screening of MSM by Health Care Providers

- Online survey in 2009 of 4620 HIV- MSM recruited from social networking site
- 76% previously tested for HIV
- Only 30% reported being offered HIV testing by provider in previous year
- Only 44% disclosed their sexuality to provider—those who disclosed more likely to be offered HIV testing
- Providers need more training to elicit sexual histories from sexual and gender minority pts

Wall et al. *JIAPAC*, Sept/Oct 2010

www.lgbthealtheducation.org
www.thefenwayinstitute.org
Educational Resources for Providers and Consumers

WHAT IS PrEP?

INTRODUCING THE “PrEP PACKAGE” FOR ENHANCED HIV PREVENTION: A Practical Guide for Clinicians
October 2012

THE FENWAY INSTITUTE

PROTECTING YOURSELF FROM HIV THROUGH PRE-EXPOSURE PROPHYLAXIS (PrEP): What You Need to Know
October 2012

THE FENWAY INSTITUTE
Purview paradox: contradictory beliefs about which providers will prescribe PrEP
(Krakower, AIDS and Behavior, 2014)

HIV providers:
Primary care providers are in the best position to prescribe PrEP

Primary care providers:
It would not be feasible to prescribe PrEP
The Future

- Expand research capacity
- Focus on understudied populations and health disparities
- Develop new collaborations and partners
- Disseminate findings to inform clinical practice and influence policy
- Disseminate new model of community-based research and develop training programs for the next generation of community-based researchers
Thank You

The Fenway Institute Staff

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