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

Kenneth Mayer

Fenway Health, Beth Israel Deaconess Medical Center, Harvard Medical School

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



Kenneth Mayer, MD

Fenway Health

Beth Israel Deaconess Medical Center

Harvard Medical School

UMCCTS Community Engagement and Research Symposium
November 7th , 2014

FENWAY HEALTH

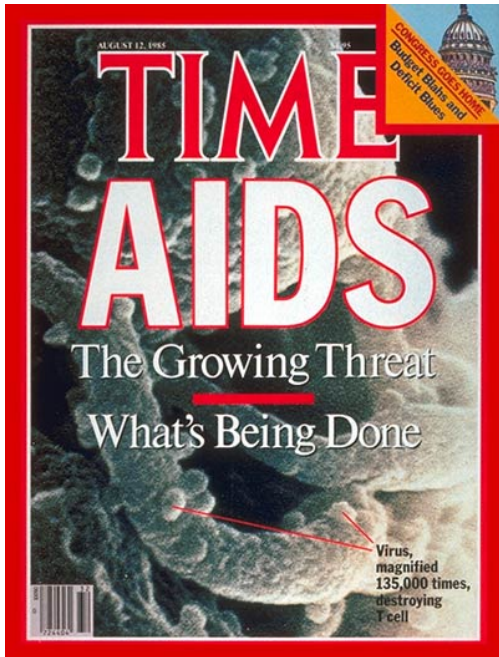
- ❑ Independent 501(c)(3) FQHC
- ❑ Founded in 1971 in Boston, Massachusetts.
- ❑ Mission: To enhance the wellbeing of the LGBT community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy



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.



1973: Three separate collectives take root at Fenway Community Health Center: Women's Collective, Gay Men's Collective, Elders' Collective.

1981: First official diagnosis of AIDS in New England.

1984: HIV testing program initiated.

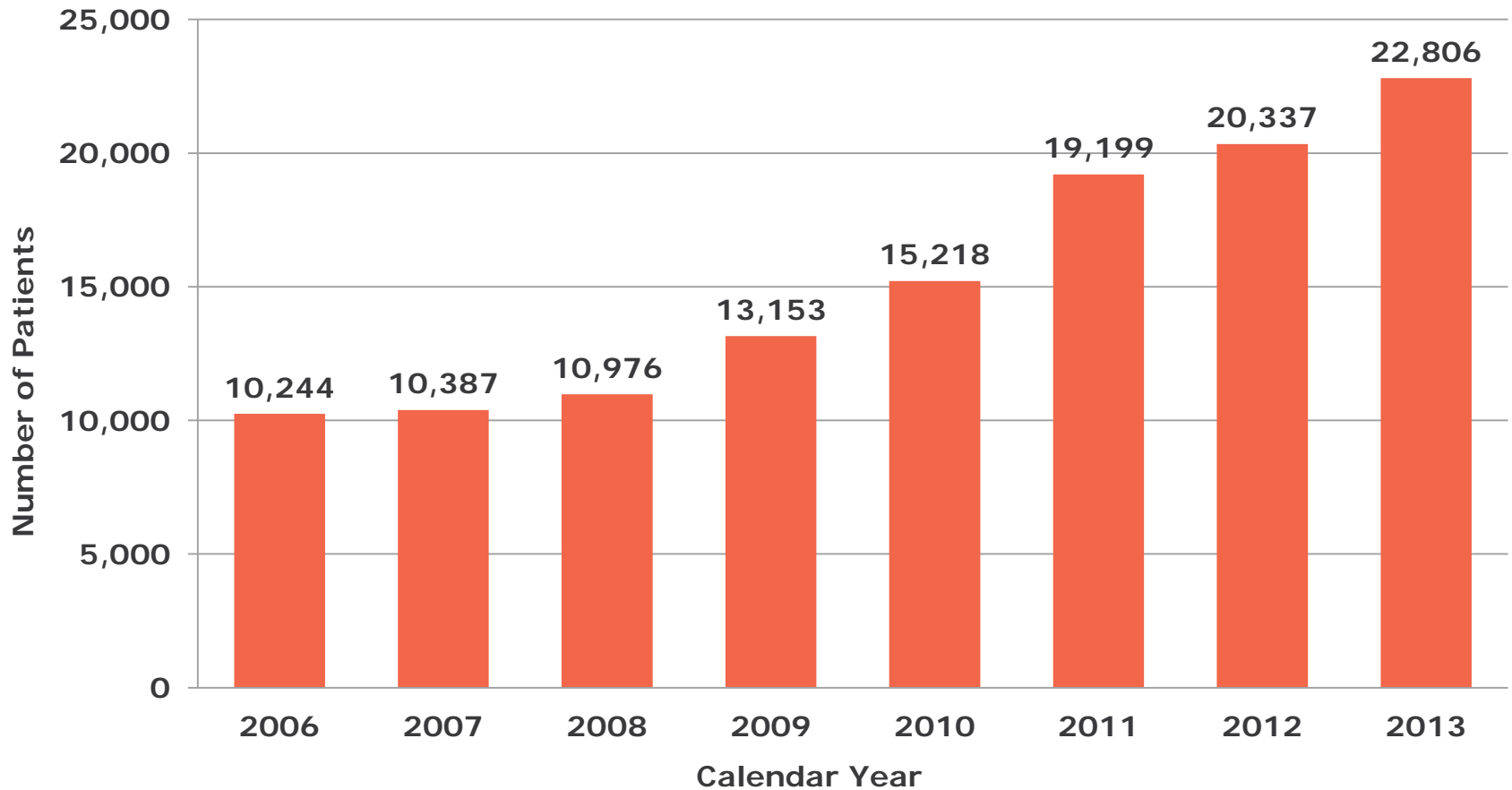
FENWAY HEALTH: SERVICES PROVIDED

- 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

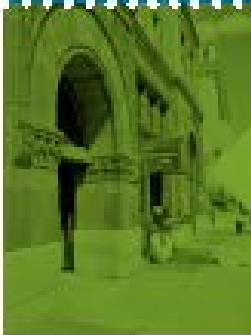


FENWAY LOCATIONS

- 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

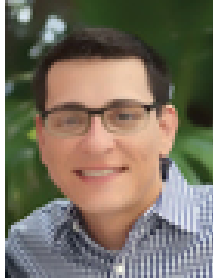
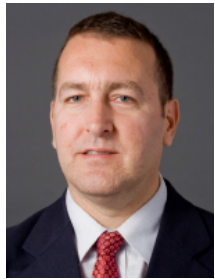
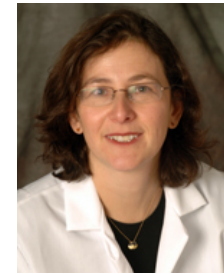
- ❑ Community Health Center, founded 1971
- ❑ Research began in 1983 AIDS-focused
- ❑ Over 50 active protocols currently; ~100 staff
- ❑ 1st local site to study HIV vaccines
- ❑ Involved in 4 NIH prevention trials networks
- ❑ 1st Population Center grant from NICHD dedicated to LGBT health (Bradford)
- ❑ 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.



TFI 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

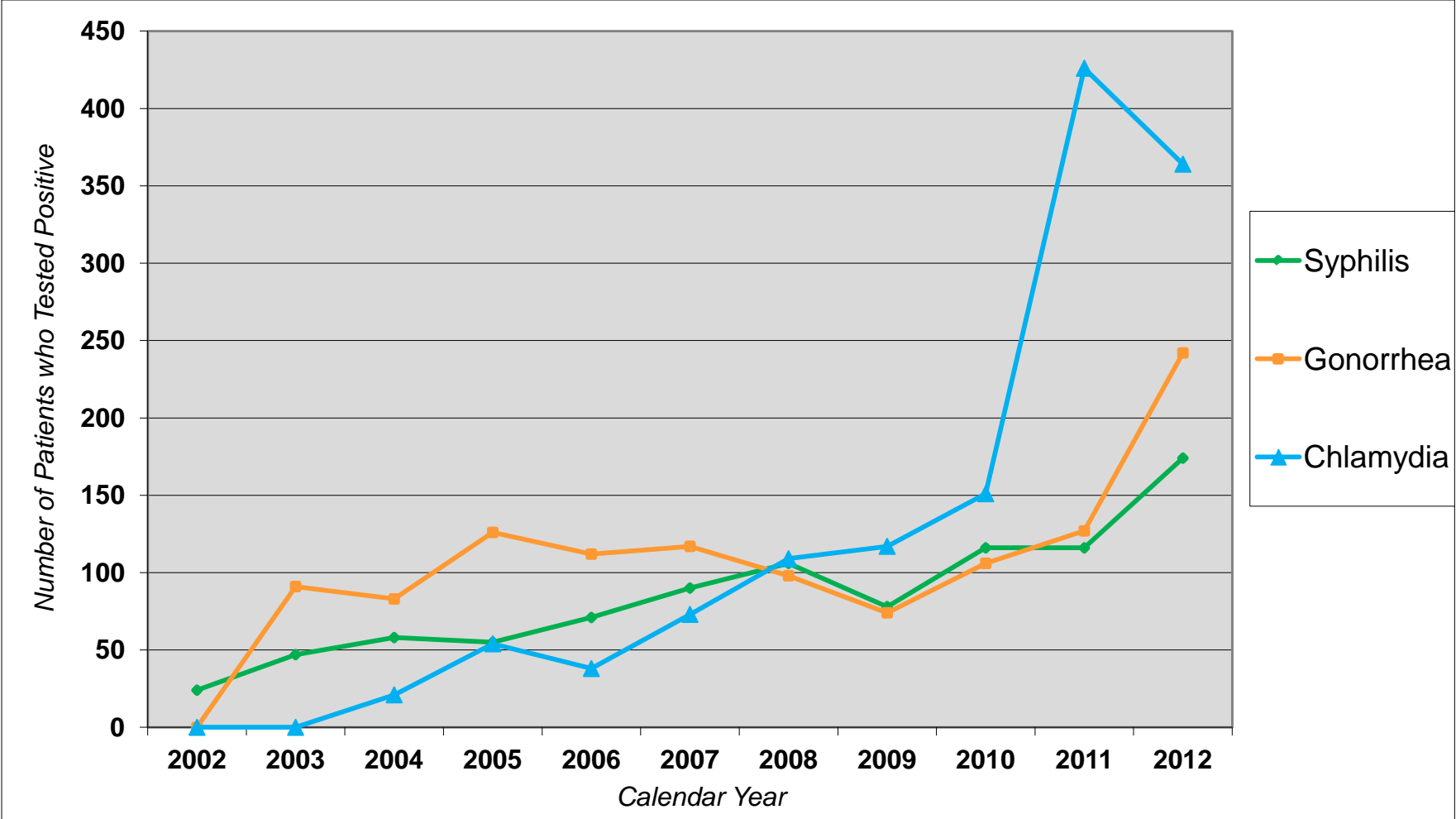
EDUCATION AND TRAINING

- 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

Fenway Data Registry Projects

	Fenway Participants	Study-wide Participants	Sites
C-NICS(NIH) CFAR Network of Integrated Clinical Systems	2,903	>30,000	9
NA-ACCORD (NIH) North American AIDS Cohort Collaboration on Research Design	2,392	> 117,000	25
HIVRN (AHRQ) HIV Research Network	2,922	> 22,000	17
CHARN (HRSA) Community Health Center Applied Research Network	41,884	> 600,000	4 Nodes 17 CHC's

New Technologies may provide tools for more efficient risk screening

FENWAY  HEALTH

In the past 6 months, how often have you had anal sex with someone whose HIV status you did not know?

- Never
- A few times or less
- A few times each month
- A few times each week

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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-Dieiguez: 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

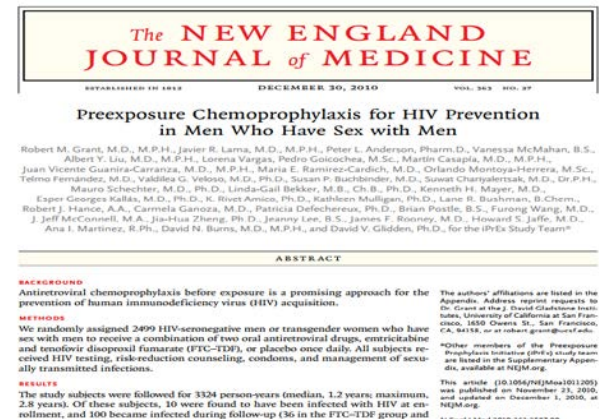
1995: Behavioral health research

2002: Tenofovir gel safety study

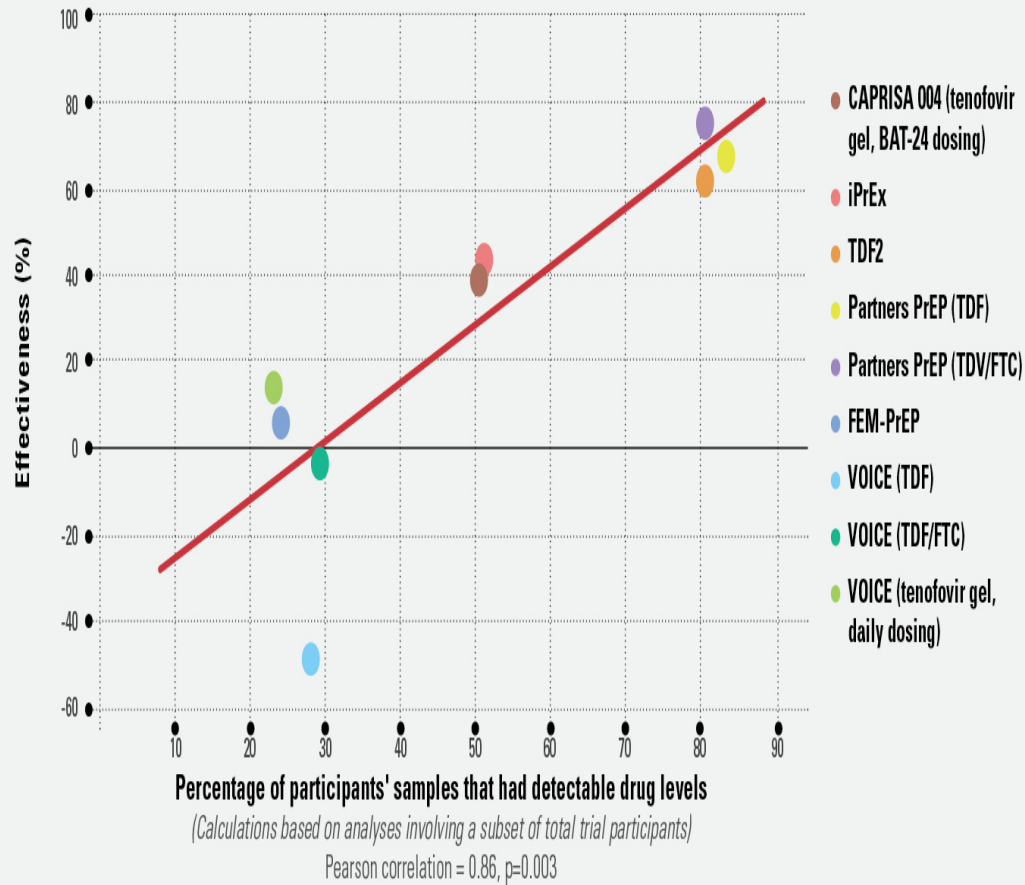
2008: CDC PrEP Safety study

2010: iPrEX shows that PrEP works

2012: Rectal gel and vaginal ring studies



→ Effectiveness and Adherence in Trials of Oral and Topical Tenofovir-Based Prevention



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

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?)

(Auerbach, Murrain, 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:

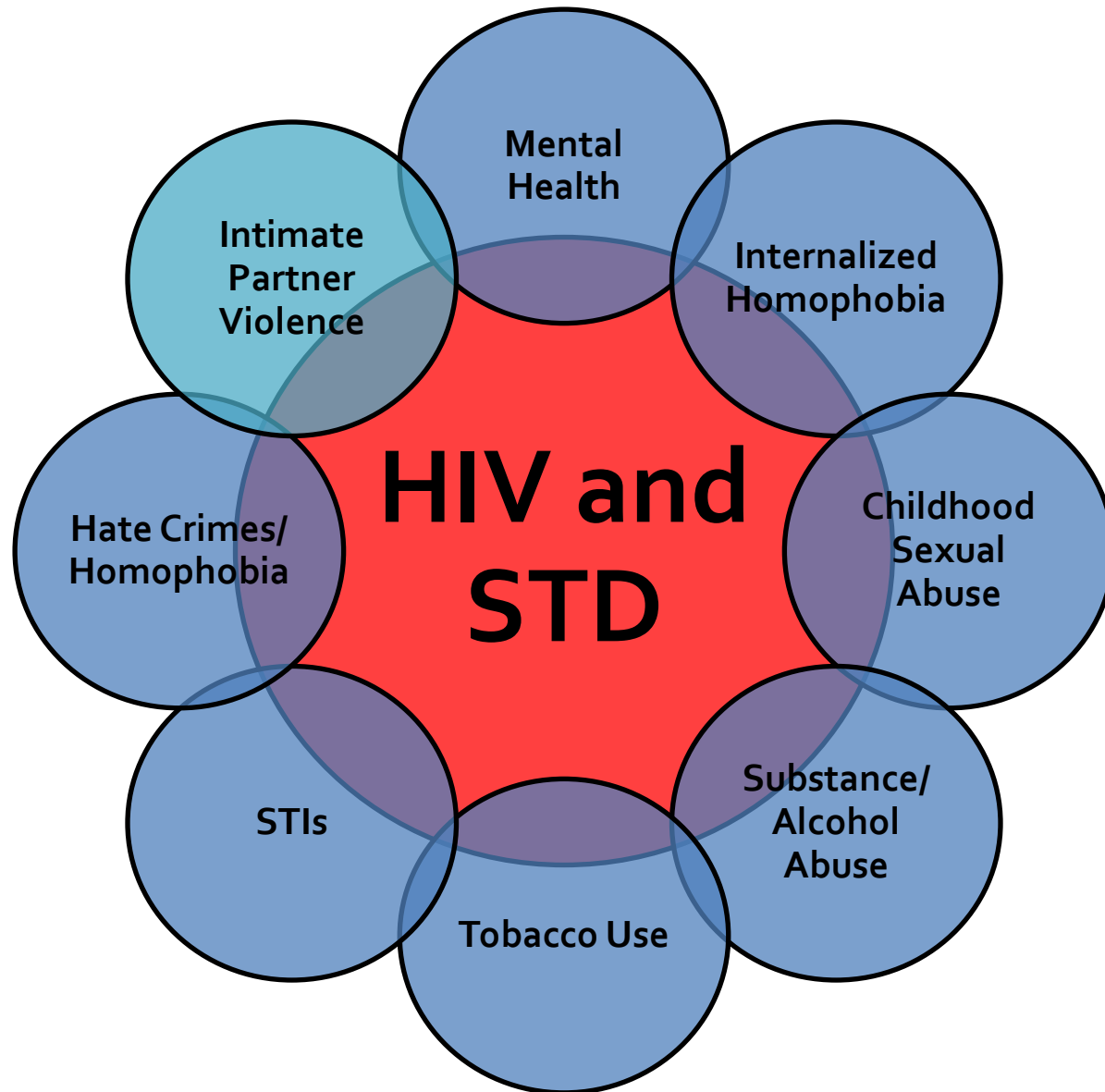
- Adherence problem-solving
- Brief motivational interviewing
- Identification of barriers and solutions
- Sexual risk-reduction strategies

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)



Resilience in the Face of Stress?

Majority of MSM are not infected or at increased risk

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

All associations have p 's < 0.001.
All p values are two-tailed.

From Stall et al., 2003

“MSM” is an epidemiological term

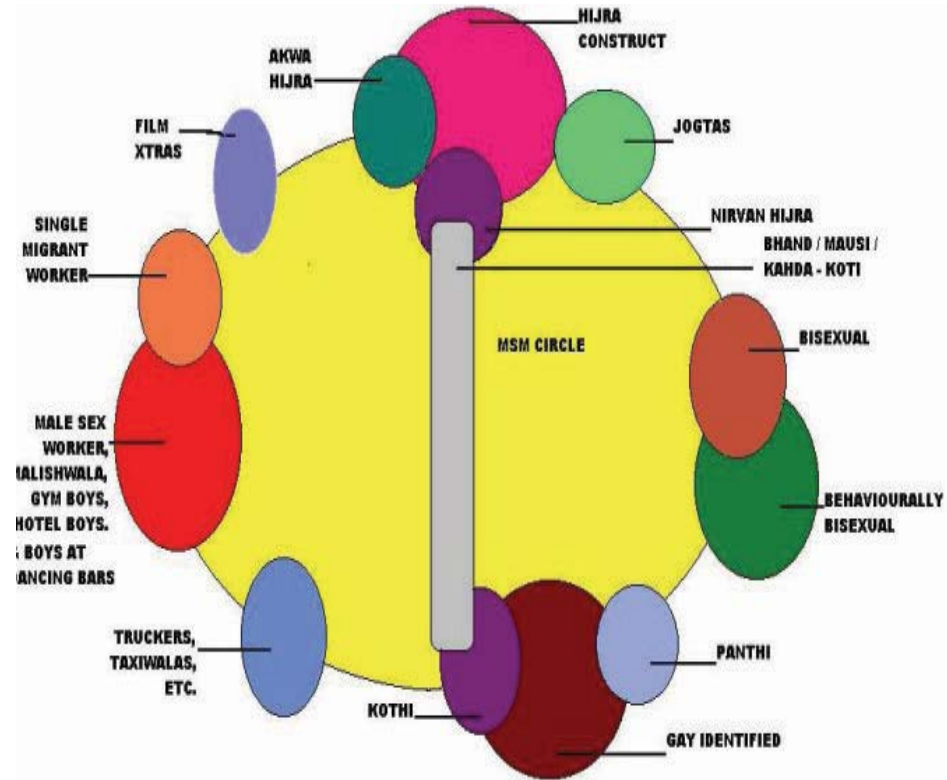
Reality is more complex

One size does not fit all



“No, we are not twins.”

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



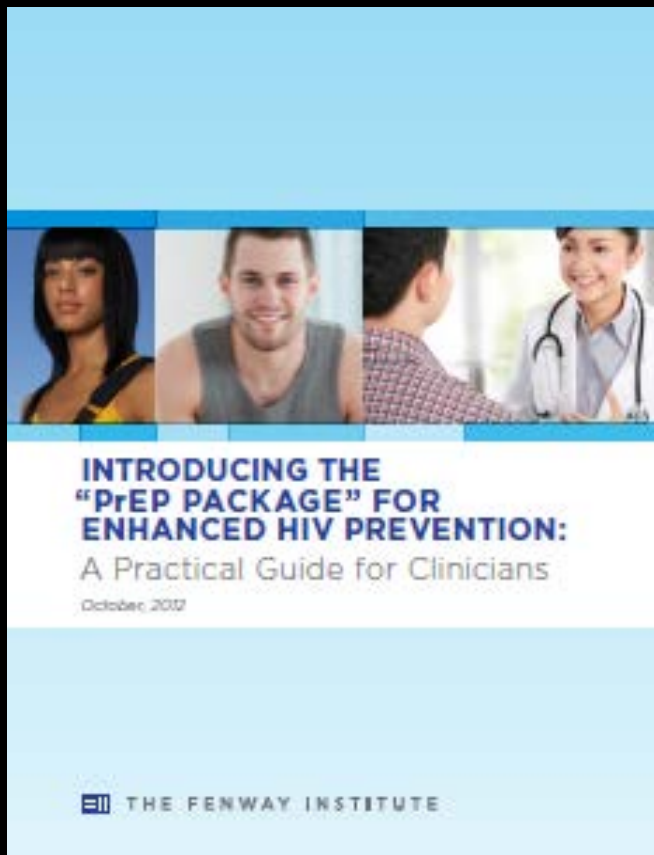
(Gonser, J Cult Divers, 2000; Meyer, AJPH, 2001; Mayer, AJPH, 2008; Bettancourt, Cultural Competence in Health Care, 2002)

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

Educational Resources for Providers and Consumers



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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