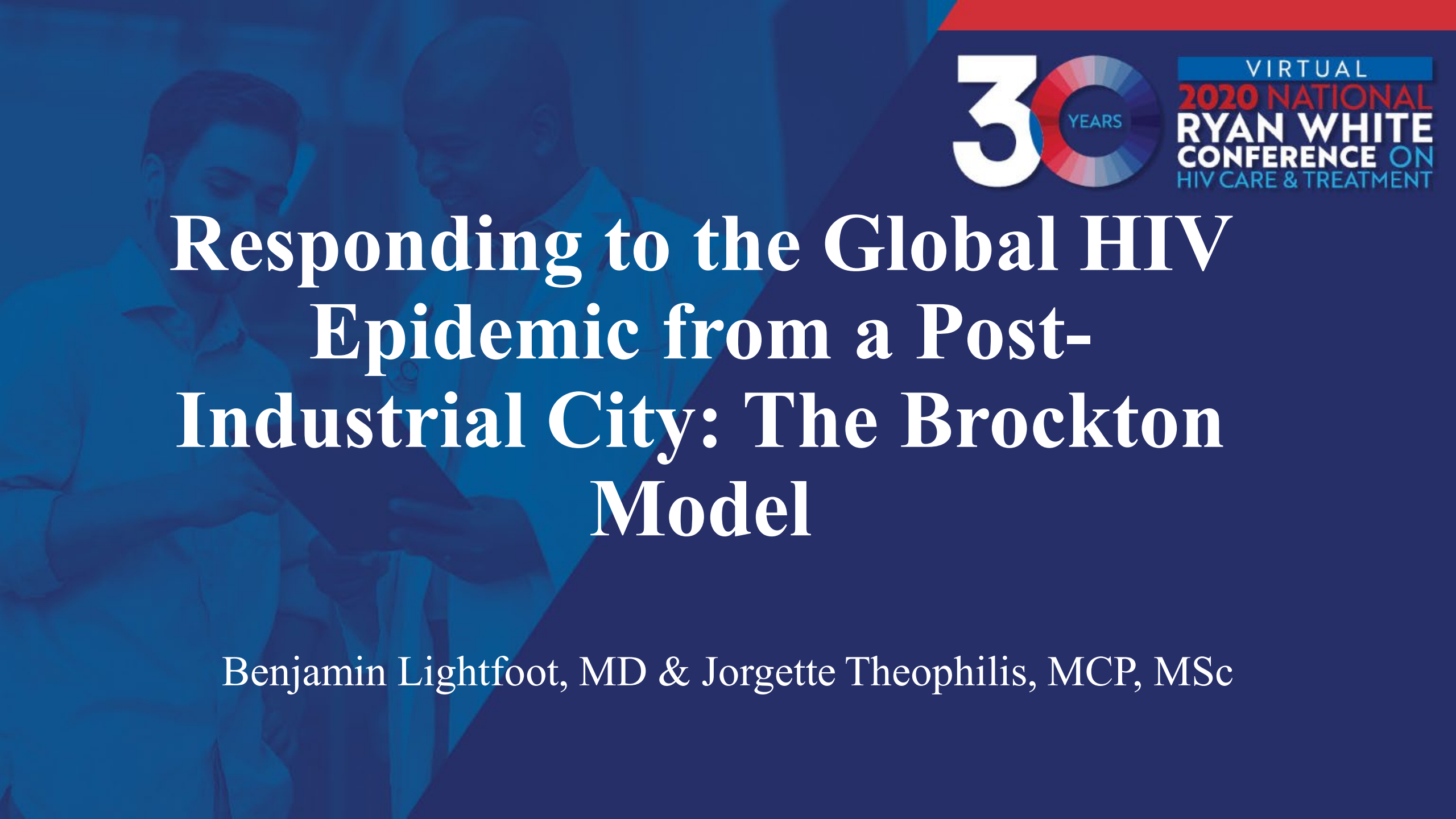

VIRTUAL 2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Responding to the Global HIV Epidemic from a Post-Industrial City: The Brockton Model

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Setting the Context: Key Facts about Brockton

- Located 15 miles southeast of Boston in Plymouth county
- Former industrial hub--“Shoe City USA”
- Gateway community

Key Demographic Points about Brockton vs. Massachusetts

- **More Racial and Ethnic Diversity** : *In 2019, Highest percentage of African-Americans/Blacks in Commonwealth, 39.27%*
- **Higher percentage of Foreign-Born Residents:** *27.1% vs. 16%*
- **Lower Median Income: $***49,956 vs. $70,964*
- **Higher percentage Living in Poverty:** *18.2% vs. 11.4%*

Brockton Neighborhood Health Center

- Provides medical care for more than 34,000 patients
- Offers “one-stop shopping”: eye services; dental; counseling; psychiatry; nutrition in addition to primary care, pediatrics, and urgent care (recently converted to a COVID clinic); Harm Reduction Clinic; integrated behavioral health
- Satellite clinics adjacent to a tropical grocery store and in the homeless shelter
- The only Ryan White Part C recipient in the geographic region, offering integrated care to more than 300 patients living with HIV

Brockton's HIV Epidemic

Average annual rate of HIV infection diagnosis[1] from 2014 to 2016 and HIV prevalence[2] rate on 1/1/18: Brockton, Massachusetts

Average annual HIV diagnosis rate from 2014–2016	Average rate per 100,000	Average annual number of HIV diagnoses
Brockton, MA	28.1	26.3
Massachusetts Total	9.7	633
HIV prevalence rate on 1/1/18	Rate per 100,000	Number of individuals living with HIV infection
Brockton, MA	605.5	568
Massachusetts Total	337.7	22,112

[1] New HIV diagnoses include only individuals who were first diagnosed in Massachusetts.
[2] HIV prevalence data include all individuals who were residing in Massachusetts as of 1/1/18, regardless of where they were first diagnosed.
Data Source: MDPH Bureau of Infectious Disease and Laboratory Sciences, data are current as of 1/1/18 and may be subject to change; The denominators for rate calculations are from the MDPH Massachusetts Race Allocated Census 2010 Estimates (MRACE 2010), Massachusetts Department of Public Health, Bureau of Health Information, Statistics, Research, and Evaluation

Indicator	ILWH
Male	51%
Female	49%
Non-US born	51%
MSM	16%
IDU	10%
Heterosexual sex	24%
NIR (No Identified Risk)	26%
20-44 yrs	24%
45-64 yrs	62%
65-70+ yrs	14%

Four Key Elements of Brockton's HIV Treatment & Care Model

- **Holistic, client-centered approach**
- **Multi-disciplinary, multicultural team**
- **Regular data analysis to identify gaps and improve clinical care**
- **Successful partnerships**

Brockton's HIV Model of Treatment & Care: Four Key Elements

1 Holistic, client-centered approach

- Meet the client where they're at
- Non-judgmental
- Active listening (listen more than talk)
- Focus on the whole person and main concerns (via regular acuity assessments and Individual Service Plans)
- What are the patient's goals?
- Collaborative relationship: Discuss RR options with patient; identify those that may work and make a plan
- Minimizing harm vs. abstinence
- Focus on keeping lines of communication open; regular outreach

Case Study

Naomi discontinued her HIV medications because she had been cured

- Remained in regular communication with staff (she kept her medical appointments with the HIV doctor)
- Staff sought to understand her perspective vs. try to persuade her to change
- *After more than a year, the patient decided to start taking her medication again, saying that "God helps those who help themselves"*

On-going Staff Training & Practice

- Mix of didactic and practice-based, drawing on principles of adult education
- New hires complete curriculum with Supervisor
- Staff training via
  - individual supervision,
  - group clinical supervision led by psychologist
  - practice-based opportunities in staff meetings;
  - regular case review;
  - observation of staff/client interaction;
  - modeling by Supervisor in joint client sessions

Team Approach

#2 Multi-disciplinary, multicultural team

- Services provided directly in the patient's native language
- Team composed of a doctor, nurse, social worker, nutritionist, case managers, and supervisors

Systems & practices

 # 3 Use data regularly to identify gaps and improve clinical care

- Monthly, run DRVS/Azara report to check on viral suppression and retention in care
- Review DPH's Line List: out of care; not suppressed
- Conduct case review in small group; staff meeting; pre-clinic
- Guided by HIV QI Committee and work in staff meeting, involving clinical and non-clinical staff members

Partnerships

- **#4 Value-added via successful partnerships**
- A Practice Transformation Project site of the NEAETC (2nd cycle)

- Massachusetts Department of Public Health-funded site

- Membership in the *MA Statewide HIV QI Committee*

- Program continues to grow, adding new patients yearly

- Program benefits from strong foundation and setup, allowing us to manage an influx of new and transferring patients during COVID-19