

Local AIDS agency looks to bridge healthcare gap

Talia Whyte • Special to the BPV

A recently released study by the New England Journal of Medicine has put a spotlight on racial disparities in the U.S. healthcare system. Despite the much-lauded progress to reach out to communities of color, the gap between blacks and whites receiving care has not shrunk by much.

During the last few years, along with diabetes and heart disease, AIDS has also become one of the leading causes of death among people of color. The Centers for Disease Control provides that the high HIV infection rate in urban areas is linked to many socioeconomic dynamics and societal ills, such as poverty, race, gender, homophobia, mental illness and domestic violence, which are not being accurately addressed on the professional level. Most impoverished people don't get tested for the disease, let alone get treatment, due to a lack of health insurance and stigma around the disease. Because of this, low-income HIV patients end up dying prematurely.

However, some leaders had already taken issue on this problem long before the release of the study. A group of community activists recognized this crisis a few years ago and partnered with the Boston-based Partners in Health to find a gradual solution to bridge the gap. What resulted is the project, Prevention and Access to Care and Treatment (PACT), an umbrella for a series of programs that addresses the needs of specific groups infected by the disease by training community members to directly assist HIV patients and identify failures in the healthcare system. In Roxbury, home of the PACT Program, a Black woman is 15 times more likely to die from her disease than a white man living in Boston. One of the projects in PACT is a three-tier model under the title of Health Promotion, which is based on a similar program Partners in Health runs in Haiti called Zanmi Lasante.

"It is a program designed after the Haitian program in which lay people with a range of personal and professional backgrounds provide adherence education, accompaniment to medical and social service visits and health care navigation support and education, connection to social services and entitlements, and emotional support," said Jessica Aguilera-Steinert, the director of Health Promotion at PACT. "Our services take place in our client's

homes. We do not provide clinical care—they get their care at various Boston hospitals and health centers."

An HIV patient is placed in one of three Health Promotion programs and partnered with a lay person or a health promoter (HP) based on their specific health and personal needs. In the standard health promotion program (outreach and case management), the health promoter will build a supportive relationship with their patient and help the patient utilize complex health and social services as well as provide education.

Patients that need more than the standard health promotion are placed in the Directly Observed Treatment (DOT) program. These patients — who are often cognitively challenged, depressed and hopeless, or isolated — receive a higher number of HP visitations, both at home or in an office, and direct assistance with taking their medication. Finally there is a third and least intensive program, Monitored Self-Administration, which requires only a monthly visit by an HP and counseling.

The PACT program is highly dependent on the community members who become health promoters. Health promoters are recruited from communities both infected and affected by HIV, such as other community agencies, HIV organizations, BWH/ Partners systems, HIV networking groups and word of mouth. Community members go through an intensive training process.

"Training consists of three weeks initial orientation in which they receive didactic curricular based education about HIV, adherence, social services, working with clients, and home visiting," said Aguilera-Steinert. "In addition, they learn by shadowing or observing other more experienced health promoters on their home visits. On an ongoing basis, they receive approximately five hours of group and individual supervision and case consultation from physicians, psychiatrists and domestic violence specialists."

Despite the progress made in the program, Aguilera-Steinert still runs into obstacles when dealing with patients because of the shame around HIV in communities of color. As the number those getting infected grow rapidly, many community and church leaders still refuse

to have an open and honest discussion on the taboo subject.

"We have staff who match these communities and we work hard to identify the stigma issues with each individual we work with and come up with a supportive plan to address them," said Aguilera-Steinert. "At times we find clients who are not working with a health promoter from their community so we assign them another HP."

PACT also runs other two programs within its Prevention project to meet the needs of specific demographics. One of those programs is YPACT-Youth for Prevention, Action, and Change through Thought, which is mainly for African American and Latino youth ages 14-20.

"The YPACT program is also focused on drug abuse and HIV prevention education," said Aguilera-Steinert. "The youth learn organizing, and health education skills to become outreach workers in their own communities. They completed a documentary addressing these issues that they hope to take to schools to teach other young people about prevention."

The other program is *Fuerza Latina*, a leadership-training course for Latinos in recovery from substance abuse. This is a support group that was started nine years ago to compliment drug treatment and focus on disease prevention and abuse of alcohol and drugs.

"Fuerza is a leadership training program for Latino men and women in early recovery in which they learn skills and information about prevention of HIV, Hepatitis C and substance abuse prevention and become community outreach workers in which they provide harm reduction education and accompaniment to detox for community members who are interested in decreasing their drug use," said Aguilera-Steinert.

Though she is happy with all that has been accomplished, she is looking forward to new programs in the future.

"In our prevention programs we hope to expand our leadership groups to African American men and women and we hope to include parents more in our youth program as well as be able to recruit and pay (stipend) more youth leaders," she said.