The Cambridge Hospital

1493 Cambridge Street, Cambridge, Massachusetts 02139 (617) 498-1000

To: Robert W. Healy, City Manager

From: John G. O'Brien, CEO, Cambridge Public Health Commission
Harold Cox, Chief Public Health Officer

Re: Response to Council Order #030: AIDS Programs in Cambridge

Date: October 1, 1997

Acquired Immune Deficiency Syndrome (AIDS) is one of the most serious public health concerns because of its fatality and the associated illnesses caused by the disease. Changes in the affected populations and improvements in drugs require continued updating on the impact of the disease. This report to the City Council provides updated information on epidemiological data and gives an overview of prevention and support programs in Cambridge. The report identifies major issues affecting the population and plans for future actions.

Documents relating to HIV/AIDS in Cambridge are attached. Included are updated epidemiological data for Cambridge, along with excerpts from the 1997 Public Health Assessment (Part II) on HIV/AIDS prevention and support services provided in the community. Of note, contained in Chapter 2 of the Assessment (pp. 30-31), is an analysis of strengths, weaknesses, opportunities and threats relating to HIV concerns in Cambridge.

I. EPIDEMIOLOGY

- As of August 1, 1997, there have been 334 Cambridge residents diagnosed and reported with AIDS; 62% of these cases were diagnosed in 1991 and after.

- Approximately 34% of these individuals are living and 66% have died. These proportions are similar to those in Massachusetts and the United States.

- A total of 84% of Cambridge AIDS cases are male, and 16% are female. In the years since 1991, the average percentage of female cases has risen to 22% of the newly diagnosed cases.

- Although the majority of AIDS cases in Cambridge are among White persons, the case rate per 100,000 population is highest among individuals categorized as Black and Hispanic.

- Seventy-one percent of AIDS cases were diagnosed at less than 40 years of age; 51% were diagnosed at ages 30-39 years; 18% were diagnosed at ages 20-29 years; 4% were ages 50 years and older; and, 2% were diagnosed as children and teens (ages 0-19).

- In Cambridge, as in Massachusetts, male-to-male sex, injection drug use, and heterosexual sex account for the largest proportion of AIDS cases to date. While male-to-male sex represents the largest number of cases by risk, it is declining as a percentage of annual cases to injection drug use and heterosexual contact.

II. PREVENTION AND SUPPORT SERVICE ACTIVITIES

Cambridge has a number of programs to address the service needs of people infected with HIV and to prevent the transmissions of HIV. The major program activities include:

- Multidisciplinary AIDS program (MAP/Zinberg Clinic)
- Cambridge Cares about AIDS
- Concilio Hispano
- Massachusetts Association of Portuguese Speakers (MAPS)
- Ruah

Multidisciplinary AIDS program (MAP/Zinberg Clinic)

The citywide AIDS Task Force founded the Multidisciplinary AIDS Program in 1989. The program is operated by the Cambridge Public Health Commission and provides the following program components:

- Counseling and testing program
- Community prevention programs (Haitian Health Outreach Project and the Latino Safety Net/Outreach Program)
- Primary care clinic (Zinberg Clinic)

The program reaches a diverse population: 51% persons of color (including 25% African Americans, 11% Latino, 7% Haitian, 6% Portuguese-speaking); 42% women, 58% injection drug users (IDUs); over 70% indicate some lifetime history of substance abuse; 40% are immigrants; 15% are homeless; and almost 1/3 are uninsured.

Cambridge Care about AIDS (CCAA)

CCAA emerged out of planning activities of the City AIDS Task Force. CCAA is a community-based organization exclusively devoted to addressing HIV/AIDS in Cambridge. Program components include:

- Client Services (case management, meals, child care, transportation,, support groups and peer support)

- prevention and education (outreach and group education programs, syringe exchange, teen peer leadership)

- housing (15 housing spaces at the YMCA, 9 transitional housing units, administration of Section 8 certificates)

The program serves a diverse population: 48% Caucasian, 38% African American, 18% Latino, and 6% Haitian; 34% of clients are women, 55% intravenous drug users, 46% homeless.

Concilio Hispano

Concilio Hispano is a multi-service, community-based organization serving the Latino community in greater Boston. For many years, Concilio has operated a wide range of supportive and preventive services funded through grant sources. A major source of Concilio's funding, a grant from Center for Disease Control and Prevention was not refunded this year. As a result , Concilio has refocused and redesigned its programs. The new program efforts funded by Department of Public Health will start on Oct 1 and will include the following components:

- Prevention and Education (outreach, materials distribution, syringe exchange)
- Case management

Massachusetts Association of Portuguese Speakers (MAPS)

MAPS is a community-based organization serving the needs of Portuguese-speaking communities in greater Boston. Its program is dedicated to addressing the impact of HIV on this constituency. Program activities include:

- education and prevention (outreach, risk reduction, condom distribution)
- counseling and testing
- case management

The program targets the Portuguese-speaking community, including Cape Verdian, Brazilian and Portuguese. Over 75% of the client are Brazilian, 40% are women.

Ruah

Ruah is a residential AIDS housing program founded in 1994 to provide housing and support services for homeless women with AIDS. The program houses up to 7 women.

III. MAJOR ISSUES

- Cambridge organizations have been able to meet many of the needs of people living with HIV. However, as the epidemic changes, it is important to adapt to the needs of the affected populations, e.g. injection drug users, youth, women.

- Funding is tenuous. Three agencies in Cambridge lost major funding from the Center for Disease Control and Prevention for prevention activities. This has severely affected the service delivery in our community. Funding sources for supportive services from the state and federal governments are increasingly more restrictive and harder to get.

- Though many individuals have benefited from the new drug regimes, there are a sizable number of people who are unable to take the new drugs. In some cases, the drugs don't work for them. In other cases, the rigors of the treatment are too difficult for some individuals to manage, especially those with substance abuse problems.

- Cambridge has an increasingly larger number of immigrants that move to the area. Welfare laws are restrictive in who can get benefits. This will mean that many of these individuals with AIDS will become dependent on the resources of the city.

IV. FUTURE PLANS

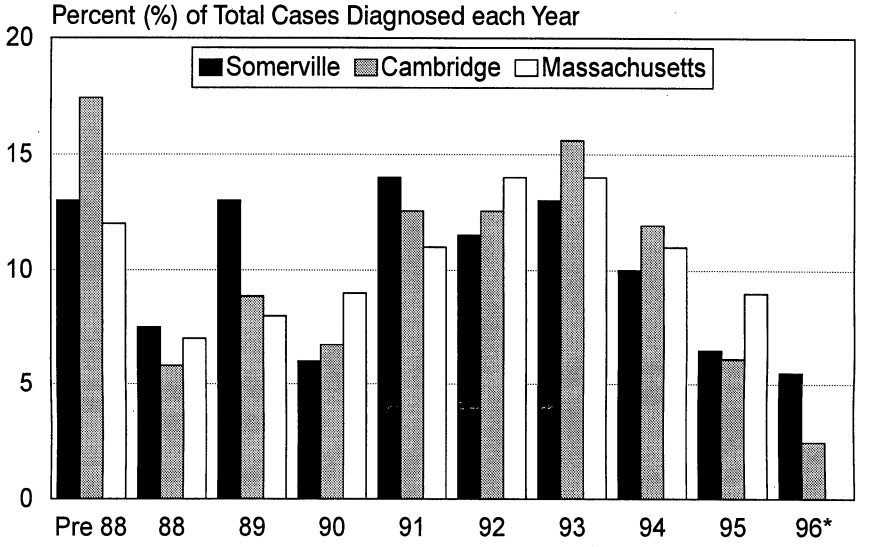
Addressing the major issues will require Cambridge organizations to redefine who is being served, look for new funding sources, and explore new ways to collaborate together. These items are being explored by all of the Cambridge organizations. Additionally, there are plans to:

- look for opportunities for clinical drug trial participation by those in Cambridge programs
- explore and start up supportive programs for individuals that have a difficult time with the new drug regimens
- heighten visibility for all programs
- examine and propose prevention activities for men who have sex with men
- examine and propose prevention activities for youth
- examine the issues about returning to work for individuals whose health has improved so that they can hold jobs again.

As part of the public health assessment process, meetings will be convened to discuss HIV supportive services and prevention activities in Cambridge. The meeting concerning prevention is schedule for October. The purposes of the meeting are to discuss: current statistical trends and current prevention activities, to identify gaps in prevention activities and next steps to needs of Cambridge.

AIDS in Somerville, Cambridge, and Massachusetts by Year of Diagnosis

1981-96

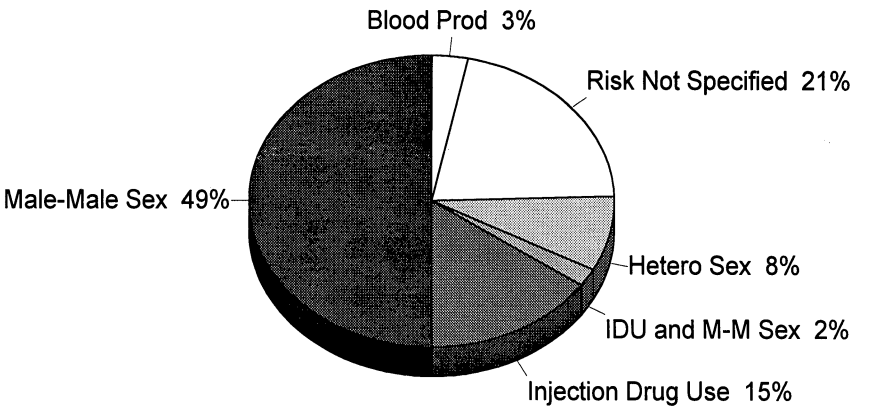


Source: AIDS Surveillance Program, Mass. DPH
Prepared by the Cambridge Health Information Unit

* Incomplete due to reporting lag

AIDS by Transmission Mode

Cambridge Residents Diagnosed as of April 1997



Categorization of "risk not specified" cases has recently changed. The majority of these cases are individuals from "pattern II" or high prevalence countries and for whom risk could not be reliably determined.

Pediatric cases < 5
328 cases reported as of 4/97

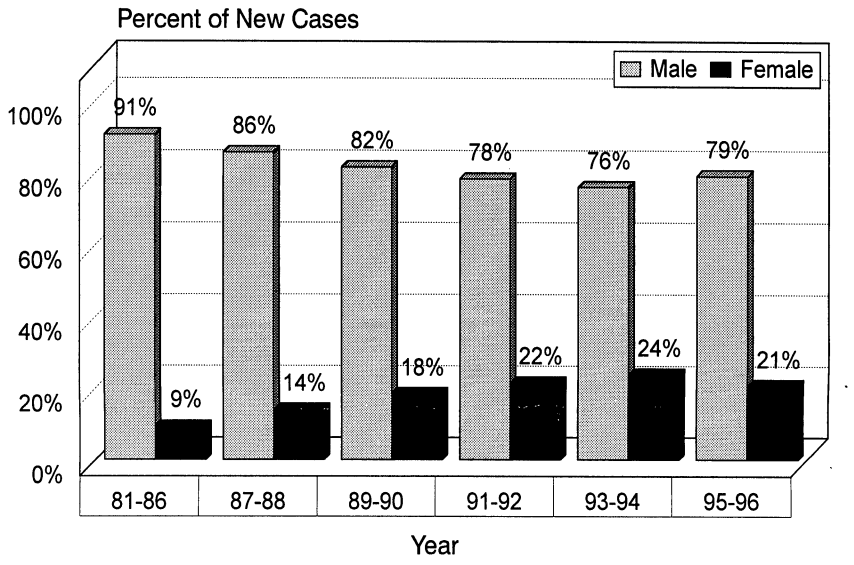
Source: AIDS Surveillance Program, Mass. DPH

TOTAL REPORTED AIDS CASES AS OF 4/1/97
SOMERVILLE, CAMBRIDGE, AND MASSACHUSETTS RESIDENTS

	Somerville		Cambridge		Massachusetts	
	N	%	N	%	N	%
Sex						
Male	160	80.0	275	83.8	9993	81.5
Female	41	20.0	53	16.2	2264	18.5
Race/Ethnicity						
White	141	70.0	178	54.3	7239	59.1
Black	46	23.0	115	35.1	2768	22.6
Hispanic	11	5.5	31	9.5	2153	17.6
Other	<5	-	<5	-	97	0.8
Age						
0-19	<5	-	7	2.1	227	2.0
20-29	42	20.7	58	17.7	2122	17.3
30-39	99	48.8	167	50.9	6045	49.3
40-49	45	22.2	82	25.0	2956	24.1
50+	11	5.4	14	4.3	907	7.4
Transmission category						
Male sex w/ male	98	48.3	162	49.4	5083	41.5
IV drug users	34	16.7	49	15.0	4053	33.1
MSM & IDU	5	2.5	8	2.4	474	4.0
Heterosexual contact	15	7.4	25	7.6	1023	8.3
Receipt of blood products	<5	-	11	3.4	324	2.6
Pediatric	<5	-	-	-	193	1.6
Not specified/undeter.	41	20.2	69	21.0	1105	9.0
Status						
Alive	69	34.0	117	35.7	4386	35.8
Dead	134	66.0	211	64.3	7871	64.2
Total	**203**		**328**		**12257**	

AIDS by Year and Gender

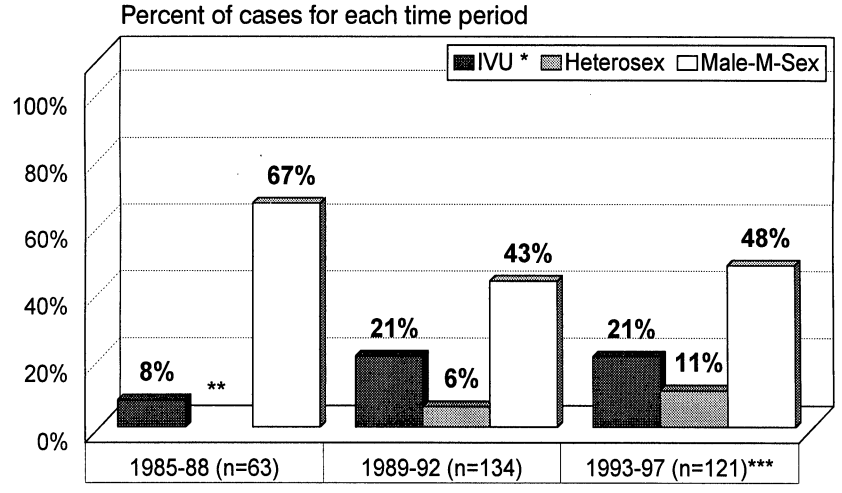
Cambridge Residents reported through April 1, 1997 (n=328)



Source: AIDS Surveillance Program, Mass. DPH

AIDS by Year and Selected Risk

Cambridge Residents ***

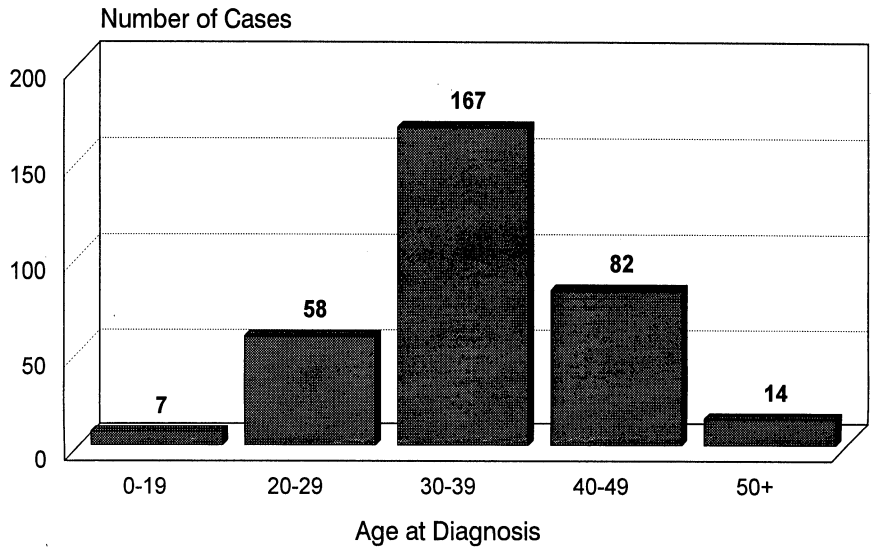


* Includes 8 cases with dual risk: Male-to-male sex and IV drug use that were reported since 1985.
** < 5 heterosexual cases in this time period.
*** 328 total cases reported as of 4/1/97; 13 cases were diagnosed prior to 1985.

Source: AIDS Surveillance Program, Mass. DPH

AIDS by Age Group

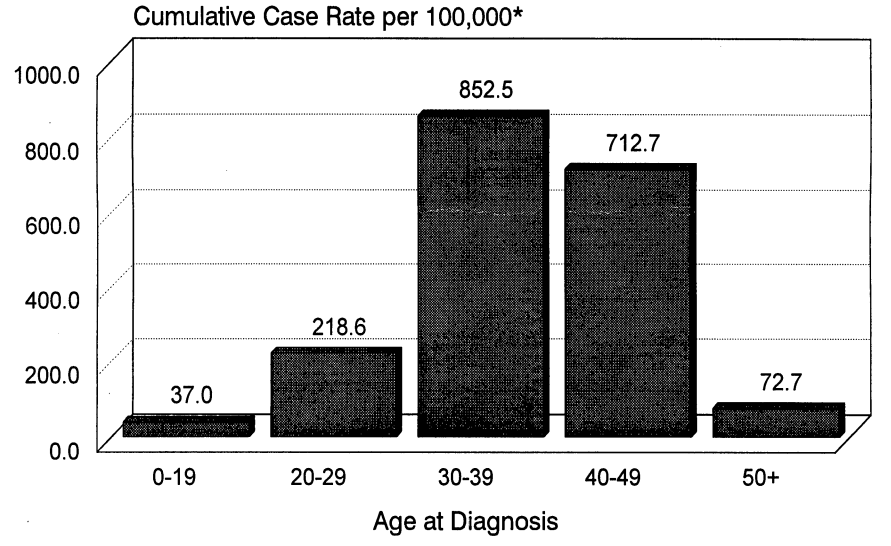
Cambridge Residents reported through April 1,1997 (n=328)



Source: AIDS Surveillance Program, Mass. DPH

AIDS by Age Group

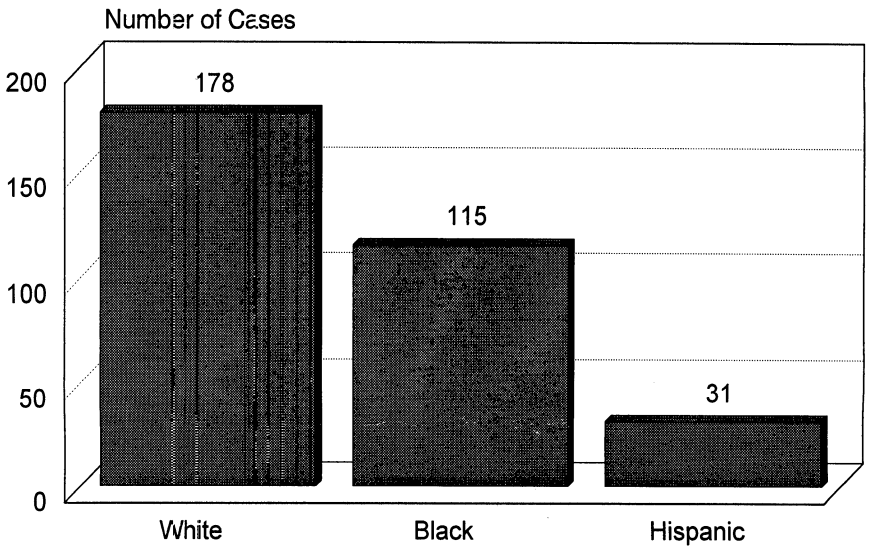
Cambridge Residents reported through April 1, 1997 (n=328)



*Population estimates from the 1990 U. S. Census
Source: AIDS Surveillance Program, Mass. DPH

AIDS by Race/Ethnicity

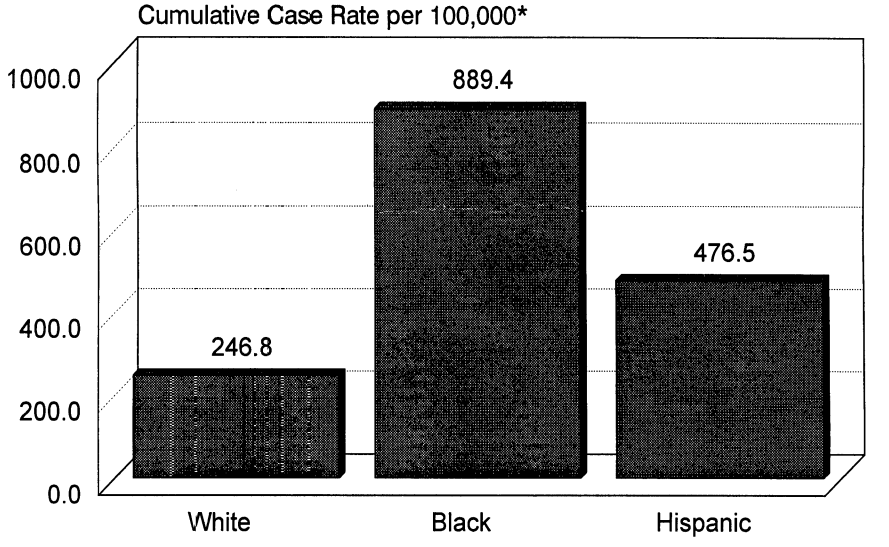
Cambridge Residents reported through April 1, 1997 (n=328)



Source: AIDS Surveillance Program, Mass. DPH

AIDS by Race/Ethnicity

Cambridge Residents reported through April 1, 1997 (n=328)



*Population estimates from the 1990 U. S. Census
Source: AIDS Surveillance Program, Mass. DPH

Supporting Data

As noted, Ruah can house seven women at any given time. Over the past three years, approximately 30–40 women have been served.

Funding

Funds to support services for women at Ruah include $140,000 from the MDPH as well as additional funding from private sources.

ANALYSIS OF HIV/AIDS SERVICES

Strengths

- Cambridge benefits from the high level of expertise and commitment from the organizations working on HIV/AIDS issues.
- There are strong linkages and partnerships with affected communities.
- A comprehensive response, in both prevention and care, has been formulated: prevention/education activities are culturally competent; there are multiple levels of intervention; services reflect continuum of care including comprehensive basic social/economic and health care supports.
- Diversity (racial, cultural, and linguistic) exists within the organizations.
- Commitment to partnerships with consumers is strong.
- There is collaboration among agencies for both prevention and service coordination.
- HIV advocacy is incorporated into work of local coalitions: Community Health Network Area (CHNA) and Prevention Task Force.

Weaknesses

- Despite comprehensive services, impediments to client access to service areas still exist (transportation, child care, and cultural competence).
- Access to experimental protocols is limited, particularly for linguistic minority patients.
- There are insufficient resources for substance users ready for drug treatment, i.e., treatment on demand.
- There is a lack of adequate resources for affordable, subsidized housing.
- Additional prevention and education strategies are needed to reach very high-risk populations, specifically active drug users.
- A city-wide forum for AIDS planning and advocacy activities is absent.

Opportunities

- The development of new antiviral drug therapies may bring new hope for some (perhaps many).
- New outcomes-based research is being conducted to identify effective prevention/education strategies.
- The Cambridge environment is more conducive to exploration and assessment of current organizational alignments and configuration to address the epidemic in the city. This may allow pursuit of a greater integration of efforts and could also lead to both quality and efficiency improvements.
- The Ryan White CARE Act (federal funds for HIV services including housing) has been reauthorized by Congress.
- Meaningful access to experimental protocols may increase with forthcoming affiliations with tertiary care hospitals.

Threats

- There is a widening gap between those who can benefit from new therapies and those who cannot due to the expense of drugs, complex medication regimens and the potential side effects, and other barriers. In addition, it is unknown whether resistant viral strains may result from the inability to stay on medications or long-term use of medications, all of which pose a serious threat to further transmission if preventive behaviors are not maintained.
- Resource constraints may force cuts in prevention and other services to pay for new drug therapies.
- Individuals with HIV may be affected by cuts in entitlement services, such as, Medicaid, SSI, and food stamps.
- Welfare reform may have punitive consequences for women with HIV and their families, particularly for immigrant communities.
- Managed care pressures to reduce costs could lower reimbursement for services.
- Access to services for uninsured individuals is threatened by the attack on the free care pool.

9.

CITY OF CAMBRIDGE
CAMBRIDGE, MASSACHUSETTS 02139
TEL. 349-4300
FAX. 349-4307

EXECUTIVE DEPARTMENT
ROBERT W. HEALY
City Manager

RICHARD C. ROSSI
Deputy City Manager

October 6, 1997

To The Honorable, The City Council:

Please find attached a response to Awaiting Report Item No. 14, regarding a report on the City's current and planned AIDS outreach, prevention and treatment program, received from John G. O'Brien, CEO, Cambridge Public Health Commission and Harold Cox, Chief Public Health Officer.

Very truly yours,

Robert W. Healy
City Manager

RWH/mec
attachment

Consent Agenda #9

S-615

Relative to Awaiting Report Item Number Fourteen, regarding a report on the City's current and planned AIDS outreach, prevention and treatment program.

In City Council October 6, 1997

Referred back to City Manager for additional information on motion of Councillor Reeves